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## KEY TO DATES AND PAGES.

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**SUPPLEMENT**

CONTAINING

CURRENT NOTES ON THE WORK OF THE ASSOCIATION

REPORTS OF CONFERENCES

MEETINGS OF BRANCHES AND DIVISIONS

THE GENERAL MEDICAL COUNCIL

MEDICAL BILLS IN PARLIAMENT

NATIONAL INSURANCE PROCEEDINGS

NAVAL AND MILITARY APPOINTMENTS

CORRESPONDENCE, ETC.

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beforehand; it was profuse and quite painless. He maintained that he felt quite well, and had absolutely no symptoms other than blood in the urine. A thorough examination revealed no abnormal physical signs. The urine was bright red, and a microscopic examination revealed, in addition to large numbers of red blood cells and a very occasional blood cast, the presence of many octahedral "envelope" crystals of a size rather larger than those usually seen in urine. He was put to bed, and given a milk diet with alkalis. On the following day there was much less blood in the urine, but the crystals were even more abundant. On the next day there was neither blood nor albumin in the urine, and only an occasional crystal was seen. The systolic blood pressure was 125 mm. of mercury, the diastolic 70. The blood urea was 23 mg. per 100 c.cm. No tubercle bacilli were found in the urine, and an x-ray examination showed no stone in the urinary tract. A week later there was nothing abnormal in the urine, and the boy has remained well since.

This patient had always had a fair amount of rhubarb in the summer, and during the past season had had more than usual. However, none had been taken for a fortnight before the onset of haematuria.

#### *The Nature of the Crystals.*

Although these crystals were of the octahedral form typical of calcium oxalate, it was thought advisable to investigate their chemical characteristics. So long ago as 1862 Neubauer and Vogel<sup>3</sup> pointed out that very similar forms could be obtained by crystallizing out sodium chloride from a solution containing urea. Another possible mistake is the confusion of an unusual form of ammonio-phosphate of magnesia with calcium oxalate. A specimen of urine containing the crystals was centrifugalized, the deposit was shaken up in a tubeful of distilled water, and this was again centrifugalized. The process was repeated, and the crystals were found to be still undissolved; therefore they were not sodium chloride. They were then similarly washed in dilute acetic acid, but remained intact, so that they were not triple phosphate. They were, however, soluble in hydrochloric acid, but were recovered from this solution on neutralizing it with lime water. Thus there can be no reasonable doubt that they were truly crystals of oxalate of lime.

It would be foolish to generalize from a single case, but the history of this patient is, I think, suggestive. It suggests, first, that the passage of calcium oxalate crystals is not always as innocuous as supposed, and that some cases of unexplained spontaneous haematuria may be due to a similar cause; secondly, although calcium oxalate can cause some mechanical damage to the kidney, the absence of symptoms, the rapid recovery, the normal blood pressure, and particularly the normal blood urea, of this patient show that it is the safest form in which the body can excrete any abnormal accumulation of oxalates in its substance.

#### REFERENCES.

- <sup>1</sup> Dunn, J. Shaw, Haworth, A., and Jones, Nora A.: The Pathology of Oxalate Nephritis, *Journ. Path. and Bact.*, 1924, xxvii, 3, 299; and xxvii, 4, 377.
- <sup>2</sup> *Lancet*, 1915, i, 1006, 1110, and 1164.
- <sup>3</sup> Neubauer, C., and Vogel, J.: *A Guide to the Qualitative and Quantitative Analysis of the Urine*, translated by W. O. Markham, New Sydenham Society, vol. xx, 1863, 51 and 118.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### ACUTE APPENDICITIS COMPLICATED WITH PARATYPHOID FEVER.

THE association of the above two diseases seems of sufficient interest to warrant recording.

A healthy-looking adult, aged 22, was admitted to hospital complaining of a sharp bout of pain in the right lower quadrant of the abdomen. His temperature was 100.8° F., and pulse 80 per minute. Tenderness was present over the appendix area and there was some muscular rigidity, more marked on the right side. Tenderness was elicited on the right side when he was examined per rectum. He had vomited once. Acute appendicitis was diagnosed and he was operated upon. The abdomen was opened by a gridiron incision. Some free peritoneal fluid was found. The appendix was long, thick, tortuous, and very much inflamed. It was removed and the wound closed without drainage. The appendix was opened and found to contain blood and pus.

Next day the temperature was 99° and pulse 72. On the second day after operation the temperature and pulse were

normal, and the patient felt very well and appeared to be making an uneventful recovery. However, on the third evening after operation the temperature suddenly started rising, and the next morning reached a maximum of 103.2°, while the pulse remained steady at 80. This was accompanied by diarrhoea of a dysenteric type. The stools consisted chiefly of greenish-yellow mucus, with here and there pale yellow "cheesy" masses containing pus cells and also bright red blood clots—about two or three per stool. The stool was examined bacteriologically.

One thought of the possibility of dysentery, or post-operative peritonitis, but the steady pulse, soft abdomen, absence of pain, and the general well-being of the patient were against the latter. That evening he had a sharp bout of epistaxis and later vomited some old blood; this latter was probably the result of the former, because neither epistaxis nor vomiting was repeated. He now complained of a sharp pain in the region of the umbilicus, which was relieved by going to stool. The motions (about six per diem) continued to show the bright red blood. The fever continued but the pulse remained steady. This lasted for six days, the fever gradually diminishing and the general condition of the patient always remaining surprisingly good. In the meantime, from the stool an organism had been isolated, cultured, and identified as *Bacillus paratyphosus* B. The appendix wound healed by first intention, and the patient made a good recovery from the paratyphoid fever.

It may be mentioned that the paratyphoid B is the common form of enteric in this part of Germany, but, as far as the British garrison is concerned, this was an isolated case. Apparently the sudden onset with rapid rise of temperature, dysenteric stool, infection of the colon causing bright red blood clots in the stool, steady pulse, etc., are all compatible with a paratyphoid B infection, but at the time this case caused great difficulty clinically in diagnosis.

The following questions are of interest. When did the paratyphoid fever start, and was the pathological condition of the appendix due entirely to *B. paratyphosus* B? If the condition of the appendix was entirely due to *B. paratyphosus* B, and if it had not been removed, would it have perforated, causing peritonitis? Unfortunately the appendix was not examined very carefully after operation, or sectioned, because it appeared an ordinary routine case. It may be mentioned, however, that at the operation there was no evidence of inflammation in the coils of small intestine seen, or in the commencing portion of the ascending colon, whereas the appendix was acutely inflamed. Finally, was free peritoneal fluid the result of a paratyphoid B infection in the lumen of the intestines?

My thanks are due to Lieut.-Colonel H. St.M. Carter, D.S.O., M.D., O.C. Connaught Hospital, Wiesbaden, for help and advice with the case; to Major J. W. Houston, D.S.O., M.B., for the laboratory work done, and to Lieut.-Colonel E. M. Pennefather, R.A.M.C., for permission to publish the case.

J. F. WILDE,

Wiesbaden.

Lieutenant R.A.M.C.

#### ACTIVE PULMONARY TUBERCULOSIS OF EXCEPTIONALLY LONG DURATION.

THE following case appears to be of sufficient interest to warrant publication.

X. Y. recently died of pulmonary tuberculosis at the age of 60. He gave a history of having suffered from "bronchitis" since he was 8 years of age. When he was 14 he commenced work as a compositor, but from the commencement he lost a great deal of time owing to cough and malaise, and he was told by his medical attendant that he was "in a decline." At the age of 27 he had an attack of pleurisy, followed by blood-stained sputum, and was definitely diagnosed as suffering from pulmonary tuberculosis. When 39 years of age he was sent to the Brompton Hospital, where he was found to have a cavity in the right lung.

He came under the Hertfordshire County Council Tuberculosis Scheme at the age of 47, and he was found to have signs of widespread disease in both lungs, and tubercle bacilli in the sputum. With an occasional course of sanatorium treatment he was able to continue at his occupation until the age of 53, when he was pensioned off. At no period of his life had he been able to live and work as a fit man, and he never remembered being without cough and sputum. The last two years of his life were spent more or less in bed.

From the above history it would appear that the patient had suffered from active pulmonary tuberculosis which was slowly progressive for forty-five or fifty years. Until the last two years of his life his general condition remained fairly good, but whether the marked chronicity of the disease was due to exceptional resistance of the patient or to an infection of low virulence is a matter of doubt.

