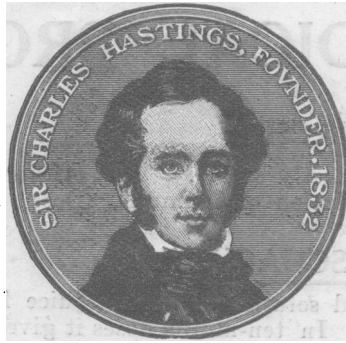


The
British Medical Journal
THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3551.

SATURDAY, JANUARY 26, 1929.

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[REGISTERED AS A NEWSPAPER]

(c) complete lack of resistance to infection, to the extent of failure to produce symptoms; and (d) the presence of a large thymus gland. The sequence of cause and effect may have been as follows. An innate weakness was present of endocrine outfit in particular, probably of thyroid, pituitary, and adrenals, indicated by the response to insulin, which we believe exerts its beneficial effect indirectly through stimulation of pituitary and thyroid; and possibly also by the presence of a large thymus. On account of this deficiency metabolism was faulty and gain in weight was unsatisfactory. Stimulation of the so-called "katabolic" glands by insulin brought about increased metabolic activity with consequent gain in weight. A pneumococcal infection occurred, and the endocrines, probably innately deficient, or perhaps weakened by stimulation, failed along with the autonomic nervous system to respond with defensive activity and consequent production of symptoms, and death occurred. This explanation is in line with that suggested by Ramsay in his interesting paper on "The resistance factor in disease" in the *Journal* of April 14th, 1928 (p. 628).

If this interpretation be approximately true, then it seems possible that another class of case may be rescued from that limbo of infantile diagnosis termed variously "marasmus," "wasting," "debility," and "athrepsia"; and, if this be a correct conception of the pathology of these cases, therapeutics based on it should hold out hopes of their more successful treatment. The rational procedure would appear to be to supplement the deficient glands by giving reliable glandular extracts, and concurrently, or probably later, to stimulate them by some such method as insulin injections.

Summary.

A case of sudden death in an infant of 4 months, from pneumonia which produced no symptoms, is reported. It is suggested that these cases are commoner than is supposed, and also that the underlying pathology is concerned with an innately deficient endocrine system. Treatment based on the latter supposition is proposed.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SPREADING SUBCUTANEOUS EMPHYSEMA AFTER FRACTURE OF RIB.

THE following case is of special interest since it illustrates an effective treatment of spreading subcutaneous emphysema following the fracture of a rib; two instances of this condition were recently published in the *British Medical Journal* by Mr. J. A. C. Macewen (November 17th, 1928, p. 892). The patient in the present case left the wards of the Albert Dock Hospital towards the end of December.

A dock labourer, aged 54, was admitted on October 5th, 1928, after having fallen 15 feet into the hold of a ship, together with a heavy wooden hatch, which fell across his chest. There was fracture of the seventh left rib in the posterior axillary line, with a small patch of emphysema over the site of fracture. On the succeeding days the emphysema spread rapidly as follows: October 5th: A circular patch about 6 inches in diameter. October 6th: Left scapular and both pectoral regions. October 8th: Left axilla and upper arm, left supraclavicular fossa. October 9th, 10 a.m.: Chest wall emphysematous throughout, with spread to the left side of the abdominal wall, the left arm down to the wrist, and the right arm down to the elbow. 6 p.m.: Emphysema covered both arms to the wrists, the entire surface of the body, and both legs to the knees. There was a sudden spread to the neck and face, up to the supraorbital ridges; the whole face was now uniformly spherical with the eyelids ballooned and standing out from the general level, giving an appearance not unlike that of two golf-balls on the surface of a football. 7 p.m.: "Eggshell" crackling could be felt in the finger-tips and nail beds, and respiration was becoming so seriously embarrassed that tracheotomy was contemplated. Acting on a suggestion by Mr. T. Pomfret Kilner, surgeon to the hospital, pleural puncture by a medium-sized trocar and cannula was performed on the affected side, permitting free ingress and egress of air, with partial collapse of the lung.

The theory advanced for this treatment was that the continuous increase of emphysema was due to escape of air by way of the pleural cavity into the subcutaneous tissues under pressure; if, then air were allowed to pass freely out of the pleural space this pressure would cease to operate.

There was no further spread of the emphysema, and after twelve hours the cannula was removed, respiration being less

embarrassed. Recovery was uneventful, the emphysema passing off in the reverse order of its appearance; on October 25th there was none present.

