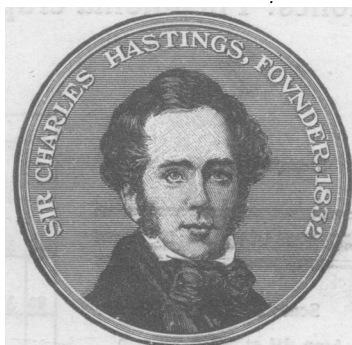


The British Medical Journal

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WITH SUPPLEMENT.

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THE ROAD TO RECOVERY

The Convalescent period calls for all the doctor's tact. Resistance to limitations and restraints grows stronger each day, and the patient's increasing sensitiveness and awareness make it ever more difficult to impose nauseous drugs or distasteful routine.

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Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

EPITHELIOMA OF THE SKIN IN A FEMALE COTTON OPERATIVE.

THE undermentioned case is considered worthy of record in view of the interest manifested in occupational carcinoma.

The patient, aged 66 years, was first seen in February, 1928, complaining of a growth on the right forearm which had been present about twelve months. She was of poor general condition and wasted musculature; general senile changes were present in all systems. A careful examination of the skin as a whole showed a mild xeroderma, but not of more marked degree than is often found in elderly persons of thin build. There was a pronounced diminution of subcutaneous fat, and considerable loss of elasticity. On lifting the skin between the forefinger and thumb there was a "tissue paper" wrinkling, such as is seen in a syphilitic scar—to the touch the skin imparted a sensation of dry parchment. Over the surface of the entire body, and to a far greater extent over the skin of the arms and neck, there were a number of islands of pigmentation, varying in depth of tint from a light brown to black. The size of these areas was equally variable, some patches being as much as half an inch across and others only pin-point. The changes described, however, were almost entirely confined to the lower two-thirds of the arm, the face, and the neck, although similar changes were to be seen in a very mild degree elsewhere on the body. Exposure of the skin, from lack of protection of clothing, appeared to have increased the tendency of the skin to these changes.

In addition to the areas of altered pigmentation there were multiple points of pigmented follicular hyperkeratosis and verrucae. Most of these were elevated above the skin to a conical formation 1/8 to 1/4 inch in depth and diameter. On the right forearm in its middle third a warty squamous-celled carcinoma was present; around this was considerable infiltration, due in part to secondary infection of the central lesion. There was no involvement of lymphatic glands, and excision of the growth and about an inch of surrounding skin gave an uninterrupted recovery. Examined later there was no sign of recurrence. Microscopical examination of the growth confirmed the diagnosis of epithelioma. The woman had been employed throughout the greater part of her working life in a carding-room of a cotton mill, and as such had been exposed to the effect of various mineral oils.

The condition is of interest in the possible association of the lesions with occupation. Similar skin lesions have been found in persons who have never been exposed to irritant oils, and it should perhaps be regarded as *post hoc* rather than *propter hoc*. A baker who develops eczema is not necessarily suffering from "bakers' itch."

A. H. SOUTHAM, M.D., M.Ch., F.R.C.S.
P. B. MUMFORD, M.D., M.R.C.P.

Manchester.

IDIOSYNCRASY TO QUININE INJECTIONS.

DR. CRUIKSHANK's memorandum (January 19th, p. 104) is an almost exact description of an experience of mine.

Mrs. X, aged 58, was referred to me by Dr. Whittington, honorary physician to Hove Hospital, suffering from varicose veins in both legs and with an eczematous spot below the left internal malleolus and a small painful ulcer. I injected 1 c.cm. of Douthwaite's quinine-urethane solution into a vein in the left leg, and after applying a small compress assisted her down without any difficulty from the chair on which she was standing. A few minutes later, while seated and putting on her stocking, she suddenly complained of a hot stifling sensation in her throat and a headache, and turned deathly white. I gave her some brandy and put her head down between her knees, but she became cyanosed, quite pulseless, pupils widely dilated, bladder sphincter relaxed, and she had a "rattle" in her throat. She was at once laid on the floor while camphor was administered subcutaneously and oxygen given. In a few minutes she regained consciousness and vomited, but her pulse still remained imperceptible at the wrist and no heart sounds could be heard with the stethoscope and her pupils were still dilated. She was placed on a couch and covered with blankets, given a drink of hot tea, and hot-water bottles were placed near her. She complained of feeling cold, having a splitting headache, and a sense of constriction in her throat. These symptoms gradually wore off, and in a couple of hours she was sufficiently recovered to be taken home by her daughter. Consciousness was only lost for a very short period, and the patient related to me minutely all that we had done from the moment she was laid on the floor. In a few days she was none the worse for her adventure, and her eczema and ulcer had almost disappeared.

I have twice before seen a similar occurrence; the first time was when a woman fell dead on my shoulder in an omnibus (the *post-mortem* examination showed atheroma of the coronary artery), and the second was when a patient of mine had an attack of angina pectoris in my presence and I thought he was dead, but camphor and oxygen were handy and he pulled round.

