

To overcome these difficulties I have been using a modification of Sayre's method which has given great satisfaction. The method devised is as follows.

Two five-foot lengths of calico bandage are required. The first, as in Sayre's original method, is looped loosely round the affected arm as high up as possible, the loop being fastened with a safety-pin. The usual pad is placed in the axilla, the shoulder is pulled back as far as possible, and the bandage is carried across the back of the trunk, round across the chest, and pinned to itself just beyond the loop round the arm.



The second bandage, which should be at least six inches wide, is slit from one end for a little less than half its length, and is then applied to the injured arm in the form of a sling, with the two tails to the front, in the following manner. The uncut end of the bandage runs from the unaffected shoulder across the back to the elbow of the affected arm, which it supports, a pad of wool being placed between it and

the olecranon. The bandage is adjusted in such a way that the two tails originate an inch or so in front of the point of the elbow. These tails are then carried round opposite sides of the forearm, and are twisted together once or twice as near to the bend of the elbow as is possible. They are then carried forward as spirals in opposite directions round the forearm, thus crossing on the dorsal aspect of the middle of the forearm, and also at the front of the wrist, where they are again twisted together and carried on as one to the shoulder. The elbow is then drawn upwards, forwards, and inwards to the required position, and secured by tying the ends of the "sling" over the unaffected shoulder. The sling effect of the second bandage has been found to be very stable; the first loop of the tails round the forearm just beyond the elbow effectively prevents any slipping off the elbow.

The spiral round the forearm will be found to support the forearm comfortably in the usual position across the chest, and the combination of the two bandages and the axillary pad will supply the forces necessary to carry the lateral fragment of the clavicle upwards, backwards, and laterally, which is so essential for a perfect result in these cases.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### VARICOSE VEINS IN THE BROAD LIGAMENTS.

I HAVE been repeatedly struck by the frequency with which enormous varicose veins of the pampiniform plexus occur, but I have been unable to find much written about them, and very little concerning their treatment. The questions naturally arise whether these varices are themselves the cause of abdominal and pelvic symptoms, and how they should be treated.

Most of the patients I have seen have complained of persistent pains of a dull aching character, and a weight in the pelvis; most of them also had vaginal discharge, which in some cases was gonococcal and in others gave pure cultures of *B. coli*. A few patients had been curetted, with no benefit. On examination they complain of sharp pain on pressure in the fornices, similar to that of inflammatory adnexal disease; eventually the pain and discharge have demanded an exploratory operation.

Many of the patients have been under 35 years of age. The menstrual history is normal. An operation discloses no tubal disease, no adhesions, and no uterine displacements; the uterus is in some cases slightly enlarged, but there is present a huge black mass of varicose veins. In

all cases one condition has been very constant—namely, cystic enlargement of both ovaries. It seems unlikely that this cystic state of the ovaries is the cause of the pains, because the condition is often seen when operation is performed for other abnormalities.

We are faced with the following problems: a patient, aged, say, 35, comes with constant uterine discharge and pain, enlarged cystic ovaries, and this condition of varicose veins in the broad ligaments. What is the correct treatment? It seems unlikely that the discharge will cease unless the uterus is removed, which is scarcely justifiable at that age.

Again, should the cystic ovaries be removed? How should the varices be treated? What is to be done with a patient who has no uterine discharge, and whose only abnormalities are varices and cystic ovaries? I put these questions with the hope that experienced gynaecologists and surgeons will give us the benefit of their advice and practice; at present the subject appears to me very full of difficulties.

C. L. GRANVILLE-CHAPMAN, F.R.C.S.I.,  
Surgeon, Grimsby and District Hospital.

### FOREIGN BODY IN THE BLADDER CAUSING CALCULUS FORMATION.

FOLLOWING the case reported by Mr. Guy Chambers in the *Journal* of November 5th, 1927 (p. 827), in which a hairpin formed the nucleus of a vesical calculus, and Mr. A. Ralph Thompson's report of five cases of foreign bodies in the urinary bladder (January 14th, p. 51), details of another case should also prove of interest.

The patient, a woman aged 67, is suffering from secondary dementia following manic-depressive insanity, and shows marked amnesia. For some time she suffered from incontinence of urine, which appeared to be more of an inconvenience to others than to herself. At no time did she complain of any pain, nor, in fact, was any clinical history procurable from her. On vaginal examination she was found to have a large hard tumour bulging into the anterior wall of the vagina just behind the external orifice of the urethra; this suggested a stone, and the diagnosis was confirmed by the passage of a bladder sound. In view of the probable presence of a foreign body, I decided to remove the stone by the suprapubic route. When the bladder was opened the stone was found to be impacted over the internal urethral orifice, and to be fixed in this position by a hairpin, the free extremities of which were embedded in the bladder wall. The removal was difficult, the more so because the bladder wall was so friable that it would scarcely hold a stitch. The stone was about the size of a large egg; it weighed 123 grams, and was composed mainly of urates and phosphates.

As shown in the illustration, the offending hairpin traverses the stone in the longitudinal axis, and has evidently formed the nucleus around which the stone was



formed. The length of time taken by the stone to form may be guessed at from the patient's history. It may be assumed that the introduction of the hairpin occurred during a phase of mania, and that it therefore had been in the bladder for upwards of two years. It is extraordinary that the patient did not complain of pain and that the hairpin did not perforate the bladder, in view of the fact that both extremities were embedded in the wall.

There was some degree of cystitis present before the operation, but despite this the patient's condition three weeks after the operation is favourable, and she continues to improve.

I am obliged to the subcommittee of the hospital for permission to publish this case.

J. McFADZEAN,  
Colney Hatch Mental Hospital, N.11. M.B., Ch.B.Glas., F.R.C.S.Eng.

**DYSTOCIA ASSOCIATED WITH A VAGINAL BAND.**

THE following case appears to be worthy of record inasmuch as an occipito-posterior presentation in a primipara was complicated by a vaginal band.

In a primipara, aged 23, who had never previously had a vaginal examination, labour began in the morning; progress was slow, the pains being slight, and she was first examined in the afternoon. When making the first vaginal examination there appeared to be some fold of mucous membrane in the neighbourhood of the os, which admitted two fingers, the whole of the parts being soft. Seen again at 6 p.m. very little progress appeared to have been made, but the presentation was diagnosed as being occipito-posterior. At 8.30 the os had reached the size of a five-shilling piece, and the existence of a peculiar strand of mucous membrane had become more evident. Labour was progressing slowly, but the pains were not very strong, and the membranes had not broken. The patient was examined again at 10.30, when it was found that a finger could be hooked round what appeared to be a fleshy band lying up against the expanding os. The patient was put into the lithotomy position and anaesthetized, and a vaginal speculum was inserted. It was then found that a fleshy band extended from the caruncula to the posterior vaginal wall far back; it was about half an inch in thickness in its thinnest part. It was ligatured in two places and divided. Labour then progressed in the usual way, delivery being accomplished by turning the head and applying forceps.

The case derives special interest from the presence of the thick vaginal band, which would appear to be of the nature of a partly bifid vagina. I can find no reference to this condition in the textbooks.

Docking, Norfolk.

W. W. JEUDWINE, M.D.

**DELAYED INTRACRANIAL HAEMORRHAGE.**

THE following clinical details of a case of cerebral haemorrhage occurring several days after an accident seem to be worthy of record.

A girl, aged 2, while playing, fell and struck her head against the corner of a sideboard. She was stunned for a few moments, but quickly recovered, and her foster-mother, a careful woman, did not think medical advice necessary. There was a small bruise and abrasion on the forehead, but nothing else was detected. The child remained in apparently normal health until eighteen days later, when she stopped eating while having a hearty breakfast, clenched her teeth, and died within a minute. No other history of further symptoms, such as vomiting, headache, or drowsiness, could be elicited after careful questioning of those who had been in contact with the child.

A *post-mortem* examination revealed a bruise about one inch in diameter on the left temple; there was no fracture of the skull. Under the dura was found a considerable quantity of blood clot, probably about three ounces. The left frontal lobe of the brain showed a contusion corresponding with the position of the external bruise, and there was a similar contusion caused by "contrecoup" on the right occipital lobe. The subdural haemorrhage appeared to have come from the ruptured meningeal vessels over the frontal lobe contusion. There was no haemorrhage into the ventricles. The other organs of the body were normal, and no food was lodged in the air passages or gullet.

The points of interest in this case are: (1) the comparatively slight nature of the original injury and of the immediate symptoms; (2) the long latent period of apparently perfect health; (3) the sudden and unexpected death.

Worcester.

