

mouth. This does not allow nearly so much leakage of gas along the gag as a rubber facepiece.

Two or three breaths are permitted with the stopcock closed, and then it is pushed over to "No valves" during an expiration, the patient rebreathing throughout the whole period of induction. After a few breaths a short period of apnoea commonly occurs, after which the respiration soon becomes regular and stertorous, whilst the pupil first contracts and then begins to dilate. As soon as full anaesthesia is reached the Doyen's gag is opened, and after two more respirations the inhaler is removed and the operation proceeded with.

In a series of thirty consecutive cases the time of induction, from the opening of the valve to the removal of the mask, varied from 49 to 82 seconds, with an average for the series of 63 seconds; whilst the period of anaesthesia from the removal of the mask to the return of the cough reflex varied from 58 to 160 seconds, with an average of 115 seconds.

Throughout the whole period of induction of anaesthesia and of operation the patient's colour remains a rosy pink, whilst, after the initial struggle when the valve is opened, the pulse is slow.

In my opinion, the hyperoxygenation reduces the probability of haemorrhage, as there is never the slightest tendency to cyanosis with its concomitant congestion.

REFERENCES.

¹ Gwathmey: *Anaesthesia*, pp. 84, 85. ² Rosenthal and Berthelot: *Compt. rend.*, 136, 43. ³ Lotheissen: Aethylchlorid Sauerstoff Narkose, *Arch. klin. Chir.*, 1909, 91, 65.

THE DANISH TREATMENT OF ITCH.

BY

ALEXANDER CANNON, M.D. LEEDS,

TEACHER OF MORBID ANATOMY, UNIVERSITY OF HONG-KONG; PHYSICIAN,
COLONIAL MEDICAL SERVICE.

A GLANCE at the following summary will emphasize the importance of this treatment, which cures scabies in one day.

Summary of Facts.

1. This treatment has stood the test of time (1912-1929).
2. Certain cure is attained within twenty-four hours.
3. The treatment is ambulatory.
4. The cost of the ointment is not great.
5. Relief is rapid.
6. One single inunction suffices.
7. If made as directed the ointment will never produce any alkaline cauterization of the skin; and if used as described below no toxic symptoms will ever be manifest.
8. The hydrogen sulphide gas given off, which is the most active principle, will tarnish certain metals badly.

The prescription is complicated, and its preparation requires care and practice to ensure a perfect result. Marcussen discovered the cure in 1911, and Ehlers tried it, and made it known in 1912. Marcussen makes up the preparation as follows:

I. 1 kg. of sublimated sulphur is dissolved by heating it gently in 1 kg. of a 50 per cent. solution of potassium hydroxide, a clear yellow solution resulting.

II. 225 grams of vaseline and 225 grams of water-free lanoline are mixed with care, no heat being used.

III. To this mixture 375 grams of the solution of sulphur in potash lye (see I) is added.

IV. Fresh zinc hydroxide is prepared by mixing 28 grams of ZnSO₄ and 40 grams of a 20 per cent. sodium hydroxide. Then this is added to the ointment.

V. Liquid paraffin is added to make a total weight of 1,000 grams.

VI. 5 grams of benzaldehyde is added to check the somewhat disagreeable smell of sulphuretted hydrogen.

Remarks.

Ehlers and Marcussen state that whenever the ointment comes into contact with the skin it produces hydrogen sulphide, the "high" sulphides of potassium being the active principles upon which its activity depends. The adult mite is slain within half an hour of exposing the affected area of skin to this most powerful weapon. The eggs have more resistance, but in spite of this they are

killed within the allotted time for cure. Although it is advisable to disinfect the clothes, Lomholt of Copenhagen states that this is not necessary. The odour is unpleasant, but does not last much more than an hour.

The Procedure in Treatment.

The treatment is carried out in seven stages.

1. The patient takes an ordinary cleansing bath.
2. He then wipes himself thoroughly dry.
3. He applies the ointment to the whole of the body, except the head, by gentle rubbing only. Someone will assist him in anointing the back.
4. He waits for twenty minutes, to allow the application to soak in.
5. He then goes to bed, or does otherwise.
6. The next day, twenty-four hours after receiving the application of the ointment, the patient receives his second bath.
7. He puts on fresh underclothing, and walks away cured.

Notes on the Treatment.

Every patient speaks of its rapid soothing properties. No relapses have been reported in the last seventeen years, during which time many physicians have kept a watchful eye on the results of the treatment. Every day we get several new cases of itch, and these are cured before the next batch come in on the morrow. The economic aspect of this treatment speaks for itself.

