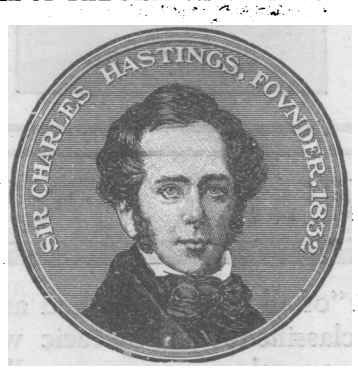
The

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



Including an Epitome of Current Medical Literature

WITH SUPPLEMENT.

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praecox. There were found to be distinct points of difference, however, between the mental disorders of epidemic encephalitis and the psychoses which they resemble. The delusional state of epidemic encephalitis is more transient and variable than that of chronic delusional insanity. The mental outlook is objective and the immobility bradykinetic in those cases which resemble melancholia, but which differ from it for those reasons. The apparent katatonia of epidemic encephalitis is rather bradykinetic and bradyphrenic than part of the introversion of dementia praecox.

PSYCHONEUROTIC SYMPTOMS.

Cases closely resembling definite types of psychoneurosis were not of common occurrence, and apparently bore no relation to the age of the patient. Well-marked psychasthenic symptoms, however, occurred in a few cases. At first sight the similarity between the mental symptoms of epidemic encephalitis and those of the psychoneuroses appears a strong one. On thorough investigation, however, it is found that there are two important differences. In the first place, the former may clear up and disappear quickly without the application of any treatment, while the latter, in the absence of psychological treatment, tend to pursue a chronic course or to improve very gradually. Secondly, the effects of psychotherapy on post-encephalitis tend, with certain exceptions, to be of a transient character, while in the psychoneuroses permanent recovery may be looked for. In other words, by psychological treatment in epidemic encephalitis we are only dealing with what has been vaguely described as the "large functional element" which is present in many organic nervous diseases, whereas in hysteria and the psychoneuroses we are concerned with conditions which, if not of psychogenic origin, are at any rate much more dependent upon psychic factors.

Among those who support the psychogenic theory of the causation of this condition considerable claims have been made for the value of psychological treatment. Apart from extravagant claims, however, psychotherapy has proved of definite value as a symptomatic form of treatment in a number of cases—this especially in the cases where insomnia or sleep inversion occurred. The method of treatment was mainly that of suggestion, and the effect was quickly obtained. The various "stunt" methods of suggestion which have been described, such as the injection of innocuous substances, do not appear to be of value since they have no sound rationale and can only be transient in effect. In intelligent patients, where a large so-called functional element is superimposed on the organic trouble, psychotherapy may be of considerable and lasting benefit.

REFERENCE.

[1] Wimmer, A.: *Chronic Epidemic Encephalitis*, Heinemann, London, 1924, 14, 83, 84.

Memoranda:

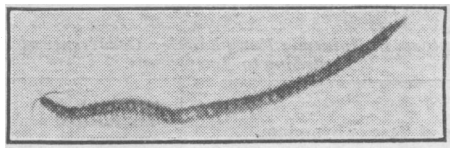
MEDICAL, SURGICAL, OBSTETRICAL.

A CENTIPEDE IN THE NOSE.

A STONEMASON'S labourer, aged 28, recently presented himself to me with the following history.

For two or three years he had suffered from difficulty in nasal breathing, deafness, slight vertigo, and headache. For the past few weeks, however, one nostril seemed to be definitely obstructed, and tightness and irritation in his nose caused insomnia and sneezing. Involuntary nasal whistling occurred from which he sought relief by breathing through the mouth. One morning, when he was trying to clear his nose, a large and very active centipede was ejected through one of the nares. With some difficulty he captured the centipede alive and brought it to me in a box. Since that morning his nose has felt altogether more comfortable; the difficulty in nasal breathing and the local irritation have practically ceased. Examination of the nares showed enlarged turbinals and a deflected septum, but there was no ozoena and no sign of gross trauma. The patient does no gardening and has no recollection of smelling flowers at any time in the past two months. On the other hand, his story that the insect came from the nose and nowhere else was very clear.

Cases of nasal infection by insects, though rare, do occur in this country. Greenbottle and bluebottle flies (blow-flies), even in Great Britain, occasionally deposit their ova in the human nose or ear, extensive ulceration and actual necrosis of the soft parts and even of bone being produced as these ova mature. Such ova have even been found in the anterior chamber of the eye, having reached there probably by way of the nasal sinuses. How easily blow-fly infection may occur must be known to many who were on active service in the tropics and saw cases of wounded being taken up with masses of flies adhering to their eyes, mouth, and nose. Blow-flies will lay their eggs on any open sore, and in Gallipoli and other war zones the sufferings of the wounded were often aggravated by this cause. Wounds or



ulcers infected by larvae must be dealt with promptly and thoroughly. They should be irrigated with a 1 in 20 carbolic solution or swabbed with pure benzine. Tumours resulting from the pressure of larvae should be freely opened and the contents expressed. Iodine seems to be inadequate; I have poured iodine upon a mass of writhing maggots without producing any apparent effect upon their vitality. Gad-flies or bot-flies, whose maggots live in certain tumours in the skin of oxen, in the stomach and intestines of horses, and in the nostrils and other cavities of sheep, goats, and deer, have occasionally produced nasal infection in man, leading to inflammation and even necrosis of tissue. The grey flesh-fly, common everywhere in summer and autumn, in place of eggs produces living maggots which have sometimes been observed in abscesses in the human nose and ear; they number 50 to 80 in a swarm and change to pupae in five to eight days, developing into flies eighteen to twenty days later.

