itself. It is said to be exceedingly rare to have more than one case in the same family. Since preparing these statistics I have seen a brother and sister affected, and have been told of another brother and sister suffering from this disease.

I do not propose to discuss the question of the specific causative agent; it will suffice to say that, although considerable evidence has been brought forward in favour of a spirochaetal infection, this has not yet been definitely proven. It has been suggested that the infection might be transmitted by an insect bite, but, owing to the sporadic occurrence of these cases, I think that this is unlikely. In the cerebro-spinal fluid there is, as a rule, no definite change, except perhaps a slight increase in the cell content. In my cases the average number of cells present was 6, but in a few cases no cells were found.

### Clinical Features.

There are two distinct types of this disease: (1) the slowly progressive case with insidious onset; and (2) the case in which there is an acute onset, with striking remissions and often apparent cure. I feel inclined to believe that these types may constitute two separate clinical entities. Other types are described, depending on the part of the nervous system which is chiefly affected; these are: the spinal cord type; the cerebral type (headaches, dizziness, diplopia, optic atrophy, etc.); the cerebellar type; and the hemiplegic type.

*Onset.*—In 79 cases the onset was insidious, usually with weakness and ataxia of lower limbs, and frequently preceded by pains, tingling, or numbness. In 21 the onset was sudden. In 10 cases temporary diminution or loss of vision was the first symptom; in 6 cases diplopia; and in 3 cases headache and vomiting. Two cases started as hemiplegia, and afterwards developed the typical signs of the disease.

*Remissions.*—When the onset is insidious the course of the disease tends to be slowly progressive, with occasional partial remissions. When the onset is acute, complete, or almost complete, remissions are frequent. There were definite remissions in 25 per cent. of these cases. In one case there was a remission, with complete recovery for eleven years, before further symptoms developed.

Another patient of mine had a number of striking remissions.

This patient became ill thirteen years ago with paresis of left arm and leg, which cleared up completely. Four years later he was laid up for a time with dizziness and nausea, without paresis. Two years after this he suddenly lost the sight of his left eye. Vision gradually returned, but about a month later his speech became thick and slurring, and he lost the power of his left arm and leg; he also complained of diplopia. He recovered almost completely from this attack, and remained well and at work for a year when he had a slight attack, involving the right side of the body, which only troubled him for a short time. The following year he had a similar attack, which also cleared up. I saw him after this, and he was quite well, except that he walked with a halt. I have not seen him for some years, but am informed that he is keeping well.

### Symptoms.

The percentage frequency of symptoms is shown in the following table.

| | Per cent. |
|---|---|
| Paresis or paralysis of lower limbs | 97 |
| Knee-jerks exaggerated | 96 |
| Babinski's sign present | 87 |
| Ankle clonus present | 79 |
| Alterations of sensation (chiefly subjective) | 79 |
| Modification of abdominal reflexes | 77 |
| Nystagmus present | 76 |
| Paresis, paralysis, or ataxia of upper limbs | 70 |
| Bladder symptoms (precipitancy, hesitancy, or incontinence) | 49 |
| Intention tremor | 48 |
| Atrophy or pallor of optic discs | 47 |
| Diplopia (transient) | 36 |
| Dysarthria | 33 |
| Mental change | 32 |
| Dizziness | 26 |
| Temporary loss of vision | 15 |
| Defective hearing | 12 |
| Ptosis | 5 |

The commonest symptoms, therefore, were spastic paresis of the lower limbs, with Babinski's sign and ankle clonus (in some cases marked ataxia was the chief feature); subjective sensory changes; loss or modification of abdominal and cremasteric reflexes; nystagmus; bladder symptoms; and intention tremor.

Psychical changes are more marked in the advanced cases where delayed cerebration and mild dementia are common. Emotional instability frequently occurs. Euphoria is often a feature, but depression may occur.

The following subjective sensory symptoms are frequently noted: numbness, tingling, sensation of heat or cold, pains, headaches, stiffness, and aching feeling in back. Abdominal pain and discomfort are present in some cases. Two of my patients were operated on for abdominal trouble shortly before disseminated sclerosis was diagnosed, and no definite pathological condition was found to account for the symptoms. In another case an operation was performed for the relief of intermittent claudication of the right leg; a few months later the patient was found to be a typical case of disseminated sclerosis. Such cases would suggest that the vegetative nervous system may be involved in this disease.

Objective sensory change is not so common, but frequently careful examination reveals some definite impairment. Astereognosis occurs in a number of cases. Scanning speech, in my experience, is infrequent, and, if it occurs, is only found in advanced cases. Slurring speech is much more frequent.

The course of the disease is very chronic, though acute cases have been described. Most cases last from ten to twenty years, and death is frequently due to some intercurrent disease.

Whilst the ultimate prognosis is undoubtedly grave, in a large number of cases with a fairly sudden onset and definite remissions the patients may live a useful life for many years. In a small percentage of these cases complete recovery seems to occur.

### Treatment.

Since remissions are frequent, and the course of the disease is so chronic, it is difficult to assess accurately the results of treatment. Massage, electrical treatment, and re-education exercises are very important. Over-exertion is to be avoided, but patients should be encouraged to move about, if able to do so. Infection by the malarial parasite is stated to have been beneficial in some cases.

Of drugs, arsenic, hexamine, and potassium iodide are frequently prescribed. Silver salvarsan seems to be of distinct value, and appears to be superior to salvarsan in this disease. A course of seven or eight intravenous injections (0.05 up to 0.15 gram) should be given at weekly intervals till 1 gram has been administered. Not more than three or four courses should be given in one year. This seems to be a small dosage, but, in dealing with a chronic disease where treatment is likely to be prolonged for many years, it is better to err on the safe side rather than run any risk of injuring the liver, which would prevent further use of the drug.

# Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

### PRIMARY OVARIAN PREGNANCY.

In view of the rarity of the occurrence of ovarian pregnancy the clinical details of a case which appears to have been of this kind may prove to be of general interest.

A woman, aged 27, who had been married for six years, had given birth to a boy after a normal labour in 1924. She had had two miscarriages, in 1926 and 1928 respectively. Menstruation was of the 3/21 type, always preceded by pain.