In a typical case the patient said that within an hour his suffering from intolerable itching ceased, and within a day his disease was no more. Needless to say, we use this as a routine treatment for scabies. Other skin diseases have been treated with this application, but without any striking results; so at present, after its successful employment for seventeen years, it should be described as essentially the treatment of scabies or itch.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ACTINOMYCOSIS OF THE TONSILS.

ACTINOMYCOSIS of the tonsils is a rare condition. For this reason I venture to report the following case.

Miss X, aged 19, was seen by me at the hospital in the early part of last year. She had been sent by her doctor for an opinion about her throat, which had been troubling her for some time. Examination revealed somewhat enlarged faucial tonsils, with a whitish fungus-like growth projecting out of almost every follicle. In addition, there were similar patches on the base of the tongue and lingual tonsils. The glands in the neck were not enlarged, and the patient did not feel ill. Palpation of the tonsils revealed the fact that they were very hard, and that the surface was rough—just like the surface of a nutmeg grater.

I provisionally diagnosed the case as being probably due to involvement by a streptothrix, and advised that the faucial tonsils be removed and that the other patches be curetted. I subsequently performed the operation as suggested, and sent the tonsils for microscopical examination, when it was found that the condition was due to actinomycosis.

The faucial tonsillar bed healed perfectly, and has remained quite healthy and free from recurrence. I had to use an electric cautery on the patches on the base of the tongue and lingual tonsils to clear up the condition in that situation. It is now quite free from patches and in a healthy state.

The operation was performed in May, but the patches which were cauterized did not disappear until about one month ago. I have had the girl examined for foci in other parts of the body. The result of such examinations has always been negative. Potassium iodide has been administered during the whole of the treatment.

During the summer of 1928 Miss X, who lives in a country district, used to take walks in the fields and pick up pieces of straw and grass and chew them. In my opinion this is the source from which she has been infected.

Interesting points in this case are: (1) that the tonsils and base of the tongue only were affected, the teeth are perfectly normal; (2) that there has been no apparent systemic infection; (3) that as a result of treatment the disease has apparently been eradicated.

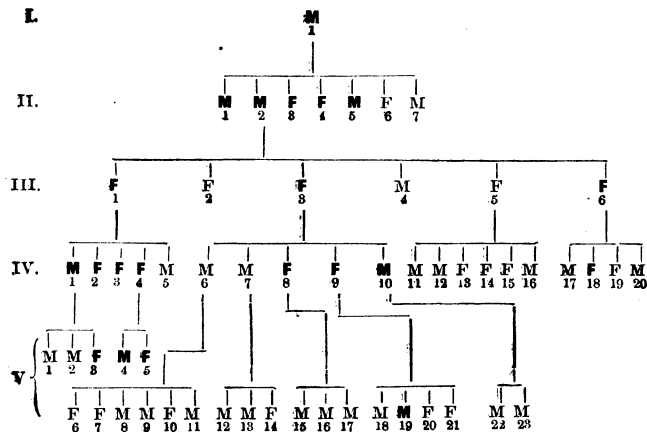
Manchester.

VERNON SMITH, M.D.

HEREDITARY LAMELLAR CATARACT.

THE accompanying pedigree is of interest in that it shows the continuous descent of hereditary lamellar cataract through five generations.

The information regarding the first and second generations is of necessity only hearsay, and has been obtained chiefly from III 3. The family originated in a small town near Wigan. The first afflicted person (I 1) died in 1869. Of his family of seven, five are known to be dead, and the other two cannot be traced. No definite information is available regarding their issue, except in the case of II 2. II 1 is stated to have died without issue, II 3 to have died at her first confinement, II 4 to have had afflicted issue, II 5 to have had no issue, and II 6 and II 7 to have had normal issue. It has been impossible to confirm these statements as the families lived in a distant part. The pedigree is complete from II 2 onwards; III 1, III 2, and III 4 are dead; IV 8 is also dead.



The afflicted members are indicated by the black letters M and F.

The cataract varies in degree. In six cases the affliction is severe enough to make the victims blind within the meaning of the Blind Persons Act. In the remaining seven living cases the eye condition is not of such serious degree, four of them having been treated operatively with considerable success. There is no history of associated epilepsy, nor is there any evidence of exceptional dental hypoplasia.

The pedigree shows that the condition is transmitted through both males and females. The cataract is only transmitted through affected members of the family, and is never a recessive Mendelian factor.

