

THE HISTORY OF A HYPERNEPHROMA.

BY

K. V. TRUBSHAW, F.R.C.S.ED.,
SURGEON, CHESTER ROYAL INFIRMARY.

ALTHOUGH the vagaries of hypernephromata are well known, the following case is so unusual that it is worth recording.

In August, 1924, a girl, aged 15, was admitted to the Chester Royal Infirmary with a hard, firm, rounded mass occupying the left loin. The urine had a specific gravity of 1020, and contained a trace of albumin, but no blood or pus. She stated that she had had attacks of vomiting and of pain in the left side for some years and that, shortly before admission, she had noticed a swelling in the flank. She was extremely emaciated, with a remarkable growth of hair over all the limbs and abdomen. The skin had a dusky tint, but there was no premature development of the sexual organs; in fact, menstruation did not start until the following year.

Exploratory Operation.

A tentative diagnosis of hypernephroma was made, and the kidney explored through a lumbar incision. It was found fixed and surrounded by a reddish vascular growth. As nephrectomy seemed to be out of the question a small piece was excised for microscopical examination. This was reported to be a typical hypernephroma. She left the hospital with an unhealed sinus and I did not see her again until about two months later. She was then a living skeleton, covered with an abundant growth of hair, and it seemed impossible that she could live much longer. I heard later, however, that she remained in this condition for about nine months, and then, to everybody's surprise, began to put on weight, the tumour and the hairy growth disappearing.

Nephrectomy.

She was readmitted on September 28th, 1927. She was now a well developed girl of average height and weight and had been going about apparently in the best of health until three weeks previously, when the pain in the side reappeared. We found a rounded, tense swelling beneath the old scar. The urine contained pus and gave a vigorous growth of *B. coli*. A pyelogram of the left kidney showed the tumour to consist of a greatly distended pelvis and main calyces. Radiograms of the thorax and long bones were taken and showed no signs suggestive of metastases. An exploratory operation showed the kidney to be densely adherent to the surrounding tissues and to the peritoneum. As she took the anaesthetic badly, a drain was inserted and a large quantity of pus evacuated. Three days later the wound was reopened and subcapsular nephrectomy performed.

The wound has now (November 28th, 1927) practically healed and her general condition has immensely improved. The report on the kidney by Dr. Grace, pathologist to the Infirmary, was as follows:

"Much chronic inflammatory change with patches of acute inflammation and small abscesses here and there; very little renal tissue left; no evidence of tubercle, new growth, or hypernephroma."

Dr. Grace is also responsible for the original diagnosis, and one which was supported by the naked-eye appearance of the tumour and the general condition of the patient.

The dilatation and infection may have been present throughout, but it does not alter the fact that there was a growth found at the first operation, and that we could find no evidence of one three years later. It would seem to be a curious instance of the waxing and waning of malignancy to what we hope is a final disappearance.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

FORMALIN INJECTIONS IN GANGRENE OF
THE LEG: RECOVERY.

THE following case is unusual in view of the method of treatment and the ultimate recovery of the patient after having a dead limb attached to him for four months.

In September, 1925, an outdoor worker, aged 59, of temperate habits, had a severe attack of enterocolitis lasting eight days, which brought him to the drained and shrunken appearance of a cholera case. On September 26th, the eighth day of the disease, when the temperature had fallen and the bowel evacuations were normal, he experienced a sudden feeling of "pins and needles" in the right leg, followed by acute pain of gradual onset. His temperature was 97°, and the pulse rate 88. The foot was blanched and the thigh slightly blue; no pulsation could be felt in the femoral artery from a point one inch below Poupart's ligament. The specific gravity of the urine was 1040; no albumin or sugar was present.

The diagnosis appeared to be embolism of the femoral artery by the detachment of a thrombus which had probably formed at the bifurcation of the iliac arteries. In two days a demarcation of irregular outline was very pronounced at the junction of the middle and upper thirds of the thigh. He was then seen in consultation with my partner, Dr. H. Townsend-Whitling, and it was decided that the patient was not likely to survive the operation of amputation at the hip-joint, and that, if he did survive, he would probably die from gangrene of the flaps.

The leg was swabbed with spirit daily, powdered, and completely encased in cotton-wool. On October 3rd, feeling that prevention of decay was the only hope, I started periodic injections of formalin, 1/2 to 1 drachm, into the tissues of the leg. The injections were both superficial and deep, and the strength varied from 2 to 40 per cent., according to the distance from the demarcation line. The course was perfectly afebrile till October 17th, when the temperature reached 99°. It fell to normal on the 20th to 22nd, but reached 101° on October 24th and 101.8° the following day. The temperature had returned to normal on November 1st, after which there was only an occasional evening rise of one degree.

From October 20th onward there was profuse discharge of pus from the demarcation line, and some gas formation in the thigh. The occlusion of the artery spread slowly upwards, and by December 2nd the pulsation, which had been felt above Poupart's ligament, had disappeared.

On December 25th a rubber tourniquet was applied just below the demarcation line to hasten separation.

On January 7th, 1926, an incision was made below the tourniquet and the bone isolated. The muscles divided were brown, with the exception of part of the adductor magnus, which was pink and was slightly sensitive. Further formalin injections were made in and round the sciatic nerve, which was sensitive for several inches below the line of demarcation.

On January 18th the sciatic nerve was divided, giving rise to slight and momentary pain. The next day the femur was sawn through about the junction of the middle and lower thirds. The medullary cavity was cleared out for a distance of four inches and packed with bipp. The necrosed tissues, still attached to the stump, were dissected off daily, and on January 27th the patient was able to get out of bed and sit in a chair.

By March 2nd the stump was skinned over with the exception of about one square inch. The muscles had retracted, leaving exposed about four inches of femur, which I left with the idea that it would prove a useful lever for an artificial leg.