About midday on December 10th, 1929, severe abdominal pain developed, being most marked in the right iliac fossa and spreading across the abdomen. It was thought to be due to colic, and continued all day, but became less at night, leaving, however, soreness, which prevented sleep. On the following morning the patient was able to get up and take a little breakfast, but about midday the pain returned; it was more severe than before, and again began in the right iliac fossa, spreading across to the other side. She returned to bed and applied heat to the abdomen, but the pain did not cease, and she became exhausted. On examination, at the first visit that night (9 p.m.), the temperature was found to be 101°; the pulse was 98, thready and irregular. The patient was very blanched and partly collapsed. The abdomen was slightly distended generally, with a little resistance and tenderness over McBurney's point; vaginal examination revealed

fullness and a boggy sensation in the posterior fornix. A diagnosis was made of acute appendicitis, probably with perforation, and an immediate operation was advised.

Two hours later we opened the abdomen over McBurney's point. The peritoneal cavity was found to contain dark blood clot, so a large medial incision was made. The lower part of the abdomen and pelvis were full of blood clot, and active haemorrhage was in progress, continuing after most of the clot had been removed. No bleeding points could be found, however, in spite of the gushing of pure blood; both Fallopian tubes were healthy, and the left ovary was normal. The right ovary, however, was twice the size of the left, and there was a punctured raw area about the size of a sixpenny piece, which extended into the ovarian tissue. The ovary was therefore removed, and it was noticed that while it was being held on the stretch the haemorrhage stopped. The appendix was inflamed, tortuous, constricted at the base, and covered with adhesions; it was therefore excised. A small cystic body, about the size of a split pea, was found in the blood clot in the pouch of Douglas, but, unfortunately, this and the right ovary were accidentally lost by a probationer nurse. No further bleeding points could be found, and, owing to the bad condition of the patient, the abdomen was closed as quickly as possible. Haemoplastin was injected during the operation, and afterwards at regular intervals. The patient made an uninterrupted recovery, and was discharged from hospital a month after admission.

We came to the conclusion that this was a case of primary ovarian pregnancy, the ovum having been fertilized on the surface of the right ovary. Unfortunately the loss of the two specimens robbed us of a definite conclusive diagnosis; we are at a loss to understand how all the haemorrhage came from the small rupture in the ovary.

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## AN UNUSUAL CASE OF ACUTE PANCREATITIS.

THE case described below is interesting as it throws some light on the etiology of acute pancreatitis. The boy had lived on a diet containing an insufficient amount of proteins and a superabundance of carbohydrates. The pancreas was overtaxed in dealing with this excess of carbohydrates. In addition to this, the absence of a proper supply of fresh proteins possibly predisposed the pancreas to inflammatory changes. Other vitamin-containing articles were obviously taken in insufficient quantities—for example, fruits. It is difficult to avoid looking at acute pancreatitis as a deficiency disease, in some ways resembling scurvy or pellagra, after carefully studying this case.

On August 8th, 1929, a messenger boy, aged 15, cycled to a neighbouring village after his day's work. There he had a meal of chips, and then cycled home. Towards midnight he started having what he termed a "bilious attack," accompanied by slight abdominal pain and vomiting. He had been subject to bilious attacks for years, and so did not send for his doctor until late in the afternoon of the next day. Dr. Pierce saw him, and promptly sent him into the local hospital. As the boy's condition got worse we saw him together about midnight. He then showed slight rigidity of the abdominal muscles, tenderness over the upper abdomen, definite fluid in the abdominal cavity, pulse 95, temperature 99.6°. The matron of the hospital informed us that the boy showed slight cyanosis of the lips when she first saw him in ordinary daylight, and that he reminded her of cases of acute pancreatitis she had seen before. The cyanosis was not obvious in artificial light.

*Operation.*—At 1 a.m. on August 10th a right paramedian supra-umbilical incision was made. The abdomen contained 2 to 3 pints of clear fluid; this was evacuated. The pancreas was red, and obviously enlarged and indurated, with a thickness of 2 to 3 inches. There were no areas of necrosis, and the omental fat showed no appreciable change. A corrugated rubber drain was put down to the head of the pancreas and the abdomen closed. The drain was removed in forty-eight hours as only a slight amount of clear fluid drained out. On August 15th and 24th the patient had a "bilious attack" with vomiting, pain, and a rise of temperature to 103°, otherwise his progress was fairly satisfactory. He left hospital on September 12th, and resumed work three weeks later. Since then he has had several very mild "bilious attacks," otherwise he has been comfortable.

Since operating on this patient we have gone more fully into the history, and this proved to be very interesting. The boy had never eaten any meat or eggs in his life, but lived on potatoes, bread-and-butter, pastry, and sugar. He drank large quantities of tea and water, and sometimes milk. While in hospital he was gradually trained to eat ordinary food, and is now leading a normal life, but still has a good thirst, and a weakness for chip potatoes. He has never passed any sugar in the urine, but showed a trace of albumin occasionally while in hospital. He has always been a pale and poorly developed boy and was easily tired. The chest shows no organic disease.

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# Reports of Societies.

## CARDIAC INFARCTION.

AT a meeting of the Medical Society of London, on March 10th, with the president, Mr. DONALD ARMOUR, in the chair, Dr. J. W. MCNEE opened a discussion on cardiac infarction, speaking from the point of view of a general physician.

Dr. McNee said that, while working at the Johns Hopkins Hospital in 1924, he saw three cases of coronary thrombosis; the clinical diagnosis was made with such certainty that Dr. McNee looked into the matter, and discovered an extensive American literature on the clinical side. Once the clinical syndrome was recognized in this country many cases were reported, and the problem was often found to affect the general physician or surgeon rather than the expert cardiologist. The real reason for the lack of differentiation of coronary thrombosis until recent times appeared to be that the great teachers on cardio-vascular disease, such as Mackenzie, Allbutt, and Osler, did not separate coronary thrombosis from angina pectoris. The distinction was now recognized as important, for the course and prognosis differed in the two disorders. Dr. McNee added that it was possible to look back through older medical literature and make the diagnosis of coronary thrombosis on the clinical history and necropsy findings, as had been done by Ryle in discussing John Hunter's cardiac infarct. The anterior descending branch of the left coronary artery was usually affected by thrombosis, which led to infarction of the walls of both cavities of the heart, so that secondary embolism might occur either in the lungs or in some area supplied by the systemic circulation. The predisposing causes of coronary thrombosis appeared to be those of arterial degeneration in general; hereditary tendency played a part, and angina pectoris was a very common precursor. Several clinical groups were definable: (1) cases in which death followed immediately upon occlusion; (2) cases in which death followed a few minutes, a few hours, or at the most a few days after the occlusion; (3) cases in which grave symptoms of myocardial insufficiency immediately followed the accident, but death was postponed for weeks or months; (4) cases with grave symptoms easily recognized, but from which the patient eventually recovered; (5) cases without grave manifestations but with sufficient symptoms to be recognized; and (6) cases with mild and uncertain symptoms in which only a probable diagnosis could be made. Dealing more in detail with the type of case with signs and symptoms where survival occurred, Dr. McNee described how the onset was sudden and had no relation to effort. Pain was present in the majority; it was sudden, sharp, and knife-like, and differed from the pain of angina pectoris in its duration and constancy. It might last for hours or days, agreeing closely with the description of "status anginosus," and in its distribution might be irregular. If situated in the upper abdominal region, as it sometimes was, the pain might lead to the erroneous diagnosis of perforated gastric or duodenal ulcer, or gall-stones. It might radiate like the pain of angina pectoris, and not infrequently left muscular tenderness behind it, while its resistance to morphine had been noted by many observers. Dyspnoea was present in every case; the colour of the face, a peculiar earthy tinge with light cyanosis, was characteristic, indicating the severe shock present. Vomiting was common at the onset, and the rapidly developing cardiac failure which occurred in some cases led to pulmonary signs, which were easily mistaken for pneumonia. Fever began, as a rule, about twenty-four hours after the onset, and the leucocyte count was usually 20,000 per c.mm. or more. In the differential