A. P. FORD, M.R.C.S., L.R.C.P., D.P.H.,  
Tuberculosis Officer, Hertfordshire.



of the point being detached in use. Platinum is adopted for three chief reasons: (1) its high atomic weight renders it possible to obtain efficient screening in a needle of small bulk; (2) it is durable and resistant to corrosive action; (3) it is indestructible at temperatures likely to be reached in an ordinary furnace. For the production of screw threads which will retain their efficiency for long periods of wear it is not, however, as suitable as some other metals, and for this reason, among others, the iridium is introduced. The screens or filters are made of any metal—gold, silver, etc.—of the requisite thickness, but here again, for the reasons given above, platinum is most commonly used. The heads of these filters could, of course, be hard soldered on to the bodies as in the case of the needles, but their general utility would then be enormously reduced, since it would be impossible to apply the same radium without the screen, or in any other dosage. The problems therefore confronting the designer and user of radium needles are two—to render the removal of the needle easy, certain, and fool-proof, and to guarantee that the apparatus cannot come apart while in the tissues. For the removal of needles, wires and threads are used, but neither can be considered fool-proof, quite apart from the risks incurred by sisters and nurses in the tedious and oft-times prolonged process of threading them into the small eyelets. Wires sometimes snap and are apt to be very irritating and uncomfortable to the patient; indeed, in some situations they cannot be used at all; threads chafe and break under the strain of extraction, which is very often considerable owing to the growth of tissue round them during the interval between insertion and extraction. Really thick thread would obviate this difficulty if it were possible to thread it through an enlarged eyelet, which could probably be designed without in any way weakening the head of the needle or diminishing its radiating power. A compound thread containing fine flexible strands of wire interwoven with the thread, after the manner of flex, might be within the possibilities of the manufacturer. The difficulty with the screens also should not be hard to overcome. The principle of the lock-nut could be applied; and the head, once screwed up, could be prevented from rotation by a small spring clip or a traversing pin. It would be simple to have an eyelet at each end of the capsule, the eyes being connected by a shallow groove on each side, so that the thread could be passed through both ends, while causing no obstruction to insertion and interfering but slightly with the radiating power. There is indeed no need for the capsule to be made in two parts, since the needle, itself threaded, could be inserted from the near end and held in position by a spring collar. Finally, the adoption of double threading (perhaps in distinctive colours) is always to be advocated and in many institutions is a routine procedure. If it is an easy matter to prevent nuts from loosening when subjected to the vibration and strains of a motor engine, it should be well within the capabilities of the radium tube designer to make a really fool-proof needle and capsule, and after the publicity given to the present case there is not likely to be much delay in its production.

#### REGIUS CHAIR OF MEDICINE AT ABERDEEN.

THE Regius Professorship of Medicine in the University of Aberdeen is the oldest foundation for the teaching of medicine in Great Britain. Up to now it has been a part-time chair at £850 a year. Henceforth it is to have a salary of £1,200 attached to it, in view of the professor being expected to devote more of his time than hitherto to teaching and research, while additional assistance and facilities for research are to be provided. The holder of the chair is an honorary physician to the Royal Infirmary

of Aberdeen, with charge of beds. The appointment to the chair is made by the Crown on the recommendation of His Majesty's Secretary of State for Scotland.

MEMBERS of the British Medical Association will be glad to know that Sir Ewen Maclean, immediate Past-President, has returned safely from his successful visit to New Zealand and Australia (when he attended the Australasian Medical Congress at Sydney as official representative of the Association at home), and also to the Ceylon, Bombay, and Egyptian Branches on his way home.

#### NEW YEAR HONOURS.

THE list of New Year Honours which was issued as a special supplement to the *London Gazette* of December 31st, 1929, includes the names of the following members of the medical profession, to all of whom, and in particular to Dr. Andrew Balfour, we offer congratulations.

##### K.C.M.G.

Lieut.-Colonel ANDREW BALFOUR, C.B., C.M.G., LL.D., M.D., F.R.C.P., Director of the London School of Hygiene and Tropical Medicine and member of the Colonial Advisory Medical and Sanitary Committee.

Sir JAMES CRAWFORD MAXWELL, K.B.E., C.M.G., M.D., Governor and Commander-in-Chief of Northern Rhodesia.

##### K.B.E. (Civil).

The Honourable STANLEY SEYMOUR ARGYLE, M.B., lately Chief Secretary and Minister of Public Health for the State of Victoria.

##### Knight Bachelor.

Professor TEMISTOCLE ZAMMIT, C.M.G., M.D., D.Litt., Curator of the Museum, Malta. For scientific services.

##### C.B. (Military).

Surgeon Rear-Admiral ROBERT WILLIAM BASIL HALL, O.B.E., R.N. Major-General DAVID HARVEY, C.M.G., C.B.E., M.D., K.H.S. (late R.A.M.C.), Director of Pathology, War Office.

Colonel ARTHUR BROWNFIELD FRY, C.I.E., D.S.O., M.D., I.M.S., Assistant Director of Medical Services, Presidency and Assam District, India.

##### C.I.E.

Lieut.-Colonel WALTER VALENTINE COPPINGER, D.S.O., M.D., F.R.C.S.I., I.M.S., Inspector-General of Civil Hospitals, Central Provinces.

Lieut.-Colonel ARTHUR FRANCIS HAMILTON, M.B., F.R.C.S., I.M.S., Professor of Midwifery, Grant Medical College, Bombay.

##### C.V.O.

Sir GEORGE WASHINGTON BADGEROW, C.M.G., M.D., F.R.C.S. HERBERT STANLEY FRENCH, C.B.E., M.D., F.R.C.P.

##### O.B.E. (Military).

Surgeon Commander WILLIAM INNES GERRARD, M.B., D.P.H., M.R.C.P., R.N. (ret.).

##### O.B.E. (Civil).

HAROLD ARMSTRONG CROUCH, M.C., M.R.C.S., L.R.C.P., Medical Inspector, Upper Nile Province, Sudan.

WILLIAM ALFRED STEDWELL LAMBORN, M.R.C.S., L.R.C.P., Medical Entomologist, Nyasaland Protectorate.

CHARLES JOHNSTON SMITH, M.B., Senior Surgeon, Singapore.

##### M.B.E. (Civil).

Mrs. EVA COTCHING, M.B. For infant welfare work at Haifa, Palestine.

Major ALFRED BALDWIN DESOZA, Indian Medical Department, Resident Medical Officer, Gokuldas Tejpal Hospital, Bombay.

JOHN YOUNG McFADYEN, M.D., Magistrate and Medical Officer, Anguilla Island, Presidency of St. Christopher and Nevis.

##### Kaiser-i-Hind Medal (First Class).

Miss MARY LONGMIRE, M.B., Ch.B., Lady Doctor in charge of the Church of England Zenana Missionary Society Hospital, Khammamett, Hyderabad, Deccan.

##### Service Promotions.

Royal Navy: Surgeon Commanders to be Surgeon Captains: FRANCIS J. GOWANS, M.B., B.S.; LEONARD WARREN, O.B.E., M.B., B.S.; SHELDON F. DUDLEY, O.B.E., M.D., B.S., M.R.C.P., D.P.H.

Royal Air Force: Squadron Leader THOMAS JAMES KELLY, M.C., M.D., to be Wing Commander.

A baronetcy has been conferred upon Sir T. GREGORY FOSTER, Provost of University College, London, and recently Vice-Chancellor of the University of London.

The recipients of the M.B.E. (Civil) include also Mr. D. H. J. NICHOLAS, Indian Medical Department, in charge of Government House Dispensary, Madras; and Miss ELSTIE HUGHES, Secretary to Lord Dawson, for services during His Majesty's recent illness.

# NINETY-EIGHTH ANNUAL MEETING

of the

# British Medical Association.

## WINNIPEG, 1930.



THE CENOTAPH, WINNIPEG.

At the invitation of the Canadian Medical Association, the ninety-eighth Annual Meeting of the British Medical Association will be held in Winnipeg next summer, under the presidency of Dr. W. Harvey Smith, Professor of Ophthalmology in the Manitoba Medical College, who will deliver his address to the Association on the evening of Tuesday, August 26th. The scientific and clinical business of the meeting is being organized in fourteen Sections, which will hold their sessions on Wednesday, Thursday, and Friday, August 27th, 28th, and 29th, the mornings being given up to discussions and the reading of papers, and the afternoons to demonstrations and special addresses. The names of the Officers of Sections are given in this week's *Supplement*, together with other preliminary information, and further details of the arrangements will appear from time to time in later issues. Members who propose to take part in the Winnipeg Meeting should write for particulars about the journey by sea and land to the Financial Secretary and Business Manager, B.M.A. House, Tavistock Square, London, W.C.1. The British Medical Association has twice before met outside the British Isles, and on each occasion in a Canadian city; the Annual Meeting of 1897 was held in Montreal, and that of 1906 in Toronto. We publish below the first of a series of historical and descriptive articles on Winnipeg and its medical institutions, contributed by Dr. Ross Mitchell.

## WINNIPEG: ITS EARLY HISTORY AND INDUSTRIAL DEVELOPMENT.

WINNIPEG owes its situation to the junction of two rivers. In the post-glacial period Lake Agassiz covered what is now Manitoba as well as parts of Saskatchewan, Western Ontario, North Dakota, and Minnesota. Since the ice-belt at the north of the lake prevented the passage of the waters into Hudson Bay, the great basin spilled southward by the Red River Valley, and reached the Mississippi. The old beaches of Lake Agassiz are still plainly to be seen, and the finer deposits offshore make some of the flattest and most fertile prairies. The final separation of the ice sheets permitted the waters to flow north-east, but remnants of Lake Agassiz still remain to form Lake Winnipeg and other Manitoba lakes. The Red River, which in former days flowed southward, now flows northward into Lake Winnipeg, which in turn drains by the Nelson River into Hudson Bay. The Assiniboine River, rising in Saskatchewan, flows eastward and joins the Red River forty miles above Lake Winnipeg. With these points in mind the reader will appreciate the topography of the country about Winnipeg, and the meanderings of the two rivers.