On the whole it appears probable that the centipede did not enter the patient's nostril in its adult state, but was accidentally transferred there at some earlier phase of its development. The photograph, which could be taken only after the creature had been chloroformed, gives but a poor idea of its normal active appearance.

Eastbourne. J. GORDON WILSON, M.D., Ch.B.

ILEO-ILEAL INTUSSUSCEPTION DUE TO A FIBROMA.

THE occurrence of a case of intussusception in an adult is sufficiently unusual to merit recording.

A miner, aged 25, was admitted to the Nottingham General Hospital with a history of having had, during the past four months, five attacks of vomiting associated with pain referred to the umbilicus. This pain was described as one of distension; it was accompanied by rumbling as though wind was trying to pass. Defaecation gave relief, but latterly aperients in increasing doses had been required.

The abdomen was distended with a well-marked "ladder pattern"; it was tympanitic and there was some epigastric tenderness. Rectal examination revealed nothing abnormal. An enema produced a constipated result, subsequent to which the bowels were well opened naturally.

Through the right linea semilunaris the peritoneal cavity was opened; small gut distended to the size of the patient's fist presented with collapsed coils of ileum below it. On passing the hand down into the right side of the pelvis a mass could be felt like an intussusception; this was brought up into the wound and proved to be one of the ileo-ileal type. Reduction was easy, only about two inches of gut being involved. At the apex of the intussusception a lump could be felt in the lumen of the bowel, so after applying a clamp across the loop the intestine was opened longitudinally and a tumour about 2 inches by 1 emerged; this was cut away along with its short pedicle. The wound of the intestine was then stitched up transversely with a loop on the mucosa stitch and a superimposed Lembert suture. Before releasing the clamp the ileum proximal to it, which was not only greatly distended but also hypertrophied, was lightly clamped for a small area, and a purse-string suture was inserted. At the middle of the area a puncture was made, and a large catheter was inserted. On removing this second clamp much flatus and several ounces of faecal fluid escaped through the catheter. As the catheter was withdrawn the purse-string suture was tied and the puncture wound then buried. The abdominal wound was repaired, a muscle drain being inserted.

The patient made an uninterrupted recovery, and six months later wrote "I do not feel anything from my operation."

Dr. Kilian Clarke, pathologist to the hospital, reported that a section of the tumour showed it to be a pure fibroma.

I wish to acknowledge my indebtedness to Mr. C. H. Allen for permission to treat and describe this case.

Nottingham. J. LLEWELLYN DAVIES, M.B., F.R.C.S.

AN UNUSUAL INJURY TO THE PATELLA.

THE following case may be of interest, having regard to its comparative rarity.

I was recently called to a woman who, while chasing her husband round a table, struck her right knee against the table-leg, and found that she could not move the limb immediately afterwards. On examination the leg was found to be partly flexed at the knee-joint, and was "locked." Where the patella is normally found was a marked angular swelling, which on palpation proved to be the patella. The blow on the medial edge had dislocated the bone by rotation on its ligament, and it had come to rest between the lateral and medial tibial surfaces of the femur. Manipulation was attended by severe pain, but, under an anaesthetic, reduction was easily made by flexion of the knee and "rotation" of the patella into position. After twenty-four hours free and painless movement, without effusion, was obtained.

Newhall, Burton-on-Trent. E. M. R. FRAZER.

Reports of Societies.

ULTRA-MICROSCOPIC VIRUSES.

DISCUSSION AT THE ROYAL SOCIETY.

SIR ERNEST RUTHERFORD, O.M., P.R.S., presided over a discussion at the Royal Society, on February 28th, on ultra-microscopic viruses infecting animals and plants. So much interest was evinced that a continuation was arranged for March 14th. On this occasion, unlike ordinary meetings of the society, the proceedings took the form of a conference, without set papers.

The Work on the Filterable Virus and some Unsolved Problems.

Sir CHARLES MARTIN, F.R.S., who opened the discussion, said that the discovery of the first filterable virus was made by a Russian botanist nearly forty years ago; he was looking for the cause of mosaic disease in tobacco, and, failing to detect any visible microbic agency, filtered the juice of the infected plant through a porcelain filter and found the filtrate infective for healthy plants. Later, Loeffler and Frosch discovered that the contagia of foot-and-mouth disease could be passed through a porcelain filter. Many pathologists then started investigations from this point of view on diseases which seemed to have no adequate cause, with the result that now more than a hundred diseases were attributed to invisible or filter-passing organisms. These viruses included bacteriophage, supposed to be an ultra-microscopic organism parasitic in bacteria, and those of various plant, insect, and mammal diseases. In this group of diseases had been included the various poxes, also nervous diseases such as poliomyelitis and encephalitis, sand-fly fever, dengue, yellow fever, possibly measles and mumps, and even influenza. Typhus fever and Rocky Mountain spotted fever had also been placed, perhaps unjustifiably, in this group. The members of the group had nothing in common clinically or epidemiologically. In some cases the path of infection was direct; in others it was through air, or by food, or the bites of insects. The only passport for inclusion in the group was that somebody had succeeded in getting an infective filtrate through a filter designed to keep back ordinary micro-organisms. The group was continually having new admissions and expulsions. Chicken diphtheria, for example, had been expelled, also trachoma and scarlet fever, on the ground that a microbial origin had been satisfactorily established for these diseases. One feature about certain of these virus diseases, not common to bacterial diseases, was the cellular response of the host by the formation of curious bodies in some of the cells affected. Whatever their true significance might be, they were so characteristic that in some cases they could be used for the diagnosis of the disease.

Varieties of Filters Used.