# NINETY-EIGHTH ANNUAL MEETING
## of the
# British Medical Association,
## WINNIPEG, 1930.

THE ninety-eighth Annual Meeting of the British Medical Association will be held at Winnipeg next summer in conjunction with the sixty-first Annual Meeting of the Canadian Medical Association, under the presidency of Professor W. Harvey Smith, who will deliver his inaugural address on Tuesday, August 26th. The scientific and clinical business of the meeting is being organized in fourteen Sections, which will hold their sessions on Wednesday, Thursday, and Friday, August 27th, 28th, and 29th, the mornings being given up to discussions and the reading of papers, and the afternoons to demonstrations and special addresses. The names of the officers of Sections, with other preliminary notes, were published in the *Supplement* of February 15th, and further details of the arrangements will appear from time to time in later issues. Members who propose to take part in the meeting should write at once for particulars about the journey by sea and land to the Financial Secretary and Business Manager, B.M.A. House, Tavistock Square, London, W.C.1. The Winnipeg office is at 102, Medical Arts Building, Winnipeg, Manitoba. We publish below the third of a series of historical and descriptive articles on Winnipeg and its surroundings, contributed by Dr. Ross Mitchell; the first appeared on January 4th (p. 32), and the second on February 15th (p. 300).

## MANITOBA.

IN 1867 four provinces, Ontario, Quebec, Nova Scotia, and New Brunswick, which up to this time had been politically separate, entered into confederation and the Dominion of Canada was born. One of the first problems to be dealt with by the first Federal Government was the creation of a new province out of that vast district west of Ontario which was under the control of the Hudson's Bay Company. Some preliminary work had already been done. In 1859 the licence of the Hudson's Bay Company was due to expire, and the Parliament of Canada of that time, which meant Ontario and Quebec, petitioned the British House of Commons not to renew the licence. A committee of the British Parliament was appointed to investigate the matter, and after hearing evidence reported that the districts along the Red and Assiniboine Rivers were likely to be needed soon for settlement: "Arrangements should be made by which these districts may be ceded to Canada upon equitable principles, and within the districts thus annexed to her the authority of the Hudson's Bay Company would, of course, entirely cease." Meanwhile the Canadian Government sent out an exploring expedition under S. J. Dawson and Professor Hind. Dawson's duty was to survey a road from Lake Superior to Fort Garry at the junction of the Red and Assiniboine Rivers, while Professor Hind was to report on the vegetation and soil of the country. Parts of the Dawson road are still being used and Hind's report was illuminating. It is of interest to note that R. M. Ballantyne, the novelist, was one of Hind's party.

As a result of the investigation, the new Federal Government decided to purchase the rights of the Hudson's Bay Company. For a payment of £300,000 the Company surrendered its rights in Rupert's Land, reserving only one-twentieth of the fertile land and a reserve of 500 acres around each post. Thus, in Winnipeg a large area on which are located the old gateway of Fort Garry, the Fort Garry Hotel, the new Hudson's Bay store, and the Legislative Building is still known as the Hudson's Bay Reserve.

### *Birth of a Province.*

The new province, Manitoba, entered Confederation on July 1st, 1870. Its birth, however, was not uncomplicated. A large number of the inhabitants of the Red River Settlement were French half-breeds or Métis, and the prospect of an influx of settlers from Ontario, English-speaking and of another religion, who would till the soil and drive away the herds of buffalo on which the Métis had depended for subsistence, did not please them. The arrival of Canadian surveyors to institute a new square block survey of land in place of the long narrow river lots served to fan the discontent. Under the leadership of Louis Riel, a young man who had received education for the priesthood, but had never taken orders, the discontent broke out into flame. A Provisional Government was formed, Fort Garry was seized, the Hon. Wm. MacDougall, who had come from Ottawa to be the new Governor, was not suffered to enter, many prominent citizens were imprisoned, and, finally, a young Irish-Canadian, Thomas Scott, was shot after a mockery of a trial. The fate of Scott created intense indignation in Ontario. It was agreed with the British Government that an armed force supported by both Governments should be sent out. This force was composed of British regulars and volunteers from Eastern Canada under Colonel (later Field-Marshal Lord) Wolseley, and after struggling through the wild rocky region between Lake Superior and the Lake of the Woods, reached Fort Garry in August, 1870. Just before the arrival of the advance guard Riel and his two lieutenants, who by that time had been deserted by most of their followers, quietly slipped out of the fort and the Provisional Government ceased to be. It is of interest that among Riel's prisoners in Fort Garry were Dr. J. C. Schultz, afterwards Sir John Schultz, fifth Lieutenant-Governor of Manitoba, and Dr. Cowan.

The name Manitoba is derived from two Indian words, Manito-bau, the "Spirit Strait." In the narrows of Lake Winnipeg there is an island on which the limestone is very compact and resonant. When the waves beat against the beach the roaring sound was thought by the Ojibways and Crees to be due to a Great Spirit beating a drum. The early spelling was Manitobah, the accent being placed on the last syllable, but the final "h" was soon discarded and the accent is now on the third syllable.

