

bulbar muscles; the palatal reflex was absent. Swallowing was very difficult, and the jaw hung pendent; liquid food had to be placed inside the mouth and was slowly gulped down. This was succeeded by fits of coughing when the food proceeded towards the air passages. The wasting of the intercostal muscles was extreme, and respiration was a painful process. To add to the patient's discomfort there was a troublesome laryngitis and bronchitis, giving rise to an incessant gargling noise on respiration. The patient was entirely helpless, and beyond straightening out his legs when they were flexed he could scarcely perform any voluntary movement. He could shake his head for "no" and say "ah" for "yes," otherwise he was incapable of speech. He was naturally regarded as being very near his end.

Within ten days of his starting the treatment his wife stated that she noticed an indefinable improvement in his condition, and within a month definite changes for the better had appeared. The patient was with some difficulty able to approximate his lips and to raise his head from the pillow, and could swallow his food without inconvenience. A conversation could be carried on with him with a certain amount of difficulty. At the present time he cannot phonate well, but he can form even three-syllabled words with his mouth, and it is quite easy, if one has patience, to understand what he has to say. The most remarkable advance, however, has occurred in the use of his jaw muscles. He can now chew his food without any difficulty and swallow quite easily. Another unquestionable improvement is manifest in the use of the lower limbs, for he can now flex and extend both legs at the knee-joint, and can also dorsiflex both feet.

The general nutrition of this patient has improved remarkably. The weight has not been recorded owing to the discomfort weighing would have caused, but the improvement has been visible. On admission he gave the impression of being in imminent danger of death, and the change for the better is beyond all doubt.

These clinical observations appear to indicate that there is an element in the treatment which is concerned most closely with nerve-cell metabolism. It will be noted that in both the cases atrophy had proceeded to such an extent that complete recovery could not be expected, for in the first there was a sclerosis of neural tissue extending over a period of sixteen years, and in the second a progress to almost the terminal stages of the disease in a relatively short period. There is no doubt that in early cases in which wasting has only just commenced, and where fibrillation is still active in the weakened muscles, something approaching a complete cure might be expected. Even in severe cases it appears feasible to suppose that the onward progress of the disease may be arrested.

There is a group of cases of quite another nature in which a trial of this form of therapy would appear to be justified. I refer to the group of mental illnesses, and especially to dementia praecox, in which the whole symptomatology from the beginning to the most distressing end argues a cell atrophy which, invisible and molecular though it may be, is nevertheless sufficient to cause complete disintegration of the higher association tracts. Paranoia might almost be included in the same category.

I have to thank Major E. O'G. Kirwan, I.M.S., the surgeon-superintendent of the Presidency General Hospital, Calcutta, for permission to refer to the cases concerned.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### LIGATURE OF THE INNOMINATE ARTERY FOR INNOMINATE ANEURYSM.

In the *British Journal of Surgery* (vol. ix, No. 35) Sir Charles Ballance collected the recorded cases of ligature of the innominate artery; he writes: "All the cases recorded in the following paper, except my own, are of ligature of the innominate for subclavian or carotid aneurysm." His own cases comprised four, of which two patients died shortly after operation, one died two and a half years later, and the remaining one could not be traced. Aneurysm of the innominate artery cured by proximal ligature of the artery is therefore sufficiently uncommon to make the publication of the present case of interest; it is, moreover, the first successful case to be reported from Leeds.

A man, aged 37, received in 1918 a bullet wound at the root of the neck on the right side immediately above the centre of the clavicle. The bullet was removed at a casualty clearing station from just above the inner end of the clavicle, and the wound rapidly healed; but a small hard swelling remained at the

site of entry, and another as large as a small egg in the notch above the manubrium sterni. Since being wounded he has had a husky voice and frequent attacks of pain in the neck, and headache without vomiting. In 1925 he suddenly lost the vision of the right eye, which partially returned later.

A week before Christmas, 1926, the central swelling began to enlarge rapidly, and this was accompanied by much pain both at this place and in the back of the neck. He was admitted to the Ministry of Pensions Hospital in Leeds in January, 1927. There was a tender pulsating swelling as large as a big pear filling the notch above the sternum and extending in an ill-defined manner to both sides of the neck; the central part of this swelling was purple in colour and almost as thin as tissue paper. He complained of pain in the root of the neck, in the occipital region, and behind both ears. There was difficulty in swallowing, especially fluids. The right pupil was contracted, and the right radial and carotid arteries could only be felt pulsating feebly; the huskiness of the voice was found to be due to right recurrent laryngeal paralysis. There were no sensory changes in the hand or arm. He was short of breath, had a pulse of 92, and a temperature of 99.4° F. As the swelling was rapidly increasing in size I decided to operate without delay, and performed the following operation on January 24th, 1927.

The manubrium sterni was removed after carefully separating the thin aneurysmal sac, which was closely adhering to the upper border. The aneurysm was found to spring from the innominate at its bifurcation, leaving rather less than half an inch of the main trunk intact at its origin from the aorta. A ligature of No. 2 chromic catgut was passed round this part of the innominate and tied with sufficient tension to approximate the walls closely. The recent acute symptoms were obviously due to a leak in the upper and right side of the sac. The clot was turned out, when vigorous bleeding occurred from the distal end of the subclavian. A finger was applied to the open mouth while sutures were being inserted on the inner side of the sac; after tying these all haemorrhage stopped. It was impossible to obliterate the greater part of the sac, and inadvisable to attempt removal, as it was firmly adherent; it was therefore packed.

The patient stood the operation remarkably well, but the wound took some weeks to heal completely, owing to the packing. The right arm was useless at first, but has since fully recovered, though there is, of course, no radial pulsation. When last seen, in June, 1927, he was very well, with no sign of recurrence. All that remained was a small hard mass where the aneurysm had been, and a depressed scar at the place from which the manubrium sterni was removed. He has, of course, still the huskiness of his voice, and vision is limited to the central part of the field, in which he can only distinguish objects rather mistily. He is quite free from pain.

E. R. FLINT, F.R.C.S.,  
Assistant Surgeon, Leeds General Infirmary.

#### ACUTE APPENDICITIS FOLLOWING TYPHOID FEVER.

THE relation between acute appendicitis and typhoid fever has always been an interesting point and the cause of some confusion in diagnosis. Acute appendicitis following typhoid fever must be a rare condition—I have no means here of verifying this—and the following case may prove of more than ordinary interest.

A young man was admitted to the Colony Hospital, Grenada, on April 21st, 1927, with a history of four days' continued fever. His doctor regarded him as a case of suspected typhoid fever, but was doubtful of the diagnosis, as there was an old history of (?) malignant malaria in Demerara several months previously. He was isolated and kept under observation, and eventually was notified as a positive typhoid case five days later. His illness ran a typical course up to the twenty-fourth day, a defervescence by lysis having occurred. On the evening of this day (May 10th) his temperature suddenly rose to 100.6° F., with pulse rate quickened to 114, and he began to complain of acute abdominal pain. It is noteworthy that his pulse rate ranged from only 76 to 100 during the height of the typhoid fever.

