

ACUTE DISTENSION OF THE GALL BLADDER
(MUCCCELE) IN A CHILD.

BY

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BOURNEMOUTH.

As this condition is not a common one I think that the publication of the following notes is on that ground justified.

A boy, aged 12, was sent into the Royal Victoria and West Hants Hospital, Bournemouth, with the diagnosis of "acute appendicitis with the appendix in an abnormal situation." He was admitted on July 12th, 1927, and seemed to be an intelligent boy; he was fair and freckled, of slight build, and with little subcutaneous fat. The skin had a slight icteric tinge, while the conjunctivae were definitely yellow. The pulse was 75 to 80, temperature 98° F. in the axilla and 99° in the rectum. He complained of pain in the right upper quadrant of the abdomen.

The history of the present illness was as follows: On July 4th he suffered from general malaise and feverishness, went to bed, and the doctor was summoned. On July 7th clay coloured stools were passed. On July 10th he had pain in the upper abdomen, unlike colic, and severe flatulence. On July 11th he vomited; pain was becoming localized in the right iliac fossa and a tender swelling was felt there by the patient. On July 12th the temperature was subnormal, he had abdominal pain and flatulence, and the right rectus muscle was tender and rigid. There was a yellow tinge in the skin and conjunctivae. His appetite was good, and there were no subjective phenomena. The bowels, which had been regular, had recently become constipated, and the motions were clay coloured.

Examination of the abdomen showed very little movement of the upper part, and none at all in the right upper quadrant. On very lightly stroking the abdomen with the finger-nail very definite hyperaesthesia was found over the gall-bladder region, at the lower edge of the tenth costal cartilage. The skin of the right upper quadrant could be pinched up between thumb and forefinger more easily than that on the left side, although pain was caused—proving the right rectus to be contracted. Palpation confirmed the contraction and elicited tenderness, especially pronounced over the gall-bladder region, where pressure caused a sudden cessation of respiration. It was thought that an underlying tumour could be felt here, but owing to the rigidity it was impossible to be certain of this. There was a pronounced absence of tenderness in every other region of the abdomen, even on deep pressure, and in the right iliac fossa the vertebral column could be palpated without causing pain. Percussion yielded a dull note over the gall-bladder region, extending from and continuous with the liver dullness for a distance of approximately two inches from the costal margin. Rectal examination gave a negative result.

The patient's food consisted chiefly of bread, butter, and potatoes. He had had measles, chicken-pox, and tonsillitis; for the last-named he had undergone tonsillectomy eight years ago.

The urine, which was of a dark amber colour, green on surface, gave an alkaline reaction; specific gravity 1020; there was no albumin or sugar, but bile pigment was present (Foam, and Gmelin's nitric acid tests). The respiratory system was normal. A soft mitral systolic murmur was heard. There was a slight generalized itching of the skin.

The diagnosis was: acute gall-bladder lesion; ? appendicitis and coexistent catarrhal jaundice. Immediate operation was decided upon.

Operation.

Mr. W. S. Richardson operated on July 12th. The anaesthetic was the chloroform and ether sequence. A paramesial incision was made through the upper right rectus. On opening the abdomen an enlarged, much distended, but not inflamed, gall bladder was found. This was incised, allowing the escape, under tension, of clear mucus. A soft rubber catheter was stitched into the gall bladder. No obstruction of the bile ducts could be felt. The appendix, in a normal situation, was inflamed; it had a bulbous tip, with a constricted part proximal to the swollen extremity. Appendicectomy was performed. The other abdominal organs were all found to be healthy, and the abdomen was closed. No bacteriological examination was undertaken.

Progress.—Bile drained freely through the catheter, which in due time came out, leaving a biliary fistula which gradually closed, while the faeces regained their normal colour. The boy was discharged, cured and well, on August 10th.

Remarks.

The chief point of interest in this case is the occurrence of the condition in a child, following upon what must almost certainly have been an attack of catarrhal jaundice complicated by a concomitant attack of appendicitis. At least, in view of the condition of the appendix as found at the operation, it is to be assumed that the pain and swelling in the right iliac fossa, experienced the day before admission, were due to an attack of appendicitis. Another interesting feature of the case is that this same attack of appendicitis should have completely subsided by the time

of admission, so that no tenderness whatsoever could be elicited in the right iliac fossa. It is to be assumed that this acute mucocele formation was caused by the spread of the catarrh to the cystic duct, where the swelling of the mucous membrane was such as to occlude the lumen of the duct, thereby preventing the escape of the mucus secreted by the mucus-secreting cells of the lining of the gall bladder, thus causing the rapid distension of the bladder and giving rise to the referred abdominal pain and rigidity.

I am indebted to Mr. Richardson for very kindly permitting me to publish this case.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ECLAMPSIA.

I HAVE, during the year, treated in the County Maternity Hospital, Bellshill, Lanark, 27 cases of eclampsia, with a maternal mortality of 7.4 per cent.

The treatment, as carried out at present, is as follows: If the patient, when admitted, has recovered consciousness the stomach tube is passed and gastric lavage practised until the fluid siphoned off returns clear. A dose of chloral hydrate and potassium bromide, 25 grains of each, is given, after which a rectal enema containing magnesium sulphate 1/2 oz. in 10 oz. of sterile water is administered. The patient is then given 4 oz. of compound senna mixture with 1/2 oz. of Epsom salts dissolved in it, which is followed by a dose of 2 minims of croton oil in half a drachm of olive oil. If the pulse is full and bounding or over 110, veratrine 1/2 c.cm. is given hypodermically. If the fits recur, or if the patient is unconscious on admission, the same procedure is carried out, save that the croton oil is given by the rectum, and the chloral and bromide in similar doses at intervals of one hour until three doses have been given. Large doses of morphine sulphate are undesirable, as it appears to me to depress the heart's action (as is evidenced by the early appearance of cyanosis), and tends also to increase intestinal stasis. At the same time I am of the opinion that small doses of morphine (1/6 grain) are beneficial at the beginning of treatment in severe cases.