### HISTORICAL.

So far as is known, the first white man to reach the spot where Winnipeg now stands was La Vérendrye, a native of Three Rivers, Quebec, who saw service in America and Newfoundland, and fought at the battle of Malplaquet, where, with nine wounds, he was left for dead on the field. Still seeking adventure in the peace that followed, he returned to Canada, and in 1738 voyaged by water from Montreal to discover a route to the Western Seas and to open up, for France, trade with the Indians of the plains. Travelling up the Red River from Lake Winnipeg, he reached the Assiniboine and passed up the latter to establish Fort La Reine near the present town of Portage la Prairie. He was shortly joined there by De Lamarque, one of the party, who had meanwhile built

at the confluence of the rivers a small post called Fort Rouge. A suburb of Winnipeg still bears this name.

Some years after the British conquered Canada the North-West Company of Montreal pushed forward from their post at Fort William on Lake Superior, and, passing over La Vérendrye's route, established several trading posts from about 1780 onwards. In 1807 one of these, called Fort Gibraltar, was erected at the junction of the Red and the Assiniboine rivers.

Following the year 1800, "the Governor and Company of Adventurers of England trading into Hudson's Bay," who had for over a century been extending their huge dominion from the Bay, established posts on the Red and Assiniboine Rivers. In 1811 this company conceded to the Earl of Selkirk the privilege of placing a colony on the Red River, granting him for this purpose some 116,000 square miles of the surrounding country. The first of these settlers sailed from Stornoway, Scotland, in 1811, and wintered at York Factory on Hudson Bay, continuing a journey of much suffering and hardship to reach their destination in 1812.

For years there had been bitter trade opposition and personal animus between the men of the North-West Company and those of the Hudson Bay Company. The advent of the Selkirk settlers intensified this feeling, and the North-West Company made it known that they intended driving the settlers out, since land settlement was detrimental to fur trading. The culmination of the feud was the tragedy of Seven Oaks, when Governor Semple of the Hudson Bay Company and a score of Selkirk settlers were killed. A monument marks this spot.

In 1821 the two great companies amalgamated under the title of the Hudson Bay Company. The next year Fort Gibraltar, which had been destroyed, was rebuilt and christened Fort Garry. It stood until 1882, when it was pulled down, with the exception of the north gateway,

which has been preserved in a small park. In 1851 the company commenced building Lower Fort Garry, twenty miles further down the Red River. This stone fort, with its buildings, wall, bastions, and many interesting relics, happily has been preserved, and forms a link with the past.

In 1869-70 occurred the first Riel rebellion. The French half-breeds, protesting against the surrender of the rights of the Hudson Bay Company involved in Canadian confederation, formed a provisional government. Riel seized Upper Fort Garry and terrorized the people of the district until forced to fly to the United States by the arrival of the Wolseley expedition. This force consisted of the 60th Rifles and other English Regulars, together with Canadian Militia from Eastern Canada. The troops were quartered for some time in the Lower Fort.

Nor was this the first time that English troops had been in the Fort Garry settlement, for in 1846 Colonel Crofton, with some 400 men, including a wing of the 6th Foot and detachments of artillery and Royal Engineers, had been dispatched at the request of the Hudson Bay Company, owing to the threat of war between Great Britain and the United States over the Oregon boundary question. The force remained for a year, and following this some British pensioners were sent out, many of whom remained in the country.

The village of Fort Garry was incorporated as the City of Winnipeg in 1873, and since then its growth has been steady, accelerated in 1883 by the arrival of the main line of the Canadian Pacific Railway, gradually followed by other lines, including the Canadian National Transcontinental. The earlier settlers came from Ontario, while later settlers came from the British Isles, the United States, and European countries.

#### INDUSTRIAL ACTIVITIES.

For a quarter of a century Winnipeg metaphorically carried its eggs in one basket. The basic industry of the Canadian West was agriculture, and with the success or failure of the crops the city's prosperity rose and fell. In recent years, however, the yield of the soil has ceased to be all-important. The development of hydro-electric power, the discovery of minerals in the northern part of Manitoba, and the completion of the long-discussed railway line to Hudson Bay have directed activities into new channels.

Winnipeg is naturally the hub of all industrial activity for the province, and by the way it has gone ahead in the last five years it reflects the general progress made by Manitoba as a whole. Material contributory factors have been the great development of hydro-electric power: mining activity, which includes investment of tens of millions of dollars, particularly in the north country; railway expansion, giving access to new territory and fresh resources; increase in industrial development with mounting pay rolls; and greater returns from agriculture through diversification in farming.

Winnipeg is also the centre of the grain trade of the whole country, as well as of many of the allied industries

which have developed. Here are located the great selling agencies of the West's grain crop, the Wheat Pool and the Winnipeg Grain Exchange, which divide the handling about equally between them. It is the seat of the Canada Grain Commission, which is responsible to the Dominion Government for the administration and interpretation of the Canada Grain Act. The bulk of the grain is inspected at this point for grade standards in the largest and most important plant of the kind in the world. And from this centre the transportation departments of the two great railway systems direct the gigantic task of moving the crop each year.

#### Wheat Production and Export.

Brief comment on the leading activities of Manitoba and its capital city may not be without interest. The only commodity it paid the earliest settlers to "pack out" was fur, and it was not until after 1870 that wheat

began to be thought of as an export. Indeed, the very fertility of the soil was seriously questioned up to that time except along the silt-enriched banks of rivers. Neither was the fluidity of grain recognized, and men transported the early crops in jute bags. Other methods of handling were equally laborious.

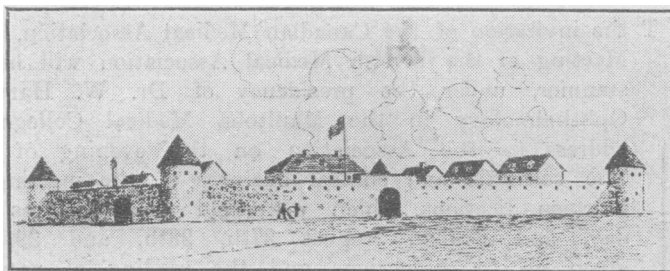
The advent of the railroad made export both possible and profitable, and rapidly mounting growth in production was met by the gradual evolution of the most complete bulk handling system, participated in by the banks, the transportation companies (rail and navigation), the Government, and the grain trade. Proper handling has meant the provision of enormous storage capacity, with facilities for weighing, scouring, cleaning, drying, special binning, and efficient loading. It has meant the training of thousands

of persons for the diverse phases of handling from the time the grain leaves the farmer's wagon-box until it passes out of the country. The heart of all this activity is Winnipeg.

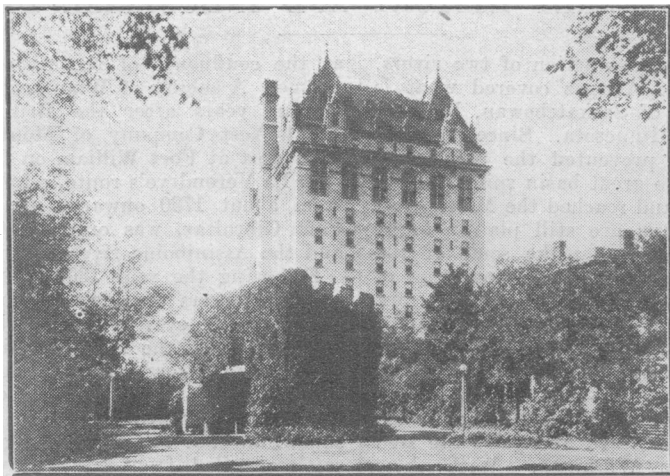
Wheat production in 1928 reached the high mark of considerably more than half a billion bushels, and elevator storage capacity stood at nearly half that figure, including harbour front terminals as well as the interior elevators into which the farmer weighs. The Wheat Pool last year erected a handsome new headquarters for its central selling agency at Winnipeg. In 1928 the Winnipeg Grain Exchange thrust out a new half-

million-dollar wing, and is again cramped for trading space. It is the largest cash grain market in the world where the greater part of the trading is backed up by the actual grain. The bulk of the 1928 export of grain—almost half of what the whole world consumed—was handled through Winnipeg.

