

The arm was not swollen, but movements of the shoulder were stiff and painful, and he could not close his fist. Deep pressure behind the middle third of the clavicle produced pain.

I saw him again in December, 1928, when he had returned to work. He complained of some loss of grip in handling his tools. He could just make his fingertips touch his palm, and complained of pain on forcible flexion of the fingers. During the first year most of his inability to move the arm was due to the oedema. When I saw him there seems to have been some paralysis as well.

The following cases have been brought to my notice:

#### CASE III.

A child was admitted to the Royal Victoria and West Hants Hospital, under Mr. Kinsey-Morgan, having been bitten the previous day; his arm was greatly swollen and hard, and Mr. Kinsey-Morgan made multiple incisions and drained the brawny area. This treatment, he says, gave dramatic relief, and the child was much better in two days, by which time antivenin had been obtained and 15 c.cm. administered. The child was in hospital eleven days.

#### CASE IV.

Dr. B. of Bournemouth, lying in some long grass, was bitten on the thumb; he thrust out instinctively, and was struck again on the other thumb. A few hours later intense vomiting and diarrhoea, with collapse, set in. He incised the puncture at once and later saw a doctor, who applied strong ammonia. The arms were much swollen and purplish, and the pain was very severe; owing possibly to cauterization by the ammonia the skin of both thumbs ulcerated and took several months to heal. One thumbnail was lost.

Recently, in the *Daily Telegraph*, a correspondent extolled a wonderful cure for adder bite discovered by "Brusher Mills" of Lyndhurst. "Brusher Mills" was a well-known character in the New Forest; he died in 1905.

One of his chief activities was collecting adders for zoos and laboratories; he prepared his "cure" by extracting the fat from adders, boiling it and straining it through a scorched cloth, letting it set like a jelly. It is said that he used to charge a guinea an ounce for this product. He professed to have no fear of adder bite as long as he had some of the fat with him. "Brusher's" remedy was a form of sympathetic magic, which appears to be world-wide, and is practised by Australian aborigines, Hottentots, and many other primitive people.

References to adder bite in medical literature seem to be very few, and Professor Francis Fraser very kindly supplied me with particulars of his father's (Sir T. R. Fraser) writings on snake venom. Madame Physalix, in her book on *Venomous Snakes*, gives very little information about English adders. Dr. Leighton (*Life History of British Serpents*, p. 130) refers to a fatal case of adder bite recorded in the *British Medical Journal* of July 15th, 1893 (p. 114); in this case a boy of 11 was bitten on the finger, had severe symptoms—oedema, discoloration, and general collapse—and died about thirty-six hours later. Dr. Stradling (Watford), in a letter to the *British Medical Journal*, July 29th, 1893, stated that he believed this to be the fourth fatal case vouched for by a competent authority. Dr. Leighton cites another fatal case which occurred in 1901, in a boy aged 4½. It is commonly said that the sting of adders is worse in the spring; it may be that during their winter sleep they store up poison, and thus have an increased or even a more concentrated supply for their first bite. It seems unlikely, however, that a supply of poison would be formed during the viper's hibernating period.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### INFECTION WITH THE BACILLUS ENTERITIDIS RESEMBLING PSITTACOSIS.

OWING to the number of cases of psittacosis reported in medical and lay papers, and the fact that it is not generally known that members of the *Salmonella* group may give rise to an illness resembling typhoid and paratyphoid fever, the following case is worthy of record.

A previously healthy business man, aged 52, noticed an "uncomfortable feeling," which he referred to the upper part of the abdomen. When first seen his temperature was 97.8°, but the next day it rose to 102°, and for sixteen days his temperature ranged between 102° in the morning and 104° in the evening. The respiration was not hurried, and the pulse varied between 98 and 104. There was severe sweating at times. On the sixth day of the illness a patch of dullness and tubular breathing was found over the right apex posteriorly. On the eleventh day there was cough and purulent expectoration, and three days later medium crepitations were heard over the lower lobes of the lungs. On the twenty-fourth day of illness, when his temperature was 98.6°, he developed a left-sided pleurisy; two days later this was followed by pericarditis, and within twenty-four hours there was an extension of the cardiac dullness upwards and to the left. The respirations were now 40, and the pulse 120; the heart sounds were very feeble, and triple rhythm was heard. The systolic blood pressure figure was 65. The face was dusky, and the lips and ears were cyanosed. The patient lay in a state of semi-coma. His condition was grave, and for six days he was between life and death; then his blood pressure rose to 100, his pulse and respirations became less rapid, and he made a slow recovery. During his illness there were no rose spots and no enlargement of spleen. Constipation was present throughout the illness, and required aperients and enemas.

The blood serum showed positive agglutination with *B. enteritidis* in dilutions of 1 in 50; ten days later it gave a positive reaction to the same bacillus in dilutions of 1 in 25. No *Salmonella* or *B. typhosus* were recovered from the faeces. There was complete absence of agglutinins to *B. aertrycke* (two types), *B. paratyphosus* A and B, *B. typhosus*, and *B. abortus*. The serological investigations were conducted at the Royal Infirmary, Sunderland, on the tenth and twentieth days of illness.

#### Summary.

The pyrexia resembled that of typhoid fever, and on one occasion the temperature was higher in the morning than in the evening; the pulse was relatively slow, compared with the

temperature. The fall in temperature and blood pressure was followed by pleurisy and pericarditis, and the general condition became worse. The brunt of the attack was borne by the heart and lungs, resembling in this some of the published cases of psittacosis. There is a strong suspicion that the illness may have been conveyed by a human carrier. I have reason to believe that if the agglutination tests were more generally adopted there would be fewer cases recorded as psittacosis.

JAMES C. HAMILTON, L.R.C.P., L.R.C.S.Ed.  
Sunderland.