The patient was now able to get about the house rapidly on crutches, but had become depressed and had shown suicidal tendencies. He was therefore removed to a local mental hospital, where he remained for a year, returning home normal and cheerful, but with limited backward movement of the stump, in March, 1927. I now fitted him with an artificial leg, made to my design by the local blacksmith and the saddler, and weighing 2 lb. On this he has been able to walk a distance of a quarter of a mile. On November 19th he was shown at a clinical evening of the Rugby Medical Society, when the case was considered to deserve recording.

Three points are of special interest. (1) The injections of formalin could not be given nearer than three inches from the line of separation without causing pain or discomfort. (2) There was an almost total absence of decay from above the knee downwards, the skin being unbroken, illustrating the efficacy of the formalin. The only offensive smell was from the granulation tissue at the line of separation. (3) Though gas formation occurred in the thigh, the toxins absorbed caused a rise of temperature only on nine consecutive days during the eighteen weeks the dead limb was attached to the body.

The fleshy stump is six inches long. The bone, which up to now has been used as a lever when walking, is being eroded by granulations, and will soon separate spontaneously. Forward movement is free. Movement posteriorly stops short of the vertical.

I would welcome suggestions as to the best type of artificial leg, since his present leg will be useless when the bone separates.

Husbands Bosworth, Rugby.

J. A. NOBLE, B.M., B.Ch.

BLADDER CALCULUS IN THE MALE DUE TO A
FOREIGN BODY.

THIS case is, I think, sufficiently unusual to be worth putting on record.

On May 15th, 1927, I was called to visit a young unmarried man. I found him suffering from acute epididymitis on the left side. I naturally suspected gonorrhoea, but the patient denied any possibility of infection. There was no urethral discharge, but the urine contained threads. A centrifugized deposit exhibited numerous pus cells and a mixed bacterial fauna, none of which appeared to correspond precisely with the gonococcus as regards shape, arrangement, or staining reactions. The patient made a more or less complete recovery following treatment by rest, bland

fluids, and mild urinary antiseptics. He returned to work in the third week of June.

At the end of September he again attended my surgery complaining of pain and difficulty in micturition. The urine was faintly alkaline, and contained blood and pus cells, with mixed cocci as before. He did not respond speedily to urinary antiseptics, so I decided to take a sterile specimen of urine for examination for evidence of tuberculosis. I endeavoured to pass a catheter for the purpose on October 10th, but failed owing to an obstruction in the neck of the bladder. Two days later he told me that he was passing urine more freely as the result of the instrumentation, and a few days later brought a few calcareous fragments that he had passed with his urine, with general relief of symptoms. On x-ray examination the shadow of a large calculus was seen to occupy the cavity of the bladder; the kidney areas were quite free. He was admitted to Ashford Hospital and, on November 4th, I removed a calculus from the bladder by the suprapubic route. It was bean-shaped, about $1\frac{1}{2}$ inches long, $\frac{3}{4}$ inch in breadth, and $1\frac{1}{2}$ inch in thickness. I forwarded it to the county laboratory at Maidstone, and received the report that it consisted of a core of hard paraffin wax, surrounded by an envelope of phosphatic deposit. It would seem that the hard paraffin must have reached the bladder by the urethra. The calculus was returned to me in its divided condition, and showed clearly the wax centre with the surrounding envelope of phosphates, which is about $1/10$ inch in thickness. The patient has made an uninterrupted recovery, and the calculus has been returned to Maidstone for preservation in the museum.

I am indebted to Dr. C. Ponder, who is in charge of the county pathological laboratory, for the assistance he has given and the interest he has taken in the case.

Ashford, Kent.

E. SCOTT, B.A., B.M., B.Ch.

DIAGNOSIS OF GANGRENE OF THE SMALL INTESTINE.

THE very interesting account and discussion published in the *BRITISH MEDICAL JOURNAL* of May 7th (p. 836) and June 4th (pp. 1033 and 1034) prompt me to send the following note of two cases I have come across during the last five years.

CASE I.

A well built man, aged 35, was admitted to the Jamsetji Jijibhoy Hospital, Bombay, in the wards of the senior physician, under whom I had charge, on January 1st, 1922, for severe pain in the epigastric region, which had been present for five days before admission. The abdomen was soft and there was no resistance to palpation anywhere. An enema resulted in partial elimination of the water; the suspected history of syphilis, helped by a blood examination in the absence of any leading signs and symptoms, tempted the diagnosis of "tabetic crisis." On January 2nd, at 5 p.m., the pain was worse, the abdomen had become distended, and the patient had begun to vomit; there was well marked resistance. I do not recollect whether he was passing flatus. Exploratory laparotomy was performed; a thrombosis in the superior mesenteric artery was found, and gangrene of the small intestine. The patient died on January 3rd in the morning. A *post-mortem* examination could not be obtained.

The point that I noticed about this case was the pain, in the absence of any definite signs, and a persistent slow pulse, varying between 50 and 60 a minute, as recorded by repeated observations, till the complicating symptoms just before operation, when the rate was faster.

CASE II.

A stout farmer, aged 35, came from up country on February 25th, 1926, while I was working as honorary physician, out-patients' department, in the Jamsetji Jijibhoy Hospital. He complained of pain in the abdomen of fifteen days' duration, worse after food, and distension of the abdomen, without vomiting or constipation. There was slight resistance to palpation in the umbilical region, and the pulse was slow. The general condition, the strength of the markedly slow pulse rate, and the severe persistent pain, in the absence of physical signs, induced me to diagnose the case as one of thrombosis of the superior mesenteric vein or artery. An exploratory laparotomy was performed, but the patient died the same night. *Post-mortem* examination revealed extensive gangrene of the small intestine, a firm thrombus in the superior mesenteric vein, extending up to the portal vein and its branches in the liver, causing a large infarct (6 inches by 4 inches) in the liver.

