

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CONGENITAL ABSENCE OF ONE OVARY AND THE CORRESPONDING FALLOPIAN TUBE.

On November 20th, 1926 (p. 938) I published a case of complete atresia of the oesophagus. More recently the mother of this infant required operative treatment and the developmental abnormality thus revealed seems worthy of recording.

The patient, aged 23, was sent to me with pelvic trouble. In the course of a vaginal examination nothing abnormal was felt on the right side, but marked tenderness and a swelling were noticeable on the left side; after some local treatment surgical intervention appeared necessary. Dr. Arthur Woo performed the operation and I assisted him, Dr. Milward giving the anaesthetic.

On opening the abdomen we found the left tube much inflamed, but no pus could be expressed from it. While seeking for the right tube a most interesting condition was found; the fundus of the uterus was quite free on the right side and there was total absence of the tube and ovary. A long appendix reached across towards the left tube, and since it showed signs of an inflammatory condition it was removed. The patient made an uneventful recovery. There were no signs of any previous operation, and the history of the patient, whom I had known for many years, made me quite certain that this was a case of congenital absence of ovary and tube in a woman from whom I had delivered both male and female children.

The patient was born in London in 1904; she was brought to Hong-Kong when she was 7 months old, and remained here without going away until after her marriage in October, 1922. She went to England in 1923, and while there her periods ceased for four to five months; she was examined and it was found that the cause was not pregnancy. She returned to Hong-Kong in November, 1923, and became pregnant; she was delivered of a healthy female child in August, 1924. In December, 1925, she was delivered of the apparently healthy male infant who was, however, found to have no oesophagus. In May, 1926, the patient went to England, and seven months later was delivered there of a healthy female infant. She became pregnant again in September, 1927, but had a miscarriage two months later, which she attributed to hard domestic work.

She returned to Hong-Kong in January, 1928, not at all well, and was admitted to hospital in February for the abdominal operation previously described.

I consider this case most interesting, as we have such an undoubted history of a woman with one ovary bearing both male and female children. There is also the point that a woman with an abnormal condition gave birth to a child with a serious developmental deficiency.

J. HERBERT SANDERS, M.D.,
Medical Superintendent, Matilda Hospital, Hong-Kong.

AN UNUSUAL TYPE OF VICARIOUS MENSTRUATION.

Cases of vicarious menstruation are fairly common, and are met with so frequently as to occasion very little comment. The haemorrhage usually comes from the mucous membrane of the nose or nasopharynx and more rarely from the nipples. The following case appears rare enough, however, to warrant publication.

The patient, a young woman aged 26, is one of an unhealthy family, several of the members of which have died from pulmonary tuberculosis. About a year ago she developed unmistakable signs of the same disease. She refused sanatorium treatment and her condition became progressively worse. Six months ago I was sent for urgently, being told that she was coughing up considerable quantities of blood. For some weeks previous to this there had been slight haemoptysis, but only to the extent of there being occasional blood-stained sputum.

On arriving at the patient's house I was shown a vessel containing about five ounces of bright red blood, which the patient stated she had suddenly and unexpectedly coughed up. In the course of my examination she mentioned that she was menstruating, but I did not at that time associate the haemoptysis with that circumstance. I was, I remember, pleasantly surprised by the apparent success of the measures I took to stop what seemed to be a serious haemorrhage, for on the next day there was only a little blood mixed with the sputum and after two more days this had stopped. At this time there was a well-marked cavity in the upper lobe of the right lung and areas of consolidation elsewhere in both lungs. Expectoration was free and copious.

At each subsequent menstrual period there has been the same train of events. On the first day there is a severe haemoptysis

followed by two or three days of blood-stained sputum, and by the time the menstrual flow has ceased the sputum has, except on two occasions, been free from blood. I have noticed as the menstrual period approaches that the amount of sputum increases and there is, so to say, a general moistening of the lung spaces. Between the periods the cough is hard and rather dry.