It would appear from this experience that so simple an expedient as pleural puncture at an opportune moment would avert the necessity for the accepted treatment by multiple incisions in situations where the subcutaneous tissues are distended.

Albert Dock Hospital,
London, E.

ROBERT V. GOODLIFFE, M.R.C.S.,
L.R.C.P.

AN UNUSUAL CASE OF HYPERKERATOSIS BLENNORRHAGICA.

CERTAIN uncommon characteristics would seem to render this case of hyperkeratosis blennorrhagica worthy of record.

A patient contracted gonorrhoea in August, 1924; he was ill for seven days, and had no complications. He was reinfectd in December, 1927; there were no complications, and he was discharged cured after forty days' treatment. He was readmitted to the Royal Naval Hospital, Haslar, with gonorrhoea on March 1st, 1928; there were no complications, and he was discharged cured on April 9th.

The patient was readmitted to the Royal Naval Hospital, Haslar, on August 24th with well-marked hyperkeratosis blennorrhagica of both feet only. He stated that two months prior to admission to hospital he noticed dried skin appearing in different places, first on the right heel, secondly on the left heel, then spreading over the soles and toes, and becoming gradually more painful on pressure, especially while standing on guard. He finally was put on light duty on account of inability to perform his work.

It is stated by most authorities that the following three symptoms constitute the syndrome: gonorrhoeal urethritis, gonococcal arthritis, and hyperkeratosis. The point of interest is that the above patient has never had any form of joint trouble whatsoever since his first infection with the gonococcus in 1924, and no joint trouble has been present up to the time of his discharge "cured" from hospital on September 26th. Secondly, the patient had not noticed any urethral discharge prior to readmission to hospital on August 24th, and none has been present since.

Examination of a urethral smear after prostatic massage on August 27th, 1928, revealed a few Gram-positive organisms, together with an occasional pus and epithelial cell. Urine cultures on August 28th and September 11th were sterile, and a urethral smear on September 10th was negative. A urethroscopic examination was negative, and the prostate was normal. The patient was a fit, healthy man in every other respect.

We have had four cases of hyperkeratosis in this hospital during the last two years; three patients had urethritis, and arthritis in conjunction.

In the present case hyperkeratosis was the only symptom, and probably the infection of March, 1928, could be held responsible for this. The point of interest is that if such a disease as gonorrhoeal iritis can occur ten years or more after initial infection, and appear as the only metastatic exhibition, is it not possible that hyperkeratosis may appear as the sole manifestation also?

The treatment applied was purely local—namely, alkaline foot baths and nikalgin ointment.

T. R. LLOYD JONES,
Royal Naval Hospital, Haslar. Surgeon Commander, R.N.

INJECTION TREATMENT OF VARICOSE VEINS.

I RECENTLY had a difficult case of varicose veins to deal with, and the satisfactory sequel to a change of procedure may justify its publication.

The internal saphenous was very bad, with nine large nodules from the internal condyle upwards, the lower leg being like a fisherman's net with veins of varying sizes. I began with a 0.5 c.cm. dose quinine urethane, and for the space of five weeks increased the dose until I gave three 1 c.cm. injections at the one sitting. The first injections were given at the upper end of the vein, and the later ones at the lower; all were given slowly and cautiously, and none had any effect. I decided, therefore, to adopt different tactics.

I thoroughly prepared the nodule at the internal condyle, emptied it, and kept it empty by digital pressure. I then partially dilated it by injecting forcibly 2.5 c.cm. of quinine urethane. This was kept in the nodule for thirty seconds and then the leg was lowered for thirty seconds, the patient standing on it; after this the leg was elevated for one minute, and then the patient was instructed to walk about. The result was sclerosis of the mesh-work on the leg and of the nodule with two inches of the vein above it and of one other nodule. A week later I gave a similar injection half-way up the thigh, and after another week had elapsed found no further injection necessary.

The reasons for bringing this case to notice are the large single dose employed; the forceful injection; and finally, the injection in the middle of the vein, which ensured that either centrifugal or centripetal flow would be of equal advantage.

Benbecula, South Uist.

S. BARTLETT.

LARGE URETHRAL CALCULUS.

THE following case is of so unusual a nature that it is deemed worthy of being placed on record.