The information given by III 3, regarding the living members of the family, proved, on investigation, to be accurate. There is no reason for doubting that the information she supplied regarding the first and second generations shown, and other members of the family who are dead, is also accurate.

I am indebted to Dr. J. J. Butterworth for permission to publish this history.

R. M. GALLOWAY, M.D., M.R.C.S., D.P.H.,
Assistant M.O.H., Lancashire County Council.

SUPRAPUBIC HERNIA.

IN the literature available to me I have been unable to discover a description of a similar case to that recorded below; the condition was obviously an approach to ectopia vesicae.

A printer, aged 46, suffering from severe bronchitis and emphysema, was seen in June, 1929. A routine examination of the abdomen revealed a large suprapubic hernia, which had been present, the patient alleged, as long as he remembered, but for which he had never received medical attention. When standing the protrusion was the size and shape of an orange, and moderately tense; on lying down it became smaller and flaccid, but did not entirely disappear. The deficiency in the abdominal wall reached upwards for two inches from immediately above the symphysis pubis; its maximum transverse diameter was one inch: at the upper extremity and to the right there was a small extension of the defect, roughly circular, and half an inch in

diameter. The hernial covering was skin and subcutaneous tissue only, and was extensively ulcerated below; there were scars of previous ulceration all over the protrusion. The contents appeared to be intestine, and no hernia of the bladder could be detected, nor were there urinary symptoms.

The distal two inches of the dorsum of the penis, including the glans, were deeply grooved, and showed, here and there, patches of smooth mucous membrane, but there was no communication between the groove and the urethra. The bones of the pubic symphysis were normal to palpation.

Paignton.

ERNEST WARD, M.D.Camb., F.R.C.S.Eng.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

ST. PANCRAS DIVISION.

Debate on Actinotherapy.

At a meeting of the St. Pancras Division held at the House of the British Medical Association on January 14th, with Dr. P. P. DALTON in the chair, Dr. PERCY HALL opened a discussion on actinotherapy.

Dr. Hall said that he thought actinotherapy had sufficiently proved its merits in the eyes of the medical profession, though a pronouncement on the authority of the Medical Research Council had attacked the claims made by those who employed this treatment. He sketched the history of light treatment since the original work of Finsen and the installation of the Finsen lamps at the London Hospital thirty years ago. No one, he supposed, would seriously question the fact that the Finsen lamp, especially with its modern improvements, cured lupus. Later on, treatment with the mercury vapour lamp was introduced, at first in Germany; other methods had also been employed, and during the last ten years in this country actinotherapy had gained for itself rapidly increasing public and professional recognition. He himself had approached the subject with an open mind. He began by applying the treatment to various conditions, and was so surprised by the results that he persuaded the local authority in the town where he was then practising to open a municipal clinic for the treatment by light of children suffering from rickets and other infantile disorders. The results obtained at that clinic were so good that the attention of other local authorities was attracted, and clinics were opened, and light departments set up in general hospitals. It sometimes happened that such departments were placed in charge of men who knew nothing about the subject, with the result that there was failure and discredit in some quarters. If a method of treatment was capable of doing good, it was capable of doing harm if used wrongly. Many bad results in actinotherapy would be found to have been due to bad technique, wrong apparatus, wrong choice of patient, or lack of skill in the operator; idiosyncrasies also occurred among patients. But the results were so often dramatic that the public began to demand the treatment for every ill under the sun. A certain boom in the manufacture of apparatus developed, and ultra-violet lamps were widely installed, but, of course, the possession of an ultra-violet lamp did not make a medical man an actinotherapist.

It had been said that this treatment was empirical, but so were many procedures used by the profession. Could anyone say why colchicum was of use in gout, or salicylates in rheumatism? How was the presence of vitamins proved in foodstuffs? These things had been elicited, not by scientific, but by clinical methods of observation; it was the clinician, not the physiologist, who had made the great advances in medicine. Therapeutic procedures which at one time were thought to be the domain of the quack—a term sometimes applied now to the medical man who used light treatment—were now universally recognized in medicine; electricity, for example, had a very hard battle to fight before it gained the day. It was the favourite resort of many opponents to say that the results of treatment were due to suggestion, and the number and variety of the diseases which actinotherapists claimed to treat had been pointed to with some derision. Was a man to be

amount of heat that was required to keep the vapour in the gaseous state. The functions attributed to warm air in meteorological literature really belong to the water vapour which the warm air carries.