#### PROTECTION AFFORDED BY SHORT INFRA-RED AND RED RAYS TO A LETHAL DOSE OF STAPHYLOCOCCUS.

ONE of us (A. E.) carried out a series of experiments, reported in the *British Medical Journal* (August 17th, 1929, p. 293), which showed that a preliminary irradiation of shaved rabbits with artificial sunlight increased their resistance to an intravenous injection of staphylococcus. A lamp was used which gave infra-red, luminous, and ultra-violet rays up to 2,850 A.U. in amounts closely matching those of sunlight, and an intensity was used which did not produce severe erythema. A dose of staphylococcus was injected which proved constantly lethal to normal rabbits weighing about 2 kilograms. A fan was kept running so as to prevent any overheating of the irradiated animals during their preliminary exposure to light, which lasted forty-eight hours. The control animals all died within twenty-four hours. The irradiated animals survived for an average time of 7.43 days. One or two of these did not die.

We have carried out another series of experiments, exposing the animals to the light and heat of a gas fire. "Beam" radiant fuel was used in the fires, because this gives a greater amount of short infra-red rays, which penetrate the epidermis and cause an increased transudation of water in the skin. The heat from this type of fuel is more comfortable than the duller red heat, containing a larger proportion of longer and non-penetrating infra-red rays given off from the ordinary gas fire. These rays cause a dry, unpleasant feeling of heat in the skin exposed to them. The rabbits chosen were of about 2 kilograms in weight, shaved on both sides, and exposed in a wire cage to the cross-fire of two gas fires, one being placed

on each side of the cage. A fan was kept running so as to keep the rabbits cool. Their body temperature was not allowed to rise more than two or three degrees Fahrenheit. One or two animals did not change their position, and in these there were signs of a local severe erythema; but in most of the animals the erythema production was not significant. The dose of staphylococcus culture injected in each rabbit was 0.6 c.cm.; this dose proved lethal to all the non-irradiated control animals in the average time of 1.2 days. Protection was afforded by "beam" gas-fire radiation, but dark heat radiation of unshaved rabbits did not appear to have any protective power.

Total number of rabbits exposed to "beam"	
radiant gas fires...	10
Average weight in grams	1,924
Number of animals still alive	2
Number of animals which died	8
Average number of days alive after infection	5
Total number of control rabbits	9
Average weight in grams	2,276
Average number of days alive after infection	1.2
Total number of rabbits exposed to dark heat	4
Average weight in grams	2,340
Average number of days alive after infection	1.2

We conclude, then, that the short infra-red rays and red rays have the power—by acting on the skin—of increasing resistance to a general staphylococcal infection.

LEONARD HILL.  
ALBERT EIDINOW.

London, N.W.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### CALCUTTA BRANCH.

##### *Keratomalacia in Adults.*

A CLINICAL meeting of the Calcutta Branch was held on December 13th, 1929, in the Calcutta School of Tropical Medicine and Hygiene, when the president, Major-General G. TATE, I.M.S., was in the chair, and twenty members were present. Lieut.-Colonel E. W. O'G. KIRWAN, I.M.S., read a paper on adult keratomalacia in Bengal.

Lieut.-Colonel Kirwan pointed out that keratomalacia or xerophthalmia was seen daily in the out-patient department of the Calcutta Eye Infirmary; it constituted the commonest cause of blindness among children in Bengal. The disorder was a complex and systemic one, associated with marasmus, affections of the alimentary tract, and dietary deficiencies, while corneal degeneration was its most characteristic feature. According to the textbooks keratomalacia did not occur in adults, only very isolated cases having been reported in Europe and America; this was due to the high standard of living in those continents, but in the East matters were very different. Pillet had recently reported undoubted cases among adults in China. In Bengal the disease certainly occurred among adults, and all stages could be seen from simple xerosis corneae with hemeralopia to necrosis corneae, which constituted keratomalacia.

In adults the disease was a non-inflammatory malady of the eyeball, the margins of the lids being generally pale and dry. There was practically always present a mild conjunctival discharge due to secondary organisms. The lid conjunctiva, as a rule, took no part in the process, unless the disease was of long duration, when it might assume a trachoma-like condition. In the conjunctiva of the fornices, especially that of the lower fornix, there were present characteristic changes—follicles and pigmentation—often resembling the condition of argyrosis conjunctivae. The discoloration was similar to that of the skin and mucosae seen in scurvy and Addison's disease. The conjunctiva of the eyeball showed xerosis in the form of islands or one continuous layer. In the cornea the disease took the form of xerotic plaques or of ulceration. Exfoliation of the epithelium allowed the entrance of staphylococci or pneumococci, which broke down the tissues. The lens of the eye might also become involved in long-standing

cases. Hemeralopia was often a very marked symptom, but it was sometimes difficult to elucidate, since it was necessary to depend on patients' statements.

Certain general symptoms indicated that the disease was a generalized and systemic one, the eye symptoms being only a part. Fever was practically always present. The blood showed reduction in the haemoglobin and a normal red cell count; there was usually leucocytosis. Skin pigmentation was often marked, sometimes so much so that the skin appeared as if there was a deposit of bile in it. The surface of the skin was rough and dry, and often covered with large numbers of comedones. Hyperkeratosis and parakeratosis were usually present, and multiple small follicular abscesses might be seen. The hair was dry and easily fell out; the nails might be affected. Other mucous membranes might be involved, showing the same changes as occurred in the eye—namely, replacement of cylindrical by squamous epithelium; the mucosae of the mouth, nose, throat, and intestine were frequently implicated, and severe diarrhoea might occur. A non-gonorrhoeal urethral discharge was often present. Wright believed that the thyroid gland might be affected, and McCarrison that all the glands of internal secretion, with the exception of the suprarenals and pituitary, might be involved. The condition amounted to an extensive disease of the ectodermal coat of the body, caused by general under-nourishment and absence of certain vitamins, especially vitamin A. In mild form xerosis of the bulbar conjunctiva occurred and culminated in keratomalacia with total blindness.