A joiner, aged 54, was admitted to the Royal Infirmary, Glasgow, in June, 1928, complaining of the presence of a hard mass in the scrotum, and inability to pass urine per urethram. He stated that he first had difficulty in passing urine five years previously, and that he then had frequency also, necessitating his getting up during the night to pass water. Then a painful swelling developed at the base of the penis, which ultimately discharged urine. Many similar swellings developed subsequently. He denied gonorrhoea, and the Wassermann reaction was negative.

On examination eleven sinuses were found on the scrotum, two of which were discharging pus, and one urine. Condylomatous-like masses were present around the anus, one of which was discharging pus. Lying under the scrotum, in the middle line, a large, hard, irregular mass was felt, fixed to the deeper tissues of the perineum, but not to the pelvis. The inguinal glands were palpable on both sides. The patient had a right inguinal hernia. The urethra was found to be quite impermeable beyond the penile portion. A vertical incision was therefore made in the middle line of the scrotum down on to the hard mass, which was found to consist of a stone, chiefly phosphatic, occupying the dilated urethra, immediately proximal to the complete obliteration met by bougies when examining. The stone weighed 45 grams, and measured 5.25 by 3.5 cm. Beyond the stone the urethra was fully permeable up to the bladder.

Cultures taken from the pus yielded coliform organisms, Gram-positive cocci, and diphtheroid bacilli, but no gonococci.

The patient made an uneventful and satisfactory recovery.

J. MACEWEN,

Surgeon, Royal Infirmary, Glasgow.

ERYTHEMA NODOSUM.

It may be of interest, following the review of the monograph by Dr. Odery Symes in the *British Medical Journal* of December 29th, 1928 (p. 1180), to report three cases of erythema nodosum which have occurred at this institution during the last two months. It would lead one to suspect that there may be an infective element present in the production of the disease. The two cases of definite erythema nodosum appeared in a class of eighteen patients who were kept apart from the other 1,200 cases in the institution. One nurse, who is in attendance on this special class, has also been under treatment during the last two months for the disease.

The first patient, an idiot girl, aged 13, had an attack of erythema nodosum in May, 1927, which lasted six weeks; node-like swellings were present on both legs. The lesions started on the left leg and later attacked the right one; finally the thighs, buttocks, and arms were affected. The girl has just recovered from another attack which started on November 3rd, 1928; one large patch about the size of a pigeon's egg was present on the extensor aspect of the left leg. The attack was milder and of shorter duration than the former one.

An imbecile boy, aged 11, who had signs suggesting tuberculosis of the lungs, complained of pains in his legs, and was sent to bed on December 18th, 1928, suffering from erythema nodosum. The lesions were first observed in the right leg, and the nodal swellings appeared later on the left one; no indurated areas were visible on the arms or scapular regions.

A nurse, aged 20, complained of pain and aching in the legs, arms, and back on December 18th, 1928; she also had malaise, and there was a tendency to constipation. The indurated patches were first seen on the thighs and buttocks as reddish spots; they later spread to her legs and arms. The attack was acute but of short duration, and she was able to get up on December 25th.

ROBERT MUNRO, M.B., Ch.B.,

Assistant Medical Superintendent, Royal Eastern Counties Institution, Colchester.

Reports of Societies.

POST-OPERATIVE THROMBOSIS.

ON January 18th, with Dr. J. S. FAIRBAIRN in the chair, the Sections of Pathology, Surgery, and Obstetrics of the Royal Society of Medicine combined for a discussion on "Post-operative thrombosis."

Dr. W. HOWEL EVANS discussed the changes in the blood after operation, and in other conditions associated with thrombosis and embolism, in particular parturition, fractures of bones, and acute generalized infections such as pneumonia. Such changes in the blood were only one aspect of a many-sided problem. He devoted himself principally to the question of blood platelets, and gave a series of fifty cases of surgical operations, minor and major, in most of which the platelet count before operation was within normal limits, and, following operation,

rose to a maximum by the tenth day, returning to normal within another ten days. The rise began to be marked after an interval of four to six days. The average increase for the whole series was 60 per cent., but while a number—chiefly the trivial cases—showed little or no rise, the major cases showed sometimes a rise of 100 to 150 per cent. A similar sequence was observed after parturition, but in five cases in which Caesarean section was done the platelets began to rise more quickly, and showed an average increase of 200 per cent. During the febrile period of pneumonia the platelets were usually diminished, but following the crisis they began to rise. The platelet reaction appeared, from control observations, to be independent of mere loss of blood, or of confinement to bed, or of anaesthesia, or sepsis. The only apparent common factor of the demonstrated blood changes was tissue injury and the absorption of breakdown products. Such injury was inseparable from surgical procedures, and the blood changes might be regarded as a physiological response.