No attempt is made to deliver the patient unless labour is well advanced in the second stage, and then deep ether anaesthesia is produced before delivery is attempted.

All cases were treated by the routine described. The ante-natal cases numbered 2; one died, the other went home at her own risk after treatment, to come in for confinement at full term. The number of neo-natal cases was 20, and of post-natal cases 5.

No.	Age.	Gravida.	Maturity.	No. of Fits.	Child A or SB.	Mother A or D.
1	31	4	8 months	1	A	A
2	25	4	7 "	2	SB	A
3	31	4	Full "	5	SB	A
4	30	2	8 months	3	A and SB	*
5	17	1	Full "	5	A	A
6	32	3	7½ months	12	A	A
7	22	1	8 "	3	A	A
8	22	1	8 "	4	A	A
9	32	1	6½ "	4	SB	A
10	23	3	8 "	1	†	A
11	32	2	7 "	2	A	A
12	21	1	8 "	3	P	D
13	29	5	8½ "	8	A	A
14	30	8	9 "	13	A	A
15	41	10	8 "	5	A	D
16	21	1	9 "	16	A	A
17	30	4	9 "	1	A	A
18	43	5	7½ "	2	A	A
19	21	1	8 "	11	A	A
20	26	1	8½ "	5	A	A
21	21	1	8½ "	6	A	A
22	22	1	9 "	2	A	A
23	17	1	9 "	23	P	A
24	20	2	9 "	7	P	A
25	19	1	Full "	10	P	A
26	40	11	Full "	2	P	A
27	27	7	Full "	5	A	A

* Twin pregnancy. † Macerated. A=Alive. SB=Stillborn.
D=Dead. P=Post-natal.

Bellshill, Lanarkshire.

H. J. THOMSON, M.D.

THE PATIENT'S COMFORT AFTER PROSTATECTOMY.

A METHOD of nursing cases of prostatectomy has recently been demonstrated to me by the matron of our local nursing home, Miss A. A. Frazer, which is, I believe, original, and certainly contributes in no small measure to the patient's comfort. It is also a great economy, both as regards dressings and the laundry bill.

For the first few days, of course, the patient remains practically dry, but, as soon as the suprapubic drainage tube comes away, then the patient, lying in Fowler's position, is placed sitting on a well-inflated rubber bed-pan. A piece of gauze is placed over the wound with the ends brought down on each side to a point between the legs. Over this comes a piece of wool, about six inches square, folded at the lower end to a point, and lastly, a piece of jaconet, about ten inches by eight inches, also folded to a point between the legs. A strip of bandage is passed round the waist and tied in front over the jaconet, the upper border of which is folded over it. The urine will now all drain into the rubber bed-pan, which is removed for emptying several times in the twenty-four hours, the bed remaining dry. The patient's scrotum, groins, and perineum are kept well smeared with ointment.

The rubber bed-pan used must be kept almost fully inflated and well powdered. The patient soon learns to sit well back on it, and remains on it throughout his convalescence in bed. It can be obtained from Messrs. Rothband and Co., Bent Street, Manchester, price 21s.

Rotherham.

W. STANLEY WILDMAN, F.R.C.S.Eng.

DERMATITIS HERPETIFORMIS IN A CHILD.

THE following unusual case of dermatitis herpetiformis seems to be of general interest.

In December, 1927, I was called to see a boy, aged 4½ years, who had a temperature of 99.4° F., a corresponding increase in the pulse rate, redness of the throat, and an erythematous rash. Three days later a number of small vesicles were seen on the forehead and eyelids; these burst and disappeared, leaving the skin blotchy. On the following day a bulla about the size of a marble developed on the left forearm, accompanied by a larger one on the chest, which became haemorrhagic and burst, leaving a raw surface. This was followed by the appearance of bullae covering the body and limbs and attaining, in some cases, quite large dimensions. The boy was admitted to Leeds Infirmary under the care of Dr. Ingram, who confirmed the diagnosis of dermatitis herpetiformis, the history at this time of a multiform eruption—erythematous, papular, vesicular, and bullous—with the herpetiform grouping of the vesicles, some of which were haemorrhagic, being characteristic of the condition. The fluid from the bullae was sterile and showed an excess of the eosinophile cells, which also occurred in the blood to the extent of 3 per cent.

The child was put on arsenic in small doses and responded well to treatment.

The chief point of interest in this case is the occurrence of dermatitis herpetiformis at such an unusual age, since it is almost exclusively a disease of adult life. Some writers have suggested that the condition results from worry or shock, while others attribute it to a toxin arising from faulty metabolism. My observations in this case, especially at its onset, when it showed an erythematous eruption, accompanied by papules, which later became vesicular, seemed to correlate it with varicella. Such a relation would involve a similarity of origin—namely, infection by an ultra-microscopic virus. This seems the most rational etiological explanation to me.

I am indebted to Dr. Ingram for his help in furnishing me with reports of the blood and serum from the bullae.

Morley, Yorkshire.

S. WIGODER, M.B., B.Ch., L.M.

REMOVAL OF A FOREIGN BODY FROM THE STOMACH OF AN INFANT.

IN view of the satisfactory sequel and the novelty of the procedure adopted to remove a safety-pin from the stomach of an infant the following case may be worthy of record.

An infant, 2 months old, was brought to hospital, having swallowed a safety-pin half an hour previously. X-ray examination showed the pin with its upper end at the level of the cricoid cartilage; it was hanging with the hinge downwards, and the engaging clip and point were directed upwards. The child was not distressed. The same evening the child was anaesthetized. An oesophagoscope, specially designed to close an open safety-pin,

was passed, and the clip of the pin was sighted. The tube had then to be withdrawn to re-establish the child's airway, and a smaller tube was introduced. Examination was made along the length of the oesophagus, but the pin could not now be seen; the fluorescent screen, however, showed it lying in the fundus of the stomach. It was deemed inadvisable to make further attempts at removal that evening.