Since the severe haemoptysis has occurred only at the onset of menstruation, and the last seven menstrual periods have had haemoptysis as an accompaniment, I think I am justified in labelling the condition vicarious menstruation, though of an uncommon variety.

I ought to add, perhaps, that until this state of affairs began, the girl had normal menstruation, unaccompanied by any unusual circumstances.

Portadown, Ireland.

R. S. CHAPMAN, M.B., B.Ch.

A CASE OF EAR PRESENTATION.

The following details of a case of ear presentation appear to be of sufficient interest to merit placing on record.

A 2-para, aged 27, was admitted to hospital at 6 a.m. on April 25th; labour had commenced in the early morning, and the membranes had ruptured at 4 o'clock. On admission a second vertex presentation was diagnosed. The measurements of the pelvis were: interspinous 8 in. and the intercrural $9\frac{1}{2}$ in. The external conjugate was $7\frac{1}{2}$ in. There was full dilatation of the cervix at 7.15 a.m., but no advance in labour. The patient was in good condition, the pains occurring every three minutes. On examination a foetal ear could be seen at the vulva, while on vaginal examination the head was found to be lying in the transverse diameter, the occiput to the right, and the head flexed laterally on the neck.

I tried manual rotation, at first without success, but later, under a general anaesthetic, by pushing the head up into the vagina, I managed to rotate it into an occipito-anterior presentation. Forceps were then applied, and a live child was delivered.

The child had a large caput succedaneum on the left side of the face, extending on to the ear, and there was slight facial paralysis. It weighed 5 lb. 5 oz., and had the following measurements: Suboccipito-bregmatic $3\frac{1}{2}$ in., bitemporal 3 in., suboccipito-frontal $3\frac{1}{2}$ in., biparietal $3\frac{1}{2}$ in., circumference 13 in.

The caput and the paralysis disappeared in four days. The mother had an uninterrupted puerperium, and was discharged on May 6th.

The case is of interest as a marked example of Naegeli's obliquity which had not corrected itself. It is interesting to note that in 1921 the mother was admitted as an emergency case. The condition then was a persistent occipito-posterior presentation with prolapse of the cord. In 1923 she had a normal delivery.

I am indebted to Mr. Louis Carnac Rivett for his permission to publish the case.

C. G. WALKER, M.B., Ch.B.

Queen Mary's Hospital, Stratford, E.

Reports of Societies.

THE TREATMENT OF ECLAMPSIA.

At a meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine on June 15th, with Mr. COMYNS BERKELEY in the chair, a paper by Professor W. STROGANOFF of Leningrad, an honorary member of the Society, was read in his absence by the honorary secretary, Dr. W. GILLIATT, who also anglicized what was described as the author's Anglo-Russian. During Professor Stroganoff's visit to this country in 1924 he read a paper to the Section (*British Medical Journal*, July 12th, p. 53) in which he described his method for controlling the fits in eclampsia. The cardinal principle in his treatment is that the fits can and must be controlled. All sources of irritation must be removed, an injection of morphine be given immediately, followed an hour later by chloral hydrate, and the administration of chloral hydrate repeated at intervals if delivery is delayed. The technique includes also the application of hot-water bottles, the giving of fluids to stimulate kidney action, the careful cleansing of the mouth, and the administration of oxygen for asphyxia.

The paper read to the Section on June 15th was almost entirely occupied with statistics. Professor Stroganoff

received his medical education at the University of Edinburgh, graduating M.B., Ch.B. in 1904 and proceeding M.D. in 1921. In 1908 he was admitted to the Fellowship of the Royal College of Surgeons of Edinburgh. After graduating he was for a time house-surgeon to Sir Montagu Cotterill in the Edinburgh Royal Infirmary, and was subsequently appointed to a commission in the R.A.M.C. During the war he served with various medical units in France, and after the armistice was attached to the Army of the Rhine. He was finally employed as surgical specialist to the Scottish Command, and retired from the army with the rank of major. He resided for some time in Derby, where he was obstetric physician to the Nightingale Institute, and later commenced practice in Dundee. He was a member of the British Medical Association, and the author of a number of contributions to various medical journals. He is survived by his widow and two daughters.