In treatment, cleanliness and protection were the local essentials. Cod-liver oil was the best remedy, but should be administered cautiously in patients with diarrhoea; it might also be rubbed into the skin. Fresh milk and vegetables should be given freely. A mixture of the chlorides of calcium, sodium, and ammonium was useful, as also was fresh liver. The disease responded slowly to treatment, the prognosis being bad if both corneae were attacked before treatment had begun. The condition was preventable, but, like most of the health problems of Bengal, resolved itself into an economic and financial matter, rather than one for the medical practitioner.

At the conclusion of his paper, Colonel Kirwan showed six illustrative cases.

The first patient was an adult male coolie, on a good general diet, but involved in very severe physical work.

The second patient was a boy, aged 12, with diarrhoea and fever, the conjunctival epithelium having become converted into squamous epithelium.

The third patient was a man, aged 45, with hazy vision of only fifteen days' duration. He had had two months of night-blindness, however; the haemoglobin percentage was only 50, and the red cell count had fallen to 3,000,000 per c.mm. Here the diet had been very insufficient, and a strongly positive Wassermann reaction was present.

The fourth patient, a man aged 31, had, in the right eye, only perception of finger movements, and 50 per cent. diminution of vision in the left. The whole cornea in one eye was necrosed.

The fifth patient, a man aged 40, had had night-blindness for a year, and only retained perception of light in both eyes. The conjunctivae were of a mahogany colour, and there was sloughing right down to Descemet's membrane. The skin was dry, scaly, deeply pigmented, and covered with comedones.

The sixth patient was a woman with advanced disease, but her 6 months old baby was perfectly healthy. Her diet had been only rice and dal, with no fish or milk.

In the subsequent discussion General TATE inquired whether the disease attacked any particular type of patient, and whether it occurred in provinces other than Bengal. Major G. SHANKS, I.M.S., commented on the general systemic conditions which predisposed to secondary bacterial invasion of tissues. Wolbach's experiments had shown that in conditions of vitamin deficiency keratinized epithelium might replace the normal mucosa of the respiratory, alimentary, and urethral tracts, and the ocular conjunctiva. Lieut.-Colonel T. C. BOYD, I.M.S., asked whether Colonel Kirwan had tried treatment with endocrine products, and suggested the administration of thyroid gland. Dr. COLTMAN said that keratomalacia in children was especially associated with fat dyspepsia and coeliac disease. In such cases peptonized milk given for three weeks cured the condition. Dr. S. C. DUTT thought that hemeralopia and the skin changes were characteristic of the disease; in Calcutta it was confined to up-country patients, who lived chiefly on a diet of kesari and other

said he was willing to risk the consequences of reduced attendances.

"It must be for the doctor to decide how often he ought to see a patient. The fact that these two did not personally 'get on,' and the fact that Mr. Taylor did not like Dr. Leslie attending him so often, does not really come into the matter so long as the relationship of the patient and the doctor continues. It was not the doctor who chose the patient, but the patient who chose the doctor. To my mind the expression used by Mr. Taylor on March 7th after the operation goes so far as to make clear that he was willing to take the risk of fewer attendances. The doctor could then, to cover himself, have written a letter to say that the risk of less frequent attendance must be borne by the patient. I have come to the conclusion that after March 7th attendances might have been fewer than they were."

## The Services.

### DEATHS IN THE SERVICES.

Surgeon Lieut. Commander Francis Woorra, R.N. (ret.), died, after a long illness, at Chelstow Cottage, Torquay, on January 29th. He was educated at St. Mary's and at the London Hospital, and took the Edinburgh double qualification in 1882. Entering the navy in the same year, he became staff surgeon on August 28th, 1894, and retired on February 19th, 1895. He had since held the post of Admiralty recruiting officer and surgeon and agent at Torquay, and was on the list of emergency officers, liable to recall to duty, with the rank of surgeon lieutenant commander.

Surg. Lieut. Commander Archibald Primrose Anderson-Stuart, R.N., died at Culross, Deal, on February 16th, aged 34. He was the eldest son of the late Sir Thomas Anderson-Stuart of Sydney, and was educated in the University of that city, where he graduated as M.B. and Ch.B. in 1921. He entered the navy as surgeon lieutenant on June 15th, 1923, and was promoted to surgeon lieutenant commander on June 15th, 1929. He first served in H.M.S. *Southampton*, the flagship of Admiral Sir Herbert Richmond in the East Indies; in December, 1925, he was appointed to the Royal Marine Infirmary, Deal, and in September, 1928, to H.M.S. *Benbow* in the Atlantic Fleet, and subsequently to H.M.S. *Caradoc* on the West Indian Station.

Lieut.-Colonel Ernest Shaw Clark, R.A.M.C. (ret.), of Shalimar, Cuckfield, Sussex, died in Queen Alexandra's Military Hospital, Millbank, on February 15th, aged 64. He was born on September 24th, 1865, and was educated at Edinburgh, where he graduated as M.B. and C.M. in 1889. Entering the R.A.M.C. as surgeon lieutenant on January 29th, 1894, he became lieutenant-colonel in the long war promotion list of March 1st, 1915, and retired on September 21st, 1920. He served on the North-West Frontier of India in the Mohmand campaign of 1898, receiving the frontier medal with a clasp, and also in the great war of 1914-18.

Lieut.-Colonel George Coutts, R.A.M.C. (ret.), died at Golders Green on January 18th, aged 75. He was born on November 8th, 1854, and was educated at Aberdeen, where he graduated, with honours, as M.B. and C.M. in 1879. Entering the army as surgeon on February 5th, 1881, he became lieutenant-colonel after twenty years' service, and retired on February 5th, 1903. After retirement he was employed for some time at Chichester. He served in the Chitral campaign of 1895, with the relief force, when he was mentioned in dispatches in the *London Gazette* of November 15th, 1895, and received the frontier medal with a clasp; also in the South African war, in 1899-1901, when he took part in the advance on Kimberley, including the action at Magersfontein, and in operations in the Transvaal and the Orange River Colony, including the actions at Lindley, Bethlehem, and Wittebergen, and received the Queen's medal with three clasps.