Mrs. X has a negative Wassermann reaction and a blood pressure of 150 (systolic); heart and lungs normal. On reading Dr. Cruikshank's memorandum I wrote a post-card inviting her to come to the out-patient department, and Dr. Whittington and I performed the dermal test as suggested, using my own forearm as a control. She showed a marked wheal surrounded by a zone of erythema, but only slight redness at the site of the distilled water control. On my own forearm no reaction was obtained to quinine.

This is the only case out of over a hundred treated by me with quinine injections in which alarming symptoms have occurred. However, I shall in future apply this very simple dermal test to all newcomers who cannot assure me of their ability to take quinine without ill effects, and I should advise others to do the same.

Hove.

ST. GEORGE B. DELISLE GRAY.

THE TRANSMISSIBILITY OF PYORRHOEA ALVEOLARIS.

PYORRHOEA alveolaris is a complaint so widespread in its incidence and so destructive in its consequences that the investigation of its etiology is called for.

It is commonly stated that the condition originates in an accumulation of decomposing foodstuffs in the interstices of teeth, bacterial invasion and putrefaction of the debris being the starting point of a gingivitis which leads to periodontal inflammation. There is no doubt that inattention to dental hygiene and the consumption of soft foodstuffs, particularly confectionery, are frequently found among patients who bear evidence of this disease.

Observation of its onset among patients met in the ordinary run of general practice leads one to the conclusion that there are other predisposing factors which are equally if not more important; among these may be mentioned the following:

1. *Debilitating conditions.* After an attack of influenza it is common to note that the gums are spongy, while the patient complains that they bleed easily on being brushed. The condition may clear up entirely when the patient is restored to health.

2. *Alteration in the salivary reaction.* This occurs in general diseases, such as Addison's anaemia; in mouth breathers, particularly those who have suffered from long-standing nasal obstruction; and in heavy smokers where an excess of alkaline saliva constantly bathes the teeth.

3. *Direct infection.* This is probably more frequent than has been generally realized. Attention was drawn to the possibility of pyorrhoea being a contagious complaint by the following sequence of events.

A man, aged 35, with well-marked pyorrhoea affecting the lower incisors (the common site of invasion), was married to a young woman whose mouth was perfectly clean and the gums coralline. Two months after marriage the wife came for treatment of headache, and upon routine examination it was found that the gums were of a dull purplish hue and spongy in consistence. In spite of careful hygienic measures the condition spread until the majority of the teeth in the lower jaw became loosened and easily movable. The condition only showed signs of improvement when circumstances led her to visit her mother for a period of six weeks; upon her return to her home the gums were of firmer consistence, pink in colour, and no longer exuded pus on pressure. Since then her husband has had his offending teeth extracted and the wife's cure persists.

Taking heed from this object lesson, many cases have been watched, and in a considerable proportion it has been noted that the onset of pyorrhoea in young persons has dated from their first love affair. It has long been traditional that women lose teeth in every pregnancy, ascribed to the abstraction of calcium salts for the benefit of the uterine parasite. In the country these women are commonly sufferers from pyorrhoea, and it would appear to be reasonable to investigate the condition of their husbands' mouths before embarking upon treatment. It is an axiom that sweeping assertions should not be based upon evidence derived from a few cases in one man's practice, but it would appear that the possibility of transmission of pyorrhoea by direct contact might well be worked out by experts more fully equipped for dental research.

Sherborne.

JOHN WHITTINGDALE, M.B., F.R.C.S.

METASTASES IN MAMMARY CARCINOMA.

The unusual distribution of metastases in the following case seems to make it worthy of record.

A married woman, aged 39, consulted me in February about a nodule she had noticed in the upper and outer quadrant of her right breast. This was about the size of a walnut, apparently freely movable, and without any enlargement of the axillary glands on that side. A simple tumour was diagnosed, and I removed it with a good deal of the surrounding tissue.

Dr. W. H. Grace, pathologist to the Chester Royal Infirmary, reported on the specimen as follows: "This tissue shows the histological characteristics of a scirrhous carcinoma of the breast. There is a good deal of fibrous tissue, and a small amount of inflammatory reaction. The neoplastic process seems to be growing fairly rapidly."

The patient was then sent to the David Lewis Northern Hospital, Liverpool, where a radical operation was performed; from this she made a good recovery. She came to me again in September with what seemed to be an acute septic condition at the nail fold of the left middle finger. The nail was removed and the finger incised. One or two sloughs separated in a few days, but the purulent discharge continued for an unusually long time, and there seemed to be a very excessive amount of granulation tissue. When she returned from a short holiday at the end of October the tip of the finger was so large that a general anaesthetic was administered and the finger-tip reduced to a more normal size by cutting away most of the "granulations."

