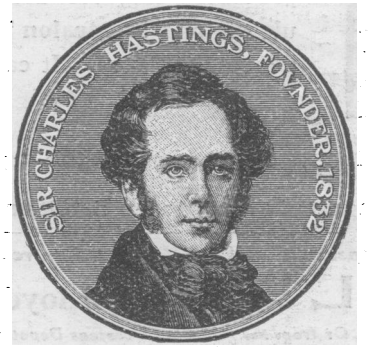
The

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



Including an Epitome of Current Medical Literature.

WITH SUPPLEMENT.

No. 3565. SATURDAY, MAY 4, 1929. Price 1/3

Cases 5 and 6.—Both of these patients had septic fingers with swelling most pronounced over the terminal phalanx. In each case incision was made under blocking of the digital nerves at both sides of the base of the proximal phalanx; no pain was experienced. Treatment was as before, and the patients returned to work respectively four and six days afterwards.

Case 7.—Septic palm of hand, more pronounced on the ulnar side, with considerable swelling on the palmar surface and slight oedema on the dorsum of the hand. Incision was made under blocking of the ulnar nerve, and caused slight pain. The wound was treated in the usual way, and the patient returned to work in nine days.

Case 8.—Septic hand, oedema of the back of hand and swelling of palm, most pronounced between the heads of the second and third metacarpal bones. The ulnar nerve was blocked behind the internal epicondyle of the humerus, and 2 c.cm. of 2 per cent. novocain were injected under the palmaris longus tendon, two inches proximal to the first transverse crease of the wrist, in an endeavour to block the median nerve. The incision gave no pain, the wound was treated in the usual way, and the patient returned to work in seven days.

General Conclusions.

With the exception of the one steward, who took twenty days before the wound healed, and one trimmer whose finger, originally opened under ethyl chloride anaesthesia, had to be reopened, and who took twelve days before returning to duty, no man was away from his work for more than nine days, most of them for less. I believe that Cases 1 and 7 experienced some pain at the moment of the incision because I failed to realize that the median and ulnar nerves intercommunicate in their nerve distribution to the palm of the hand. In Case 8, when I blocked both the median and ulnar nerves no pain was experienced from the incision. Although gas must remain the anaesthetic of choice for cases of septic hands or feet, for a doctor who is unable to obtain an anaesthetist, or for a patient who refuses a general anaesthetic, nerve blocking with novocain should prove a satisfactory substitute.

Directly pus has formed in any situation in the hand or foot it should be given an opportunity to escape by a free incision, and the operation should be undertaken deliberately and with no attempt at hurrying. If one operates under freezing, or without an anaesthetic, there is a tendency to hurry and perhaps an insufficient incision is made. If early and deliberate incisions are made, allowing free drainage, there is less likelihood of a whitlow progressing and becoming a suppurative teno-synovitis of the forearm, or causing an osteomyelitis of the phalanges or metacarpal bones.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

HAEMOPERITONEUM DUE TO SPONTANEOUS RUPTURE OF THE SPLENIC VEIN.

CASES of haemoperitoneum of unknown origin are not infrequently recorded in the literature. The following case, therefore, seems to merit publication, since such a condition was traceable to spontaneous rupture of the splenic vein associated with cirrhosis of the liver.

A woman, aged 38, was admitted to the Leeds General Infirmary at 10 a.m. on December 8th, 1928, having been seized with lower abdominal pain six hours earlier. She was extremely pale and restless; the pulse was 120, and the temperature 96° F. The respiration was slow and gasping; she was fully conscious. The abdomen was distended, and there was dullness to percussion in both flanks, but no evidence was obtained of uterine bleeding. A diagnosis of haemoperitoneum was made, the source of the haemorrhage being uncertain in view of the absence of amenorrhoea or any significant previous history. Immediate laparotomy was decided on, but unfortunately the patient died before this could be undertaken.

A post-mortem examination was made on December 10th. The abdomen was found to be full of blood, which was partly clotted, and had obviously come from the left upper abdomen. The liver was small (weight 25 oz.), and presented a grossly nodular surface. The spleen was considerably enlarged (weight 15 oz.); it was free from adhesions, and there was a single scar at the lower pole. On section it presented a normal appearance. The lesser sac contained a good deal of blood. The splenic vein was found to be enlarged, tortuous, and considerably thickened, having a mean diameter of about three-quarters of an inch. About half-way along its course there was a tiny rupture, approximately a sixteenth of an inch in diameter, which was the source of the peritoneal haemorrhage.

The liver showed a well-marked multilobular cirrhosis; there was little evidence of active destruction of liver tissue, but the fibrosis was unusually dense. The splenic pulp was increased. There was no evidence of syphilis in this case, nor was there any striking varicosity of the oesophageal or haemorrhoidal veins. The lenticular nuclei were normal.

The woman, a servant, had enjoyed apparent good health till three weeks before her death; during this period she had complained of indigestion. Her employer had noted an increasing mental dullness during the past year. It is of interest to note that several bottles of gin had been missed by her employer, and a bottle of brandy was found among the woman's possessions, but beyond this there was no definite history of alcoholism.

