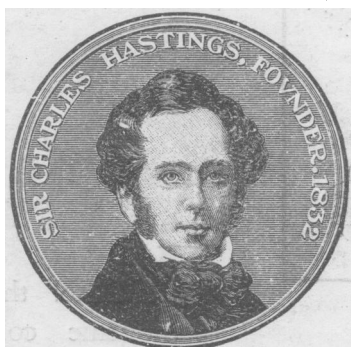


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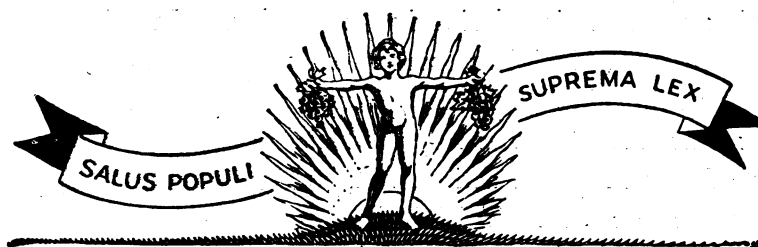
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Conclusions.

The subcutaneous fat atrophy described as following repeated injection of insulin into the subcutaneous tissues is a non-specific reaction, the result of repeated small traumata to the panniculus adiposus, and not due to the presence of any pancreatic lipase in insulin, so that the condition might suitably be called a traumatic atrophic panniculitis.

I wish to express my thanks to Dr. du Bray of San Francisco, Dr. Chapman of Bridlington, Yorks, and Dr. Rabinowitch of Montreal for supplying me with details of their cases.

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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PAINLESS LABOUR WITH INVERSION OF THE UTERUS.

In view of recent communications on painless labour I believe that the following clinical notes may be of interest.

A multipara, aged 27, had had two previous pregnancies, both of which were normal. She was breast-feeding the last baby when she became pregnant and, therefore, had no idea of the date of commencement of pregnancy.

On November 15th, 1928, she had been performing her daily household duties as usual. At 4.20 p.m. she complained of "slight stomach-ache" with a desire to defaecate; at 4.30 p.m. she had a slight motion, and as a result of straining "felt something come down into her front passage." She arose from the lavatory seat, and without any pain, so she states, delivered herself of a child, which fell to the floor, the umbilical cord being torn. She picked up the infant, went upstairs, and lay on her bed. A friend notified the maternity department of the Radcliffe Infirmary, and a nurse was sent out; she found the patient in good condition with a pulse of 96 per minute, and the child rolled in a blanket. She ligatured the umbilical cord, which was about 9 inches long. The placenta was lying in a pool of blood on the floor. The nurse then examined the mother, and found at the vulva a swelling which she rightly diagnosed as an inverted uterus. She wrapped the organ round with sterile pads and sent for the patient's doctor, who at once ordered the patient to the maternity department of the hospital.

When I saw the patient the pulse was good and she was not in the least degree in a state of shock; I found a partial inversion of the uterus with a portion of the membrane still attached. She was given an anaesthetic, and the surrounding areas and vulvar hair were thoroughly treated with iodine, the inverted portion of the uterus being cleaned up with mercury biniodide (1 in 1,000). I stripped away the membranes and returned the uterus to the pelvis, and the patient was then given a hot intrauterine douche of mercury biniodide (1 in 4,000) followed by saline solution. I injected intramuscularly 1 c.cm. of pituitrin with the same amount of aseptic ergot.

The patient did not have the slightest rise of temperature throughout the puerperium; she and her child left the hospital on the twelfth day, perfectly well. She gave the history that with her first labour she had definite labour pains throughout, but not excessive. With her second confinement "had only about two pains, and these were quite trivial." The present labour was quite painless.

The interesting points of this case are the entire absence of shock, which one usually associates with inverted uterus in the course of delivery; the puerperium absolutely

normal; and the child none the worse for its unusual entrance into the world.

I am indebted to Dr. F. G. Proudfoot, K.H.S., the senior honorary obstetric physician, for permission to publish this case.

HENRY R. SPARROW, M.B., B.Ch.,
Obstetric House-Physician, Radcliffe Infirmary,
Oxford.

LOCAL INJURY AS A POSSIBLE CAUSATIVE FACTOR IN SARCOMA.

REPORT OF A CASE.

INJURY has been regarded as an exciting cause of malignant tumours from the earliest times, and especially by the laity. The part played by various forms of chronic irritation in the production of certain types of epithelioma is undeniable. Dealing with bone sarcoma, Coley (*Annals of Surgery*, April and May, 1911), in a review of 970 cases, traced a history of antecedent local injury in 23 per cent. Of these, in 38 per cent. the tumour developed within the first month after the injury, and in 70 per cent. within the first six months. Discount must be made for the numerous slight traumata to which every active individual is constantly subject, and which may be recalled only by close questioning after the development of a tumour. But the following case illustrates so closely the rapid growth of a sarcoma in direct relation to a definite injury that it seems worthy of record, although it is not possible to be certain that the injury did not merely break down and disseminate a small pre-existing focus of malignant disease.