The next morning an x-ray plate revealed the pin in the same place at the fundus of the stomach. The child was again anaesthetized, but took the anaesthetic none too well. A soft rubber catheter, size 16 English, was passed down the oesophagus into the stomach, and the abdomen was opened through an incision splitting the upper part of the left rectus muscle. The end of the catheter and the unclipped pin were grasped through the unopened stomach wall; the point was passed through the wall of the catheter and the pin was closed. The stomach wall was then pinched up to make sure that it was in no way caught. The catheter, bearing the pin, was then withdrawn along the oesophagus through the mouth, and the abdominal wound was closed with through-and-through sutures. The child was returned to the ward in a satisfactory condition and made an uninterrupted recovery, leaving hospital with the wound healed, and quite well. The pin was an inch in length.

There seem to be several points worthy of note in the procedure detailed above. The additional shock attendant on opening a hollow viscus was avoided. In any case this is quite a serious undertaking, and would almost certainly have killed the child. The method of removal adopted might be employed for any object, sharp at one end and blunt at the other, which has passed as far as the stomach. It is obvious that while this procedure can be used in the case of an object lodged in the stomach it is advisable not to delay until it might pass further.

I can find no mention in the literature of this method having been suggested or attempted. The procedure was conceived and executed by Mr. L. R. Broster, to whom with Mr. Lees, I am indebted for permission to publish this case.

W. B. R. MONTEITH, F.R.C.S.Ed.

Queen's Hospital for Children, Hackney.

Reports of Societies.

THE USE AND ABUSE OF ULTRA-VIOLET RADIATION THERAPY.

At the meeting of the Medical Society of London on February 13th the subject for discussion was the use and abuse of ultra-violet radiation therapy. Mr. H. W. CARSON, the president, was in the chair.

Dr. LEONARD HILL, in introducing the subject, began with a reference to other radiations. Much nonsense, he said, was talked about infra-red radiation therapy. The infra-red rays were nothing but heat rays such as were obtained with a hot-water bottle or fomentations. They had exceedingly little power of penetration, and were absorbed especially by the water in the outer layers of the skin. The visible rays—light—had greater power of penetration, especially the rays in the red portion of the spectrum. If a powerful source of incandescent rays were used, and the infra-red rays cut off so as to avoid overheating, a penetration of some depth below the dermis might be secured. The energy of the visible rays was turned into heat in the blood, and possibly had some other action in the blood of which nothing at present was known. The ultra-violet radiations might be of long, medium, or short wave-length. They covered the region from 4,000 to 2,000 Angström units. There was no need to consider radiations beyond the 2,000 limit, because these were absorbed by the oxygen of the air. The sun gave no rays shorter than about 2,900 Angström units, but artificial sources like mercury vapour lamps or long-flame arcs extended the spectrum right down to the 2,000 limit. The biological evidence showed that the region round about 3,000 had the principal action on the skin in causing sunburn and in activating ergosterol and producing anti-rachitic vitamin. The shorter the wave-length the greater the killing power for bacteria and infusoria. The long ultra-violet radiations, from 4,000 upwards to 3,000, were not absorbed to any great extent by living tissues; at about 3,000 they passed through the horny layer of the epidermis, being largely retained by it, and were almost completely absorbed by the living cells of the dermis. The maximum biological action was at about 2,970, just where

melancholia. He suggested that Mrs. Drummond should enter the hospital as a voluntary patient, but that if Dr. Morton thought that that was not safe he would certify her as a lunatic. In fact, after the accident, he was asked to go to Exeter and certify Mrs. Drummond, and he did so. Happily, Mrs. Drummond has since recovered her mental balance.

The evidence of Dr. Morton, who has since died, was taken on commission whilst he was suffering from cancer. He said there was no mention by Dr. Grant Wilson of any suicidal tendencies, or of Mrs. Drummond being insane, or suffering from puerperal melancholia. She herself told him her only trouble was sleeplessness. He found no signs of suicidal tendencies in her; if he had, he would have refused to take her in as a voluntary patient.

Dr. Grant Wilson attributed this contradictory evidence to a lapse of memory in Dr. Morton. Mr. Justice Avory said the fact that the examination on commission took place a month before Dr. Morton's death might afford some explanation of lapse of memory, and, to the observation of the counsel for the defence that cancer did not affect the faculties, the judge replied: "Poisoned blood affects the brain, and I understand that nobody can have cancer without poisoned blood." This, of course, was *obiter dictum*, since no medical evidence was tendered as to the effect of cancer upon the mental faculties of a sufferer from that disease.

The defending counsel urged that there was no evidence of lack of care to go to the jury, but the judge ruled otherwise, and, in his summing up to the jury, he pointed out that the defendants owed a duty to take reasonable care and to exhibit reasonable skill in the treatment of all patients admitted to their institution. The jury had to ascertain whether there was evidence that the defendants, by their agents or servants, had been guilty of negligence, or whether Dr. Morton, knowing what he did, or knowing what he ought to have known, was right in withdrawing the night nurse on the second night; and, further, the night nurse having been withdrawn, whether, notwithstanding visits paid every half-hour, the patient might have been prevented from actually throwing herself out of the window. The jury's verdict was as stated.

DEGREES IN DRUNKENNESS.

SOME interesting observations on drunkenness were made by Sir Robert Wallace, K.C., chairman of the County of London Sessions, at Newington on February 9th in summing up a case in which the driver of a motor cab was charged with being drunk while driving his vehicle. The evidence, which was tendered on the previous day, was of a contradictory character, and Sir Robert had intimated that if the prisoner were found guilty he would grant leave to appeal so that there would be some chance of an authoritative definition by a higher court of what constituted drunkenness within the meaning of the section under which the accused person was charged.