Lieut.-Colonel Percival Davidson, C.M.G., D.S.O., R.A.M.C. (ret.), died suddenly in Switzerland on January 28th, aged 55. He was born on April 16th, 1874, the son of the late Percival Davidson of Newcastle-on-Tyne, and was educated at the medical school of that city, graduating M.B. and B.S. of Durham University in 1895. After filling the posts of house-physician and house-surgeon at the Royal Infirmary, Newcastle, he went to South Africa as a captain in the 5th Battalion of Imperial Yeomanry, and served in operations in the Transvaal, Orange River Colony, and Cape Colony; he was mentioned in dispatches in the *London Gazette* of September 10th, 1901, and received the Queen's medal with four clasps, the D.S.O. in 1900, and the Freedom of the City of Newcastle-on-Tyne in 1901. After serving as a civil surgeon for a year and a half, he took a commission as lieutenant in the R.A.M.C.

on September 1st, 1902, attained the rank of major on June 1st, 1914, got a brevet as lieutenant-colonel on June 2nd, 1918, and became substantive lieutenant-colonel on June 21st, 1924, retiring on April 16th, 1929. He served throughout the war of 1914-18, when he was A.D.M.S. in the First Army and at General Headquarters, was thrice mentioned in dispatches, in the *London Gazette* of June 22nd, 1915, January 1st, 1916, and May 25th, 1918, received a brevet as lieutenant-colonel, and the C.M.G. as well as the Portuguese Order of the Aviz.

Lieut.-Colonel James Macartney, R.A.M.C. (ret.), died at Brighton on January 27th, aged 88. He was born in Dublin on January 26th, 1842, and graduated as M.D. in the Queen's University, Ireland, in 1865. Entering the army as assistant surgeon on October 2nd, 1866, he attained the rank of brigade surgeon lieutenant-colonel on December 15th, 1892, went on half pay on September 8th, 1894, was restored to full pay on November 12th, 1895, and retired on January 26th, 1897. After retirement he was employed for some time at Canterbury. He served in the South African war of 1877-78, in the Kaffir campaign, was mentioned in dispatches in the *London Gazette* of February 26th, 1878, and received the medal with a clasp. In the old regimental days he served in the Rifle Brigade.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

PROFESSOR H. R. DEAN, M.D., Master of Trinity Hall, has been appointed to represent the University at the jubilee of the foundation of the Victoria University of Manchester and the eightieth anniversary of Owens College on May 23rd.

Dr. R. Williamson has been appointed University demonstrator in pathology for three years.

At a congregation held on February 21st the following medical degrees were conferred:

M.D.—N. E. Chadwick, J. A. Struthers.  
M.B., B.CHIR.—J. F. V. Lart, T. R. Stevens.  
M.B.—J. H. L. Easton.  
B.CHIR.—B. Wright.

### UNIVERSITY OF LONDON.

A COURSE of two lectures on the growth and developmental mechanics of bone will be given at University College, Gower Street, W.C.1, by Dr. J. C. Brash, Professor of Anatomy and Dean of the Faculty of Medicine in the University of Birmingham, on March 11th and 13th at 5 p.m. The chair at the first lecture will be taken by Professor G. Elliot Smith. Admission to the lectures, which will be illustrated by specimens and lantern slides, is free; they are addressed to students of the University and others interested in the subject.

### UNIVERSITY OF MANCHESTER.

DR. WILLIAM H. LANG, F.R.S., Barker Professor of Cryptogamic Botany in the University of Manchester, has been appointed a Pro-Vice-Chancellor, in succession to Professor John S. B. Stopford, whose term of office has expired.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

#### Museum Demonstrations.

THE spring course of demonstrations of specimens in the Museum will commence on Monday, March 3rd, when Mr. C. E. Shattock will discuss affections of lymphatic glands. On March 7th Mr. T. B. Layton will deal with the rhinological anatomy of the naso-frontal duct and the hiatus semilunaris. On March 10th the demonstration will be on affections of joints by Mr. Shattock, and Sir Frank Colyer will demonstrate John Hunter's specimens of the teeth on March 14th. Mr. Shattock will discuss diverticula on March 17th, and Sir Frank Colyer will conclude the course on March 21st by demonstrating specimens illustrating dento-alveolar abscess and dental cyst. The demonstrations will be given in the theatre of the College, Lincoln's Inn Fields, W.C., at 5 p.m., on the dates mentioned, with the exception of that on March 7th, which will be held at 2.45 p.m. They are open to advanced students and medical practitioners.

### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—T. Chandrasekharan, B. T. W. Harvey, C. B. Jennings, T. Singh, P. Somasunder, A. L. Thomas, H. Whitby.

MEDICINE.—B. T. W. Harvey, W. A. R. Mailer, I. W. H. Mansfield, J. E. Moody, S. Ramadas, D. Ram Annamalai.

FORENSIC MEDICINE.—M. Asaad, L. Ganszky, K. W. Bruce, G. P. Charles, L. P. Clarke, V. J. H. Coidan, H. W. E. Dickey, I. F. W. Edwards, A. R. Madden, W. A. R. Mailer, I. W. H. Mansfield, E. G. Nair, C. Skinner, P. Wade.

MIDWIFERY.—R. P. Davies, R. Frankling, B. T. W. Harvey, C. B. Jennings, N. I. Krouengberg, F. G. Leckam, M. Naylor, D. M. Nightingale, L. Sachs, P. Wade.

The diploma of the Society has been granted to Messrs. C. B. Jennings, W. A. R. Mailer, I. W. H. Mansfield, J. E. Moody, M. Naylor, S. Ramadas, D. Ram Annamalai, P. Somasunder, H. Whitby.