This complication of cirrhosis of the liver must be extremely rare, though peritoneal haemorrhages are recognized as a complication of cirrhosis by Osler[1] and others. Osler[2] mentions rupture of varicose veins as a cause of haemoperitoneum, and, quoting Ernst and Gammeltoft,[3] states that trauma is an important factor. We could discover no history of trauma in this case. An apparently similar case has been recorded by Ogilvie.[4]

We wish to thank Dr. G. L. Neil for supplying the details of the patient's previous history, and Professor Carlton Oldfield for permission to publish this case.

L. N. PYRAH, M.B., Ch.B.Leeds,
Resident Surgical Officer,
F. R. STANSFIELD, M.B., B.S.Lond.,
Resident Gynaecological Officer,
Leeds General Infirmary.
HUGH G. GARLAND, M.B., Ch.B.Leeds, M.R.C.P.,
Demonstrator in Pathology, Leeds University.

APPENDICITIS CAUSED BY BILHARZIA.

IN the records of bilharzia lesions I have been unable to find any instance of appendicitis caused by this parasite. I venture, therefore, to bring forward details of such a case.

The patient, a male aged 24 years, a native of Tanta in the Nile Delta, came to this country in 1926 for educational purposes. He had had typical vesical bilharziasis in 1920. He then received the greater part of a course of injections (presumably of tartar emetic), but discontinued the course when the symptoms subsided. Although there was no recurrence he underwent a complete course of injections in 1926, before coming to this country, and was told that he could consider himself cured. He had never shown any signs of involvement of the intestinal tract.

He remained well until December, 1927, when he had an attack of abdominal pain with a rise in temperature (100° F.). The tenderness was not localized to any part of the abdomen. He was very constipated. Enemata relieved the condition at once. The temperature subsided and the abdominal symptoms disappeared. The spleen was not enlarged.

In March, 1928, he had a similar attack, though more severe. There was slight rigidity of the right rectus muscle, and the site of maximum tenderness was at McBurney's point. He was again very constipated, and when this was relieved by enemata all the symptoms subsided. The question of removing his appendix was discussed, but the operation was not performed.

On June 12th, 1928, a third and still more severe attack commenced. He had acute abdominal pain, at first round the umbilicus, but soon settling down in the right iliac fossa. There was rigidity of the right rectus muscle. The abdomen was distended. He vomited twice. In spite of previous warnings he was again very constipated. When enemata had been administered the acute symptoms subsided, but some tenderness and slight rigidity over the appendix persisted. Mr. T. Carwardine was called in, and it was decided to remove the appendix. The operation was performed on June 27th. The appendix was bright red and still showed signs of acute inflammation. Several small white nodules, similar to tubercles, were noticed on the serous aspect. Professor Walker Hall kindly examined the organ microscopically and reported that the appendicular wall showed areas of fibrosis and contained many ova of *Schistosoma haematobium*. Some of the older ova were calcified. Round the groups of ova were signs of acute inflammation, the tissues being infiltrated with small round cells and the blood vessels engorged. There was not any evidence of pyogenic organisms, or of tubercle or actinomycosis. The only apparent cause for the acute inflammatory attack was the ova of the parasite. The ova were seen passing through the mucosa, as well as blocking the lymph canals of the submucosa. Some had penetrated the muscular layer and occasioned the formation of round, fibrous, and calcified nodules just under the peritoneal surface. Examination of the urine and faeces showed no ova. The faeces contained a small quantity of blood and excess of mucus. The blood count showed a marked eosinophilia—12 per cent. of the total white count.

It follows from the fact that many of the ova seen in the sections are fresh that the patient is still harbouring active

[1] Osler and McCrae: *Modern Medicine*, third edition, vol. iii, 813.
[2] Ibid., 907.
[3] Ernst and Gammeltoft: *Acta Gyn. Scandinav.*, Upsala, 1921, 2, 104.
[4] W. H. Ogilvie: *Guy's Hospital Reports*, 1922, lxxii, 219.

adult trematodes, which are presumably localized in the appendix area. Serial sections did not reveal the presence of adult forms, although there was a cavity with appearances of parasitic origin.

The patient made an uninterrupted recovery from the operation.

In *Archives of Pathology*, vol. 6, and again in the number for May, 1926, A. Plant has articles on this subject. He records a case of bilharziasis in an apparently normal appendix which gave no symptoms. He points out that though the spines appeared in sections to be terminal, it was found that they were lateral when the tissues were dissolved out with potassium hydroxide.

I am indebted to Mr. Carwardine for the surgical treatment and advice, and to Professor Walker Hall for the pathological work and advice.

