The presence of peripheral stasis was further confirmed by the appearance in some experiments of a slight though quite appreciable cyanosis of the limbs. The normal, or sometimes diminished, general circulation rate, together with the increase in pulse rate, indicated an appreciable, and sometimes considerable, diminution in the output of the heart per beat.

| Time. | Systolic Blood Pressure. | Diastolic Blood Pressure. | Pulse Rate. | Mouth Temp. °F. | Bath Temp. °F. | Remarks. |
|---|---|---|---|---|---|---|
| p.m. | | | | | | |
| 3.30 | 123 | 80-74 | 68 | 98.1 | — | Subject lying on couch before bath. |
| 4.30 | 110 | 70-64 | 64 | 98.0 | 94.5 | Readings immediately on entering bath. |
| 4.40 | 108 | 62-58 | 64 | 98.0 | 94.5 | (Plain water bath.) |
| 4.50 | 109 | 65-58 | 68 | 97.9 | 94.0 | |
| 5.00 | 110 | 68-60 | 70 | 97.7 | 94.0 | |
| 5.07 | 110 | 66-60 | 64 | 97.2 | 93.5 | |
| 5.15 | 110 | 68-60 | 66 | 97.1 | 93.5 | |
| 5.20 | — | — | — | — | 103.0 | Bath temperature raised to 103° F. |
| 5.30 | 108 | 60-48 | 80 | 99.3 | 103.3 | Perspiring. |
| 5.40 | 110 | 54-44 | 84 | 99.9 | 102.8 | |
| 5.48 | 110 | 58-40 | 90 | 100.7 | 103.4 | |
| 5.58 | 120 | 64-44 | 100 | 101.3 | 103.2 | Bath ended at 6 p.m. |
| 6.15 | 110 | 75 | 76 | 99.7 | — | After shower bath down to 65° F. |
| 12.29 | 120 | 86 | 62 | 97.5 | — | Subject lying on couch before bath. |
| 12.37 | — | — | — | — | — | Enters saline sulphur bath. |
| 12.40 | 106 | 60 | 76 | — | 103.4 | Temperature 103±1° F. |
| 12.45 | 106 | 58-40 | 80 | — | 103.2 | Sweating. |
| 12.50 | 110 | 58-40 | 80 | — | 102.9 | |
| 12.55 | 110 | 60-40 | 90 | — | 103.2 | |
| 12.57 | 106 | 56-38 | 87 | 99 3 | 103.0 | |
| 1.01 | 112 | 58-0 | 90 | 100.0 | 103.1 | |
| 1.05 | 112 | 60-36-0 | 96 | — | 103.6 | Loud sounds audible at zero. |
| 1.09 | 110 | 60-38 0 | 96 | 100.2 | — | |
| 1.13 | 110 | 58-35 0 | 96 | 100.7 | 102.6 | |
| 1.18 | 120 | 50-30-0 | 93 | — | 102.4 | |
| 1.25 | 118 | 50-25-0 | 98 | — | 102.7 | |
| 1.28 | 120 | 40-15 0 | — | — | 102 9 | |
| 1.29 | 110 | 54-30-0 | 98 | 101.1 | 102.5 | |
| 1.35 | 120 | 60-20 0 | 100 | — | — | |
| 1.38 | 120 | 35 0 | 100 | 101.1 | 102.0 | Loud sounds audible at zero. |
| 1.39 | — | — | — | — | — | Started cooling the bath. |
| 1.41 | 108 | 50-0 | — | — | 87.0 | |
| 1.43 | 104 | 55-20 | 84 | — | 81.0 | |
| 1.46 | 100 | 50 35 | 70* | 100.0 | 81.0 | *Bigger wave at wrist. Marked cutaneous hyperaemia after bath. |

The above figures are those obtained during two of the fourteen experimental baths on which the conclusions in the paper are based.

### SUMMARY.

The following are the principal circulation effects noted during immersion baths at 103° F. in normal subjects:

1. Rise in pulse rate.
2. Maintenance, or increase, of systolic pressure, allowing for slight alterations in position of arm.
3. Fall in diastolic pressure.
4. Changes in pressure levels at which modifications of the Korotkow sounds occur.
5. Persistence of these sounds down to 0 mm. of mercury in certain readings.
6. Prompt return towards normal when the subject is cooled down on completion of bath.

REFERENCES.

[1] Edgecombe and Bain: *Lancet*, 1899, vol. i, 1552; *Journ. of Physiol.*, March, 1899, p. 48. [2] Wiggers: *Circulation in Health and Disease*, Philadelphia and New York, 1923.

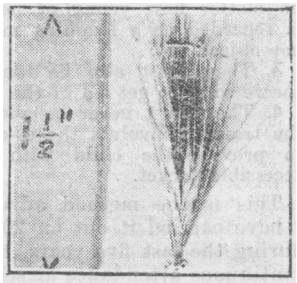
# Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

### FOREIGN BODY IN RIGHT BRONCHUS OF A BABY.

THE following case, in which a flower-spike of grass passed through the upper air passages and lung tissue to present beneath the chest wall, is of interest both from the mechanical aspect and on account of the fact that so little disturbance was caused.