Dr. FREDERICK RICHARD HALL, who died on January 28th, on his thirty-first birthday, received his medical education at St. Thomas's Hospital, and, being of exceptional intellectual capacity, passed the final examinations before coming of age; he had therefore to wait before obtaining diplomas, and was admitted surgeon probationer in the Royal Navy during the war. He subsequently made two journeys to the Far East, and received the diplomas M.R.C.S., L.R.C.P. in 1920. He was for some time surgeon to the Ministry of Pensions Hospital in Richmond. After a short residence in Harrogate, he joined Dr. W. R. Higgins in practice in Louth, Lincolnshire, and was appointed honorary surgeon to the Louth Hospital. Dr. Hall was a member of the British Medical Association. He leaves a widow and three daughters.

Dr. DONALD HENRY HUTCHINSON, who died on February 1st, at the age of 56, received his medical education at the University of Edinburgh, where he graduated M.B., C.M. in 1896, proceeding M.D. two years later. He began to practise in Lowestoft some thirty years ago, and was surgeon to the Lowestoft and North Suffolk Hospital and medical officer of the Lowestoft Convalescent Home. In addition to carrying on a large general practice, he became prominent in the borough for his public-spirited activities in connexion with sport and the Y.M.C.A.; he was appointed a justice of the peace in 1916. During the war he held a commission in the R.A.M.C. and served in Mesopotamia. He was one of the founders and the first president of the Lowestoft Literary and Scientific Society, and was for a long period officially connected with St. John's Church. He was for many years a member of the Lowestoft Education Committee, and was appointed chairman of the Joint Higher Education Committee in 1921, which office he held until his death. He was a member of the British Medical Association, and was chairman of the North Suffolk Division from 1920 to 1921. He leaves a widow and two sons. A colleague writes: Dr. Hutchinson's scientific attainments were of a very high order, both as a physician and surgeon, and also as a naturalist. He was an exceptionally successful and practical surgeon, exhibiting manual dexterity of a very high degree. Among his hobbies were cabinet making and the manufacture of scientific instruments.

Dr. JOHN KEKWICK, who died on January 27th, was born in 1870, and was educated at the Middlesex Hospital and the Royal Dental Hospital. He obtained the diploma L.D.S.R.C.S. in 1891, and the M.R.C.S., L.R.C.P. three years later. After holding the post of house-surgeon at the Dental Hospital he succeeded to the practice in Carlisle which had been founded by his father, and carried on by his uncle. He was dental surgeon to the Cumberland Infirmary from 1899 to 1911, and again during the war; he was also honorary dental surgeon to the Border Home for Incurables. He was an active member of the North of England Odontological Society and of the British Dental Association, a Fellow of the Royal Society of Medicine, and a past-president of the Carlisle Microscopical Society. During the latter part of his life he resided in the village of Dalston. The countryside always appealed to him; he was an enthusiastic gardener, and he had many friends among the agricultural community. He contributed papers to dental journals, and was the editor of the *Transactions* of the North of England Odontological Society. He leaves a widow and three sons.

The following well-known foreign medical men have recently died: Dr. BIEDERMANN, formerly professor of physiology at Jena, and author of a work on electrophysiology; Professor KARL SVEHLA, head of the Czech children's clinic at Prague; Professor BEUTTNER, head of the obstetrical clinic at Geneva, aged 63; Dr. JULIAN CORONEL, professor of clinical medicine in Ecuador; Dr. RAOUL BRUNON, honorary director of the medical school of Rouen, and corresponding member of the Académie de Médecine, aged 75; Dr. ALBERT KÖNIG, an eminent hygienist of Frankfurt; and Dr. KAMINSKI, director of the civil health service of Bucarest.

## Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THIS week the House of Commons discussed supplementary estimates for the Royal Parks and for Colonial Services. Three days were spent in committee on the Coal Mines Bill. The Mental Treatment Bill and the Road Traffic Bill were before Standing Committees.

On February 25th the Parliamentary Medical Committee met at the House of Commons and received a deputation from the British Medical Association. Dr. Fremantle was in the chair. The first subject raised by the deputation concerned medical men who, under the new Local Government Act, find themselves both members of local authorities and the servants of those authorities. The deputation and the committee accepted the principle that medical men retaining posts under public authorities must be disqualified from membership of those bodies. Attention was, however, drawn to the injustice to doctors who, preferring to keep their seats on local bodies, resigned their salaried posts. It was pointed out that a man who took this course after paying for many years to a superannuation fund would lose his contributions. The conference arranged that the British Medical Association should draft a one-clause bill to provide that all such contributions should be returnable. When this has been drafted the Parliamentary Medical Committee will consider it.

Many questions arose from the Mental Treatment Bill. The first discussed was the better safeguarding of doctors who recommend voluntary treatment or take any part in dealing with insanity. No definite decision was taken on the manner in which the bill could be strengthened. Neither was any recommendation made for a phrase to be substituted for "not capable of volition" in Clause 5 of the bill. A long definition put forward by the British Medical Association did not secure the full approval of the Parliamentary Committee. The meeting desired to secure minor improvements in the position and constitution of the Board of Control. One was that there should be three types of members, and that the persons who did the visiting in the country should not be Assistant Commissioners but full Commissioners, though not members of the small central board.

The conference discussed the Chiropractors Bill, and decided that chiropractors did not merit legal registration, as they were only qualified to deal with some foot troubles. On the Road Traffic Bill the Association's representatives claimed that doctors attending road casualties should have a legally enforceable fee. There were varying views on this, but no decision; nor was any decision arrived at on the claim of voluntary hospitals to a share of the insurance paid to injured persons whom they treat. It was pointed out that the bill permits the Minister to hold an inquiry after any road accident. The Association's delegates were of opinion that he should have power to investigate the physical and mental condition of the drivers concerned.