Mr. D. H. PATEY said that four manifestations of post-operative thrombosis were met with—namely, localized thrombosis, massive pulmonary embolism, minor pulmonary embolism, and latent thrombosis. The first two types were most easily studied, as they were the most readily diagnosed. In considering thrombokinase absorption theories, he described experiments reproducing conditions of tissue juice absorption, which might be presumed to take place in man after operation, and as all these experiments were negative he concluded that this type of theory could not be supported on experimental facts at present. He discussed the role of anatomical and pathological variations in the veins, and in passing said that certain investigations of his own went to negative the idea that the sitting-up position after operation was a factor in the production of post-operative thrombosis by causing kinking and possibly traumatism of the femoral vein. Dr. Howel Evans's work on platelets was a definite advance towards knowledge of the subject, though to establish the theory firmly collateral evidence was required—first, unequivocal proof that splenectomy (following which the platelet rise was most marked) was specially liable to be followed by thrombosis, and secondly, experimental verification. The stasis aspect of the question offered at present the most hopeful side for attack. Measures directed towards the tone of the abdominal wall were much more likely to be successful than efforts to induce movement of an inhibited diaphragm.

Mr. VICTOR BONNEY dealt with three theories of the process. In favour of the bacterial theory was the fact that thrombosis which was obvious either by the clot being palpable or by visible signs of venous blockage was always preceded by fever and local pain. Cases of pulmonary embolism did not usually exhibit these symptoms prior to embolism, though pain and fever occurred afterwards. Embolism was rare when there was prior evidence of thrombosis, suggesting that clots due to, or accompanied by, definite signs of phlebitis were too firmly anchored in the vein to shift easily. Thrombosis, if bacterial, bore no relation, however, to the degree of sepsis in the operation area, being commoner after "clean" operations, such as hysterectomy and shortening of round ligaments, than after operations on pyosalpinx or suppurative appendicitis. The second or toxic theory was unlikely, because there was no knowledge of any toxæmic conditions whose lesions exhibited anomalous distribution; thrombosis was always limited to veins of the lower half of the body, chiefly the legs, and usually the left leg. Toxæmic lesions were generalized. The third theory was that of a hæmic process. Little was known about the conditions of increase of the clotting power of blood, but in hæmophilia, in which the reverse was the case, lesions were generalized. The balance of evidence was in favour of a bacterial process, but there were difficulties. Thrombosis was far commoner after operations involving the peritoneal cavity, and this was against the theory of a septicaemic lesion, since septicaemia was no more common after operations on the peritoneal cavity than after operations elsewhere. Thrombosis was rare after operations to the uterus via the vagina, seeming to suggest that trauma to the uterus was not a sufficient cause unless there was also trauma to the peritoneum, but against this deduction was post-parturitional

NINETY-SEVENTH ANNUAL MEETING

of the

British Medical Association.

MANCHESTER, 1929.



THE COLLEGIATE CHURCH,
MANCHESTER.

THE ninety-seventh Annual Meeting of the British Medical Association will be held in Manchester next summer under the presidency of Mr. Arthur H. Burgess, F.R.C.S., Professor of Clinical Surgery in the University of Manchester, who will deliver his address to the Association on the evening of Tuesday, July 23rd. The sectional meetings for scientific and clinical work will be held, as usual, on the three following days, the morning sessions being given up to discussions and the reading of papers, and the afternoons to demonstrations. The Annual Representative Meeting, for the transaction of medico-political business, will begin on the previous Friday, July 19th, at 9.30 a.m. The preliminary arrangements for the work of the nineteen Scientific Sections have been made by a special committee, consisting partly of Manchester representatives and partly of members appointed by the Council of the Association. The names of the officers of Sections were given in the *Supplement of January 12th*, and further details of the arrangements for the Annual Meeting will appear in later issues. During the week, and in particular on the last day of the meeting (Saturday, July 27th), there will be excursions to places of interest in the North-West of England. The British Medical Association has met four times at Manchester—in 1836, in 1854, in 1877, and again in 1902. We publish below the second of a series of descriptive and historical notes on Manchester and neighbourhood written for the occasion. The first article appeared on December 1st (p. 1003).

HISTORY OF MANCHESTER.

