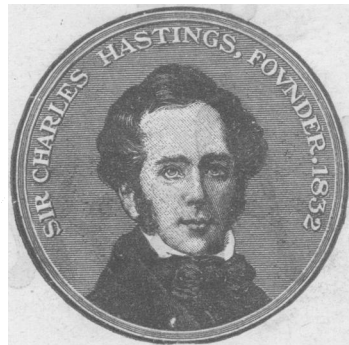


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British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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After two years of experience of ephedrine it is found that not more than $1\frac{1}{2}$ grains should be administered in a day, otherwise unpleasant gastric and circulatory symptoms will be frequent. Children require a proportionately smaller amount.

Discussion of the Mode of Action.

This basal method is not purely empirical and the selection of the ingredients is not fortuitous. It is admitted freely that an exact explanation of the mode of action will have to wait until our knowledge of pharmacology is bettered. In brief, the actions appear to be as follows. Calcium may make up the deficiency of this element, which is usually found in asthma. The defect may be a part cause of the spasm and irritability of the bronchial muscles. It should act in depressing vagotonia, if this be present. It appears to be rather intimately linked with several pleuro-pulmonary disorders. It should reduce vascular permeability. Atropine is too well known to require discussion. Ephedrine has the same actions as adrenaline, but is effectively absorbed from the alimentary canal. Its effects are usually discernible about thirty minutes after ingestion; at least, this is so in cases of colic, in which it is of use also. It should reduce spasm of the bronchial muscles. It should reduce vagotonia, if present. Caffeine is difficult to account for, although it has enjoyed a reputation in asthma for years. Theoretically it should not be of use, for it acts in the opposite direction to ephedrine and adrenaline;^{1 2} the latter stimulate the sympathetic side of the vegetative system, the former paralyses it. Caffeine also causes increase of muscular irritability, and so is opposed to calcium. It is possible that it acts by its respiratory and circulatory stimulation. The iodides probably act as expectorants; but in part they may stimulate the sympathetic side indirectly.

It has been admitted that this explanation is scanty and incomplete, but a full attempt would take up much space and still be indecisive.

I have to thank Mr. A. L. Taylor and the pharmaceutical staff of the Bristol Royal Infirmary for their help in the preparation of these mixtures.

REFERENCES.

- ¹ Fredericq, H.: *Arch. Internat. de Physiol.*, 1913, xiii, p. 107.
² Binet, L.: *Presse Méd.*, 1923, lxxxviii, p. 916.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

IMMEDIATE ENUCLEATION FOR THE TREATMENT OF QUINSY.

SINCE 1915 I have performed tonsillectomy in various ways on more than 7,000 patients. As up-to-date journals or instruments were not available, for the first thousand or so I used different methods of enucleation by dissection, and still consider that for speed and sureness of removal finger dissection cannot be beaten. The clinic operator, who guillotines his fifteen or twenty an hour, should always have handy a Collins pile forceps, which is necessary in case, owing to previous operations or rigid muscles in the fauces, the guillotine has failed and the patient is coming round.

While watching the course of cases of quinsy the conviction grew that the disease was in reality a septic cellulitis, which settles down into an abscess only when Nature is winning the battle, and at varying rates of formation of pus. It is an attempt to get rid of an infected foreign body, and we should remove it to hasten cure and prevent future invalidism.

It is like taking off the rotting, useless trapdoor of a cellar which one wishes to empty and disinfect, and happens to be as simple. Acting on this assumption, I have performed over 120 of these operations, and have regretted none. Emboldened by the rapid convalescence, immediate relief from pain and fever, and perfect anatomical results, I have extended the operation, and now usually remove the opposite tonsil as well, and often the post-nasal adenoid tissue when present. I do this only when the clinical picture is one of sepsis being successfully fought and one can trust to the patient's plentiful supply of antibodies to heal the extra raw surfaces.

Usually it is not possible to operate until the third, fourth, or fifth day of the disease. Before the operation one should use heat in every form to aid the defensive forces of the system. Sometimes even then pus has not developed, and only cellular jelly meets the gloved finger. Even this, like pus, makes it easier for one to strip the often buried and adherent fibrous tonsil from its bed, the active inflammation digesting the adhesions to the overlapping anterior pillar and plica triangularis. In order to hasten the period of epithelialization of the raw surface one can leave much of the anterior pillar. But I believe the sole use of the muscle in it is to act as the front handle of the "lemon-squeezer" which is formed by the anterior and posterior pillars of the tonsil-bed. The "squeeze" should help to empty the crypts of the tonsil during each act of swallowing, and, by the pain produced by swallowing when the tonsil is congested, prevents us from overeating when chilled or fevered. In sthenic or strumous people, who need much antibody in the system, the anterior pillar overlaps the tonsil very extensively, so that much of the tonsil juice is squeezed into the lymph vessels of the neck, where it can produce further effects in the glands. Hence, when we have removed the tonsil the squeezer muscle is unnecessary, and for a series of about 300 patients I removed the anterior pillars (including my own). The results were good, and the "beds" cleaner and free from the dirty clot which sometimes adheres in deep beds, but owing to the extra time taken during healing I usually spare it now.