The second great influence is the movement of the surface of the ocean from the warm tropical regions in a north-east direction. This movement starts in a northerly direction, but coming from near the Equator, where the velocity of the earth's rotation is greatest, it shares in this higher velocity, and, going northwards, tends, as it were, to overtake the earth, and so assumes a north-east direction—that is, towards the coasts of Europe. Deep down in the ocean there is a balancing movement from the polar regions, especially from the Antarctic, whence cold water flows towards the Equator and takes the place of the water which has gone towards Europe. At the Equator polar water is recognized by its salinity, its temperature, and by the living organisms which it carries. This movement of the ocean is the exact counterpart of the movement of the atmosphere which causes the trade winds.

It is, then, the prevailing south-west winds, and not the Gulf Stream, that prevent the Thames and the Liffey from being frozen for several months in the year like the St. Lawrence. It is these beneficent winds that prevent England and Ireland from being swept by the icy blasts of Labrador and save Lisbon and Madrid from the blizzards of New York, which is in about the same latitude. It is the movement of the surface of the ocean towards the north-east that brings tropical seeds and shells and other flotsam and jetsam to the coasts of Europe. And it is this movement that brings the little larval eels from their distant cradle in the Sargasso Sea.

—I am, etc.,

Kensington, W., Jan. 18th.

J. McNAMARA, M.D.

SECURITY OF TENURE IN PUBLIC POSTS.

SIR,—Permit me to thank Dr. McManus for drawing attention in the *Journal* of January 11th (p. 90) to the injustices of the Asylums Officers' Superannuation Act. This Act is one of the many things connected with the mental hospital service which require a thorough overhaul. I do not propose at the moment to enter into a long discussion on the deplorable position of the assistant medical officer in asylums, but I agree with Dr. McManus that the present is a favourable opportunity for making an attempt to improve matters. For one thing, why should a man who leaves a mental hospital appointment after a few years' satisfactory service lose all his contributions under the Superannuation Act? I consider this nothing better than common theft. Again, why have a pension scheme without a compulsory retiring age? I could mention at least a dozen other points which require rectification before the asylum service can be considered anything other than the last refuge of the destitute. Once again we look to the British Medical Association for support. I feel confident we shall not look in vain.—I am, etc.,

January 11th.

A. M. O.

Universities and Colleges.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

THE next examination for the Bucknill Entrance Scholarship will be held on Tuesday, June 24th. It entitles the holder to the course of intermediate medical studies (including Part II of the Preliminary Scientific) at University College and the final course at University College Hospital and Medical School.

Two Goldsmid Entrance Exhibitions, entitling the holder to the final course, are offered for competition in July, 1930. They are open to students preparing for the degrees of the Universities of London, Oxford, Cambridge, Durham, and other British universities, or for the diplomas of the Royal Colleges of Physicians and Surgeons, or for the licence of the Society of Apothecaries. The next examination will take place at University College Hospital Medical School on July 17th and 18th.

UNIVERSITY OF DUBLIN.

TRINITY COLLEGE.

At the later winter commencements held on January 17th the following degrees were conferred:

M.CH.—H. E. Murray.

M.B., B.CH., B.A.O.—Dora G. Knott (formerly Bradley).

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Lectures.

A COURSE of lectures for 1930 commences on Monday next, January 27th, when Mr. Victor Bonney will discuss the surgical treatment of carcinoma of the cervix. On January 29th Professor G. E. Gask will lecture on the treatment of epithelioma of the tongue; on January 31st Mr. W. Sampson Handley on the papilloma and its menace; on February 3rd Mr. Geoffrey Keynes on radium treatment of carcinoma of the breast; on February 5th Mr. J. Herbert Fisher on perforating injuries of the eyeball; on February 7th Sir John Rose Bradford on massive collapse of the lung; on February 17th Mr. R. H. O. B. Robinson on the role of short-circuit operations in the treatment of cholecystitis; on February 19th Mr. W. McAdam Eccles on anatomy—orthodox and heterodox—in relation to surgery; and on February 21st Mr. R. R. Flint will conclude the series by a lecture on the association between gall-bladder lesions and hepatitis in the human subject. The lectures will be given in the theatre of the College, Lincoln's Inn Fields, W.C., at 5 p.m. The Hunterian Oration will be given by Professor E. W. Hey Groves on Friday, February 14th, at 4 p.m.

Medico-Legal.

LIBEL ON A MEDICAL OFFICER OF HEALTH.