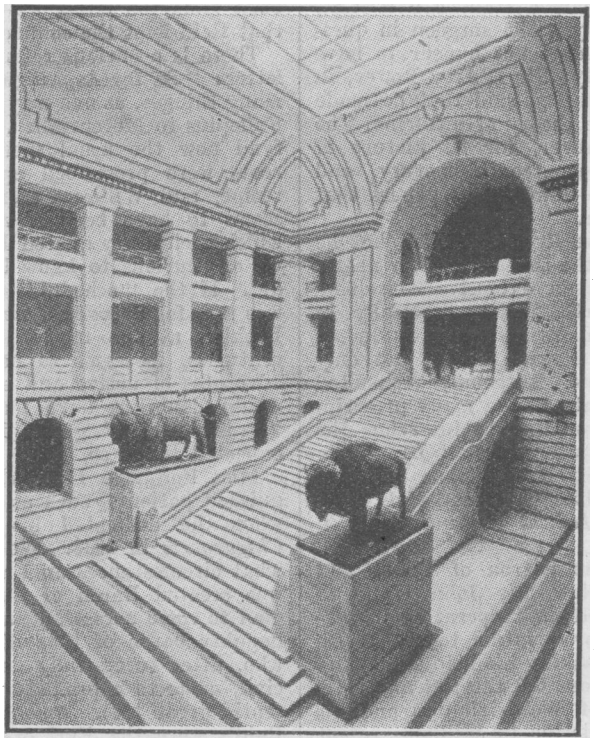
### *Growth and Development.*

As first constituted Manitoba was square in outline and so small that it was called "the postage stamp province" In 1881 the boundaries were extended, and in 1912 a further extension of the boundary northward gave Manitoba the two best harbours on Hudson Bay—Nelson and Churchill—and 500 miles of coast-line. By this change the tiny province of 1870, containing 13,000 square miles, reached its present size of 251,000 square miles, just double that of the British Isles. The Hudson's Bay Railway, long thought to be only a visionary enterprise, has, by the action of the Dominion Government, become a fact, and steel has been laid from Le Pas, Manitoba, on the Saskatchewan, to Churchill on Hudson Bay. Close to its terminus lie the ruins of Fort Prince of Wales. The first fort was built by

LEGISLATIVE BUILDING, WINNIPEG, MANITOBA.

the Hudson's Bay Company in 1688; after its destruction by fire another, of tremendous strength, was built by Marlborough's engineers. In 1782, the French, under Admiral La Perouse, surprised the fort, captured it without firing a shot, and blew it up. In 1930 passenger trains will be running from Churchill to Winnipeg on a well-ballasted track.

Mention of the railway summons up visions of how transportation has been effected in the past. The first means of transport used by the fur traders was the birch bark canoe, which had the merits of lightness, buoyancy, ease of repair, cheapness, and ease of construction, as all the materials necessary could be found in the forests. They were, however, very vulnerable, and they could not be used to convey very heavy or bulky objects. About 1826 one of the Hudson's Bay Company's factors introduced the York boat, modelled after the old Norse galleys. The York boat was of a type light enough to be taken on rollers over portages, strong enough to shoot the rapids, sufficiently seaworthy to cross such stormy lakes as Lake Winnipeg, and with accommodation for carrying a cargo of eight pieces, each of one hundred pounds, besides a crew of eight voyageurs, including bowsman and steersman. They were propelled with oars about twenty feet long and with one large square sail.



GRAND STAIRWAY, MANITOBA LEGISLATIVE BUILDING.

As the Red River Settlement increased in numbers the settlers' needs could not be met by the Hudson's Bay ship which came annually to York Factory on Hudson Bay. Traffic sprang up between the Red River Settlement and St. Paul in Minnesota, which was on a line of railway. Goods were transported in brigades of Red River carts drawn by oxen or native ponies. These two-wheeled carts were made entirely of wood, and could be made with only a saw, chisel, and draw-knife. Each cart could carry about one thousand pounds. These, in turn, were superseded by flat-bottomed stern-wheel steamboats, which for some twenty-five years travelled up and down the Red and Assiniboine Rivers between points in Manitoba and Minnesota. In 1878 railway communication was established between Pembina in Minnesota and St. Boniface across the Red River from Winnipeg, and in July, 1881, the first train of the Canadian Pacific Railway entered Winnipeg. Within the last few months arrangements have been completed for regular air mail service throughout the West.

Manitoba's first Cabinet was formed on June 12th, 1871, when the total provincial population was 11,693, of which the white race numbered 1,565. When Winnipeg was incorporated, in 1873, the new city could muster only 215 inhabitants. The present population of Greater Winnipeg is 336,202, and the population of Manitoba in 1926, according to the Dominion census, was 638,000, of which only a few thousand were Indians. When Manitoba entered Confederation the Dominion Government retained control of the natural resources. Repeated attempts were made by provincial Governments to have these resources transferred to the province, but it is only within the last months that these efforts have been successful. How valuable these natural resources—water power, forests, and, above all, minerals—are, no one can say, but the present indications are that as further development takes place they will prove to be tremendous assets. The Minister of Natural Resources has recently stated that the water power available in the Nelson, Churchill, and Winnipeg Rivers in the province totals 5,000,000 horse power.

*The New Legislative Building.*

Much of the history of the Red River Settlement and Manitoba has been incorporated in the new Legislative Building. The design of the architect of the building, Frank Worthington Simon, F.R.I.B.A., Liverpool, was that that which was best in the Past should be preserved and wrought by the hand of the Present into the structure emblematic of Manitoba—"The Land of the Great Spirit." The southern entrance looks toward the Assiniboine River, along which passed the early explorers, fur traders, and colonists. At the eastern entrance are the stone figures, in heroic size, of La Verendrye, the first white man to open up the Canadian West, and Lord Selkirk, the first to establish a colony. At the western entrance one sees the figure of Wolfe, who, visioning Canada as one of the units of the British Empire, gave his life for that vision, and of Lord Dufferin, the first Governor-General of Canada to visit our West and catch a glimpse of its possibilities. In 1877 he spoke these words in Winnipeg: "Manitoba is destined to be the keystone of a mighty arch of sister provinces stretching from the Atlantic to the Pacific." Most impressive is the main entrance, which, prophetically, looks to the north. Six fluted columns of stone with Ionic capitals support an entablature in which Alfred Hodge has portrayed an allegory of the Dominion which is worthy of much study. The stone of which the building is constructed carries the mind back to far-off geological periods. It is a limestone, quarried at Tyndall near Winnipeg, of great strength and beauty, bearing marks of fossil ferns and aquatic animals.