BY

E. M. BROCKBANK, M.D., F.R.C.P.

MANCHESTER owes its prominence in the industrial world to its position on the slopes of the Pennine Hills as they run towards the western coast and the Atlantic Ocean. Its original situation was at the junction of two rivers, the larger being the Irwell, into which ran the smaller Irk, now entirely hidden by extensive culverting. Both streams arise in the high lands and drain an area of what was once an extensive tract of bog, forest, and waste lands.

There is a high outcrop of red sandstone rock in the angle of the confluence of Irk and Irwell, and it was at this spot that the original settlement was formed, the manor house of Manchester was built, and from which the town subsequently developed. The river angle was further protected by an artificial ditch, traces of which still remain in basements of the buildings over its site. The Manchester Cathedral and the Chetham Hospital and the Grammar School have occupied the angle of the river junction since their foundation. The site was of great importance because of its water supply and because it commanded the agricultural land and roads of the foothills which intervened between the Pennines and the very extensive boggy lands south-west of the town, which constituted what are known as Carrington and Chat Mosses, referred to in Harrison Ainsworth's novel *Guy Fawkes*, which has some of its action in this district, and over which George Stephenson had such difficulty in making a track to bear the Manchester and Liverpool Railway.



CHETHAM'S HOSPITAL AND LIBRARY.

Such a position as that called by them "Mancunium" attracted the Romans because of its defensibility and because it commanded important roads. It was on their direct line of march between their headquarters at Deva (Chester) and Eboracum (York); from it a road ran to Coccium (Wigan), which was on the main Roman north road, just as it is now on the main L.M.S. railway line to Scotland; and another road to Bremetennacum (Ribchester), an important Roman centre in North Lancashire, on the high road from Mancunium to Lugdunum (Carlisle). The Roman camp was, however, a mile lower down stream, at the junction of Medlock and Irwell, a district called Alport, again a position well elevated above the rivers. The only trace of the camp now remaining is a small part of a wall, which is protected by the city from further injury. The site of the camp is still known as Castlefield.

The earliest mention of the town in reputable history occurs in the *Anglo-Saxon Chronicle*, 923. When Edward the Elder was reconquering Mercia from the Danes he sent a detachment of troops to Mameceaster to repair and man it. The rock site in the junction of Irk and Irwell was also a desirable place because the Irwell was there fordable by the Sal ford. The expulsion of the Danes forms the subject of one of the Ford Madox Brown panels in the Town Hall, which illustrates some incidents in our history.

Mameceaster and Salford are referred to briefly in Domesday Book: "King Edward held Salford. There are

venereal diseases clinic, where the qualities of a gentleman are most required, that he seemed particularly to shine, and where his sympathetic understanding, kindly tact, and vast knowledge of medicine had their widest scope. It would hardly appear possible to fill the gap he has left.

VITAL STATISTICS FOR ENGLAND AND WALES, 1928.

We are indebted to the Registrar-General for the following statement regarding the birth rates and death rates and the rates of infantile mortality in England and Wales and in certain parts of the country during 1928. The statement is issued for the information of medical officers of health. The birth rate and infantile mortality rate for London have been provisionally corrected for transfers.

ENGLAND AND WALES.

Birth Rate, Death Rate, and Infantile Mortality during the Year 1928 (Provisional Figures).

	Live Births per 1,000 Population.	Deaths per 1,000 Population (Crude Rate).	Deaths under One Year per 1,000 Live Births.
England and Wales (on 1928 estimated population)	16.7	11.7	65
107 county boroughs and great towns, including London (on 1927 estimated population)	16.9	11.6	70
156 smaller towns (populations from 20,000 to 50,000 in 1921—on 1927 estimated population)	16.7	10.6	59
London (on 1927 estimated population)	15.9	11.6	67

The death rate for England and Wales relates to the whole population, but that for London and the two groups of towns to the civil population only.

England and Wales.

The birth rate is 0.1 per 1,000 above that of 1927. The death rate is 0.6 per 1,000 below that of 1927, and only 0.1 per 1,000 above the lowest recorded (1923 and 1926). The infant mortality rate is the lowest on record, 4 per 1,000 births below that of 1923.

Universities and Colleges.

UNIVERSITY OF OXFORD.

A RHODES Travelling Fellowship has been awarded to Malcolm H. MacKeith, M.D., Fellow of Magdalen College.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on January 18th the following medical degrees were conferred:

M.B., B.CHIR.—S. W. Savage, F. Smith.
B.CHIR.—L. Foulds, E. Clayton-Jones, A. J. Dix-Perkins, H. F. Bateman,
L. T. Hilliard, J. C. F. Lloyd-Williamson.