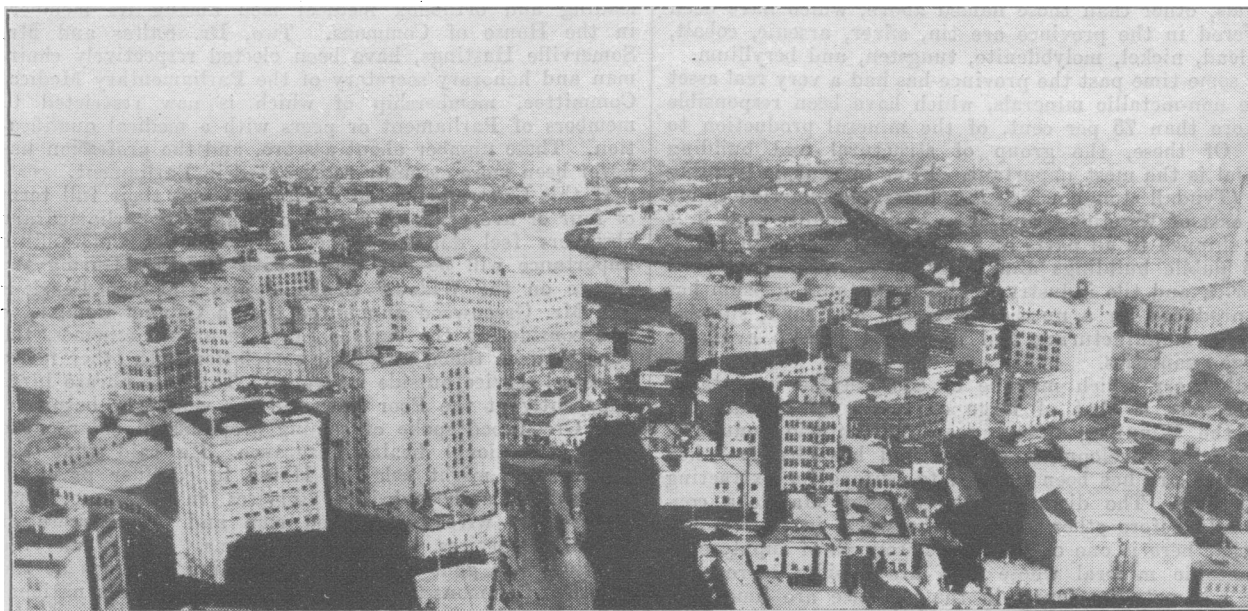
The story of persistent research and experimentation in connexion with the evolving of an all-round suitable kind of grain is a romance in itself, which can barely be touched upon. Some years ago three heads of wheat were saved by an Ontario farmer, out of a sample of seed grain sent him from Scotland, and since traced to the Ukraine. These three heads became the ancestors of "Red Fife," which in turn, bred and crossed with Russian and other hardy northern varieties, brought forth "Marquis" wheat, the present standard. "Marquis," whilst of excellent milling



FORT GARRY.  
(From a drawing made June 12th, 1845, by Alexander H. Murray.)



FORT GARRY HOTEL, WINNIPEG, SHOWING ORIGINAL FORT GARRY.  
(Photo by courtesy of the Canadian National Railways.)



VIEW OF WINNIPEG SHOWING RED RIVER.

(Photo by courtesy of Royal Canadian Air Force.)

quality, early maturing, and frost-resistant, is not "rust" proof, and so a fresh intensive research is going on at the present time in the Government Rust Research Bureau, located at Manitoba Agricultural College, for a variety which shall retain all the good qualities of "Marquis" and be rust-resistant as well. Success in this instance will mean a saving of untold millions to the country.

#### *Development of Hydro-electric Power.*

The rapid increase in industrial production in Manitoba, which last year surpassed agricultural production by 10,000,000 dollars, is due in the main to one great economic factor—the development of plentiful and cheap hydro-electric power. Besides the benefits accruing to the city from the added pay rolls, it has become the first electrical city of the world, with an average of 3,384 kilowatt hours' annual consumption per residence. The cost is the lowest on record—a shade above three-quarters of a cent per kilowatt hour, as against an average cost of 7.16 cents in 172 representative American cities. Towns and villages throughout the province are rapidly being supplied with power, and the erection of transmission lines is keeping pace with the harnessing of waterfalls. Pulp and paper mills are included among the industrial enterprises which have followed in the wake of power production.

The total resources of the province in hydro-electric power are placed at 5,000,000 horse power, of which 3,000,000 are on the Nelson River, convenient to the mining belt of the north, and 800,000 on the Winnipeg River, within easy transmission of Winnipeg. The total development, so far, consists of three sites on the Winnipeg River, producing 308,000 horse power. Two other sites on the same river—Slave Falls with 90,000 horse power and Seven Sisters Falls with 225,000 horse power—are being developed, as well as one 50,000 horse-power hydro-electric plant in the northern mining area.

The full story of how the first of the equipment and machinery for the development of hydro-electric power was "packed" into the wilderness on the backs of men, of the overcoming of swamps and morasses, of mosquito-infested trails, of the excavating of thousands of tons of rock, and of the damming of lakes and rivers, may never be told as it deserves. But one thing is certain, and that is that the great waterfalls, beside which the toilers of an earlier era sometimes dropped dead under their 200-pound load per man during the portages, from now on will not be called "majestic and frightful," as Daniel Harmon said of them in his famous journal in 1800, but "majestic and useful."

#### *Mineral Wealth.*

The presence of valuable copper deposits along the Coppermine River on the Arctic border, has been known since the discoveries of Samuel Hearne in 1771–72, but they are still inaccessible. Similarly, the buffalo hunters who rode the trails on the great hunts in the fifties and sixties, knew of the lignite deposits in the Souris Valley on the south-western Manitoba border, but it was not until the railroad came that the knowledge could be put to general use. Something less than one-fifth of the surface of this province is arable, leaving an immense area in which it was possible to prospect for minerals, metallic and non-metallic, and yet it is a bare eighteen years since the beginning of Manitoba's metal-mining development, although production of non-metallics commenced earlier.

The returns from metallics have not been large so far, and will not be until the great plants, now being erected at enormous cost in the hinterlands of the province, bring the properties they are designed to serve into production. The largest of these are the Flin Flon and the Sherritt Gordon properties north of the Pas near the Saskatchewan border. The Hudson Bay railway cutting through this region is now an accomplished fact after more than forty years of "talk," and branch lines from it connect with both these properties. The Island Falls power site, ninety miles distant, now under development, will furnish the needful power.

When the Flin Flon mine is brought into production 3,000 tons of ore will be treated daily, with an approximate annual production of 30,000,000 pounds of copper and 50,000,000 pounds of zinc, as well as values in gold and silver, according to information supplied by the industrial development department of the Canadian Pacific Railway. A concentrator and smelter is now being erected to treat these ores. The Sherritt Gordon property, which is a near neighbour, will have a higher yield per ton, and contains copper-zinc ore with values in gold and silver also. A 1,500-ton concentrator is under construction on the property, while the copper concentrates will be smelted at the Flin Flon smelter. The "Mandy" is another property in the same area from which considerable high-grade ore was taken in 1917–19, with diamond drilling under way at present for the location of further ore bodies.

In the southern Manitoba mining field the Central Manitoba Mines is the only producing concern at present. A 150-ton mill has been in operation here since 1927, and gold to the value of 770,483 dollars was shipped to the mint at Ottawa last September. Hydro-electric power from Great Falls on the Winnipeg River supplies this plant. Other mines in this area, where developmental work is now

taking place, are the San Antonio and the Gem Lake. Minerals, other than those named above, which have been discovered in the province are tin, silver, arsenic, cobalt, iron, lead, nickel, molybdenite, tungsten, and beryllium.

For some time past the province has had a very real asset in the non-metallic minerals, which have been responsible for more than 75 per cent. of the mineral production to date. Of these, the group of structural and building material is the most important. First in rank is building stone (Tyndall stone), which is a limestone quarried thirty miles east of Winnipeg, and of so high a quality that it is being shipped to all parts of Canada. It is seen in Manitoba's public buildings and many of its business houses. The brick and tile industry is also important; gypsum has been produced for a number of years; and sand, suitable for glass manufacturing and moulding, is also available in large quantities.

A discovery which may be of considerable importance commercially is that of large quantities of lithium ore along the Winnipeg River, near the Ontario boundary. Considerable development of this find has already taken place, and ore has been shipped to Europe for extracting the lithium. The discovery has brought Manitoba conspicuously before other parts of the world in view of the fact that here is one of the largest sources of supply of a non-metallic mineral whose uses are rapidly increasing. Other non-metallics found in the province are limestone, granite, marble, bentonite, feldspar, garnet, salt, peat, coal, oil, and gas. There has, however, been very little production of any of the latter named.

A great deal of prospecting is now taking place, and it would not be surprising if new discoveries of first importance were made within the next few years, more especially in the non-metallic minerals in the northern part of the province.

## MEDICINE AND PUBLIC HEALTH IN THE NEW PARLIAMENT.

THE Labour Government has been in office nearly six months, during which the new Parliament has been in session for twelve weeks. Both in the Ministries and in the House of Commons business has been heavy. As the Government was pledged to take urgent measures for the relief of unemployment and stimulation of work, it might have been expected that medical subjects would have been neglected. Actually they received a good share of attention, happily without becoming centres of party controversy. Almost at the beginning the new House made a united effort for medical progress when it authorized a vote of £100,000 for the purchase of radium. Mr. Greenwood, the Minister of Health, has given the Mental Treatment Bill precedence over the promised Housing and Slum Clearance Bill. This was partly because the former measure, not being opposed on party lines, could be introduced in the House of Lords, but the precedence given it indicates an interest in medical and public health subjects, which the Minister has shown in other ways. The Home Office, under Mr. Clynes, has given sympathetic attention to medical issues relating to factories and factory inspection. The appointment of Dr. Drummond Shiels as Parliamentary Under Secretary, first to the India Office and then to the Colonial Office, provides a new link between medicine and the Whitehall departments dealing with the tropics.

On both sides of the House the "back benchers" show no hostility to the medical point of view, and in many cases their questions display a desire to see the Government do more for public health. There have been practically no questions directed against vaccination and experiments on animals. At the start of the session Dr. Fremantle excited some Labour members by warning the Government that money was being eaten up by housing which would benefit national health far more if used on other services. During a recent sitting Dr. Vernon Davies corrected a lurking obsession among trade unionist members of Parliament by informing them that the medical profession had no trade union. But no antipathy has been shown by the

Labour party towards the profession. That party contains leading and orthodox medical men among its members in the House of Commons. Two, Dr. Salter and Mr. Somerville Hastings, have been elected respectively chairman and honorary secretary of the Parliamentary Medical Committee, membership of which is now restricted to members of Parliament or peers with a medical qualification. These number about a score, and the profession has never been more strongly represented in Parliament.