N. DUGGAN, M.B., F.R.C.S.

**SCORBUTIC SWELLING SIMULATING AN ACUTE BURSITIS.**

THE following case may be of interest to readers of the *Journal*. A woman, aged 25, sought relief for a swollen knee. She had a large pre-patellar swelling, the skin over which was thinned and glazed, suggesting an abscess on the point of rupture. Free fluctuation was present. The swelling was about the size of a large orange, and the patient stated that it had been causing her considerable pain since it started, two months before her visit to me.

I anaesthetized the part by means of a 2 per cent. solution of novocain, injected into the medial aspect of the thigh just above the knee. Using a 20 c.cm. syringe, I pushed a long needle into the swelling, penetrating the skin some three inches away from the swelling itself. On withdrawing the piston some blood began to flow into the barrel, and I realized that, instead of a pre-patellar abscess or bursitis, I was dealing with a sanguineous scorbutic swelling, scurvy being very prevalent amongst the natives in these parts. I removed nearly ten ounces of dark sanguineous fluid, and the patient derived great relief.

Sulenkama, South Africa.

R. L. PATERSON, M.B., Ch.B.

**Reports of Societies.****TUBERCULOSIS OF THE URINARY TRACT.**

At a meeting of the Section of Surgery of the Royal Academy of Medicine in Ireland on March 30th, the president, Mr. ANDREW FULLERTON, in the chair, Mr. HENRY WADE read a paper on the surgical pathology of tuberculous disease of the urinary tract, and showed lantern slides.

Mr. Wade said that during a period of five years to 1926 he had had 57 cases of renal tuberculosis under his care; of these patients, 21 were males and 36 females, the average age of the males being 29 and that of the females 34 years. The average duration of their illness was two years and five months. The outstanding complaint in 49 cases was frequency of micturition. Tubercle bacilli were found in the urine in 26 cases. The importance of a preliminary x-ray examination of the entire urinary tract was emphasized, since this not infrequently revealed the presence of tuberculous disease in one kidney. Cystoscopic examinations were performed in every case; the average number of cystoscopic examinations was 1.6. In virtually every case the bladder capacity was found to be reduced, varying from 10 c.cm. to 300 c.cm., the average being 156 c.cm. The degree of the diminution of the bladder capacity was an approximate indication of the severity of the case, and the increase in the bladder capacity subsequent to operation was a very valuable indication of the improvement that had occurred. The presence of a "golf-hole" ureter was diagnostic of tuberculous disease in the kidney above. The earliest indication was a swelling of the mucous membrane with congestion and oedema. In every case bilateral ureteral catheterization was attempted and was achieved in the majority. Pyelograms were taken on both sides; the author had found no harmful results follow this practice. Where the catheter could only be passed for a few centimetres a ureterogram was taken. The pyelographic findings varied with the stage and type of the disease present. In the earlier type of case which had proceeded to cavity formation the outline of a normal pelvis and normal calyces was seen at one part with a filling defect from cavity formation communicating with the pelvis at another part; this appearance was diagnostic. The appearances seen in a ureterogram were also diagnostic where the ureter was involved; these were the irregular dilatation of the channel and its irregular outline. In an early case the amount of secretion from the diseased kidney might be greater than from the healthy side. In cases where the examination was difficult chromocystoscopy was of value, especially to indicate the situation of the orifices. In a very occasional case, where doubt still existed, certain methods of operative surgery had been recommended as an aid to diagnosis. Catheterization of the ureters through the open bladder was not advocated. Examination of the ureter through a gridiron incision in the loin was of value in certain cases. The treatment of tuberculous disease of the kidney advocated was nephrectomy where the disease was unilateral, since a spontaneous natural cure of renal tuberculosis did not occur. Of the 57 patients, 53 were operated on, 2 were found to be inoperable, and 2 declined operative treatment; 1 patient died in hospital from a cardiac thrombus. In 34 patients the wounds healed by primary union; their average stay in hospital was twenty-one days. Twelve patients left hospital with a small sinus still unhealed; 6 left with a larger sinus, the result of partial breaking down of the wound. In one case the wound entirely broke down, but completely healed five months subsequently. Every patient was re-examined on several occasions. A complete cure was obtained in 34 cases; 11 patients were improved, and 6 died after leaving hospital. Repeated cystoscopic examinations showed that, where tuberculous ulcers had been present on the surface of the bladder, these usually disappeared rapidly, first from the base and lateral walls, and later from its roof. Frequency of micturition might persist, being due to a chronic ulcer or to a localized interstitial cystitis; in three cases it was found to be due to persistent, non-

# NINETY-SIXTH ANNUAL MEETING of the British Medical Association. CARDIFF, 1928.



TOWER OF CARDIFF  
CITY HALL.

AFTER an interval of forty-three years the British Medical Association will hold its Annual Meeting in Cardiff this summer under the presidency of Sir Ewen Maclean, M.D., F.R.C.P., Professor of Obstetrics and Gynaecology in the Welsh National School of Medicine, who will deliver his address to the Association on the evening of Tuesday, July 24th. The sectional meetings for scientific and clinical work will be held, as usual, on the three following days, the morning sessions being given up to discussions and the reading of papers, and the afternoons to demonstrations. The Annual Representative Meeting, for the transaction of medico-political business, will begin on the previous Friday, July 20th. The names of the officers of the eighteen Scientific Sections were published in the *Supplement* of March 3rd, together with an outline of the provisional programme; further details will be announced from time to time as the arrangements for the work of the Annual Meeting take final shape. On the last day of the meeting (Saturday, July 28th) there will be excursions to places of interest in the neighbourhood. We publish below the third of a series of historical and descriptive articles on the city and its medical institutions, written for the occasion by Dr. Donald Paterson. The first appeared on December 3rd, 1927, and the second on January 28th, 1928.

## THE MEDICAL INSTITUTIONS OF CARDIFF.

THE earliest hospital in Cardiff of which record has been preserved was the Hospital of St. Mary Magdalen. Its dedication suggests that it was in origin a leprosy hospital, probably established in the fourteenth century, or perhaps earlier, to cope with leprosy then prevalent. By the year 1400 the institution, which had been founded and governed by the burgesses and commonalty of the town of Cardiff, with twenty-four beds "for leproous, poor, and feeble folk," had long been ruinous and derelict. Its lands, the "Manor of the Spital," as it appears in records, had fallen in value, and the decline of leprosy having deprived it of its appeal for the alms of the charitable, it vanished entirely. It is worthy of note that on the same site, at the commencement of Newport Road, more than four centuries later the first infirmary building, which became later part of the medical school, was erected.

### ROYAL INFIRMARY.

The rapid growth of the town made the problem of hospital treatment in the early part of the nineteenth century a very pressing one. The infirmary was founded in 1837, and though it has several times changed its name, like a street in a French town, it has remained true to the policy of embracing within its own walls, as far as possible, the various activities of hospital treatment demanded by the advance of medicine. With the exception of the hospital for seamen at the docks, the medical work of the town has centred, until recent years, in this institution. The original building—which was erected for

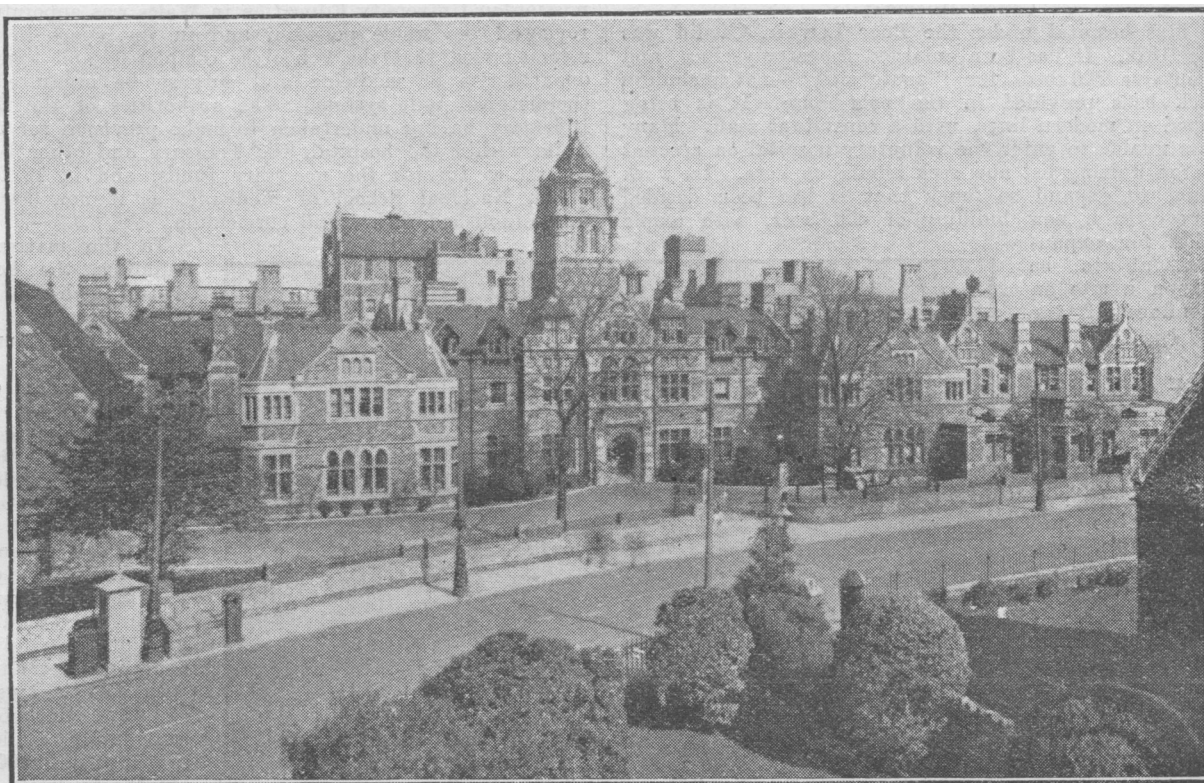
£3,550 at the sole expense of Mr. Daniel Jones of Beaupré, a solicitor of Cardiff, whose benefactions exceeded the sum of £10,000—provided for the accommodation of ten male and ten female patients. It was not without its early difficulties, for in five years we find the committee complaining of "damp walls, smoky chimneys, dry-rot in the skirting boards, imperfect pipes, and inadequate drainage." In 1866 it was enlarged by the addition of wings.