DR. FRANCIS W. SQUAIR of Cults, Aberdeenshire, died suddenly, on June 13th, whilst responding to the toast of his health at a dinner of the Fawcett Lodge of Freemasons at Seaham Harbour. He was educated at Aberdeen University, where he graduated M.B., Ch.B. in 1902. After practising at Seaham for a year or two he migrated to Greenock, but returned to Seaham in 1909. He held a commission as major R.A.M.C. during the war, and subsequently became attached to the R.A.F.M.S. with the rank of flight lieutenant (honorary squadron leader). He had also served as D.A.D.M.S. 51st (The Highland) Division, T.A., and as visiting medical attendant at the Greenock Infirmary and Dispensary. Dr. Squair, who was a member of the British Medical Association and a Fellow of the Royal Society of Medicine, had for some time suffered from indifferent health.

WE regret to announce the death, in his 43rd year, of Dr. ROBERT ROGER of Muswellbrook, New South Wales, which occurred in a London nursing home on June 10th, only a month after he had arrived on a visit to England. He received his medical education at the University of Sydney, graduating M.B., Ch.M. in 1909, and, after practising at Scone and Murrumbidgee, settled down in 1915 at Muswellbrook, where he shared an extensive practice with two partners. Although of a retiring disposition he was well known to members of the medical profession throughout the northern district of New South Wales, and among them he was held in high esteem. Dr. Roger was a member of the New South Wales Branch of the British Medical Association. About a fortnight after his arrival in England he contracted influenza and later pneumonia, and empyema developed. He is survived by his widow, one son, and two daughters.

The Services.

DEATHS IN THE SERVICES.

Fleet Surgeon Charles Francis Newland, R.N.(ret.), died in Ceylon on April 14th, aged 76. He was educated at St. Mary's, took the M.R.C.S. in 1875 and the L.R.C.S.Ed. in 1876, entered the navy in 1877, and attained the rank of fleet surgeon in 1897. While serving as fleet surgeon on H.M.S. *Theseus* he took part in the punitive naval expedition to Benin, commanded by Rear-Admiral Rawson, C.B., in 1897, was present at the capture of Benin city on February 18th, 1897, and received the general African medal, with a clasp for Benin.

Colonel Henry Herrick, C.M.G., D.S.O., R.A.M.C.(ret.), died at Chisledon Camp, Wilts, on May 10th, aged 56. He was born on January 12th, 1872, the son of the late Rev. George Herrick of county Cork, was educated in the School of the Royal College of Surgeons, Ireland, and took the L.R.C.P. and S.I. in 1896. Entering the army as lieutenant on July 27th, 1898, he became colonel on June 3rd, 1923, and retired on June 3rd, 1927. He served in the South African war in 1901-2, receiving the Queen's medal, and in the war of 1914-18, when he was thrice mentioned in dispatches—in the *London Gazette* of June 22nd, 1915, May 29th, 1917, and December 30th, 1918, and received the D.S.O. in 1917 and the C.M.G. in 1919.

Lieut.-Colonel Edmund Ernest Parkes, R.A.M.C., died recently after an operation in the Station Hospital at Jubbulpore.

Central Provinces, India, aged 52. He was born on October 28th, 1875, and was educated at Trinity College, Dublin, where he graduated as B.A., M.B., B.Ch., and B.A.O. in 1899. Entering the army as lieutenant on January 29th, 1901, he became brevet lieutenant-colonel on January 25th, 1923, and got that rank substantively on March 31st, 1925. He served in the South African war in 1901-2, taking part in the operations in the Transvaal, Orange River Colony, and Cape Colony, and received the Queen's medal with five clasps, and also in the recent great war. At the time of his death he was in command of the Jubbulpore Station Hospital, in which he died.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ORDINARY Council meeting was held on June 14th, when the President, Sir Berkeley Moynihan, Bt., was in the chair.

Fellowship.