Dr. Brackenbury spoke for the British Medical Association on the position of doctors employed by local authorities, Dr. Langdon-Down on mental treatment, and Dr. J. W. Bone on the Road Traffic Bill and other issues.

The Parliamentary Medical Committee decided, at the same meeting, that at its next meeting, on March 11th, it would hear Sir Malcolm Delevingne on dangerous drugs, and on the work of the League of Nations for their control.

Mr. Snowden proposes to introduce the Budget on April 14th.

### Road Traffic Bill.

#### SECOND READING.

The Road Traffic Bill was read a second time without a division by the House of Commons, on February 18th, after prolonged debate. In this, Mr. HERBERT MORRISON, Minister of Transport, explained—as stated in last week's parliamentary report—that the Government could not accept an amendment inserted by the House of Lords to ensure voluntary hospitals a share of the insurance taken out by motorists. Mr. Morrison also expounded Clause 5 of the bill, relating to the disqualification of certain persons as drivers. He said this clause made certain physical defects an absolute bar to the obtaining of a driver's licence. It also provided that a person suffering from physical defects which were not an absolute bar might obtain a general driving licence or a licence limited to the driving of an invalid carriage, or of specially adapted vehicles, if he showed the licensing authority that a general or limited licence could safely be issued to him. Clause 19 dealt with the maximum hours for the drivers of heavy motor vehicles. Clause 23 empowered the Minister to direct inquiries into all cases of accidents.

Colonel ASHLEY, formerly Minister of Transport, supported the proposal of the bill that a declaration of physical fitness and the fact that an applicant was not suffering from physical disabilities

**Death from Anthrax.**—Replying to Mr. Jowett, on February 13th, Mr. CLYNES said he had received a report on the death from anthrax of a woman wool-sorter in Bradford. Mr. Clynès said the evidence of Dr. Eurich, the bacteriologist, showed that this woman had been sorting Syrian grey wool, but previous to the onset of the disease she had also sorted other material, and the precise origin of infection did not seem to have been established at the inquest. The extension of the wool-sorting regulations deserved, and would receive, prompt and serious attention, but before any decision was reached it would be necessary to make further inquiries and review all the information available. Mr. Clynès added that the factory inspector reported that the regulations were fully observed by the firm in question, and were applied not only to scheduled, but also to non-scheduled wools, so that even if grey Syrian had been scheduled it would not apparently have made any difference in this case.

**Dangerous Drugs.**—On February 19th Mr. A. HENDERSON told Colonel Heneage that British representatives in Turkey had from time to time impressed upon the Turkish Government the desirability of their acceding to the Opium Conventions, and that the attitude of Persia had been the subject of discussion at the League of Nations, of which Persia was a member. Neither the Turkish nor the Persian Government could be in any doubt of the importance attached by the British Government, as by other parties to the Opium Conventions, to their undertaking at an early date the obligations of these instruments. On February 24th Mr. SHORT, in reply to Dr. Fremantle, said that the Home Office had for a long time done everything in its power to promote co-operation in the enforcement of the international conventions relating to dangerous drugs and in the suppression of the illicit traffic. The League of Nations Advisory Committee, on which the British Government was represented, had given constant attention to this question. As a result of the recommendations which they had drawn up, great progress in co-ordinated action had been made. The discoveries recently brought before the Advisory Committee on Opium were, in fact, made as a result of co-operation between the authorities of several countries. He understood that the Advisory Committee, in its report to the Council of the League on the proceedings at its recent meeting, made further recommendations on the subject. These would receive the careful and sympathetic consideration of the British Government.

**Medical Inspectors of Factories.**—Answering Dr. Vernon Davies on February 19th, Mr. CLYNES said medical inspectors of factories were appointed in pursuance of the general powers conferred by Section 118 of the Factory and Workshop Act, 1901, for the appointment of such inspectors as might be necessary for the execution of the Act. They constituted a separate, but integral, branch of the Factory Department. The senior medical inspector who was in charge of the branch acted under the directions of the chief inspector of factories. He could not accept Dr. Davies's suggestion that, in view of the recommendation adopted by the country at the Washington Conference, he should constitute a separate health department for this service. Mr. Clynès said the intention of the Washington recommendation was to secure the establishment of a medical branch in connexion with factory inspection, and this was effected in the existing arrangements.

**Propagation of Mentally Deficient.**—Major GLYN asked, on February 19th, whether Mr. Clynès's attention had been drawn to public statements by judges regarding the consequences of mentally deficient persons bearing children, and whether he would set up a committee to inquire into the whole matter, unless this subject could forthwith be referred to an existing commission, and legislation in accordance with their recommendations be introduced at an early date. Mr. GREENWOOD replied that the statements in question had for some time past been under consideration. The issues involved were far-reaching and controversial. They could only be examined effectively by a suitable body specially set up for the purpose, and such an investigation could not at present be undertaken.

#### News in Brief.

From the reports of the Government chemist on the samples of imported preserved milk analysed by his department, Mr. Greenwood is satisfied that all the milks examined were nutritious, and that they did not contain anything to render them harmful as an article of diet.

The total number of persons killed below ground in mines in the United Kingdom during 1929 was 994, of whom 403 were at the working face, 176 on roads, 220 in haulage accidents, 34 concerned in explosions of firedamp or coal dust, and 161 in other underground accidents.

During 1929 451 experiments (all inoculations), of which 74 were on dogs, were performed with the object of discovering a prophylactic serum for distemper.

Expenditure by local authorities in England and Wales during the year ended March 31st, 1928, on the administration of the Vaccination Acts amounted to £190,754. The cost of the Government lymph establishment, after allowing for receipts from the sale of lymph, was £13,030.

The Minister of Agriculture is convinced, after inquiry, that the embargo on Continental pork is necessary.

In England and Wales, on January 4th, 1930, those receiving institutional relief numbered 222,124, and those receiving domiciliary relief 871,220. The total of 1,093,344 excludes lunatics in county and borough asylums, casuals, and persons in receipt of domiciliary medical relief only.