UNIVERSITY OF DUBLIN.

TRINITY COLLEGE.

At the second winter commencements, held on January 19th, the degree of M.D. was conferred on H. E. Murray of the Indian Medical Service.

The Services.

NAVAL MEDICAL COMPASSIONATE FUND.

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on January 22nd, when Surgeon Vice-Admiral Arthur Gaskell, C.B., O.B.E., Medical Director-General of the Navy, was in the chair, the sum of £100 was distributed among the several applicants.

DEATHS IN THE SERVICES.

Surgeon Lieutenant Henry Johnson Scott, R.N., was recently drowned at Shanghai. He was educated at Glasgow University, where he graduated as M.B. and Ch.B. in 1925, took a short service commission in the navy on July 9th, 1926, and was posted to H.M.S. *Cricketer*, on which he was serving at the time of his death, on September 22nd, 1928.

Major Alexander Oswald Cowan Watson, R.A.M.C.(ret.), died suddenly in Edinburgh on January 4th, aged 70. He was born in Bombay on November 7th, 1858, the second son of the late Rev. Alexander Boog Watson, LL.D., of Cardross, and was educated at Edinburgh University, where he graduated as M.B. and C.M. in 1883, after taking the L.R.C.S. and P.Ed. in 1882, and subsequently took the F.R.C.S.Ed. in 1889 and the B.Sc. in public health of Edinburgh in 1897. He also studied in Aberdeen, London, and Vienna. Entering the army as surgeon on February 5th, 1887, he became major after twelve years' service, and retired on September 5th, 1908.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

BOTH Houses of Parliament assembled on January 22nd to resume a session which may end with a dissolution about Whitsuntide. In the Commons three more days were assigned to the Committee stage of the Local Government Bill. Discussions were arranged in the House of Lords on de-rating and on the Channel tunnel.

A meeting of the Parliamentary Medical Committee was summoned for January 23rd. The business proposed was discussion of the public health clauses of the Local Government Bill. An application suggesting a conference on the bill was before the Committee from the Society of Medical Superintendents, as was also a proposal from the National Council of Social Service for an interview with the Committee about prescribing under the National Health Insurance Act.

Local Government Bill.

Consideration of the Local Government Bill in committee was resumed in the House of Commons on January 22nd, this being the fifth allotted day under the time-table motion. On Clause 55, which gives relief from rates in respect of industrial and freight transport hereditaments, Mr. BRIGGS moved an amendment to exclude from the benefits of de-rating breweries, distilleries, and tobacco factories. Mr. CHAMBERLAIN resisted the amendment. Miss WILKINSON, in supporting the amendment, said that the common sense of the country, and especially of the women, would be against handing over this public money to the liquor and tobacco industries, when the Government was cutting down the grants for maternity and child welfare. The grants for milk and nursing mothers were also being reduced. Yet this was at the moment when the Queen had written to the newspapers to say that she was disturbed by the appalling increase in deaths in cases of motherhood. The amendment was rejected by 84 votes. Clauses 56 to 67, which were subsequently passed, dealt largely with adaptations of enactments.

Slum Clearance Schemes.—Sir KINGSLEY WOOD, on January 22nd, told Commander Kenworthy that between April 1st, 1925, and December 31st, 1928, the latest date for which particulars had been furnished, 8,540 buildings had been acquired for demolition, 6,002 buildings had been demolished, and 6,949 new dwellings had been erected in connexion with slum clearance schemes. Approximately 31,000 persons had been rehoused in these new dwellings. Commander Kenworthy asked if there was any prospect of these operations being expedited. Sir KINGSLEY WOOD replied that local authorities were displaying more vigour in slum clearance schemes. Sir J. GILMOUR, replying to Mr. Stephen, said that the total number of houses completed in Glasgow under slum clearance schemes was 996 in 1926 and 838 in 1927. The number of slum houses in the city remaining to be dealt with was estimated to be 13,000.

Medical News.

At the meeting of the Royal Sanitary Institute to be held at 90, Buckingham Palace Road, S.W., on Friday, February 1st, Dr. F. R. Humphreys will open a discussion on the civil population and chemical warfare. The chair will be taken by the Earl of Halsbury at 5 p.m.