Entering by the north one sees the main staircase flanked by two bronze buffaloes, emblems of the province, sculptured by Gardet of Paris. The staircase leads to a rotunda under the dome, and the eye is arrested by the great Brangwyn mural painting of scenes in the great war. The legislative chamber is one of quiet dignity and beauty. The mural decorations by Augustus Tack are woven about the theme "The Origin of Legislation." On either side of the Speaker's chair are massive bronze statues of Moses and Solon.

From the centre of the building rises a square tower surmounted by a dome on which is poised the gilded bronze figure of a boy typifying Eternal Youth, the Spirit of Enterprise. The figure was cast in a foundry seventy miles from Paris. During the war the foundry was completely destroyed by bombing, the figure alone remaining unscathed. It was rushed to a seaport and put in the hold of a vessel bound for America. Before it drew out of port the boat was commandeered to transport American troops, and for two years the bronze figure was carried in the ship through submarine infested waters. At the close of the war it was brought to New York and thence to Winnipeg. The attitude of the boy, who seems to have paused for a moment while in flight, is that of a runner, his face to the north, signifying that the spirit of enterprise, capable of enduring hardships, sees the vast possibilities of the Northland, with its wealth of natural resources. Under his left arm he carries a sheaf of golden grain, and in his right hand, uplifted, he holds a torch, *vitae lampada*, recalling McCrae's lines:

"To you from failing hands we throw
The torch; be yours to hold it high!"

# Nova et Vetera.

## A SCOT IN WALES, 1600–1620.

WE are indebted to the Cymmrodorion Society (64, Chancery Lane, London) for publishing an account of *A Scottish Surgeon in Wales in the Seventeenth Century*, and to its author, Marjorie Foljambe Hall, F.R.Hist.S., for sending us a copy of the study. The surgeon in question, Alexander Reid or Rhead, does not appear to have been a person of very great ability; Sir D'Arcy Power, in the *Dictionary of National Biography*, said that he made no additions of importance to the theory of medicine. The pamphlet is worth reading, however, for its picture of medical practice in the early seventeenth century, and because it contains some hitherto unpublished papers that throw fresh light on Reid's career.

Reid can hardly be said to have lived in Wales, but he settled at Holt and Chester near the border, and for nearly twenty years he apparently had an extensive consulting practice as a physician in North Wales, especially in Denbighshire. A great deal of this practice was conducted by letter, for at that time, as is well known, not only patients, but apothecaries and surgeons, consulted physicians in this way, and the latter gave many prescriptions on hearsay and without troubling to interview the patients. More than a century later we find Dr. Alban Thomas of Cardigan consulting Sir Hans Sloane by letter and getting a prescription from him (see "An eighteenth century practitioner," *British Medical Journal*, 1925, i, p. 853).

Sir Roger Mostyn was a warm patron of Reid's and recommended him to his son-in-law, Sir John Wynn of Gwydir, for whom Reid prescribed an "operative julep." Unfortunately, Wynn sent this prescription to the Welsh physician, Sir Thomas Williams, asking his help in getting it made up. Williams no doubt resented this; at any rate, he criticized Reid's knowledge of Welsh simples and his prescription generally. Wynn's letter to Williams is not extant, but it appears that he incautiously communicated some of Williams's strictures to Reid, who wrote: "In your worship's last lettir a fownd enclosed a brefe schedul of your owin to Sir Thomas Williams, wherein you desyre his furtherance for the making of ye julep. His answer I redde wryten upon the back of it. But becaus in it I perceaued a selfe looue, a disdayne of others, & a censuring humor, here brefely I will examin every poynt of it." He then went on to combat his rival's arguments and support his own julep and extol its constituents. Herein was the making of a very pretty quarrel, for Williams not only condemned the prescription and asserted that many of the simples were not to be found in Wales, but he also questioned Reid's diagnosis, alleging that the disease was hepatical and not splenetical. The storm raged over the advisability of using rhubarb, which Reid condemned and Williams recommended. Whether there was any counter-blast from the latter we do not know, but it is apparent that Reid kept the confidence of Sir John Wynn.

There is a curious reference to asparagus in Reid's long letter: "As for Asparagus, seeing it is a woord signifying many thinges, as one may reed in the epistel of the learned Fallopius to Mercurialis . . . it is a farre harder mater to fynd now the usual sperage than grasse rootis." Grass roots were prescribed apparently by Reid in his julep recipe, and Williams seems to have scoffed at them. It seems to have been a very typical medical dispute, in which each party quoted Terence against his colleague, and we are curious to know how it ended, if, indeed, it ever did. If the "schedul" of Wynn was brief Reid's reply was not, for it covered three closely written foolscap pages. Looking at the matter across the perspective of three centuries, it seems to have been a dispute between the advocates of active and expectant treatment, for rhubarb would doubtless have made its action felt, whereas no "grasse rootis" grown in this country could have been expected to do so.

Miss Foljambe Hall tells us of some of Reid's distinguished patients, such as the fourth Earl of Pembroke, to whom he dedicated his *Treatise of the first part of Chirurgerie* in 1638. We confess that we do not know in what circumstances an Earl of Montgomery and Pembroke was created Baron of Shurland in Sheppey, but we are glad to come across an authentic holder of the title of the doughty baron of that ilk and of the *Ingoldsby Legends*, who, after successfully defying the law, ecclesiastical and civil, came to a premature end only by witchcraft (and a septic great toe). Among other distinguished patients of Reid's were the Earl of Bridgewater, Lord President of Wales, and Lord Gerard, President of the Council of the Marches of Wales, and the Salusburys of Llewenny.

Reid's residence on the Welsh border ended about the year 1620. Sir D'Arcy Power has told, in the *Dictionary of National Biography*, the events of his subsequent career as graduate of Oxford and of Cambridge, and Fellow of the Royal College of Physicians of London. There is a short notice of him in Munk's *Roll of the Royal College of Physicians*.

of "administrative lawlessness." Power given to a department to make Orders modifying the provisions of an Act of Parliament really ultimately nullifies the authority of Parliament, as Lord Hewart points out, and various efforts were made during the passage of the bill to restrict this power. These efforts were unavailing; that power remains intact, and is now being exercised by the Minister. Lord Hewart closes his analysis with the following very pertinent observation:

"It may be observed that the *Times*, in a leading article in its issue dated February 16th, 1929, said, with reference to this clause enabling the Minister by Order to modify the provisions of the statute: 'The true precedents, it has been pointed out, must be sought further back than 1888. They are the pretensions to the dispensing powers under the Stuarts and the Statute—obsequiously passed by both Houses—which declared that anything enacted by King Henry VIII or Order in Council should have the force of law.'"