The memorandum explaining the effect of the Local Government Act, 1929, upon the provisions of the Lunacy Acts will be issued as long as possible in advance of the appointed day on which the relevant parts of the Act come into operation.

## Medical News.

PROFESSOR G. ELLIOT SMITH, M.D., F.R.S., will give a lecture on "The Human Brain" at the house of the Royal Society of Arts, John Street, Adelphi, W.C., on Wednesday, March 12th, at 8 p.m. The chair will be taken by Sir Oliver Lodge.

THE Institute of Ray Therapy in Camden Road, St. Pancras, of which an account was given in the *Journal* of January 25th (p. 163), will be formally opened by the Lord Mayor of London on Thursday, March 13th, at 3 o'clock.

A CHADWICK Trust lecture on infant welfare schemes will be given by Dr. Stella Churchill at the house of the Medical Society of London, 11, Chandos Street, W.1, on Monday, March 3rd. The chair will be taken by Sir William J. Collins at 5.15 p.m.

At a meeting of the Royal Sanitary Institute to be held on March 14th, in the Council Chamber, Middlesbrough, a discussion on "Ventilation of cinemas, etc.," will be opened by Dr. W. S. Walton. The chair will be taken at 4 p.m. by Dr. Charles Porter.

AN announcement by the Royal Society regarding the Smithsonian Research Fellowship appears in our advertisement pages. Applications are invited from British subjects for this Fellowship, established for research in natural science with a view to the discovery of new laws and principles. Preference will be given to candidates not more than 35 years of age, and ordinarily the Fellow will be required to carry out his investigation in the University of Cambridge.

A POST-GRADUATE course in tuberculosis, arranged by the Joint Tuberculosis Council, will be held in the X-ray Department of the Hospital for Consumption and Diseases of the Chest, Brompton, S.W.3, from March 17th to 22nd. The course will be conducted by Dr. Stanley Melville, assisted by members of the hospital staff. At the first meeting, at 2 p.m., arrangements will be made for dividing the class, which is limited to twenty-five members, into small groups for studies in the x-ray department (screening and dark room, reporting, diagnosis) and for visiting the wards and out-patient department. The provisional programme includes lectures on the diagnosis (x-ray) and on the surgical aspect of pulmonary tuberculosis, technique, bronchiectasis and lung abscess, intrathoracic new growths, and dental radiology. Clinical demonstrations will be given during the week, and, if possible, demonstrations of the technique of lipiodol injection. There will also be opportunities for visiting manufacturers, and for the discussion of any films that members of the class bring with them. The fee for the course is three guineas.

THE Fellowship of Medicine announces that Professor F. R. Fraser will lecture on the uses and abuses of digitalis at the Medical Society Lecture Room at 11, Chandos Street, Cavendish Square, on Tuesday, March 4th, at 4 p.m. Mr. Nicol Rankin will give a special demonstration on the guillotine enucleation of tonsils in children at the Central London Throat, Nose, and Ear Hospital, Gray's Inn Road, on Tuesday, March 4th, at 9 a.m. A demonstration on clinical laboratory findings will be given by Dr. F. A. Knott at the Royal Waterloo Hospital on Thursday, March 6th, at 2.30 p.m. The lecture and demonstrations are free to medical practitioners. Special courses on the following subjects will be given in March: diseases of the chest at the Brompton Hospital from March 10th to 15th, occupying all day; orthopaedics at the Royal National Orthopaedic Hospital from March 10th to 22nd, occupying all day; neurology at the West End Hospital for Nervous Diseases from March 17th to April 12th, every afternoon at 5 o'clock; venereal diseases at the London Lock Hospital from March 17th to April 12th, during the afternoons and evenings; medicine, surgery, and gynaecology at the Royal Waterloo Hospital from March 24th to April 12th, in the afternoons and some mornings; and gastro-enterology at the Prince of Wales's Hospital from March 31st to April 5th, occupying all the day. Copies of all syllabuses will be sent on application to the Secretary, Fellowship of Medicine.

THE post-graduate lectures and demonstrations on medical, surgical, and special subjects given by the honorary staff of the Manchester Royal Infirmary will be resumed on Tuesday, March 4th, and will be continued each week, with the exception of April 22nd, till June 3rd. On Fridays, commencing March 7th, demonstrations of clinical cases and methods will be given in the wards and special departments; they will be continued (with the exceptions of April 18th and 25th) until May 30th. The lectures and demonstrations, for which there is no fee, will commence at 4.15 p.m., and tea will be served at 3.45 p.m.



SOME 350 medical men and women and their guests were present at the dinner of the London Irish Medical Golfing Society, which was held at the May Fair Hotel on February 20th, with the president, Mr. Hugh Lett, in the chair. All the Services were represented by medical men, and among the distinguished guests were Lord Moynihan of Leeds, Lord Russell of Killowen, Mr. Arthur Greenwood, Minister of Health, Mr. A. V. Alexander, First Lord of the Admiralty, and Sir Robert Stanton Woods. In the course of the evening Lord Russell of Killowen, Mr. Hugh Lett, Mr. Michael Smith, and Lord Moynihan made brilliant speeches in proposing and replying to toasts.

THE second number of the new series of the *Liverpool Medical-Chirurgical Journal* has now appeared. It contains the full text of the Sir William Mitchell Banks Memorial Lecture, which was delivered in November, 1929, at the University of Liverpool by Professor Claude Regaud, who took for his subject "Radium therapy in the treatment of malignant tumours." There is also a pen portrait of the late Professor Ernest Glynn, and various clinical articles, as well as reviews. This journal is published half-yearly by Messrs. H. K. Lewis and Co., Ltd., 136, Gower Street, W.C.1. The price for the present issue—which is a double one—is 5s.