Turning to filters and their structure, Sir Charles Martin said that these were of two kinds: mineral filters made of unglazed porcelain of different grades or of diatomaceous earth with a little asbestos, or colloidal membranes of different permeabilities. A good deal of work had been done in the endeavour to determine the average size of the pores; one method rested on Poiseuille's law, another on the amount of pressure involved in overcoming the surface tension by blowing bubbles, but the latter involved a good many assumptions which did not seem justified. Whether the particle would pass through the filter or not depended not only upon the dimension, but upon the action between the particle and the walls of the crevices, and upon whether the particle was rigid or could be distorted radially or was capable of motility of its own. Finely ground porcelain would stop particles of about the order of 0.2 micron, and coarser ground of about the order of 0.5. Anything above 0.2 micron being held back, it was obvious, in view of the limit of resolution of the microscope, why anything that went through should be invisible. It was merely a coincidence that these organisms should be invisible as well as filterable. The range of discovery, however, could be increased by the use of ultra-violet light, and he understood that Mr. Barnard, with a wave-length of about 250$\mu\mu$, had been able to photograph particles down to a size of 0.08 micron. Some of the viruses ran through the filter without any serious fall in concentration; others appeared only to pass through the filter by accident. Among the good filterers were the viruses of mosaic diseases, foot-and-mouth disease, and the Rous sarcoma; on the other hand, the viruses of typhus, trench fever, and Rocky Mountain spotted fever might have been passed through some of the coarser filters, but most of the people who had tried the experiment had not been successful, and the same was true of the poxes, with the exception of the particular strain of vaccinia virus discovered by Levaditi and called neuro-vaccinia. The virus of canine distemper was a filter-passer, but a poor one, and for many years it awaited verification.

The Process of Filter Passing.

What were the dimensions, then, of some of the good filterers? There were many pitfalls in trying to determine this point. Experiments had been made in filtering through collodion membranes of different permeabilities, and testing the passage of particles of known size. Colloidal solutions of arsenious sulphide had been used, also collargol, a colloidal suspension of silver, both of which had particles of a definite order of size. Although the experiments of some investigators suggested a much smaller size—the virus of foot-and-mouth disease had been stated from one series of experiments to be not bigger than one of the smaller protein molecules—yet a good many others had not been able to repeat these observations, and had given the order of magnitude of some of the good filterers as equal to that of collargol particles—that is, 20$\mu\mu$. How small could a living organism be? There must be a certain size for life to begin, because it involved an aggregate of molecules, and rather complicated molecules at that. It looked as if an alternative hypothesis was required as to the nature of these viruses. Some sort of catalyst had been suggested, but this the speaker found extremely difficult to visualize, and he preferred to consider that the dimensions were not of the small order suggested by some observers, and that these viruses were living organisms.

What was the simplest common measure of a living organism? First, the capacity to take dissimilar molecules and make them into molecules similar to its own; secondly, multiplication; thirdly, variation, following upon not quite perfect assimilation. After careful consideration of all the facts of which he was aware, he had not been able to find any essential distinction between viruses and microbes except their size and cultivability on inanimate materials. The viruses being so very small, perhaps their powers of assimilation were extremely limited, and therefore required to have their foodstuffs prepared three parts of the way before they could use them to build up new viruses. The evidence that they had been cultivated apart from living cells was unconvincing; many of them had been cultivated in symbiosis with living cells and in glass vessels. Bacteriophage could be cultivated in growing bacteria, Rous sarcoma in pieces of spleen tissue, and Rocky Mountain spotted fever and typhus had apparently been so cultivated, or at least the virus had remained alive for a very long time. It looked as though they were obligatory parasites, and support was given to that view by the apparent

Operative Procedures.

The advisability of attempting reduction after the age of 9 for a unilateral, and of 6 for a bilateral case, was very doubtful; the anatomical results were so bad that permanent benefit, even though reduction were obtained, was questionable. Hey Groves's method of transferring the head, enclosed in its capsular dome, to the acetabulum, which was gouged out to receive it, had no advantage over reduction coupled with a bone-grafting operation to make an upper lip. The making of an upper lip was a most useful operation when relapse was imminent after manipulative reduction, or when the latter, as in the case of a patient 4 years or older with a subluxated hip, held out little hope of cure. "Anterior transposition" by manipulation (that is, transposing the head to the region of the anterior inferior spine) when reduction was impossible, though difficult to achieve, was favoured by some surgeons. Adduction and flexion deformity were more satisfactorily corrected by osteotomy. Finally, the difficult problem of the irreducible adolescent or adult case suffering from pain and increasing disability had to be considered. Arthrodesis was the only operation which could afford permanent relief, and in unilateral cases it was the operation of choice. Osteotomy might be suitable for the adolescent with moderate pain and no *x*-ray signs of arthritis, and it probably mattered little which method of osteotomy was used; opinions differed as to the value of this operation, and its mechanical and anatomical results called for careful consideration. The shelf operation—that is, the turning down of a bone flap or fixing a graft above the head, pulled down towards, but not to, the acetabulum—might increase the stability, but could not be expected to relieve arthritic pain for long. In a bilateral case it might be the only possible procedure when the other hip had been ankylosed. Mr. Fairbank condemned simple excision of the head. By this operation the pain, though at first relieved, soon returned, and the limp was much exaggerated.

ROYAL MEDICAL BENEVOLENT FUND.

SUBSCRIPTIONS are very urgently needed to enable the Committee to meet the many calls for financial help which are made by those members of the medical profession, their widows, and dependants who are afflicted by poverty and want, more especially at this time of year, when poverty is made the harder to bear owing to illness and bodily suffering. Every reader who is not already a regular subscriber is urged to consider whether one guinea at least could not be given in response to this appeal. Subscriptions and donations should be sent to the Honorary Treasurer, Royal Medical Benevolent Fund, 11, Chandos Street, Cavendish Square, London, W.1.