The patient, a baby of 9 months, was admitted to the St. Albans and Mid Herts Hospital for observation on August 30th last. For two weeks the child had been fretful, with screaming attacks and occasional cough. On admission the temperature was 100°, pulse 120, and respirations 36. The general condition was fairly good, but screaming fits persisted. No abnormal physical signs could be detected except an impaired note over a limited area below the angle of the right scapula; adventitious sounds were absent and breath sounds were not appreciably altered. The temperature settled on the following day and screaming ceased. No further symptoms developed except an expiratory grunt, noticed especially at night. Chest signs remained unchanged. The child was discharged six days later apparently quite well.



On September 11th the mother noticed a "swelling on the back," and called in Dr. Ronald Wilson. He suspected a foreign body, and, on further questioning, obtained a history of a choking fit on August 12th—two and a half weeks before the first admission to hospital.

On readmission to hospital, on September 12th, the temperature was 99.8°, the pulse 136, and the respirations 34. The general condition remained fairly good. There was a tender swelling, two inches in diameter, extending downwards from the angle of the right scapula. It was fixed to the deep structures and had a small central red area but no fluctuation. Breath sounds were harsh in the neighbourhood of the swelling, but unchanged over the rest of the lung field.

On September 13th a radiogram showed thickening of the right ninth rib under the site of the swelling, with a cup-shaped area of rarefaction on its inferior margin and a well-defined opacity of lung field locally.

On September 14th, under a general anaesthetic, the tumour was aspirated, but no pus was found; incision revealed an inflammatory oedematous condition of the thoracic parietes, and no collection of pus. In the base of the wound a foreign body was exposed. This was withdrawn and found to be a flowering head of "wall barley," 1½ inches long (see photograph) with stalk end projecting outwards, and of slightly offensive odour. On passing a probe a sinus was found leading direct up into the right bronchus, reflex coughing being produced thereby. The wound was closed without drainage. A small superficial collection of pus formed, but rapidly cleared up, and the child had no further pyrexias or respiratory symptoms.

On September 23rd the patient was discharged with the wound completely healed. There was still a slight impairment of note, but no swelling, and breath sounds were good over the whole lung.

I am indebted to Mr. D. Morgan Jones, surgeon in charge of the case, for permission to publish this note.

V. SMALLPEICE, M.B., B.S.,
House-Surgeon, St. Albans and Mid Herts Hospita

### CHRONIC RHINITIS IN CHILDREN.

A FACTOR to be reckoned with in the treatment of chronic rhinitis in children is the large area of nasal mucous membrane involved. The area of the septum and lateral walls (not including any sinuses) in a small female subject in the dissecting-rooms of the Sheffield University was 225 square centimetres. As this mucous membrane is lying over immovable bone the removal of any excess of mucus must be dependent on (1) transmission along the surface by the action of the cilia, and (2) the expulsion of mucus by means of air currents.

By the reflex act of sneezing, which is an explosive form of expiration, an extra amount of secretion is poured out, which acts as a powerful cleansing force, loosening any debris collected there. If the sneeze is at once followed by a voluntary expiration through the nose (keeping the mouth shut and bending the head downwards) the old debris can be blown out of the nose. If the sneeze, or sudden involuntary expiration, is followed up by a short,

quick inspiration, as in sniffing, these particles are drawn up the olfactory cleft into its absorptive columnar epithelium, or else fall back on the nasopharynx, with its absorptive lymphoid tissue; some are finally swallowed and absorbed by the stomach, so that in sniffing there is a constant reinfection taking place.

In treating chronic rhinitis children must be trained as follows.

1. They must be taught how to blow the nose. Various methods are adopted with children of different ages.
2. They must be taught the act of sneezing. The frontal reflex is quite successful in some cases, and sneezing can be evoked by tickling the face, in exactly the same manner as is done by the Maories in their baptismal ceremony. When the priest recites the names of the baby's ancestors he tickles its face with a twig dipped in water, and when the baby sneezes it is supposed to have pronounced its own name. The easiest and quickest sternutatory I have found to be exsiccated sodium carbonate. By using a little tact and camouflage children can be made to sneeze without knowing about it, no matter how young or nervous they may be; as sneezing is regarded as a laughing matter by young children they do not object.
3. They must also be taught to blow the nose after the sneeze so as to get rid of the old debris.
4. They must never be allowed to sniff. This last point in the training involves the co-operation of the mother, who has to provide the child with a handkerchief and an easily accessible pocket.

This is the method advocated by Dr. Octavia Lewin; I have carried it out on 200 volunteers with great success during the last five years, the success being gauged by the continuous attendance at school of the children so treated.