It was reported that 115 candidates had presented themselves for the Fellowship examination, of whom 34 (including two women) were successful. The diploma of Fellowship was conferred upon the following candidates:

A. J. W. Ahern, F. G. Allan, J. C. Anderson, L. H. Ball, J. Brumwell, J. Carver, A. M. Chaudhuri, F. M. Collins, J. Elgood, D. M. B. Evans, C. W. Flemming, W. R. Forster, A. C. Gairdner, J. Gray, W. A. Gray, P. Hack, A. F. Hobbs, A. Hobson, E. Holmes, G. H. Howell, H. Jackson, J. A. James, T. G. I. James, L. C. Lancaster, L. E. Le Souef, A. C. MacLeod, Gladys H. Marchant, M. G. Nimatallah, D. W. C. Northfield, Constance M. Ottley, S. M. Power, B. G. Scholefield, J. H. Thompson, J. H. M. Walker.

The diploma of Fellowship was also conferred upon the following candidates, who had previously passed the examination and had now attained the required age of 25 years: J. Gore, R. L. Holt, F. T. Ridley.

Membership.

The diploma of M.R.C.S. was conferred upon the following candidates, who had passed the requisite examinations and complied with the by-laws:

D. W. Currie, Yetta Gimpelson, B. Natarajan, Margaret E. Peaker, Edith J. L. Smith, G. N. Unnithan, Elsie E. Wright.

Examiners.

The following examiners were appointed for the ensuing year:

Dental Surgery (Surgical Section): L. B. Rawling, H. S. Clogg, T. P. Legg, R. J. Howard, G. E. O. Williams, C. H. S. Frankau, J. Murray, E. R. Carling. *Anatomy and Physiology for the Fellowship:* Anatomy, F. G. Parsons, W. E. Le Gros Clark, C. P. G. Wakeley, P. N. B. Odgers; Physiology, J. B. Leathes, H. E. Roaf, C. A. L. Evans, R. J. S. McDowall.

Under the Conjoint Examining Board:

Elementary Biology: T. W. Shore, J. P. Hill. *Anatomy:* J. B. Hume, W. Wright, R. B. Green. *Physiology:* G. A. Buckmaster, E. B. Verney. *Midwifery:* D. W. Roy, H. R. Whitehouse, C. White, T. B. Davies. *Diploma in Public Health:* Part I, R. T. Hewlett; Part II, C. W. Hutt. *Diploma in Tropical Medicine and Hygiene:* Pathology and Tropical Hygiene, W. P. MacArthur; Tropical Medicine and Surgery, P. H. Manson-Bahr. *Diploma in Ophthalmic Medicine and Surgery:* Part I, C. B. Goulden, H. W. Lyle; Part II, R. A. Greeves. *Diploma in Psychological Medicine:* F. L. Golla. *Diploma in Laryngology and Otology:* Part I, W. M. Mollison, N. Patterson; Part II, S. K. Scott.

Mr. E. B. Dowsett and Mr. A. T. Pitts were re-elected members of the Dental Section of the Board of Examiners in Dental Surgery.

Primary Fellowship.

At the recent primary examination for the Fellowship 160 candidates presented themselves, of whom 50 were approved and 110 rejected. The following were the successful candidates:

R. L. Almond, M. I. Ashmawi, M. Backwell, J. S. Batchelor, W. D. Bedford, H. S. Billeliff, J. D. H. Bird, D. A. S. Blair, H. A. Brittain, R. C. Brock, T. E. Cawthorne, H. L. Cleave, J. H. Cramsie, J. Dawson, D. N. Eppstein, R. H. Fish, R. L. Flett, J. F. E. Gillam, A. G. Harrison, E. S. Harverson, H. P. Himsforth, M. B. Lavery, E. S. Lee, R. O. Lee, W. Leslie, A. C. Lyvagh, R. G. Malinphant, A. J. Mason, M. V. Modi, H. S. Morton, A. R. Mowlem, J. H. Mulligan, G. H. News, C. W. Olsen, M. D. Patel, J. B. Pennybacker, P. N. Ray, J. G. Reid, A. H. Richardson, N. H. L. Ridley, M. C. Rous, A. Simpson-Smith, G. J. Sophian, V. Srinivasan, F. S. Tait, H. S. Thomas, T. F. Todd, C. K. Vartan, A. L. Webb, T. H. Wilson.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE following have, after examination, been admitted as Fellows of Faculty: J. Craw, S. B. Trivedi, A. M. Young.