I do not know whether a slow pulse in the presence of the combination of symptoms referred to by writers to the *JOURNAL* of May and June may be of importance in deciding on the diagnosis of thrombosis of the superior mesenteric vein or artery.

P. V. GHARPURE, M.D.

Department of Pathology, Grant Medical College, Bombay.

Reports of Societies.

INTOXICATION AND ITS LEGAL CONSEQUENCES.

At a meeting of the Medico-Legal Society on January 26th a paper on drunkenness and civil and criminal responsibility was read by Mr. F. LLEWELLYN-JONES, coroner for Flintshire.

Mr. Llewellyn-Jones made a general survey of the subject of intoxication and its legal consequences as understood in English and other law. Dealing first with the effect of drunkenness upon civil capacity, he said that a contract made by a drunken person was voidable at the person's option, but a person who set up a plea of intoxication with a view to voiding a contract must satisfy the court that the other party was aware of his condition at the time the contract was made. With regard to injuries, if a person was so completely intoxicated that he could not appreciate the significance of what he was doing, it was reasonable to assume that he would be regarded in the same position as a lunatic. One was perhaps justified in laying down the rule that when a person was so far out of his mind—whether through insanity or complete intoxication—as not to know what he was doing, he could not be regarded as acting intentionally, and therefore in torts where intention was an essential element he was not under liability. On the other hand, it seemed only equitable that an inebriate who had caused injury to another person should make reparation, not as a punishment for inebriety, but as damages for the wrong done to the innocent, which damages, in the case of habitual intoxication, might well be exemplary. French juridical opinion took the view that a drunken person was not to be freed from the obligation to make good the damage, for it was his own fault that he had put himself into that state. The German civil code also took the view that the drunkard was responsible for damage, unless he had been brought into the drunken condition against his will, in which case the onus of proof that this had been so rested upon him.

On the question of the criminal liability of an intoxicated person for homicide, the famous case of Beard (House of Lords, 1920) was cited. Lord Chancellor Birkenhead, in dealing with that case, said that the earlier classical textbooks subscribed to the view that if a person, when drunk, killed another, he must suffer the ordinary penalty, for although he did it in ignorance, the ignorance was occasioned by his own act of folly. This view was later somewhat relaxed, though not according to any single or very intelligent principle. Lord Birkenhead laid down the following three rules: (1) insanity, whether produced by drunkenness or otherwise, was a defence to the crime charged; (2) evidence of drunkenness which rendered the accused incapable of forming the specific intent essential to constitute the crime should be taken into consideration with the other facts proved in order to determine whether or not he had intent; (3) evidence of drunkenness falling short of a proved incapacity in the accused to form the intent necessary to constitute the crime, and merely establishing that his mind was affected by drink so that he more readily gave way to some violent passion, did not rebut the presumption that the man intended the natural consequences of his acts. In the Beard case the indictment was wilful murder. The man, while drunk, had ravished a young girl, and in trying to stop her from screaming had suffocated her. The House of Lords held that drunkenness was no defence unless it could be established that the accused was so drunk as to be incapable of forming the intent to commit the rape, and as this was not alleged, the defence of drunkenness to the charge of murder—the murder having resulted from the rape by a succession of acts which could not be regarded independently—must fail.

The reader of the paper then reviewed the law in other countries. The British colonies followed generally the principle of the English courts. Under the Indian penal code a person who committed a crime under the influence of drunkenness, when the drunkenness was the result of his own fault, was in no better position than a perfectly

gained rapid and ever-increasing recognition. He was one of the first to install at his private clinic an apparatus for deep x-ray therapy, spending a holiday in Erlangen so as to gain first-hand knowledge of the method. He wrote a book on diathermy, contributed several papers to the journals, and took the D.M.R.E. of Cambridge in 1921. Such a record is all the more remarkable when it is remembered that during the latter part of his time here he was constantly harassed by symptoms of the disease which was soon to cause his retirement from active work, and in a few years his premature death. Whilst honouring these professional accomplishments his friends are glad also to remember the personality and character which lay behind them. His transparent honesty, wide sympathy, generosity, and perhaps above all his exemplary courage in a constant fight against physical disability, which the logic of his medical knowledge must at times have warned him was a sadly unequal one, will make his memory for long a happy and inspiring one to those who knew him best, and their sympathy goes out to the devoted wife and daughter who survive him.

We regret to announce the death, on January 25th, of Dr. ROBERT ARTHUR MILLIGAN of Northampton, aged 69. He was a native of Deene, and received his early education at Clevedon College, situated then in Abingdon Street, Northampton, and at the age of 17 became a pupil at the Northampton Hospital. In 1876 he entered Guy's Hospital Medical School and took the diplomas of M.R.C.S.Eng. in 1881 and L.R.C.P.Lond. in 1884; he became M.D.Durh. in 1900. After serving as house-surgeon at Guy's Hospital, registrar and chloroformist at the Evelina Hospital for Children, and as clinical assistant at Bethlem Hospital, he returned to Northampton in 1884 on being appointed house-surgeon to the Northampton General Hospital, and his connexion with that institution continued for forty-three years until he retired in January, 1927. On his retirement from the active staff of the hospital he was presented with a cheque of £453 and an album containing the names of the subscribers. He had a large practice in Northampton and the surrounding districts, and won the esteem and confidence of his patients. During the war he served at the Military Hospital at Cambridge, and was awarded the O.B.E. in recognition of his services. Dr. Milligan was a pioneer of the ambulance movement in Northampton, and was for some years ambulance instructor to the Northampton division of the county constabulary. He took a keen interest in municipal affairs, and was a member of the Northampton Town Council for twenty-three years, and a member of the Public Health Committee, of which he was at one time chairman. He was appointed to the magisterial bench in 1906. Dr. Milligan was for many years a member of the British Medical Association; from 1892 to 1925 he was a member of the Committee of Management of the South Midland Branch, was president of the Branch in 1897, and treasurer from 1899 to 1922.