At the last meeting of the Case Committee forty applications were considered and thirty-six grants were voted, amounting to £744 3s. The following is a summary of four cases.

Daughter, aged 46, of M.D. Left penniless on the death of her father, and, in spite of delicate health, trained as a nurse; she broke down badly after working at a hospital during the war. She attempted to resume work later, but in the end was forced to give up. She is now suffering from tuberculosis. There is no relation who can help. The Fund voted £36 towards the sanatorium fees, and with this as a start a friend who knows and admires this lady's uphill fight throughout her life is endeavouring to raise a special fund so that treatment in the sanatorium can be continued.

Daughter, aged 25, of L.R.C.P. Is suffering from tuberculosis and every hope is held out of a cure by immediate treatment. The applicant, however, has no private means to enable her to do this. Fund voted £25, and with the co-operation of the Guild enough money has been raised for one year's treatment.

Widow, aged 57, of M.R.C.S. Her husband died in 1929, having been a lunatic for the last years of his life. During these years his wife had had to attend her husband, and on his death such little income they had, amounting to £117 per annum, ceased. Her brother is able to contribute £26 per annum. Being an energetic and capable woman it is hoped that after she has had time to recover her health, which has been badly broken by all she has had to suffer, she will be able to find work and fend for herself. To give her the necessary rest and opportunity to find work the Fund voted £28 towards her maintenance.

Widow, aged 60, of M.B. Her husband died in November, 1928. After everything is settled and debts are paid the income which she may hope to receive from her husband's estate will be 15s. a week. Voted £30 in four instalments. Her total income will then be only £69 a year, but she hopes she may find some lodgers to take into her home and thus augment her income.

The Royal Medical Benevolent Fund Guild still receives many applications for clothing, especially for coats and skirts for ladies and girls holding secretarial posts, and suits for working boys. The Guild appeals for second-hand clothes and household articles. The gifts should be sent to the Secretary of the Guild, 58, Great Marlborough Street, W.1.

NEW YEAR HONOURS.

THE list of New Year honours, which has been delayed owing to the illness of the King, was issued as a special Supplement to the *London Gazette* on March 1st. The names of the following members of the medical profession are included.

Baron.

Sir BERKELEY G. A. MOYNIHAN, Bart., K.C.M.G., C.B., M.S., LL.D., D.Sc., President of the Royal College of Surgeons of England, Consulting Surgeon to the Leeds General Infirmary.

Companion of Honour.

FLORENCE ELIZABETH, LADY BARRETT, C.B.E., M.D., M.S., B.Sc., Dean of the London School of Medicine for Women, President of the Medical Women's International Association.

K.B.E. (Civil).

CHARLES HUBERT BOND, C.B.E., D.Sc., M.D., F.R.C.P., LL.B., Commissioner, Board of Control.

D.B.E. (Civil).

Miss ANNE LOUISE MCILROY, O.B.E., M.D., D.Sc., Professor of Obstetrics and Gynaecology, Royal Free Hospital School of Medicine for Women, University of London; President, Maternity and Child Welfare Group of the Medical Officers of Health.

Knighthood.

KHAN BAHADUR NASARVANJI HORMASJI CHOKSY, C.I.E., medical practitioner, Bombay.

CARRICK HEY ROBERTSON, M.B., F.R.C.S., F.A.C.S.(Hon.), Surgeon to the Auckland Hospital, New Zealand.

C.B. (Civil).

Sir WALTER MORLEY FLETCHER, K.B.E., M.D., D.Sc., F.R.S., Secretary of the Medical Research Council.

C.M.G.

JOHN HOWARD LIDGETT CUMPSTON, M.D., Director-General of Health and Director of Quarantine, Commonwealth of Australia.

FRANK COLE MADDEN, O.B.E., M.D., F.R.C.S., Dean of the Faculty of Medicine, Egyptian University, Cairo.

ARTHUR JOHN RUSHTON O'BRIEN, *M.C.*, M.B., Surgeon Specialist and in charge of the Gold Coast Hospital, Gold Coast.

AMBROSE THOMAS STANTON, M.D., Chief Medical Adviser to the Secretary of State for the Colonies.

C.I.E.

Lieut.-Colonel CHARLES ISHERWOOD BRIERLEY, I.M.S., Chief Medical Officer and Inspector-General of Jails, North-West Frontier Province.

Lieut.-Colonel ROBERT ERNEST WRIGHT, I.M.S., Professor of Ophthalmology, Medical College; Superintendent, Ophthalmic Hospital; and Medical Officer, Civil Orphan Asylums, Madras.

Lieut.-Colonel HAROLD HOLKAR BROOME, I.M.S., Principal and Professor of Surgery, King Edward Medical College, Lahore.

HENRY TRISTRAM HOLLAND, M.B., Ch.B., F.R.C.S.Ed., Medical Missionary, Baluchistan.

C.B.E. (Civil).

Miss MARY HANNAH FRANCES IVENS, M.B., M.S., Ch.M., Clinical Lecturer in Obstetrics and Gynaecology, University of Liverpool.

Lieut.-Colonel JOHN KENNETH SPROT FLEMING, O.B.E., Deputy Director-General, I.M.S.

O.B.E. (Civil).

NORMAN PARSONS JEWELL, *M.C.*, M.D., Resident Surgical Officer, European Hospital, Nairobi, Kenya.

JOHN CRICHTON STUART MCDOUALL, M.R.C.S., L.R.C.P., Director of Medical and Sanitary Services, Sierra Leone.

M.B.E. (Civil).

Miss ISABELLA HARDIE CURR, L.R.C.P., L.R.C.S., in charge of the McLeod Hospital for Women at Inuvil, near Jaffna, Island of Ceylon.