LONDON INTER-COLLEGIATE SCHOLARSHIPS BOARD.

THE following awards of entrance scholarships and exhibitions have been made: *University College*—Medical Scholarship, £30 a year for three years, to C. Quist. *King's College*—Warneford Medical Scholarship, £30 a year each for four years, to J. F. Jarvis and J. C. Winteler; *Sambrooke Scholarship* in Medical Science, £30 a year for three years, to G. B. Davis. *King's College Hospital Medical School*; Scholarship in Science (£50) to H. Kirman.

prepared at present to express any opinion on the effect of the new system of medical inspection on the movement from this country. From the latest information in the press he gathered that it was proposed materially to modify the new system. From January 1st to April 30th the Canadian Government doctors rejected 1,740 persons in the United Kingdom as unfit for emigration to Canada.

Noise of Motor Vehicles and Nervous Complaints.—On June 6th Sir KINGSLEY WOOD told Sir Robert Thomas that the Minister of Health had no particulars of the number of patients who underwent treatment for nervous complaints in London hospitals each year from 1920 to 1927, nor in the first quarter of 1928. Sir Robert Thomas asked whether those responsible for hospitals and nursing homes in London did not think the trouble was due to the noise caused by the absence of silencers on motor cars and motor cycles. The SPEAKER, intervening, said Sir Robert was putting his own views. In a reply, on June 7th, to Sir Robert Thomas, Captain MARGESSON, answering for the Home Office, said that during the last six months of 1927 there were 6,622 prosecutions of motorists in the Metropolitan police district for excessive noise, and from January 1st to April 30th, 1928, 4,150.

Notes in Brief.

A scheme for provision of separation wards in Lambeth Hospital is being considered by the guardians.

The calves at Hendon are killed on the same day on which the lymph is collected. The carcass and internal organs are fully examined by a veterinary surgeon for any morbid condition, including tuberculosis.

The report on post-operative tetanus submitted to the Scottish Office is still under consideration, and, on June 15th, the Secretary for Scotland could make no statement on it.

The provisional number of notifications of small-pox in England and Wales in the thirteen weeks ended June 2nd, 1928, is 4,239.

Commander Kenworthy presented in the House of Commons, on June 6th, a petition signed by 26,031 persons, asking for the prohibition by law of experiments on living animals.

There were 240,392 persons in receipt of relief in Scotland on January 15th, 1928. The number of lunatic poor has not varied much from May 15th, 1927, when it was 18,322.

Under the Refractories Industries (Silicosis) scheme seven committees had been set up to decide compensation to workers incapacitated by silicosis.

Sir Kingsley Wood states that it is not possible to make a reliable estimate of the present shortage of houses in England and Wales.

The number of deaths classed as due to childbirth in the boroughs of Kensington and Southwark in 1927 were respectively 2.26 and 2.57 per 1,000 live births.

Medical News.

HIS MAJESTY THE KING will open the New University College Buildings at Nottingham, erected by Sir Jesse Boot, Bt., on the afternoon of Tuesday, July 10th.

THE annual general meeting of the Royal Society of Medicine will be held at 1, Wimpole Street, on Tuesday, July 3rd, at 4 o'clock, when the officers and council for the session 1928-29 will be elected, and the report of council will be presented.

THE prizes and certificates of the London (Royal Free Hospital) School of Medicine for Women will be presented by Dr. Arthur G. Phear, C.B., on Thursday, June 28th, at 4 p.m.; the chair will be taken by Lady Barrett, C.B.E. After the distribution of prizes the memorial porch in the north-east of the quadrangle will be unveiled by the Right Hon. Sir Francis Acland, Bt.