In placing the case before the jury Sir Robert Wallace said that there had never yet been any actual definition of drunkenness given by the Court of Criminal Appeal, the final authority in these matters. If there had been such a definition other courts would have felt it their duty loyally to abide by it. The phrase was used "under the influence of drink," which might mean drunkenness or might not. No one had any difficulty with the cases commonly described as "drunk and disorderly," or "drunk and incapable," but drunkenness was a question of degree. Many people were stimulated by taking some drink, were rendered more brilliant, or acquired more courage. It was not unknown for high-class orators to be indebted to this stimulus. Medical men had seemed unable to arrive at any specific definition. A new set of circumstances arose, however, when a man who had been drinking was in charge of complicated machinery, such as a motor car, which required the exercise of discrimination and other faculties which intoxicating liquor might disturb. He believed that drunkenness from this point of view meant the taking of sufficient intoxicating liquor to disturb the mental balance and render it unsafe for the person to be in charge of a motor car. The evidence in this case showed that the accused collided slightly with a motor cyclist and disregarded the police signal. When his cab was stopped he was found leaning against it for support, and the police constable's evidence was that he was thick in his speech, that his eyes were bloodshot, his lips puffed, and that he smelt strongly of drink. He was taken to the police station, where the divisional surgeon certified that he was drunk. The man asked for his own doctor, who, however, was not available, and another doctor was called, but by this time the man had been one hour and a quarter at the station. Some argument had taken place during the hearing on the previous day as to which was the better type of evidence in such cases—that of the police constable, whose point of view was that of the practical man, or that of the doctor, who relied upon certain tests. The police surgeon had

described various signs which he had noted in the accused—sluggish pupils, high pulse, "dirty" tongue, and so forth. He had stated that the accused was asked at the police station to shut his eyes and touch his nose, and instead of touching his nose had put his finger in his eye; also to walk on a chalked line, and had badly failed to do so, though when there was no chalked line he walked straight across the room. Unfortunately the accused did not tell the doctor that his foot was damaged as the result of a war injury. The police surgeon had agreed that not one of the signs he had discovered was in itself conclusive of drunkenness, but he affirmed that the combination of them was conclusive. The man, who had been a motor cab driver for ten years, had a clean record, but he had been subject to nervous breakdowns, and on the day in question had been implored by his wife not to drive his cab. It seemed unwise that a man in this nervous condition should have charge of a vehicle at all, but that was not the question the jury had to consider. The man affirmed that he had taken no intoxicants that day except two glasses of beer an hour or two before the mishap.

The jury, after a brief deliberation, returned a verdict of "not guilty," and Sir Robert Wallace, in discharging the accused, said that he did so with satisfaction, but he regretted that a pronouncement on such a case by the Court of Criminal Appeal would still not be forthcoming.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on February 11th the following medical degrees were conferred:

M.D.—F. W. Roques.
B.Chir.—W. J. Wilkin.

UNIVERSITY OF LONDON.

It has been decided to institute a University Chair of Biochemistry tenable at the London School of Hygiene and Tropical Medicine; salary £1,300 a year and allowance of £200 per annum. Applications must be received by the Academic Registrar by April 12th. Applications for the Chair of Pathology tenable at the London (Royal Free Hospital) School of Medicine for Women (salary £1,000) must be received by the Academic Registrar by March 1st.

Applications for grants from the Thomas Smythe Hughes Medical Research Fund, allocated annually for the purpose of assisting original medical research, must be sent in, accompanied by the names of not more than two persons to whom reference may be made, between May 1st and June 15th.

Applications are invited for the Laura de Saliceto Studentship for the advancement of cancer research, value £150 a year. It is a part-time appointment, and may be held in conjunction with an appointment in a physiological or pathological laboratory, or with a clinical appointment affording special opportunities for the study of cancer. Statements of qualifications, together with the names of two persons as referees, must be sent to the Academic Registrar before July 2nd.

A Carpenter medal, together with a money prize of the value of £20 in all, will be awarded by the Senate in 1928 for a thesis of exceptional distinction in statistical, genetic, comparative, or experimental psychology, including the functions of the central nervous system and special senses, for which a doctor's degree (other than the Ph.D. degree) has been awarded during the three years ending May 31st, 1928. Applications must be sent in not later than June 9th to the Academic Registrar.

Applications for grants from the Dixon Fund, allocated annually for assisting scientific investigations, must be sent in between April 1st and May 15th, accompanied by the names of two persons to whom reference may be made.

Further particulars of the various grants or other awards may be obtained from the Academic Registrar, University of London, South Kensington, S.W.7.

Dr. Donald Hunter has been recognized as a teacher of medicine at the London Hospital Medical College.

The University medal at the M.S. Examination (Branch I, Surgery) for internal and external students, December, 1927, has been awarded to Robert M. Walker of University College Hospital.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE.

Division of Tropical Medicine and Hygiene.

The following passed the school examination at the termination of the eighty-third session (October, 1927–February, 1928):

*H. M. Smith (Duncan Medal), *R. Pierre, *V. E. Whitman, *M. M. McDowall, *D. R. Jandial, *H. A. Fawcett, *M. N. Andrews, *G. M. L. Summerhayes, *A. M. Soliman, *J. H. Dobbin, *S. Bergna, *A. B. Hardy, *P. G. Currid, *C. H. Williams, *A. Bearbrook, *B. M. Johns, *T. P. Keating, *W. E. Davis, *M. M. Fikri, E. S. Lawrie, G. A. Ryrie, G. I. Shaw, H. G. FitzMaurice, A. Magraby, E. A. Robertson, H. Fairbairn, W. E. Giblin, H. H. Gilbert, G. A. Sloan, T. P. Ammal, R. E. Barrett, S. Forrest, H. K. Giffen, J. C. P. Grey, C. R. Amies, M. Merchant, O. M. Francis, E. M. Jones, N. C. Macleod, J. D. Reynolds, P. E. Dinkins, P. Farrs, W. M. Jack, J. O. Milne, M. E. Lovett, G. Singh, E. P. G. Ritchie, H. M. Willoughby, E. W. Reece, T. A. Sherwin, N. J. Willans, A. Dunlop, P. T. J. Doss, R. S. Johnston, H. J. Lawson, W. Magowan, E. I. Conner, G. G. Udeshi, R. M. Forsyth.

* With distinction.

UNIVERSITY COLLEGE.