There are many primitive ideas regarding sneezing which must be overcome; these ideas have been handed down through the ages, and are, perhaps, the unconscious basis of objections to sneezing in some cases. For instance, among the primitive islanders in the Pacific the Dyak mothers in Borneo, when their babies sneeze, call out, "Soul, come back"; this idea that the soul lives in the nose, and can be lost by sneezing, is mentioned in Hindu legends, and is also among the beliefs of Red Indians.

LUCY NAISH, M.B.Lond.,
Lecturer in Osteology, University of Sheffield.

# Reports of Societies.

## ETIOLOGY AND TREATMENT OF RHEUMATOID CONDITIONS.

AT a meeting of the Devon and Exeter Medico-Chirurgical Society on December 19th, 1929, the president, Dr. B. COHEN, read a paper entitled "Rheumatoid conditions."

Dr. Cohen said that, although he would deal chiefly with rheumatoid arthritis and osteo-arthritis, much would apply equally to conditions such as myositis, fibrositis, "lumbago," and the various ill-determined affections classified as neuritis, for a large percentage of sufferers gave a history of vague rheumatoid conditions for several years prior to the definite establishment of arthritis, and it was during this incipient period that happy results might be achieved by treatment. The disease could be traced back to the Mesozoic period, long before the advent of man. For example, arthritic changes had been demonstrated in the caudal extremity of the skeleton of the giant dinosaurus, and, later, similar affections had been found in the cave bear and the sabre-toothed tiger; finally, remains of men in the Stone Age similarly affected had been discovered. It was the outstanding disease of the ancient Egyptians, and the importance attached to hydrotherapeutic establishments by the Greeks and Romans told its own tale. Spas in Europe, such as Aix-les-Bains, had been frequented continuously for the last 2,000 years. Dr. Cohen then touched upon the economic effect of rheumatoid disease on the country to-day, with an annual cost of £2,000,000 in sick benefit and loss of 3,000,000 weeks of work. The most common age incidence was after 40, women being more susceptible than men. It was generally held that infection arose from some primary focus elsewhere in the body—such as the teeth, tonsils, antra, and the genito-urinary tract. Pemberton had ranked exposure as a predisposing cause in 58 per cent., but his figures seem to have been based on army cases, and the higher occurrence in women in civil life needed explanation. The disease was more prevalent in cold damp places, and there was reason to believe that the physiology of muscle became consequently predisposed to rheumatoid affections. Omitting reference deliberately to the arthritis of the acute infectious diseases, the speaker defined two groups—the atrophic and the hypertrophic—or, as generally known, rheumatoid arthritis and osteo-arthritis respectively. The atrophic type was associated with asthenia and a slight build, the patient being below or about the age of 40; the hypertrophic type occurred at a more advanced age in a person of robust build and of fit appearance. In the atrophic form the disease was multi-articular with effusion into the joints; atrophic changes affected the skin and muscles, and finally ankylosis might ensue. The hypertrophic disease was frequently mono-articular, and deformities were due to osteophytic outgrowths and not to ankylosis. Evidence in respect of infection from remote foci had been secured by the removal of cartilage from the joints. The fact that protein shock therapy had given benefit in some cases supported the theory that anaphylaxis might have some bearing on arthritis, and Dr. Cohen reported a case of asthma, urticaria, and arthritis occurring in the same patient, one affection improving temporarily while the other predominated. There was little proof that acid foods or the accumulation of lactic acid were agents in producing arthritis, but more could be adduced for the lowering of the basal metabolism which was noted in 20 to 30 per cent. of the cases, and the occasionally favourable effect of thyroid therapy. B. Ray had hypothecated a rheumatic substrate operative throughout the body, explicable by the unbalanced state of the autonomic nervous system, septic foci being only one link in a tortuous chain. This theory seemed to find support in the resemblance of the joints of rheumatoid arthritis to those in tabes and syringomyelia.

Pemberton had discovered a delay in the fall of the blood sugar curve in arthritis in 70 per cent. of the cases, with a return to normal after the removal of a septic focus. So consistently did this appear that, if a curve did not so respond to the removal of a focus, Pemberton rejected that focus as being a cause of the arthritis; he had also demonstrated slowing of the capillary circulation, which he thought was the cause of the delayed sugar fall. He had been induced to perform these experiments by the fact that his arthritic patients improved when carbohydrates were cut out of their diet. Mutch, working in this country, had found the predominant organism in the intestinal tract to be *Streptococcus longus*, which was strongly glycophylic. These organisms lived only in the intestinal canal; in the presence of stasis and sugar they destroyed *B. coli* and retained their infective properties. Dr. Cohen pointed out that it was interesting that these two workers, one through biochemistry, and the other through bacteriology, had come to the same practical conclusion that carbohydrates in the diet should be reduced. He reconciled the two views by suggesting a mild infection of the pancreas. As regards the mechanics of intestinal stasis, the fault might lie on the proximal side of the ileo-caecal valve, and, although not recoverable from the faeces, the intestinal tract might be teeming with streptococci. In one of Mutch's cases the glycophylic organism found in an appendix abscess had been recovered from the empyema which developed as a sequel.