BEFORE the Recorder of London, at the Central Criminal Court, on January 15th, a woman on bail was fined £10, and ordered to pay a sum not exceeding £25 towards the cost of prosecution, for publishing a defamatory libel of Dr. James Bonnell Howell, medical officer of health for Hammersmith. The defendant, who pleaded guilty, was a property owner in Hammersmith, and from time to time Dr. Howell had served notices on her about the condition of some of her houses. According to the prosecution she had written a series of offensive and abusive postcards to Dr. Howell, to the sanitary inspectors, to the town clerk of Hammersmith, and to the clerk of the Kensington Justices. In November she had been fined 40s. by the Kensington Justices for defective paving, and in a postcard she alleged that Dr. Howell had bribed them to convict her. Mr. J. W. Morris, representing the defendant, said she now admitted that there was not the slightest ground for what she had written, and she wished to tender a complete apology, and to offer an undertaking not to repeat her conduct. She seemed to have the idea that some of the notices served on her were oppressive. The Recorder said that if, in the defendant's opinion, legislation bore hardly on property owners, she was entitled to criticize it, and, in temperate language, to criticize those whose duty it was to carry out the provisions of such legislation; but she, and people like her, had to learn that they were not entitled to couch their criticism in terms of vulgar abuse.

STATUS OF AN UNREGISTERED PRACTITIONER.

ON August 10th, 1929 (p. 281), we recorded proceedings in the King's Bench Division when Lieut.-Colonel J. W. Kynaston sought to make absolute a rule nisi for mandamus requiring the General Medical Council to delete the record of penal removal of his name from the *Medical Register* in 1922. The three judges who constituted the court (the Lord Chief Justice, Mr. Justice Avory, and Mr. Justice Branson), were unanimous in refusing to make the rule absolute. Against this decision Lieut.-Colonel Kynaston appealed, and his appeal was heard, on January 16th and 17th, by Lords Justices Scrutton, Greer, and Slesser.

Mr. H. J. Wallington and Mr. J. Buckley appeared for the appellant, and Mr. R. M. Montgomery, K.C., and Mr. D. C. Bartley for the respondents, the General Medical Council.

In concluding his argument, Mr. Wallington submitted that the practitioner was the only person to decide whether his name should remain on the *Medical Register* or not. The practitioner had a right to have his name enrolled and a corresponding right to have it taken off. The Colleges through which practitioners passed were the only bodies with disciplinary powers, and it was not the intention of the legislature that there should be another overriding body in matters of professional discipline. Through all these years the General Medical Council had, in his submission, been exercising a power, in good faith no doubt, but a power which the Medical Act of 1858 did not give it.

Counsel for the respondents were not called upon by the court to argue.

Judgement.

Lord Justice Scrutton, giving judgement, said that he would not deal with the case on technical grounds. The Medical Act of 1858 was not well drawn. It did not in terms provide for a register, but it assumed there was one, and that it would be kept in accordance with the provisions of the Act and the orders and regulations of the General Medical Council. The

companionship that endeared him to us all. The funeral in Jesmond Old Cemetery was a tribute to his popularity, attended largely as it was by hosts of friends in very varied walks of life. His wife had predeceased him, but he is survived by two sons, one a member of the medical profession, and two daughters, for whom great sympathy is felt.

G. GREY TURNER.

Medical News.

PROFESSOR D. P. D. WILKIE of Edinburgh will open a discussion on the etiology of gall-bladder infections before the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Monday next, January 27th, at 8.30 p.m. Male members of the medical profession introduced by Fellows of the Society will be cordially welcomed.

THE Westminster Hospital Radium Annexe, at 66, Fitzjohn's Avenue, N.W.3, will be opened on the afternoon of Wednesday, January 29th, by Viscount Lee of Fareham, chairman of the National Radium Commission.

THE second lecture arranged by the Clinical Medical Studies Committee in conjunction with the Yorkshire Council of the British Empire Cancer Campaign will be given at the University of Sheffield on Tuesday, February 4th, at 8.45 p.m. by Sir Lenthal Cheate on the treatment of mammary carcinoma by radiation. It will be illustrated by lantern slides, and there will be an exhibition of microscopical sections. Tea and light refreshments will be provided after the lecture. All medical practitioners are cordially invited. The third lecture of the series will be given by Dr. J. Murdoch (Brussels) in May.

THE Section of History of Medicine of the Royal Society of Medicine will hold a reception at the Wellcome Historical Museum, 54a, Wigmore Street, W.1, on Thursday, January 30th, at 8.30 p.m. Dr. A. P. Cawdrias will give a short address entitled "From Epidaurus to Galen, the Principal Currents of Greek Medical Thought," and Mr. L. W. G. Malcolm will demonstrate some recent acquisitions to the museum. Fellows and their guests, including ladies, are cordially invited.