If this Government and Parliament last their full term of four or five years—a matter on which all parliamentary observers feel doubts—medical proposals of outstanding importance will be put before both Houses. During the debate on the Widows' Orphans' and Old Age Pensions Bill Mr. Greenwood announced that a Cabinet Committee was considering the various State insurance schemes, the gaps between them, and their correlation with other forms of social service outside insurance. This last phrase hints apparently at the Poor Law and the voluntary hospitals. Mr. Greenwood spoke of coming proposals to enlarge the field of national health insurance. He said that the Government might ask the House to consider provision of medical and midwifery services in pregnancy and childbirth to wives of insured men and the increase of specialist services to insured persons. Mr. Somerville Hastings has gone further in convening meetings at the House of Commons to promote the movement for a national medical service. Such a service is an objective of the Labour party, but forms no part of the Government's programme in the present Parliament. Incidentally it should be recorded that Mr. Greenwood has adopted, and is preparing to carry out, Mr. Chamberlain's plans for rearranging the hospital and institutional accommodation at the disposal of local authorities and for securing its use in co-ordination with the voluntary hospitals. A Midwifery Bill, introduced by Mr. Alpass, a Labour member, was looked upon as representing the policy of that party, but it has not met with success or with general acceptance.

The Mental Treatment Bill quickly passed through the Lords, where it was introduced on November 19th, and its prospects are good, though legalists in the House of Commons may urge the arguments put unsuccessfully in the House of Lords by Lord Brentford for retaining the certifying magistrate instead of relying on medical opinion. The bill was ably handled in the Lords by Earl Russell, and strongly supported by Lord Dawson. Together they convinced the House of the need for facilitating early treatment without certification. Earl Russell, in his speech, recognized the importance of offering greater protection to medical men who give certificates, though the provision of the bill on this point is neither clear nor universal in its application. One amendment has been made to ensure that "voluntary" application for early treatment on behalf of an adolescent shall be supported by a medical opinion. Mr. Greenwood has spoken in the House of Commons with dissatisfaction about the present provision for mental defectives. In England and Wales 28 local authorities have now provided residential institutions for these persons, but 78 had not, and others are only beginning to take action. Mr. Greenwood hopes to stimulate the backward authorities. Recognizing that cost is the chief cause of delay, he has instituted an inquiry into the possibility of reducing the expense of providing mental institutions.

Vaccination has not been much before the House of Commons, though Mr. Greenwood has announced that he is considering the whole question, including a proposal to make vaccination voluntary. He gives the proportion of parents claiming exemption for their children at 40 per cent. The Parliamentary Medical Committee has heard Sir George Newman and Dr. Hutchinson (from the Ministry of Health) on administrative aspects of the subject, and has also visited the Government lymph station at Mill Hill. The Home Secretary has answered questions from lay members concerning industrial diseases, such as conjunctivitis in silk works, aniline dye cancer, and silicosis. Amendments of the silicosis regulations are understood to be in preparation, but the Government's advisers have not accepted the assertion made by some miner members of Parliament that a detrimental "anthracosis" is caused



and talents so eminently fitted him. With characteristic courage and determination, however, he undertook, in addition to his surgical duties, the administration of Red Cross work in the wide north-eastern area during the war, and also acted for two years as medical superintendent of the infirmary. The enormous amount of work he carried through then evoked the wonder and admiration of all who knew him and recognized the strain that it must have put on him.

An eminent surgeon, a great teacher, a staunch friend, a "bonny fechter" who left no dubiety about his views, Riddell bequeathes a memory which will live long in the minds of those who were his students or served with him in any of his widespread and public-spirited activities. Though it is ten years since he laid down his teaching appointments, the large attendance at his funeral of present-day students from the University showed how the recognition of his work and worth was being passed on from year to year.

We regret to record the death, on December 10th, 1929, at 28, St. James Square, Bath, of a veteran member of our profession, Dr. DAVID THOMSON. He was born on September 9th, 1844. After studying medicine at the University of Glasgow and in London, he graduated M.D.Glas. in 1865, and C.M. in 1868. He was for many years in general practice at Luton, and became a member of the staff of the Bute Hospital in that town, being appointed consulting surgeon on retirement from active work. He had long served as a medical officer in the old Volunteer Force, in which he attained the rank of colonel R.A.M.C.(V.), and was awarded the Volunteer Decoration. After relinquishing practice Dr. David Thomson lived in South Africa for a time; he then returned to England to make his home at Bath, and during the war he worked at the local war hospital. He was the father of Dr. F. G. Thomson, President of the British Medical Association in 1925-26, and of Dr. H. Campbell Thomson, consulting physician for nervous diseases to the Middlesex Hospital.

We regret to record the death, at the age of 70, of Dr. J. HERBERT HACKING, which took place at his home at Wilmslow, Cheshire, on November 19th, 1929, after an illness which compelled his retirement from practice eighteen months ago. A Manchester man, he received his medical education at Owens College and the Royal Infirmary, and obtained the diplomas M.R.C.S., L.R.C.P. in 1885. Two years later, after holding the post of house-surgeon at the Manchester Royal Infirmary, he started practice at Wilmslow. For many years Dr. Hacking served as surgeon with the Auxiliary Forces, and retired with the rank of surgeon lieutenant-colonel and the Volunteer Decoration. During the war he was appointed commandant and medical officer in charge of the Wilmslow and Styal Auxiliary Red Cross Hospital. For over twenty years he was lecturer to the local branch of the St. John Ambulance Association, and he was made an Officer of the Order of St. John of Jerusalem in England. A colleague writes: Dr. Hacking frequently attended divisional meetings of the British Medical Association; of a most sociable disposition, he liked to meet his fellows for a game of billiards and at professional gatherings. He was a keen sportsman, and usually took a shooting holiday in Anglesea. His upright character, kindness, and quiet humour won the esteem and affection of his many friends. A devoted churchman, he held the office of churchwarden for many years.

The following well-known foreign medical men have recently died: Dr. PAUL LECÈNE, professor of surgery in the Paris faculty of medicine, surgeon to the Hôpital St. Louis, and officer of the Legion of Honour; Dr. GÉLIS, honorary professor of the Montpellier faculty of medicine, aged 72; Professor VICTOR VASSILIEVITCH, an eminent Russian cardiologist and director of a central institute for study of professional diseases, aged 54, of angina pectoris; Professor OTTO KUFFLER, a Berlin ophthalmologist and editor of *Zentralblatt für die gesamte Ophthalmologie*, aged 54; and Professor R. SALZWEDEL, formerly general in the service of military medicine in Berlin, aged 72.

## Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

PARLIAMENT now stands adjourned till January 21st. On December 23rd the House of Commons discussed Egypt, and on December 24th financial policy.

In the House of Lords, on December 20th, the Royal Assent was given to the Highlands and Islands (Medical Service) Additional Grant Bill. The Royal Assent was also signified to the Expiring Laws Continuance Bill.

On December 23rd the Mental Treatment Bill, which has passed the House of Lords, was read a first time in the House of Commons.

The Home Secretary presented to the House of Commons, on December 24th, a memorandum on "factors which have operated in the past and those operating now to determine the distribution of women in industry."

The Midwifery, Maternity, and Child Welfare Bill, introduced by Mr. Alpass, is formally entered for second reading in the House of Commons on January 22nd, but is stated to be withdrawn.

### Road Traffic Bill.

#### *Debate on Motoring Casualties and Hospitals.*

In committee on the Road Traffic Bill, on December 18th, the House of Lords considered Clause 34, which requires every motorist to take out a third-party insurance, or some equivalent against liability in respect of the death of, or bodily injury to, any person caused by, or arising out of, the use of the motor. Lord LUKE moved to add words providing that any policy issued under this clause should also "insure to any hospital treating any such bodily injury payment of the cost of such treatment up to a maximum payment of £25. He said that during 1927 the hospitals of the provinces treated, at a cost of £230,000, 26,000 in-patients and 39,000 out-patients as the result of motor accidents. From insurance offices and the patients only £26,000 was recovered. The few hospitals which were near the trunk roads received these cases in excess, in beds which had been provided for local needs. The maximum of £25 which he proposed was at the rate of £4 a week for six weeks. Usually the average weekly cost would not be greater than £4. If such a risk were added to anyone's policy the annual cost would only be about one or two shillings. Hospitals should have this first charge on the insurance.

Viscount KNUSTFORD said this amendment would not deal with all accident cases brought to hospitals through motor accidents, but only with those where the driver was insured against third-party risks and the accident was due to his negligence. If a man who was injured in an accident was taken to a nursing home and treated by a doctor the insurer had to pay the expenses as a liability in consequence of his negligence, whereas if that same patient was taken to a hospital the insurer was not liable, because the hospital had no legal liability to recover the costs incurred by it. Hospitals made no complaint of the burden. They were there to help the injured. He himself had been run over and nearly killed by a motor trolley. He was taken to a hospital. There he was not asked how much he would pay to be treated, and the man who ran him over paid nothing for the treatment at the hospital. A hospital might have to spend much more than £25 in treating a patient.