Passing on to the treatment of arthritis, Dr. Cohen emphasized the importance of determining the cause and then concentrating against it. When the origin was microbic the greatest care should be taken to isolate the organism at the time of removal of the focus; he emphasized the need for cultivating direct from the apex of an extracted tooth, avoiding all possibility of contamination, and for smearing the culture direct from the centre of the removed tonsil. Other possible sources of infection were the cervix, the prostate, and the gall-bladder. Dr. Cohen maintained that when organisms were present in the urine they were evidence of intestinal infection. He himself had never seen bacilluria unassociated with intestinal

Dr. HOWARD DAVIES of Pontypridd, who died on December 23rd, 1929, in his sixty-eighth year, received his medical education at Charing Cross Hospital, and obtained the diplomas M.R.C.S. and L.S.A. in 1884. In the same year he succeeded his uncle, Dr. Rhys Hopkins, in a large practice at Pontypridd. From 1884 to 1911 he was medical officer of health for the town, and resumed these duties while his successor was on active service during the war. In 1884 he was appointed medical officer for the Pontypridd board of guardians, and held this post—which involved medical supervision of the Central Home, the Cottage Homes, and the Maesycoed Homes—until he died. He was also surgeon to the police, the Maritime Collieries, and the local St. John Ambulance Division, and treasurer to the Glamorgan Panel Committee; before and during the war he was the local recruiting medical officer. He was a member of the British Medical Association. He was devoted to various forms of sport, particularly cricket, and was president of the local cricket club. He interested himself also in the acquisition of Ynysangharad Fields as a public park, and was responsible for the establishment of the improved local water supply and drainage. He is survived by his widow and one daughter.

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We regret to record the death, at the age of 47, of Dr. THOMAS EVANS FRANCIS, O.B.E., late medical officer of health and school medical officer for Barnsley, Yorks. A year ago he was obliged to give up work on account of severe illness, and he resigned his appointments in the spring of 1929. Having recovered sufficiently to undertake a ship surgeoncy, in the autumn he sailed for the East, but in the tropical heat had a recrudescence of bronchitis, and died after some weeks in hospital at Colombo, Ceylon. Thomas Francis received his medical education at Cardiff, and St. Mary's and St. Bartholomew's Hospitals; he graduated M.B., B.S.Lond. in 1905. Being attracted to public health work, he proceeded M.D. in State Medicine two years later, and was appointed medical officer of health and school medical officer for Llanelly in 1910. He served in the Territorial Force (Sanitary Service), and also for several years in the navy—in H.M.S. *Britannia*, H.M. Hospital Ship *Soudan*, and at the Royal Naval Hospitals at Haslar and Plymouth. The O.B.E. (Military Division) was awarded him in 1919. From 1920 till 1929 he held the appointments of medical officer of health and school medical officer for Barnsley, Yorks, where his intelligent zeal for measures likely to benefit the health of the community was highly appreciated. He published several papers in public health journals. He was chairman of the Barnsley Division of the British Medical Association from 1922 to 1927. A colleague writes: Throughout his work Francis never spared himself the trouble of thinking, and, having made up his mind, he was prepared to fight for his ideas. He leaves a widow and three children, one of whom, the eldest son, is taking a medical course in London.

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The death took place, on December 27th, 1929, at his residence, Loganbank, Cupar, Fife, of Dr. WILLIAM SNEDDON. He was born in 1859 at Liberton, near Edinburgh, and at first adopted teaching as a profession. He afterwards studied medicine at Edinburgh University, where he graduated M.B., Ch.B., and in 1885 settled in practice at Cupar. For many years he had been one of the best-known practitioners in Fifeshire. He took a great interest in vocal music, and, possessing an excellent baritone voice, was in great demand for his services in the musical world as a soloist and demonstrator.

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The following well-known foreign medical men have recently died: Professor LOUIS LEWIN, a Berlin pharmacologist, aged 80; Dr. ERNST GRASER, formerly director of the surgical clinic at Erlangen; Dr. JESSNER, a dermatologist and venereologist of Jena, aged 70; Professor GIOVANNI MIRGAZZINI, an eminent neurologist of Rome, aged 70; and Professor LOUIS PHILIPPSON, director of the dermatological clinic at Palermo.

# Medico-Legal.

## NEGLIGENCE ALLEGED AGAINST MEDICAL SUPERINTENDENT.

IN the Court of Session, Edinburgh, on December 21st, 1929, judgement was delivered by the Lord Ordinary (Lord Fleming) in an action brought by Duncan Carmichael, a dairyman, against the representatives of the late Dr. Alexander C. Miller, formerly medical officer of health for Fort William, and medical superintendent of the hospital there, for the alleged professional negligence of Dr. Miller in the treatment of one of Carmichael's children.