A railway signalman, aged 45, was in perfect health until April 19th, 1928. On that day, while on duty, he was pulling over a heavy signal lever with his left hand and his head was turned fully to the right, as he was speaking to the telephone boy. He felt something snap in the left side of his neck, and at once experienced a sharp pain, severe enough to make him sit down. He consulted his doctor on April 21st. Dr. Harrowell of Great Haywood found on that day a small swelling the size of a hazel nut under the middle of the left sterno-mastoid muscle. The man continued at work until May 4th, when he again saw his doctor, as the swelling was increasing in size. He ceased work on that day. A skiagram taken a few days later showed no evidence of injury to the cervical vertebrae.

On May 13th his condition was as follows: A florid healthy-looking man, cheerful and in no discomfort. The left side of the neck, from the mandible to below the clavicle, was the seat of a brawny swelling, more prominent in the middle, extending forwards to the margin of the larynx, and back to the edge of the trapezius muscle. The swelling was not tender, it did not pulsate, and no thrill was felt or heard over it. The skin at its margins showed a bluish-purple discoloration. The left pupil was contracted and there was definite weakness in the left deltoid muscle. He was afebrile.

He was admitted to hospital on May 19th. The swelling had markedly increased in size in the interval. On May 21st the left arm became oedematous and paretic. Two days later he could only swallow fluids, and his voice was reduced to a whisper. On May 24th an exploratory operation was undertaken in the hope of relieving the laryngeal pressure. The whole left side of the neck was infiltrated with growth; he died some twelve hours later of cardio-respiratory failure.

Post-Mortem Examination.—Body well nourished, left arm oedematous. The swelling of the left side of the neck extended from the mastoid process and occiput above, to the scapula behind, and to below the clavicle in front. It was more prominent in front just anterior to the mid-point of the sterno-mastoid muscle. On dissection the swelling was found to consist of an unencapsuled mass of new growth. The mass extended from the mastoid process down to the first rib, and behind as far back as the scapula. It surrounded the clavicle and was infiltrating the deep fascial planes of the neck and the prevertebral muscles. Posteriorly the skin also was infiltrated by growth. The carotid sheath was completely surrounded, likewise the subclavian vessels and the upper cords of the brachial plexus. The lymph glands of the area were themselves enlarged and infiltrated by growth. In places the growth was of a purplish colour. There was oedema of the mucous membrane of the left arytenoid process. The oesophagus was pressed upon but not occluded by the growth. There was no sign in the mouth, pharynx, or larynx of any primary focus. The clavicle and first rib, though surrounded by growth, were not invaded by it. The mediastinal glands were not enlarged. The viscera showed no secondary deposits and no noteworthy abnormalities.

On microscopic section the growth proved to be an endothelial sarcoma of high malignancy.

The mass of growth removed *post mortem* was roughly conical, with a vertical measurement of 6 in. and a base of 4 in.

The prominent clinical feature of the case was the rapidity of growth of the tumour, an increase visible from day to day. The importance of the case from the medico-legal point of view is illustrated by the verdict of the coroner's jury, which was as follows: "Death was due to a cancerous growth in the neck caused by an injury sustained in the course of his work." Medical evidence had been given to the effect that the injury was responsible for the rapid increase of the tumour, but probably not for the occurrence of the tumour.

E. J. BRADLEY, M.C., M.D., F.R.C.S.,
Surgeon, Staffordshire General Infirmary.

Reports of Societies.

MEDICAL INDICATIONS FOR INDUCTION OF ABORTION.

THE meeting of the Medical Society of London on March 25th, with Dr. J. W. CARR in the chair, was devoted to a discussion on the medical indications for the induction of abortion and premature labour.