Dr. Grace's report on these was as follows: "This is undoubtedly a secondary deposit of a carcinoma. The cells are arranged in such a way that it could be a reproduction of a carcinoma of the breast; the cells are taking up a certain amount of alveolar formation."

At this time there was no sign of any recurrence in the breast, axilla, or anywhere else. A few days later, however, she complained of severe headache round about what looked like a suppurating wen in the right parietal region. This turned out to be a hard, solid, and not very vascular mass, moving freely with the scalp, and certainly not a wen. Since then she has had almost continuous headache, with intermittent attacks of vomiting. On ordinary clinical examination neither the thorax nor the abdomen shows any abnormality, and there is no alteration in the reflexes.

Crewe.

F. T. INGRAM, M.D.

Reports of Societies.

STARVATION IN TREATMENT.

AT a meeting of the Medical Society of London on January 28th, with Dr. J. WALTER CARR, the president, in the chair, a discussion was held on "Starvation in treatment."

Dr. E. I. SPRIGGS opened by remarking that starvation was the common fate of a large number of living organisms; the human race in the course of ages had acquired a marvellous power of meeting this risk by the preparation, storage, and transportation of food. Fifteen years ago one might have been justified in thinking that starvation on a community scale was by way of being banished from human experience; since then there had been seen a gigantic experiment involving the partial starvation of millions of people. Experiments of this kind had been made many times before, but never on such dimensions, and not at all since nutrition had been placed on a scientific basis. In normal times, however, the ordinary man stood in much more danger of overfeeding than of underfeeding; therefore the withdrawal of the whole or part of the food was a rational and useful measure in many diseases. Starvation might be complete or partial; in the former case the predominant symptom was hunger, which was not quite the same thing as appetite. Indeed, probably most persons in an ordinary company had never at any time in their lives felt what hunger was. Discomfort arose in the neighbourhood of the epigastrium, which was insistent but intermittent, beginning, not at the moment when the stomach was empty, but some time afterwards. The modern view was that hunger pain was due to stomach contraction. The physiological data of starvation experiments had been worked out upon a number of people. It must be understood that when food was withheld the body did not starve; it went on feeding as long as it lived, but

on its stores instead of on ingested material. The weight diminished rapidly at first, and then settled down to a loss of about one pound a day. If a man living a sedentary life, and expending 2,400 calories a day, cut off his food, his body endeavoured to bring down the expenditure to about 1,800 calories. The body exercised a great power of internal economy when fasting. The end came when mobilization failed, when the body stores were not supplied sufficiently to some important organ, though fat might still remain in the body. During fasting the blood pressure fell steadily as a rule. In some Continental observations on prisoners of war who were hunger-striking it was stated that the blood pressure in one case dropped as low as 55 systolic. The temperature did not drop during fasting, or dropped very little. The mental state in a moderate fast was not, so far as could be ascertained, affected, but if fasting was prolonged curious mental states might develop. The loss of weight, apart from the fat, fell first of all on the glands. The liver, spleen, and pancreas lost more than any parts of the body, the muscles came next, and the heart and brain last. When food was stopped the first call was upon the glycogen of the liver, and after this upon the more mobile stores of protein; next on the so-called deposit protein; and last on the tissue protein. The fat was, of course, the main source of energy during fasting; owing to the large amount of fat being burned its metabolism was liable to be incomplete, with the production of acidosis. The benefit which fasting had been found to confer on epileptics was ascribed to the acidosis produced, which combated the alkalosis associated with that condition. The blood sugar remained constant until death was approaching; no doubt the sugar was derived from protein and probably fat. There was a general idea that fasting cleared the blood; in fact the nitrogen content of the blood altered very little, and any change was in the direction of concentration. There was nearly always more uric acid in the blood of the fasting person; the calcium was also rather increased. The blood in fasting was like a highway filled with traffic on an emergency mobilization; it was not purified in fasting, but rather the reverse; the organs that were purified were the glandular organs. As regards the secretions, that of hydrochloric acid generally ceased; milk secretion went on for a few days and then stopped. Fasting had no known specific effect on the healthy body except to call into being its whole resistance against the risk of approaching death. Turning again to the war experiment, Dr. Spriggs said that it had confirmed the scientific work of the previous generation as to body needs. The stress on the population in many parts of Germany was very severe; it was said that there was not a poor man in Berlin who weighed more than 8 stone. The restricted diet resulted at first in an improvement of health, but nervous symptoms presently appeared, and afterwards anaemia, myxoedema, and digestive diseases were widely current. Coming to the employment of starvation in disease, the speaker said that complete starvation had been used for local disease of the alimentary canal; in acute diseases such as appendicitis it was a temporary measure. It was not advisable to continue complete starvation for any long time; men might survive it and say they felt better, but it was a feat of endurance and nothing more. Short complete fasts had proved beneficial—no food, but plenty of water or other fluid—for one, two, or three days. Growths were benefited, particularly those of the muscles and connective tissue; a great many skin diseases also responded to fasting, and rheumatic conditions were reported as benefited. In acute nephritis and other acute illnesses it was a common thing to cut off food. Dr. Spriggs then related experiences with his own patients in obesity, and recounted consistent results. Diminution of food was the one certain means of treating this condition; those other physical treatments to which patients attached so much importance, such as massage and baths, did nothing to diminish weight. The method he employed was to give a measured mixed diet containing sufficient protein for the bodily needs. He exhibited dietary tables for successive days, each day with four meals and a plentiful variety of food at each, but designed with due regard to the individual case so as to diminish gradually the calorie value by about 100 calories a day. If hunger was felt the patient might be given a portion of cold lean meat and nothing else, or,