Kaisar-i-Hind Medal (First Class).

Mrs. PEARL SMITH CHUTE, Lady Doctor in charge of Canadian Baptist Mission Hospital, Akidu, West Godavari District, Madras.

JOHN HUTCHISON, L.R.C.P. and S.Ed., Church of Scotland Mission, Chamba State, Punjab.

NOWROJI JAMSHEDJI BANDORAWALA, Principal Medical Officer, Bikaner State.

Two other New Year Honours will be especially welcomed by members of the medical profession, with whom the recipients have long had very close association. Sir ARTHUR ROBINSON, K.C.B., Permanent Secretary, Ministry of Health, has been promoted to be G.C.B., and Miss WINIFRED CLARE CULLIS, O.B.E., M.A., D.Sc., Professor of Physiology, London (Royal Free Hospital) School of Medicine for Women, has been promoted to be C.B.E.

blood pressure I never encountered, and arterial degenerations appeared to be of lesser degree than in Europeans. I also found that the normal blood pressure in the African native differed in certain respects from that in the European.[1]

In his conclusion Dr. Heimann remarks that there does not appear to be a wide divergence between the etiology, pathology, and clinical signs of heart disease in Europeans and African non-Europeans. With this I cannot altogether agree. As far as rheumatic, syphilitic, and other infective lesions are concerned, that remark appears to be true. But the type of disease that manifests itself as hyperpiesia, angina pectoris, and coronary thrombosis, and which presents such a serious menace to a healthy old age in the European, appears but rarely to affect the African.

I encountered a type of case in Kenya that I have not been able to correlate with any condition that I have seen described. The essential feature of these cases is a displacement of the apex beat to the left. On casual examination it appears that the heart is enlarged. The absence of any obvious reason for such enlargement led me to investigate a number of these cases.[2] I came to the conclusion, after such investigations as circumstances permitted, that the heart was displaced to the left, and not appreciably enlarged. There appeared to be no impairment of the function of the heart. There was no chest condition detectable that could account for this condition, but all the cases I encountered were associated with an enlarged spleen, and had come from malarious districts. I have been unable to decide whether the splenic enlargement could be responsible for cardiac displacement.—I am, etc.,

C. P. DONNISON, M.B., B.S.Lond.,
Late Medical Officer, East African Medical Service.

South Benfleet, Essex, Feb. 27th.

AMAUROTIC FAMILY IDIOCY.

SIR,—Dr. Robert Platt's further remarks on this subject on February 23rd (p. 373) are very acceptable. In regard to the R—— family tree, I have had news this week of a branch of it which has made South Africa its country of adoption.

Shalom R——, a son of the related ancestors, migrated there and married, his wife not being the remotest relation. They had two male children, of whom the younger, at the age of about 25, was confined in a mental institution. Full particulars of his case are not yet to hand. The elder had three children, by a wife who again was not in any way related to him, of whom the first was stillborn, the third is alive and well, and the intermediate one died. From the description of its symptoms it is reasonably certain that it was an amaurotic family idiot, though the condition was diagnosed at the time as "cerebral abscess."

A sister of Shalom R—— also lost a number of grandchildren in infancy from causes at present not ascertained.

This must only be regarded as an advance notice of these cases, since there has not yet been time to get into communication with the South African medical men concerned, as I hope to do. Further, the sensitive and apprehensive temperament of the adult members of the family may, they suggest, have some relationship with this disease. I offer it for what it is worth.

In this family, at least, I hold that heredity has a marked bearing, and I shall be much interested to know if Dr. Mandel, on deeper investigation, can establish collaterals to his cases.

Assuming that all these cases are the outcome of DR—DR marriages, it would appear that DR types are not rare throughout the scattered Jewish race, in which event this disease should be more common, or that the DR members of this family tree have been highly unfortunate in selecting their mates, even from widely separated parts of the world. Alternatively, I suggest that in the R—— family there is a tendency to this disease more strong than a simple Mendelian recessive characteristic.

While Mendel propounded a working hypothesis of the first order, he left confessedly unexplained the origin of the transmissible character of a "sport," to which category this disadvantageous condition may belong. In sporadic cases we may imagine that transmissible virulence has not been attained, especially as the subject has no chance of breeding. Mendelism, satisfactory up to a point, awaits its Einstein.—I am, etc.,

D. STENHOUSE STEWART.

Hull, Feb. 23rd.

[1] *Lancet*, 1929, vol. i, p. 6.
[2] *Kenya and East African Medical Journal*, November, 1927, p. 241.

INTRACRANIAL SURGERY.

SIR,—In the review of my report to the Medical Research Council on intracranial surgery, published in your issue of March 2nd (p. 406), you "express regret at the almost complete omission of the names of English neurological surgeons" from the bibliography. May I point out that the report was not concerned with the work of English neurological surgeons, but was, to quote from its opening paragraph, "an attempt to describe the methods of diagnosis and treatment employed in Dr. Harvey Cushing's clinic at the Peter Bent Brigham Hospital, Boston"?

It should also be explained, as was done in the report, that the neuro-surgical clinic is merely one part of the general surgical clinic, directed by Dr. Cushing. The neuro-surgical cases are not segregated, but are scattered through the general surgical wards so that all house officers and surgical dressers may come into contact with them.—I am, etc.,

HUGH CAIRNS.

London, E.1, March 5th.

*** We are very glad to publish Mr. Cairns's letter, which corrects a misapprehension. His list of references applies directly to the text of the report, and is not a general bibliography.

THE CAUSE AND CURE OF MORNING SICKNESS.