The instruments are: (1) thick gloves; (2) tongue clip of towel-clip type; (3) gag (Sydenham's preferably); (4) long straight vulsellum or Lane's tissue forceps (I prefer Mayo's vein-dissecting forceps); (5) long blunt-pointed straight scissors (Mayo); (6) long straight Collins pile forceps, with oval fenestrated ends capable of clamping on to the large juicy tonsil when the upper half is stripped from its bed. One can get nearly all of a "ripe" tonsil free; the final movement with the Collins forceps is one of shoving the tonsil down the throat to peel its lingual tail off. Tags and fringes can be clamped and pulled off with it, and this stops bleeding well.

The position is: head extended, hanging down over the end of the table. The anaesthetic is ethyl chloride sprayed slowly on to a Skinner's mask well wrapped round with Turkish towelling, or, for longer work, atropine and chloroform. I have had some very severe and chronic quinsies to treat.

In one case of five weeks' duration with a history of fifteen previous attacks, a two and a quarter inch styloid process snapped off from the skull and came away attached to the back of the quinsy tonsil. Two cases occurred during pregnancy. One at three months proceeded to full term; another had to be operated upon at full term, and three days later I had to deliver her with forceps for a "deep transverse arrest." She made a perfect recovery.

I have several times operated thus for patients with infectious fevers, including scarlet fever and diphtheria, and for others with otitis media and mastoiditis. In one case there was a large cervical abscess, which, opened first, allowed the patient to breathe through the hole in the neck and the tonsil bed, when allowed to do so. The results were perfect, and no complications occurred. I have seen four patients die from septicaemia without an operation being possible—abscess not attempting to form. After operation two or three cases threatened to develop secondary haemorrhage, but the Collins pile forceps pushed well home over the spot, clamped, and jerked away, caused the elastic recoil and intra-vascular clotting in the coiled-up arteries needed to stop it.

This method never fails in the haemorrhage which sometimes follows the use of a too sharp guillotine, or the bleeding which sometimes comes in an alarming flood a few hours after the use of any of the two-bladed (crushing plus cutting) guillotines. In "bleeders" haemoplatic serum can be injected either before (if one has warning) or afterwards when one is caught unaware, *actually under the tonsil bed*. One should begin from above in the palate and travel down in the oedema caused by the serum; this relieves one from the fear of touching one of the vessels in the carotid sheath. This method stops "bleeders" from oozing, practically instantly. Few members of the working class, who suffer from quinsy repeatedly, can be induced to have an "interval" operation; and this, when it is performed, seems to me to cause much more pain than an operation undertaken during the quinsy.

Bishop's Stortford.

R. A. R. WALLACE, F.R.C.S.

THE GLYCERIN TREATMENT OF PUERPERAL SEPSIS.

DR. REMINGTON HOBBS'S method of treating puerperal sepsis by the injection of glycerin into the uterus forms, it is generally agreed, a very valuable addition to our armamentarium in fighting this dreaded disease. It depends on the highly hygroscopic action of the glycerin, which induces an increased flow of serum into the uterus. Two practical difficulties arise; one of these has been, so far as I am aware, overlooked, and the other has been only partially surmounted.

The first difficulty is that glycerin stored in ordinary bottles in a damp climate—Calcutta during the rains affords a good example—absorbs so much moisture from the atmosphere that its hygroscopic action on the uterus must be negligible. This was pointed out to me by Lieut.-Colonel T. C. Boyd, I.M.S., professor of chemistry in the Medical College, Calcutta. I suggest to manufacturers that they should put on the market hermetically sealed glass ampullae, each containing about 20 c.cm. of chemically pure glycerin. I should like to suggest further that the hygroscopic action of the glycerin might be augmented by the addition of anhydrous magnesium sulphate. Three grams of this salt can be added to 20 c.cm. of glycerin without making it too viscid. I have used this preparation recently on two cases of streptococcal infection of the uterus with very gratifying results. The magnesium sulphate is sterilized in a hot air sterilizer at 150° C. for one hour, and added to the glycerin before injection into the uterus.

The second difficulty is the method by which the glycerin is injected into the uterus. If the catheter or tube is passed into the uterus daily, the patient, who is very ill, is subjected to a good deal of disturbance: if the catheter is left *in situ*, so as not to disturb the patient daily, it is certain to slip out and the glycerin is injected next time merely into the vagina. It is suggested in *The Queen Charlotte's Practice of Obstetrics* that a piece of porous sponge tied to the catheter a little below the eye will keep the catheter in position. I would suggest that the difficulty could be best overcome by a specially made large-sized self-retaining catheter, the outer measurement of the tube being half an inch wide and the flanges on each side being three-fourths of an inch. This would be easily introduced and unlikely to slip out.

S. A. McSWINEY, M.B., F.R.C.S.I.,

Eden Hospital for Diseases
of Women, Calcutta.

Major I.M.S.

Reports of Societies.

EARACHE.