Mr. EARDLEY HOLLAND, in opening, touched first on the medico-legal aspect. The law regarding abortion was compressed in a paragraph in the Offences Against the Person Act, 1861, where it was laid down as unlawful to procure or attempt to procure abortion except with the object of saving the mother's life or of avoiding serious injury to her health. The medical profession was entrusted with very generous powers. It had never been possible to lay down strict rules as to the medical indications, and if it had been possible they would have required constant change in accordance with the march of medical science. Diabetes, for example, was once an absolute indication, but since the introduction of insulin diabetic women could with little risk pass through pregnancy and labour. Some people thought that during the past few years there had been a lowering of the professional standard of responsibility with regard to the induction of abortion, but for his own part he believed the medical profession to be just as honourable a body of men as ever. It was necessary to clear the mind of conscious or unconscious prejudice. The detailed discussion of the medical indications, Mr. Eardley Holland said, he must leave, with the true modesty of the modern gynaecologist, to his medical colleagues. The old gynaecologist would have considered himself perfectly competent to pass judgement, but the younger generation of gynaecologists were not so competent, their leanings being more towards surgery and less towards medicine. The positive indications about which there was more or less general agreement were few in number; beyond these there were a large number of debatable indications, and beyond these again a heterogeneous collection of medical, social, and personal states which could not be classified. Among the more or less positive states he mentioned acute and chronic nephritis, chronic valvular disease of the heart, advanced pulmonary tuberculosis, Graves's disease, and insanity. Among the debatable indications which had come his way were hypothyroidism, hyperthyroidism, certain cases of cardiac disease, less advanced pulmonary tuberculosis, albuminuria or eclampsia in a former pregnancy, severe mental and nervous disturbance in early pregnancy following upon a difficult and dangerous previous confinement, and multiple arthritis deformans, which seemed to be made worse by pregnancy. Then came a little group of indications which might be termed eugenic, including refractory syphilis in the mother, and idiopathic epilepsy—rather flimsy in itself, but, like other indications of the kind, accompanied by social and economic considerations which just turned the scale. Lastly, there were cases which depended not on one indication but on a conglomeration of circumstances. In one case, for example, the patient, aged 45, was suffering from debility following a severe operation for infected gall-bladder, and had a bad family history of tuberculosis. In another case, in addition to a very poor condition of the mother, the father was a mental degenerate, and was said to have seriously injured a former child. The induction of abortion was

an uncommon operation both in hospital and private practice, though more uncommon in the former. At the London Hospital between 1924 and 1927, out of 4,000 gynaecological operations, 31 were for the induction of abortion, the indications in nearly all the cases coming within the positive group. In his private cases since 1919, out of about 3,500 patients seen, he had performed the operation for inducing abortion on 28 occasions. The proportion of cases dealt with on what he called positive indications was smaller in private than in hospital practice, and a certain number, carried out at the instance of colleagues, fell within the class of what he had described as debatable indications, on which in the abstract perhaps not everyone would agree, but each case had to be considered strictly on its merits, with due regard to the responsibility placed in the hands of the medical profession.

Dr. B. T. PARSONS-SMITH dealt with the cardiological aspect of the question, passing in review some considerations on the termination of pregnancy in heart disease. He emphasized the serious consequences which pregnancy imposed upon such patients. In the most favourable circumstances additional circulatory strain was inevitable, and the process of pregnancy materially prejudiced the circulatory reserve and favoured the development of decompensation. At Queen Charlotte's Hospital, over a period of fifteen years, the total of 196 cardiac cases were admitted. The pregnancy in 49 of these cases was artificially terminated as follows: induction of abortion, 5; induction of premature labour, 34; Caesarean section at term, 10. The total deaths for the whole "heart" group numbered 32, and for those in which the pregnancy had been artificially terminated, 10—namely, 2 following induction of abortion, 7 following induction of premature labour, and 1 following Caesarean section. It must be assumed that the majority of heart patients would develop some degree of failure during pregnancy, but that proper antenatal care would in most cases enable adequate compensation to be maintained. In a relatively small proportion of cases heart failure might be of so grave a character and so refractory to treatment as to threaten a serious if not fatal issue. This latter group was mainly composed of patients in whom auricular fibrillation and considerable enlargement complicated the underlying conditions of structural heart disease. In all these cases pregnancy constituted a grave risk. Decompensation might be regarded as inevitable, and, failing improvement under treatment, active intervention was justifiable. Every case must be judged on its own merits. One was justified in advising intervention in those cases in which heart failure, especially if it arose in the earlier months of pregnancy, progressed in spite of treatment, and equally in those patients where failure developed and there was a history of decompensation in previous pregnancies. Finally, it must be also remembered that the process of induction in patients with heart disease and failure might, and very probably would, itself constitute a serious maternal risk, as evidenced by the figures from Queen Charlotte's, which showed a mortality rate of 40 per cent. following induction of abortion, and 20 per cent. following induction of premature labour.

Dr. BERNARD HART, who spoke from the standpoint of a psychiatrist, said that the psychoses, or definite insanities, and the psycho-neuroses, or so-called functional nervous disorders, required independent consideration from the point of view of this problem. Psychoses occurring in association with pregnancy might be dealt with under three headings: (1) where a psychosis developed after the occurrence of pregnancy; (2) where pregnancy occurred in the course of a pre-existing psychosis; and (3) recurrent psychoses. With regard to the first group, it was formerly held that the psychoses developing during pregnancy and the puerperium were definite entities constituting special forms of mental disorder; this view had now been generally abandoned. So far as this group was concerned, it was clear that pregnancy was only a circumstance of minor importance, and its removal was not likely materially to affect the course of the disorder. Abortion was therefore not justifiable from the psychiatric standpoint. The second group comprised cases of exhaustion psychosis, a form of disorder in which toxic factors or emotional strains might play a

a commission as surgeon in the Royal Navy. He was one of the pioneers of cautery treatment for turbinal hypertrophy, and achieved a distinguished reputation as a specialist in diseases of the nose, throat, and ear. Eight years ago he retired finally, and went to live in Birkenhead. He was twice married, and is survived by his second wife.