It is perhaps a little inconsistent for the medical profession, and for the *British Medical Journal* in particular, which has for so long acquiesced in the autocratic departmental control exercised under the Insurance Acts, to protest against a further extension of departmental control now promised by the Local Government Act, to the passage of which, with the menacing clause (Section 130), no organized opposition by the medical profession was made. As we sow, so shall we reap.—I am, etc.,

House of Commons, March 11th. E. GRAHAM LITTLE.

*** The Order in question is not made under Section 130 of the Local Government Act, 1929, or under that Act at all. It is made under the Poor Law Act. Though the section named by Dr. Graham Little has nothing to do with this matter, its existence is not a belated discovery of the British Medical Association. The section was noted immediately on the introduction of the bill, and so far from efforts to restrict the power of the Minister under it being unavailing, the Association was not without influence in securing its substantial modification. However undesirable it may be to give to a Minister power to modify any Act of Parliament, there is no doubt that the issue of Regulations under many such Acts, and in accordance with their provisions, is an administrative necessity. The objection in the instance under discussion is not to the making of an Order, but to the character and terms of the Order actually proposed to be made. Though the Regulations contained in it purport to be merely a consolidation of Orders already in force, they will, in fact, re-emphasize and give a new sanction to methods of Poor Law administration, some of which are happily already obsolete or obsolescent, and obscure the opportunities for reform which should be open to the Poor Law Authorities from April 1st next.

## ANAESTHETICS IN MIDWIFERY.

SIR,—As it is my appeal to which Dr. F. M. Rowland refers in your issue of March 1st (p. 414) I hope you will allow me the opportunity of a reply.

The whole of Dr. Rowland's letter seeks to perpetuate the fallacy that an anaesthetic is already given in every case when it is necessary. But the words "when necessary" reveal the weakness of his case. Extensive inquiries in maternity hospitals and other institutions have convinced me that all too often "when necessary" is almost synonymous with the need for a surgical operation. Long before this position is reached, the patient has undergone a degree of suffering which would not be tolerated for one instant in connexion with any operation not associated with childbirth. Most hospitals and institutions are ready and anxious to give an anaesthetic in every case in order to avoid shock; but the burden of their expenses is too heavy to permit the engagement of a resident anaesthetist. Since my fund has been started three London maternity hospitals have made applications for grants so that they may be enabled to give relief from suffering to still more patients than they do at present. If an anaesthetic is already administered in every case where it is necessary, why should these hospitals be so eager to secure the services of additional anaesthetists?

Dr. Rowland's statements would be more closely "in accordance with fact or practice" if every woman was, or could be, attended by a doctor at the birth of her child. A very large proportion of poor women are attended by midwives, who cannot administer an anaesthetic, and who summon a doctor only when complications arise to make his aid necessary. Does Dr. Rowland really believe that a midwife in ordinary practice in town or country can have a skilled anaesthetist at her call at a moment's notice under the provisions of the Midwives Act? No attempt is made—except in what is understood by Dr. Rowland as "when necessary" cases—to use anaesthetics generally, and until the social conscience is awakened to the need of developing our maternity services vast numbers of poor women must continue to suffer, whilst their wealthier sisters are enabled to purchase alleviation. It is to do away with this inequality that the appeal has been issued.—I am, etc.,

London, W.1, March 14th. LUCY BALDWIN.

## MARGARET MACDOWALL.

SIR,—Many of us feel that the death of Miss Margaret Macdowall must not pass without some reference being made to the valuable work that she has done. She was one of the pioneer workers in the care of mentally defective children in this country. Her intuitive understanding of their needs was remarkable. Her success did not lie in any formulated system, but rather in finding out the special requirements of each child so that it might be helped to get the best out of its limited mental capacity. Great insight, infinite patience, and an untiring devotion were the qualities which gave her work its intensely human value. In addition to her sympathetic care and training of these defective children, she had the gift of inspiring others and of imparting her outlook, and thus the unobtrusive work that she carried on for many years at Ealing, and later at Burgess Hill, has led to others following in her footsteps and developing her methods.—I am, etc.,

London, N.W.1, March 15th. MAURICE CRAIG.

## H. O. THOMAS'S LITERARY STYLE.

SIR,—In your editorial on Hugh Owen Thomas (March 1st, p. 406) you state that "he had not an attractive literary style." On reading this I went straight to my bookcase, took out the nearest of Thomas's books, opened it haphazard, and read the following:[1]

"Mr. Whiteside, now residing at the corner of Hawthorne-road and Benedict-street, while engaged in a bakery, dislocated his shoulder. He went immediately after the accident to a public hospital, where, while he was under an anaesthetic, the house surgeon attempted to reduce the displacement but failed. On the following day he repeated his visit, and was under the influence of an anaesthetic for six hours, while several of the honorary staff surgeons were superintending and assisting at attempts at reduction, but with no success. After this the patient remained contented for six weeks, when he decided to seek for aid from a popular practitioner in Manchester, but on his way to the railway station he altered his intention and came and consulted me. Stipulating that he should first procure me a photograph of the part, I promised that an attempt at reduction would be made by me, which was fulfilled next day. The dislocation was reduced in twenty minutes."

If this is not attractive, what is?—I am, etc.,

London, W.1, March 5th. PAUL BERNARD ROTH.

[1] *Contributions to Surgery and Medicine.* Part III, December, 1887, p. 63.

# Universities and Colleges.

## UNIVERSITY OF CAMBRIDGE.

AT a congregation held on March 14th the following medical degrees were conferred:

M.B., B.CHIR.—*R. M. Windeyer, T. N. Parish.

* By proxy.

## UNIVERSITY OF LONDON.

REGULATIONS for the academic diploma in clinical pathology have been approved and can be obtained on application to the Academic Registrar.

The Chancellor has reappointed Professor Rushton Parker to be his representative on the Court of Governors of the University of Liverpool for a further period of three years. Professor William Wright and Mr. W. G. Spencer have been appointed governors of East London College and Westminster Hospital Medical School respectively. Mr. G. J. Jenkins has been appointed an external examiner in oto-rhino-laryngology for 1930.

An interim grant of £75 has been made out of the Thomas Smythe Hughes Medical Research Fund to Kathleen Edith

Chevassut for the continuation of her research on the etiology and treatment of disseminated sclerosis, which is being carried out at Westminster Hospital.