THE Fellowship of Medicine announces that Mr. P. Lockhart-Mummery will give a cinematograph demonstration on the perineal excision of rectal cancer on Tuesday, January 28th, at 4 p.m., at the Medical Society of London lecture hall, 11, Chandos Street, Cavendish Square. On January 30th, at 2 p.m., there will be a demonstration by Mr. St. J. Dudley Buxton, at the Royal Waterloo Hospital, and on the following afternoon, at 2.30, Dr. Bruce Williamson will give a demonstration at the Royal Northern Hospital on medical cases. No fee is charged for any of these demonstrations. At the North-East London Post-Graduate College (Prince of Wales's General Hospital), Tottenham, a two weeks' intensive course in medicine, in surgery, and the specialties will continue from January 27th to February 8th inclusive, with daily sessions from 10.30 a.m. to 5.30 p.m. Members of the Fellowship are invited to attend the formal lectures at 4.30 p.m. On Tuesdays and Saturdays at 11 a.m., from February 4th to March 1st, the Bethlem Royal Hospital will give a series of lecture-demonstrations of psychological medicine, and from February 10th to 21st the Chelsea Hospital for Women will hold a special course in gynaecology in the mornings and/or afternoons. On Tuesday and Thursday afternoons, from February 11th to March 6th, a series of eight clinical demonstrations will be conducted by Dr. Carmichael Low and Dr. Philip Manson-Bahr at the Hospital for Tropical Diseases. A course in dermatology will be held in the afternoons and evenings at St. John's Hospital, from February 17th to March 15th, comprising clinical instruction and bi-weekly lectures; practical classes in pathology can be arranged if desired. A course in diseases of children will be held at the Children's Clinic in conjunction with several other hospitals from February 24th to March 8th, occupying some mornings and some afternoons; there will also be an afternoon course at the Royal Eye Hospital from February 24th to March 8th, with daily demonstrations on the diagnosis and treatment of the eye, at 3 p.m. Copies of all syllabuses, specimen copies of the *Post-Graduate Medical Journal*, and information regarding the general course of work at the associated hospitals may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A COURSE in methods of examination and diagnosis will be held at the Central London Throat, Nose and Ear Hospital, Gray's Inn Road, W.C.1, on Mondays and Wednesdays from February 3rd to 19th. The course is free to clinical assistants and the fee to other students is £1 1s.

THE trustees of the Dickinson scholarships announce in our advertisement columns that applications for scholarships in medicine and pathology of the value of £300 and £75 per annum respectively must be sent in by February 15th. Candidates for the former must have taken out their full course of clinical instruction in the Manchester Royal Infirmary and the University of Manchester, and have earned distinction in so doing. For the scholarship in pathology candidates must be University graduates who received their full course of instruction in pathology, medicine, and surgery in the University of Manchester and the Manchester Royal Infirmary. Copies of the regulations can be obtained from Mr. Frank G. Hazell, secretary of the Dickinson trustees, Manchester Royal Infirmary.

THE President and Council of the Royal Society have appointed Dr. A. S. Parkes to the Foulerton Research Studentship, rendered vacant by the appointment of Dr. R. J. Ludford to a senior post on the staff of the Imperial Cancer Research Fund. Dr. Parkes, who at present holds a senior Beit Memorial Fellowship and is working at University College, will, it is understood, continue his researches on the physiology of reproduction, with special reference to the internal secretions of the ovary.

A SUMMER excursion, arranged by the *Bruxelles-Médical*, will start this year on July 12th, when the steamer *Cap Varella* will leave Bordeaux on a circular journey, which includes Oporto, Cadiz, Tangiers, Malta, Syracuse, Taormina, Palermo, Naples, and Marseilles, the last port being reached on July 28th. Optional land excursions will be arranged in each port. Arrangements are being made for two classes, the minimum price for medical practitioners in the first class being £27 5s., and in the second class £11 16s. Doctors may be accompanied by their families, and persons not belonging to the medical profession may take part in the tour if recommended by their family practitioner. Further details may be obtained from the Section des Voyages de *Bruxelles-Médical*, 29, Boulevard Adolphe Max, Brussels.

A STAINED glass window is to be placed in St. Luke's Church, Reading, in memory of the late Sir G. Stewart Abram, physician to the Royal Berkshire Hospital, Reading.