Dr. ARNOLD WILLIAM MONTFORT AUDEN of Birch House, Leigh, Lancashire, who died at his residence, after a week's illness, on March 6th, at the age of 65, had been in general practice in Leigh for thirty-four years. The eldest son of the late Rev. W. Auden of Church Broughton, Derbyshire, Arnold Auden was educated at Shrewsbury School and at Clare College, Cambridge, where he graduated B.A. in 1886. He was a man of fine physique and an oarsman of considerable ability, rowing in the school crew at Shrewsbury and for his college at Cambridge. In other directions also he was a distinguished athlete, winning, when at Shrewsbury, the senior steeplechase and the quarter-mile, among other events. After a period as schoolmaster he decided to enter the medical profession, graduating M.B., C.M. at Edinburgh University in 1895. While at Edinburgh he served in the Queen's Rifle Volunteer Brigade. In his practice he was much beloved by all his patients; he was especially considerate to the poor, and a generous subscriber to numerous charities. He was a keen freemason, and held the appointment of medical officer to several of the local collieries. He will be greatly missed in the neighbourhood, and his funeral was an impressive tribute to the respect in which he was held. He was a member of the British Medical Association.

Dr. EDMUND LEE, who died on March 20th, in his eighty-fourth year, was a well-known and highly respected figure in North Manchester medical circles. He was educated in Manchester, and having obtained the diplomas of L.R.C.P. in 1871 and M.R.C.S. in 1873, he engaged in private practice, the whole of his active professional life being spent in Collyhurst, a densely populated industrial district, where his genial and kindly manner and sound attainments attracted a large clientele. In spite of the physical exertions incidental to this class of practice, he maintained the keenest possible interest in the progress of scientific medicine. His leisure hours were largely devoted to keeping himself abreast of such advances as seemed likely to be of practical service to his patients. He was a man of wide reading, and this, coupled with his daily contact with suffering and poverty, gave him an unusually broad, sane, and sympathetic outlook on life. For some years he was chairman of the North Manchester Medical Union. He was hardly ever absent from the meetings, feeling social intercourse with professional colleagues to be an important factor in promoting understanding and *esprit de corps*. He had a record of some fifty years of quiet, unassuming, useful work, and a reputation for fair and neighbourly dealing. At the end of a long life he leaves behind a very pleasant memory. Two of his sons are in practice in Manchester.

Dr. ALEXANDER GRANVILLE, who died in London on March 23rd after a long illness, was born in Egypt in 1874, and received his medical education at St. Bartholomew's Hospital. He obtained the diplomas of M.R.C.S., L.R.C.P. in 1894, and held the offices of house-surgeon and house-physician at the West London Hospital and senior assistant anaesthetist at St. Bartholomew's Hospital. He served in the South African war during 1899-1901, and was awarded the Queen's medal with three clasps. He subsequently joined the Egyptian Government Service, where he held several important posts, including those of inspector of the Public Health Department, medical officer of health for Cairo, director of the Municipal Section of the Ministry of Interior, Cairo, director-general of the Alexandria Municipality, Egypt, and president of the International Quarantine Board of Egypt. He received the honours of C.M.G. and C.B.E. in 1916 and 1920 respectively, and was created a Pasha by King Fuad in 1922 in recognition of his

services on the Labour Dispute Conciliation Board of Egypt. He was a Knight of the Order of St. John of Jerusalem, Grand Officer of the Order of Ismail, and had been the recipient of honours from France, Italy, Greece, and Belgium.

The following well-known foreign medical men have recently died: Dr. VAN BOECKEL, principal public health inspector in Belgium; Dr. LÉOPOLD BAUMEL, honorary professor of the Montpellier Medical Faculty, aged 75; Dr. BARATTE, formerly director of the health service of the Dardanelles Expeditionary Force and Commander of the Legion of Honour; Dr. GIUSEPPE TAGNINI, a Bologna neurologist who has given his name to the oculo-cardiac reflex, aged 62; Dr. PIETRO GIACOSA, director of the Institute of Materia Medica and Pharmacology at Turin, aged 75; Dr. J. VON KRIES, emeritus professor of physiology at Freiburg, aged 76; and Dr. ALEXANDER MAXIMOV, an histologist and haematologist of Chicago.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

The Local Government Bill.

Third Reading in the House of Lords.

IN the House of Lords, on March 21st, Lord ONSLOW formally moved the third reading of the Local Government Bill.

Lord DE LA WARR said that peers belonging to the Labour party must continue their opposition to the bill. It would put some social services, notably the health services, on a block grant system based on a three-year period and thereafter for five-year periods. There was no guarantee in the bill that at the end of those periods new money would be forthcoming from the Exchequer to meet the new demands of the localities. Local authorities would be less free to provide new services.