The child, Duncan, aged 2½ years, was admitted to hospital with scarlet fever on December 31st, 1925. Recovery proceeded normally until the following January 26th, when there appeared what was diagnosed as a secondary or supervening attack of scarlet fever, accompanied by pyrexia, sore throat, and copious rash. Recovery from this attack was complicated by otorrhoea. By March 1st the ear discharge had become slight and intermittent, and the patient was returned to his home. Six days later his brother and sister were admitted for diphtheria, and the sister died. Seven weeks afterwards yet another child was admitted for diphtheria. On the same date as this last admission the original patient, Duncan, was readmitted for recurrent otorrhoea, and it was reported that a swab had shown bacilli morphologically resembling diphtheria bacilli. He was retained until August 3rd, when he left hospital as cured, but a fortnight later he was readmitted for recurrence of the ear discharge, and subsequently his tonsils and adenoids were enucleated. He had still another recurrence, and was not finally discharged until June 8th, 1927.

The grounds of the allegation against Dr. Miller were that when the patient was first discharged from the hospital he exhibited post-diphtheritic symptoms, in addition to the ear discharge, and that the supposed secondary attack of scarlet fever was in fact an undiagnosed attack of diphtheria, with the result that, after leaving hospital, he infected other members of his family, one of whom died. It was further urged that Dr. Miller should have made a bacteriological examination of the ear discharge, and that had he done so it would have been apparent that it was not safe to discharge his patient.

### *Judgement of Lord Fleming.*

Lord Fleming, in giving judgement, said that Dr. Miller, whose professional qualifications were of a high order, and his assistant, Dr. MacKintosh, came to the conclusion that the patient had a secondary attack of scarlet fever, which, though uncommon, occasionally supervened. Neither of them suspected diphtheria, nor did the fever nurse or the hospital matron. None of the clinical appearances of diphtheria were observed. His lordship had no difficulty in holding that there was no negligence in failing to diagnose diphtheria if Duncan really suffered from it. A more difficult point arose as to Duncan's condition at the time of discharge. The pursuer [plaintiff], his wife, and sister-in-law had testified that he had post-diphtheritic symptoms—namely, squint, nasal speech, and unsteady gait; this was contradicted by Dr. Mackintosh, the nurse, and the matron, who said that of these symptoms only unsteadiness in walking was present, owing to long confinement in bed. His lordship believed the doctor, nurse, and matron to be careful and reliable witnesses, who had seen the child constantly just before discharge, and he preferred their evidence to that given on the other side. Dr. M'Iver, a witness for the pursuer, first saw Duncan on March 7th, six days after discharge, and said that he noticed post-diphtheritic symptoms. If, in fact, Duncan was suffering from post-diphtheritic palatal paralysis, as Dr. M'Iver had said, his condition was one of some gravity, yet Dr. M'Iver took no steps to advise as to treatment, and though he apparently believed that Duncan had infected his sister and brother he said nothing to the parents about isolation, nor did he communicate his suspicions to Dr. Miller. Dr. M'Iver failed to take the steps which one would have expected of him, and his lordship was inclined to doubt whether the post-diphtheritic indications were as clear to him at the time as he now thought them to have been. The recurrence of the discharge from the ear alarmed the mother, who sent for Dr. M'Iver; he took a swab from the throat, which was reported negative, and, later, one from the ear, which was reported positive, upon which Duncan was readmitted to hospital. It was difficult to believe that, until he received that positive report, Dr. M'Iver was satisfied that Duncan was suffering from the sequelae of diphtheria.

As to whether Dr. Miller could reasonably be charged with negligence for allowing Duncan to leave the hospital with his ear still discharging, it was proved in evidence that ear discharges after scarlet fever might continue for years, so that if it were laid down that patients should never be discharged until the otorrhoea had ceased it would be necessary to retain them for

very long periods. It was not in contravention of usual or reasonable medical practice to discharge patients suffering from intermittent scarlet fever otorrhoea. One of the witnesses for the pursuer, Dr. Gillies, medical officer of health for Argyll, agreed that it was quite a common practice to discharge patients in that condition, and Dr. Archibald testified that he had discharged from Belvidere fever hospital, Glasgow, about 300 scarlet fever patients suffering from otorrhoea, and had not been able to trace any return. Dr. Miller could not be held to have fallen short of the standard of care and skill practised in his profession by discharging Duncan before the otorrhoea had finally ceased.