A MEETING of the Medical Society of London was held on February 11th, when Dr. J. WALTER CARR, the president, paid a tribute of respect from the chair to the late Dr. de Havilland Hall, who was a Fellow of the Society for fifty-five years and its president in 1903.

Dr. H. MORELAND MCCREA introduced a discussion on earache. He said that earache, being a pain, must be considered under the classification of pains—namely, localized, as in otitis media or furunculosis; referred pain, due to lesion of the same nerve area; and transferred pain, of which one of the most striking examples in his experience was in a patient subject to attacks of angina, which always began with a violent earache, the pain being transferred to the ear by some unknown means, probably through interconnecting branches of the vagus. A case of otitis media might be one of the most serious things a surgeon had to undertake, and no stone should be left unturned in diagnosis until this condition had been definitely excluded. He emphasized strongly the need for prompt treatment of any acute suppurative inflammation of the middle ear, and the danger to the permanent hearing, perhaps even to life itself, if such measures were delayed. In differentiating furunculosis there was one helpful point which might be remembered, that the common organism in it was *Staphylococcus aureus*. Minor local causes of earache might be the presence of cerumen

in the meatus, or an increase of atmospheric pressure due to blocking of the Eustachian tube by adenoids. The points in examination were: history; constitutional disturbance; condition of the drum, whether bulging or perforated, and accompanied or otherwise by discharge; temperature; state of the lymphatic glands and the bone; and deafness. If there was no local cause for earache, the next thing to do was to examine the regions from which the pain could be referred or transferred. The salivary glands could cause earache; as a referred pain it might be due to acute tonsillitis, and continue after enucleation of the tonsils; ulceration or erosion of the tongue, again, could bring about constant or intermittent intense pain in the ear. An aching tooth might also be the cause; intense ear pain might be induced by a buried wisdom tooth. Disease of the larynx could give rise to intense earache, which might be purely transferred pain. The possibility of the origin of the pain being an early cancer or tuberculous lesion in this area should not be disregarded.

Mr. HERBERT TILLEY said that earache was a very deceptive symptom in that the gravity of the causative lesion might have little proportion to the severity of the pain. A furuncle in the meatus, although not endangering life at all, might render life intolerable for three or four days, while an earache which was scarcely more than a bearable discomfort might be the only subjective symptom of retained sepsis in close proximity to the temporal meninges. Dealing with intrinsic causes, Mr. Tilley first touched on foreign bodies, such as a pea or some vegetable grain, in a child's ear, sometimes possible of expulsion by gentle syringing, otherwise, if impacted, requiring removal with a suitably curved probe or hook under a general anaesthetic. A not infrequent foreign body was a foul pledge of wool which the patient had forgotten to remove. Cerumen pressing against the tympanic membrane might cause earache, but more particularly vertigo. Furunculosis, due to staphylococcal inflammation of a hair follicle or sebaceous gland in the epidermic lining of the cartilaginous portion of the meatus, sometimes resulted in intolerable pain. With regard to the differentiation of this condition from mastoiditis Mr. Tilley suggested three points: the hearing would probably be normal in the case of furuncle, whereas in mastoiditis there was likely to be some damage to the middle-ear structures; the movement of the jaw or auricle would accentuate the pain in mastoid inflammation, but hardly that caused by mastoiditis; and direct pressure on the oedematous area would not greatly increase the pain of a furuncle, but would accentuate that due to inflammation in the mastoid antrum or cells. Dealing with acute inflammation of the middle-ear cleft, which furnished the physician with most of his cases of severe earache, if the physician satisfied himself that acute inflammation of the intact tympanum was present he should, in the case of a child, make arrangements for a brief general anaesthesia in order that the tympanic membrane might be incised. In the adult local anaesthesia could be used. It was his firm conviction that once the tympanic membrane was acutely inflamed and uniformly congested paracentesis should be performed. A clean and free incision through the posterior half of the drumhead provided immediate drainage for inflammatory products from the tympanum, thereby saving the delicate mechanism of the middle ear from possibly irreparable damage, and perhaps also hindering a spread of infection to the mastoid antrum, its cells, or to important regions in the vicinity. The milder and fugitive forms of earache in children, Mr. Tilley added, should be taken as a note of warning by the thoughtful physician. They almost invariably implied a mild infection of the Eustachian tube and middle ear, and examination of the nasopharynx would frequently reveal that abnormal degree of lymphoid hypertrophy which was called adenoids. In chronic suppurative otorrhoea earache should be regarded as a symptom of arresting significance, because it meant that septic inflammatory products were retained under tension in the middle ear or on its adnexa. In these circumstances, and without the addition of any other local or general symptoms, one would be justified in adopting surgical measures for the free exposure and drainage of a septic focus. Earache might be complained

always listened to with great respect by his fellow members of the court. I, as Master, Mr. Osborn, and Mr. Adams Frost, members of the court, and Dr. Haydon, secretary to the Court of Examiners, were present at the funeral at Twickenham.