SPECIAL short courses in anatomy and physiology, designed to meet the requirements of the Primary Fellowship Examination of the Royal College of Surgeons, are held at University College twice during the session. They are advanced courses intended to supplement the routine instruction required for the professional qualifying examination. Each course extends over a period of three months. The next course will begin on Monday, March 5th, in preparation for the June examination. Particulars of these courses may be obtained from the Secretary of the College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council meeting was held on February 9th, when the President, Sir Berkeley Moynihan, was in the chair.

Diplomas.

Diplomas of Membership were granted to 164 candidates, and the Diploma of Fellowship was granted to Mr. H. I. Deitch. Diplomas were granted jointly with the Royal College of Physicians: in Public Health to thirty-six candidates; in Ophthalmic Medicine and Surgery to nineteen candidates.

Bradshaw Lecture.

The President appointed Mr. C. H. Fagge as Bradshaw Lecturer for the ensuing year.

International Convention on Cancer.

Sir Berkeley Moynihan and Mr. Steward will attend the International Convention on Cancer, to be held in London from July 16th to 22nd, as delegates from the Royal College of Surgeons.

Primary Examination for Fellowship in Canada.

A revised scheme for conducting the Primary Examination in Anatomy and Physiology for the Fellowship in Canada was considered and approved, and instructions were given for the scheme to be forwarded to the Canadian Medical Association for their comments.

Council Election.

An election of four Fellows into the Council will take place on July 5th at 11 a.m. to fill the vacancies caused by the retirement in rotation of Sir Anthony Bowlby, Sir D'Arooy Power, and Mr. F. J. Steward, and by the death of Mr. W. Thelwall Thomas. Notice of the election will be given to Fellows by advertisement and by circular on March 9th. March 19th will be the last day for the nomination of candidates, and a voting paper will be sent to every Fellow of the College on April 3rd.

Sir Berkeley Moynihan will take part in the centenary celebration of the Faculty of Medicine, Cairo, and the International Congress of Tropical Medicine and Hygiene, to be held at Cairo in December, 1928, as a delegate from the Royal College of Surgeons.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the College was held on February 7th, when the President, Dr. Robert A. Fleming, was in the chair.

Dr. David Duncan Main, Dr. Charles John Shaw, Dr. Ronald Gray Gordon, and Dr. Thomas Yule Finlay took their seats as Fellows of the College.

Major Anir Chand, I.M.S., and Dr. James Thomson (Dundee) were elected Fellows of the College.

Dr. David Lees, D.S.O. (Edinburgh), Dr. Premankur De (Calcutta), Dr. Edward R. C. Walker (Aberdeen), Dr. J. D. Allan Gray (Leith), Dr. Donald Ross (Lochgilthead), Dr. Chas. A. Basker (Bournemouth), Dr. Donald Jack (Edinburgh), and Dr. Alex. H. Rintoul (Kennoway, Fife) were elected members of the College.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

IN the House of Commons this week the debate on the Address in reply to the King's Speech closed on February 14th, and the House carried a motion for the appointment of two new judges. On the previous night the Prime Minister adduced evidence that real wages and the standard of living of the working classes had lately risen in the United Kingdom. The rest of the week in the House of Commons was spent on Supplementary Estimates and private members' business. Neither national health nor any other medical topic was discussed in the debate on the Address.

The Conservative and Unionist Party Committee on Health and Housing had its first meeting of the session on February 14th, and the Parliamentary Medical Committee its first on February 15th, Dr. Fremantle presiding over each.

Dr. Drummond Shiels has returned to the House of Commons from Ceylon, where he has been serving on a special commission.

Bills before Parliament.

Bills of which notice was given in the House of Commons on February 10th include the Edinburgh Corporation Bill (Substituted Bill) to confer further powers upon the corporation of the city of Edinburgh in relation to venereal disease; the Registration (Births, Deaths, and Marriages) Bill, to amend

the Births and Deaths Registration Acts, 1836 to 1926, presented by Captain Gunston; the Blind Persons Bill, presented by Mr. Naylor; the Dogs Act Amendment Bill, to amend the Dogs Act, 1906, presented by Mr. Briggs; and the Slaughter of Animals (Scotland) Bill, presented by Brigadier-General Charteris and supported by Dr. Shiels. All these were read a first time. Among the bills occupying the ten first places in the ballot for private members' bills—these being the only private members' bills which are likely to become law—none is of direct medical interest.

On February 10th the Secretary for Scotland presented, and the House gave a first reading to, the Reorganization of Offices (Scotland) Bill, which had been promised in the King's Speech. One of its purposes is the transfer of the powers and duties of the Scottish Board of Health to a Department of Health for Scotland.

On February 13th a bill to prohibit the vivisection of dogs was presented by Sir Robert Gower, and was read a first time. The Dogs Act Amendment Bill, introduced by Mr. Briggs, is not an antivivisectionist measure, but will probably propose, among other objects, to strengthen the provisions of the law against the stealing of dogs. The Protection of Dogs Bill, presented by Sir Robert Gower, has as its declared object "to prohibit the vivisection of dogs." It is supported by Colonel Moore, Mr. Bromley, Mr. Macquisten, Mr. Thurtle, Captain A. Evans, Mr. Sexton, and Mr. Radford. The second reading is put down formally for April 20th. Before the presentation of this bill a suggestion was made to its promoters that it might be treated as uncontroversial if a clause were added to authorize the police to supply for experimental purposes dogs seized as strays and subsequently unclaimed. This overture was flatly rejected.

On February 14th Mr. Tinker presented a bill to consolidate, with amendments, the enactments relating to factories, and it was read a first time.

National Health Insurance.

On February 9th Mr. Chamberlain stated that 355,000 insured persons were estimated to have reached the age of 65 on January 2nd. During the month of January the estimated addition to that number was 8,000. All these would cease to pay contributions under the health insurance scheme and to be entitled to sickness and disablement benefits; medical benefit, together with additional treatment benefits, would remain available to them for life. How many were in receipt of sickness or disablement benefits when they attained the age of 65 was not known.