THE Fellowship of Medicine and Post-Graduate Association announces that a clinical demonstration will be given on Tuesday, June 26th, at 2.30 p.m., by Mr. Rocyn-Jones, in the out-patient department of the Royal National Orthopaedic Hospital, and on Wednesday, June 27th, at 3 p.m., Mr. Bickerton will give a clinical ophthalmic demonstration at the Royal Eye Hospital. From June 25th to July 21st there will be a course of lecture demonstrations on the diagnosis and treatment of common diseases of the nervous system at the West End Hospital for Nervous Diseases. Special courses will take place during July and August as follows: medicine, surgery, and special departments, Prince of Wales's Hospital, July 9th to 21st; proctology, St. Mark's Hospital, July 9th to 14th; medicine, surgery, and special departments, Queen Mary's Hospital, August 27th to September 8th; diseases of the chest, Brompton Hospital, July 30th to August 4th; diseases of infants, Infants Hospital, August 13th to 25th; urology, All Saints' Hospital, August 7th to September 1st. Full particulars and information on the general course may be obtained from the secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

THE treasurer of King Edward's Hospital Fund for London has received a gift of £10,000 from an anonymous donor.

THE Minister of Health has appointed Lord Blanesburgh to be chairman of the Advisory Committee on the Welfare of the Blind in succession to the late Mr. G. H. Roberts.

THE Minister of Health has appointed Mrs. Barton, J.P., as an additional member of the Departmental Committee which, as recorded on June 9th (p. 1006), he set up shortly before Whitsun to consider the working of the Midwives Acts and conditions of employment of midwives.

DR. FRANK GOWER GARDNER has been elected county director of the British Red Cross Society for Oxfordshire, vice Colonel Stanier Waller, resigned.

THE following have been elected Fellows of the Royal Sanitary Institute: Dr. Cyril Banks (Halifax), Dr. Henry Joseph Milligan (Reading), and Dr. Andrew James Shinnie (London).

At the Commemoration Day ceremony at Livingstone College, Leyton, on June 15th, the chair was taken by Dr. G. Carmichael Low, senior physician, Hospital for Tropical Diseases and Seamen's Hospital, who gave a brief address on the development of tropical medicine. Dr. Low described the progress made in the treatment of such diseases as malaria, yellow fever, kala-azar, and plague, and emphasized the value of some training in tropical medicine for all who went abroad. Many of the students of the college, he said, were treating yaws, sleeping sickness, and leprosy under the direction of the Government medical services in Africa and in other lands. The Southern Rhodesian Government were now making money grants to those who had had the full training at Livingstone College, to help them with their dressings and medicines. Mr. S. Peake, a missionary who has been working in South India for the past twenty-nine years, referred to the value of teaching missionaries to care for their own health and that of their colleagues when far from qualified medical aid. Dealing with work among others he said he had treated nearly 100,000 people at his dispensary. The principal of the college stated that 1,020 students had passed through it for training, and asked for the support of missionary societies by sending their candidates for training. The college requires the sum of £400 to enable it to close the financial year without a deficit.

MESSRS. H. K. LEWIS, the well-known medical publishers and booksellers of Gower Street, have issued a small pamphlet giving details of the service which they have built up as a result of eighty-four years' specialized experience. Their publications have included the works of such men as Jenner, Lister, and Osler, and to-day cover a very wide field, while the bookselling department maintains a stock comprising every important new English book on medicine or surgery, besides many other scientific and technical works, and its resources include arrangements for obtaining foreign publications. Lewis's circulating library offers facilities for the most persistent borrower, and is provided with a reading and writing room, where books may be inspected and works of reference consulted.

TWO further pamphlets, forming parts of the *Encyclopaedia of Industrial Health*, which is being issued serially by the International Labour Office, and will ultimately appear also in volume form, have been published. One of these (comprising Brochures Nos. 95 to 100) deals with electricity as a cause of industrial hazards; flax and linen industry; phosphoretted hydrogen; goggles; hemp manufacture; odours. The other (Brochures Nos. 101 to 108) relates to arsenobenzol; artificial flowers and artists; liftmen; the stone industry; sulphate of soda; sulphuretted hydrogen; nitrogen; aminophenols; anisidines; anthraquinone; anti-moniuretted hydrogen, and apotropine.