Dr. GERALD FITZGERALD, who died on January 28th, received his medical education at Edinburgh, where he graduated M.B., C.M. with first-class honours in 1890, and obtained the Freeland-Barbour Fellowship in the following year. He proceeded M.D. in 1919. He had held the posts of assistant to the professor of clinical medicine in Edinburgh, senior resident physician to the Edinburgh Royal Infirmary, and resident surgeon to the Royal Maternity Hospital; he was also president of the Edinburgh Royal Society of Medicine. He abandoned teaching and research at what seemed to be the outset of a very promising post-graduate university career, and established himself in the City of London, where he gained a leading place in life assurance work. He was medical officer of the Scottish Equitable Assurance Society, the Scottish Provident Institute, the Edinburgh Assurance Company, and other corporations, and also chief medical officer of the Royal Mail Steam Packet Company. His decisions in cases of difficulty were regarded as authoritative in the insurance world, and he took a prominent part in the

work of the Life Assurance Medical Officers' Association. During the war he devoted himself to the medical side of recruiting. He was a member of the British Medical Association and a Fellow of the Royal Society of Medicine. Dr. Fitzgerald was a man with exceptionally wide and varied interests. He was a devoted student of Scottish folk-lore and history, a keen member of the Highgate Golf Club, and an ardent worker in the Highgate Presbyterian Church. His death is regretted in the City of London and especially in Highgate, where he accomplished much quiet and unostentatious social service. He leaves a widow and two daughters.

Dr. DAVID WOLSELEY SCOTT, who died at his residence at Bryn, Port Talbot, on January 13th, at the age of 65, received his medical education at Anderson College, Glasgow. He obtained the diplomas L.R.C.P., L.R.C.S.Ed., L.R.F.P.S.Glas., and L.M. in 1887. Dr. E. Walsh writes: Dr. Scott in his forty years of general practice ever maintained the highest tenets of his profession. Of a most kindly and generous disposition, his relations with his colleagues and patients were of the most friendly nature. He was a member of the British Medical Association. He leaves a widow.

Dr. PHILLIP JAMES of Senghenydd died on January 28th, aged 73. He received his medical education at Guy's Hospital Medical School, and took the diplomas of L.R.C.P.Ed. and M.R.C.S.Eng. in 1878. He had practised at Senghenydd for thirty-five years, and before that at Porthcawl and Pontypridd. It was while in practice at the latter place that Dr. James assisted in the rescue work at the colliery explosion there in 1877, and he was one of the eight recipients of the bronze medal awarded by the British Medical Association for heroic conduct, self-denial, and humanity.

Dr. LOUIS ROBINSON died at Folkestone on February 5th as the result of an accidental gunshot wound. He received his medical education at St. Bartholomew's Hospital, and took the diplomas of M.R.C.S.Eng. and L.S.A. in 1883; he graduated M.B. Durh. in 1887 and M.D. with first-class honours and gold medal in 1891. He had served as house-surgeon to the Stockton and Darlington Hospitals, and subsequently became surgeon to the Miller Hospital. For upwards of thirty years he practised at Streatham, and on his retirement some six years ago went to live at Poynings, near Brighton; four years later he removed to Folkestone. He was the author of *Wild Traits in Dumb Animals*, and contributed articles on "Reflexes" to the *Dictionary of Psychological Medicine*, 1892, on "Observations on hair tufts" to the *Journal of Anatomy and Physiology* in the same year, and on "The chin in relation to articulate speech," which appeared in the report of the Smithsonian Institute, Washington, for 1913.

The following well known foreign medical men have recently died: Professor ALFONSO MONTEFUSCO, director of the Ospedale Cotugno for infectious diseases at Naples, and a prolific writer on fevers; Dr. FRANCES WELD PEABODY, professor of medicine at Harvard University, aged 45; Dr. EDOUARD LAGUESSE, professor of histology at Lille University; Madame KLUMPKE-DEJERINE, a prominent Paris neurologist and widow of Professor Dejerine; Dr. JOHN WESLEY BOVÉE of Washington, a prolific writer on gynaecology and a former president of the American Gynaecological Society; Dr. VLADIMIR VON BECHTEREV, professor of neurology and psychiatry at Leningrad and a pioneer in experimental neurophysiology, aged 73; Professor NEGRI, director of the institute of neuropathology at Turin University; Dr. WILLIAM GILMAN THOMPSON, emeritus professor of medicine at Cornell University, New York, and author of a textbook on medicine, aged 70; and Dr. THOMAS CASPAR GILCHRIST, professor of dermatology at Maryland University School of Medicine, and dermatologist to Johns Hopkins Hospital, aged 65.

The Services.

ROYAL NAVAL VOLUNTEER RESERVE OFFICERS' DECORATION.

THE Royal Naval Volunteer Reserve Officers' Decoration has been conferred upon Surgeon Commanders T. Turner and A. E. W. Hird.

DEATHS IN THE SERVICES.