In an answer to Mr. Fenby, on February 9th, Mr. Chamberlain said the approximate amount of funds invested on behalf of approved societies under the National Health Insurance Act at the end of 1926 was £113,000,000, and at the end of 1927 £111,000,000. In a reply on the same day to Mr. Rhys Davies, Mr. Chamberlain said that after meeting out of current income the cost of schemes of additional benefit, amounting to over £8,000,000 yearly, the approved societies had available for investment in 1926 £1,500,000, and in 1927 £200,000.

Foot-and-Mouth Disease.

On February 13th Mr. Guinness, replying to Sir Basil Peto, said that in recent years no definite proof had been obtained that foot-and-mouth disease outbreaks in this country had been due to infection by meat imported from South America. Suspicion had, however, arisen that certain outbreaks had been due to cloths in which imported meat was wrapped, or to bones from such meat. To guard against this danger orders had been issued which required meat, bones, or other parts of a carcass, or cloths in which foreign meat had been wrapped, to be boiled or disinfected before they were brought into contact with animals. Negotiations had been in progress for some time with the South American Governments which should result in the adoption in those countries of measures for preventing the introduction of infection into Great Britain.

Mr. Guinness also told Mr. Wardlaw-Milne that he had seen in the press reports of the discovery in France of a new cure for foot-and-mouth disease, but he had no official information on the subject. No invitation had been received by the Ministry to attend the tests. Our policy was eradication by slaughter, and this discovery seemed to be merely a cure and not a preventive.

Mr. Guinness, on February 14th, told Major Davies that no experiments to determine the after-effects on animals which had had foot-and-mouth disease and had recovered from it had as yet been carried out by the Foot-and-Mouth Disease Research Committee. There was considerable evidence from abroad that the after-effects of the disease were variable. Mortality among unweaned stock was very high. The Continental view was that a certain proportion of the recovered animals became "carriers" of the disease, and were for a long time capable of infecting susceptible stock.

Milk Campaign.—Mr. Guinness announced, on February 9th, that the Empire Marketing Board, in consultation with the Ministry of Agriculture, proposed to open, in April, a publicity campaign in favour of the consumption of fresh milk. This campaign will

last for six months, and may be extended. Dr. Drummond Shiels asked whether the Minister would see that this advocacy of fresh milk discriminated between tuberculosis-free milk and other milk which might be dangerous. Mr. Guinness said the proportion of tuberculous milk was much lower than a few years ago. He thought nothing more could be done than was being done at present to improve the supply of milk and avoid this danger. Dr. Fremantle asked whether the Minister of Agriculture proposed in this publicity campaign to work with the Ministry of Health, which was able to use the medical channels for recommending milk. Mr. Guinness said they would certainly work in conjunction with the Ministry of Health.

Marriage of the Physically Unfit.—On February 13th Sir R. Thomas asked the Minister of Health if he had devoted any attention to the report on the marriage of the physically unfit, recently issued by the London County Council, and if he proposed to introduce legislation on the subject. Sir Kingsley Wood said the Minister of Health was not aware of the adoption of any such report by the London County Council.

Prohibition of Boric Acid in Cream.—Sir J. Gilmour told Brigadier-General Charteris, on February 14th, that only a few creameries in Scotland had made representations against the prohibition of boric acid in cream. There was substantial evidence that cream properly produced from clean milk and properly handled would keep sweet for several days. The Scottish Board of Health accordingly saw no reason to rescind the regulations so far as they applied to cream.

Hours of Railway Dining-car Attendants.—On February 14th Mr. Betterton, in reply to Sir R. Thomas, said he was informed by the Great Western, London, Midland, and Scottish, and London and North-Eastern railway companies that there was no foundation for the statement that railway dining-car attendants were habitually required to be on the trains for periods up to forty-eight or fifty-three hours, with consequent tuberculosis and gastric disorders.

Proposed New Welfare Centre at Southgate.—On February 14th Mr. R. Morrison asked why the Minister of Health refused to approve or make a grant in aid of expenditure by the Southgate Urban District Council of £19, the salary of the medical officer, in respect of a proposed new maternity and child welfare centre to be held on premises belonging to the council for two hours monthly, for medical inspection of children between the ages of 2 and 5 years. Sir Kingsley Wood, replying, said that sanction to this proposal was withheld because the Minister of Health was advised that the facilities already provided by the urban district council should be sufficient to allow of the medical inspection of children between the ages of 2 and 5 years. It was proposed, however, to arrange for a further inspection by a medical officer of the Ministry of the arrangements made by the council for maternity and child welfare, and the Minister would give further consideration to this proposal when he had received a report on this inspection.

Street Accidents.—In the House of Lords, on February 14th, the Bishop of Southwark called attention to the statement of the education officer of the London County Council that in 1926 in the Metropolitan area 233 children were killed and 9,528 were injured by traffic accidents. Lord Peel, First Commissioner of Works, in reply, said that the Advisory Committee on Street Accidents, appointed by the Minister of Transport, had presented a report about a year ago. The committee was set up because of the anxiety of the Ministry of Transport to see what could be done to reduce the dangers of the streets. He understood that the Advisory Committee would report very soon to the Ministry. The Minister of Transport was prepared to give a special direction to the committee to consider particularly the problem of accidents to children, and consult representatives of the police and local authorities, that they might decide upon definite rules to reduce these accidents.

Memorial to Lord Haig.—On February 8th Mr. Baldwin moved that the House, on the following day, go into committee to pass an Address for the erection of a monument at the public charge to the late Field-Marshal Earl Haig. Mr. Ramsay MacDonald moved as an amendment that a select committee be appointed to consider the most fitting form of memorial to Earl Haig, in view of his concern for the comfort and welfare of ex-service men. Supporting the amendment, Dr. Drummond Shiels said there were many tuberculous ex-service men who were gassed during the war and whose disease did not make itself known for many years. Many of these cases had been disallowed. The House had an opportunity to make up for what it had failed to do in the past. The amendment was defeated by 220 to 103, and later in the week the House unanimously passed the Address in favour of a monument.