We regret to announce the death, at the age of 63, of Dr. LEO FERDINANDO BIANCHI, F.R.C.P.Ed., F.R.C.S.Ed., which occurred at his home in Portobello, Edinburgh, on January 17th. Dr. Bianchi was born at Tunbridge Wells in March, 1865, and was educated at St. Augustine's College, Ramsgate, and then aboard the Thames Nautical Training College, H.M.S. *Worcester*, off Greenhithe, Kent. In 1883 he was appointed a midshipman in the Royal Naval Reserve and served in the Hooghly Bengal Pilot Service. He had the honour of being among the five candidates chosen to receive Her Majesty Queen Victoria's gold medal for the boy likely to make the finest sailor. The Indian climate told on his health, and he was retired from the pilot service with a pension. Some time after returning to Edinburgh he decided to engage in medical studies as a hobby, and he obtained the diplomas L.R.C.P., L.R.C.S.Ed., L.R.F.P.S.Glas. in 1904. In 1905 he became M.R.C.P.Ed., and received the D.P.H. R.C.P.S.Ed., and in 1908 he obtained the F.R.C.S.Ed. For a time he held an appointment as non-resident house-physician at the Royal Infirmary, Edinburgh; he subsequently started private practice in Joppa, and later in Portobello. In 1920 he obtained the Fellowship of the Royal College of Physicians, Edinburgh. He was a member of the British Medical Association from the date of his qualification in 1904, and from 1916 to 1919 was on the executive committee of the Edinburgh Division. Dr. Thomas I. Mills writes: Dr. Bianchi and I have been close friends both as seamen and as members of the medical profession for forty-seven years. He was a man of fine character and a natural leader of men.

Colonel JOHN ARNALLT JONES of Llandaff, Cardiff, who died last December, was born in June, 1862, and received his medical education at the London Hospital. He obtained the diplomas L.S.A. in 1884, L.R.C.P.Lond. in 1885, M.R.C.S.Eng. in 1887, and D.P.H. in 1904; he graduated M.D.Durh. in 1902. For many years he was medical officer of health for the Borough of Aberavon and Swansea (Port Talbot) Sanitary Authority. While at Aberavon he was instrumental in the formation of ambulance classes for the local railwaymen and other workers. He took great interest in the Volunteer movement, and became colonel of the 2nd V.B. Welch Regiment. During the last war Colonel Arnallt Jones served in the Dardanelles as A.D.M.S. to the 53rd Welsh Division, and in 1922 became honorary colonel R.A.M.C., Welsh Division, in succession to the late Sir John Williams. He was an honorary surgeon to the King. He was appointed J.P. for county Glamorgan, and a Justice in Lunacy. Colonel Arnallt Jones was a member and ex-chairman of the Swansea Division of the British Medical Association, and was secretary of the Section of Navy, Army, and Ambulance when the Association held its annual meeting in Swansea in 1903. He was an enthusiastic worker for the Priory for Wales of the Order of the Hospital of St. John of Jerusalem, and for his services the distinction of Knight of Grace of the Order was conferred upon him. He leaves a widow and one daughter.

Dr. BERTRAM ADDENBROOKE, whose death from acute pleurisy and pulmonary embolism occurred at his home at Kidderminster on January 22nd, had been in practice in that town for about thirty years, having joined his father, the late Dr. Edward Homfray Addenbrooke, there in 1898. Born in 1874, he received his medical education at Mason College, Birmingham, and Newcastle-on-Tyne, and in 1896 he obtained the diplomas M.R.C.S.Eng. and L.R.C.P.Lond., and graduated M.B., B.S.Durh., proceeding M.D. three years later, after having graduated B.Hy. He had held various resident posts in Birmingham previous to joining his father in practice at Kidderminster, where he speedily gained distinction among his fellow practitioners and became very popular. He held a number of public medical appointments, including that of honorary surgeon

to the Kidderminster General Hospital; he was also medical officer of health for the Kidderminster Rural District. Dr. Addenbrooke was keenly interested in the Volunteer movement and its successor, the Territorial Army, in which he held a commission in the R.A.M.C. At the outbreak of war he volunteered for active service, and early in 1915 went to France with the 7th Battalion, Worcester Regiment. Six months later he was transferred to the 12th General Hospital at Rouen, where he was for a time surgical specialist. He was demobilized on account of ill health in 1917, and a few years ago he retired from the Territorial Army after having reached the rank of major and having received the Territorial Decoration. He was a Fellow of the Royal Institute of Public Health. A keen member of the British Medical Association, he served on the Council of the Worcester and Hereford Branch from 1910 to 1914 and from 1920 to 1925; in 1923 and 1924 he was successively vice-chairman and chairman of the Worcester Division. The death of Dr. Addenbrooke, after a very short illness, came as a painful shock to his many patients and friends, a very large number of whom, including nearly all the medical practitioners of the district, were present at his funeral on January 25th. He leaves a widow and one daughter.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on February 8th the following medical degrees were conferred:

M.B., B.Chir.—F. H. Gillett.
B.Chir.—D. B. Wilson.

Dr. T. S. Hele has been appointed a member of the M.B. Degree Committee, in place of Sir F. G. Hopkins, resigned.

UNIVERSITY OF LONDON.