*Infirmary, Cardiff, Glamorganshire.*

The infirmary was transferred in 1883 to a new building arranged on the pavilion system on the present site, regarded at the time as ample for years to come, but which before long proved to be insufficient. Necessary extensions soon covered the remainder of the site, and this had to be supplemented by adding a further story to the existing buildings. In spite of the difficulties imposed by a somewhat crowded site the demands of the ever-increasing work have always been met, and it is now one of the best-equipped hospitals in the country, with a record of excellent work. A new central

out-patient hall, with suites of rooms for the various departments, was opened in 1908 by the late Sir William Osler, and during the war additional buildings, at a cost of £35,000, were in course of erection. Provision has since been made for maternity work, to the extent of thirty-one beds and twenty-five cots, by the conversion of several houses on the opposite side of the road. The casualty department has been much enlarged, and the completion of the medical school and the introduction of clinical teaching made



THE ROYAL INFIRMARY, CARDIFF.

rearrangement imperative. The fine medical laboratory provided by the Rockefeller Foundation trustees is the latest acquisition. The main hospital now contains 380 beds, and considerable relief is afforded by a convalescent home of fifty-four beds, four miles outside the city.

Its nursing school has established a well-earned reputation. Instruction is highly organized, and its preliminary training school in Anthony House has long been a notable feature.

#### ROYAL HAMADRYAD SEAMEN'S HOSPITAL.

The rise of Cardiff as a port soon made necessary the provision of hospital accommodation for the seamen of many nationalities frequenting it. Accordingly the old 21-ton frigate *H.M.S. Hamadryad* was lent by the Admiralty at the time wooden hulls were being discarded. It was fitted up as a hospital with sixty beds, and opened in 1866, its main financial support being derived from a voluntary levy of 2s. per 100 tons register on all ships using the port. Moored in a creek or pill, and afloat during high spring tides, it served its purpose for forty years, and, in spite of being unsuitable in many ways, did excellent and successful work. Low ceilings made the wards difficult to ventilate, and in the operation theatre, lit by gas, the proceedings were liable to be interrupted by phosgene gas formed by decomposition of the chloroform vapour in the flame. This phenomenon was first described in this country in a paper based on observations made on board the old ship.

When the year of the Diamond Jubilee came it was decided to celebrate it by raising a fund to erect a permanent hospital. Besides giving a site the late Marquess of Bute, who took a personal interest in the proposal, made provision for its completion and equipment, and it was opened in 1907. The site, though suitable as regards position—it was washed by the tide, reminding the patient of his native element—was otherwise a difficult one to deal with. To provide foundations piers of concrete had to be carried down through nineteen feet of soft clay to the hard gravel—a very costly proceeding, which entailed placing the wards one over the other on three floors. It has three main wards of sixteen beds, each with a two-bed ward adjoining. The medical superintendent's house is separate from the hospital, but connected with it by a covered corridor. The building and equipment cost £30,000.

#### CITY MENTAL HOSPITAL.

This institution, of which the city is justly proud, has been a pioneer of modern ideas in the treatment of mental disease. Recognizing that psychiatry in this country will make little progress until voluntary clinics are established such as exist abroad, an endeavour has been made to advance by effecting a compromise between the real psychiatric clinic and the ordinary mental hospital. Situated three and a half miles from Cardiff, the hospital was opened in 1908 with immediate provision of 750 beds and administrative provision for 1,250. A chemical research laboratory has been organized, with a specialist staff; the original pathology laboratory has been greatly extended, and equipment for diagnosis and treatment such as is found in a modern general hospital has been installed. An out-patient department for the early psychoses and psychoneuroses, at the Royal Infirmary, has been conducted weekly for eight years from the Mental Hospital, and this is continued in the belief that the establishment of the necessary indoor clinic in psychiatry as part of, though not in contiguity with, the infirmary buildings is bound to be realized in time. The chemical research laboratory, started in 1910, was one of the earliest of the kind in a mental hospital in this country, and has published much valuable work. The successful effort to get Government recognition of research in mental hospitals by way of State aid owes much to the initiation of the Cardiff City Mental Hospital. A pioneer step as far as England and Wales is concerned—and probably the most drastic of the kind in this country as a whole—was the replacement of the system of male nursing by that of female nursing. With exception of three male wards the entire hospital is staffed by female nurses with, in some wards, a male for subordinate duties. The whole work of nursing is controlled by the matron, male supervising authority being abolished.

#### PRINCE OF WALES' HOSPITAL FOR LIMBLESS AND CRIPPLES.

This was opened in 1917, in the first place to deal with the limbless casualties of the war. It is now a general orthopaedic hospital supported by contributions, subscriptions, and endowment. It provides fifty beds and an out-patient department, and is very well equipped. Its work, which is ever extending, is thoroughly representative of modern orthopaedic surgery.



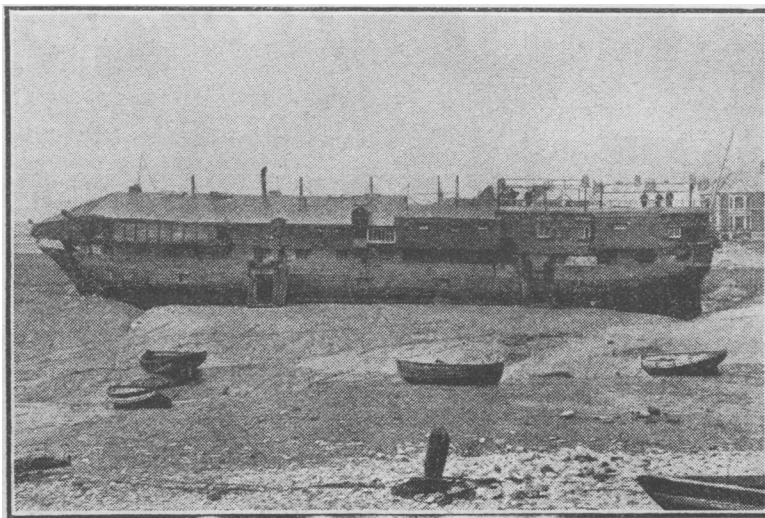
## UNION HOSPITAL.

The first hospital under the Poor Law in Cardiff was built in 1872. It has been enlarged repeatedly since, and now contains 300 beds for "acute sick"—not including the sick beds provided in the poor-house. It is being developed on modern lines, with a consultant staff. Many patients unable to enter the voluntary hospital on account of a large waiting list now seek admission here. Its work continues to expand so much that it has been decided to remove to a new building of 400 beds, with ample provision for expansion, about to be erected on a site on the confines of the city.