The LORD CHANCELLOR said the Government believed that in the bill it had effected improvements in the efficiency of social services.

The motion to read the bill a third time was carried by 70 to 11, and the House went on to make final amendments to it.

Clause 2, dealing with the functions of Poor Law authorities in respect of infant life protection and vaccination, was amended to allow councils to acquire land in pursuance of such purposes.

The House then renewed consideration of points left open at the end of the report stage concerning Clause 13. This clause, inserted to meet representations by Lord Dawson of Penn, ran:

13. The council of every county and county borough shall, before making provision for hospital accommodation in discharge of the functions transferred to them under this part of this Act, consult with such committee or other body as they consider to represent both the governing bodies and the medical and surgical staffs of the voluntary hospitals providing services in or for the benefit of the county or county borough.

On the motion of Lord ONSLOW the House agreed to substitute "before making provision" for "when making provision," and to leave out the word "with" from the phrase "consult with such committee." Lord ONSLOW further moved to add at the end of the clause words providing that the consultation should be "as to the accommodation to be provided and as to the purposes for which it is to be used." He said these words were introduced to meet the wishes of Lord Dawson as far as possible, and he understood that Lord Dawson would accept it. The Government wished to meet in every way it could the Lords who represented hospitals.

LORD DAWSON OF PENN thanked Lord ONSLOW for trying to meet the view held by himself and his friends. The clause did not do all they asked, but certainly went further than the earlier offer of consultation on "accommodation" only. The clause would bring the people who knew into contact with those who had to administer. It did not go as far as it would be necessary to go in administrative matters. That the mass of the medical profession were debarred from having an effective voice in the health services had always been a serious matter. Unless some steps were taken to bring the mass of the profession and those who knew about these things into responsible contact with those who, for the first time, were to take such a large part in administering the bill, the bill was little likely to have the good effects that were hoped for it. He recognized, however, that this clause gave the right of consultation, and he hoped that out of this poor beginning larger things would grow as the years went by.

The House agreed to Lord ONSLOW's amendment.

Drafting amendments were made in Clause 62 regarding the provision of hospital accommodation for infectious disease.

Other drafting amendments having been made the bill passed the House of Lords, and was returned to the House of Commons.

The amount of capital expenditure by local authorities on slum clearance schemes in the last five years is estimated roughly at £5,250,000.

Mr. Chamberlain estimates that in England and Wales during 1927 sickness benefit was paid under the National Health Insurance Acts for roughly 30,500,000 weeks, as against 28,250,000 in 1926, and 25,000,000 in 1925. Exact particulars are not available.

Mr. Chamberlain is inquiring into an allegation that a woman patient of Newark, Notts, was certified on account of delirium and sent to Radcliffe Asylum, where she was diagnosed as suffering from scarlet fever.

Universities and Colleges.

UNIVERSITY OF OXFORD.

DR. ORMOND ALEC BEADLE has been elected to a Dr. John Radcliffe Fellowship.

The Radcliffe Prize for the furtherance of medical science in the University has been awarded to Dr. Sidney Campbell Dyde.

UNIVERSITY OF LONDON.

THE degree of D.Sc. in Anatomy has been conferred upon Mr. W. B. Crow, of East London College, for a thesis entitled "Contributions to the principles of morphology."

An academic Diploma in Public Health is to be instituted.

Dr. M. E. Delafield has been appointed the representative of the University at the fourth Imperial Social Hygiene Congress, to be held in London in July.

Sir John Rose Bradford, C.B., has been re-elected vice-chairman of the University College Committee for 1929-30.

Dr. Harold Raistrick has been appointed, as from August 1st, to the University Chair of Biochemistry at the London School of Hygiene and Tropical Medicine, where he will also hold the position of Director of the Division of Biochemistry and Chemistry, as applied to hygiene.

UNIVERSITY OF LEEDS.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—*Part I*: Bessie Brown, W. H. Craven, H. Denton, C. H. Foster, J. P. Galpine, W. L. Hardman, J. N. Hill, G. M. Holliday, L. Hoyle, Eugenie C. Illingworth, I. J. Keidan, R. G. S. Meadley, C. Poniedel, L. J. Richmond, S. Rosenberg, S. Silman, L. Silverman, W. E. Smart, E. J. Wayne, J. W. Whitworth. *Part II*: J. Kak, J. Loofe, G. J. Marks. *Part III*: L. B. Flather, Esther M. Killick (with distinction in medicine), A. C. Shuttleworth, Ivy R. Watson.

M.Sc. in Physiology.—R. E. Tunbridge.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—*Part I*: V. T. Parkinson. *Part II*: Teresa Lightbound, V. T. Parkinson.