H. ELWIN HARRIS, jun.,
M.B., B.Ch.Cantab.

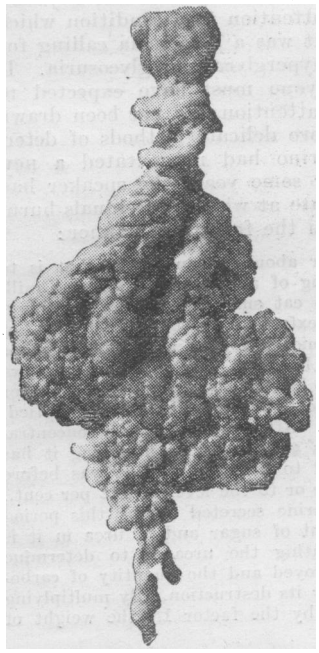
Clifton, Bristol.

ABDOMINAL TORSION OF THE OMENTUM.

IN view of the rarity of this condition the following case seems worthy of publication.

A married woman, aged 32, was admitted to hospital complaining of abdominal pain of two days' duration. Her temperature was 100° F., pulse rate 104, respirations 20. Mastitis had followed a confinement three years previously, and the patient had become much stouter during the four or five years prior to admission.

Whilst stooping at her washtub one morning the patient became conscious of a dull aching pain in the lower part of the abdomen on the right side; the pain was less severe when she stood up. She continued her work until 4 p.m., notwithstanding an increase in the severity of the pain. A restless night followed. Homely remedies, such as hot poultices, only relieved the pain very slightly. The pain continued during the next day, when she was seen by her medical attendant and sent to hospital.



On examination the patient was found to be very obese. The pain, which was continuous and located in the right iliac fossa, was of a dull, aching character, with exacerbation on movement. There was loss of appetite, but no vomiting. The bowels were opened on the day of admission. The tongue was clean and moist. Tenderness was elicited to the right of the umbilicus, and there was rigidity of the right rectus abdominis muscle below it; no mass was palpable. Nothing abnormal was detected elsewhere, and a provisional diagnosis was made of subacute appendicitis.

That evening a right paramedial incision was made below the umbilicus, and the rectus muscle was retracted laterally. When the peritoneum was picked up and incised a small quantity of blood-stained fluid welled up through the incision. No mass was found in the appendix region, and the appendix showed no signs of inflammatory process. On passing the hand upwards to examine the gall-bladder a firm mass was encountered, lightly adherent to the anterior abdominal wall below and to the right of the umbilicus. The mass was easily freed and pulled down into the wound, when the nature of the condition became apparent. The mass consisted of a portion of very congested omentum dependent by a narrow pedicle, which was twisted twice in a clockwise direction. There was no bowel in the mass. The pedicle was transfixed, tied, and divided; appendicectomy was then performed. Further exploration failed to reveal the presence of a hernial opening, or of any pathological condition in the pelvis.

The subsequent progress of the patient was uneventful.

The etiology of this condition is the subject of controversy. Bayer and Baraz[1] state that there are usually found two points of support around which the omentum can revolve to produce the strangulation. This theory is supported by the frequent association of torsion of the omentum and the inflammatory changes in the appendix.

The specimen removed in the present case shows a long fine projection of omental tissue at the base of the strangulated mass. At the time of operation this band was not observed to be adherent, but such an adhesion, if present, might easily have been broken through in the manipulations to deliver the appendix and caecum.

[1] Quoted by Wiener, *Annals of Surgery*, 1900, 2, p. 648.

The case reported illustrates the common findings in this condition as summarized by Cowell.[1] Attention might be drawn to the facts that (1) the pain was first felt in the right lower abdomen, and not around the umbilicus as in appendicitis; (2) there was no nausea and vomiting, and the anxious facies associated with acute disease of the intestinal tract was absent.

I am indebted to Mr. Kenneth Fraser for permission to publish this case.

ARCHIBALD RONALD, M.D.,
House-Surgeon, Royal Albert Edward Infirmary, Wigan.

Reports of Societies.

STERILIZATION OF THE MENTALLY UNFIT.

AT a meeting of the Medico-Legal Society on April 25th, with Sir WILLIAM WILLCOX in the chair, a paper was read by Lord RIDDELL on the sterilization of the unfit.

Lord Riddell quoted from the report of the Board of Control the numbers of notified insane persons and mental defectives, and from the recent report of the Mental Deficiency Committee[2] the estimate that the total number of defectives of all ages is 300,000, and that institutional accommodation is required for 64,000, as well as residential special schools for 23,000 feeble-minded children. He quoted also from official documents some histories of mental defectives, showing how to parents, one or both of whom were feeble-minded, had been born four, five, or six children, all of them imbecile or of a low grade of mentality. He recited particulars of seventeen cases in the courts during the last two years in which mentally deficient persons had been charged with serious crime. Lord Riddell then took up the statement of the Board of Control that the marriage of defectives had disastrous consequences to the community, and that the time had come when legislative steps should be taken to prevent such unions. While this was obvious, Lord Riddell thought that the fact was overlooked that people of this class did not pay much attention to the sanctions either of Church or Law. The sexual instinct was very powerful amongst mental deficients, who were also extraordinarily persistent and clever in eluding observation, and reproduced their kind far more rapidly than the mentally sound. The Board relied on segregation as a curative, protective, and palliative measure, and trounced the local authorities for neglecting to supply institutional accommodation. What about the cost of such a policy? Lord Riddell entered upon some calculations to show that the additional institutional accommodation called for by the Mental Deficiency Committee would involve a capital expenditure of 29 millions, and that the annual expenditure, representing the cost of maintenance of these feeble-minded persons, including those for whom provision is already made, as well as the notified insane, worked out at 16 millions. Could the community afford to spend so much on a section of the population obviously of the worst type. "Unless we are careful, we shall be eaten out of house and home by lunatics and mental deficients."