Lieut.-Colonel Robert Tilbury Brown, C.M.G., D.S.O., R.A.M.C. (retired), died at Hatherleigh, Devon, on January 21st, aged 54. He was born on June 26th, 1873, the son of Surgeon Lieut.-Colonel Robert Ross Brown, V.D., J.P., of Strood, Kent, and was educated at the King's School, Rochester, at Guy's, and at Durham University. He took the M.R.C.S. and L.R.C.P.Lond. in 1896, and the M.B. and B.S. of Durham in 1899; also subsequently the M.D.Durh., with a gold medal, in 1904, and the D.P.H. of the Irish Colleges in 1902. From 1894 to 1900 he served in the 1st Kent Artillery Volunteers as lieutenant, and then captain, and from 1896 to 1900 was deputy medical officer of health for Strood. Entering the R.A.M.C. as lieutenant in 1900, he attained the rank of lieutenant-colonel in 1917, and retired on August 18th, 1926. From 1902 to 1926 he was specialist in bacteriology in the laboratory at Lucknow, and from 1906 to 1913 sanitary officer in the Eastern Command, India, and Burma. When the recent great war began he served as D.A.D.M.S. in East Africa in 1914-15, and as D.A.D.M.S. at general headquarters in 1916, and from 1916 to 1919 as an A.D.M.S. in France. During this period he was mentioned in dispatches four times, in the *London Gazette* of June 22nd, 1915, June 30th, 1916, March 7th, 1918, and October 7th, 1918, and received the D.S.O. in 1916 and the C.M.G. in 1918, and also was made a Chevalier of the Order of Leopold of Belgium. After the war he was in command of the Herbert Hospital at Woolwich, in 1919-21, was senior medical officer in Ceylon in 1922-24, and S.M.O. at Borden in 1925-26, till his retirement. He was the author of several papers, chiefly on sanitary matters, published in the *Journal of the Royal Army Medical Corps*. In 1904 he married Pauline, daughter of Mr. F. Normandy, barrister-at-law.

Lieut.-Colonel Paxton St. Clair More, Bengal Medical Service (retired), died suddenly at Bournemouth on January 8th, aged 60. He was born on June 14th, 1867, the son of Dr. James More of Rothwell, Northampton, and educated at Edinburgh, where he graduated as M.B. and C.M. in 1891. Entering the I.M.S. as surgeon lieutenant on January 30th, 1893, he became lieutenant-colonel after twenty years' service, and retired on November 1st, 1923. He served in the Chitral campaign of 1895, when he took part in the relief of Chitral, and received the Frontier medal with a clasp; and in the great war of 1914-18, when he was mentioned in dispatches in the *London Gazette* of June 11th, 1920, and received the O.B.E. on June 3rd, 1919.

Universities and Colleges.

UNIVERSITY OF LONDON.

Course in Mental Deficiency.

A COURSE of lectures for medical practitioners on mental deficiency, supplemented by clinical instruction, has been arranged by the University Extension Board in co-operation with the Central Association for Mental Welfare. The course, lasting from May 14th to 19th, is intended for qualified medical practitioners, and more especially for those engaged as certifying officers to local authorities under the Mental Deficiency Act, 1913, as school medical officers, or as medical officers of institutions. The course will be based on the requirements of the syllabus for the University of London diploma in psychological medicine. Inquiries should be addressed to Miss Evelyn Fox, care of University Extension Department, University of London, Imperial Institute Road, South Kensington, S.W.7.

NATIONAL UNIVERSITY OF IRELAND.

At its meeting on February 3rd the Senate had under consideration the reports of the Examiners upon the results of the pre-registration examination in physics and chemistry, December, 1927, and the M.B., B.Ch., B.A.O. degrees, January, 1928, and awarded passes, etc., in connexion therewith.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a meeting of the President and Fellows of the College, held on February 3rd, the following registered medical practitioners were admitted by the President: as Member, J. R. Tobin; as Members and Licentiates, D. Moriarty, S. Simms, E. Keelan; as Licentiate in Midwifery, A. Barr.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

Opening of the New Session.

THE King opened Parliament on February 7th. The customary ceremonial was observed, but the Queen was absent. In the Speech from the Throne one passage ran: "Measures will be presented to you for giving effect to certain recommendations of my Commission on National Health Insurance." Other bills were announced for amending the law relating to parliamentary and local government franchise, for increasing the credit facilities of persons engaged in agriculture, for amendment of the Companies Acts, for the reorganization of certain of the Departments in Scotland, and for amending the laws relating to the Supreme Court of Judicature and to the Metropolitan Common Poor Fund. Announcement was made that Ministers were inquiring into the possibility of affording some relief to the producing community from the burden of rates.

Neither the Factories Bill nor the Poor Law Bill was mentioned in the King's Speech. This stated that "bills dealing with other measures of importance will be introduced and proceeded with as time and opportunity allow." Following the mover and seconder of the Address in the House of Commons in reply to the Speech, Mr. Ramsay MacDonald said that the domestic programme outlined by the Government was notable for its omissions. There was the instance of the Factories Bill. That measure had been promised again and again. They were told last year that the bill would be in the Government's programme this year. The Home Secretary and the Prime Minister had said so, but now, apparently, the Home Secretary was going to keep his promise by introducing it in another year.

Mr. Lloyd George, referring to the promised measure on National Health Insurance, assumed that it would deal with the recommendations of the Commission which reported about a couple of years ago, and which was appointed by the late Minister of Health. He would like to know whether there was any cash in that. Was the Chancellor of the Exchequer going to pay back the money which he had extracted? [Mr. Churchill shook his head at this question.] Mr. Lloyd George: Then I can tell him that unless he does so those recommendations will be of no use at all. They will be like an engine without petrol; they will not march, they will stick. The only recommendations of the slightest value in the Commission's report are in regard to additional benefit. Some of those recommendations are invaluable, but they all mean more cash, and I do not believe that that cash is available now. Can the Minister of Health get the money back which the Chancellor of the Exchequer has taken away? The Chancellor of the Exchequer just now shook his head very emphatically. I am afraid that he is going to win on this occasion, and I do not look forward to this bill with any sort of satisfaction; nor will anybody else.