Lord SOMERLEYTON said the Voluntary Hospitals Commission had last year unanimously recommended legislation on this point.

Lord BERTIE OF THAME moved an amendment to Lord Luke's amendment. He desired to provide that the payment by the insurance company might be "or to any surgeon or medical practitioner rendering first aid." Doctors who lived near the scenes of frequent accidents complained that they treated persons who not only did not pay, but did not return articles which were lent to them.

Lord STANLEY OF ALDERLY said there was a distinction between a hospital and a medical practitioner. There was a common law remedy for the injured person to sue the motorist for damages and the cost of medical treatment. If the injured person were taken to a medical practitioner the claim of that practitioner would be a proper claim against the insurance company. Hospitals were voluntary associations, and as such could not institute an action or make a legal claim against the injured person or the person causing the injury.

Lord ATKIN said he knew of no insurance policy where the company promised, not to insure the motorist against liability, but to pay some third person direct for something for which the motorist was not liable. That interfered with the principle of insurance, which was the principle of indemnity. His opinion was that in many cases hospitals were in a position to make a charge against the patients. They had private wards, and charged for them. Many cottage hospitals charged for every bed. There was no reason why any hospital should not say, "We will charge for any party who comes to us who is injured in a motor accident and remit the charge if, in fact, it is not covered by

**Extension of Town-planning Powers to Built-up Areas.**—Dr. FREMANTLE asked, on December 19th, whether Mr. Greenwood's attention had been called to the development of certain properties in the West End of London, such as the sites of Grosvenor House and Devonshire House, Westminster, and Hereford Gardens, near Marble Arch, whereby large new populations were housed without regard to the traffic capacity of the serving streets; and when he proposed to introduce legislation to enable developed areas to be re-planned and the population to the acre limited. Mr. GREENWOOD said he was aware of the type of development to which Dr. Fremantle referred. He hoped in due course to introduce legislation for extending town-planning powers to built-up areas. Replying to a further question from Dr. Fremantle, Mr. Greenwood suggested that this would be difficult to combine with the promised Housing and Slum Clearance Bill, as town-planning had been dealt with in separate statutes.

**Telephone Services in the Hebrides.**—On December 23rd Mr. LEES-SMITH, replying to Mr. Ramsay, who asked if he would consider the advisability of establishing a telephone in the doctor's house, schoolhouse, or other centre, in every parish in the Hebrides, for medical and surgical services, said that the distances between parishes in these islands were often great, and the cost of providing telephone services was usually prohibitive. Any case in which there was a reasonable prospect of the revenue not falling too far short of the expenses was, however, sympathetically considered.

**Paint-spraying.**—Mr. SORESEN asked, on December 19th, whether Mr. Clynes was aware of the harmful effects of paint-spraying, both on the operators of the machines and on others in the vicinity, and whether he would introduce legislation to safeguard the health of such workers. Mr. SMOOT replied that paint-spraying was not necessarily harmful. So far as the Home Office knew, any cases of risk to health could be effectively dealt with under the Factory Acts and Lead Paint Acts. Mr. Clynes would, however, be glad to make further inquiry if furnished with particulars.

#### Notes in Brief.

Mr. Greenwood states that as the Radium Trust is appointed by Royal Charter he is not able to anticipate any decision which may be taken by the Trust on the future purchase of radium from Radium Belge or from other firms.

Miss Lawrence, replying to Major Hills, on December 23rd, said that the question of compiling from the 1931 census statistics of the mortality of married women by reference to the occupation of the husband would be considered, though such supplementary tabulations could not be undertaken until the completion of the census tabulation. Statistics on the association of maternal mortality with the parents' occupations would also be considered.

Mr. Clynes told Mr. Freeman, on December 18th, that the average number of experiments on living animals in connexion with cancer during the last ten years was 13,369. These figures represented the number of experiments performed at special cancer research centres and those done elsewhere under grants from the Medical Research Council and the British Empire Cancer Campaign, in addition to some experiments probably done by licence holders for private research, though the latter number was small.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examination indicated:

FINAL B.M., B.Ch.—(*Medicine, Surgery, and Midwifery*): J. A. Brown, J. L. Clapham, C. M. Duncan, W. B. Fiddian-Green, J. K. Marshall, Q. St. L. Myles, R. S. B. Pearson, C. R. Salkeld, W. A. Secker, W. B. Williams, Annie D. M. Adams, Ruth Sandeman, (*Materia Medica*): R. A. Beaver, W. D. W. Brooks, W. D. T. Brunyate, P. G. Burgess, A. J. Carpenter, N. A. Gillespie, W. E. S. Merrett, J. A. Nunn, M. W. C. Oldfield, A. G. Palin, J. A. E. Scott, R. B. Scott, Elizabeth C. M. Brunyate, Amy C. E. Clarke, (*Pathology*): R. E. Adam, I. M. Bell, W. D. W. Brooks, G. H. Buck, J. M. Cribb, F. R. Crookes, S. Durham, N. A. Gillespie, N. Heath, G. W. Hinchliff, J. E. Jenkins, H. de B. Kempthorne, G. B. Malone-Lee, J. H. Peel, W. S. Tegner, H. A. Treble, F. M. Trefusis, O. S. M. Williams, Elspeth W. Smellie, (*Forensic Medicine and Public Hygiene*): H. H. Aitchison, F. Bell, W. D. T. Brunyate, G. H. Buck, J. L. Clapham, C. M. Duncan, W. B. Fiddian-Green, C. R. Greene, A. Guirham, F. Hawking, W. H. McMenemey, J. K. Marshall, W. E. S. Merrett, R. D. Newton, J. N. O'Reilly, N. C. Parfitt, R. S. B. Pearson, F. M. Trefusis, Amy C. E. Clarke, Victoria M. Robinson.

### UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examinations indicated:

M.Chir.—F. J. Milward.

THIRD M.B. (*Part I, Surgery, Midwifery and Gynaecology*).—G. G. Allan, G. N. Bailey, G. O. Barber, R. E. Barnsley (passed in surgery only), J. H. Bentley, R. M. Bolam, W. V. Bowman, A. D. D. Broughton, A. C. Crooke, A. M. Cunningham, H. Curtis, M. Ellis, R. B. Floyd, M. S. M. Fordham, I. J. Franklen-Evans, A. W. Franklin, A. S. Hall, P. E. T. Hanecock, A. G. J. Harris, J. E. M. Harrison, F. T. J. Hobday, W. V. Howells, E. H. Hudson, C. G. Jobbins, M. M. St. G. Johnstone, J. G. Jones, E. V. Knight, E. Landau, R. S. C. McDade, S. McDonald, A. P. McEldowney, R. W. Mallin, C. E. P. Markby, R. A. Maynard, B. C. Nicholson, G. L. Ormerod, R. G. Orr, V. P. Paxton, J. O. Poynton, C. B. Prowse, T. G. Reah, G. H. Sander-son, J. E. Seuple, R. H. B. Snow, G. H. G. Southwell-Sander,

R. S. Stacey, E. T. W. Starkie, B. C. Thompson, C. P. K. Toland, F. S. Winton; Women—C. H. England, D. P. Firmin. (*Part II, Principles and Practice of Physic, Pathology, and Pharmacology*): R. Anderson, A. R. Banham, C. M. Barker, D. W. Bawtree, J. V. Broad, A. T. Curnow, C. J. M. Dawkins, A. A. Digges la Touche, R. H. Dyer, J. H. L. Easton, P. H. Fox, S. E. F. Gooding, G. J. Gross, A. H. Gurney, W. Heath, A. C. de B. Helme, J. S. Hensman, G. Herbert, H. P. Hutchinson, T. C. Jameson Evans, C. G. Jobbins, E. R. Keeble, R. W. Knowlton, O. L. Lander, R. W. McConnell, S. R. Matthews, R. B. Mayfield, E. J. Neill, T. N. Parish, J. A. Pocock, C. D. Politeyan, B. B. Pringle, A. W. Williams, J. K. Willson-Pepper, G. N. Wood, F. G. Wood-Smith, B. Wright; Women—M. A. Willcox.

### UNIVERSITY OF LONDON.

THE following candidates have been approved at the examinations indicated:

M.D.—*Branch I (Medicine)*: B. Barling, F. M. M. Eyton-Jones, C. F. Fernando, T. R. Hill, B. B. Hoftord, R. M. Maher, H. L. Marriott, R. L. Midgley, N. D. Patel, W. M. Ramsden, B. F. Russell, E. W. Skipper, E. C. Warner. *Branch II (Pathology)*: G. W. J. Bonsfield, Beatrice D. Pullinger, Dorothy M. Vaux. *Branch IV (Midwifery and Diseases of Women)*: Janet I. Hoare, Winifred A. Ladds, Edna I. Langston, Isabella L. H. Livingstone. *Branch V (State Medicine)*: G. L. Brocklehurst, S. C. Gawne.

M.S.—*Branch I (Surgery)*: A. W. Holgate, N. P. L. Lamb, R. W. Reid. *Branch III (Ophthalmology)*: J. W. T. Thomas.

### UNIVERSITY OF SHEFFIELD.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., Ch.B.—*Part I*: K. G. A. Barlow, C. England, M. B. Hallam, F. Hudson (with distinction in Forensic Medicine and in Public Health), Constance N. Jenkinson, S. K. Panniker, A. Spencer. *Part II*: A. Cohen, R. B. Gould, Bessy Hatherley, J. H. Wilbourn.