The alternative seemed to him to be sterilization, though he admitted that this would not be a complete solution, nor do away with the necessity for a certain amount of segregation. It would, however, effectively prevent the defectives from reproducing their kind, as they were doing at present at the rate of some 2,500 a year. The Board of Control considered that sterilization would not materially diminish the immediate need for increased institutional accommodation; defectives would still require supervision. The Board, said Lord Riddell, was entitled to sympathy. Evidently it did not want to "bell the cat." It perceived the dangers, but was afraid to cope with them. The truth was that the existing system was incoherent and illogical. On the one hand, the Board was demanding more and more institutions; on the other, its

[1] *Brit. Journ. Surg.*, 1925, xii, p. 738.
[2] *British Medical Journal*, April 27th, p. 775.

TONSIL PUNCTURE.

SIR,—We are obliged to Drs. Cronin Lowe and Hugh Smith for their interesting comments on our paper. These observers naturally prefer their own methods in the investigation of pathological material, while we prefer ours; but we cannot agree with them on the question of the collection of the material from the tonsil. The use of a platinum loop in a tonsillar crypt may be possible and advisable (1) if the observer wishes to ascertain the condition of the crypt as distinct from the tonsil as a whole, and (2) if, in investigating the crypt, the latter is sufficiently visible and wide-mouthed to admit the loop.

In our paper we gave reasons for judging that the appearance of, and bacteriological findings in, a crypt may lead to fallacious conclusions as to the true condition of the tonsil. In our experience the tonsil which is most difficult to assess, as regards its pathological condition, is the one which is fibrosed and in which it is impossible to find any crypt into which a platinum loop could be introduced. This was one of our chief reasons for adopting the procedure outlined in our paper. It is quite possible that our needle may, occasionally, enter or traverse a crypt, but we think that this is unlikely because the needle is introduced in a direction more or less parallel to that in which the majority of the crypts run, as judged by histological appearances. The needle is not rotated until it is buried deeply in the substance of the tonsil.—We are, etc.,

JEFFREY RAMSAY.
C. M. PEARCE.

Blackburn, April 29th.

Obituary.

FRANK COLE MADDEN, C.M.G., M.D., F.R.C.S.,

Emeritus Professor of Surgery, Royal School of Medicine, Cairo; Consulting Surgeon, Kasr-el-Ainy Hospital, Cairo.

WE have to record with regret the death, at the age of 56, of Professor F. C. Madden, which occurred in tragic circumstances at Cairo on April 20th.

Frank Cole Madden was born in Melbourne in 1873, and was educated at Melbourne University, where he graduated M.B., Ch.B., with honours, in 1893. After holding appointments as senior house-surgeon and acting medical superintendent to the Melbourne Hospital, he continued his medical studies at St. Mary's Hospital, London, obtaining the diplomas of M.R.C.S., L.R.C.P. in 1896, and proceeding to the Fellowship of the Royal College of Surgeons in 1898. In the course of a distinguished career at St. Mary's Hospital he gained an exhibition in surgery and gynaecology, and the Beaney scholarship in surgery. After holding, from 1895 to 1898, posts as house-surgeon and medical superintendent to the Hospital for Sick Children, Great Ormond Street, he proceeded to Cairo, having obtained an appointment as assistant surgeon to the Kasr-el-Ainy Hospital. This was the first of the many posts Frank Cole Madden held in Cairo; he became in the course of time senior surgeon to the Kasr-el-Ainy Hospital, professor of surgery at the Royal School of Medicine, medical officer to the Victoria Deaconess Hospital and the Anglo-American Hospital, medical officer to H.E. the High Commissioner for Egypt and to the British Consulate, and medical referee to the Egyptian State Railways and the Eastern Telegraph Company. During the war he was attached to the Egyptian Expeditionary Force, and was civil surgeon in charge of various military hospitals, the Red Cross Hospital, Cairo, and at the Kasr-el-Ainy Hospital. At the time of his death he was rector of the State University, dean of the faculty of medicine, director of the Kasr-el-Ainy Hospital and of its Medical School, consulting surgeon to the Kasr-el-Ainy Hospital, and emeritus professor to the University of Cairo. In the last New Year's Honours List he was created C.M.G. in recognition of his work in organizing the International Congress of Tropical Medicine and Hygiene, held at Cairo in December, 1928. It is not unlikely that his arduous work in relation to this congress, added to the pressure of his many other duties, contributed to the breakdown that preceded his tragic end. Madden's work and personality were highly appreciated in Egypt, and his death was a shock to his friends and to the numerous students, doctors, patients, and officials with whom his work had brought him in contact. For thirty years he devoted himself to raising the standard of medical education and practice in Egypt.