D.P.H.—*Part I*: A. B. Anderson, J. L. Glegg, Kathleen Edgecombe, R. R. Evans, Bridget M. O. Gordon, B. S. Jarvis, I. S. Jones, J. S. Logan, J. Macdonald, J. C. McFarland, R. L. McMorris, E. Miles, R. J. Ormsby, D. E. P. Pritchard, F. L. Smith, F. C. Speechly.

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*Parts I and II*: W. H. Milligan, J. E. C. Walker, P. H. Whitaker, J. Wilson.

DIPLOMA IN TROPICAL MEDICINE.—K. B. Chakravarti, J. Crawford, W. C. Dale, J. R. Douglass, G. D. Drury, T. S. Gill, Margaret A. L. Herbertson, J. A. L. Innes, J. A. McGregor, W. B. McQueen, B. K. Majumdar, I. C. Middleton, J. T. F. Pearce, C. Ramdeholl, Elizabeth J. Robinson, P. B. Robinson, A. Shafi, T. Verghese, S. P. Wilson.

DIPLOMA IN TROPICAL HYGIENE.—S. W. H. Askari, A. Halawani, I. S. Hilmi, H. S. Lawrence, H. M. Sekna.

UNIVERSITY OF DUBLIN.

TRINITY COLLEGE.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., PART I.—*Materia Medica and Therapeutics; Medical Jurisprudence and Hygiene; Pathology, and Bacteriology*.—S. H. Moore, S. Levy, W. Caldwell, F. M. Lyons. (*In completion*): C. H. Hutchinson, A. A. Linsay.

PART II.—*Medicine*: A. F. Kennedy, L. B. Harris, F. R. Falkner, T. B. McMahon, J. Higgs, P. A. Thornton, E. C. Hicks, N. Shapira, E. B. A. Solomons, G. B. Thrift, R. M. Wilson, M. E. Kirwan, N. S. Klass, M. H. Fridjibon, J. A. Dowds, C. King, N. H. Lindsay. *Surgery*: J. E. C. Cherry, N. Burstein, P. A. Thornton, Anna M. E. McCabe, H. Dundon, W. B. Hamilton, W. A. Y. Knight, Josephine M. Enright. *Midwifery*: J. N. U. Russell, E. F. St. J. Lyburn, E. H. T. Fleming, P. O'Shea, R. E. Hemphill, Lilla M. Spiller, E. F. S. Morrison, G. R. Boare, Kathleen A. Wilson, S. Reggs, Dora G. Bradley, R. T. O'Shea, R. P. McGarrigle, Frances E. Wilson, N. Shapira, J. Willoughby, E. J. M. Bam.

DIPLOMA IN GYNAECOLOGY AND OBSTETRICS.—I. S. Marwah.

* Passed on high marks.

The Services.

NAVAL MEDICAL COMPASSIONATE FUND.

A MEETING of the subscribers of this fund will be held at the Medical Department of the Navy, Queen Anne's Chambers, Tothill Street, Westminster, S.W.1, on April 25th, at 11.30 a.m., to elect six directors of the fund.

INDIAN MEDICAL SERVICE.

THE following have been appointed to permanent commissions in the Indian Medical Service: K. F. Alford, H. J. Curran, A. M. Fraser, B. J. Griffiths, W. P. Lappin, E. A. Y. Mackeown, H. T. McWilliams, G. Milne, G. J. O'Connor, P. Shannon, D. L. Trant, H. S. Waters, E. P. Walsh, W. J. Walsh. Further appointments are about to be made, and young medical men contemplating a medical career in India are referred to the announcement made in our advertisement columns.

DEATHS IN THE SERVICES.

Surgeon Captain Edward Leicester Atkinson, D.S.O., R.N., died suddenly at sea on February 20th, aged 46. He was born on November 23rd, 1882, the son of Edward Atkinson, Esq., was educated at the Forest School and at St. Thomas's, and took the M.R.C.S. and L.R.C.P.Lond. in 1906. In 1905 he won the light-weight boxing championship of the United Hospitals. Entering the navy soon after qualifying, in 1908-9, he served as vaccinator at the Royal Naval Hospital at Haslar, and in 1910 was appointed pathologist and bacteriologist to Captain Scott's expedition to the antarctic regions. When Scott set off for the South Pole he was left in charge of the ship, and commanded the main party at Cape Evans, and the party which went in search of the missing explorers, and found their bodies, buried them, and erected a great cairn over their remains. To the official account of the expedition, drawn up by Dr. Leonard Huxley, and published in 1913, he contributed a chapter entitled "The last year at Cape Evans," which concludes with the story of the finding of Scott's tents and the bodies of Scott and his companions, all except Captain Oates, whose remains were never found. In the great war Surgeon Captain Atkinson served successively with the Grand Fleet, with the Royal Naval Division in Gallipoli, and with a howitzer brigade in France, when he was thrice mentioned in dispatches, and received the D.S.O., and in North Russia in 1919. He was awarded the Albert Medal for rescue work in the explosion on H.M.S. *Glutton* in 1918, when he himself lost one of his eyes; and in 1920 he gained the Chadwick gold medal and prize, an award made every five years to the medical officer who has done the best special work for the health of the army and navy. So recently as last November he married Miss Mary Flint Hunter, daughter of John Hunter, Esq., of Glasgow.