Mr. Baldwin said that he was not sure if Mr. Lloyd George had asked if there was any "catch" or any "cash" in the proposed Health Insurance Bill.

Mr. Lloyd George said that he used the word "cash."

Mr. Baldwin: There is neither "cash" nor a "catch" in the bill. I am told that it deals purely with the machinery, which will facilitate very much the working of the Act, and it will neither cost the Exchequer anything nor bring anything into their funds. Continuing, Mr. Baldwin spoke of the hope of the Government to have an autumn session. With regard to the Factories Bill the Government regretted very much that in the circumstances there was no possibility of getting through any bill which might be regarded as controversial between now and the end of July. He hoped, if they were able to begin a new session, as they intended, in November, that that bill might be dealt with before the end of next session.

Mr. Templeton, in seconding the Address in the Commons, said he had received an assurance that the promised proposals for the reorganization of Departments in Scotland would not place any of them under Whitehall.

In the debate on the motion for the Address in the House of Lords on February 7th Lord Salisbury, on behalf of the Government, replied to criticisms at the absence of the Factories Bill from the Government's legislative programme. He explained that, owing to the shortness of the session and the fact that the Government hoped to prorogue at the end of the summer and start a new session in November, they were not now proceeding with the Factories Bill. Their lordships, however, must not think that the Government had abandoned the bill. They hoped that it would be one of the bills, perhaps the principal one, which would get a second reading before Christmas in the new session.

Medical News.

AT the meeting of the Child Study Society, London, on Thursday next, February 16th, a lecture on child guidance will be given by Sir Humphry Rolleston, Bt., M.D., with the president, Sir John Cockburn, M.D., in the chair. On the following Thursday, February 23rd, Dr. Stella Churchill will give a lecture, illustrated with lantern slides, on sunlight in its effect upon the development and growth of children, the chair being taken by Dr. Eric Pritchard. The meetings are held at 6 p.m. at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. (near Victoria Station). Non-members may attend the lectures on payment of 1s. admission.

THE adjourned meeting of the Society of Superintendents of Tuberculosis Institutions will be held on February 18th at 122, Harley Street, at 3 p.m. Dr. A. Niven Robertson will speak on open-air treatment and meteorological conditions.

THE meeting of the Society of Medical Officers of Health for the discussion of the control of small-pox has been postponed from February 17th to March 16th. The next meeting of the council of this society is also postponed until the latter date.

THE next quarterly meeting of the Royal Medico-Psychological Association will be held at the City Mental Hospital, Fishponds, Bristol, on February 16th, when papers will be read on the histology of the globus pallidus and the mental state in cardiac disease. On the previous day there will be a special meeting of the council in the anatomical theatre of Bristol University, and also meetings of the parliamentary and educational committees; these will be followed by a dinner in the evening at the Royal Hotel. Further information may be obtained from Dr. R. Worth, Springfield Mental Hospital, S.W.17.

THE presidential address before the Listerian Society of King's College Hospital, London, will be given on Wednesday, February 15th, at 8 p.m., when Mr. Buxton will speak on John Hunter, 1728-1793. Visitors will be welcome.

THE Fellowship of Medicine announces that Mr. Duncan Fitzwilliams will give a lecture on hysterical breasts at the Medical Society lecture room, 11, Chandos Street, Cavendish Square, on February 13th, at 5 p.m. On the same day and at the same time there will be a clinical demonstration by Dr. C. Worster-Drought at the West End Hospital for Nervous Diseases. On February 17th, at 5 p.m., there will be a demonstration in surgery, at St. Peter's Hospital, by Mr. Alban Andrews, and another, in ophthalmology, at the Royal Westminster Ophthalmic Hospital, by Mr. M. L. Hine, on the clinical application of perimetry. The lecture and the demonstrations are free to medical practitioners. Two special courses begin on February 20th; one at the Queen Mary's Hospital, Stratford, in medicine, surgery, and the specialties will continue for a fortnight, occupying the whole of each day with lectures, demonstrations, and operations. The other course will be held at the London Lock Hospital and continue for four weeks, with clinical work and lectures every afternoon and some evenings. This course was to have begun on February 6th, but was postponed. The lectures will only be given if there is an entry of six, though the clinical course will be held in any case. Early application is desirable so that the lectures may not be cancelled. There will be six special courses during March—namely, one in diseases of the chest at the Brompton Hospital, from March 19th to 24th; in diseases of children at the Queen's Hospital for Children, from March 5th to 17th, occupying all day; in gynaecology at the Chelsea Hospital for Women, from March 5th to 17th, occupying mornings and/or afternoons; in ophthalmology at the Royal Eye Hospital, occupying each afternoon; in orthopaedics at the Royal National Orthopaedic Hospital, from March 19th to March 31st, occupying all day; and during the same period a practitioners' course in medicine, surgery, and the specialties at the Hampstead General Hospital, for one and a half hours during the late afternoons. Syllabuses, tickets, copies of the *Post-graduate Medical Journal*, and particulars of the general course work may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

UNDER the auspices of the Chadwick Trust two lectures on epidemiology in England during the last 200 years will be given by Sir William Hamer on February 16th and 23rd, at 5.15 p.m., in the Hastings Hall of the House of the British Medical Association, Tavistock Square; admission will be free. The first lecture will deal with the germ theory and the old epidemiology, and the second is entitled "The return to the Hippocratic method." During the spring it is proposed that other lectures shall be delivered by Dr. Walter Elliot, Parliamentary Under-Secretary of State for Scotland, and Professor W. E. Dixon.