WITH the coming into force on April 1st of the Local Government Act, 1929, the percentage grants previously payable towards the cost of treatment of tuberculosis under the approved schemes of tuberculosis authorities will be discontinued, and revision is therefore necessary of the procedure at present in operation for the payment to tuberculosis authorities by the Ministry of Pensions of the cost of the residential treatment and other services relating to tuberculous ex-service men in England, so far as it is chargeable to that Ministry. The Minister of Health has therefore issued a memorandum (146/T), which will supersede 30/T (Revised). The new memorandum embodies the revised arrangements in this connexion which will come into force on April 1st, and particular attention is called to the paragraphs describing the new procedure to be adopted for the recovery of costs from the Ministry of Pensions.

THE Water Pollution Research Board of the Department of Scientific and Industrial Research has issued a series of abstracts of current literature relating to water supplies; the analysis and examination of water; sewage, trade waste waters; pollution of natural waters; and miscellaneous subjects. The booklet has been placed in the library of the British Medical Association, where it may be consulted. Copies are procurable from H.M. Stationery Office, price 1s. 3d. net.

THE International Labour Office has published eight further leaflets, Nos. 155 to 162, dealing with: divers; game keepers, hunters, trappers, and breeders; glue; hairdressers; heating; lace and lactic acid; lime; and pneumatic tools. The brochure, entitled *Occupation and Health*, containing these eight leaflets may be obtained from the director of the London office of this organization, 12, Victoria Street, S.W.1.

UNDER the Public Officers and Government Departments (Change of Designation) Ordinance, about to be introduced in the Gold Coast Legislative Council, the title of "Health Service" will be substituted for that of "Sanitary Service," with consequential alterations in the titles of officials of that Department.

TWO new chairs have been founded in the medical faculty of Vienna—namely, one for surgery of the teeth and jaws, and another for medical chemistry—with Professors Riehler and von Fürtch as their first occupants. Since the death of Professor Paltan in 1924 the chair of experimental pathology has remained vacant.

THE following prizes have recently been awarded by the Académie de Médecine: Prix du Prince Albert I de Monaco (100,000 francs) to Professor Borrel of Strasbourg, Prix du Marquis d'Argenteuil (1,000 francs) to Dr. Jules Janet, for his work on the diagnosis and treatment of gonorrhoea, and the treatment of stricture.

A LECTURE on the history of the Manchester Fever Hospital, delivered by Dr. D. Sage Sutherland as a presidential address at the annual meeting of the Fever Nurses Association at Manchester, 1929, has been published in booklet form under the title *The Manchester "House of Recovery" and "Board of Health," 1796 to 1852*. The text is illustrated with photographs taken from paintings of John Ferriar, John Haygarth, and Thomas Percival, and appended is a list of the physicians to the Fever Hospital from 1796 to 1885.

A *Glossary of Bacteriological Terms* has been issued by the division of bacteriology in Peiping Union Medical College, China, giving the English, German, and Chinese equivalents of the words and phrases in most common use. This useful index contains a blank column in which the equivalents in other languages may be inserted, and space is provided for additional terms.

SOME recently published observations on the epidemiology of malaria in certain parts of India show that epidemics tend to occur at five-yearly intervals, and are dependent on, among other factors, an optimum temperature and relative humidity following an increased rainfall and lowered resistance among the population. It is interesting to note that all these points were demonstrated in Khartum Province during the epidemics of August, 1927, and April, 1928. Thus, according to Dr. J. C. N. Harris (Assistant Director of the Sudan Medical Service) in his report for 1928 on the health and sanitation of Khartum Province, five years had elapsed since the previous epidemic of 1923; the rainfall was the highest recorded since 1923; the temperature and humidity were higher during these months than they had been during the corresponding months of the previous year and approximated more to those recorded in 1922 and 1923; and the resistance of the population other than European had been lowered by four years of poor rains and corresponding high prices of staple foods. Moreover, the epidemic previous to that of 1923 occurred in 1918, also a five-year interval.

IN few countries of the world is medical aid more generously distributed by the State than in Ceylon. According to the administration report for 1928 of Dr. J. F. E. Bridger, the Director of Medical and Sanitary Services, there were in 1928 no fewer than 88 Government general hospitals in the out-stations—including two which had been opened during the year—with provision for 6,689 beds. In addition to the general hospitals a number of special hospitals were maintained, among them a lying-in home, an eye hospital, a women's hospital, a children's hospital, a female venereal hospital, a police hospital, a tuberculosis hospital, and an infectious diseases hospital. There are 575 central and branch dispensaries and visiting stations provided and maintained by the Government in different parts of the island, and, in addition to these, 81 hospitals and 634 dispensaries were maintained during the year by the proprietors of estates. The total number of in-patients treated in the various Government hospitals was 224,850, with 14,066 deaths, giving a mortality rate of 6.26 per cent., as compared with 200,770, 12,158, and 6.05 respectively in the previous year. In the Government dispensaries and the out-patient departments of Government hospitals 3,482,691 patients, who paid 5,169,488 visits, received treatment, as against 2,759,403 patients and 4,205,220 visits the previous year. The infant mortality rate among the Cingalese is high, the figure for 1928 being 173 per 1,000 live births; among the Indian immigrant population the figure is 211; among the Europeans it is 12.