It could not be disputed that the sequence of events was in favour of the pursuer's case, and the bacteriological examinations of swabs taken from Duncan's ear proved that diphtheria bacilli were present, but the fact that negative as well as positive results were obtained suggested that they were not numerous. The proof that the other children were infected from Duncan, however, broke down, because it had not been established that virulent bacilli were ever present in the discharge from the ear. Diphtheria bacilli might be virulent or avirulent, and infection could only be transmitted by the former type, and the types were definitely immutable. Only a biological examination could disclose to which of these types a diphtheria bacillus belonged, but in practice, if the clinical symptoms indicated that the patient was suffering from diphtheria, and the microscopic examination showed the presence of diphtheria bacilli, it was naturally assumed that the bacilli were virulent. In the present case there was no clinical history to show conclusively that Duncan ever suffered from diphtheria, and biological examinations which had been made on two occasions showed that the bacilli were of non-virulent type. If, therefore, the question had to be decided as to whether Duncan infected his brothers and sister, his lordship said that he would have to hold that the pursuer had failed to prove tha tthe diphtheria of which his daughter died had been contracted by infection from Duncan. The pursuer had experienced a remarkable series of misfortunes with regard to his children, and it was perhaps natural that he should think there must have been some carelessness. The evidence, however, showed that not only was Dr. Miller not guilty of negligence, but the pursuer's children received all proper care and attention while in his charge. The defenders [defendants] were accordingly entitled to be assoilzied [absolved].

The defence in this case was undertaken by the Medical and Dental Defence Union of Scotland.

### CHRISTIAN SCIENCE HOME CENSURED BY CORONER'S JURY.

AT an inquest held at Ealing, on December 14th, 1929, on the body of a Mrs. Lundy, who died from injuries consequent upon jumping from a window in a Christian Science home at Greenford, the proprietress of the home, Mrs. Gertrude Robinson, was censured by the jury for not taking precautions to protect the deceased from a suicidal tendency of which she was made aware, for not immediately calling in a doctor after the woman's fall, and for omitting to inform the relatives at once of the occurrence. A verdict of "Suicide during temporary insanity" was returned. The coroner made it plain that he did not endorse the jury's censure.

It was shown in evidence that the deceased lady, who was not herself a Christian scientist, was taken to the home temporarily by a brother. A previous threat to jump out of a window was mentioned to the proprietress, who said that the windows were fastened. On the following morning, having induced the nurse in attendance to leave her for a moment, the deceased went to a landing window and jumped out. The daughter of the lady was not informed of what had happened until late at night, two hours after death. According to the nurse, the woman behaved quite normally after the fall, and was able to move her limbs and to speak with ease. The proprietress said that had she realized that there was severe injury she would have called in a doctor. In reply to the coroner, who said, "I thought it was against your belief," Mrs. Robinson replied, "Yes, it is, but there are certain emergencies for which there are rules we cannot ignore." She did not inform the relatives because she did not think the woman was badly hurt, and she did not want to upset her. Dr. M. H. Renall testified that death was due to a fracture of the spine which would have been very difficult even for a medical man to detect without *x* rays. Asked whether, had he been called in, he could have saved the woman's life, he replied, "I think not."

The coroner said that it was easy enough to be wise after the event, but it seemed to him that it might have happened in any home. He was sure the jury would be wise and broad-minded enough not to find fault because it happened to be a Christian Science home. The jury, however, returned the rider stated, the coroner remarking, "It is the jury's verdict, not mine."

## Universities and Colleges.

### UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

PROFESSOR A. V. HILL, F.R.S., will give a course of four public lectures on oxygen and the recovery process in muscle and nerve on January 20th, 27th, February 3rd and 10th, at 5 p.m.

A course of four public lectures on chemistry of muscle in relation to problems of cellular physiology will be given by Professor Otto Meyerhof, Director of the Institute of Physiology, Kaiser Wilhelm-Institut, Berlin, on March 6th, 7th, 10th, and 12th.

Two public lectures on the growth and developmental mechanics of bone will be given on March 11th and 13th by Professor J. C. Brash, Dean of the Faculty of Medicine, University of Birmingham.

The second term of a course of post-graduate lectures in biochemistry, to be given on Thursdays and Fridays at 4 p.m., will commence on January 16th.

### UNIVERSITY OF BRISTOL.

DR. R. J. BROCKLEHURST, who has been appointed to the chair of physiology in the University of Bristol, received his medical education at Oxford and St. Bartholomew's Hospital; he graduated B.M., B.Ch. in 1924 and D.M. four years later. He held the appointment of demonstrator in physiology at St. Bartholomew's Medical College, 1925–26; was awarded a Radcliffe Travelling Fellowship, with the aid of which he travelled in America and Germany from 1926 to 1928; and returned to take up the post of lecturer at University College in August, 1928. His appointment at Bristol will come into force on August 1st.

## Medical News.

A MEETING arranged by the Metropolitan Counties Branch of the British Medical Association will be held at the B.M.A. House, Tavistock Square, W.C.1, on Tuesday, February 11th, at 5.30 p.m. Dr. Francis R. Fraser, professor of medicine in the University of London and physician to St. Bartholomew's Hospital, will give an address entitled "Before the Finals and After." Fourth and fifth year students and recently qualified medical practitioners are cordially invited. Tea and coffee will be served at 5 p.m.