authorities, who would strongly resent being obliged to contribute towards the expenses of a service which they might not care to apply. He saw no reason why the work of the British Social Hygiene Council should not continue in conjunction with the work of local authorities, but there was considerable objection to giving this compulsory power to the Minister of Health and compelling them to contribute. That was going to an extreme length. The Government was proposing, in a new clause standing in the name of Mr. Chamberlain, to give power to the Minister to pay a contribution to voluntary associations out of the sums payable out of the general Exchequer grant.

Dr. FREMANTLE supported the amendment. He said that he took up this attitude with the greatest reluctance and after the most sincere and continuous study of the bill. As a matter of conscience, he felt that he was bound to do so. The situation had not been met by the Parliamentary Secretary, nor by anything which he had heard from those connected with the Ministry of Health. There was a strong feeling on this subject.

Mr. CHAMBERLAIN said he admitted at once that the amendment had received very weighty support, and he opposed it with very considerable reluctance, partly because he valued very much the work done by the British Social Hygiene Council, work in which in the past he had taken considerable interest himself, and partly because he admired the devotion with which Sir W. Greaves-Lord had thrown himself into a business which certainly was not of a particularly popular character. The Minister of Health was in quite a new position in regard to all these services. It was only right that the local authorities should perform their duties in an adequate manner, and if they were not doing so because they would not use the services of this particular body, then it was quite clear that he would have a very strong case for asking that they should make their contribution. He asked members to think well before they compelled these responsible bodies to contribute to something of which they might not approve. He, as the responsible Minister, did not desire to see this body disappear, and he should take all the steps he could within the limits of the bill to assist it.

Dr. DRUMMOND SHIELDS said that the distinction which the Minister had drawn between making a claim on the local authorities to support the central body and his refusal to compel them did not seem to go very well together. The right hon. gentleman admitted that the national propaganda was essential for the prevention of these diseases, and at the same time he refused to give support to the body which dealt with them.

[At this point the guillotine fell on the debate, and the amendment was defeated by 204 votes to 95. The clause was then agreed to and the debate adjourned.]

*. The conclusion of the debate on the Local Government Bill is unavoidably held over till our next issue.

Radium Requirements and Supplies.—Mr. CHAMBERLAIN stated, on January 24th, that the subject of radium requirements and supplies was still under consideration by a subcommittee of the Committee of Civil Research. On January 28th Sir KINGSLEY WOOD told Mr. R. Morrison that the subcommittee of the Committee of Civil Research would not report to the Ministry of Health on the supply of radium. The Minister of Health had arranged for the inquiries made on the subject in the House of Commons to be brought to the notice of the subcommittee, and he trusted that their report would be available at an early date.

Post-vaccinal Encephalitis.—In the House of Commons, on January 25th, Mr. GROVES called attention to the fact that an inquest into the death of a boy at Castleford in November, 1928, from post-vaccinal encephalitis had returned a verdict of death from natural causes, whereas the verdict on a boy who died in Poplar Hospital from the same cause on January 14th had been death from misadventure. Mr. CHAMBERLAIN said that both deaths had been classified under the heading "vaccinia" for the Registrar-General's mortality statistics.

Special Institutions for Ex-Service Medical Cases.—On January 23rd Colonel STANLEY, answering Mr. Smedley Crooke, said that the two special institutions which the Ministry of Pensions set up in 1923 with the assistance of the Board of Control, and in conjunction with the general medical hospitals, were specifically designed for ex-service medical cases in which the Ministry is advised that a chance of recovery or improvement is offered by occupational training and instruction. Incidentally Colonel Stanley deprecated as inaccurate and needlessly offensive the description of mental hospitals provided under the Lunacy Acts as "pauper lunatic asylums."