THE Mellon Institute of Industrial Research, University of Pittsburgh, has initiated an investigation upon vehicles and solvents for iodine, with the aim of evolving, if possible, a more satisfactory preparation than the alcoholic tincture now in use. Also engaging its attention is an inquiry into the value of iodine in the feeding of live-stock. The institute contemplates founding a research scholarship for the purpose of contributing to the solution of various problems relating to the use of iodine in internal medicine.

THE Medical Council of the Commissariat of Public Health at Moscow has recently formed a special committee for the study of goitre.

PROFESSOR ALFRED LUGER has been appointed honorary secretary for Austria of the Interstate Postgraduate Medical Association of North America, in succession to the late Professor Clemens Pirquet.

THE following appointments have recently been made in foreign faculties of medicine: Dr. Louis Causade, professor of clinical paediatrics at Nancy; Dr. Eugen Kahn of Munich, professor of psychiatry at Yale; Dr. William Corcoran, professor of children's diseases at the Loyola University, Chicago; Dr. Alary, professor of surgical pathology; Dr. Bureau, professor of operative surgery at Clermont-Ferrand; and Dr. T. Maestre, professor of medical jurisprudence at Salamanca.

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.**

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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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QUERIES AND ANSWERS.

EFFECT OF TROPICS ON MENORRHAGIA.

"F. E." would be glad to know promptly the usual effect of residence in the tropics on menorrhagia. The patient is a waitress, aged 24, healthy, but not robust. Can she be advised to live on the coast of North Borneo?

CHILD PSYCHOLOGY.

"H. P." asks for the names of a few practical books on infant and child psychology which, while up to date, are not too "Freudian."

* * A correspondent well versed in the literature of this subject suggests that a selection might be made from the following tentative list: *The Nervous Child*, by H. C. Cameron (Oxford Medical Publications); *Health and Psychology of the Child*, by Elizabeth Sloan Chesser (Heinemann); *The Child and his Problems*, by Alice Hutchison (Williams and Norgate); *The Psychology of the Free Child*, by C. M. Meredith (Constable); *Educate your Child*, by Herbert Mackay (Oxford University Press); *The Mental Growth of the Pre-School Child*, by Gessell (Macmillan); also three works by Piaget, *The Language and Thought of the Child*, *Judgment and Reasoning in the Child*, and *The Child's Conception of the World* (all three published by Kegan Paul).

TRAIN SICKNESS.

IN reply to the inquiry under the above heading (December 21st, 1929, p. 1184), "J. H. C. W." writes: I would suggest that "J. T. M." should give glucose a trial; I have used it with success. Further information is available in *The Pathology of Seasickness and The Treatment of Seasickness*, by Dr. G. H. Oriel (*Lancet*, 1927, vol. ii, pp. 811 and 1146).

THE ETERNAL COLD QUESTION.

"E. E." writes to suggest that from "H. H.'s" description of his symptoms (January 18th, p. 133) a diagnosis of latent nasal sinus infection can be made. The "colds" are manifestly not acquired from external infection, since they have a regular association with wet weather or damp feet, etc. Probably "H. H." has a constant mild infection which in good weather and when his general health is good produces no symptoms or not sufficient to attract attention; his antibodies are adequate. With the onset of darker days it is probable that antibody production is impaired, increased humidity of atmosphere renders the task of the mucosa more difficult, and on the occurrence of any (even slight) factor lowering the resistance generally, the local infection ceases to be latent and becomes manifest—a "cold" develops. In such a condition drainage of the affected sinus is of more importance than vaccines, since the patient has probably been vaccinated by his own secretions for many years. Since local applications and general hygienic measures have proved unavailing, drainage of the sinus is probably the only resort.

DR. A. S. McNEIL (Orpington) writes: I recommend "H. H." who would like advice for his "colds," to read the article which appeared in the form of a letter in the *British Medical Journal* of November 26th, 1926 (p. 856), entitled "Prevention of Coryza," and to carry out the simple directions therein given by me for both cure and prevention of coryza.