Applications for grants from the Thomas Smythe Hughes and Beaverbrook Medical Research Funds must be sent in between May 1st and June 15th, 1930, accompanied by the names and addresses of not more than two persons to whom reference may be made. The grants are allocated annually for the purpose of assisting original medical research. Full particulars may be obtained on application to the Academic Registrar.

### UNIVERSITY OF LIVERPOOL.

AT a congregation to be held on June 5th the honorary degree of D.Sc. will be conferred on Dr. George Barger, F.R.S., Professor of Chemistry in relation to Medicine in the University of Edinburgh.

### UNIVERSITY OF EDINBURGH.

AMONG the honorary degrees which the University proposes to confer are the LL.D. on Sir Thomas Barlow, Bt., Physician-Extraordinary to the King and consulting physician to University College Hospital; Sir David Wallace, F.R.C.S.Ed., consulting surgeon to the Royal Infirmary, Edinburgh; Dr. K. F. Wenckebach, F.R.C.P., Emeritus Professor of Clinical Medicine in the University of Vienna; and Sir William B. Hardy, F.R.S., Director of Food Investigation, Department of Scientific and Industrial Research.

### NATIONAL UNIVERSITY OF IRELAND.

THE Senate met on March 13th.

A resolution of condolence was adopted on the death of Dr. Maurice R. J. Hayes, Professor of Materia Medica and Therapeutics in University College, Dublin.

The Senate, having considered the reports of the examiners upon the published works submitted to them, decided that the degree of M.D. should be conferred on E. J. Keenan and S. A. McSwiney.

The following appointments were made: Professor Thomas Walsh was appointed to represent the University at the sixteenth annual conference of the National Association for the Prevention of Tuberculosis, to be held in London in July, and Dr. Denis J. Coffey was appointed to represent the University at the jubilee celebrations of the University of Manchester in May.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council meeting of the Royal College of Surgeons was held on March 13th, when the President, Lord Moynihan, was in the chair.

The congratulations of the Council were given to Lord Moynihan on the presentation to him by H.M. King Fuad of the Grand Cordon of the Order of the Nile.

Professor G. Elliot Smith attended and was presented by the President with the honorary Gold Medal of the College, with a document declaratory of its award, in appreciation of his services to the Museum, more especially in preparing a descriptive catalogue of the vertebrate brains and in securing for the College the valuable Nubian collection of pathological specimens from Egypt.

Licences in Dental Surgery were granted to 31 candidates.

Diplomas in Ophthalmic Medicine and Surgery were granted, jointly with the Royal College of Physicians, to 16 candidates.

Mr. Fagge was appointed as representative to serve upon a subcommittee of the People's League of Health to consider the subject of "The cause and eradication of bovine tuberculosis" and the desirability of holding an international conference thereon.

## The Services.

### HONORARY SURGEON TO THE KING.

Group Captain Henry Cooper, principal medical officer for the Air Defences of Great Britain, has been appointed an Honorary Surgeon to the King, in succession to Air Vice-Marshal David Munro, C.B., C.I.E.

### ROYAL NAVY MEDICAL CLUB.

The annual dinner of the Royal Navy Medical Club will take place at the Trocadero Restaurant, Piccadilly Circus, on Thursday, April 24th, at 7.30 for 8 p.m. Members who wish to be present are asked to inform the honorary secretary, Royal Navy Medical Club, Queen Anne's Chambers, Tothill Street, S.W.1, not later than seven clear days before that date.

### DEATHS IN THE SERVICES.

Lieut.-Colonel Hugh Latimer Donovan, R.A.M.C. (ret.), died at South Yardley, Birmingham, on February 28th, aged 74. He was born on July 30th, 1855, was educated at Queen's College, Cork, and graduated as M.D. and M.Ch. in the Royal University of Ireland in 1877. Entering the army as surgeon on February 3rd, 1878, he became surgeon lieutenant-colonel after twenty years' service, and retired on February 23rd, 1898. He was employed for some time after his retirement at Warwick. He served in the Egyptian war of 1882, receiving the medal and the Khedive's bronze star; and in the Sudan campaign of 1885, when he was present at the action of Tofrek, was mentioned in dispatches in the *London Gazette* of August 25th, 1885, and gained two clasps to his medal. He rejoined for service in the war of 1914–18, when he served for some time in the Western Command.

## Obituary.

### H. W. ARMIT, M.R.C.S., L.R.C.P.,

Editor, *Medical Journal of Australia*.

MEMBERS of the British Medical Association in this country who knew Dr. Armit before he went to Sydney seventeen years ago to become Editor of the *Medical Journal of Australia* will regret to hear of his death, on March 12th, after a brief illness.

Henry William Armit, younger son of William Armit, sometime secretary of the Hudson's Bay Company, was born in 1871, and studied medicine at St. Bartholomew's Hospital, obtaining the M.R.C.S., L.R.C.P. diploma in 1894. With a good working knowledge of several modern languages he combined an interest in scientific research, and, in the intervals of practice in the North-West of London, he found time to translate Ehrlich and Lazarus's *Anaemia* and von Schrötter's *Hygiene of the Lung in Health and Disease*. He also attended a number of medical congresses on the Continent, and supplied reports of their proceedings to the *British Medical Journal*. In this capacity he visited Paris, Berlin, Lisbon, and Budapest. Between 1904 and his departure from England Dr. Armit held a number of local offices in the British Medical Association and took an active part in professional politics. For five years he represented the Hampstead Division in the Representative Body, and became chairman of that Division in 1910, having previously acted as assistant honorary secretary and vice-chairman. He was a member of the Metropolitan Counties Branch Council from 1907 to 1911, and vice-president of the Branch in 1909, and he had served on more than one central committee.

In 1913 a decision of great importance was taken by the Federal Committee of the Australian Branches of the British Medical Association. At that time two medical journals were already in existence in the Commonwealth, each with vested interests. It was decided to form a company with limited liability to acquire the interests of these two periodicals, and to found a weekly journal for the whole of Australia, to be called the *Medical Journal of Australia*, incorporating the *Australasian Medical Gazette* and the *Australian Medical Journal*. In accordance with this decision Dr. Armit was invited to become whole-time Editor, with offices in Sydney, and the first issue of the new periodical appeared under his direction on July 4th, 1914. Armit shouldered this heavy task in unaccustomed surroundings with characteristic energy and resource. He was a man of great industry and pertinacity, and the *Medical Journal of Australia* made steady progress. Many difficulties which presented themselves, both during the war and after, were gradually overcome, and in this the constant help of Dr. R. H. Todd was invaluable.