I ordered a soap enema and the result was copious, but there was no relief from the pain; he was slightly distended. Palpation of the appendix region revealed a well-defined enlarged appendix with bulbous extremity, which was tender. The matron of the hospital palpated the appendix and could make out its outline distinctly. On the morning of May 11th I operated, and removed an acutely inflamed appendix with, as we had expected, an enlarged tip; it was adherent in its whole length to the caecum. The wound healed by first intention, and though the patient ran a temperature for some eight days afterwards his recovery was uneventful and he had no more pain.

The patient's prolonged convalescence was entirely due to his enteric condition. No blood counts were performed during his typhoid phase nor at the occurrence of the appendicitis; they might have been of interest, but the abrupt acceleration of the pulse rate was significant. I regard this as a genuine case of appendicitis occurring at the end of the third week of typhoid fever, and the wonder is that there are not more instances of the same condition to record.

V. L. FERGUSON, M.B., Ch.B.

St. Lucia, British West Indies

discoveries in other directions await a similar line of reasoning and research to be adopted following clinical observations. Professor Mackie describes the gradual progress of the reasoning concerned in the inquiry in a manner suggestive of the tracking down of a criminal, and there is much valuable evidence placed on record for use in other connexions. In his conclusions he calls attention to the fact that there is at present no control by any health authority over the manufacture of catgut such as exists over certain biological products. He believes that such a control is required, and he thinks that manufacturers would welcome aid in standardizing their methods of preparation and safeguarding their products. He proposes also a collective investigation of the general incidence of operative tetanus, of infections by other spore-bearing anaerobes, and of the various etiological factors concerned in these infections. He adds that the official notification and investigation of future cases would supply information of great value as regards prophylaxis. The possibility of auto-infection and the part played by carriers of *B. tetani* are also commended for study. For the present, at any rate, a case seems to have been made out for the standardization of the methods of preparing and sterilizing catgut; there can be little doubt that this will receive due consideration.

### BIRTHDAY HONOURS.

THE honours list issued on the occasion of His Majesty's birthday included the names of the following members of the medical profession:

#### *Companion of Honour.*

Professor JOHN SCOTT HALDANE, M.D., D.Sc., F.R.S., Director of the Mining Research Laboratory of Birmingham University, for scientific work in connexion with industrial disease.

#### *K.C.M.G.*

Lieut.-Colonel Sir WILLIAM THOMAS PROUT, Kt., C.M.G., O.B.E., Senior Medical Adviser to the Colonial Office.

#### *K.C.V.O.*

JOHN MARNOCH, C.V.O., Regius Professor of Surgery, University of Aberdeen.

#### *K.B.E. (Military).*

Major-General WALTER HOLLAND OGILVIE, C.B., C.M.G., K.H.P., I.M.S., Director of Medical Services, Army Headquarters, India.

#### *Knights Bachelor.*

Dr. JAMES ATKINSON HOSKER, J.P., Chairman of the Bournemouth Conservative Association, for political and public services in Bournemouth.

Dr. THOMAS WATTS, M.P. for Withington Division of Manchester, for political and public services.

Lieut.-Colonel HENRY SIMPSON NEWLAND, C.B.E., D.S.O., Australian Army Medical Corps, Surgeon to the Adelaide Hospital.

#### *C.B. (Military).*

Major-General HAROLD BEN FAWCUS, C.M.G., D.S.O., K.H.P., Deputy Director-General, Army Medical Services, War Office.

Colonel HAROLD BOULTON, C.B.E., I.M.S., V.H.S., Assistant Director of Medical Services, Deccan District, India.

#### *C.M.G.*

Dr. JOHN HOPE REFORM, lately Director of Medical and Sanitary Services, Uganda Protectorate.

#### *C.I.E.*

Lieut.-Colonel ERNEST WILLIAM CHARLES BRADFIELD, O.B.E., I.M.S., Professor of Surgery, Medical College, and Superintendent, General Hospital, Madras.

Lieut.-Colonel LEWIS COOK, I.M.S., Civil Surgeon, Bhagalpur, Bihar and Crissa.

Lieut.-Colonel GEORGE DENNE FRANKLIN, O.B.E., I.M.S., late Chief Medical Officer, Delhi.

Lieut.-Colonel JOHN CUNNINGHAM, I.M.S., Director, Pasteur Institute, Kasauli.

Dr. HUGH GORDON ROBERTS, Welsh Mission at Shillong, Assam.

#### *C.V.O.*

Dr. ALFRED BAKEWELL HOWITT (dated April 21st, 1928).

#### *C.B.E. (Military).*

Colonel HOWARD ENSOR, C.B., C.M.G., D.S.O., late R.A.M.C., Deputy Director of Medical Services, North China Command.  
Surgeon Captain JAMES HERBERT FERGUSON, R.N.

#### *C.B.E. (Civil).*

Major JOHN HARRY HEBB, O.B.E., R.A.M.C.(ret.), Director of Medical Services, Ministry of Pensions.  
Lieut.-Colonel JOHN E. STRATHEARN, O.B.E., Warden of the Hospital of the Order of St. John of Jerusalem in Palestine.

#### *O.B.E. (Military).*

Major JAMES HEBBLETHWAITE MARTIN FROBISHER, R.A.M.C.  
Lieut.-Colonel HUMPHREY FRANCIS HUMPHREYS, M.C., 143rd Field Ambulance, R.A.M.C., T.A.  
Major GORDON WILSON, M.C., R.A.M.C.  
Surgeon Commander BRYAN PICKERING PICK, R.N.

#### *O.B.E. (Civil).*

Surgeon Commander WALTER KEMPSON HOPKINS, R.N.(ret.), Medical Officer, Board of Customs and Excise.  
Professor ALBERT VICTOR BERNARD, M.B.E., Medical Officer of Health, Malta.

MANGALDAS VIJBHUKHANDAS MEHTA, Medical Practitioner, Bombay.  
Dr. GEORGE RAMMELL FOOTNER, Director of the Omdurman Civil Hospital.

Rai Bahadur Dr. KISHORI LAL CHAUDHRI, M.B.E., Assistant Director of Public Health, United Provinces.

Dr. JAMES GODFREY LYON BROWN for services in connexion with the Emergency Volunteer Corps at Hankow.

#### *M.B.E. (Military).*

First-class Assistant Surgeon EDWARD HENRY GILLSON, Indian Medical Department.

#### *M.B.E. (Civil).*

Dr. GEORGE MACLEAN, Sleeping Sickness Officer, Medical and Sanitary Department, Tanganyika Territory.

Mrs. MARTHA ISABEL GARVICE, Senior Lady Medical Officer, Egyptian Ministry of Education.

Dr. JAMES FREDERICK CORSON, Assistant Bacteriologist, Medical and Sanitary Department, Tanganyika Territory.

Dr. RUTH YOUNG, Personal Assistant to the Chief Medical Officer, Women's Medical Service, and Secretary of the Funds under the Presidency of Her Excellency the Lady Irwin.