THE date of the forthcoming congress of the International Society for Microbiology, given in our last issue as June 25th, has been altered by the Central Committee in Paris to July 20th to 25th. To facilitate traveling arrangements, those intending to be present at the congress are invited to communicate with Professor W. W. C. Topley, London School of Hygiene and Tropical Medicine, Keppel Street, W.C.1, or Dr. R. T. St. John-Brooks, Lister Institute of Preventive Medicine, Chelsea Gardens, S.W.3.

THE twenty-sixth Italian congress of dermo-syphilography will be held at Rome from April 24th to 26th. Further information can be obtained from the secretary, Dr. Vincenzo Montesano, Piazza Campo Marzio 3, Roma 120.

THE Gas Light and Coke Company, the oldest and largest gas company in the world, has issued a booklet on the occasion of its absorption of the areas of the Grays and Tilbury Gas Company and the Pinner Gas Company, Ltd. It is now authorized to supply gas over an area of 460 square miles. In 1929 it served a population of over four million, and employed twenty thousand people. In spite of the competition of the electrical industry, the increase in the annual sale of gas by the company during the last five years is only about eleven million therms less than the increase in the whole of the preceding twenty. It appears that the highest consumption of gas per acre in any residential district is in the Harley Street area, and that about five thousand members of the medical profession are "personal users" of gas fires. The booklet is illustrated, and particulars are given of research, training, and testing departments. There are also sections on the making of gas, central heating, and the application of gas in industry.

THE Joint Tuberculosis Council has prepared and circulated to all medical officers of health and tuberculosis officers a memorandum on the notification of tuberculosis with special reference to the chief objectives of this procedure, the clinical indications for it, and the ways in which medical practitioners can assist in preventing tuberculosis. Notification is urged (1) when suggestive constitutional symptoms are present with corroborative evidence; (2) when tubercle bacilli have been found; (3) in cases of haemoptysis or pleural effusion where there are other suggestive symptoms or signs; (4) in acute general tuberculosis and tuberculous meningitis; (5) in persistent chronic adenitis, arthritis, or bone disease where other causes than tuberculosis have been excluded; (6) in tuberculous dermatitis and lupus vulgaris; and (7) in tuberculosis of the abdomen, the genito-urinary tract, or elsewhere.

A STATE Institute of Hygiene has been brought into being in Prague, and in connexion with it a quarterly journal, entitled *Les Travaux de l'Institut d'Hygiène Publique de l'Etat Tchecoslovaque*, is to be published. The first issue, dated January, 1930, contains an account of the organization of this institute and an illustrated description of the section concerned with serums and bacterial vaccines. Further information may be obtained from the secretary of the editorial committee, Korunní Tr., Prague XII, Czechoslovakia.

A COMPLETE course of French study at the Sorbonne, Paris, is announced for June 29th to August 20th. The course consists of three parts: (1) preparatory work, with afternoon visits in Paris; (2) afternoon lectures (more advanced) on present-day questions in literature, politics, and economics; (3) eight days' journey, in small groups, in Western France. A second course, July 28th to August 24th, will only comprise the parts (1) and (2). All arrangements are under the direction of M. Henri Goy, Directeur du Bureau des Renseignements Scientifiques, Sorbonne, Paris, to whom inquiries should be addressed.

THE eighth international congress of the history of medicine will be held at Rome under the presidency of Professor Pietro Capparoni from September 22nd to the 27th.

THE sixth international congress of industrial medicine will be held at Geneva in August, 1931, when the following subjects will be discussed: (1) The remote results and evolution of traumatic lesions of the spinal column. (2) Injuries to blood vessels (arteritis and thrombo-phlebitis). (3) Cutaneous infections in relation to industrial accidents. (4) Previous condition in relation to consequences of industrial accidents. Further information can be obtained from the general secretary, Dr. Yersin, 1, Rue du Rhone, Geneva.

THE KING has approved of the appointment of Dr. Norman Lockhart Joynt, M.C., to be an official member of the Executive Council of the Presidency of the Virgin Islands.

DR. ROBERT DOERR, professor of hygiene at Basle, has been awarded the Josef Schneider gold medal by the University of Würzburg.

DR. J. TRICOT-ROYER of Antwerp, president of the International Society of the History of Medicine, has been made an Officer of the Crown of Italy.

THE fortieth anniversary of the École de Psychologie of Paris, founded by Dr. Bérillon, has been celebrated at a meeting attended by Professors Richet, Pierre Janet, Roux, Menetrier, and Marcel Labbé.

THE following appointments have recently been made in foreign faculties of medicine: Dr. Ernst Leupold, professor of general pathology and pathological anatomy at Cologne; Dr. H. Burekhardt of Marburg, professor of medicine at Kiev in the Ukraine; Professor Poffe, dean of the medical faculty at Rostock; and Dr. Louis Debayle, dean of the medical faculty at Nicaragua.

## 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.

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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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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.

### PAIN FOLLOWING HERPES ZOSTER.

DR. NORMAN WILSON (Alassio) writes: I should be grateful for suggestions for the treatment of persistent pain following herpes zoster.

### TREATMENT OF HAEMORRHOIDS.

DR. G. FRANCIS SMITH (Watford) writes: I should be glad to know what is regarded as the best treatment for haemorrhoids, particularly with regard to injections. Removal is unpopular, and my experience of urethane and quinine, for instance, is unsatisfactory. Carbolic seems occasionally to cause sloughing.

### DIARRHOEA FOLLOWING INTAKE OF SUGAR.

"R. M. R." writes: I should like to have an opinion on the following case. The mother of a boy, aged 4, reports "whenever he takes anything sweet, whether sugar, confectionery, or fruit, it runs through him." He has four actions of the bowels during the day; the motions are generally fluid, and of a dark colour. He has had this trouble for two months. He looks well and is very active. There used to be pain when the bowels acted, but not now. He has lost flesh. He improved on reducing the sugar and prescribing dilute hydrochloric acid, but the trouble does not clear up.