Medical News.

AT a joint meeting of the Section of Psychiatry of the Royal Society of Medicine with the Medical Section of the British Psychological Society, to be held at 1, Wimpole Street, W.1, on Tuesday, April 9th, at 8 p.m., there will be a discussion on the role of anxiety in the psychoses and psychoneuroses. The speakers include Dr. Ernest Jones, Dr. H. Yellowlees, and Dr. R. D. Gillespie.

A SERIES of dances is being arranged by different London hospitals in turn in aid of the Royal Medical Benevolent Fund Guild, in the hall of the British Medical Association House, Tavistock Square, W.C.1. The first of these will be organized by Guy's Hospital, and will be held on Thursday, May 16th, from 8.30 p.m. to 12.30 a.m. Tickets, 6s. each, or 11s. for two, which include light refreshments, may be obtained from Mrs. Hale-White, 1, Portland Mansions, W.1; Miss V. S. Fripp, 19, Portland Place, W.1; or Mr. Winston, Medical School Office, Guy's Hospital, S.E.

A PUBLIC meeting to discuss developments of British chemical manufacturers will be held in the Mansion House, London, on Wednesday, April 24th, at 4.30 p.m., when Lord Melchett (president of the British Science Guild) will take the chair. The programme will include the following addresses: fertilizers from the air, by Sir Frederick Keeble; rayon (artificial silk), by Mr. A. B. Shearer; and synthetic drugs, by Mr. Francis H. Carr. Tickets for the meeting may be obtained on application to the British Science Guild, 6, John Street, Adelphi, W.C.2.

THE Library of the British Medical Association will be closed from the evening of Thursday, March 28th, until the morning of Tuesday, April 2nd.

ON March 25th the Westminster Bank transferred its Russell Square branch, at which the Association keeps its various accounts, to the North Wing of the Extension of the British Medical Association House in Tavistock Square.

A COURSE of post-graduate lectures will be delivered at the Royal Dental Hospital of London School of Dental Surgery, Leicester Square, W.C., commencing on Wednesday, April 10th, when Mr. Bowdler Henry will give a lecture-demonstration on the use and limitations of diathermy in dental surgery. On April 24th Professor J. C. Drummond will speak on certain biochemical aspects of saliva; on May 1st Dr. E. W. Fish will deal with the reaction of the pulp and dentine to caries; on May 8th Mr. J. G. Turner, F.R.C.S., will lecture on pain. The last lecture of the series will be given by Mr. F. St. J. Steadman, who will discuss fractures with special reference to treatment. The lectures, which begin at 6 p.m., are free to practitioners, advanced students, and others interested in the subjects.

THE Fellowship of Medicine announces that a two weeks' practitioners' course will begin on April 8th at the London Temperance Hospital in medicine, surgery, and the specialties from 4 to 5.30 p.m. daily. A series of eight lecture-demonstrations will be given at the London School of Tropical Medicine on Tuesdays and Fridays from April 9th, and a course of four lecture-demonstrations on light and heat therapy on Wednesdays at the Royal Free Hospital from April 10th. A three weeks' course in medicine, surgery, and gynaecology at the Royal Waterloo Hospital commences on April 15th. A course in neurology at the West End Hospital for Nervous Diseases will continue from April 15th to May 11th at 5 p.m.; it consists of lecture-demonstrations, illustrated by cases, and the minimum entry is 10. The Fellowship proposes to start a course for the July M.R.C.P. examination. Lectures will be given on diseases of the brain, nervous system, lungs, heart, blood, kidneys, alimentary system, and spleen, as well as on modern biochemical methods. Detailed syllabuses of these courses, information on post-graduate work in London at the general and special hospitals affiliated to the Fellowship, and copies of the *Post-Graduate Medical Journal* can be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

THE Derby Medical Society has arranged a course of post-graduate lectures to be given by Dr. H. C. Cameron at the Derbyshire Royal Infirmary on Tuesday evenings at 8 p.m. The first lecture, on April 9th, will deal with the newly born, the second, on April 16th, with the infant and its diet, the third, on April 23rd, with acidosis, the fourth, on April 30th, with some surgical operations in childhood, and the fifth, on May 7th, with functional nervous disturbances. The fee for the course is £1 10s. Full particulars may be had from Dr. G. E. Kidman, 134, Osmaston Road, Derby.

AS will be seen from our advertisement pages the next election to the Grocers Company scholarships for encouraging original research in sanitary science will take place in May next; they are of the value of £300, tenable for one year, but renewable. Forms of application can be obtained from the clerk of the Grocers Company, Grocers' Hall, E.C.2, to whom they must be returned before the end of April.