### UNIVERSITY OF EDINBURGH.

A THREE months' course of instruction for the diploma in psychiatry will commence on January 14th. During its currency candidates are eligible for resident clinical clerkships at the Royal Edinburgh Hospital for Mental Disorders. Full particulars can be obtained on application to the Dean of the Faculty of Medicine, University of Edinburgh.

A graduation ceremony was held in the Upper Library Hall on December 20th, 1929, when the following degrees were conferred:

M.D.—Flora H. M. Calder, \*T. C. Mitchell, \*R. M. Murray-Lyon, E. Russell (*in absentia*), G. S. Scott, †Ta-Ming Tso.

Ch.M.—\*Alice Bloomfield.

M.B., Ch.B.—W. S. Anderson, R. Austin, I. Bannerman, T. M. Beveridge, G. F. Bradbury, R. M. Bremner, J. F. C. du Toit, F. G. M. Fraser, E. E. Goldman, J. Gorman, D. H. Hooper, E. G. Hurd-Wood, I. Kaplan, H. I. Lahouri, L. E. Lucas, K. C. Mackenzie, A. C. McLaren, D. J. A. MacLean, D. Macleod, H. J. Melville, G. R. Parker, J. L. Parker, R. A. P. Paul, G. A. G. Peterkin, J. C. Robertson, N. Talukder, Anne Tillema, S. C. H. Watters.

D.Psych.—T. A. H. Munro.

D.P.H.—K. V. R. Choudari.

\* Highly commended for thesis.

† Commended for thesis.

The Syme Surgical Fellowship has been awarded to Dr. T. C. Mitchell.

### ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following candidates have been approved at the examinations indicated:

PRIMARY FELLOWSHIP.—E. A. J. Byrne, S. F. Heatley, D. S. Poole-Wilson.

FINAL FELLOWSHIP.—B. P. Baliga, C. R. Boland, E. N. McDermott, K. F. Mackenzie, P. P. V. C. Nambiar.

### CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FINAL PROFESSIONAL.—M. J. Duffy, A. E. Flannery, T. J. Harkin, G. J. Harrison, J. Lennon, P. B. McCarthy, T. McCarthy, T. J. A. McHugh, P. McInerney, W. H. Peirce, F. O'C. Walsh, J. R. H. Weir.

D.P.H.—W. R. F. Collis, J. J. McHenry.

D.P.M.—J. F. Lyons, C. B. Ramford.

### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—J. S. Bury, D. Ram Annamalai, B. T. Squires, C. D. Trimble. MEDICINE.—C. W. Ellison, V. J. Lopez, L. J. Pearson, T. G. Robinson, B. T. Squires.

FORENSIC MEDICINE.—C. E. P. Davies, W. J. D'Rosario, R. J. Kagan, V. J. Lopez, D. Ram Annamalai, B. T. Squires.

MIDWIFERY.—T. Chandrasekharan, G. P. Charles, W. J. Frith, R. J. Kagan, I. W. H. Mansfield, P. Somasunder, L. J. P. Soronichon, B. T. Squires, C. D. Trimble.

The diploma of the Society has been granted to Messrs. W. J. Frith, R. J. Kagan, V. J. Lopez, and B. T. Squires.

## Medico-Legal.

### OFFENCES UNDER THE DANGEROUS DRUGS ACTS.

AT Maidenhead police-court, on December 2nd, 1929, Richard William Starkie, formerly a metropolitan police surgeon, was sentenced to twelve months' imprisonment in the second division on summonses under the Dangerous Drugs Acts. He appealed to the Berkshire quarter sessions on December 20th, when the sentence was reduced to one of five months in the second division. In 1921 Mr. Starkie was sentenced to nine months' imprisonment for administering noxious drugs to a woman, and in consequence of that conviction his name was erased from the *Medical Register* in 1922 (*Supplement*, i, 1922, p. 217).

Outlining the present charge at the appeal proceedings, Mr. W. G. Earengay, for the Crown, said that in July last a man named Melville or Vilmer presented to a chemist a prescription for 8 grains of heroin. Over a period of three months twenty-three such prescriptions were handed in, all for a patient named Mrs. Melville, and Starkie agreed that his signature was on sixteen of them. To a police inspector he said that he had given Melville sheets of blank paper bearing his signature, which Melville had filled in in certain eventualities.

Chief Inspector Prothero said that until his conviction in 1921 Starkie's character was good, and he had an extensive medical practice. Since his release from prison in 1922 the police had known nothing to his detriment. There was no suggestion of drug traffic in this case.

Mr. A. R. Thomas, for Mr. Starkie, complained that in the police-court proceedings the advocate told the magistrates that he had instructions from the Home Office to say that the department regarded the case as a serious one. "Government departments have a good deal of authority thrust upon them by Acts of Parliament, and in many cases duties which formerly devolved upon justices come into their charge. But what justification can there be for someone sitting at the Home Office and, not having heard a single word in court, forming a certain conclusion about the case?"

The chairman of the sessions (Mr. C. M. Pitkin, K.C.) agreed that it should not have been mentioned, and certainly should not have had the slightest effect upon the magistrates.

Mr. Thomas further urged, on behalf of the appellant, that there was no suggestion here of traffic in drugs or of supplying prescriptions wholesale for money. All that Starkie had received was two worthless cheques, and he had no hope of getting anything. Two registered medical practitioners had been persuaded by Melville, as Starkie had been, to allow him to fill up the body of the prescriptions, and had been convicted for not keeping proper drug records. Melville was the villain of the piece, and it was he who should suffer. Starkie had been trying to get back on the *Medical Register*, and but for "this stupid business" might by now have succeeded.

The chairman said that the bench regarded the offences as flagrant and serious breaches of the regulations, which could not be punished in any other way than by imprisonment. They thought, however, that the sentence of twelve months' imprisonment was excessive, and reduced it as stated.

## Medical News.

THE Hunterian Society of London will hold a banquet at the May Fair Hotel on Thursday, February 13th, at 7.30 o'clock, to commemorate the 202nd anniversary of the birth of John Hunter.

THE Harrison Memorial Lecture before the Pharmaceutical Society of Great Britain will be delivered on Tuesday, January 14th, at 8.30 p.m., at 17, Bloomsbury Square, W.C., by Mr. P. A. W. Self, B.Sc., Ph.C., who will be presented by the president of the society with the Harrison medal. This lectureship and medal were established to perpetuate the memory of Colonel E. F. Harrison, C.M.G., director of chemical warfare during the war, and a distinguished member of the Pharmaceutical Society. The prize founded by the Chemical Society in 1922, in memory of Colonel Harrison, has been awarded to Dr. R. P. Linstead. This prize is awarded every three years to the chemist, under thirty years of age, who during the preceding five years has produced research work judged to be of the greatest merit and promise. The prize will be presented at the annual meeting of the Chemical Society in March. It may be recalled that Harrison had been associated with the *British Medical Journal* for some years, and undertook the series of analyses of proprietary articles, afterwards collected and published by the British Medical Association in the two volumes *Secret Remedies* and *More Secret Remedies*, now out of print. He also gave evidence on behalf of the Association before the Select

Committee on Patent Medicines, and the care he had spent in preparing his case and the transparent honesty with which he presented it made a deep impression on the committee.

THE annual meeting of the St. George's Hospital Ladies' Association will be held in the board room of the hospital, Hyde Park Corner, S.W., on Thursday, January 9th, at 3 p.m., under the presidency of Princess Marie Louise. Sir Humphry Rolleston will speak on the training of nurses.

A CLINICAL meeting will be held at the East London Hospital for Children, Shadwell, E.1, on Wednesday, January 8th, at 4.15 p.m., when cases of interest will be demonstrated in the wards. Tea at 4 o'clock. All practitioners are welcome.

A POST-GRADUATE course on diseases of the nervous system will be given at the National Hospital from February 3rd to March 28th. The general course will consist of thirty-two clinical lectures and demonstrations, teaching in the outpatient department, and eight pathological lectures and demonstrations. The fee for the course is £6 6s. A course of eight lectures on the anatomy and physiology of the nervous system will be arranged on Fridays at 12 noon if there are sufficient applicants; fee £2 2s. A series of twelve demonstrations on methods of examination of the nervous system will be given on Tuesdays and Thursdays at 12 noon; fee £2 2s. Further particulars can be had from the secretary, Medical School, National Hospital, Queen Square, W.C.1.

THE Medical Faculty of Vienna has arranged for an international post-graduate course to be held from February 17th to March 1st, in medical, surgical, and gynaecological therapeutics, with special reference to recent developments. Further information may be obtained from Dr. A. Kronfeld, Porzellangasse 22, Vienna IX.

THE KING has granted Dr. P. S. Selwyn-Clarke, M.C., permission to wear the decoration of the Médaille d'Argent des Epidémies conferred upon him by the French Government for services in connexion with the outbreak of yellow fever in West Africa.

A SELECT Committee, appointed by the House of Commons to examine and classify petitions presented to the House, has reported on its work between July 2nd and December 18th, 1929, in a circular issued by the Stationery Office. Among the petitions was one praying for the prohibition of vivisection, and the committee states that it has not reported the total number of names appended, since it is of opinion that some of the signatures are in the same handwriting, and that therefore there has not been compliance with the orders of the House requiring the actual signatures of the persons named. The figure recorded by the committee, after ignoring these irregular signatures, is 3,549.