Throughout his professional career Frank Cole Madden was an active member of the British Medical Association. He was made president of the Egyptian Branch from 1924 to 1925, its representative in 1926, and a member of the Egyptian Branch Council from 1926 to 1928. His special interests were tropical surgery and schistosomiasis, and his publications included *Bilharziasis* (1904), the *Surgery of Egypt* (1919), articles on schistosomiasis in Choyce's *System of Surgery* (1923) and in Byam and Archibald's *Practice of Medicine in the Tropics* (1921), and numerous papers on surgical subjects in the various medical journals. He is survived by a widow, two sons, and two daughters.

The medical profession in Limerick and the surrounding counties has been deprived by the death, on March 26th, of Dr. WILLIAM AUGUSTUS FOGERTY, a highly esteemed and learned colleague. He was in his seventy-second year, and had practised in every department of his profession in his native city for more than forty years. He received his medical education at Queen's College, Cork, graduating M.D., M.Ch., M.A.O. in 1885. Appointments held by him included honorary surgeon to Barrington's Hospital, consulting surgeon to the Lying-in Hospital, and visiting surgeon to the Limerick County Infirmary. He was a brilliant, careful, and successful operator, and in every branch of his art he was an acknowledged master. As aurist, oculist, and gynaecologist he had attained a very high standard, while his knowledge of the collateral sciences was extensive and accurate. He excelled as a botanist, and at one time held temporarily the chair of natural science in Queen's College, Cork, as it was then designated. His colleagues fully realized and appreciated as they deserved the many various qualities and attainments that combined to stamp him as a medical practitioner of the first rank. Some years ago he was mainly instrumental in the formation of a society that had for its object the bringing together of the local medical men for friendly discussion of matters affecting their common interests, and consolidating their position, especially that of the junior members; as, for instance, when their services might be required by working-men's unions for collective attendance. This secured an adequate, reasonable fee, and eliminated a possibly destructive competition; it was, moreover, most useful in obviating misunderstandings. He was a member of the British Medical Association. He also found time to devote to the duties of alderman and to serve on a conciliation board for the adjustment of disputes between capital and labour, the utmost confidence being placed by all in his judgement and impartiality. He was chairman of the Citizen's Protective Society, and of the local branch of the Rotary Club. Sometimes he would appear as a public lecturer, speaking in a masterly and most pleasing manner. His funeral was one of the largest in Limerick for many years. All classes and creeds, high and low, rich and poor (for to the poor he had given unstintingly his time and skill in the wards of Barrington's Hospital), crowded round his grave. All felt that Dr. Fogerty had brought credit to his native city and honour to his profession.

The following well-known foreign medical men have recently died: Geheimrat SATTLER, formerly professor of ophthalmology at Leipzig, aged 84; Dr. ERNST LEUTERT, emeritus professor of otology at Giessen, aged 66; Dr. PAUL ALBRECHT, a Vienna surgeon, aged 55; Dr. LOUIS PHILIPPE NORMAND, formerly president of the College of Physicians and Surgeons of Quebec, and Commander of the Order of St. Gregory the Great, aged 65; Dr. ENRICO MORSELLI, an Italian psychiatrist; Dr. LÉON BOUVERET, an eminent physician of Lyons, aged 79; Professor A. SWAEN, founder of the Anatomical Institute of Liège and member of the Royal Academy of Medicine of Belgium; and Dr. R. JOCQS, formerly president of the Société d'Ophtalmologie.

Medico-Legal.

DEATH UNDER ETHER ANAESTHESIA.

A VERDICT of "Accidental death consequent upon an excessive amount of ether being administered for a lawful purpose" was returned at an inquest held in South London on April 23rd on a 9-weeks-old child who died while undergoing a minor operation at a large general hospital. In evidence it appeared that the operation had been performed by a dresser under the supervision of a casualty officer who had qualified about four months previously, and the anaesthetic administered by an assistant casualty officer qualified about a week. There had been no undue haemorrhage, but, owing to the circumstances in which it had been performed, the time taken for the operation was rather longer than usual. After the patient had been anaesthetized for twenty-five minutes breathing stopped suddenly; oxygen and brandy were administered, artificial respiration was started at once, restoratives were injected, and hot-water bottles were placed at the patient's feet. A pathologist in evidence said that the child was perfectly healthy and that the operation was a proper one. He added that it was the usual practice in all teaching hospitals for dressers to perform simple operations under supervision. The coroner stated that an experienced anaesthetist would have noticed something wrong before respiration ceased.

DEATH FROM MERCURY POISONING.