QUEEN CHARLOTTE'S Maternity Hospital has now decided to purchase a site of five acres on the Goldhawk Road, near Ravenscourt Park Station, in the borough of Hammersmith. Building operations will commence at an early date on the first section—a separate isolation block (with research facilities) for patients suffering from puerperal fever. This will be the first instance in this country where reception will be provided on a large scale for cases of puerperal infection, and where laboratory research and the training of post-graduate students and midwives can be based upon the study of such cases.

LISTS of medical practitioners serving as members of local authorities or their subsidiary public bodies in Great Britain were published in our issues of December 8th (p. 1057) and December 29th, 1928 (p. 1190), and February 16th, 1929 (p. 314). We have since received intimation that Dr. S. Edwards Jones (Wrexham) is chairman of the Public Health and Small-pox Hospital Committees, a member of the Maternity and Child Welfare Committee and of the Mental Deficiency Committee, and a representative of the Voluntary Hospitals Committee of the Denbighshire County Council. In the Borough of Wrexham Council he is deputy mayor and alderman, and chairman of the Health and Child Welfare Committee, and was mayor in 1910-11. He is a member of the Wrexham Rural District Council and chairman of the Joint Fever Hospital Committee; also a member of the Wrexham Board of Guardians, of which he was for seven years chairman. We have also been informed that Dr. Alex. A. Carruthers is a member of the Parish Council of Shilton, Warwickshire.

THE late Sir Hector Clare Cameron of Glasgow left personal estate of the value of £34,723. He bequeathed the portrait of himself by George Henry, R.A., to the Royal Faculty of

Physicians and Surgeons of Glasgow, and £100 to the Western Infirmary, Glasgow.

SIR ROBERT ARMSTRONG-JONES of Plas Dinas has been elected sheriff for Carnarvonshire for 1929.

THE following appointments have recently been made in foreign faculties of medicine: Professor Dubois, dean of the faculty of medicine, and Dr. Ingelrans, professor of therapeutics, at Lille; Dr. A. Barraud, professor of the oto-rhino-laryngological clinic at Lausanne; Dr. Wilhelm Brock, professor of oto-rhino-laryngology, and Dr. Otto Goetz of Frankfurt, professor of surgery, at Erlangen; Professor von Eicken, director of the oto-rhino-laryngological clinic, dean of the medical faculty, and Dr. Rösze of Basle, professor of general pathology and pathological anatomy, at Berlin; Dr. Karl Reuter, professor of medical jurisprudence at Breslau; Dr. Terracol, professor of oto-rhino-laryngology, and Dr. Riche, professor of gynaecology, at Montpellier; Professor A. Fornesco, director of the obstetrical and gynaecological clinic at Cagliari; Dr. Otto Steurer of Tübingen, professor of oto-rhino-laryngology at Rostock; Dr. Eugen Ludwig, professor of anatomy at Basle; Dr. Grashey, professor of roentgenology at Cologne; Dr. Holfelder, professor of roentgenology at Frankfurt; Dr. I. Nasso of Perugia, professor of clinical paediatrics at Messina, in succession to Professor Cannata, who has been transferred to Palermo; Dr. I. Simon of Pavia, professor of pharmacology and toxicology at Padua; Dr. Salva, professor of clinical ophthalmology, and Dr. Sigaud, professor of anatomy at Grenoble; Dr. de Leobardy, professor of medical pathology and experimental medicine at Limoges; Dr. Quinquand, professor of physiology at Rheims; Professor Dr. von Haberer, rector of the medical academy at Düsseldorf; Dr. Joseph Schuller of Cologne, professor of pharmacology at Göttingen; and Dr. Guido Fanconi, professor of children's diseases at Zürich.

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, Mediscera Westcent, London.

The address of the Irish Office of the British Medical Association is 18, 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.

PIGMENTATION OF THE FACE.

"HOPEFUL" asks for advice in the treatment of a female patient, aged 38, who for many years has been distressed by a dark brown staining of the skin below the eyes.

ANOREXIA NERVOSA.

"LOWLANDER" would like suggestions for the treatment of a woman, aged 21, suffering from anorexia nervosa of one year's standing. The patient weighs only 5 st., has no appetite, and is constipated. Drugs have no effect on her condition, though ultra-violet rays have brightened her mentally. She has been twice in hospital.

EMISSION WITHOUT ORGASM.

"PRAC." writes in answer to "M.B., B.S." (March 2nd, p. 429): I do not know of such a case as this in normal people, but have known of involuntary emission without orgasm in a case of adolescent dementia.

THE TRIANGULAR BANDAGE.

DR. N. CORBET FLETCHER (London, N.W.) writes: In reply to the query of "Inquirer" (New Zealand) (March 23rd, p. 583), the triangular bandage was invented about 1830 by Dr. Mayor of