A LARGE gathering of past and present students of University College, London, attended a dinner which was held on December 19th, 1929, at the Connaught Rooms, with Sir Frank Heath, president of the Old Students' Association, in the chair, in honour of the Provost, Sir T. Gregory Foster, on the occasion of his retirement. During the evening, Sir George Blacker, Professor R. W. Chambers, Dr. Harriette Chick, and Mr. R. C. Wright presented the guest with an illuminated portfolio—the work of Miss Margaret Alexander, a former student—containing the signatures of the company present at the dinner. Sir Gregory Foster, in replying to the toast of "The Provost" which had been proposed by the chairman, said that there was nothing they could congratulate the country upon more than its faith in the scholastic profession, and its desire to put that profession in its right place in the country and the Empire.

THE German Society for Internal Medicine will hold its forty-second congress, under the presidency of Professor Volhard of Frankfurt, at Wiesbaden from April 7th to 10th, when the following subjects will be discussed; the hypophysis, introduced by Trendelenburg of Berlin, and focal infection, by Rosenow of Rochester. Further information can be obtained from Professor Volhard, Süd 10, Medizinische Klinik, Frankfurt.

UNDER the auspices of the Physical Society and the Optical Society the twentieth annual exhibition of electrical, optical, and other physical apparatus will be held at the Imperial College of Science and Technology, South Kensington, on January 7th, 8th, and 9th, in the afternoons from 3 to 6, and the evenings from 7 to 10. Tickets for others than members of the Physical or the Optical Society, together with a copy of the catalogue, may be obtained by sending 3d. in stamps for postage to the secretary of the exhibition, 1, Lowther Gardens, Exhibition Road, S.W.7.

THE ninth Italian congress for medical radiology will be held at Turin, under the presidency of Professor M. Bertolotti, in May, when the subjects for discussion will be the radiological diagnosis of intracranial tumours and the treatment of blood diseases by irradiation.

THE fifth international congress of physiotherapy will be held at Liège from September 4th to 8th, 1930.

AN international congress of neurology will be held at Bern in August and September, when the chief subjects for discussion will be muscular tonus, diagnosis and treatment of cerebral tumours, and injuries and infections of the nervous system.

DR. HASSELBACH of Copenhagen, whose son died of leukaemia at the age of 15, has given a sum of 700,000 kronen, the interest on which is to help Danish practitioners in researches on leukaemia.

THE issue of *Schweizerische medizinische Wochenschrift* for December 7th is devoted to the proceedings of the sixteenth congress of the Swiss Surgical Society held at Zug on July 25th and 26th.

DR. CHARLES NICOLLE, director of the Pasteur Institute at Tunis, has been elected member of the Académie des Sciences.

## Letters, Notes, and Answers.

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

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

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

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

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

The TELEGRAPHIC ADDRESSES are:

EDITOR OF THE *BRITISH MEDICAL JOURNAL*, Aitology Westcent, London.

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

MEDICAL SECRETARY, Mediscera Westcent, London.

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

## QUERIES AND ANSWERS.

### TREATMENT OF PRURITUS VULVAE.

"R. S." writes: I have a patient, aged 27, who suffers from intolerable pruritus vulvae, which has now lasted for several years. The irritation commences on the inner side of the left labium majus, and the patient can put her finger exactly on the spot. The irritation then extends into the vagina, until the patient, almost hysterical, douches the vagina with plain hot water, which gives relief for some hours. Vaginal, urinary, and rectal examinations are all negative. The patient has been under a prominent gynaecologist, who dilated and curetted, and also tried various treatments for months, but quite unsuccessfully. I have used every conceivable form of remedy I can imagine; bromides, calcium, thyroid, suppositories, douches, ointments, lotions, etc. If any readers can give me any suggestion for treatment which they have found useful I shall be much obliged.

### INSULIN FOR SENILE DIABETICS.

"DISTRICT MEDICAL OFFICER" would like to hear of some simple plan for giving insulin in very small doses to parish patients about 80 years old. They suffer from senile diabetes of a type which cannot quite be controlled by diet alone, and they are unable or unwilling to go to institutions to have their blood sugar determined.

### WINTER MOTORING.

"H. G." (Blackpool) writes: With reference to your article "Winter Motoring" in the *Journal* of December 7th (p. 1061), concerning antifreezing media of glycerin and water, I should be glad to know if this method has any harmful effects in any respect on the engine. Also, when desiring to finish with this mixture, should one simply drain the radiator or refill with water?

\* \* \* Our Motoring Correspondent writes: If the recommended proportions of glycerin and water are adhered to, the mixture will have no harmful effects on the engine or the water-circulating system. From this it follows that no special attention will be necessary as soon as the need for the mixture is over, when it can be drained and replaced by water.

### INCOME TAX.

#### Change in Nature of Appointment.

"D. N. P." qualified in April, 1928, and during the year ending April 5th, 1929, his total income was £100. Since February 19th, 1929, he has held a resident post at a hospital at a salary of £300 per annum. What is his liability to tax for 1928-29 and 1929-30?

\* \* \* 1928-29: No liability, but "D. N. P." must, of course, make a statement of his total income in due form, if called upon to do so. 1929-30: £300 less £135 = £165 at 2s. in the £—that is, £16 10s.; this assumes that he cannot claim relief in respect of life assurance, dependent relative, or marriage, and that he has no other income than the salary of £300.

## LETTERS, NOTES, ETC.

### GLUCOSE IN ASTHMA.

DR. H. N. MUKHERJEE (Biochemical Department, Carmichael Medical College, Calcutta) writes: With reference to Dr. Arthur F. Hurst's letter on "Glucose in the treatment of asthma" (*Journal*, November 16th, 1929, p. 930), may I draw attention to the fact that Dr. B. C. Roy and myself reported a condition of hypoglycaemia and acidosis (decrease in the alkali reserve) in asthma as early as 1923 (*Calcutta Medical Journal*, March, 1923, p. 12). For some years we have been using glucose together with sodium bicarbonate in the treatment of asthma, often with very good results. I may also add that Dr. W. Langdon Brown, in his opening paper on the treatment of asthma at the British Medical Association Annual Meeting held at Bath in 1925, referred to our work (*British Medical Journal*, August 29th, 1925, p. 368).

### MR. FISHER'S STUDY OF CHRISTIAN SCIENCE.

LIEUT. COLONEL S. P. JAMES, I.M.S. (ret.), writes: On the recommendation contained in the review of *Our New Religion*, by the Right Hon. H. A. L. Fisher, which appeared in the *Journal* of December 7th, 1929 (p. 1059), I bought the book and sent it to a friend as a Christmas gift. My friend tells me that he does not agree with the reviewer's opinion that the book is "a very brilliant piece of work," for the following reasons: (1) Mr. Fisher has omitted to quote literature which conflicts with the kind of history which he desires to record. For example, he has omitted from his list of "primary authorities" Mrs. Eddy's well-known book *Miscellany*, in which, on page 308, there is a detailed correction of the information contained in the article in *McClure's Magazine*, from which Mr. Fisher has evidently drawn most of his historical account. (2) Mr. Fisher is guilty of misquotation, as, for example, on page 214 of his book, where he quotes from Mrs. Eddy's chapter on prayer in *Science and Health*. In the last line of this extract from that book he quotes her as saying, "let our words attest our sincerity," whereas what is actually printed on page 15 of *Science and Health* is "let our lives attest our sincerity." My friend points out that there is an important difference between these two pieces of advice which Mr. Fisher has apparently failed to notice. I have been at some pains to consult the references mentioned, and have ascertained that my friend's statements are correct.

### ARTERIO-SCLEROSIS IN COAL MINES.

DR. N. PINES (London, E.), in the course of a letter discussing the paper by Drs. D. Elliot Dickson and W. Arnott Dickson on arterio-sclerosis in coal miners (December 14th, 1929, p. 1103), writes:—Criticism may be directed to the following points: (1) the complete absence of ophthalmoscopic examination; (2) the suggestion that arterial thickening felt by palpation is due to calcareous degeneration. *In vivo* calcium is deposited in a semiliquid or colloid form, and therefore cannot be felt by palpation. One can feel the thickened or contracted arterial wall, but not the deposited calcium. May I suggest that the cause of vascular degeneration in miners is probably fine coal-dust, which is inhaled in large quantities by underground workers.

### DISCLAIMER.

DR. A. T. TODD (Bristol) writes: I should like it to be known that I had no knowledge of or participation (active or passive) in the notices of our work on the treatment of cancer which have just appeared in the lay press.

### 1930 MOTOR LICENCES.

To assist motorists in connexion with the renewal of car and motorcycle licences for the new year, the Automobile Association has issued a booklet, entitled *Your Motor Tax at a Glance*, which shows the various amounts due for licences, according to horsepower, either for the year or shorter periods. Information is also given concerning rebates obtainable in respect of old cars, refunds for surrendered licences, and the necessary procedure for renewing licences. It is important to bear in mind that the authorities grant fourteen days' grace for the renewal of licences, and that vehicles used during this period of grace become liable to taxation. Copies of the booklet may be obtained on application, by postcard, to the secretary of the A.A., Faunum House, New Coventry Street, W.1, or to any of the area offices.

### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 46, 47, 48, 49, 52, 53, 54, 55, and 56 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 50 and 51.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 7.