SIR GEORGE NEWMAN will give four Gresham Lectures on physic at Gresham College, Basinghall Street, E.C., on February 4th, 5th, 6th, and 7th, at 6 p.m. The lectures are open to the public without charge or tickets.

THE annual meeting of the Royal Microscopical Society will be held at 20, Hanover Square, W.1, on Wednesday, January 15th, at 7.30 for 8 p.m. Mr. Joseph E. Barnard, F.R.S., will deliver his presidential address on resolution and visibility in medical microscopy.

VISCOUNT GREY OF FALLODON will take the chair at the meeting of the British Institute of Philosophical Studies to be held at the Royal Society of Arts, 18, John Street, Adelphi, W.C.2, on Tuesday, January 14th, at 8.15 p.m. Principal L. P. Jacks will deliver a lecture on the philosophy of adult education.

AT a meeting of the General Council of King Edward's Hospital Fund for London, held on January 6th, with Lord Somerleyton in the chair, it was reported that H.R.H. The Prince of Wales, President of the Fund, had appointed the Lord High Chancellor (Lord Sankey), the Speaker of the House of Commons (Captain the Right Hon. Edward Fitzroy, M.P.), and the Governor of the Bank of England (the Right Hon. Montagu Norman), to exercise his powers as President during his absence from England.

THE Fellowship of Medicine and Post-Graduate Medical Association has arranged an all-day course in diseases of children at the Queen's Hospital for Children from January 13th to 25th. Fee £3 3s. for the two weeks; simple lunch and tea kindly provided by the hospital authorities. From January 27th to February 8th an intensive course in medicine, surgery, and the specialties will be given at the North-East London Post-Graduate College (Prince of Wales's Hospital, Tottenham, N.15). The fee for the course is £5 5s., or £3 3s. for either week. On January 21st the Fellowship of Medicine will start a new series of lectures, at the Medical Society of London lecture room, on successive Tuesdays at 4 o'clock. Graduates are requested to note the change of day and time of these lectures, which are free to the medical profession. The new series of clinical demonstrations in medicine and surgery at the various London hospitals will open on January 23rd. In addition to the special courses arranged for 1930 the Fellowship provides a general course which consists of the clinical practice of its associated hospitals. A programme is provided for ticket holders, which sets out the clinics under subject headings, leaving the graduate free to make out his own time-table. This course

is continuous throughout the year, and may be begun on any day of the week. Inquiries should be addressed to the secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

UNDER the auspices of the National Association for the Prevention of Infant Mortality a course of post-graduate lectures on maternity and child welfare intended for health visitors, nurses, midwives, and superintendents of infant welfare centres, will be given in the lecture hall at Carnegie House, 117, Piccadilly, W.1, on Monday evenings from 6.30 to 7.30, from January 20th to March 24th. A course of lectures on infant care, specially intended for crèche nurses and probationers, will be given at the same address on Thursday evenings, from January 23rd to March 27th from 7.30 to 8.30. Further details may be obtained from the honorary secretary of the National Association, at Carnegie House.

UNDER the auspices of the British Institute of Philosophical Studies a course of six lectures on some aspects of the moral life will be given by Professor W. G. de Burgh of the University of Reading on Thursdays, January 16th to February 20th inclusive, at the Royal Anthropological Institute, 52, Upper Bedford Place, W.C.1, at 5.45 p.m. The fee for the course for others than members of the Institute is 12s. 6d. A course of four lectures on science and art will be given by Professor S. Alexander, of the University of Manchester, at the Royal Anthropological Institute on Fridays, January 31st to February 21st inclusive, at 5.45 p.m., the fee being 10s. Applications for the syllabus and form of registration should be addressed to the director of studies, 83, Kingsway, W.C.2.

A COURSE of lectures on the construction and operation of *x*-ray and electro-medical apparatus has lately been started at the Austrian State Engineering and Electrical Institute in Vienna.

THE Royal Institute of Public Health will hold a congress in Portsmouth from June 4th to 9th. The scientific work of the meeting is being arranged in five sections, dealing respectively with: State medicine and municipal hygiene; naval, military, and air (including tropical) diseases; industrial hygiene; women and children and the public health; and tuberculosis. Delegates are being invited from public bodies in Great Britain and Ireland, France, Italy, Germany, and the United States. Further information may be obtained from the honorary secretaries of the congress, Royal Institute of Public Health, 37, Russell Square, W.C.1.

THE second Pan-American congress will be held at Panama under the presidency of Dr. Francesco Fernandez, Minister of Health for Cuba, from January 30th to February 5th, and will be attended by representatives of all the American republics and the Dominion of Canada. An exhibition will be held at the same time, showing recent progress in American hospitals and laboratories.