Treatment of Enlarged Tonsils.—Mr. ROBERT RICHARDSON asked Lord Eustace Percy, on January 24th, whether, in view of conflicting medical testimony on the advantage of, or necessity for, the extraction of enlarged tonsils, he would recommend local educational authorities to bring to the notice of their medical officers the fact that there was an alternative treatment, and advise them not to prosecute parents who desired to follow such treatment rather than to have recourse to the operation. Lord EUSTACE PERCY did not think the course suggested was necessary. Medical officers of education authorities knew there were alternative methods of treatment for enlarged tonsils. Operative treatment would only be recommended by them when other methods had

been tried and failed. In the reports of the Board of Education for 1921 and 1923 the position of the Board was indicated, and it was clearly stated that the Board of Education had consistently advised that operation should not be undertaken except with the full consent of the parents or guardians of the child. In reply to a similar question regarding infant welfare centres, it was stated that it was not the practice at these centres to advise the removal of tonsils, but to refer children needing treatment to a hospital or private doctor for advice on the appropriate form of treatment.

Idiosyncrasy to Chemical Poisons.—Mr. DUFF COOPER (Financial Secretary to the War Office) told Mr. Will Thorne, on January 24th, that his attention had been drawn to a report of the inquest on a research worker at Woolwich Arsenal, where the coroner recorded a verdict that death was accelerated by the deceased having come in contact with some chemical poison allied to nitroglycerin. Mr. Cooper said he was advised that nitroglycerin poisoning was extremely rare, and might imply a predisposition in the individual which could not be ascertained beforehand. Instructions were being issued that if any worker felt indisposed as a possible result of contact with the material he was using he must at once report the fact to his superior.

Notes in Brief.

A bill to regulate the sale of reconstituted cream, presented in the House of Commons on January 24th, is backed by Dr. Vernon Davies.

Mr. Chamberlain states that available statistics do not allow properly comparable figures to be given for the death rates in the United States, Germany, and France from small-pox and from pulmonary tuberculosis.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on January 24th the following medical degrees were conferred:

D.M.—C. J. Fuller.
B.M.—S. B. Davis.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on January 26th the following medical degrees were conferred:

M.D.—A. D. Porter.
M.B., B.CHIR.—W. J. Lloyd.
B.CHIR.—S. D. Isaacs, W. E. Underwood.

UNIVERSITY OF LONDON.

The Senate has accepted with thanks an offer of the committee of the Bayliss-Stirling Memorial Fund of the sum of £2,500 for the establishment at University College of a scholarship for training in physiology and biochemistry to commemorate the connexion in physiology of Professors Sir William Maddock Bayliss and E. H. Starling.

It has been resolved to institute an academic diploma in clinical pathology.

The degree of D.Sc. in Anatomy has been conferred upon Mr. H. A. Harris, an internal student of University College, for a thesis in the form of a series of memoirs dealing with the problems of bone growth, radiology, and teratology, published in various medical and scientific journals.

The degree of D.Sc. in Psychology has been conferred upon Mr. J. C. Flugel, an internal student of University College, for a thesis entitled "Studies in mental oscillation and related functions."

Mr. H. L. Eason, C.B., C.M.G., has been reappointed a member of the General Medical Council.

Professor W. W. Jameson has been appointed to represent the University at the fortieth congress and exhibition of the Royal Sanitary Institute, to be held at Sheffield in July.

The William Julius Mickle Fellowship for 1929, of the value of about £250, has been awarded to Dr. A. Sterling Parkes, in respect of the work he has carried out during the past five years on the physiology and biochemistry of the organs of reproduction.

UNIVERSITY OF MANCHESTER.

Dr. J. F. WILKINSON has been appointed director of the laboratory of clinical investigations, in succession to Dr. W. Morrell Roberts. Dr. Jethro Gough has been appointed demonstrator in pathology.

LONDON INTERCOLLEGIATE SCHOLARSHIPS BOARD.

Medical Scholarships.

THE London Intercollegiate Scholarships Board announces that an examination for nine medical scholarships and exhibitions, of an aggregate total value of £1,170, will commence on April 16th. They are tenable at University College and University College Hospital Medical School, King's College and King's College Hospital Medical School, and the London (Royal Free Hospital) School of Medicine for Women. Full particulars and entry form may be obtained from the Secretary of the Board, Mr. S. O. Ranner, M.A., the Medical School, King's College Hospital, Denmark Hill, S.E.5.

Obituary.

ANDREW LITTLE, M.B., C.M.,

Consulting Surgeon, Royal Eye and Ear Hospital, Bradford.

THE medical profession in the Bradford district learned with deep regret of the death, on January 9th, of Dr. Andrew Little, in his sixty-fifth year; he had been an outstanding figure in their midst for more than thirty years.

Andrew Little received his medical education at Aberdeen and the London Hospital, graduating M.B., C.M.Aberd. in 1889. After holding appointments in London and Liverpool, he settled first in the Burnley district, and later removed to Bradford. Early in his medical career he devoted himself to eye, ear, throat, and nose work, a combination of specialties which was common in the North of England at the time. He became associated with the Royal Eye and Ear Hospital in Bradford as far back as 1892, and was one of the full surgeons there from 1901 to 1918; from 1911 to 1922 he was honorary laryngologist to the Bradford Royal Infirmary. At the end of the war he gave up his active hospital duties, continuing at the Royal Eye and Ear Hospital as honorary consulting surgeon.