#### *Honorary M.B.E. (Civil).*

Dr. YESHUA SHAMI, Medical Officer, Department of Health, Palestine.

#### *Kaiser-i-Hind Medal (First Class).*

Dr. CHRISTIAN FREDERICK FRIMODT-MOLLER, Medical Superintendent, Union Mission Tuberculosis Sanatorium, Madanappalle, Chittoor District, Madras.

Dr. ANNIE CAROLINE SMITH, in charge of the Zenana Hospital of the Church of Scotland Mission, Gujrat.

Dr. ROBERT JOHNSTON ASHTON, Kachwa, Mirzapur District, United Provinces.

#### *Imperial Service Order—Companion.*

Khan Bahadur AHMED BAKHSH, Assistant Residency Surgeon, Personal Assistant to the Administrative Medical Officer in Central India and Superintendent, Central India Agency Jail, Indore.

### ROYAL MEDICAL BENEVOLENT FUND.

THE total sum which has been voted this year in grants to medical men, their widows, or orphans who have appealed for help amounts to approximately £4,744 as against £3,502 during the corresponding period of last year—an increase of £1,242. These figures definitely prove there is a greater demand being made on the Fund this year than ever before. But subscriptions and donations do not show an equivalent increase over the same period. To meet an increase of £1,242 in grants, subscriptions have only increased by £500.

An urgent appeal is made for subscriptions and donations, which should be sent as soon as possible to the Honorary Treasurer, Sir Charters Symonds, at 11, Chandos Street, Cavendish Square, London, W.1.

The following are notes on a few of the cases helped at the last meeting.

Dr. X, aged 63, had to give up practice three and a half years ago owing to cataract on both eyes. He is too blind to see patients and can do no work of any kind. During these three and a half years he has had to live and maintain himself, his wife, and two young children on his small capital, which is now exhausted. An emergency grant of £15 was made, and a further sum voted of £40. Assistance is being sought from other charitable funds.

Dr. Y, aged 78. Old age and increasing deafness have prevented this applicant from continuing in the profession, and for some time he has been forced to live on capital. Other family troubles have made heavy financial claims upon the applicant, so that all his life savings are now exhausted and he has had to apply for the old age pension of £26 a year. Voted £40.

Widow, aged 56, of M.R.C.S. Owing to ill health the applicant's husband sold his country practice ten years before he died, and during this time and up to his death he and his wife had to live on capital. At his death the widow found there was nothing left, his life policies had been mortgaged years before, there were debts, and there was no money to pay for the funeral. The widow had to sell furniture and other private possessions in order to pay. Her son can only contribute 10s. a week. Voted £26.

Daughter, aged 59, of M.D. The applicant has been teaching as a governess for forty-two years; now at her present age she cannot get regular employment. Her savings bring in £50 a year. She was not able to save more as she had to help keep her invalid mother for the last twelve years of her life. Voted £26.

# Dawson Williams Memorial Fund.

## SECOND LIST OF SUBSCRIBERS.

SINCE the first list of contributors to the Dawson Williams Memorial Fund was published in these columns, on March 17th, subscriptions have been received from those whose names appear in the list printed below. Those who may have overlooked the matter are invited to send their subscription before Saturday, June 16th, when the list must be definitely closed. The Organizing Committee will then draw up recommendations for the disposal of the fund, and all subscribers will shortly afterwards be requested to attend a meeting to consider them. The honorary treasurer is Sir StClair Thomson, F.R.C.S., 64, Wimpole Street, W.1.

Abercrombie, Dr. Peter  
Acland, Dr. Theodore Dyke  
Aitken, Dr. C. J. H. (Kilnhurst)  
Auld, Dr. A. Gunn  
Batt, Dr. Bernard (Bury St. Edmunds)  
Bazin, Dr. A. T. (Montreal)  
Blenkinsop, Major-General Sir Alfred (Frensham)  
Bond, C. J., F.R.C.S. (Leicester)  
Cameron, Dr. J. N. (Toronto)  
Caffey, Dr. Wayland C. (Hove)  
Clow, Dr. David (Cheltenham)  
Clow, Dr. Alice Sanderson (Cheltenham)  
Cockill, Dr. T. T. (Milford)  
Collins, Sir William, F.R.C.S.  
Coupland, Dr. Sidney (Oxford)  
Crawford, Lieut.-Colonel D. G., I.M.S. (Egling)  
Currie, Professor J. R. (Glasgow)  
Davies, H. Morrison, F.R.C.S. (Ruthin)  
Darden, Dr. W. F. (Old Trafford)  
Devine, Dr. Henry (Virginia Water)  
Elliot, Colonel R. H., F.R.C.S.  
Fawsitt, Dr. Thomas (Oldham)  
Fletcher, H. N., F.R.C.S.  
Fox, Dr. T. Fortescue

Fraser, Dr. Louise (San Remo, Italy)  
Fullerton, Andrew, P.R.C.S.I. (Belfast)  
Garrow, Dr. R. P. (Chesterfield)  
Gibbons, Dr. R. A.  
Goodbody, Dr. F. W.  
Goodfellow, Dr. T. A. (Manchester)  
Gordon-Taylor, Gordon, F.R.C.S.  
Gosse, Dr. William (Parkstone)  
Gow, Dr. A. E.  
Gray, Dr. A. M. H.  
Hamilton, Dr. C. D. (Athens)  
Heald, Dr. C. B.  
Hempson, Mr. W. E. (Tunbridge Wells)  
Hughes, E. E., F.R.C.S. (Manchester)  
Hunter, Dr. William  
Jex-Blake, Dr. A. J. (Nairobi)  
Keene, Professor Mary F. Lucas  
Kilroe, Dr. Lawrence (Rochdale)  
King, Dr. V. Ridman (Swindon)  
Laslett, Dr. E. E. (Hull)  
Lawrence, Dr. R. D.  
Lawrence, T. W. P., F.R.C.S. (Tadworth)  
Lendon, Dr. A. A. (Adelaide)  
Lynn-Thomas, Sir John, F.R.C.S. (Llechryd)  
McCarrison, Robert, Lieut.-Colonel I.M.S., and Mrs. McCarrison (Coonoor, India)

Mackenzie, Dr. S. Morton (Dorking)  
McVail, Dr. Elizabeth  
Magnus, Sir Philip, Bt. (Chilworth)  
Morland, Dr. Egbert  
Mott, Lady (Bournemouth)  
Nott, Dr. H. W. (Guildford)  
O'Connor, Dr. Joseph (Woking)  
O'Kinealy, Lieut.-Colonel F.  
Ollerenshaw, Robert, F.R.C.S. (Manchester)  
Parker, Dr. George (Clifton)  
Patterson, Norman, F.R.C.S.  
Rayner, H. H., F.R.C.S. (Manchester)  
Richardson, Mrs. Sophia, M.D. (Cheltenham)  
Samways, Dr. D. W. (Mentone)  
Scott, Dr. S. Gilbert  
Shrubshall, Dr. W. W. (Brighton)  
Thompson, Edward, F.R.C.S.I. (Omagh)  
Watson, Dr. Chalmers (Drem, East Lothian)  
Watkins-Pitchford, Dr. W. (Bridgnorth)  
Wauchope, Dr. G. M. (Hove)  
Weir, Dr. J. W. (East London, S. Africa)

*Incorrectly entered in Previous List.*

Watson-Williams, Eric, F.R.C.S., should read Dr. Patrick Watson-Williams (Clifton).