Notes in Brief.

The Minister of Pensions has discussed with a deputation from the Glasgow Corporation the future of Bellahouston Hospital.

There is no evidence to show that the tsetse fly is increasing or spreading anywhere in Kenya Colony.

Local authorities are increasingly making use of dust carts with covers, and are encouraged by the Ministry of Health to do so.

During 1927, out of 53,915 men and boys who offered themselves for service in the Royal Navy and Royal Marines, 5,655 were accepted and 47,866 rejected for medical, physical, and educational unfitness.

Medical News.

THE annual dinner of past and present students of the Royal London Ophthalmic (Moorfields Eye) Hospital was held at the Langham Hotel on February 8th, with Sir Wilmot Herrington in the chair. Among the guests were Sir John Rose Bradford, Sir James Berry, Surgeon Vice-Admiral Arthur Gaskell, Sir Mathew Fell, Professors Elliot-Smith and H. Hartridge, and Messrs. Ernest Clarke and Theodore Luling. The toasts were proposed by the chairman, Sir John Parsons, and Sir William Lister. During the evening the dean, Mr. Charles Goulden, announced that 120 new students had enrolled; the number attending the practice of the hospital was 216. Two students had received the diploma of F.R.C.S.Ed. in ophthalmology. The first part of the examination for the diploma in ophthalmic medicine and surgery had been passed by twenty-eight students and the second part by twenty-six. During the past year Dr. H. M. Traquair of Edinburgh had given a course of lectures on perimetry and Professor Hartridge two lectures on the resolving power of the eye. In the coming term Professor Elliot-Smith would give a course of six lectures on the optic connexions in the brain, and Dr. Kerr, late principal school medical officer of the London County Council, two lectures relating to education of the partially sighted.

THE Council of the Harveian Society of London has chosen for the Buckston Browne Prize the subject "Chronic streptococcal illnesses"; a medal, together with the sum of £100, will be awarded for the best essay on this. The prize is open to any member of the medical profession registered in the British Isles or Dominions under the age of 45. Essays must be sent in by November 1st, 1929. Further particulars may be obtained from the honorary treasurer, Dr. G. de Bec Turtle, 81, Cambridge Terrace, Hyde Park, W.2.

At the next meeting of the Royal Statistical Society on February 21st Dr. T. H. C. Stevenson will read a paper on the vital statistics of wealth and poverty. This will include a discussion of the social distribution of various forms of mortality. The meeting will be held in the hall of the Royal Society of Arts, John Street, Adelphi, W.C., at 5.15 p.m.

THE jubilee of the Caledonian Medical Society will be celebrated in Edinburgh on February 23rd and 24th, under the joint presidency of Dr. W. A. Macnaughton and Dr. S. Rutherford Macphail, the two surviving founders. The jubilee dinner will take place in the Hall of the Royal College of Physicians, Queen Street, at 7.15, on February 23rd. The annual meeting will be held at the Royal College of Surgeons' Hall, Nicolson Street, at 11 a.m. on February 24th, while at 4 p.m. on the same day the University of Edinburgh is giving a reception for the society.

DR. A. F. TREDGOLD will lecture for the Fellowship of Medicine on the nature of mental deficiency at the Medical Society, 11, Chandos Street, Cavendish Square, on February 20th, at 5 p.m. On February 21st, at 3 p.m., the dean of the London Lock Hospital will give a clinical demonstration, limited to twelve; applications to be made to the Fellowship of Medicine (telephone Mayfair 2236). A lecture-demonstration on corneal ulcers and their treatment will be given on February 23rd at 5 p.m. On February 25th a clinical demonstration will be held at All Saints' Hospital, Vauxhall Bridge Road, at 3 p.m. The lecture and demonstrations are free to medical practitioners. A four weeks' course in venereal disease will be undertaken by the London Lock Hospital from February 20th to March 16th, consisting of clinical instruction with a series of lectures. There will be an intensive course at the Queen Mary's Hospital, Stratford, from February 20th to March 3rd, with lectures, demonstrations, and operations throughout the day, and one session at the Maudsley Hospital, S.E.5. A week's course will be given at the Brompton Hospital from March 19th to 24th; a two weeks' course in diseases of children at the Queen's Hospital from March 5th to 17th; and two weeks' courses in gynaecology at the Chelsea Hospital from March 5th to 16th, and in ophthalmology at the Royal Eye Hospital (afternoons only) from March 5th to 17th, including Saturdays. For general practitioners a late afternoon course (4.30 to 6 p.m.) has been arranged at the Hampstead General Hospital. All information as to syllabuses and fees, with particulars of the general course, may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

THE Royal Society announces in our advertisement columns that applications for the Government grant for scientific investigations for 1928, on printed forms to be obtained from the clerk to the Government Grant Committee, Royal Society, Burlington House, W.1, must be received by March 31st.

THE centenary celebration of the faculty of medicine at Cairo and an international congress of tropical medicine and hygiene will be held in association from December 15th to 22nd, 1928, in that town. In the provisional programme, which has just been issued, it is stated that various sectional meetings will be held and that special attention will be paid to ankylostomiasis and bilharziasis. The proceedings of the congress will be published. In connexion with this celebration a medical exhibition is being arranged, and it is possible that the foundation stone will be laid of a new building to replace the existing Kasr-el-Ani Hospital. Further information may be obtained from the general secretary, Dr. M. Khalil, 1, Sharia Mazloum Pasha, Cairo. The postponed congress known as the Journées Médicales d'Egypte will be held at Cairo from December 12th to the 23rd on the lines of the original programme, which were mentioned on October 15th, 1927 (p. 711). Further details of the congress and the excursions to Luxor and Assouan may be obtained from the general secretary, Dr. Zeitoun, 32, Rue Gay-Lussac, Paris (Ve).

UNDER an Act recently passed in the State of Victoria (Australia) the registration of British dentists is restricted solely to licentiates of British medical authorities, and the restrictions apply to all dentists who had not embarked for Victoria prior to December 8th, 1927.