Dr. Little was widely recognized as a leading authority in throat, nose, and ear work in the West Riding; he had built up a large consulting practice, from which he retired in 1922 to live in Westmorland. His activities and interests were many and varied, and he was at one time co-editor of the *Caledonian Medical Journal*, but perhaps he was most of all attached to the preventive side of his own particular work. He was invited by the Bradford City Council in 1913 to act as their consulting ophthalmic and aural surgeon, a position which he held for six years; during this time he greatly developed the municipal work along lines satisfactory alike to the council, the public, and the medical profession. His appointment was one of the first of its kind in the country, and by his keenness, shrewdness, and ability to inspire others he laid the foundation of that happier state of co-operation which exists in all branches of the medical profession—hospital, private, and municipal—in Bradford to-day. He threw himself whole-heartedly into the aspects of his work which affected child life, and he recast the principles of the treatment and education of the child with defective vision, the outcome of which was the new Bradford Myope School.

To all who knew him, Andrew Little was a valued friend and a helpful colleague; his passing leaves a sense of deep personal loss. His illness was borne with fortitude and resignation, and his end came as the completion of a life's duty faithfully and fully done. His wife predeceased him by one year. He leaves behind him an adult son and daughter, at whose house he died. J. B.

His many friends in Scotland and England will share our regret in recording the death from pneumonia following influenza of Dr. GEORGE SMITH SOWDEN, which took place at Elgin on January 19th. Dr. Sowden was born of Scottish parentage in Madras forty-six years ago, where he spent his early boyhood, and then came to this country to be educated at Elgin Academy and Edinburgh University, graduating in arts and medicine in 1909. After graduation he spent some years at Newcastle-upon-Tyne and Kirkby Stephen. On the outbreak of war he volunteered for service and served as surgeon-lieutenant on board H.M.S. *Colossus*. After the war he took his degree of M.D. at Edinburgh, with commendation, and settled in practice in Elgin in succession to the late Dr. Dickson. He was a man of many and varied interests and public spirit: a keen antiquarian, he was recently elected a Fellow of the Society of Antiquarians; an authority and frequent lecturer on Jacobite history; an enthusiastic Freemason and Rotarian; a good golfer and president of the Moray Golf Club. To the British Medical Association he gave almost continuous service throughout his professional life, first as member of the executive, vice-chairman and chairman of the Kendal Division, and latterly as secretary of the Banff, Moray, and Nairn Division and member of the Scottish

Committee and of the Insurance Acts' Subcommittee. All his work was marked with zeal, thoroughness, and patience. A cultured and courteous man, a loyal friend, and untiring worker for the common good, his loss at so early an age is much to be deplored. He is survived by a widow and one daughter.

Dr. JAMES MUNCE, who died on January 20th after a brief illness, had been in practice at Lisburn, in county Antrim, for many years, and was held in high esteem by his colleagues in that district. He received his medical education at Queen's College, Belfast, and in 1886 obtained the diplomas L.R.C.P., L.R.C.S.Ed., and L.R.F.P.S.Glas. Soon after qualifying he left Saintfield, county Down, for Lisburn, on his appointment as dispensary medical officer for the Drumbeg district. In Lisburn he became associated with the Antrim County Infirmary, and acted as anaesthetist for twenty-five years. Dr. J. W. Peatt sends the following appreciation: It is with a deep sense of loss that those who knew him have heard of the death of Dr. James Munce. In Lisburn he was looked upon by all classes as a trustworthy friend, an able practitioner, and a Christian gentleman. His quiet confidence gave assurance and comfort to all, and in moments of sorrow and trouble many instinctively turned to him. Of an unselfish character, he gave his services freely to the poor, without thought of recompense. His passing has caused great regret, equally among his colleagues and the members of the general public.

Dr. JOHN FOLLETT BULLAR, who died from drowning on January 24th, aged 74 years, was born at Bassett, near Southampton, and was educated at the University of Cambridge and at St. Bartholomew's Hospital Medical School. He graduated B.A.Camb. in 1877, and M.A. and M.B. in 1883; in the following year he obtained the diploma of F.R.C.S.Eng. After serving as ophthalmic house-surgeon and assistant demonstrator of anatomy at St. Bartholomew's Hospital he went to practise at Southampton. There he founded the Southampton Free Eye Hospital, to which he became surgeon and afterwards consulting surgeon, and he was also consulting surgeon to the Royal Hants County Hospital, Winchester. He removed to Guernsey some years ago and became very popular on the island. During the war Dr. Bullar served as an ophthalmic specialist with the rank of captain R.A.M.C. He and Mrs. Bullar were returning to Guernsey from a holiday in the South of France, and use was being made of a seaplane to make the journey from Corsica to the mainland when the machine turned turtle in the harbour at Antibes, and both were drowned.