## THE VOLUNTARY HOSPITALS COMMISSION.

### FINAL REPORT: TERMINATION OF THE INQUIRY.

THE final report of the Voluntary Hospitals Commission,<sup>1</sup> dealing with the requirements in respect of voluntary hospital accommodation of England and Wales, has been presented to the Minister of Health. In April, 1924, it will be recalled, Mr. Neville Chamberlain's predecessor, Mr. John Wheatley, requested the then existing Commission to institute an inquiry into this subject. A short interim report was presented in July, 1925, and a summary of it appeared in the JOURNAL of August 15th, 1925 (p. 305). The document now under review is equally brief, occupying little more than five pages, with an appendix of statistical matter less than two pages in length. The work of the Commission has now, with the concurrence of the Minister, been terminated, and the final report represents little more than a summary of the present position as it compares with that disclosed in the earlier survey.

It will be convenient to recall at this point that the Commission in its interim report recommended that an Exchequer grant, or a series of grants, amounting to £2,000,000 should be made to help to meet new capital expenditure for additional voluntary hospital accommodation, and that the Minister of Health intimated his inability to proceed with the proposal. Meanwhile, the final report states, more progress has been made than was considered probable. The report, apart from surveying the hospitals position, deals mainly with finance. It concludes that there is no ground for apprehension regarding the ability of the hospitals to maintain such additional beds as may be provided, directs attention to the growing importance of systems of mass contributions from the industrial classes, and suggests that this must be regarded as the only quarter likely to yield any substantial growth of income. The Commission's proposal for dealing with a difficulty often referred to in these columns is that some form of compulsory insurance for motorists should be introduced to relieve the voluntary hospitals of the burden thrown upon them by the growing frequency of road accidents. Details from the report are given below.

<sup>1</sup> London: H.M. Stationery Office, or through any bookseller. 1928. 3d. net.

### The Task of the Commission.

The Commission was instructed to inquire into and report upon "the extent of the additional voluntary hospital accommodation required in England and Wales and the best means of providing and maintaining it." The final report bears the signatures of the following members: The Earl of Onslow (chairman); Sir Robert Bolam, M.D.; Sir John Rose Bradford, K.C.M.G., M.D., P.R.C.P.; Dr. R. C. Buist; Lord Clwyd; Mr. H. Wade Deacon; Dr. W. E. Elliot, M.P.; Sir George Makins, G.C.M.G.; F.R.C.S.; Mr. D. O. Malcolm; Dr. F. N. Kay Menzies; Sir E. Cooper Perry, M.D. Lord Linlithgow, owing to his absence as Chairman of the Royal Commission on Agriculture in India, was not able to take part in any of the Commission's deliberations on the final report, and for this reason his name is not appended. The death of Sir Robert Hudson deprived the members of a colleague whose assistance had been of great value.

The opening section of the report recalls the conclusions presented in the interim report, referred to above, and the reception its recommendations met with from the Minister of Health, stating the position in the following terms:

Early in 1926 you informed us that you had, with great reluctance, come to the conclusion that the financial situation of the country was such as to make it impracticable at that stage to proceed with the proposals for a grant from public funds towards the cost of new construction on the lines of our recommendations. We received your decision with regret, though we were bound to recognize the force of the considerations which led you to it. You have now intimated to us that our main task having been accomplished you do not feel justified in asking us any longer to continue our work as a Commission. While we cannot but regret that it has been impossible to implement proposals to which we devoted much time and thought, we desire to take this opportunity of expressing our appreciation of the confidence which you and your predecessors have reposed in us.

### Recent Growth in Hospital Accommodation.

A survey of the present position is then given based on a comparison of the figures for June, 1924, and for the end of 1926. The expansion in available accommodation has been, it is disclosed, more rapid and more widespread than the Commission anticipated when preparing the 1925 report. The figures prove that during the period of two and a half years the hospitals have shown marked activity in the matter of extensions, and during the latter part of

purports to give details of my (alleged) evidence with regard to experiments on monkeys. I have carried out no animal experiment of any description in connexion with this investigation.

The crux of the whole matter is that, in the recent experiments conducted by the Research Association of British Motor and Allied Manufacturers with regard to exhaust gases from engines burning leaded spirit as a motor fuel, and also as the outcome of the investigation of the deposits found in three motor vehicles after a mileage of 11,000, the run being entirely with leaded spirit, it was found that not less than 80 per cent. of the lead contained in the fuel was discharged into the atmosphere, and also that the exhaust gases contain not less than from twenty to fifty times the amount of lead per cubic metre as was obtained in exhaust gases in the tests as described in the *Bulletin* (No. 2661) of the United States Bureau of Mines of December, 1924. Also in one of the tests recently carried out in England with a stationary engine it was found that the water vapour of the exhaust gases which can be condensed from the end of the exhaust pipe is capable of dissolving practically the whole of the lead present in the exhaust gases. In short, with exhaust gases from an engine burning leaded motor fuel we are dealing with large quantities of water-soluble lead.

May I correct a misapprehension which prevails as the outcome of the following sentence which appeared in the *British Medical Journal* on January 14th, 1928 (p. 61): "The high toxicity of this compound naturally aroused alarm in the United States, and its use was for a time prohibited in the city of New York." The actual significant fact is that the sale of ethyl gasoline (ethyl petrol) is still banned in New York City.—I am, etc.,

Hendon, May 27th.

MYER COPLANS, M.D.

#### THE INTRAVENOUS INJECTION OF INDIGO-CARMINE.

SIR,—I noticed in the report of a paper read by me before the Royal Medico-Chirurgical Society of Glasgow, and epitomized in the *British Medical Journal* of December 10th, 1927 (p. 1087), it is recorded that in the investigation of patients suffering from renal tumours I use "an intravenous injection of 5 c.cm. of a 4 per cent. solution of indigo-carmin." This was such an obvious clerical error that at the time it did not occur to me to correct it. As Mr. Alex. E. Roche has called attention to it in your issue of May 26th (p. 921) and considers that others might be tempted to adopt the percentage stated with the dire results he has brought to the notice of your readers, I hasten now to correct it. The original manuscript and my paper published in the April number of the *Glasgow Medical Journal* give the percentage correctly—namely, 0.4 per cent.—I am, etc.,

Glasgow, May 30th.

WALTER W. GALBRAITH.

#### ARSENIC IN SUGAR.

SIR,—Some years ago, when medical officer of health to a rural district, I received a request from the Ministry of Health to make investigations into a case of suspected poison in sugar.