A POST-GRADUATE course in orthopaedic surgery will be held at the Royal National Orthopaedic Hospital, 234, Great Portland Street, W.1, from March 11th to 23rd, with lectures and demonstrations daily. Further particulars may be obtained from the secretary of the Hospital or from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that Mr. Malcolm Hepburn will give a lecture on "Some apparent difficulties of general practitioners in ophthalmic work" at the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Monday, January 28th, at 5 o'clock. On the following day, at 4.30 p.m., Dr. Batty Shaw will give a clinical demonstra-

tion at the Brompton Hospital for Consumption, and at 4 p.m. Mr. Rodney Maingot will lecture on "The injection treatment of varicose veins," with a demonstration of the methods and results in over fifty cases, at the Royal Waterloo Hospital. Dr. R. A. O'Brien will demonstrate the prophylactic and therapeutic value of vaccines and serums in general practice at the Wellcome Museum of Medical Science, 33, Gordon Street, W.C., on Wednesday, January 30th, at 4 p.m. There is no fee for attendance at these lectures and demonstrations. At the Prince of Wales's General Hospital a two weeks' intensive course in medicine, surgery, and the specialties will begin on January 28th, while from January 29th to February 2nd a series of lecture-demonstrations in psychological medicine will be given at the Bethlem Royal Hospital. Special courses beginning in February will deal with gynaecology, dermatology, diseases of the chest and of children, and neurology. Detailed syllabuses and information regarding the general course may be had from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

THE new recreation and lecture rooms at the Queen Mary's Home for St. Bartholomew's Nurses were opened by Sir Kynaston Studd, Lord Mayor of London, on January 17th. The new rooms lie immediately behind the main buildings of the home, which provides accommodation for 312 nurses and superintendents.

WESTMINSTER HOSPITAL has received a cheque for £2,000 from an anonymous donor towards the erection by the hospital of scientific laboratories in connexion with the new radium annexe to be opened shortly.

THE Queen has given her consent to the new wing of the Elizabeth Garrett Anderson Hospital being named "The Queen's Wing." At the official opening of the hospital in the spring she will receive the purses and casket of jewels that are at present being collected. It is intended to utilize the proceeds of the sale of the jewels for the endowment of a bed. The new building has already been completed and equipped, and was recently dedicated.

AN appeal has been issued for financial support for the Industrial Health Education Society, signed by Sir Humphry Rolleston, the honorary president. The society, which was formed about three years ago, exists to provide information and advice to industrial workers on occupational diseases, personal hygiene, general health, and accident prevention largely by means of lectures by medical men. Its work has gained a wide measure of support among members of the medical profession, employers of labour, and representatives of employees' organizations. Several pamphlets have been prepared and circulated. An account of the activities of the society was given in the *Journal* of April 7th, 1928 (p. 605). Hitherto no request has been made for outside assistance, but the expansion of its work has made it necessary to raise the sum of £5,000 to meet the demands made upon it. Communications regarding the appeal or the work of the society should be addressed to the general secretary, Mr. James Mackenzie, 84, Kingsway, W.C.2.

THE late Mrs. Sowerby of Cumwhinton, near Carlisle, has left the residue of her estate, which will probably amount to about £6,000, to the Cumberland Infirmary.

THE second congress of the German Society for the Investigation of the Circulation will be held on March 4th and 5th at Bad Nauheim, when papers will be read on the signs of age and wear in the vessels, by Dr. Gruber of Göttingen, and on oedema and its treatment, by Dr. Nonnenbruch of Prague. Further information can be obtained from Dr. Arther Weber, Nauheim.

THE fourth Congress of Industrial Medicine will be held at Lyons on April 3rd, 1929, when the following subjects will be discussed: (1) silicosis, introduced by Dr. Mavrogordato (South Africa), Professor Boehme (Germany), Professor Irvine (South Africa), Professor E. L. Collis (Great Britain), Professor Thiele and Professor Sternberg (Germany); (2) cataract as an industrial disease, introduced by Professor Elschner (Czechoslovakia) and Professor Rollet (France); (3) endocrine organs and intoxications, introduced by the Italian Professors C. Biondi, L. Ferrarini, and N. Prude. Further information can be obtained from the secretary, Dr. Mazel, 54, Avenue de Nouilles, Lyons.

THE thirty-third congress of French-speaking alienists and neurologists will be held at Barcelona from April 3rd to 9th, under the presidency of Dr. Lalanne, medical superintendent of the Mareville Asylum (Meurthe-et-Moselle), and Dr. Jimeno-Riero, director of the National Asylum at Saragossa. The following subjects among others will be discussed: hereditary syphilis in the etiology of mental disease, sensory symptoms in disseminated sclerosis, and psychiatric examination of criminals.