SIR,—Dr. Richmond, in his instructive memorandum in the *Journal* of February 23rd (p. 349), suggests that the cures he has wrought in the condition of the morning sickness of pregnancy have been due to opening the cervical canal by means of tampons of glycerin.

In view of the recognized propensities of glycerin, when locally applied, of acting as a stimulant to uterine activity resulting in the evacuation of the viscus, it would be interesting to know whether in any of the cases so treated the cure of the pathological condition coincided with a premature termination of the physiological one.—I am, etc.,

JAMES KILPATRICK REID, M.B., Ch.B.

Birkenhead, Feb. 25th.

ACTINOTHERAPY AND DEAFNESS.

SIR,—I wish to thank Mr. Norman Barnett for his suggestion (February 16th, p. 323) of a functional cause of the case of chronic deafness which I reported in your columns on January 19th (p. 133). When I recorded the case I gave all the information I could vouch for. Since writing, a specialist's report has been placed in my hands, dated December 10th, 1926, from which I quote, "Her deafness is apparently of some considerable standing, as the middle ear contents, ossicles, foot piece of stapes, show marked adhesions—fixation."—I am, etc.,

T. C. HUNTER.

Morpeth, Feb. 25th.

Universities and Colleges.

UNIVERSITY OF OXFORD.

IN Convocation on February 26th a decree was passed to discontinue the examinations for the Diploma in Public Health until further notice.

On the motion of Dr. E. W. Ainley-Walker, a decree was passed unanimously accepting with gratitude the gift of £1,000 from the fund placed at the disposal of the Prime Minister by Lord Beaverbrook for the promotion of medical knowledge. This sum, it was announced, will be used for the establishment of studentships for medical research.

UNIVERSITY OF CAMBRIDGE.

AT a congregation held on March 1st the following medical degrees were conferred:

M.B., B.CHIR.—J. A. Hartley, J. D. Proctor.
M.B.—A. J. Dix-Perkin.

UNIVERSITY OF ABERDEEN.

THE Senatus of the University of Aberdeen has resolved to confer the honorary degree of LL.D. upon Dr. Walter Elliot, M.P., Parliamentary Under-Secretary of State for Scotland. The graduation ceremony will be held on March 27th.

cases. He was one of the colony's earliest workers on the subject of ankylostomiasis, and the good work of Ozzard, Ferguson, and others of the British Guiana Medical Service on this subject led the Rockefeller Commission to start in British Guiana its earliest antihookworm campaign. Ozzard's studies in blood pathology led to the discovery of the *Filaria ozzardi*, so named by Sir Patrick Manson. Such is the brief record of a strenuous life in a tropical climate, broken by attacks of grave illness. His last work was the investigation of a severe epidemic of malaria in the upper reaches of the Demerara River at the end of 1926. Unfortunately he contracted the infection, and this was the immediate cause of the final breakdown in health, which lasted until his death. Our sympathies are with his widow, daughter, and two sons.

JOSEPH BROWNLIE WALLACE, who died at Clapham Common on February 22nd, graduated M.B. and C.M. at the University of Glasgow in 1888. After holding a house appointment in the Glasgow Eye Infirmary and acting for two years as an assistant he commenced practice in 1891, and continued in active work until the day of his sudden death, except for a serious breakdown of his health in 1923. There can be little doubt that this failure was due to overstrain during the war. He then undertook, in addition to his own large practice, the work of some of his colleagues absent on active service, and he acted on the emergency staff in the air raids. Wallace was a man in whom independence of character and steady judgement were combined with much kindness of heart and gentleness of manner. Absorbed in his professional work and a happy family life, he had little time for outside interests, but he enjoyed to the full extent the affection and confidence of a wide circle of patients and the respect of his colleagues. He held the rank of honorary captain in the R.A.M.C.(T.), and was Admiralty surgeon and agent in one of the London districts.—C. O. H.

We regret to announce the death, at the age of 39, of Dr. SAROZ KUMA SANYAL, which took place in Palestine on January 29th. Dr. Sanyal obtained his medical education at the London Hospital, and in 1915, after qualifying M.R.C.S., L.R.C.P., joined the army, serving with His Majesty's Forces in France till 1918, and in Mesopotamia till 1921. On demobilization he proceeded to Ammam, Transjordania, Palestine, where he built a hospital, and, with the help of an Arab staff which he trained himself, carried on medical work among the Bedouins. He was held in great esteem by the people among whom he worked. He is survived by a widow and one son.

The Services.

MEDICAL APPOINTMENTS TO THE KING.

Colonel T. G. F. Paterson, D.S.O., I.M.S., has been appointed Honorary Physician, and Colonel E. F. Mackie, O.B.E., V.H.S., Honorary Surgeon to His Majesty the King, with effect from September 24th, 1928, and September 28th, 1928, respectively.

TERRITORIAL DECORATIONS.

The Territorial Decoration has been conferred on Lieut.-Colonel John K. Lund and Major Henry J. D. Smythe, M.C., of the R.A.M.C.(T.).

DEATHS IN THE SERVICES.

Deputy Inspector-General Isaac Henry Anderson, R.N.(ret.), died at Twyford, Winchester, on February 2nd, aged 80. He was educated at Queen's College, Belfast, and graduated as M.D. in the late Queen's, afterwards the Royal, University of Ireland in 1869, also taking the L.R.C.S.Ed. in 1871. He entered the navy in September, 1871, became staff surgeon in 1883, and attained the rank of fleet surgeon on May 19th, 1892, retiring with an honorary step of rank as D.I.G. on May 23rd, 1902. He served on H.M.S. *Salamis* in the Egyptian war of 1882, receiving the medal and the Khedive's bronze star; and subsequently at Suakin, in the Eastern Sudan campaign of 1884, gaining a clasp to the Egyptian medal. In 1894 he was in charge of the naval hospital at Simonstown, and received the thanks of the Admiralty for services rendered at the Cape of Good Hope Hospital during the epidemic of fever which occurred after the Benin expedition. He received a Greenwich Hospital pension for good service on April 10th, 1917.