The sack of sugar in question had travelled from London in the same truck as a drum of disinfectant. The grocer who received the sugar used one sack of the two which constituted the consignment, but, noticing a smell about the other, reported it. I followed up the drum of disinfectant and sent part of the contents to be analysed, also some of the sugar. The report from the Ministry came back stating that the disinfectant was crude carbolic acid, containing no arsenic, and that the sugar was loaded with arsenic, and the sample sent contained sufficient to poison the whole of the inhabitants of the village.

Luckily the disinfectant had imparted an odour to the sack against which it was placed. I was not informed as to the source of the sugar, and have often wondered how many more sacks there were like it, and how many of us contain arsenic in appreciable quantities.—I am, etc.,

Totnes, May 28th.

I. M. JEFFERISS.

## 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, W.1.

### DEATHS IN THE SERVICES.

Lieut.-Colonel Dermot Owen Hyde, C.B.E., D.S.O., R.A.M.C., died at Maymyo, Upper Burma, where he was in command of the station hospital, on April 19th, aged 50. He was born on December 1st, 1877, the son of Lieut.-Colonel Robert Hyde, A.M.S., and educated at Trinity College, Dublin, where he graduated as B.A. in 1896 and as M.B. and Ch.B. in 1899. Entering the army on April 25th, 1900, he attained the rank of lieutenant-colonel on December 25th, 1917. He served in the South African war in 1901-02, receiving the Queen's medal with two clasps, and also in the recent great war. In 1911 he was appointed to the West Riding Division of the R.A.M.C.(T.F.), and went out with that division to France. In the battle of the Somme, in 1916, he commanded the 14th Field Ambulance, from February, 1917, to April, 1918, he was in command of No. 1 Casualty Clearing Station, and from April, 1918, to March, 1919, was A.D.M.S. of the 21st Division. After the war he served for three years, 1919-22, as senior medical officer at Bermuda; and in 1923 was A.D.M.S. of the 28th Division in the Dardanelles. He was mentioned in dispatches in the *London Gazette* of June 15th, 1916, and January 4th, 1917, and received the D.S.O. and the C.B.E. for his services. In 1908 he married Hilda Edith Richmond, daughter of Lieut.-Colonel F. de R. Manduit, and leaves a widow and two sons.

Lieut.-Colonel James Havelock Alexander Rhodes, R.A.M.C. (retired), died at Pontac, Jersey, on April 10th, aged 71. He was born on January 14th, 1858, took the M.R.C.S. and L.S.A. in 1880, entered the army as surgeon on February 5th, 1881, became lieutenant-colonel after twenty years' service, and retired on April 19th, 1911. He rejoined for service during the late war, from April 14th, 1915.

Major Alexander Yates Reilly, R.A.M.C.(ret.), died on January 2nd, aged 65. He was born at Dakka, in Bengal, on May 22nd, 1862, and was educated at Durham University, where he graduated as M.B. and M.S. in 1885; also taking the M.R.C.S. and the L.S.A. in 1884, the L.R.C.P. Lond. in 1886, and the F.R.C.S. Ed. in 1889. Entering the R.A.M.C. as surgeon on February 5th, 1887, he became major after twelve years' service, and retired on June 22nd, 1907. He served in the Sudan, in the Dongola campaign of 1896, receiving the Egyptian medal and the Khedive's bronze star; in the Sudan campaign of 1898, when he was present in the battles of the Atbara River and of Khartum, was mentioned in dispatches in the *London Gazette* of September 30th, 1898, and received the medal for that campaign and two clasps to his Egyptian medal; and in the South African war, in 1902, in operations in the Transvaal, receiving the Queen's medal with four clasps. He also rejoined for service in the recent great war in August, 1914.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

DR. CHARLES S. MYERS, F.R.S., has been appointed Herbert Spencer lecturer for 1929.

### UNIVERSITY OF CAMBRIDGE.

THE following have been appointed members of the Degree Committee in the Faculty of Medicine: Dr. T. S. Hele, Professor G. H. F. Nuttall, Sir Hugh Anderson, Dr. W. L. H. Duckworth, Dr. E. D. Adrian, and Mr. H. Thirkill.

### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—M. K. Bryce, H. M. Feldman, A. H. Hennessy, N. C. R. Keukenschrijver, C. P. Madden, H. D. K. Wright.

MEDICINE.—K. D. C. Beckitt, L. J. Corbett, N. C. R. Keukenschrijver, A. A. Leibovitch, L. W. Sanders.

FORENSIC MEDICINE.—A. C. Banerji, H. I. Jones, N. C. R. Keukenschrijver.

MIDWIFERY.—M. K. Bryce, N. C. R. Keukenschrijver, A. E. Vawser.

The diploma of the Society has been granted to Messrs. K. D. C. Beckitt, L. J. Corbett, H. I. Jones, N. C. R. Keukenschrijver, and L. W. Sanders.

will remember his complete lack of ostentation, at times almost amounting to self-effacement, his never-failing sympathy, his charitable judgement, his great kindness of heart, and his nobility of character. His book on mental defectives ended with the quotation "*Latet scintilla forsan*," but it was no small spark that lay hidden behind the unobtrusiveness of Shuttleworth.

He married Edith Mary, the daughter of Henry Hadwen of Lancaster. His widow and a son and daughter survive him.

A. F. T.

W. A. YOUNG, M.B., Ch.B., D.P.H., D.T.M.,  
Director, Medical Research Institute, Accra, Gold Coast.

IN our last issue we had to announce with much regret the death of Dr. W. A. Young at Accra, Gold Coast, on May 30th from yellow fever. It is believed that Dr. Young contracted the disease in the course of a necropsy upon Professor Noguchi, who died of yellow fever on May 21st.

William Alexander Young was born on November 5th, 1889, at Stamford Hill. He was educated at Forfar Academy and University College, Dundee, graduating M.B., Ch.B. St. Andrews in 1911. Like many another of his race Young was of "those adventurous souls who look beyond the ridges where the strange roads go down"; after a period of service as house-surgeon at the Royal Halifax Infirmary and a course of instruction in tropical medicine at the Liverpool School, he joined the West African Medical Staff in 1913, and was stationed in Sierra Leone. As a lieutenant in the R.A.M.C. he served with the Expeditionary Force in the Cameroons campaign in 1915-16. In September, 1920, he was transferred to Nigeria on appointment as assistant bacteriologist at the Medical Research Institute. From June to December, 1923, he was attached to the Nigerian Tsetse Investigation Staff, and was then transferred to the Gold Coast on appointment as pathologist. In September, 1924, he became director of the Medical Research Institute at Accra.

Young's bent was towards investigation, and early in his career in West Africa he undertook studies in the fascinating problems of diseases endemic in that region. Trypanosomiasis, blackwater fever, and yellow fever each in turn engaged his attention, and by careful and painstaking work in the laboratory and in the field he added something to our knowledge of each of them. Incidentally he found time for the study of interesting pathological conditions encountered in the course of routine work, and from 1923 to 1926 he contributed a number of short papers on these subjects to the *Transactions of the Royal Society of Tropical Medicine and Hygiene*. His main scientific interest was, however, in the disease yellow fever, in the investigation of which he lost his life. In 1922 he reported on a small outbreak of yellow fever which occurred at Warri, Nigeria, in October and November of that year. Thence onwards in annual and special reports he recorded the results of his studies in the epidemiology and pathology of the disease, and many of his observations are of first-class importance. Professor Noguchi of the Rockefeller Institute for Medical Research worked in the Accra laboratory from November, 1927, until he himself fell a victim to yellow fever. Though maintaining different points of view as to the causation of the disease, personal relations between Noguchi and Young appear to have been singularly happy.