A VERDICT of "Accidental death" was recorded on April 23rd in the case of a boy, aged 7, who had died on March 24th at Islington. At previous hearings the mother stated in evidence that the boy had been under treatment at a large general hospital for a skin rash. On March 22nd she was given a box of fourteen grey powders at the hospital, to be administered to the boy according to definite instructions; this box she gave him to carry, but before she could stop him he had swallowed two of the powders in the street. When she got home she put the powders on the mantelpiece, but since the boy's death she had been unable to find the box or the powders. Sir Bernard Spilsbury said that the prescription for the powders contained mercury, but he did not think two grey powders would seriously affect the child. Death was due to acute colitis. Dr. Lynch stated that he had found traces of mercury in the boy's organs; there was one-twelfth of a grain in the kidneys, and he thought mercury poisoning was the cause of death. There were two similar cases of death from mercury poisoning on record. Sir Bernard Spilsbury said that in view of the analyst's report, and from a further examination he had made, he concluded that death was due to syncope resulting from acute colitis brought about by mercury poisoning. In recording his verdict the coroner said that precise instructions had been given with the powders at the hospital, but the child, apparently, had taken an excessive dose.

The Services.

DIRECTOR OF MEDICAL SERVICES IN INDIA.

MAJOR-GENERAL W. H. S. NICKERSON, V.C., C.B., C.M.G., late R.A.M.C., has been selected for the appointment of Director of Medical Services in India in succession to Major-General Sir Walter H. Ogilvie, K.B.E., C.B., C.M.G., I.M.S., who will retire on September 2nd.

DEATHS IN THE SERVICES.

Major Louis Hope Lovat Mackenzie, Indian Medical Service, of Tonich, Beauly, died at Parachinar, on the North-West Frontier of India, on April 5th, aged 47. He was educated at Cambridge (Trinity College), where he graduated as M.A. with honours in 1902, B.C. in 1907, and M.B. in 1908; and at St. Thomas's Hospital, taking also the M.R.C.S. and L.R.C.P. in 1907. Entering the I.M.S. as lieutenant on July 31st, 1909, he became captain after three years' service, got a brevet majority for war service on June 3rd, 1917, and became permanent major on July 31st, 1921. He served in the recent war of 1914, and was mentioned in dispatches in the *London Gazette* of August 15th, 1917. For several years past he had been in political employ in the North-West Frontier Province.

Captain John Crawford Burns, R.A.M.C. (ret.), died at Aberdeen on February 26th, aged 34. He was born on January 15th, 1895, the second son of the late Walter Burns of Denholm Hill, Roxburgh, and was educated at Edinburgh, where he graduated as M.B. and Ch.B. in 1917, joining the Special Reserve of the R.A.M.C. as lieutenant on August 9th, 1917. He afterwards took a commission in the regular R.A.M.C. from the same date, and was promoted to captain on February 9th, 1921. He was then placed on half-pay, and transferred to the retired list last year. He served in the war of 1914-19.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

AT a congregation held on April 26th the following medical degrees were conferred:

M.D.—W. S. Hunt, A. C. Hampson, W. Brockbank, W. Smith.
M.B., B.CHIR.—J. D. R. Murray, J. G. Milner, T. D. Morgan.
M.B.—C. A. Francis, E. Clayton-Jones, E. A. E. Palmer.
B.CHIR.—E. B. Murrell.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE (*with special knowledge of Psychiatry*).—J. Braithwaite, Catherine M. Hext.

UNIVERSITY COLLEGE.

The Faculty of Medical Sciences of University College announces that an examination for the Bucknill Scholarship (of the value of 160 guineas) and two Exhibitions (each of the value of 55 guineas) will be held in June. Full particulars and entry forms may be obtained from Mr. C. O. G. Douie, secretary, University College, Gower Street, London, W.C.1.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary comitia of the Royal College of Physicians of London was held on April 25th, when the President, Sir John Rose Bradford, was in the chair.

Fellowship.

The following were elected Fellows on the nomination of the Council:

R. W. Marsden, M.D. (Manchester), Rupert Waterhouse, M.D. (Bath), A. G. Yates, M.D. (Sheffield), K. D. Wilkinson, O.B.E., M.D. (Birmingham), T. L. Hardy, M.D. (Birmingham), Geoffrey Bourne, M.D. (London), C. T. Champion de Crespigny, D.S.O., M.D. (Adelaide), A. C. Roxburgh, M.D. (London), B. T. Parsons-Smith, M.D. (London), A. W. M. Ellis, M.D. (London), H. Gardiner-Hill, M.B.E., M.D. (London), J. H. Sheldon, M.D. (Wolverhampton), J. M. H. Campbell, O.B.E., M.D. (London), J. H. Dible, M.B. (Liverpool), D. H. Paterson, M.D. (London), J. C. Bramwell, M.D. (Manchester), A. F. Tredgold, M.D. (London), Hugh Gainsborough, M.D. (London), C. H. Kellaway, M.D. (Melbourne), A. H. Douthwaite, M.D. (London), D. Hunter, M.D. (London), H. M. Turnbull, M.D. (London), C. A. Lovatt Evans, D.Sc., F.R.S., M.R.C.S., L.R.C.P. (London).

Membership.