THE report from the Committee on the Medical Education of Women Undergraduates has been generally approved by the Senate and the recommendations appended thereto have been adopted (an abstract of the report was published in our issue of February 2nd, p. 217).

The regulations for the M.S. Examination, Branch III (Ophthalmology) have been amended by the substitution for the third paragraph on p. 254 of the Red Book, 1928-29, and on p. 241 of the Blue Book, September, 1928, of the following:

Every candidate must forward together with his form of entry the following certificates: (i) A certificate of having spent a total period of at least two years in the study and practice of ophthalmology at a teaching school or schools approved by the University, of which one year at least must have been subsequent to obtaining the M.B. B.S. degrees in this University. (ii) A certificate that, in the course of this period of two years, he has held for at least six months an approved appointment in the ophthalmic department of a general hospital recognized by the University for the purpose, or at an ophthalmic hospital recognized by the University, without ceasing to attend, for the purposes of the study and practice of ophthalmology, a teaching school, or schools, approved by the University.

The regulations for the M.S. examination, Branch IV (Laryngology, Otology, and Rhinology), Red Book, 1928-29, p. 255, and Blue Book, September, 1928, p. 242, have been similarly amended.

An Academic Diploma in Clinical Pathology is to be instituted, the regulations for which will be obtainable in due course from the Academic Registrar.

Applications for grants from the Thomas Smythe Hughes Medical Research Fund for assisting original medical research must be received not earlier than May 1st and not later than June 15th, 1929. Particulars may be obtained from the Academic Registrar.

A University Studentship in Physiology of the value of £100 for one year will be awarded to a student qualified to undertake research in physiology, if a candidate of sufficient merit shall present himself. Applications must be received by the Principal Officer by May 31st. Full regulations of the award can be obtained on application.

Dr. H. Gainsborough has been recognized as a teacher of the University in Medicine at St. George's Hospital Medical School.

The following have been appointed staff examiners in the subjects of examinations for medical degrees for 1929:

Anatomy.—Professor T. H. Bryce, F.R.S., and Professor Mary F. L. Keene.

Bacteriology.—Major General D. Harvey, C.M.G.

Chemistry.—First Medical: F. D. Chattaway and Miss Sybil T. Widdows.

Second Medical: F. D. Chattaway and Professor J. C. Drummond.

Forensic Medicine and Hygiene.—W. B. Anderson and A. S. MacNalty.

General Biology.—F. Drabble and Miss Philippa C. Esdaile.

Medicine.—Professor A. J. Hall, C. Wall (internal), C. E. Lakin (internal), and Professor H. MacLean. Associate Examiners: D. H. de Souza, Professor W. E. Hume, Professor A. W. M. Ellis, and J. A. Ryle.

Mental Diseases and Psychology.—E. D. Macnamara and C. W. B. James.

Neurology.—M. Hinds Howell and W. J. Adie.

Obstetric Medicine.—Professor M. H. Phillips and J. B. Banister. Associate Examiners: D. W. Roy and J. D. Barvis.

O o-Rhino-Laryngology.—Sir William Milligan and Herbert Tilley.

Pathology.—Professor E. H. Kettle and Professor J. M. Beattie. Associate Examiners: R. Donaldson and J. A. B. Hicks.

Pharmacology.—Professor W. E. Dixon, F.R.S., and V. J. Woolley.
Physic.—G. Stead and Professor J. A. Crowther.
Physiology.—Professor J. B. Leathes, F.R.S., and Professor J. Mellanby.
State Medicine.—R. A. Lyster and G. F. Buchan.
Surgery.—H. S. Soutter, Professor C. A. Pannott (internal), W. Girling (external), E. C. Hughes, and as fifth examiner if required, C. M. Page, D.S.O. Associate Examiners: G. T. Mulally, P. H. Mitchiner, E. K. Martin, W. H. Hey, and as fifth examiner if required, R. M. Vick.
Tropical Medicine.—J. B. Christopherson.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE.
Division of Tropical Medicine and Hygiene.

The following passed the examination at the termination of the eighty-fifth session (October, 1928, to February, 1929).

*S. Batchelor (Duncan medal), *T. C. Backhouse, *J. Bryant, *L. S. Chatterji, *R. S. F. Hennessey, *M. Howison, *W. S. Nealer, *A. J. W. Wilkins, C. M. Africa, K. P. Anklesaria, E. A. Aslett, F. C. K. Austin, D. C. Bell, P. S. Bell, D. D. Bhargava, J. S. Brown, J. A. Carman, I. E. Chandler, A. D. Charters, N. Chilton, H. L. Chopra, J. C. Chukerbuti, A. H. Craig, M. Das, T. J. Davidso, G. E. Dodds, A. N. Duggal, A. L. Goldard, J. G. Green, H. E. Hargreaves, E. Haworth, W. Hunter, H. Joomye, N. Kamchorn, C. Libert, L. S. Liu, S. I. McMillen, A. Meuras, G. M. M. Menzies, G. W. Milledge, C. E. G. Nunn, N. M. Rane, S. L. Rikhye, J. S. Robinson, S. F. Russell, I. A. Senanayake, E. H. Stahly, R. Stanford, E. M. Turner, F. B. Turner, O. R. Unger, A. E. S. Whatron, E. W. Whitcomb, C. D. Williams, D. B. Wilson.