Young was a cautious and kindly man, and as stern a critic of his own work as he was of that of others. Nothing did he set down in malice. Throughout his career in West Africa he worthily upheld the great traditions of British medicine in the tropics, and fell at last a martyr to his high sense of duty. Much was expected of him, and the service he loved and adorned is greatly the poorer for his loss. In a letter received in London only a few weeks ago Young discussed his own recent observations on the infectivity of *post-mortem* material in experimental work on yellow fever. He was therefore well aware of the grave risk he ran in performing a necropsy upon his colleague, and it is not to be doubted that so careful a man took every precaution to avoid infection. He failed, and so another name is added to the roll of laboratory workers who have lost their lives in the study of yellow fever in West Africa. But the

fruits of their labours and of those of other workers in the same field are seen already in the record of a notable advance in our knowledge of yellow fever prevention which appears elsewhere in this issue of the *British Medical Journal*.

Dr. JOSEPH THOMPSON CARSON, who died at Dover on May 30th, was born in Ulster in 1885, and received his medical education at the University of Edinburgh, graduating M.B., Ch.B. in 1908. He was admitted F.R.C.S.Ed. in 1922. After qualifying he held resident surgical posts at Bolton Infirmary, at the Ingham Infirmary, South Shields, and at the Borough Infirmary, Birkenhead, and subsequently commenced practice at Oldham. Soon after the outbreak of war, in 1915, he received a commission in the R.A.M.C., and was appointed radiologist to a general hospital in Salonika, where he served until 1918. He was awarded the fifth class of the Serbian Order of St. Sava for his work in that theatre of operations. After the war he returned to Oldham, but some years later removed to Dover, where he was latterly honorary surgeon to the Dover Hospital. The illness which caused his death was recognized as hopeless two years ago, but notwithstanding his knowledge of this fact he continued at work to the last. Dr. Carson, who was a member of the British Medical Association throughout the greater part of his professional life, is survived by his widow.

The following well-known foreign medical practitioners have recently died: Professor ALBERT PITRES, honorary dean of the faculty of medicine of Bordeaux and national associate of the Académie de Médecine; Dr. EMILE ALEXANDRE LENOBLE of Brest, corresponding member of the Académie de Médecine; Professor WALTHER KAUSCH, aged 62, director of the surgical department of the Augusta Viktoria Hospital, Berlin; Professor BERNHARD POLLAK, a Berlin ophthalmologist, aged 63; Dr. LUIZ VIEGAS, professor of criminal anthropology and psychology in the Oporto faculty of medicine, and author of several works on dermatology and syphilis; Dr. RICARDO BOTEY, professor of the Catalan Society of Otorhinolaryngology; Dr. BERNARD HEINE, professor of otology at Munich; Dr. VINCENZO PATELLA, formerly director of the medical clinic at Sienna, and an authority on cardio-vascular disease, aged 75; Dr. DON PEDRO SAINT LOPEZ, editor of the *Voz Médica* of Madrid, and Dr. LAMBERTUS THEODORUS VAN KLEEF of Maastricht, a prominent Dutch surgeon, aged 82.

## Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons reassembled on June 5th after the Whitsun Recess. The Finance Bill was read a second time that day, and on the following days the Rating and Valuation (Ascertainment) Bill was discussed. On June 5th the Rag Flock Act (1911) Amendment Bill was read a second time.

### *Silicosis and Workmen's Compensation.*

Sir W. JOYNSON-HICKS told Mr. Jenkins that no compensation was payable at present to workmen who contracted silicosis in the coal-mining industry, but he had asked the Departmental Committee on Workmen's Compensation for Silicosis to advise on the terms of a scheme under Section 47 of the Workmen's Compensation Act for the industry, and for this purpose he had appointed to the committee representatives of each side, nominated by the Mining Association and the Miners' Federation respectively.

Mr. D. GRENFELL asked when the Home Secretary expected a report from the committee. Sir W. JOYNSON-HICKS said that it was only on May 3rd that he informed the House that he had not got the names of the representatives from one of the associations. He had now got them, and had appointed them. He believed they were getting to work at once. Mr. RENNIE SMITH asked if the Home Secretary had powers to give compensation for silicosis in the interim. Sir W. JOYNSON-HICKS said that he had no such powers. Mr. KELLY asked if the terms of reference to the committee dealt with districts other than South Wales. Sir W. JOYNSON-HICKS: Yes, certainly.

Commodore KING informed Mr. Jenkins that the inquiries which had been made as to the occurrence of silicosis among miners working in hard rock in coal mines had included analyses and other tests of the rock dust.



**Manufacture of Cocaine in England.**—On June 5th Sir P. CUNLIFFE-LISTER told Mr. Fenby that the manufacture of cocaine and cocaine hydrochloride in substantial quantities had been carried on in this country for some time under the authority of the Home Office. He understood that these materials would shortly be available for disposal, and the conditions for exemption from duty were, therefore, not satisfied.

**Adulteration of Milk.**—On June 5th Sir KINGSLEY WOOD, in reply to Sir Walter de Frece, said that official statistics indicated a progressive decrease in the adulteration of milk, the percentage of samples reported by public analysts as adulterated or below the presumptive standards being 6.9 in 1927, as compared with 7.4 in 1926, and 9.3 in 1920. There was no specific requirement as to the number of samples to be taken annually by a local authority, but it was the practice of the Ministry of Health to communicate from time to time with those authorities which did not seem to be taking a sufficient number to provide a proper check on adulteration.

**Manufacture of Sheep Dip.**—Sir W. JOYNSON-HICKS, on June 5th, informed Mr. W. Thorne that he was advised that the processes of the manufacture of sheep dip were liable to give rise to diseases of the skin but the number of such cases reported in the last few years had been quite small. The Factory Department had not been able to trace any recent cases of a serious character at the Barking Creek factory, and it was presumed that cases to which Mr. Thorne referred in his question had occurred some years ago. The main precautions to be taken were the provision of adequate exhaust ventilation and suitable washing facilities, but these could be already secured in all cases where arsenic was used under the existing provisions of the Factory Act, and he was advised that no additional regulations were necessary.

#### Notes in Brief.

Officers of the Ministry of Health are in consultation with local authorities about the improvement of the administration in the casual wards at Thame.

Statistics showing the total sum paid in rates during the last two years by hospitals in England and Wales are not available.

## Medical News.

THE new surgical block of the City of London Hospital for Diseases of the Heart and Lungs, Victoria Park, E., will be opened by H.R.H. the Duke of Connaught on Tuesday, June 12th, at 3 o'clock. The guests will be received afterwards in the grounds by the Lady Mayoress.