The following, having satisfied the Censors' Board, were elected Members:

R. S. Aitken, M.B., J. Anderson, M.D., R. W. Brookfield, M.D., W. E. Chiesman, M.B., H. A. Clegg, M.B., Gladys Mary Evans, M.D., F. R. Ferguson, M.D., W. E. Fisher, M.B., H. G. Garland, M.B., H. K. Goadby, M.B., C. A. Keele, M.B., A. J. May, M.B., M. M. Mehta, M.B., L. Minski, M.D., A. G. Ogilvie, M.B., W. E. Rees, M.D., H. M. Sein, M.B., E. W. Skipper, M.B., W. R. C. Stowe, M.B., M. M. Suzman, M.D., P. C. Varrier-Jones, L.R.C.P., W. S. Whimster, M.D., C. E. Woodrow, L.R.C.P.

Licences.

Licence to practise were granted to the following 108 candidates:

E. G. Abdel-Malek, D. A'Brook, Annie D. M. Adams, C. L. Ahluwalia, Annie F. Allport, C. Arthur, J. C. Arthur, S. Alstead, A. R. Banham, I. T. Barling, J. R. J. Beddard, D. Bielenky, H. E. Blake, M. Bloom, R. K. Bowes, A. M. Boyd, J. S. B. Bray, A. D. D. Broughton, C. W. F. Burnett, E. L. Butler, C. E. Caudwell, M. A. Chamberlain, P. P. Chandu Nambiar, Rosa O. J. Clark, J. O. Clyde, J. R. Colville, S. J. Cope, D. M. Craig, F. A. D'Abreu, A. M. D'Cotta, J. G. Dathan, H. R. J. Donald, E. S. Fossey, I. Friedman, Dorothea L. Gee, T. Giblin, A. Gilpin, Joan Goodger, H. Gordon, E. Grundy, P. N. Hanson, K. W. D. Hartley, Dorothy C. Hay, G. Herbert, J. H. Howells, D. Hugo, A. H. Hussein, A. E. Hutton, K. L. James, W. H. P. Jonas, C. Jones, Mary E. H. Jones, R. A. Jones, L. D. Khatri, H. V. Knight, R. G. Krishnan, R. J. Krogh, A. J. C. Latchmore, J. C. Lee, J. M. Leggate, F. G. Lewis, O. V. Lloyd-Davies, J. V. Lucas, H. G. McGregor, C. G. Millman, A. J. Moffett, B. A. Moss, L. P. Naz, W. L. Neustatter, J. C. Nicholson, R. J. L. O'Donoghue, J. R. Owen, E. R. G. Passe, A. S. Philps, R. K. Price, K. H. Pridie, A. B. Rao, J. B. A. Reynolds, R. A. C. Rice, N. W. Roberts, C. St. Johnston, J. G. Sandrey, R. W. Scanlon, C. P. Scott, J. D. W. Shedden, M. D. Sheppard, B. Singer, W. F. Skaife, D. B. Smallshaw, W. C. Smallwood, E. S. Stern, J. B. Sugden, L. Sumitra, N. C. Tanner, L. Taylor, K. S. Thom, R. S. Thomas, A. E. Treweek, J. J. van Niekerk, E. Vitenson, W. J. Walter, G. J. S. West, S. J. Wheeler, B. Williams, D. C. Williams, E. R. Williams, Sybil O. Williams, Kathleen Wilson.

Dr. F. E. Fremantle was appointed delegate to the fourth Imperial Social Hygiene Congress.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—B. L. Fishout, E. T. Garthwaite, E. Marks, A. N. de Monte, C. J. Poh, P. U. Rao.
MEDICINE.—B. L. Fishout, D. F. Michael, C. J. Poh, H. Whitby.
FORENSIC MEDICINE.—H. M. Feldman, H. Murkus, A. W. Tam.
MIDWIFERY.—L. Banszky, G. R. Davies, C. W. Ellison, B. C. Ghose, C. F. H. Quick, T. Singh.

The diploma of the Society has been granted to Messrs. H. M. Feldman and D. F. Michael.

Medical News.

KING EDWARD'S Hospital Fund for London has sustained a severe loss in the death of Lord Revelstoke, who in 1905 was appointed as one of the first members of the newly formed Finance Committee. In 1915 he succeeded the late Lord Rothschild as Treasurer and Chairman of the Committee. Lord Revelstoke devoted unremitting attention to the financial welfare of the Fund, and to the maintenance of its stability. On April 30th it was announced that he had bequeathed the munificent sum of £100,000 to the Fund.

THE Sir George Birdwood Memorial Lecture will be given at the House of the Royal Society of Arts, John Street, Adelphi, W.C., on Friday, May 10th, at 4.30 p.m., by Mr. P. Johnston-Saint, M.A., F.R.S.E., secretary of the Wellcome Historical Medical Museum. The subject of this year's lecture is "An outline of the history of medicine in India," and Sir E. Denison Ross will preside.

A SERIES of dances is being arranged by different London hospitals 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, organized by Guy's Hospital, 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.

TWO lectures on the physiology of glycogen will be given at the London Hospital Medical College, Mile End, E., by Dr. J. J. R. Macleod, F.R.S., regius professor of physiology in the University of Aberdeen, on May 16th and 17th, at 5.30 p.m. The first lecture will deal with the absorption of sugar, the glycogen of the liver, and the glycogen of the muscles, and the second lecture with the significance of sugar tolerance curves and the role of insulin and other hormones in the control of carbohydrate metabolism. Professor Leonard Hill, F.R.S., will take the chair at the first lecture. Admission is free.