* With distinction.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on February 5th, when the president, Dr. Robert A. Fleming, was in the chair.

Dr. James Davidson Stuart Cameron (Edinburgh) and Dr. Archibald Nathaniel Shirley Carmichael (Edinburgh) were introduced and took their seats as Fellows of the College. Dr. Ella Ferrier Pringle (Edinburgh) and Dr. John Miller Woodburn Morison (Edinburgh), were elected Fellows of the College.

Dr. William Sidney Thayer, Emeritus Professor of Medicine of the Johns Hopkins Medical School, Baltimore, U.S.A., was appointed Gibson Lecturer for the triennial period 1929-31.

The Services.

DEATHS IN THE SERVICES.

Lieut.-Colonel Thomas MacDermott, O.B.E., R.A.M.C.(ret.), died at Cheltenham on January 22nd, aged 63. He was born in Ireland on November 1st, 1865, and was educated in the Catholic University, Dublin, graduating as B.A., M.B., Ch.B., and B.A.O. in the Royal University of Ireland in 1889. Entering the R.A.M.C. as surgeon lieutenant on July 27th, 1892, he attained the rank of lieutenant-colonel on November 27th, 1914, retiring on November 1st, 1920. He served throughout the South African war of 1899-1902, when he took part in the operations in Natal in 1899-1900, including the action at Talana, the defence of Ladysmith, and the action at Laing's Nek; and in the Transvaal in 1900-2, including the actions at Belfast and Lydenbergh; and received the Queen's medal with four clasps and the King's medal with two clasps.

Major Henry Daniel James, R.A.M.C.(ret.), died at St. Leonards on January 22nd, aged 71. He was born at Multan on June 20th, 1857, the only son of the late Rev. H. D. James, M.A., chaplain, Bengal Presidency, and vicar of Hambledon, Oakham, and was educated at King's College, London, where he was resident Warneford scholar. He took the L.S.A. in 1883, the M.R.C.S. in 1884, and the L.R.C.P. Lond. in 1891. Entering the army as surgeon on January 31st, 1885, he became surgeon major after twelve years' service, and retired on January 31st, 1905. He served on the North-West Frontier of India, in the campaigns of 1897-98, taking part in the operations on the Samana Range (medal with two clasps), and through the Tirah campaign, at the actions of Chagru Kotal and Dargai, the capture of the Sampagha and Arhanga Passes, the reconnaissance of Sarau Sar, and the operations in the Bara Valley (clasp); and in the South African war in 1899-1901, in operations in the Transvaal, Orange River Colony, and Cape Colony (Queen's medal with four clasps). He also rejoined for service in the great war, and served in the South of Ireland for two years, 1915-17. Major James was a member of the British Medical Association, and represented the Hastings Division at the Annual Representative Meeting of the Association at Portsmouth in 1923.

Major Alfred Herbert Heslop, D.S.O., O.B.E., R.A.M.C.(ret.), died at the Clergy House, Exeter, on January 30th, aged 48. He was born on March 5th, 1880, the younger son of the late Rev. R. C. Heslop of Wakefield, and was educated at St. Thomas's Hospital and at Durham University, where he graduated M.B. and B.S. in 1903. Subsequently he took the F.R.C.S. in 1921. After filling the posts of house-surgeon at the Salop Infirmary, Shrewsbury, and the Durham County Hospital, and of clinical assistant at All Saints' Hospital for Genito-Urinary Diseases in Vauxhall Bridge Road, London, he entered the R.A.M.C. as lieutenant on July 30th, 1906, became

major after twelve years' service, and retired on October 2nd, 1926. After retiring from the army he went into practice at Ryde, Isle of Wight, where he was surgeon to the Royal Isle of Wight County Hospital at Ryde, and consulting surgeon to the King Edward VII Convalescent Home for Officers at Osborne. He served in the recent great war, when he was four times mentioned in dispatches, in the *London Gazette* of January 1st, 1916, June 15th, 1916, December 24th, 1917, and May 25th, 1918, and received the D.S.O. in 1916 and the O.B.E. in 1919. He married Florence Madelaine, daughter of H. W. A. Walker, Esq., and leaves one son and one daughter.

Medical News.

A MEETING of the Royal Microscopical Society will be held at 20, Hanover Square, W.1, on February 20th, at 8 p.m. The effects of certain agencies on cell division *in vitro* will be discussed, Dr. R. G. Canti and Mr. F. G. Spear dealing with radium, Mr. S. F. Cox with x rays, and Mr. F. G. Spear with low temperature in this respect. Demonstrations will be given by Mr. S. F. Cox on the effect of a heavy dose of x rays on living cells as shown by the dark-ground method, and by Dr. Canti on cell division in the living tissues cultivated *in vitro*. Stained preparations will be exhibited to indicate the effects of radium, x rays, and low temperature on cell division.