AN International Congress of Medical Women will be held in Paris from April 11th to 13th.

THE second international congress on malaria will be held at Algiers from May 19th to 21st, 1930, simultaneously with the celebration of the fiftieth anniversary of Laveran's discovery of the *Plasmodium malariae*. Further information can be obtained from the General Secretary, Institut Pasteur, Algiers.

THE following appointments have recently been made in the French faculties of medicine: Dr. Labat as successor of Professor Barthe in the chair of toxicology and hygiene, and Dr. Henri Bonnin as successor of Professor Le Dantec in the chair of colonial medicine and tropical diseases at Bordeaux. Dr. Carrière, professor of children's diseases, as successor of Professor Lemoine in the chair of clinical medicine; and Dr. Minet, professor of therapeutics, as successor of Dr. Carrière in the chair of children's diseases at Lille.

THE Academy of Sciences, Medical Faculty, and Medical Society of Vienna have jointly set up a committee to arrange for the celebration, on April 26th, of the centenary of the birth of the celebrated Vienna surgeon, Theodor Billroth, who died in 1894.

THE Health and Cleanliness Council has published two excellent little pamphlets—*Health and Beauty*, by Miss Edith A. Cocher and Dr. Elizabeth Foley, and *Keep Fit*, by Colonel R. J. Blackham, M.D., and Mr. George H. Green—intended for distribution to girls and boys respectively. Supplies are offered free of charge to teachers whose charges are about to leave school and to the leaders of juvenile clubs and organizations. Both booklets are clearly written and brightly illustrated, and contain a wealth of common sense and practical advice. They are commendably free from the error of "preaching," which young people are quick to detect and resent. Inquiries about supplies should be addressed to the secretary of the Council, 5, Tavistock Square, London, W.C.1.

EDWARD ARNOLD AND Co. announce for early publication a second and enlarged edition of Professor Robert Muir's *Textbook of Pathology*.

IN a supplement to the issue of *Nature*, dated January 19th, is published an abridged and revised version of Professor A. E. Boycott's presidential address on filterable viruses, delivered on October 16th, 1928, before the Section of Pathology of the Royal Society of Medicine.

WE have received the first issue of a new monthly journal entitled *Le praticien du Nord de l'Afrique*, published under the editorship of Dr. L. Pron at Algiers, which already possesses two other medical journals—*L'Algérie médicale* and *La Revue générale de médecine et chirurgie de l'Afrique du Nord*. The issue contains original articles on pneumotomy in gangrene of the lung, treatment of gastric atony, synecchia of the nasal fossae and their treatment by diathermy, pleural eclampsia in artificial pneumothorax, clinical notes, abstracts from current literature, and reviews of books.

THE *Year Book* for 1929 of the United Kingdom Alliance contains, in addition to a variety of material relating to the temperance question and relevant statistical matter, an interesting article on "The place of the alcohol question in social hygiene," by Sir Arthur Newsholme, who discusses the effects of the use of alcohol particularly in relation to health. The *Year Book* may be obtained from the office of the Alliance, 1, Victoria Street, S.W.1, price 2s.

THE Alvarenga prize of 300 dollars offered by the College of Physicians of Philadelphia for the best original work on any subject in medicine will be awarded on July 14th. Competitors should send in their essays to the secretary, Dr. John Girving, 19, South 22nd Street, Philadelphia, by May 1st.

A GIFT fund amounting to over £280,000, raised by the Swedish people in celebration of the seventieth birthday of King Gustaf V, is to be devoted to subsidizing a campaign against cancer. Six grams of pure radium, costing £63,000, have been purchased for distribution to various centres under the direction of Professor Goesta Forsell, and with the remainder of the fund it is intended to pay for the technical equipment of institutions engaged in cancer research.

MAJOR JOHN HERBERT BANKES, late R.A.M.C., has been appointed a deputy lieutenant for the County of London.

DR. CUNÉO has been elected president of the Société de Chirurgie, and Professor F. Besançon president of the Société Médical des Hôpitaux de Paris, for 1929.

THE tenth salon des médecins, organized by Dr. Paul Rabier for the exhibition of pictures, sculpture, engravings, and decorative art by medical and dental practitioners, veterinary surgeons, pharmacists, students, and their families, will be held at the Cercle de la Librairie, 117, Boulevard St. Germain, Paris, from April 21st to 30th.

A BELGIAN society of gastro-enterology has recently been founded at Brussels, under the presidency of Dr. Georges van Damme.