Medical News.

THE next evening reception at the Royal Society of Medicine will take place on Wednesday, March 20th. Fellows and their friends will be received in the library at 8.30 p.m. by the President and Lady Dawson of Penn. At 9.15 p.m. Dr. Leonard Williams will give an illustrated address on Napoleon II. Various objects of interest will be exhibited in the library.

AT the meeting of the Pharmaceutical Society of Great Britain to be held in the lecture theatre at 17, Bloomsbury Square, W.C., on Tuesday next, March 12th, at 8 p.m., a lecture will be given by Sir Herbert Jackson, F.R.S., Director of Research, British Scientific Instruments Research Association, on the nature of the changes which take place in various forms of glass. Medical friends of members will be welcomed.

THE Fellowship of Medicine announces that on March 11th Dr. F. W. Price will lecture on pitfalls in cardiology at the Medical Society of London, 11, Cavendish Square, W.1, at 5 p.m. On March 13th, at 4 p.m., Dr. W. J. O'Donovan will give a demonstration at the Wellcome Museum of Medical Science, 33, Gordon Street, W.C.1, on the treatment of skin diseases by light therapy: indications and limitations. On March 14th, at 11 a.m., Mr. S. L. Higgs will give a clinical demonstration at the Royal National Orthopaedic Hospital, and on the same date at the Infants Hospital, at 4 p.m., Dr. Eric Pritchard will give a clinical demonstration of cases illustrative of the difficulties arising in connexion with digestive disturbances in infants. There is no fee for attendance at any of these lectures and demonstrations. From March 11th to 22nd there will be a course in orthopaedics at the Royal National Orthopaedic Hospital; instruction will continue throughout the day, Monday to Saturday inclusive. During this period also there will be a course at the Royal Eye Hospital, instruction being given daily from Monday to Friday inclusive at 3 p.m. The following courses will be held in April: a practitioners' course at the London Temperance Hospital; tropical medicine at the London School of Hygiene and Tropical Medicine; electro-therapy at the Royal Free Hospital; medicine, surgery, and gynaecology at the Royal Waterloo Hospital; and neurology at the West End Hospital for Nervous Diseases. Copies of all syllabuses, and details of the general course of work in the affiliated London Hospitals, are obtainable from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

A THREE months' course of lectures and demonstrations in clinical practice and in hospital administration for the diploma in public health will be given by the medical superintendent, Dr. F. H. Thomson, at the North-Eastern Hospital of the Metropolitan Asylums Board, St. Ann's Road, Tottenham, N.15, on Mondays and Wednesdays at 4.45 p.m., and alternate Saturdays at 11 a.m., beginning on Monday, April 8th. The fee for the course complying with the revised regulations of the General Medical Council is £4 4s., but a course under the old regulations can be taken for £3 3s.

IN connexion with the annual congress of the Royal Sanitary Institute to be held in Sheffield from Monday, July 15th, to Saturday, July 20th, 1929, a health exhibition will be held in the Cutlers' Hall in that city. The exhibits will include appliances and materials used in the various branches of hygiene (personal and collective) and sanitation, and in housing. Sections will be devoted to hospital design and construction, to public health equipment and to such matters as rat extermination, tropical hygiene, bacteriology, and health propaganda. Information regarding the exhibition may be obtained from the Secretary of the Institute, 90, Buckingham Palace Road, S.W.1.

WE are asked to state that hospitals situated within eleven miles of St. Paul's desiring to participate in the grants made by King Edward's Hospital Fund for London for the year 1929 must make application before March 31st to the honorary secretaries of the fund at 7, Walbrook, E.C.4 (G.P.O. B x 465A). Applications will also be considered from convalescent homes which are situated within the above area, or which, being situated outside, take a large proportion of patients from London.

THE People's League of Health has issued in pamphlet form a verbatim report of the speeches made by its deputation to the Minister of Health on December 4th, 1928, on the effect of noise on the health of the community. The proceedings of this deputation were reported in our columns on December 8th, 1928 (p. 1053).

THE Chadwick Trustees invite applications for two travelling scholarships of £400 a year each, to be awarded next July, one in sanitary science and the other in municipal

engineering; they are intended to enable their holders to study the methods in use in foreign countries for the prevention of disease and the improvement of public health, or the details of sanitary administration and engineering in urban or rural areas. Candidates must be British subjects between the ages of 25 and 30, who have graduated in a British University, or can produce evidence of ability to prosecute methodical study and research. Applications should be made by letter, before March 25th, to the Clerk of the Chadwick Trustees, at 204, Abbey House, Westminster, S.W.1, from whom more detailed information may be obtained.

THE Sections of Urology, Pathology, and Therapeutics of the Royal Society of Medicine will hold a joint discussion on urinary antiseptics, at 1, Wimpole Street, W., on Thursday, March 21st, at 8.30 p.m.

THE first international congress relating to medical services in connexion with aviation will be held in Paris from May 15th to the 20th. The subjects to be discussed include: the transport of wounded in war, the medical uses of aviation in peace, and the physiology of aviators. Further information may be obtained from the general secretary, 35, Rue François-Ier, Paris VIIIe.

THE thirty-eighth congress of the French Association of Surgery will be held in Paris on October 7th under the presidency of Dr. Tixier of Lyons, when the following subjects will be discussed: Indications for, and results of, osteosynthesis in the treatment of Pott's disease, introduced by MM. Rocher of Bordeaux and Sorrel of Paris; evolution and treatment of wounds of the tendons of the hand, introduced by MM. J. C. Bloch of Paris and P. Bonnet of Lyons; and surgical treatment of pulmonary tuberculosis, introduced by MM. Lardennois of Paris and Bérard of Lyons.