As previously announced, the opening ceremony of the Samuel Augustine Courtauld Institute of Biochemistry, Middlesex Hospital, will be held at 3.30 p.m., on Thursday, June 14th; Sir Archibald Garrod will deliver an address entitled "The place of Biochemistry in Medicine." Old Middlesex students will be welcome on presentation of their cards.

The prize-giving ceremony at the London Hospital Medical College will be held in the library on Friday, June 29th, at 3 o'clock. After the prizes and certificates have been distributed by the Rt. Hon. Sir Samuel Hoare, Bt., Secretary of State and President of the Air Council, there will be tea and music in the hospital gardens.

The annual dinner of the Harveian Society of London will be held at the Connaught Rooms, Great Queen Street, on Thursday, June 14th, at 8 p.m.

The annual general meeting of the London and Counties Medical Protection Society will be held at Victory House, Leicester Square, W.C., on Wednesday, June 13th, at 4 p.m.

A MEETING of the Biochemical Society will be held at the Botamsted Experimental Station, Harpenden, to-day (Saturday, June 9th). An inspection of the experimental fields will be made in the morning and the meeting for business and communications will be held in the Sample House at 2.15 p.m. The papers will include one on the action of  $\alpha$ -radiation on vitamin D in irradiated ergosterol, by R. R. Morrison, P. R. Peacock, and S. Wright.

An exhibition of old sporting pictures is being held this month in aid of the Royal Free Hospital at Messrs. Knoedler's galleries, 15, Old Bond Street.

The second international conference on light and heat in medicine, surgery, and public health will be held in London from October 29th to November 1st, 1928, at the University of London, South Kensington, S.W.1. It is hoped to arrange visits to representative clinics, and an exhibition of apparatus and accessories for ultra-violet light, radiant heat, and allied forms of therapy will be held in the Great Hall of the University. The conference and exhibition are being organized by the *British Journal of Actinotherapy* (17, Featherstone Buildings, London, W.C.1), who will send details to any medical practitioner on request.

The Fellowship of Medicine and Post-Graduate Medical Association announces that on Monday, June 11th, at 10 a.m., Mr. Lane-Roberts will give a clinical demonstration in

gynaecology at the Royal Northern Hospital, and on the same day, at 3 p.m., Mr. MacCallan will demonstrate at the Royal Eye Hospital, while on Tuesday, June 12th, at 2 p.m., Dr. Anthony Feiling will give a clinical demonstration at the Hospital for Epilepsy and Paralysis, Maida Vale, W.9. Two special courses, each lasting two weeks, begin on June 18th—at the City of London Hospital for Diseases of the Heart and Lungs, Victoria Park, E., and the Chelsea Hospital for Women. There will be a general practitioner's course at the London Temperance Hospital from June 18th to June 30th from 4.30 to 6 p.m., and a course at the West End Hospital for Nervous Diseases from June 25th to July 21st, consisting of clinical demonstrations on selected cases. Information regarding the general course of instruction and copies of all syllabuses may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A NEW post-graduate course in genito-urinary diseases at St. Paul's Hospital, Endell Street, W.C.2, opened on June 7th. On June 13th Mr. R. H. Jocelyn Swan will lecture on the treatment of enlarged prostate. The lectures will be continued weekly and will terminate on July 26th, when Sir Thomas Carey Evans will discuss stone in the bladder with special reference to treatment by litholapaxy. Cystoscopic examinations are conducted daily with the exception of Tuesday and Saturday, and urethrosopic examination daily except Saturday. Operations are performed on Mondays, Wednesdays, Thursdays, and Fridays at 2 p.m. The course is free to medical practitioners and students, who can attend any branch of the work in which they are interested. Tea is served at 4 o'clock before each lecture.

A POST-GRADUATE lecture demonstration on physiotherapy will be given by Dr. M. B. Ray, honorary secretary of the British Committee on Rheumatism, of the International Society of Medical Hydrology, at the Epworth Street Medical Baths, Beverley Road, Hull, on Friday, June 15th, at 8 p.m. All medical practitioners in the district are invited.

A POST-GRADUATE course on new developments in pediatrics will be held in Paris at the Hôpital des Enfants Malades from July 26th to August 2nd inclusive. Further information may be obtained from the Secretary of the Faculty of Medicine, 149, Rue de Sèvres, Paris XV<sup>e</sup>.

A POST-GRADUATE course in the diagnosis and treatment of cancer will be held at the Cancer Institute in Paris, from July 2nd to the 13th, under the direction of Professor G. Roussy. The course will include lectures and laboratory demonstrations, and, in connexion with it, a diploma will be awarded by the Faculty of Medicine. Further information may be obtained from Mlle Hure, Salle Bécarré, 12 Rue de l'Ecole de Médecine, Paris VI.

A COMPREHENSIVE post-graduate course in oto-rhino-laryngology will be held, under the direction of Professor G. Canuyl, at Strasbourg, from July 16th to 28th. Further information may be obtained from Professor Canuyl, 1, Place de l'Hôpital, Strasbourg. From October 8th to 25th there will also be a course at Strasbourg in tuberculosis and the diseases of the respiratory passages. Further details may be obtained from Dr. Vaucher, 8, quai Finkwiller, Strasbourg.

AN international conference on the physical, biological, and therapeutical aspects of light will be held at Lausanne from September 10th to the 12th, and the following day will be spent at Leysin. The subjects to be dealt with include a lecture on the therapeutic, prophylactic, and social aspects of heliotherapy, by Dr. Rollier; heliotherapy in Belgium; radiation of food; a lecture on the sun and artificial light, by Professor Leonard Hill; and pigmentation caused by light. Dr. G. Murray Levick is the general honorary secretary in England, but inquiries should be addressed to the Secrétariat Général de la Première Conférence Internationale de la Lumière, Lausanne, Switzerland.

The president of the Royal Free Hospital, Lord Riddell, and the treasurer, Mr. Albert Levy, have undertaken to give in equal shares the sum of £100,000 necessary to secure the promised gift from Mr. George Eastman, of the Kodak Company, of £200,000 for the new dental clinic which, it is expected, will be completed within the next two years. With this provision assured for the dental clinic efforts will now be concentrated on raising the sum of £150,000 needed for other developments, such as the rebuilding of the pathological and maternity departments.

THE Scottish Board of Health has reappointed the Scottish Advisory Committee on the Welfare of the Blind for a further term of office. The medical member is Dr. George Mackay.

THE Minister of Health has forwarded to county councils and local sanitary authorities in England lists of the statutory rules and orders relating to the new amending regulations in connexion with the notification of puerperal pyrexia and ophthalmia neonatorum, which come into operation on July 1st next, from which date the procedure in regard to these notifications will be the same as that in force for the notification of cases of puerperal fever.