## WELSH NATIONAL SCHOOL OF MEDICINE.

The School of Medicine was established in 1893 as part of the University College of South Wales and Monmouthshire, one of the constituent colleges of the University of Wales. It owed its inception largely to the advocacy of Dr. W. T. Edwards, President of the British Medical Association at the Cardiff Meeting in 1885, who took an active part in the early movement for higher education in the Principality. It was formally opened by Sir Richard Quain, the President of the General Medical Council. In addition to the early subjects of the medical curriculum it made provision for the teaching of anatomy, physiology, materia medica, and pharmacology, the clinical subjects of the fourth and fifth years being taken elsewhere. The School met with well-deserved success, and at the present time many of its students occupy distinguished positions on the staff of hospitals in London and elsewhere. Efforts were made from time to time to extend its scope, and in 1909 an increased grant from the Treasury led to a chair of pathology being founded. When the Haldane Royal Com-

mission on University Education in Wales was appointed it reviewed the whole position, and in its report in 1918 recommended that the School be completed, and that the departments of medicine and surgery be organized on the hospital unit system. The authorities of the Royal Infirmary having undertaken to make provision for those units within the hospital, the Treasury and other bodies agreed to furnish the necessary funds, and in 1921 the Welsh National School of Medicine, as it now became, was established with a full curriculum.



THE OLD "HAMADRYAD" HOSPITAL SHIP.

In the matter of buildings the School owes much to the munificence of Sir William James Thomas, Bt. His splendid gifts comprise the fine physiology block erected on the Newport Road, and the new building for the department of public health and school of preventive medicine completed a year ago—a group for which it would be difficult to find an equal in this country.

In 1924 the trustees of the Rockefeller Foundation made a grant of £14,000 to aid the medical unit. It covers the cost of a

laboratory in the Royal Infirmary for the department of medicine, the building of which was finished in 1927.

The controversy which has been waged between the University College and the University over the administration of the School since its completion has lately reached a settlement by way of compromise. It provides for the preliminary subjects remaining with the College, the clinical departments being made a separate school controlled by the University, and a special arrangement for anatomy and physiology. Whether such a solution is well adapted to deal with the growing complexity of medical education is a question upon which opinions may reasonably differ.

## THE SOUTH AFRICAN MEDICAL CONGRESS.

[FROM OUR CORRESPONDENT IN PRETORIA.]

THE first Annual Scientific Meeting of the Medical Association of South Africa (B.M.A.) was held in Bloemfontein during the week commencing March 12th. This was the twenty-second South African Medical Congress, but the first since the profession in South Africa had been organized into a single united association affiliated with the British Medical Association. Owing to the central situation of Bloemfontein, the attendance of members was very good. This central situation in the Union makes it most convenient for congresses and conferences of all kinds. So often are these held in Bloemfontein that it has come to be known as the City of Conferences. It is the capital of a province the size of England, but with a population of only one million—200,000 Europeans and 800,000 natives. Bloemfontein was the capital of the old Free State Republic, and at the time of union of the provinces in 1910 the city, along with Capetown and Pretoria, made a bid for becoming the capital of the Union. Eventually the honours were divided; Capetown in the south, with its handsome houses of parliament, became the legislative capital, Pretoria in the north became the administrative capital, while Bloemfontein became the judicial capital.

The congress was officially opened by Mr. Justice Jacob de Villiers, judge of appeal in the Raadzaal. In an admirably framed address he gave first expression to a

feeling which pervaded all the proceedings: the duty of the profession to educate and guide the public so that a healthy nation might be produced.

*The Papers.*

That the profession is alive to this duty was demonstrated by the presidential address of Dr. C. Hugh Bidwell, who spoke on the subject of practical eugenics. In the previous congress at Pretoria Dr. Sanders, in the presidential address, had taken as his theme the text, "Every child has the right to be well born." Dr. Bidwell followed up this theme, and in an interesting and controversial paper showed how the general public could assist in this worthy object. In his opinion sterilization of feeble-minded and mentally deficient persons should be legalized as soon as public opinion could be educated up to it. Voluntary limitation of families he justified where there were recognized medical reasons, to secure adequate intervals between births, where paternal wages did not allow of further increase in the family, or where hereditary defects might possibly be transmitted. The State must decide that persons receiving public assistance should not have unlimited families. Should persons debarred by the State yet produce children they must be submitted to enforced segregation or sterilization.

Dr. E. G. Dru Drury opened the section of medicine and mental hygiene with a paper on the theory and practice of inhibition. This contained much valuable matter served up in an attractive and racy manner. Other useful

papers in this section were on repression, ankylostomiasis, hay fever, and action of extract of solanum pseudo-capsicum; but the outstanding contribution was a lecture on dental sepsis in its relation to general pathology by Sir Frank Colyer of the Royal Dental Hospital, London. His lecture, which was listened to with close attention, was illustrated by admirable lantern slides, the more remarkable in that many of them were from photographs taken years ago when x-ray photography was still in its infancy.

The opening paper in the surgical section was read by Professor Saint of Capetown University, on abdominal emergencies. This paper was of particular interest to the general practitioner in South Africa, on whom it is often incumbent to carry through an emergency abdominal case owing to the impossibility in many areas of obtaining assistance or transport. Fortunately difficult surgery is not usually involved, particularly if limited to life-saving measures. For an opening paper this was considerably shorter than the average, but it raised so many interesting points that a long and valuable discussion was evoked. Conditions in South Africa make it necessary for a large proportion of the profession to be able to do its own surgery. Interest in surgical matters is, therefore, always great, and shows itself in well-attended meetings and large numbers of papers on surgical matters at congresses. This was again the case at the present congress.

The public health section was opened with a paper which dealt with the medical practitioner's place in the local government and health administration of South Africa, read by Dr. Cluver. This continued the theme of Mr. Justice de Villiers. After a description of the organization of local government in South Africa some local problems were discussed, and some of the fields indicated in which the counsels of the profession were necessary for the successful development of the growing nation. There was considerable discussion on the various points raised in this paper. Dr. Brackenbury warned the members of the profession of the necessity for equipping themselves with preventive knowledge so as to be able to supply needed advice. Clinics and similar institutions for combating disease were growing up all round, and unless doctors co-operated with such bodies they were liable to be deprived of legitimate work. Other contributions in this section were a bio-sociological survey of the colour problem in South Africa by Dr. Hay Michel, who speaks with considerable authority on the subject; an instructive account and demonstration of the Schick and Dick tests and prophylactic inoculation against diphtheria and scarlet fever by Dr. Pratt Johnson; a paper on bacterial filtrates in the treatment of bacterial infections by Dr. G. Buchanan; and an address on bacteriophage in the prevention and treatment of experimental plague by Dr. J. H. Harvey Pirie.

Dr. Bruce-Bays opened the section of obstetrics and gynaecology with a paper entitled "The doctor, the midwife, and the patient," and Dr. F. B. Mudd the special subjects section with an account of anaesthesia in general and the general practitioner in particular.

#### *Distinguished Visitors.*

Only four visitors from outside South Africa attended congress. They were Dr. H. B. Brackenbury, Chairman of the Council of the British Medical Association; Sir Frank Colyer of the Royal Dental Hospital, London; Dr. H. B. Densham of Stockton-on-Tees; and Dr. C. D. Hatrick of New Barnet. These distinguished members of the parent Association were officially welcomed by Mr. Justice de Villiers when he opened the congress. At the same time he voiced the extreme regret and disappointment felt by all that the American colleagues who had contemplated attending this congress, under the auspices of the American College of Surgeons, had been unavoidably prevented from doing so. Very valuable services were rendered to the Association by Dr. Brackenbury, who came to attend the first annual general meeting of the Medical Association of South Africa as the official representative of the parent Association in Great Britain. His visit was made at considerable sacrifice to himself, and was very hurried. On the occasions when he addressed congress he spoke with the authority of useful experience, which is invaluable to an infant association such as the South African body. Sir

Frank Colyer's contribution to the medical section, which has already been referred to, was one of the outstanding features in congress, and is likely to influence profoundly the attitude of medical men in South Africa towards the matter of dental sepsis.

#### *Entertainments.*

The joint honorary secretaries of the local committee were three Bloemfontein ladies—Drs. Alice Cox, Marion Thomson, and Louise Tomory. This probably accounted for the undoubted success of the social side of congress. Dancing was provided on three nights. After the presidential address on the first afternoon, Dr. and Mrs. Bidwell were at home in the Raadzaal grounds, and that night the mayoral reception was held in the town hall. On the Wednesday afternoon the Administrator's garden party was held in the Prince's Rose Garden—a garden which was laid down in 1925 to commemorate the visit of the Prince of Wales, and which has become one of the showplaces of Bloemfontein. On the remaining afternoons tennis, bowls, and other forms of amusement were provided at the Ramblers' Club. The entertainment was sufficiently varied to suit all tastes, and on the dance nights the few not so inclined played sedate bridge or attended theatrical performances.