THE British Industries Fair to be held at Shepherd's Bush and at Birmingham from February 20th to March 2nd comprises some 2,000 exhibitors, and covers a space half as much again as in 1927. The catalogue is really a book of reference for British manufactures; the description of the exhibits is set out in nine languages and the book goes all over the world. At Shepherd's Bush there will be eighteen firms exhibiting analytical and research chemicals, and twenty-six showing drugs, pharmaceutical chemicals, and preparations. The section containing medical and surgical instruments and appliances is made up of about thirty firms; scientific and optical instruments also appear likely to be well displayed. Only British manufacturing firms are permitted to exhibit, and no exhibitor may include articles other than those of his own manufacture. The public are to be admitted daily to the fair, and the Royal Automobile Club has made arrangements for the care of visitors' cars.

AN International Medical Congress for Industrial Accidents and Diseases will, as we have already announced, be held in Budapest from September 2nd to 8th of this year, and delegates from all parts of the world have been invited. Special prominence will be given to industrial accidents (although industrial diseases will figure in the programme), as in the following year a congress specially devoted to industrial diseases will be held in Lyons, under the auspices of the Congress for Occupational Diseases. The Council of Industrial Medicine has been nominated to act as the British national committee, and it is hoped that a large number of British practitioners with experience of industrial medicine will visit Budapest. Dr. D. A. Coles, Professor Edgar L. Collis, Sir Thomas Oliver, and Dr. Theodore Thompson represent the council on the permanent committee of the congress. Further information can be had from the honorary foreign secretary, Dr. H. S. N. Menko, 12, Stratford Place, W.1.

AN International Congress for the Protection of Maternity will be held in Paris from July 8th to 12th under the auspices of the Red Cross Society, the International Association for the Protection of Infancy, the International Union for the Assistance of Childhood, and the International Infancy Committee. The congress will be divided into five sections, devoted respectively to maternity, infancy, childhood, social services, and distressed and morally abandoned children.

AN international radiological congress will be held in Stockholm from July 23rd to 27th, with discussions on x-ray diagnosis, radiotherapy, medical electrolgy, and radio physics. The Stockholm Riksdag House will be used for the sessions, and a special exhibition will be arranged in the Liljewalch Art Galleries. Further information may be obtained from Mr. C. Thompson Walker, the English representative of the Swedish International Press Bureau, Elmstead Court, Elmstead Lane, Chislehurst.

To celebrate the seventh anniversary of the foundation of the Tavistock Clinic for Functional Nervous Disorders a festival dinner was held on February 6th at the Mayfair Hotel. The chairman, Mr. Dougal O. Malcolm, proposing the health of "The Visitors," appealed as honorary treasurer for increased support of the clinic to the extent of an additional annual sum of £1,000. He announced that £150 had already been received in connexion with the function. The toast was acknowledged by Lord Lascelles, who supported the treasurer's appeal, and by Sir E. Farquhar Buzzard, who emphasized the importance of the clinic as an educational agency. The scientific information now being collected there would enable great reforms to be made in the future in the whole process of educating the young. Sir Farquhar Buzzard added that the recently issued report of the clinic for the years 1920 to 1927 was one of the most complete and instructive statements of its kind illustrating the value of psychoanalysis that had yet appeared, and fully justified the appeal now being made for a capital sum of £300,000. He then proposed the toast of "The Clinic," coupled with the name of Dr. Crichton Miller, to whose pioneer work he referred felicitously. After the speeches the amusing skit on psychoanalysis entitled "Suppressed desires" was presented. It was announced during the evening that further promises of over £530 in subscriptions and donations had been received.

AT the meeting of the Joint Tuberculosis Council on January 21st, at the house of the Society of Medical Officers of Health, Sir Henry Gauvain was elected chairman for 1928, Dr. Lissant Cox vice-chairman, Dr. E. Ward honorary secretary, and Dr. J. Watt honorary treasurer. Sir Henry Gauvain subsequently entertained the council to luncheon to meet Sir George Newman, who delivered a short address, as briefly mentioned in our last issue.

THE first report of the Royal Commission on Local Government dealt with the constitution and extension of county boroughs. Part I gave a general description in outline of the existing system of local government in England and Wales;

In Part II the evidence taken by the Commission on the constitution and extension of county boroughs was summarized; and Part III gave the conclusions and recommendations of the Commission on this subject. The minutes of evidence taken before the Commission are being published in parts from time to time. The latest to appear is Part IX, being the evidence given on behalf of the Ministry of Health and other Government departments during June and July, 1927; it is published by H.M. Stationery Office at 6s. net.

THE KING has appointed Dr. Donald P. Wailling, a medical officer of the Leeward Islands Medical Service, to be an official member of the Executive Council of the Presidency of the Virgin Islands.

As announced in our advertisement columns the Grocers' Company are offering scholarships of £300, with an allowance for cost for apparatus and other expenses, for the encouragement of original research in sanitary science. The scholarships are tenable for one year, but renewable for a second or third year. The next election will be held in May. Forms of application and further information may be obtained from the clerk to the Grocers' Company, Grocers' Hall, London, E.C.2.

AN interesting article by Dr. R. T. Williamson on Captain James Cook, R.N., F.R.S., and his contribution to medical science has appeared in the January number of the *Journal of the Royal Naval Medical Service*. In it Dr. Williamson points out the value of the advances made by the great navigator in the dieting of sailors. Up to his time scurvy invariably appeared amongst the crews of ships undertaking long sea voyages. How this remarkable man, self-educated and self-made, found the means to prevent this dread disease will be read with great interest, as showing how the empiricism of a sea-captain 150 years ago is justified by the biochemistry of to-day.