DR. EMIL ABDERHALDEN, professor of physiology at Halle University, has been nominated an honorary member of the Chinese Physiological Society at Peking; Dr. Paul Schuster, professor of neurology at Berlin University, has been nominated an honorary member of the Società Italiana Oto-neuro-Oftalmologica; and Dr. Karl Scheele, professor of surgery at Frankfurt, has been nominated corresponding member of the Società Italiana di Urologia.

THE following appointments have recently been made in foreign faculties of medicine: Professor Giuseppe Caronia, director of the pediatric clinic at Rome, has been transferred to the chair of infectious diseases of children at Naples; Professor Luigi Spolverini has been appointed director of the pediatric clinic at Rome; Professor Rocco Jemma has been nominated director of the faculty of medicine at Naples; Professor Noyons of Louvain has succeeded Professor Zwaardemaker in the chair of physiology at Utrecht; Dr. Erich Freiherr von Redwitz has been appointed professor of surgery at Bonn, and Professor R. L. Porter dean of the

faculty of medicine at San Francisco; Professor von Economo of Vienna, professor of neurology at Zürich; Professor von Haberer of Graz, professor of surgery at Düsseldorf; Professor von Gaza of Göttingen, professor of surgery at Rostock; Dr. Angiola Borriero, professor of clinical pediatrics at Sassari, Sardinia; and Dr. Karl Lindner, professor of ophthalmology at Vienna in succession to Professor Dimmer.

THE report of the Huntingdon Memorial Hospital for Cancer Research and the associated laboratories, controlled by the Cancer Commission of Harvard University, for 1926-27 contains an interesting account of the increase in facilities for the diagnosis and treatment of cancer in the State of Massachusetts. Reference is made to the opening of several new voluntary hospitals and clinics dealing with this disease, and to the establishment by the Department of Public Health of six cancer clinics and a State cancer hospital. The publicity secured by these developments has led more people to seek advice for incipient or suspected cancer. In the year 1926-27, in spite of the creation of so many new institutions, the number of cases dealt with at the Huntingdon Hospital showed a considerable increase. There is, in connexion with the laboratories, a free diagnosis service for pathological material supported by the Massachusetts Public Health Department and available for every registered medical practitioner in the State.

AN Ordinance to make provision for the medical inspection of school children in Trinidad and Tobago has received the Governor's consent. Under this Ordinance the Governor is empowered to appoint members of the Medical Board of Trinidad, and such officers as he may consider necessary for the purposes of the Ordinance, to be school medical officers. A school medical officer has the right to enter and inspect, with or without notice, any school during school hours, and must report on his inspection to the Surgeon-General. He may arrange for the medical inspection of all pupils attending any school. The Governor in Council may make regulations prescribing the nature of the medical inspection of pupils attending school, and the forms and records to be used in relation to such medical inspection.

THE jubilee of the Queen Elisabeth Sanatorium, Budakeszi, which was the first tuberculosis sanatorium in Hungary, is being celebrated by the laying of a commemoration stone and the unveiling of a statue of the founder, the late Professor Baron Frederick von Korányi, who was also the founder of the Budapest society now responsible for the institution—an organization devoted to the provision of sanatorium facilities for persons of limited means.