#### *Trades Exhibition.*

The extensive exhibition of drugs and clinical appliances was housed in the Reitz Saal of the Grey University College. It was opened on the first morning by Dr. S. M. de Kock, vice-president of congress. All the well-known firms were represented. There were exhibits by Allen and Hanburys, Hind Brothers, Taeuber and Corssen, Petersen Ltd., H. K. Mulford, the Surgical Manufacturing Company of Johannesburg, Oppenheimer and Son, and Associated Proprietary Agencies.

## Scotland.

#### *Regius Professor of Physiology at Aberdeen.*

THE KING has appointed John James Rickard Macleod, D.Sc., LL.D., M.B., F.R.S., to be regius professor of physiology in the University of Aberdeen in place of Professor J. A. MacWilliam (resigned). Since 1918 Professor Macleod has held the chair of physiology in the Faculty of Medicine of the University of Toronto. After graduating in medicine at Aberdeen in 1898, he became demonstrator of physiology and lecturer in biochemistry at the London Hospital, and was Mackinnon Research Scholar of the Royal Society. From 1903 to 1918 he was professor of physiology in the Western Reserve University, Cleveland, Ohio. He was president of the American Physiological Society in 1922, and in the following year was elected F.R.S. and received jointly with Dr. F. G. Banting the Nobel Prize in medicine. In 1925 he was president of the Royal Canadian Institute, and he is an honorary Fellow or corresponding member of many medical and scientific bodies in Europe and America. He is the author of important works on physiology and biochemistry, more particularly in relation to carbohydrate metabolism and the introduction of insulin into therapeutics. The earliest accounts of the pioneer work on insulin by Macleod, Banting, and Best that appeared in this country were published in the *British Medical Journal* of July 22nd and September 9th, 1922; and on November 4th of the same year Professor Macleod contributed to our columns a general statement of the physiological and therapeutic effects of insulin. He will take up his new duties next autumn.

#### *Edinburgh Corporation and Venereal Disease.*

A public meeting was held in the Usher Hall, Edinburgh, on April 11th, under the auspices of the National Council of Women, in support of the Edinburgh Corporation's bill for compulsory powers in connexion with the treatment of venereal diseases. The Countess of Cassillis presided over a large attendance. Three of the members of Parliament for the city, Sir Patrick Ford, Sir Samuel Chapman, and Dr. Drummond Shiels, were present on the platform and spoke in support of the bill, while apologies for absence were intimated from Mr. William Graham, M.P., and Mr.

an examination, a doctor in difficulty over a case, a penniless invalid wanting a vaccine, a "rusty" practitioner from the wilds requiring to "brush up" his bacteriology—to each and all he gave his time, his thought, his work, with an air of cheerfulness which made it utterly impossible for the recipient to suspect that he was trespassing on another's magnanimity. There must be many to-day in the four corners of the earth who ponder these things with feelings of very grateful recollection.

Dr. ALFRED THOMAS TUCKER WISE, who died suddenly in a London nursing home on March 23rd, was born in 1847 and spent his early manhood in the Royal Navy, from which he retired in 1871 to enter the medical profession, beginning his studies at St. Mary's Hospital, London, and pursuing them later in Brussels and Geneva. In 1876 he obtained the diploma M.R.C.S.Eng. and graduated M.D.Brussels; a year later he obtained the L.R.C.P.Lond., and in 1891 the Swiss Federal Diploma in Medicine. Soon after qualifying he held resident appointments at St. Mary's Hospital, and was in practice for a short time in London. The development of a keen interest in tuberculosis and its treatment, however, led him to undertake specialized work in Switzerland, and after spending some time in the Engadine he settled down in practice in Montreux, where he remained for many years. During the war he was medical superintendent of the Devon County Sanatorium, Hawksmoor, South Devon, and afterwards he retired from active work. At one time he served for a period as visiting physician to the Infirmary for Consumption, Margaret Street, London. He was for many years a member of the British Medical Association. On retiring Dr. Wise took up his residence at Strete, near Dartmouth, spending the winters in Montreux, where, two years ago, he had a paralytic stroke from which he never fully recovered.

Dr. THOMAS AUGUSTUS DAVIDSON, who died in a nursing home in Belfast on March 28th, as the result of injuries received in a tramcar accident, was one of the best known medical practitioners in the city. He obtained the diplomas L.R.C.P., L.R.C.S.Ed., and L.R.F.P.S.Glasg. in 1867, and soon afterwards commenced practice in Belfast, where, apart from the interruption caused by the war, he spent the remainder of his life, taking a considerable part in professional affairs, notably in connexion with health insurance. Although well over military age he volunteered for service during the great war, and after acting as a civilian medical officer in Belfast received a commission as captain in the R.A.M.C., holding various appointments in Liverpool and being for a time in charge of the military hospital at Seaforth. On demobilization in 1919 he resumed practice in Belfast, and also served as a medical referee under the Ministry of Pensions. In addition to his professional activities Dr. Davidson had a keen interest in social and sporting affairs. He had travelled extensively on the Continent and in the Mediterranean, and was a keen student of languages; he took considerable interest also in Masonry. As a young man he gained prominence as a sprinter and as a racing cyclist; in his later years he was a keen motorist. Deep sympathy is felt for Dr. Davidson's two sisters, who were his constant companions.

Major CECIL HENRY ELMES, C.B.E., V.D., died of double pneumonia in Sunny Bank Hospital, Cannes, on March 26th, aged 55. He was educated at Edinburgh, where he graduated as M.B. and Ch.B. in 1900. Immediately after he served as a civil surgeon in the South African war. After practising at Tunbridge Wells for a time he went to Calcutta, where he was surgeon to the Royal Calcutta Turf Club, and also to the Calcutta Scottish, a volunteer regiment. During the war he entered Government service, and after serving as residency surgeon in Kashino in 1916-17, was appointed port health officer of Calcutta, a post which he held till his retirement in 1923. He then settled at Cannes, where he went in for yachting. In 1907 he married Katherine Tyson, who survives him.

The following well-known foreign medical men have recently died: Dr. K. V. HOOR, professor of ophthalmology at Budapest, aged 68; Dr. JOSÉ MORENO, professor of therapeutics at Buenos Aires; Dr. LEOPOLDO RIZZO, professor of clinical surgery at Naples; Dr. RICARDO BOTEY, an eminent oto-rhino-laryngologist, of Barcelona, aged 78; Professor CARLO FEDELI, director of the Institute of Medical Pathology at Pisa, aged 76; Dr. MIRANDE, editor of the *Journal de Médecine et de Chirurgie Pratiques*; Dr. A. ANTHEAUME, secretary of the French Medico-Legal Society and author of a work on kleptomania and numerous other subjects connected with psychiatry and medical jurisprudence; and Dr. AUGUST SZEKELY, professor of infectious diseases and director of the Pasteur Hospital at Budapest.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examination indicated:

DIPLOMAS IN PUBLIC HEALTH, HYGIENE, AND TROPICAL MEDICINE AND HYGIENE (Part I).—B. J. Ajwani, M. S. Batra, \*C. F. Brockington, Bertha M. Butters, R. C. Dracup, I. K. Gayid, Margaret A. Glass, N. Gupta, \*G. A. Messih, Jean H. Morton, R. A. W. Procter, Effie S. Stephen, J. N. Vasudeva, Donella A. F. Watson, Dorothy Watterson, F. C. Wickremesinghe, \*K. C. Yeo.

\* Distinguished.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council meeting was held on April 12th, when the President, Sir Berkeley Moynihan, was in the chair.

The best thanks of the Council were given to Dr. William Hunter for presenting to the Museum his collection of specimens illustrating diseases and disorders of blood-forming tissues.

#### Jacksonian Prize.

No award was made for the Jacksonian Prize for 1927. The subject for the Jacksonian Prize for 1929 is "The pathology, diagnosis, and surgical treatment of diseases of the salivary glands."

#### John Hunter Medal.

The John Hunter Medal in bronze, with the triennial prize of £50, was awarded to Mr. Victor Iwings Negus, M.S., F.R.C.S., for his investigations into the comparative anatomy and physiology of the larynx and the anatomy of the bronchi in their relation to surgery.

#### Election to Fellowship.

The following Members of twenty years' standing were elected to the Fellowship: Charles Thurstan Holland, Ch.M., and Lieutenant-General Sir Matthew Henry Gregson Fell, K.C.B., C.M.G., Director-General A.M.S.

#### Primary Fellowship Examinations in Oversea Dominions.

A letter was read from Dr. Primrose reporting the approval by the Executive Committee of the Canadian Medical Association of the revised scheme for conducting Primary Fellowship Examinations in Canada, and conveying the thanks of the committee for the very efficient and generous provisions made.