WHEN the original appeal for a memorial to the late Earl Haig was raised it was intended that the fund should be utilized to erect and endow Douglas Haig Memorial Homes in various parts of the country for ex-service men and their dependants. The trustees have, however, found that the demand for accommodation will prove more extensive and varied than was anticipated, and they have therefore decided to reserve the right to earmark a proportion of all future subscriptions for the provision of a fund, the interest of which will be utilized to assist ex-service men with housing accommodation other than in the Haig Memorial Homes.

DR. W. JAMES SUSMAN of Henley-on-Thames has been appointed deputy coroner for South Oxfordshire.

THE mayor of Widnes, on May 29th, unveiled a memorial erected by public subscription among the people of that town to honour the memory of the late Dr. Creighton Hutchinson, who died on that date last year after over forty years in practice in Widnes. The memorial consists of a granite pillar surmounted by a bronze bust of Dr. Hutchinson, and is situated in the Victoria Gardens. Among those present at the unveiling ceremony were his brother, Dr. John Hutchinson, his nephew, Dr. C. H. Lindsay, and many representatives of public bodies and of the medical profession. The late Dr. Creighton Hutchinson received his medical education at the University of Glasgow; he obtained the diploma L.R.C.S. Edin. in 1882, graduated M.B., C.M. Glasg. a year later, and proceeded M.D. in 1889. Practically the whole of his professional life was spent in Widnes, where he enjoyed the respect and affection of all classes. He was particularly devoted to children, and was a popular figure among them to the last. He had been a member of the British Medical Association for over forty years, and was at one time vice-chairman of the Warrington Division; he had also held office as president of the Widnes Medical Society.

THE 21st Voyage d'Études Médicales, the well-known series of medical tours to French health resorts, will take place from September 1st to September 12th this year in the Auvergne and Bourbonnais districts. The party will assemble at Pougues and will proceed thence by daily stages with visits to centres of medical interest to the dispersal point at Vichy. Membership is confined to practitioners and to students who are completing their medical studies. The inclusive cost of the tour will be 1,100 francs (about £9) from Pougues to Vichy, and cheap fares will be available between frontier stations and these points. Further information may be obtained from Madame Juppé-Blaise, Federation of the Health Resorts of France, 1, Gordon Square, W.C.1.

THE *Bulletin of the Ophthalmological Society of Egypt* for 1927 contains the proceedings of the society during its twenty-fourth year, with an index of all the preceding volumes. Several clinical articles in this issue are illustrated by coloured plates.

WE have received the first issue of *Dermatologia*, a well-illustrated Hungarian journal of cutaneous diseases published monthly at Budapest under the editorship of Dr. Jakab Justus. The original articles, of which abstracts are given in English, French, German, and Italian, are by Professor L. Nékám of Budapest, on the social work of the venerologist; Dr. L. Brocq of Paris, on the general conception of the dermatoses; and by the editor, on precancerous conditions of the skin and adjacent mucous membranes.

THE *English Review*, which has been for several years past a consistently good shilling's worth, maintains its reputation this month by publishing the full text of Sir Arthur Keith's very interesting lecture entitled "Implications of Darwinism," which he gave on May 9th to the University of Manchester, and of which garbled accounts appeared at the time in some newspapers.

IN connexion with the International Congress of Oto-rhinolaryngology, to be held at Copenhagen from July 20th to August 1st, of which details were given last week (p. 965), we are asked to state that, owing to the number of papers, each speaker will be limited to seven minutes, and to remind those attending that the subscriptions to the congress, 30 Danish kroner and 15 kroner additional for each member of a family, should be sent to the treasurer, Dr. Jorgen Møller, 13, Vestre Boulevard, Copenhagen, K.

THE first meeting of the committee appointed by the Minister of Health to consider the working of the Midwives Acts, 1902-1926, with particular reference to the training of midwives (including its relation to the education of medical students in midwifery) and the conditions under which midwives are employed, took place on June 5th, under the chairmanship of Sir Robert Bolam. It was decided that the meetings of the committee should be held in private, but that communications giving brief details of the meetings should be issued for the information of the press from time to time.

## Letters, Notes, and Answers.

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

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

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

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

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

**MEDICAL SECRETARY**, *Mediscra Westcent, London.*

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 6, Drumshugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

## QUERIES AND ANSWERS.

### MIGRAINE.

DR. E. J. DECK (London, W.) writes: In reply to the inquiry of "M.R.C.S." about migraine (June 2nd, p. 966), I suffered from intense migraine for many years, and found it due to "tea sensitization." I gave up drinking tea altogether, and have been free from migraine ever since, nearly twenty years. In the course of my practice I have discovered quite a number of patients similarly sensitive; they also have been cured by becoming "tea" total abstainers. I offer the suggestion for what it is worth.

### ULTRA-VIOLET RAYS FOR ACNE.

DR. H. HALDIN-DAVIS (London) writes in reply to Dr. Guthrie's inquiry (June 2nd, p. 966): I do not think that a case such as Dr. Guthrie indicates will benefit more from the intensified treatment with the Kromayer lamp than from a course of exposures to a mercury vapour lamp at a distance of about three feet. But the sort of acne which is most benefited by such local treatment is that in which the pustules are quite superficial. In the indurated cases additional help may be obtained from generalized irradiation of a considerable portion of the cutaneous surface with a view to raising the bactericidal power of the blood. Caution must be exercised in attempting this, as an excessive dose may cause a diminution of the bactericidal power of the blood, instead of an augmentation. Consequently only about a quarter of the whole cutaneous surface should be exposed for about half a minute at the first sitting, and the dose only increased slowly subsequently.

### MEDICAL FACILITIES ON MOHAMMEDAN PILGRIM SHIPS.

DR. R. A. D. POPE (Chester) writes: With regard to the letter of "Port Said" (May 26th, p. 930), I can only think that he has been exceedingly unlucky in his ship. During eighteen months' sea experience four years ago I saw a fair amount of the Mohammedan pilgrim trade from the East Indies and Straits to Jeddah, although it so happened that I have only actually been in charge of pilgrims westward bound. Much depends on the company and the ship's personnel, but in my experience pilgrims were always exceedingly well treated by the ship's officers. The captain and officers of my last ship were presented with an address of gratitude on our arrival at Jeddah. Sick comforts have always been available on request, so far as the chief steward's resources would allow. They included whisky, brandy, milk (tinued), various farinaceous foods, and meat extracts, if desired. Sickness and the death rate are largely dependent on the time of year and direction of pilgrimage. Westward-bound pilgrims are always healthy, as they are subjected to medical inspection on embarkation, and at the most suffer only from minor ailments. Pilgrims returning home from Mecca, on the other hand, have been weakened by weeks of religious festivals and desert travelling and starvation, and have generally been herded in pilgrim camps at Jeddah for some time before embarkation. They are usually very emaciated, and various diseases, such as dysentery and small-pox, may be incubating. Consequently their sickness and death rates on the homeward voyage are high; a fairly average death rate in such a people would lie between 10 and 20 per 1,000. With regard to this, it is interesting to note that it is the pilgrim's greatest wish to die while on his pilgrimage, if die he must, and various ship surgeons I have met consider it impossible to avoid most of these deaths on this account.