THE January issue of *The Fight Against Disease*, the quarterly journal of the Research Defence Society, contains a reprint of an article in *Science* on January 14th, 1927, by Dr. W. W. Keen, on the early days of antivivisection. Some recent correspondence in the lay press on small-pox in England and antivivisection propaganda is reprinted. Sir Leonard Rogers contributes a note on the increase of small-pox in England since 1920, and illustrates this with a chart. It is announced that the membership of the society is steadily growing; the subscription for members is 10s., associate members pay 5s., and undergraduates and students of medicine 2s. 6d. Further information may be obtained from the secretary at the office of the society, 11, Chandos Street, W.1.

ON his retirement, after practising for twenty-seven years in Crieff, Dr. D. Robertson Dobie was presented by his colleagues and friends with a parting gift of a wallet of Treasury notes. He was honorary medical officer to Crieff Cottage Hospital, and had had twenty-five years' service in the R.A.M.C.

THE Universities Bureau of the British Empire, 50, Russell Square, W.C.1, has published a classified list of students from other countries who are studying in the universities and university colleges of Great Britain and Ireland. A total of 4,875 names is included; of these 1,826 come from Asia, 1,101 from Africa, 887 from America, 693 from Europe, and 362 from Australia, New Zealand, and Fiji. The price of the list is 1s.

THE rank of officer of the Legion of Honour has been conferred on Dr. Pierre Fredet, a well-known Paris surgeon and senior medical officer of the Paris, Lyons, and Mediterranean Railway; Dr. Loeper, professor of therapeutics in the Paris faculty of medicine; Dr. Abadie, professor of nervous and mental diseases at Bordeaux; and Professor Léon Blum of Strasbourg.

DR. JEANDELIZE has been nominated professor of ophthalmology, and Dr. Jacques Parisot professor of hygiene and preventive medicine, in the Nancy faculty of medicine.

A SPECIAL number of *Acta psychiatrica et neurologica* has been dedicated to Professor Viggo Christiansen of Copenhagen by his friends and pupils on the occasion of his sixtieth birthday.

PROFESSOR CLEMENS PIQUET of Vienna has been elected president of the International Union of Child Welfare in succession to the Duke of Atholl.

DR. I. A. ABT, professor of pediatrics of the North-Western University Medical School, Chicago, and editor of a system of pediatrics, has recently been appointed an officer of the Legion of Honour.

DR. R. M. APPERT, who recently died at San Remo at the age of 65, has bequeathed the Institut Pasteur of Paris a sum of 2,000,000 francs.

PROFESSOR EDUARD REHN of Düsseldorf has been nominated successor of Professor Garré in the chair of surgery at Bonn University, and Dr. Sigurd of Freiburg has succeeded Professor Trendelenburg in the chair of pharmacology at Berlin.

OF 420 cases of tularaemia reported to the Public Health Service of the United States 17 patients have died, a mortality of about 4 per cent. The actual number of cases and deaths is probably higher. Cases have now been reported from Japan, the District of Columbia, and from thirty-seven States, the nine North-Eastern States being the only significant portion of the United States in which cases have not been recognized.

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.**

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MEDICAL SECRETARY, *Mediscera Westcent, London.*

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

QUERIES AND ANSWERS.

FUMES OF TAR.

DR. J. H. DUDGEON (Stainburn, near Workington) asks for information about the action of the fumes on those working with tar. He has seen cases of the most acute abdominal pains, lasting for days; relief was only obtained by large doses of aperients; x-ray examinations revealed no abnormality. Dr. Dudgeon asks also for references to any literature bearing on the subject.

* * We have referred this inquiry to Sir Thomas Oliver, who writes: Tar fumes act particularly upon the skin, leading to acne or the formation of small pustules, with considerable irritation; they also act upon the respiratory mucous membrane, inducing bronchitis. Not an infrequent result is epitheliomatous ulceration of the skin. Of the effects of tar vapours upon the alimentary canal, little is known beyond loss of appetite, nausea, headache, and, in some instances, diarrhoea. Nothing of an authoritative nature has been published bearing upon the relationship of acute abdominal pain and the inhalation of tar fumes. Reference to the subject may be obtained by consulting the brochures on "Occupation and health" which are being issued by the Industrial Section of the League of Nations.

CLEANING DENTURES.

DR. JOHN FLETCHER (London, S.W.) writes: A strong solution of "harpic" will, in one night, remove the thickest deposit of carbon, with the aid of a stiff brush in the morning.

PAINLESS NATURAL LABOUR.

DR. HOWARD G. PISEL (Maldstone) writes: I remember having a similar case to those described by your correspondents many years ago now. The patient was a young primipara, who assured me that her uterine contractions caused no pain at all. Her mother, a multipara, was present at the confinement. She told me that her confinements also were painless, and added that she "would sooner have a baby than a 'poorly time' any day"! If true, this certainly seems curious.

FIREMEN'S CRAMP.

"SHIP" writes: I should be interested to have your readers' views as to the etiology and treatment of "firemen's cramp." It is on board supposed to be brought on by the drinking of much iced water. This may account for the cramp, which takes the form of abdominal colic, but is not necessarily the cause of that which affects the somatic muscles. I recently did several four-hour watches in the stokehold in the tropics. I drank very little iced water indeed, but though I had no "cramps" while on watch, I subsequently suffered from them, but only in leg and arm muscles, when these were mildly strained in action. Fatigue and loss of fluid by sweating, etc., presumably account in part for this form of cramp, which I had hoped to escape by drinking while on watch well-sweetened, non-iced maté. Considering the frequency with which firemen—and not only novices and beer drinkers—are affected with agonizing "cramps," some hints as to treatment would be very welcome.

INCOME TAX.

Surgery Expenses.

"J. H. S." has succeeded to a share in a practice. For a time the practice rented surgery accommodation from his predecessor's widow at £50 per annum—the amount formerly allowed as a reasonable proportion of the predecessor's total expense of rent,