#### Revised Scheme for Primary Fellowship Examination to be held in Canada.

1. The Canadian Medical Association to be appointed the authority in Canada representing the Royal College of Surgeons in connexion with the proposed examination, and to be responsible for the arrangements to be made in Canada to enable the examiners of the College to conduct the examination in that country.
2. An examination to be held by the College at Toronto at the end of July or in August, 1929, provided that it is notified to the secretary of the College not later than May 1st, 1929, that there are such number of eligible candidates desirous of being examined as may be agreed by the College and the Canadian Medical Association as sufficient to warrant the holding of an examination in Canada.
3. Two examiners in anatomy and two examiners in physiology, who shall be present or past members of the Board of Examiners in Anatomy and Physiology for the Fellowship, to be sent by the College from England.
4. A professor of anatomy and a professor of physiology, or such other persons as may be nominated, to be appointed by the College from names submitted by the Canadian Medical Association to act as assessors to the examiners.
5. The examination, written and viva voce, of each candidate in each subject to be conducted by two English examiners and one Canadian assessor.
6. The Canadian Medical Association to be invited to appoint suitable persons to visit and inspect the examination.
7. The questions for the written paper in Canada to be set by the Board of Examiners in Anatomy and Physiology for the Fellowship at the same time as those for the written paper for the June examination in England, and to be taken to Canada by the examiners sent from England.
8. The written paper examination to be held on the arrival of the examiners in Canada, and the viva voce examination as soon after as convenient.
9. The result of the examination to be determined and announced by the examiners in Canada on the completion of the examination.
10. Notice of the date and place of the examination to be given in the *Journal of the Canadian Medical Association* and in such other way as may be thought desirable.

Paragraph 11 recites the ordinary regulations for the examination.

A letter was read from Mr. A. L. Kenny, honorary secretary and treasurer of the College of Surgeons of Australasia (which includes

New Zealand), reporting that the Council of the College of Surgeons of Australasia most strongly approve and most earnestly hope to have put into practice at the earliest possible moment the proposal to provide for the Primary Examination for the Fellowship of the Royal College of Surgeons of England being held in States of the Commonwealth of Australia and in the Dominion of New Zealand, and stating that any assistance it may be in the power of their College to give in furtherance of that proposal will be most fully and willingly given. The matter was referred to a committee for consideration.

#### Hallett Prize.

The Council being desirous of showing appreciation of the services of Sir Frederic G. Hallett, O.B.E., in connexion with the examinations for the Fellowship and the Licence in Dental Surgery from 1877 to 1927, and Sir F. Hallett having expressed a wish that the personal gift which it was proposed to make to him should take the form of the endowment of a prize to bear his name, it was agreed that stock be purchased by the Treasurers of the College on behalf of Sir F. Hallett, and that they be authorized to reinvest the fund at any time if thought desirable; and that the interest from the fund so established be expended on a prize called the Hallett Prize, to be awarded under such regulations as the Council may from time to time determine.

#### Regulations.

The Hallett Prize shall be open to candidates admitted for the first time to the primary examination in anatomy and physiology for the Fellowship conducted by the Board of Examiners in this country.

The prize at each examination shall consist of a sum of five guineas with a certificate of the award of the prize.

The prize shall be awarded to the eligible candidate, if any, obtaining the highest marks, who shall have reached a standard considered by the examiners sufficiently high to justify the award of the prize.

If two or more candidates are found to have reached the required standard and to have been allotted the same number of marks, being the highest obtained by any eligible candidate, it shall be open to the examiners to take such steps as they may think desirable to enable them to adjudicate in the matter.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly business meeting of the President and Fellows, held on April 13th, the following members nominated on January 5th—Robert Wallace Nesbitt, M.B., and O'Donel Thoruley Dodwell Browne, M.B.—were duly elected Fellows of the College.

Frederick John Ryan, L.R.C.P. and S.I., was stated to have completed the examination for the Diploma in Public Health of the Royal Colleges.

The following candidates, having passed the Final Conjoint Examination in Medicine, Surgery, and Midwifery, were formally admitted by the President to the Licences in Medicine and Midwifery of the College: G. F. A. Condon, P. Daly, E. P. Mahood, F. L. G. Malone, R. J. McCloskey, J. F. Power, P. B. Walsh.

### Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons reassembled on April 17th, when the Army and Air Force Annual Bill was passed through committee and read a third time after a debate on the retention of the death penalty for cowardice. On April 18th the House went into committee on the Equal Franchise Bill. The Edinburgh Corporation Bill, which asks Parliament to grant that corporation further powers for dealing with venereal disease, was set down for second reading on April 19th. The Government had agreed not to put its Whips on in opposition to the bill, a course which had previously been threatened, but a group of members, as well as outside organizations, issued appeals to members of Parliament to oppose the measure. On the previous day the Conservative Health and Housing Committee was summoned to hear the bill expounded by Sir Patrick Ford, an Edinburgh member.

#### Venereal Disease Clinics in Scotland.

On April 17th Sir J. GILMOUR, replying to Mr. Buchanan, said that the number of towns in Scotland with a census population of 10,000 or over and without a public clinic for dealing with venereal diseases was twenty-six, of which seven had a population of 20,000 or over. These burghs, in order of population, were: Clydebank, Falkirk, Airdrie, Rutherglen, Dumbarton, Port Glasgow, Inverness, Musselburgh, Hawick, Renfrew, Saltcoats, Peterhead, Galashiels, Johnstone, Alloa, Kirkintilloch, Barrhead, Montrose, Buckhaven, Methil, and Innerleven, Rothesay, Dunoon, Cowdenbeath, Lochgelly, Fraserburgh, Bo'ness, and Gourrock. In three of these burghs—Falkirk, Inverness, and Rutherglen—provision for a venereal disease clinic was in course of being made, or under active consideration. Four of these burghs—Airdrie, Port Glasgow, Musselburgh, and Gourrock—were so conveniently situated for the clinics of adjacent larger towns as not to require independent provision. The remaining nineteen burghs were served to a greater or a less extent by the nearest available clinics of other towns. In eleven of these burghs the Scottish Board of Health had not thought the question of providing a local clinic to be sufficiently urgent to call for pressure by them upon the local authorities, having regard to the facilities available in neighbouring towns. In the case of the remaining eight burghs—Clydebank, Dumbarton, Hawick and Galashiels, Peterhead and Fraserburgh, Saltcoats, and Kirkintilloch—the question

of establishing a burgh clinic or a joint clinic had been considered by the responsible local authority, and remained open. The development of the schemes in all areas was being carefully watched and reviewed by the Board.

#### Tetra-ethyl Lead in Motor Spirit.

On April 17th the House of Commons considered the Petroleum (Amendment) Bill on the report stage. Clause 4 of this bill authorizes the making of regulations concerning classes of petroleum likely to be dangerous or injurious to health. To this clause Mr. HARDIE moved an amendment giving the Home Secretary power to prohibit the sale or use of petroleum spirit which he might, by order, declare to be so dangerous or injurious to health that precautions for the protection of persons employed or engaged in handling or using such petroleum spirit were impracticable. He said that the amendment referred to tetra-ethyl lead in petrol.

Sir W. JOYNSON-HICKS said he would accept the amendment. Tetra-ethyl lead in petrol was now the subject of an inquiry, and if the Home Secretary should, as a result, declare that this particular spirit was injurious to health, the amendment would usefully come in.

The amendment was agreed to. The report stage of the bill was completed, and the bill was read a third time.

A copy of the report of the American Commission on the use of tetra-ethyl lead in motor spirit will be placed in the library of the House of Commons.

#### Pensions.

Answering Dr. Drummond Shiels, on April 3rd, Major TRYON said he was not aware of deep resentment among panel practitioners at the scant courtesy with which their certificates and opinions were regarded by the Ministry of Pensions. It was certainly incorrect to say that the supposed reduction in the necessity for hospital accommodation in Scotland was due to the fact that many ex-service men were being refused treatment which they required.

Major TRYON told Mr. Bowerman, on April 5th, that the closing of the Ministry of Pensions clinic at Camberwell was not contemplated. The clinic at Bulinga Street, Westminster, had, however, special facilities for surgical treatment not available elsewhere, and in their own interests certain cases living in other parts of London were on occasion summoned to it.

*National Insurance: Mileage and Drug Costs.*—Answering questions put on April 4th by Sir Robert Thomas, Sir KINGSLEY WOOD said there was no special contribution per head among insured persons towards the cost of mileage and drugs. The amount available for meeting this cost was 3s. 3d. per insured person in each country, but as the total expenditure on mileage and drugs in Wales exceeded that amount, the Act authorized payment out of the National Health Insurance Fund (England) to the Welsh National Health Insurance Fund to meet the excess expenditure. It had never been considered necessary that the Association of Welsh Insurance Committees should be represented as such on the Medical and Pharmaceutical Committees, which were charged with apportioning among Insurance Committees the sums available to defray the cost of medical treatment and drugs in England and Wales. There were Welsh representatives on the committees.