UNDER the auspices of the National Council for Mental Hygiene Dr. Letitia Fairfield, C.B.E., will deliver a lecture on "Efficiency and deficiency" at the rooms of the Medical Society of London, 11, Chandos Street, W.1, on Wednesday, February 20th, at 5 p.m.

THE annual meeting of the Industrial Health Education Society will be held at 4 p.m. on Tuesday, February 19th, in the board room of the Society of Medical Officers of Health at 1, Upper Montague Street, Russell Square, London, with Sir Humphry Rolleston, the honorary president, in the chair. The speakers will be Lord Melchett, on behalf of employers, and Mr. Ben Tillett, president of the Trade Union Congress, on behalf of the employees. A brief account of the activities of the society was given in the *Journal* on January 26th (p. 183), when it was stated that a public appeal was being made for £5,000 to enable its work to be maintained and expanded to meet the demands made upon it.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that a lecture on "Pitfalls in dermatology" will be given by Dr. A. C. Roxburgh on Monday, February 18th, at 5 p.m., at the Medical Society, 11, Chandos Street, Cavendish Square. On the following day, at 10.30 a.m., at the National Heart Hospital, Dr. B. T. Parsons-Smith will give a clinical demonstration. At the Wellcome Museum of Medical Science, 33, Gordon Street, Dr. C. M. Wenyon will give a demonstration on the part played by animals in the spread of disease; on Wednesday, February 20th, at 4 p.m., and on Thursday, February 21st, at 2 p.m., Mr. Gill-Carey will give a clinical demonstration at the Central London Throat, Nose, and Ear Hospital. There are no fees for the above lectures and demonstrations. From February 25th to March 2nd there will be an all-day course in diseases of the chest at the Brompton Hospital, and from February 25th to March 9th a morning course in diseases of children will be given at the Hospital for Sick Children, Great Ormond Street. From March 11th to 23rd an all-day course, with limited entry, will be held at the Royal National Orthopaedic Hospital, and an afternoon course in ophthalmology at the Royal Eye Hospital. Copies of all syllabuses and details of the general course, consisting of attendance at clinical practice of some forty London general and special hospitals, may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1.

THIS year, at Whitsuntide, a party of doctors and others will go on a tour of mediaeval towns and spas in Germany. Among the places to be visited are Hildesheim, Goslar, Bad Harzburg, Schierke, Bad Sachsa, Weimar, Eisenach, Kissingen, Nuremberg, Rotenburg, Würzburg, Heidelberg, Frankfurt, Bad Nauheim, Wiesbaden, Ems, Coblenz, and Cologne. The party is due to leave London on Tuesday, May 14th, and return on June 4th. The cost will be £45 12s., including all travelling expenses, meals, hotel charges, and gratuities. Wives or daughters of medical men joining the tour will be welcomed. Particulars may be had from Mr. Henry Baerlein (Bath Club, 34, Dover Street, London, W.1), who organized the enjoyable visits to Czechoslovakia and Jugoslavia in 1927 and 1928.

SPEAKING at the Chelsea Town Hall on February 11th Sir Samuel Hoare announced that Lord Melchett had purchased 1½ acres of land for the erection of new buildings for the

Chelsea Health Society, of which Lady Melchett is president. It is intended to set up a centre in which accommodation will be found for the various health organizations of the borough. Subsequently it was explained that the gift was associated with Lady Melchett's scheme for a children's health centre, and that she intends to build a model infant's welfare centre, babies' nursing home, and day nursery. Offices will also be provided for the Invalid Children's Aid Association, and accommodation for the London County Council school treatment centre.

At a dinner-party given in the parlour of Apothecaries' Hall, Blackfriars, on February 12th, the guests were received by the Master, Lieut.-Colonel C. T. Samman; the Senior Warden, Dr. H. J. Hott; and Dr. T. Vincent Dickinson, Past-Master, in the absence of the Junior Warden, Sir George Buchanan. This occasion was taken to introduce formally to the Society of Apothecaries four medical men recently awarded the new diploma of Master of Midwifery after special examination in ante-natal care, child welfare, and midwifery. Among the other guests were Lieut.-General Sir Matthew Fell, Director-General A.M.S., Mr. Comyns Berkeley, and the Editor of the *British Medical Journal*.

The Council of Epsom College will shortly elect a girl to a St. Anne's Home Scholarship of £52 a year. Candidates must be fully 7 years of age and not over 12 years of age on May 1st next, and must be orphan daughters of medical men who have been for not less than five years in independent practice in England or Wales. Application must be made by March 8th on a form to be obtained from the secretary, 49, Bedford Square, W.C.1.

THE Royal Society announces in our advertisement columns that applications for the Government grant for scientific investigation for 1929 must be received at the offices of the Royal Society by March 31st. Printed forms of application can be obtained from the Clerk to the Government Grant Committee, Royal Society, Burlington House, London, W.1.

As announced in our advertisement pages the governors and trustees of the Tancred Studentships propose to elect, shortly after Whitsuntide, one student in physic at Gonville and Caius College, Cambridge. The annual stipend is £100. Full particulars can be obtained on application to Mr. E. T. Gurdon, 28, Lincoln's Inn Fields, W.C., clerk to the governors and trustees.