DURING last month the Hospital Saving Association enrolled 19,424 new members among London wage-earners; its membership at the beginning of February had risen to 400,000, and its income is now about £275,000 annually. This sum, obtained by voluntary contributions of 3d. a week, is distributed, on a pre-arranged scale, to co-operating hospitals.

A REVISED edition of the *Pharmacopoeia* of the Paddington Green Children's Hospital has now been issued.

MESSRS. J. AND A. CHURCHILL announce for early publication *Oils, Fats, and Fatty Foods*, by E. Richards Bolton, being the second edition of the book by Bolton and Revis, with a chapter on "Vitamins" by Professor J. C. Drummond; also a new edition of *Recent Advances in Biochemistry* by John Pryde, M.Sc., and a volume entitled *Laboratory Manual for the Detection of Poisons and Powerful Drugs* by Dr. W. Autenrieth, translated from the fifth German edition.

THE Institute of American Meat Packers has recently published a recipe book describing forty ways of serving liver. Medical practitioners who desire a copy of this booklet should apply to Messrs. Armour and Co., Ltd., Queen's House, Kingsway, W.C.2.

THE Astor challenge shield, which is awarded by the National Baby Week Council, was won in 1927 by the Northampton Maternity and Infant Welfare Voluntary Association for the third year in succession; the Leicester Health and Baby Week Committee was second. The William Harvey challenge shield, reserved for smaller areas, was awarded to the Cambridgeshire Federation of Women's Institutes, which was responsible for a campaign in the villages of that county.

DR. GUSTAV GIEMSA, director of the chemical section of the Hamburg Institute for Tropical Diseases and the inventor of a well known stain, has recently celebrated his 60th birthday.

THE title of professor without chair has been conferred on Drs. Aron, Bellocq, Fontés, Gély, and Schwartz, lecturers at the Strasbourg faculty of medicine.

DURING 1927 more cases of meningococcus meningitis were reported in the United States than during the previous two years.

A MEMORIAL plaque was recently unveiled in the Medical Clinic of Münster in honour of F. W. A. Sertürner, the discoverer of morphine, who was born at Neuhaus, near Paderborn, in 1783.

DR. BROCC, the well known dermatologist of Paris, has been made a commander, and Dr. Abadie of Oran an officer, of the Legion of Honour.

THE Innsbruck University Calendar for the current year contains an account of the various faculties and other information likely to be useful to students. An unusual feature is the insertion of illustrations, including some of the professors at work, the celebration of the 250th anniversary of the foundation of the university, and views of the surrounding country, particularly Tyrol.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the BRITISH MEDICAL JOURNAL must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the JOURNAL, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBERS of the British Medical Association and the BRITISH MEDICAL JOURNAL are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

EDITOR OF THE BRITISH MEDICAL JOURNAL, *Aitiology Westcent, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

MEDICAL SECRETARY, *Medisecra Westcent, London.*

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 4737 Dublin), and of the Scottish Office, 6, Drumshugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

QUERIES AND ANSWERS.

UNUSUAL PIGMENTATION OF SCALP.

DR. D. I. WALKER (Banff) reports the case of a boy, aged 9, who has a patch of jet black hair on the right parietal and frontal region of the scalp, the hair otherwise being of a sandy fair colour. The black area is approximately 6 inches by 1½ inches, and is horizontally placed. It is roughly sausage-shaped, the upper edge being smooth in outline while the lower border is irregular. It stretches from the middle line of the skull posteriorly to within an inch of the edge of the hairy part in front. There are no pigmentation or changes in the colour of the hair such as follow an injury, skin diseases, or special treatment, and the patch has been present from infancy. It suggests the coloured areas found in lower animals.

. In regard to this case Dr. H. Haldin-Davis writes: This is an extraordinarily rare anomaly of scalp pigmentation. It is not particularly uncommon to find a patch of leucoderma in the scalp, from which the hair grows white with quite a becoming effect. Many will remember the late Maurice Parkes, in his day a well known actor, who possessed this peculiarity. But a parti-coloured coiffure is a much rarer phenomenon. I have seen a man whose occipital hair is several shades lighter than that over the crown of his head, but the only case I am aware of at all similar to that reported by Dr. Walker is one published by M. Wunsch in the *Berl. klin. Woch.* in 1910 (vol. xlvii, p. 832)—a boy with black hair, but with a number of patches of red hair mixed with it. The skin under the red hair was pink, while that under the black was white. The outlines of the patches were quite sharply defined, and the general effect must have been very odd.

DRY MOUTH.

DR. W. JOHNSON SMYTH (Bournemouth) writes: If "B." (JOURNAL, February 4th, p. 204), who is concerned with a patient with "dry mouth," will try the mountain ash (rowan tree) berries I think he will relieve the symptom. I noted their efficacy in the BRITISH MEDICAL JOURNAL a few years ago. Messrs. Martindale, chemists, Cavendish Street, London, W., keep them in stock, I think. If not, I will gladly send some preserved berries to "B." if he sends his address.

FREQUENCY OF MICTURITION.

DR. W. NUNAN (Bombay), replying to Dr. J. McWhirter's inquiry (JOURNAL, December 24th, 1927, p. 1214), recommends suggestion treatment when other methods have failed to give relief. He has known it to be of great value in cases of "bladder irritability."

CLEANING DENTURES.

"J. R. R. H." writes: In further reply to "T. M." (JOURNAL, January 28th, p. 164) I find that carbonization can be prevented by the following method. Take a pencil-shaped piece of wood with a blunt point and a little dentifice on the plate; wet the plate and scrub the surface with the point of the pencil. If this is done once a week, or when the vulcanite begins to get blackened, the discoloration can be rubbed off. It requires about ten minutes, and patience. A hard brush and dentifice will also keep the pink gum clean. I do not think the method would be effective in the case of a thick deposit of carbon.