*Eye Diseases in the Navy.*—Asked by Sir Robert Thomas to explain the fact that in 1926, of 1,726 invalided out of the navy, 386 were on account of diseases of the eye, Colonel HEADLAM said that 345 of these cases were due to congenital deformities—long sight, short sight, and astigmatism. Five men were invalided for defective colour vision, three for injuries, three for cataract, and the rest for chronic inflammatory or degenerative conditions. No special inquiry seemed necessary. It was in consequence of the more frequent and rigorous examinations after a man had joined the service that latent errors of vision were detected.

*Third Party Indemnity Insurance.*—On April 17th Mr. ATKINSON introduced a bill to provide for third party indemnity insurance. He said the bill provided that it should be the duty of an insurance company, in so far as they were liable for third party claims, to pay those claims direct to the injured person. The bill was read a first time.

#### Notes in Brief.

At the end of February, 1927, 102,864 houses were under construction in England and Wales, and 126,611 had been authorized but not started under the Acts of 1923 and 1924.

Mr. AMERY, replying to a question on April 17th, said that seventy-one cases of dysentery had occurred among the prisoners in the Sinarango Prison Camp, Malaita, and there had been eight deaths. Seven cases were still under treatment on April 2nd.

Sir KINGSLEY WOOD states that measures are being taken to prevent floods from the Thames in the county of London in accordance with the report of the recent committee.

Sir KINGSLEY WOOD informed Mr. Kelly, on April 17th, that inquiries were proceeding into the effects of artificial silk manufacture on the health of the people resident in the neighbourhood of such factories.

The reports of the Government Inspector of Mines for Cornwall show that the health conditions of Cornish tin mines are generally satisfactory and have improved of recent years. The health conditions at Cornish china clay works are good, and no cases of disease due to the conditions of employment have come to the notice of the inspector.



## The Services.

### INDIAN MEDICAL SERVICE DINNER.

THE annual dinner of the Indian Medical Service will be held at the Trocadero Restaurant, London, on Wednesday, June 20th, at 7.15 p.m., under the chairmanship of Major-General Sir R. Havelock Charles, Bt., G.C.V.O., K.C.S.I. Price of dinner tickets, 16s. 6d. to subscribers and £2 to non-subscribers. Further particulars may be obtained from the joint honorary secretary, Major Sir Thomas Carey Evans, M.C., I.M.S.(ret.), 31, Wimpole Street.

### AUXILIARY R.A.M.C. FUNDS.

THE annual meeting of the members of the Auxiliary R.A.M.C. Funds will be held at 2.30 p.m. on April 27th, at 11, Chandos Street, Cavendish Square, W., when the annual report and financial statement for the year ended December 31st, 1927, will be presented, and the officers and committee for the current year elected.

### DEATHS IN THE SERVICES.

Lieut.-Colonel Andrew Watson Cook Young, I.M.S.(ret.), died in a nursing home at Aberdeen on February 7th, shortly before his fifty-second birthday and just a week after his retirement was gazetted. He was born on February 25th, 1876, and educated at Aberdeen, where he graduated as M.B. and Ch.B. in 1898, and also took the D.P.H. in 1899. In 1906 he took the London Diploma in Tropical Medicine, with distinction. Entering the I.M.S. as lieutenant on January 29th, 1901, he got a brevet lieutenant-colonelcy for his services in the war on June 3rd, 1916, and became substantive lieutenant-colonel on July 29th, 1920, retiring on January 29th last. All his service was spent in military employ, except for a few years before the war, when he was medical officer of health for New Delhi. He served in the Tibet campaign of 1903-4, when he took part in the operations round Gyantse, and in the march to Lhasa, was severely wounded, and received the medal with a clasp. This wound was received from the sword of a lama while Young was assisting a brother officer. It was a head wound, which nearly killed him, and for it he received a permanent wound pension. In the recent great war he served in Russia in 1914, Gallipoli 1915, Egypt and Mesopotamia 1916-17, was mentioned in dispatches in the *London Gazette* of October 19th, 1916, and gained a brevet lieutenant-colonelcy. Young was a well-known sportsman, in his earlier years a keen polo player, and since the war had gone in for racing, at which he had been successful in winning many trophies, notably the blue riband of military racing, the Lucknow Army Cup, in 1919. He was a fine type of the now extinct regimental medical officer, popular with both officers and men.

Captain William Haig Ferguson, M.C., R.A.M.C., died in a nursing home in Edinburgh on March 5th, aged 37. He was the elder son of Dr. J. Haig Ferguson of Edinburgh, his maternal grandfather being the famous Edinburgh surgeon the late Sir Patrick Heron Watson. He was born on January 11th, 1891, and educated at Cambridge, where he took the degree of B.A. in 1913, and at Edinburgh, where he graduated M.B. and Ch.B. in 1916. Immediately afterwards he took a commission in the Special Reserve of the R.A.M.C., and on April 3rd, 1916, became lieutenant in the R.A.M.C. He was promoted to temporary captain on June 1st, 1918, and confirmed in that rank from October 3rd, 1919. He served in the recent great war, was mentioned in dispatches in the *London Gazette* of January 12th, 1918, and received the Military Cross on September 16th, 1918.

Surgeon Lieut.-Colonel Alexander Minto, R.A.M.C.(ret.), died in London on January 3rd, a few days before his 85th birthday. He was born at Kennethmont on January 13th, 1843, and educated at Aberdeen, where he graduated as M.B. and Ch.B. in 1864. Entering the army as assistant surgeon on March 31st, 1864, he became surgeon major after twelve years' service, and retired on July 16th, 1890. He served in the Ashanti campaign of 1873-74, and in the Afghan war of 1878-80, receiving the medals for these two campaigns. His surname was originally Minty; he changed it by deed poll to Minto in 1872. In the old regimental days he served as assistant surgeon in the 90th Foot, now the 2nd Battalion of the Scottish Rifles, and in the Rifle Brigade.

Surgeon Commander John St. John Murphy, R.N.(ret.), of Bournemouth, died at Cairo of pneumonia on February 22nd. He was educated at Queen's College, Cork, and in the Edinburgh Extramural School, and took the Scottish triple qualification in 1897. After filling the posts of resident surgeon of Cork North Infirmary and of assistant medical officer at the West Riding Asylum, Wakefield, he entered the navy as surgeon, became surgeon commander on February 26th, 1904, and retired after the war.

## Medical News.

THE annual conversazione of the West London Medico-Chirurgical Society will be held at the Kensington Town Hall at 8 p.m. on Friday, June 15th. At 8.30 o'clock the Cavendish Lecture will be given by Dr. Rollier of Leysin on "The therapeutic, preventive, and social value of heliotherapy in surgical tuberculosis."

THE next social evening of the Royal Society of Medicine has been arranged for Monday, May 7th, at 1, Wimpole Street. The guests will be received by the President and Lady Berry at 8.30 o'clock, and at 9.15 Mr. P. B. Tustin will give an illustrated address entitled "Milk—from cow to consumer."

AT the meeting of the Medico-Legal Society to be held at 11, Chandos Street, Cavendish Square, W., on Thursday, April 26th, at 8.30 p.m., a paper will be read by Dr. John Glaister, jun., on hair, considered medico-legally, which will be followed by a discussion. The meeting on May 24th will take the form of an exhibition of specimens of medico-legal (not solely pathological) interest.

AT the meeting of the Illuminating Engineering Society to be held in the lecture theatre of the Home Office Industrial Museum (Horseferry Road, Westminster, S.W.) on Tuesday, April 24th, an informal discussion on "Daylight, artificial light, and artificial daylight: their merits and drawbacks," will begin at 6.30 p.m. Copies of the introductory paper may be obtained from the honorary secretary, Mr. J. S. Dow, 32, Victoria Street, S.W.1.

AN announcement appears in our advertisement pages of a course of lectures on pathological research in its relation to medicine, to be given at the Institute of Pathology and Research, St. Mary's Hospital, London. The course opens with a lecture by Sir Almroth Wright, principal of the Institute, on April 26th, and closes on June 14th. The lectures are free to members of the profession and medical students.

A SESSIONAL meeting of the Royal Sanitary Institute will be held in the Guildhall, Worcester, on Friday and Saturday, April 27th and 28th. On the first day the chair will be taken at 4 p.m. by Professor A. Bostock Hill, when there will be a discussion on river pollution, followed by a second discussion, to be introduced by Dr. Mabyn Wood, on infant mortality in Worcester from 1895 to 1925. On the second day, after a discussion on the Worcester activated sludge plant, a visit will be made to the sewage works. At a further sessional meeting, to be held at the Guildhall, Preston, on Saturday, May 5th, a discussion will be opened on the present position of the milk supply, by Professor F. E. Wynne. The chair will be taken at 10 a.m. by Dr. R. Veitch Clark. In the afternoon visits will be made to several points of interest, including the new tuberculosis hospital, in the neighbourhood.