AT a sessional meeting of the Royal Sanitary Institute to be held on May 17th and 18th, in the Town Hall, Devizes, discussions will take place on the Milk and Dairies Order, 1926; on meat inspection; and on some aspects of local government on air, water, and sewerage.

A CLINICAL meeting will be held at the East London Hospital for Children, Shadwell, on Wednesday next, May 8th, at 4 p.m., when a short discussion on the significance of otitis media in influenza will be held, followed by a demonstration of cases of interest. All practitioners are cordially invited.

AN open meeting of the London Association of the Medical Women's Federation will be held in the Hastings Hall, British Medical Association House, Tavistock Square, W.C.1, to-day (Friday, May 3rd) at 8.30 p.m. A report of the Cancer Research Committee of the Marie Curie Hospital on three years' work on the treatment of cancer of the uterus with radium will be presented, with demonstrations of technique and cases.

THE eighty-first half-yearly dinner of the Aberdeen University Club, London, will be held at the Trocadero Restaurant on Thursday, May 16th. The secretary's address is 9, Addison Gardens, W.14.

THE Fellowship of Medicine announces that the special course of instruction for the July M.R.C.P. examination will begin on May 7th, when Dr. B. T. Parsons-Smith will deliver a lecture on the assessment of valvular heart disease; this will be followed on Friday, May 10th, by his second lecture, entitled "The treatment of cardiac failure." These lectures will be given at the Medical Society lecture room, 11, Chandos Street, on Tuesdays and Fridays at 8.30 p.m. for eight consecutive weeks. On May 6th a course in venereal disease will start at the London Lock Hospital, Dean Street, occupying each afternoon for one month and consisting of clinical instruction. A series of four lecture-demonstrations on ante-natal treatment will be given by Professor Dame Louise McIlroy on successive Fridays from May 17th to June 7th (both dates inclusive) at 5 p.m. at the Royal Free Hospital. From May 27th to June 8th a course in diseases of infants will be held at the Infants Hospital, Vincent Square, occupying each afternoon. Free demonstrations will be given during the week: on May 8th, at 2.30 p.m., in the children's out-patient department at King's College Hospital, by Dr. Wilfrid Sheldon, and on May 10th, at 2 p.m., at the Cancer Hospital by Mr. A. Lawrence Abel. Copies of all syllabuses, tickets of admission, copies of the *Post-Graduate Medical Journal* (issued monthly), and particulars of the general course of work provided by the Fellowship, may be obtained from the secretary, 1, Wimpole Street, W.1.

THE final programme has now been issued for the congress of the Royal Institute of Public Health, to be held at Zürich from May 15th to 20th. Copies may be obtained from the honorary secretary of the Institute, 37, Russell Square, W.C.1.

DR. WALTER E. MASTERS and Dr. Leonard P. Lockhart have been called to the bar by the Middle Temple and Gray's Inn respectively.

AN anonymous donor has given £2,000 for the purchase of radium for the treatment of cancer at the Royal Victoria Infirmary, Newcastle-upon-Tyne.

THE National Baby Week Council draws attention to the fact that it supplies, free of charge, a leaflet on vaccination addressed to parents. Application should be made to the office of the Council, 117, Piccadilly, London, W.1.

THE April issue of the *Archives of Surgery* is a special number in honour of the sixtieth birthday of Professor Harvey Cushing, C.B. All the articles are contributed by former pupils, and cover a wide range of surgical and anatomical subjects.

AT the fourth congress of the German society for combating rheumatism, held at Wiesbaden on April 5th and 6th, a committee was appointed to collect statistics of the incidence of rheumatic diseases.

THE medical tour organized annually by the Italian State Tourist Department to spas and other health resorts in Italy will be made this year from September 10th to 26th, and the party will be accompanied as in previous years by an English-speaking Italian medical practitioner. Each of those participating is allowed to bring one relative. Special train facilities are available and there is no night travel. A programme of receptions, local sightseeing, and entertainments is being arranged. Among the spas to be visited are: Merano, Carezza (Karersee), and other Dolomite resorts; Riva and Gardone on Lake Garda; Montecatini, and Viareggio. Detailed information can be obtained from the Italian Travel Bureau, 16, Waterloo Place, Regent Street, S.W.1.

ON the occasion of the celebration of the seventh centenary of the foundation of the University of Toulouse, a medical congress will be held on June 8th, when addresses will be given by Professor Bordet of Brussels and Professor Gley and Inspector-General Toubert of Paris.

THE Luigi Devoto Foundation of Milan has offered a prize of 10,000 lire for the best work on industrial pathology.

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, *Mediocra 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.

RADIUM IN ARTHRITIS.

DR. F. WILLIAM COCK (Appledore, Ashford, Kent) writes: Can any of your readers inform me if there is information to be obtained of the use of radium for rheumatoid arthritis with somewhat rapid formation of bone in and about the hip-joint?