The following well-known foreign medical men have recently died: Dr. EDMUND LASKOWSKY, formerly professor of anatomy at Warsaw, and inventor of a fluid for the preservation of anatomical specimens, aged 87; Professor PAUL KUBINYI, director of the first gynaecological clinic at Budapest, aged 58; and Dr. PIETRO DE AMICIS, an eminent paediatrist of Genoa.

The Services.

HONORARY SURGEON TO THE KING.

SURGEON VICE-ADMIRAL ARTHUR GASKELL, C.B., O.B.E., Medical Director-General of the Navy, has been appointed an Honorary Surgeon to the King.

DEATHS IN THE SERVICES.

Lieut.-Colonel Stafford Mary Adye-Curran, R.A.M.C.(ret.), died at Omagh on December 26th, aged 48. He was born on July 11th, 1880, was educated at the Catholic University, Dublin, and took the L.A.H. in 1900, also subsequently, in 1907, the D.P.H. of the Royal College of Surgeons in Ireland. After qualifying, he went out to South Africa as a civil surgeon, and, after nearly a year's service in that capacity, joined the R.A.M.C. as lieutenant on July 26th, 1901. He attained the rank of lieutenant-colonel on December 26th, 1923, and retired on March 24th, 1926, when he joined the Reserve of Officers. He served in the South African war, taking part in operations in the Transvaal, and received the Queen's medal with five clasps.

Medical News.

THE German Balneological Society (Balneologische Gesellschaft), at its jubilee congress held in Berlin last week, elected Dr. R. Fortescue Fox an honorary member. This honour was conferred in recognition of Dr. Fox's work as chairman of the International Society of Medical Hydrology, and as a personal tribute and expression of the esteem in which he is held by medical hydrologists in Germany.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that on Monday, February 4th, at 5 p.m., Sir Henry Simson will give a lecture on "Some obstetric pitfalls," at the Medical Society, 11, Chandos Street, Cavendish Square, W.1, and on the same day, at 2 p.m., Mr. Mortimer Woolf will give a demonstration in general surgery at the Queen Mary's Hospital, Stratford. A demonstration on "Rheumatism and the cardiac child" will be given at the Royal Waterloo Hospital, at 2 p.m., on Tuesday, February 5th, by Dr. Gerald Slot. On Wednesday, February 6th, Mr. Mortimer Woolf will give a demonstration on "Tumours of the thyroid gland and their treatment," at the Wellcome Museum of Medical Science, 33, Gordon Street, W.C.1, at 4 p.m. Special courses will be given, from February 11th to 22nd, at the Chelsea Hospital, in gynaecology; from February 11th to March 9th, at the St. John's Hospital, in dermatology (pathology demonstrations will also be arranged); from February 25th to March 9th, at the Hospital for Sick Children, in diseases of children; and from February 25th to March 2nd, at the Brompton Hospital, in diseases of the chest. Copies of all syllabuses and information regarding the general course of the Fellowship may be obtained from the secretary, 1, Wimpole Street, W.1.

THE Royal Sanitary Institute has arranged a course of training for army officers and professional men in meat and food inspection and canteen supplies commencing on Monday, February 18th, and another beginning on Friday, February 22nd, for meat and food inspectors. Syllabuses of the lectures and examinations are obtainable from the secretary of the Institute, 90, Buckingham Palace Road, London, S.W.1.

THE Swiney prize for 1929 has been awarded by the adjudicators, the Royal Society of Arts and the Royal College of Physicians, to Dr. Sydney Smith, Regius Professor of Forensic Medicine in the University of Edinburgh, for his work "Forensic Medicine." Dr. Swiney, who died in 1844, left a sum of money to the Royal Society of Arts to provide a prize every fifth year for the best published work on jurisprudence. The prize, which consists of £100 and a silver cup of the same value, was offered this year on the 85th anniversary of the testator's death for a work on medical jurisprudence.

ON the occasion of the recent celebration of the centenary of the foundation of Cairo University and the Congress for Tropical Medicine a tour was made last December by sixty-seven medical practitioners from Germany, Austria, Danzig, Holland, and Poland to Egypt and Palestine, under the direction of Dr. F. Barach of Vienna.

THE Rizzoli Orthopaedic Institute in Bologna announces that a prize of 3,500 lire is offered for research in orthopaedics by medical practitioners in Italy and elsewhere. Further information may be obtained from the president of the Rizzoli Institute.

THE British College of Nurses, which was founded in 1926 with an endowment of £100,000, has issued a circular explaining its objects and indicating the advantages to trained registered nurses of membership. Its purpose is to raise the status of the nursing profession by organizing special courses of instruction and by the institution, in the future, of examinations—of a higher standard than that for State registration—for admission to its membership and fellowship. Meanwhile, it offers the benefit of facilities for education, scholarships, legal defence, pensions, and insurance; and of the use of the reference library and club rooms at its headquarters at 39, Portland Place, London, W.1, whence further information may be obtained.