THE Fellowship of Medicine and Post-graduate Medical Association announces that in addition to a number of special courses already in progress a special course at the Maudsley Hospital will begin on April 30th and continue for one month; it will consist of lectures and clinical instruction in psychological medicine. Full particulars may be obtained from the secretary, Fellowship of Medicine, 1, Wimpole Street, W.1, who will also provide information concerning the general course of work, which continues throughout the year, and consists of attendance at the ordinary practice of some forty or fifty London hospitals associated with the Fellowship.

THE Royal Institute of Public Health has made arrangements for a post-graduate course of lectures on judicial evidence, forensic medicine and toxicology, medico-legal pathology, and crime and insanity to be given in London during May, June, and July. The various subjects may be taken separately or as a whole. Further particulars can be obtained from the Institute, 37, Russell Square, W.C.1.

SIR JOHN BLAND-SUTTON, Bt., presided at the quarterly meeting of the Grand Council of the British Empire Cancer Campaign held on April 16th. The Council recorded its profound regret at the death of its chairman, Lord Cave. On the recommendation of the Scientific Advisory Committee the Council approved the following grants: £200 for one year to Dr. Louis Cassidy, to be applied through the new National Cancer Campaign (Ireland); £300 for one year to Mr. Harold Burrows, working at the Cancer Hospital, London; £300 to Mr. C. F. W. Illingworth for one year for work to be carried out at Edinburgh University, and £1,000 for the ensuing year for work to be carried out under the supervision of Mr. F. C. Pybus, at Newcastle-on-Tyne. On the recommendation of the Executive Committee the Council also granted a sum of £400 to St. Mark's Hospital, City Road, and £100 to the Medical Society of London towards expenses incurred in the preparation and publication of statistical investigations. The Council received reports from the various committees in

charge of the preparations for the International Conference on Cancer, which, as announced in our last issue (p. 640), is to be held next July in London. Already forty acceptances have been received from foreign representatives, and over one hundred delegates have been nominated by universities, medical schools, and scientific and medical societies of the British Isles and the Dominions overseas.

THE Management Committee of King Edward's Hospital Fund for London, acting on behalf of the General Council of the Fund, have passed a resolution expressing deep regret at the death of Lord Cave. In paying tribute to his many services to the voluntary hospitals the resolution recalls that he was chairman of the special committee of inquiry set up by the Minister of Health during the crisis of 1921, when many of the voluntary hospitals were threatened with bankruptcy.

SIR VIVIAN HENDERSON, M.P., Parliamentary Under Secretary to the Home Office, on March 26th discussed with a deputation from the Council of Industrial Medicine the projected Factories Bill. He gave an assurance that the points of detail raised would receive sympathetic consideration in drafting the measure, and stated that it was not the intention of the Home Office that medical officers connected with industrial undertakings should be excluded as such from becoming "appointed doctors" for the purposes of the Act, and that every encouragement would be given to the appointment of medical officers by individual firms for the general supervision of the health, safety, and welfare of their workers.

THE minutes of the evidence taken by the Royal Commission on Local Government are being published from time to time as the inquiry proceeds, and Part X, which has now appeared and which is obtainable from H.M. Stationery Office at 6s. net, contains evidence given by a number of witnesses on behalf of the Rural District Councils Association and the County Councils Association. The Commission is now engaged on the second part of its inquiry, the task being to investigate the relations between the various types of local authority, and generally to make recommendations as to their constitution, areas, and functions. In its first report the Commission dealt with the constitution and extension of county boroughs.

THE Hospital Saving Association, which now has 425,000 subscribing members, has inaugurated a campaign to increase its membership to 500,000, and is inviting employers to assist by forming business or factory groups, while householders may arrange for domestic servants to join as individual members. The association does not ask for contributions from employers, funds being obtained by a small levy on working-class subscribers, and in return it meets any hospital charges which its members or their dependants may be called upon to pay in respect of treatment. Particulars may be obtained from the chairman, Viscount Hambleden, 77, Cambridge Terrace, W.2.

UNDER the auspices of the Royal Institute of Public Health a tour for medical practitioners has been arranged from May 19th to 28th, the places to be visited being Paris, Vichy, and Aix-les-Bains, while extensions are possible to the sanatoriums of Switzerland and to the Italian Riviera. In each place important medical institutions will be visited: in Paris these include the Salpêtrière, the Hôpitaux de la Pitié, Laennec, Necker, the Val de Grâce medical military school, the Cochin Hospital, and the Faculty of Medicine of the University of Paris. Leading members of the medical profession in France will meet the party. Further information may be obtained from Dr. T. N. Kelynnack, 37, Russell Square, W.C.1.

MR. GEOFFREY KEYNES has prepared *A Bibliography of the Works of William Harvey*, with eight collotypes and numerous facsimiles in line. The volume will be published by the Cambridge University Press in a limited edition of 300 copies, to celebrate the tercentenary of the publication of Harvey's first and greatest work, *De Motu Cordis*.

UNDER the presidency of Professor Rosselet of Lausanne the first International Congress on Light, from the physical, biological, and therapeutical points of view, will be held at Lausanne and Leysin from September 4th to 7th; at the same time there will be celebrated the twenty-fifth anniversary of the special work in this connexion by Dr. Rollier. The subjects to be dealt with at the congress will be announced later, and further information may be obtained from Dr. G. Murray Levick, 73, Harley Street, W.1.

THE ninth international congress against alcoholism will be held at Antwerp from August 20th to 25th. Further information can be obtained from the World Prohibition Federation, Lawson House, 190, Vauxhall Bridge Road, S.W.1.

THE fourth congress of Czechoslovak medical practitioners, naturalists, and engineers will be held at Prague on May 27th, under the presidency of Professor J. E. Purkinje.

THE sixth conference of the International Union against Tuberculosis will be held in Rome from September 25th to 27th, 1928. The subjects of discussion will be: filterable elements of the tubercle virus, the diagnosis of infantile tuberculosis, and the organization of tuberculosis prophylaxis in rural districts. Conferences on special subjects will also be held.

THE tenth congress of the association of the French-speaking medical profession of North America will be held at Quebec, under the presidency of Dr. Dagneau, from September 5th to 7th, when there will be discussions on puerperal fever and diphtheria. The meeting will coincide with the celebration of the twenty-fifth anniversary of the foundation of the association.

THE Dutch Industrial Exhibition, which will be held at Rotterdam from June 1st to September 15th, will include a section of industrial pathology and hygiene, which has been organized by a committee under the presidency of Dr. Josephus Jitta. Further information can be obtained from Dr. J. Sanders, Heemradsingel 240, Rotterdam.

A COLLECTION of articles upon the physical and medical aspects of ultra-violet ray therapy appears in a supplement to *Nature* this week (April 21st). They include papers on the physical basis of light therapy, by Professor F. L. Hopwood; on the biological action of ultra-violet rays, by Professor Leonard Hill; on the physiological action of ultra-violet radiation, by Dr. W. Kerr Russell; on ultra-violet radiation for domestic use, by Professor S. Russ; and on medical aspects of "artificial sunlight" in private houses, by Dr. P. R. Peacock.

## 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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## QUERIES AND ANSWERS.

### RADICAL CURE OF HERPES GENITALIS.

REPLYING to Dr. D. S. Puttanna's inquiry (April 14th, p. 650), "O. S." writes: Having been a sufferer in boyhood from a recurring herpes of the glans and prepuce, associated with a tight foreskin, the attacks being accompanied at times with herpes labialis and general symptoms, may I suggest that in addition to rigid cleanliness with a weak sulphur-lanolin ointment locally, investigation be made of the influence of a food factor in the causation? In my own case sugar invariably precipitated an attack.

### CONSERVATIVE TREATMENT OF ENLARGED TONSILS.

"A. B." asks for the formula of a paste or application used at intervals of two or three weeks by some laryngologists for reducing the size of chronic enlarged tonsils in adults who dread operation.

\*\* In a letter published in the *British Medical Journal* of September 17th, 1927 (p. 516), Sir James Dundas-Grant spoke favourably of an application consisting of iodine 5 grains, acetic ether (acid-free) 2 fluid drachms, and glycerin up to 1 ounce; the paint to be well shaken and brushed into the tonsils. The acetic ether appears to carry the iodine into the depths of the tonsillar