THE eighth congress of the International Society of Surgery will be held at Warsaw from July 22nd to 25th, under the presidency of Professor Hartmann of Paris. Special railway concessions are available, and arrangements are being made for a party to travel to Warsaw by ship from Zeebrugge, calling at Copenhagen, Riga, Helsingfors, and Stockholm. Further information may be had from the general secretary, Dr. L. Mayer, 72, Rue de la Loi, Brussels.

THE fifth English-speaking Conference on Maternity and Child Welfare will be held at the Friends House, Euston Road, N.W., from July 3rd to the 5th, when the subjects for discussion will be: the care of the child between the ages of 1 and 5; maternal mortality and morbidity; the establishment of special venereal disease clinics for women and children in connexion with maternity and child welfare departments; and the suffering entailed on mothers and young children by prolonged waiting in out-patient departments. Lectures and film displays on child welfare will be given and visits will be paid to child welfare institutions. Further information may be obtained from Miss J. Hartford, National Association for the Prevention of Infant Mortality, Carnegie House, 117, Piccadilly, W.1.

THE thirteenth international congress of ophthalmology will be held at Amsterdam from September 5th to 13th under the presidency of Professor van der Hoeve of Leyden, when the following papers will be read: geographical distribution and control of trachoma, etiology and non-operative treatment of glaucoma, and diagnosis of suprasellar tumours.

THE third congress of the French Societies of Oto-neuro-ophthalmology will be held at Bordeaux under the presidency of Professor Portmann from May 17th to 20th, when a discussion will be opened by Drs. Halphen, Monbrun, and Tournay of Paris, on headaches in oto-neuro-ophthalmology.

THE March issue of *The Prescriber* is devoted to spa treatment. Its contents include articles on the scientific application of mineral waters, baths, and douches; accessory spa treatments; and environment as an aid in this connexion. Dr. Fortescue Fox contributes a note on the scope of waters internally and externally, and there is a descriptive list of spas in Great Britain, Ireland, and New Zealand, with numerous illustrations.

DR. HAVEN EMERSON, professor of hygiene at Columbia University, New York, has been invited by the Greek Government to investigate sanitary conditions in Greece.

THE Umberto Primo prize of 3,500 liras, offered by the Rizzoli Institute of Bologna for the best work or invention relating to orthopaedics, is now open to medical practitioners of all countries. Further information can be obtained from the president of the institute.

PROFESSOR HAYASHI, dean of the Faculty of Medicine at Tokyo, has been nominated an officer of the Legion of Honour.

DR. TYTGAT of Ghent has been elected president of the Belgian Société de Chirurgie.

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 9861, 9862, 9863, and 9864* (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, *Medisecra 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.

PAINFUL SCAR.

"X. Y. Z." asks for suggestions for the treatment of a painful scar on the inner side of the foot, the result of an operation some years ago. The scar is about 4 in. long, and is still red.

ENURESIS.

"K." asks for any suggestions in the treatment of enuresis in a boy aged 15. Bed-wetting occurs practically every night, and has gone on since infancy. The patient is well developed and normal in other respects. The usual treatments have been tried, and drugs, such as belladonna, citrates, thyroid, etc., employed. The tonsils and adenoids were removed years ago.

GROWTH ON SPONGES.

MR. P. MAYNARD HEATH (London, W.1) asks for information about a disease of the domestic sponge characterized by the formation of a black growth filling the pores. The condition is unaffected by domestic cleansing.

ADMINISTRATION OF ULTRA-VIOLET RAYS.

"A. M." asks: (1) What is the most suitable form of heating for a small room in which an ultra-violet ray lamp of the combined mercury vapour and carbon-tungsten type is installed from the point of view of the preservation of the lamp itself, and also from that of the effectiveness of the rays in treatment? (2) At what temperature should the room be kept for the safety of the lamp? (3) Is it not the case that an atmosphere heated by a steam radiator will reduce appreciably the effectiveness of the rays on account of moisture and dampness which must necessarily result from this form of heating? (4) What is the simplest method of testing the efficiency of the lamp after twelve months' use?

TREATMENT OF CHRONIC CONSTIPATION.

DR. T. W. ROTHWELL (Sedbergh) writes: I was called to see a workhouse patient suffering from chronic non-obstructive constipation. I first ordered him one ounce of castor oil with no result. I then gave him a tablet composed of aloin 1/4 grain, phenolphthalein 1/2 grain, ipecacuanha 1/15 grain, strychnine 1/100 grain. Of these he had three, three times a day for two days with no benefit. I then ordered an enema, with medium result, but he was still absolutely constipated, with no signs of an obstruction. I then gave him the following pill:

℞	Pulv. aloes	16 parts
	Pulv. colocynth.	8 ,,
	Pulv. jalap. verum	8 ,,
	Pulv. saponis cast.	8 ,,
	Ol. caryophylli	1 part

Weight of pill 5 grains.

Of these he had three pills thrice daily for three days, with no result. I then put him on calomel 6 grains every four hours. After taking 36 grains he had had no result. Intending to give him 1 minim of croton oil the next morning, I learnt that he had had a copious motion after the administration of 42 grains of calomel. Does this constitute a record for calomel dosage? Also what is the poisonous dose of calomel, if any? Can any of your readers inform me what would be a safe and efficient treatment of this kind of constipation? The man is 45 years old and is inclined to be melancholic; he is quite satisfied with an enema as a means of securing a bowel movement.