THE area of Hungary was reduced by the war from 125,402 square miles to 35,870. Its present-day population is 7,980,143. Prior to the war Hungary was a constitutional and hereditary monarchy. In 1918 King Charles abdicated, and a republic was declared. After a brief experience of Soviet misrule the national government was restored, and Hungary is now a monarchy with a vacant throne under a regent. The local administrative areas are counties and boroughs, the former subdivided. The Minister of Labour and Social Welfare, who is responsible for health administration, is advised by the National Public Health Council, whose members are selected from distinguished workers in the medical profession. The State Health Institute attached to the Ministry supplies a laboratory service. There had been countings of the people since 1494, but the first modern census of Hungary was in 1869; since then the census has been taken at approximately decennial intervals. Registration began in 1784, when the clergy were required to keep the registers. In 1894 it was placed on a civil basis. Births must be declared within seven days and deaths within two, the former by the father or his substitute, the latter by the nearest relative, the doctor in attendance, or the head of the household. The birth rate in 1925 was 28.3 and the death rate 17.1. There are several statistical publications, printed in Magyar, German, and French. The usual infectious diseases are notifiable, together with plague, yellow fever, pellagra, ankylostomiasis, and rabies. Medical practitioners are primarily responsible for notification. Outbreaks of infectious disease must be reported by local authorities to the Ministry of Labour and Social Welfare within twenty-four hours of their occurrence. Vaccination and revaccination under 12 years of age are compulsory. Tuberculosis is the subject of a special campaign. The tuberculosis death rate in 1925 was 2.4 per 1,000. Nearly 90 per cent. of the people of Hungary are now ethnically Hungarian, and the Hungarian language predominates.

SIR ROBERT PHILIP, President of the British Medical Association, has been awarded the Trudeau Medal, which is given annually to the individual who has made the most meritorious contribution to the knowledge of the cause, prevention, and treatment of tuberculosis.

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.

STATUS EPILEPTICUS.

"H. C. B." asks for suggestions as to the treatment of this condition in a child 9 years old, subject to fits from infancy. The attacks are extremely severe, the violent (convulsive) stage lasting usually over two hours, and forty-eight hours of complete exhaustion supervening. They are preceded by a series of ordinary major fits, a few hours between each. Of late the child has had an attack about every fortnight. Bromides, chloral, and paraldehyde per rectum, even in large doses, do not have any effect. Neither chloroform nor morphine has been employed, and information as to the advantages and dangers of these would be much appreciated, and also as to any electrical or mechanical treatment. Whatever its cause, there is obviously in status epilepticus a tumultuous and uncontrolled discharge of nervous impulses. It does not seem unreasonable to think of tapping and short-circuiting these by means of some appliance to the head and spine, or of influencing them by the passage through the body of an electric current.

TREATMENT OF CHRONIC NASOPHARYNGEAL CATARRH.

DR. J. VAN MILLINGEN (Harlesden) writes: I would advise "C. C." (May 26th, p. 930) to give up douches and sprays for this complaint. Douching certainly removes the catarrh, but does nothing more in bad cases. One might as well try to clean out a house by pouring a bucket of water through the front door and out at the back. Sprays have the same disadvantage, as they do not reach the various chambers and passages of the nasopharynx. He will find insufflation by far the most effective method; it has given me most satisfactory results during the last five years of my practice. I have practised it in about eighty cases, some of which have been exceedingly chronic. Among these were three of atrophic rhinitis, which so far improved as to be free from two most objectionable features of this disease—namely, ozaena and a constant desire to free the nose from the obstruction; two true hay fever cases, in which no attacks occurred during the period of treatment, and one patient who had had seventeen seasonal attacks, completely escaping during the period of treatment; and three patients with catarrhal deafness, one of whom recovered completely in a fortnight and the other two so improved, after life-long deafness, as to be very gratified with the result. It is immaterial what powder is used, but it is important that one should cease using any particular powder as soon as unpleasant symptoms supervene and then choose another powder having a totally different action. Treatment should be from one to three months; most of my cases showed improvement in two or three weeks. The powders recommended are iodol, orthoform, and 10 per cent. eufflavine in casein alb. (soluble). Insufflation renders it possible to detect cases of deeper significance than nasal catarrh, for those which are not cleared up by this method should be sent to a specialist for further investigation and treatment.

MIGRAINE.

"M. D." writes to say that "M.R.C.S.," whose query appeared on June 2nd, will find in the *British Medical Journal* of April 9th, 1927 (p. 700), a note on the treatment of migraine.