AT a meeting of the Joint Tuberculosis Council on January 19th Dr. McDougall presented a report on behalf of the Employment Committee; in the discussion which followed Dr. Varrier-Jones emphasized the importance in colony work of attention to the patient's mentality, and of providing opportunities for any who showed exceptional ability to rise to the position of supervisors and teachers. The committee was asked to report on after-care schemes generally, including employment schemes and the employment of ex-patients in residential institutions. Dr. Brand reported that during 1928 14 had attended Sir Henry Gauvain's post-graduate course at Alton, 18 had been present at Dr. Varrier-Jones course, and 30

at the one arranged by Dr. Gloyne at Victoria Park Hospital. During 1929 he proposed to arrange courses in surgical tuberculosis, a course in artificial pneumothorax therapy and the interpretation of radiograms, and a French course at the University of Paris during Easter. After the meeting the council was entertained to lunch at the Hotel Russell by Sir Henry Gauvain.

THE *British Journal of Anaesthesia* announces the award of the £50 prize for the best inhalation research effort made by a citizen of the British Empire in 1928, to Florence Stephen, M.B., Ch.B., M.Sc., of the Manchester Royal Infirmary Research Department. The prize is in memory of the late Dr. S. R. Wilson of Manchester.

THE International Society of Medical Hydrology recently published a report on certain African waters. The information laid before the council proved of so much interest that the officers of the society took advantage of the visit to England of the eminent South African chemist, Professor M. Rindl of Grey University College, Bloemfontein, to hear from him some account of the chemistry of these waters. A small meeting of hydrologists and chemists was accordingly held on January 24th, the High Commissioners for South Africa and New Zealand sending representatives. Professor Rindl stated that he had been drawn to the subject in the search for home supplies of potash, and though his survey of the springs had failed to provide any results in that direction, he had made and published a preliminary survey in the hope of arousing medical and other interest in this important national asset. He found that the analyses of the waters were often incomplete and out of date, that insufficient clinical data were forthcoming, and that bathing facilities were inadequate. Many of the springs had a long history of use, first by the aborigines and then by the farmer-settlers, some still being used only in the most primitive way. Yet the waters themselves were well worthy of study and development. They were principally either sulphurous or chalybeate, no important brine springs being known, in spite of the extent of the surface "salt-pans." Seven of the springs had temperatures exceeding 105° F., the hottest being 158° F. Many were said to be radio-active, and one had a fair proportion of helium.

DR. PERCY COLEMAN, who for 30 years has been connected with the Clacton and District Hospital, has been presented with his portrait in oils by Harold Knight, A.R.A., an album containing the names of the 335 subscribers, and a wallet containing the residue of the fund. The presentation was made at a very largely attended meeting at the Grand Hotel, Clacton, presided over by Brigadier-General K. J. Kincaid-Smith, D.S.O., and attended by the medical practitioners and well-known personalities of the town.

THE following members of the medical profession were called to the Bar on January 28th: Drs. F. W. Kemp and G. Irving (Middle Temple), Dr. P. S. Selwyn-Clarke, M.C. (Gray's Inn).

THE advance programme of the twenty-second Voyage d'Études Médicales in the French Alps has been issued, and an outline of the programme may be useful to those whose circumstances necessitate the determination of their holiday arrangements early in the year. This year's tour will take place in the first fortnight of September, and will be organized by Dr. Piery, professor of hydrotherapeutics and climatology in the Faculty of Medicine at Lyons, who will share the scientific direction with Professor Paul Carnot and Professor Maurice Villaret. After visiting the Faculty at Lyons the party will assemble at Vals; from Briançon the members will travel by Alpine autocars through the Briançon district, the Dauphiné, and Savoy, visiting various health resorts and spas en route, to Evian, where the tour will terminate. The complete programme, with details regarding conditions of membership, etc., will be available about Easter. Inquiries should be addressed to Madame Juppé-Blaise, Federation of the Health Resorts of France, 1, Gordon Square, London, W.C.1.

PROFESSOR CLEMENS FIRQUET, director of the University Children's Clinic at Vienna, has been awarded the Aronson prize for his work on hypersensitiveness.

THE following appointments have recently been made in the Italian faculties of medicine: Dr. A. Contino of Bari, professor of clinical ophthalmology at Messina; Dr. M. Bolaffio of Cagliari, professor of obstetrics and gynaecology at Modena; Dr. L. Torracca of Sassari, professor of surgical pathology at Padua; Dr. F. Ravenna of Turin, professor of morbid anatomy and histology at Perugia; and Dr. F. Spirito, director of the obstetrical school at Novara, professor of obstetrics and gynaecology at Siena.

DR. J. BORDET has been elected president of the Royal Academy of Medicine of Belgium for 1929, with Dr. M. Herman of Mons and Dr. J. Demoor of Brussels as vice-presidents.