THE forty-fifth congress of the Berlin Balneological Society will be held at Bad Elster from April 9th to the 13th, under the presidency of Professor Dietrich. The congress will be preceded by an inspection of the buildings of Leipzig University, and followed by a visit to the sanatoriums in the neighbourhood. The chief subjects for discussion at the congress are the importance of iron in spas, mud baths, and the diet of patients at health resorts. Further information can be obtained from the general secretary, Dr. Max Hirsch, Steglitzstrasse 66, Berlin, W.35.

THE first international congress for psychical hygiene will be held at Washington from May 6th to 10th.

THE Henry Saxon Snell prize, which is awarded by the council of the Royal Sanitary Institute at intervals of three years, is offered in 1930 for an essay on improvements in the sanitary provisions of schools. The prize will consist of fifty guineas and the medal of the Institute. Typewritten essays of not more than 5,000 words, and illustrated by drawings or sketches, must be received on, or before, August 30th, by the secretary of the Institute, 90, Buckingham Palace Road, S.W.1, from whom further details may be obtained.

AN address on the growth of the mind, delivered as the Ninth Henderson Trust Lecture by Sir Robert Armstrong-Jones at Edinburgh University on November 29th, 1929, has now been published as an attractively illustrated pamphlet of thirty pages, and may be obtained from Messrs. Oliver and Boyd (Edinburgh and London: price 6d.). The Trust was founded by William Ramsay Henderson, who, in 1829, made a trust disposition and settlement, requesting his trustees to assist in advancing the knowledge of brain physiology—at that time referred to as phrenology, craniоscopy, or organology. The previous lectures have been delivered by Professor G. Elliot Smith, Sir James Crichton-Browne, Sir Arthur Keith, Professor W. W. Graves, Professor Karl Pearson, Dr. Robert D. Clarkson, Professor Cyril Burt, and Dr. W. Norwood East.

THE King has confirmed the appointment of Dr. Aubrey Montague, chief medical officer, Fiji, as a nominated member of the Legislative Council of the colony of Fiji.

THE issue of the *Wiener medizinische Wochenschrift* for January 1st contains a reproduction in small type of its first number, published on April 5th, 1851.

The *Police Journal*, an excellent and well-produced quarterly review for the police forces of the Empire, usually includes one or more articles of medical interest. In the current issue, dated January, 1930, we note "Superstition and Crime in India," by H. R. Roe; "The Drug Traffic in the Punjab," by F. L. Newman; "Age and Crime," by James Devon; and, of more general interest, an article on the policeman in fiction.

IT is announced that Sir Woolmer White, formerly chairman of the hospital, is the anonymous benefactor who offered £40,000 for the enlargement and modernization of the Royal Portsmouth Hospital on condition that a like sum was raised by public subscription. This object has now been attained and £80,000 is available for the hospital.

THE London County Council is proposing to erect, in connexion with Banstead Mental Hospital, a detached building to serve as an admission hospital, designed on modern lines for the accommodation of 100 patients, 50 of each sex. This provision, besides giving the facilities for classification and treatment which are now recognized to be essential, will add to the total accommodation of the hospital, and so will help to meet the increasing demand which is being made upon the Council for beds for mentally afflicted patients. Banstead Mental Hospital has not hitherto possessed an admission hospital.

THE following appointments of members of the medical profession to the Venerable Order of the Hospital of St. John of Jerusalem are announced. *Commanders:* Dr. Charles Bage, Dr. John J. Holland, Lieut.-Col. Hugh R. G. Poate, Dr. Leslie W. Dryland, Dr. Nigel C. Fletcher, Dr. Gilbert P. Mosscrop. *Officers:* Dr. Harry L. Brownlow, Dr. Frank Hichens, Major Robert D. Cran, R.A.M.C.T., Lieut.-Col. Alexander R. Falconer, Sir Louis E. Barnett, Dr. John B. Gunson, Dr. Gustave H. Hogg, Dr. James H. G. Robertson, Dr. Alexander N. McKelvey, Lieut.-Col. Harry Spackman, late R.A.M.C., Colonel Astley V. Clarke, M.D., Dr. Daisey E. Platts-Mills, Mrs. Elizabeth G. Stewart, M.B. *Serving Brothers:* Dr. Arthur P. Gibbons, Dr. Arthur B. Cardew, Dr. Cecil Hibbert, Dr. John Murray, Dr. John W. Wyncoll, Dr. James L. Callaghan.

# 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.

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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.

### SENSATION OF COLD IN THORAX.

DR. L. W. K. SCARGILL (Whitby) asks for suggestions that may help him in the treatment of a patient who complains of a cold band across and around the chest. The distribution corresponds roughly to the third and fourth thoracic segments. The patient describes the symptom by saying that he feels as if he was always sitting in ice-cold water, with the surface just above the nipples.