THE fifth annual report of the Ella Sachs Plotz Foundation for the Advancement of Scientific Investigation gives details of the twenty-one grants made during 1928. In the five years of its existence the Foundation has contributed seventy-three grants towards researches aiming at the solution of problems in medicine and surgery. Applications for grants to be made during the year 1929-30 should be sent before May 15th to Dr. J. C. Aub, Huntington Memorial Hospital, 635, Huntington Avenue, Boston, Massachusetts.

To the current issue of *Better Health*, a small magazine published monthly at 1d. by the Central Bureau for Health Education of the Society of Medical Officers of Health, Dr. H. B. Brackenbury contributes an article entitled "How to use your family doctor."

WE are informed that *The World's Health*, which has hitherto appeared monthly, will, during 1929, be published quarterly, commencing with the March issue.

IT is announced that Mr. Albert Levy, treasurer of the Royal Free Hospital, has given £50,000 to the fund for rebuilding the hospital's maternity department and for the promotion of research on maternal mortality. The fund was instituted eighteen months ago, when the Queen gave her support to the hospital's centenary appeal; Her Majesty has agreed that the new department should bear her name. Mr. Levy, in making his gift, has been actuated by a sense of the necessity for improving the midwifery service of the country, and of the special importance of training women students in this branch of medical work.

THE Nizam of Hyderabad has made a donation of £1,000 to the Ross Institute and Hospital for Tropical Diseases, Putney Heath.

THE Jubilee Congress of the German Balneological Society, founded in 1879, was held in Berlin from January 24th to the 29th, under the presidency of Professor Dietrich. The programme contained over 50 papers dealing with various aspects of balneology. The next congress will be held at Bad Elster in April, 1930.

UNDER the auspices of the *Revue Médicale Française* there will be a medical congress in Paris, from June 9th to the 14th, under the presidency of Professor Delbet. In addition to various lectures and practical demonstrations, excursions will be arranged to historic sites and therapeutic centres. Further information may be obtained from M. Léon Tixier, 18, Rue de Verneuil, Paris (7^e).

Letters, Notes, and Answers.

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

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

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

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

The TELEPHONE NUMBERS of the British Medical Association and the *British Medical Journal* are MUSEUM 9361, 9362, 9363, and 9364 (internal exchange, four lines).

THE TELEGRAPHIC ADDRESSES are:

EDITOR of the *British Medical Journal*, Aitiology Westcent, London.

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

MEDICAL SECRETARY, *Mediscera Westcent*, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

SOUND-PROOF DOORS.

"INQUIRER" asks for suggestions as to means of deadening sounds between the waiting-room and the consulting-room. A thick curtain having proved insufficient, he has thought of adding an extra door specially constructed to prevent the transmission of sounds.

CONSTIPATION AFTER GASTRO-JEJUNOSTOMY.

"R. M. R." asks for suggestions for treating a man, aged 61, who had a gastro-jejunostomy performed more than seven years ago. Constipation is increasing, possibly owing to colonic stasis. Several kinds of paraffin have been tried—also argyrol with phenolphthalein, tablets of aloin and strychnine and belladonna—and a variety of other medicaments, but it is very difficult to overcome the constipation. The patient is very pale and thin, and extremely sensitive to cold.

MOONSHINE?

"C. I." writes: Can any medical man inform me if the statement one hears so often from people returning from the East (hot countries) that the moon has a harmful influence on residents there, more especially if it shines on their faces when they are in bed, is true or all "moonshine"?

TREATMENT OF RHEUMATIC HEART DISEASE.

DR. A. V. RUSSELL (Llanidloes) writes: Possibly "X. Y. Z." may find my experience helpful in treating the patient mentioned on February 2nd (p. 232). Among children in hospital and in private practice who suffered from rheumatism with cardiac complications I have had many with persistent slight pyrexia and some tonsillar sepsis. In one case, at least, vaccine treatment resulted in a complete cure, but, as a rule, the association of a vaccine with a peroxide gargle and a suitable throat paint was needed. Nearly all those patients who did not respond to this treatment recovered after tonsillectomy. I use Parke Davis antirheumatic vaccine in doses graduated according to the reaction observed. My favourite throat paint is the following:

R	Zinci chloridi	...	...	...	...	...	...	gr. xx
	Glycerini	...	...	...	...	...	...	3ss
	Aq.	...	...	...	...	...	...	ad 3ij

Sig. Apply night and morning after using a peroxide gargle.

For the gargle I use one teaspoonful of hydrogen peroxide in a wineglassful of tepid water.

INCOME TAX.

Division of Partnership Assessment.

"H. K. W." inquires as to the proper method to be applied where there has been a change in the personnel of the partnership.

* * * Normally—including "H. K. W.'s" case—the change does not affect the gross amount of the assessment, which is fixed by reference to the amount of the profits of the year preceding. For instance, if D succeeds to C and the new firm becomes A B and D as from April, 1928, then that firm is assessed in the same gross amount as A B and C would have been assessed if the change had not taken place, and D has to account for tax on his fractional share of that amount less his own personal allowances.