In his editorial work Armit was most painstaking, and he acquired at first hand a thorough knowledge of all the technical details of the printing office and the publishing department. His acquaintance with foreign medical literature, and his belief in the importance of keeping the Australian profession abreast of new work in other countries, found practical expression in his pages, and more particularly in the summaries of articles in contemporary journals, which almost from the beginning have been a feature of the *Medical Journal of Australia*.

### J. W. L. SPENCE, L.R.C.P. and S.Ed., L.R.F.P.S.,

Medical Officer in Charge of the Electrical Department, Royal Hospital for Sick Children, Edinburgh.

THE death took place on March 15th, at his residence at Palmerston Place, Edinburgh, of Dr. J. W. L. Spence, at the age of 58. Well known as a radiologist in that city, and as one of the pioneers of radiology in the Edinburgh Medical School, he had for many years been suffering from the effects produced by *x* rays at an early stage of his employment of this diagnostic means, and for some months his state of health had been very serious.

John Webster Lowson Spence was born at Smyrna in 1871, the son of a well-known missionary, and lived afterwards at Constantinople. After studying medicine at Edinburgh, he took the Triple Qualification in 1898, and

*Residential Care of Mental Patients.*—Miss LAWRENCE told Dr. Vernon Davies, on March 12th, that 29 out of 1,924 local authorities (or combinations of authorities) had made some provision for the residential care of the mentally defective. The present accommodation was inadequate, and, if the figures estimated by the Departmental Committee on Mental Deficiency were accepted, the shortage of beds was probably not less than 20,000.

*Tuberculous Mental Patients.*—Answering Dr. Vernon Davies on March 12th, Miss LAWRENCE said there was no organized liaison throughout the country between mental hospitals and tuberculosis officers of county or county boroughs, with a view to the diagnosis of tuberculosis among the patients in these hospitals. Many mental hospitals now received regular visits from consulting physicians and other specialists, and possessed special facilities for the diagnosis of pulmonary tuberculosis, including *x*-ray apparatus.

*Lunacy Observation Wards.*—Answering Mr. Arthur Richardson, on March 13th, Mr. GREENWOOD said that after the Poor Law guardians had been abolished, the use of lunacy observation wards would depend mainly on the decision of local authorities about the purposes for which the Poor Law infirmaries, of which these wards formed part, should then be used. He added that a provision in the Mental Treatment Bill would facilitate the use of such wards for mental patients.

*Psittacosis.*—In reply to Mr. Graham White, Mr. GREENWOOD said, on March 13th, that the results obtained concerning the discovery and isolation of the virus of psittacosis at a London hospital had not yet been confirmed, but a great deal of work was in progress, and he hoped for valuable results.

*Silicosis.*—Mr. CLYNES told Mr. Rennie Smith, on March 6th, that he hoped to present a bill dealing with silicosis before the end of March. The committee appointed by the Medical Research Council would advise on and supervise further investigation of pulmonary silicosis and other pulmonary conditions associated with inhalation of dusts from industrial processes, and in co-operation with the Factory Department, would obtain more accurate knowledge of causes and diagnosis.

*Small-pox.*—Mr. GREENWOOD told Mr. Freeman, on March 18th, that in 1929 the cases of small-pox notified in England and Wales numbered 10,967. Among those cases 39 deaths occurred which were classified as small-pox. These figures were provisional.

*Treatment of Rheumatism.*—Mr. GREENWOOD stated, on March 13th, in reply to Mr. Graham White, that until further experience had been gained of the treatment of rheumatism at the new clinic established by the British Red Cross Society and elsewhere, he considered it would be premature to appoint a committee to consider the best means of extending facilities for treatment. He was prepared to give sympathetic consideration to any practicable proposals which might be submitted by local authorities for provision of facilities for treatment. Dr. FREMANTLE suggested that more results would be produced by multiplying the Government grants to medical research. Mr. Greenwood did not reply.

*Deaths due to Influenza.*—Mr. GREENWOOD said, on March 13th, in reply to Dr. Morris-Jones, that no information was available with regard to the number of cases of influenza among the insured population, but from the Registrar-General's weekly returns it appeared that the number of deaths due to influenza registered in 107 great towns in England and Wales was 5,347 during the first eight weeks of 1929, as against 582 during the same period of 1930.

*Experiments on Animals.*—Mr. CLYNES, replying to Mr. Freeman on March 17th, said that the contents of certificates under Section 5, Cruelty to Animals Act, 1876, for experiments, were always and necessarily treated as confidential.

*Radium.*—In reply to Commander Kenworthy, on March 6th, Mr. GREENWOOD stated that the Radium Trust had thought it best, as a primary object, to obtain radium from existing sources, including such supply as was available in this country. Efforts to obtain an independent supply in the Empire and from Cornwall were under consideration. The price paid by the Radium Trust for radium would be made public in the annual report.

*Reconstituted Milk and Artificial Cream.*—Mr. GREENWOOD told Mr. Everard, on March 6th, that he was aware that at a recent food and cookery exhibition at Olympia reconstituted milk had been supplied to the public. He did not think it necessary to inform food and drug authorities that the sale of reconstituted milk was illegal. Mr. Greenwood further said, in answer to Colonel Ruggles-Brise, on March 6th, that he could not introduce legislation requiring all users of emulsifying machines to disclose the fact that they were supplying artificial cream. The Artificial Cream Act controlled the sale of artificial cream, and provided for the registration of premises where it was manufactured or sold.

*Protection Against Gas Attack.*—Mr. MACDONALD, on March 17th, in reply to a question, said that in view of the ratification, last year, of the Geneva Gas Protocol of 1925, by most of the important European States, including this country, and of the other international undertakings and agreements for the preservation of peace, the present time was not opportune to press on with plans for protecting the public against gas attack. Considerable preparatory work had been done by the Committee of Imperial Defence on this problem before ratification of the protocol. This work would always be available.

*Clinics for Orthopaedic Cases.*—Mr. GREENWOOD told Colonel Acland-Troyte, on February 27th, that under Section 14 (1) of the Local Government Act, 1929, county councils would be able to provide clinics for treatment of orthopaedic cases and to provide all necessary appliances. As a rule orthopaedic cases did not require special nourishment as part of treatment. Exceptional cases which did require it should receive treatment in hospital.

*Proposed Medical Training School in Tanganyika Territory.*—Replying to Mr. Ormsby-Gore on March 5th, Dr. SHIELS said the proposed medical training school in Tanganyika Territory was for further training of African dispensers and sanitary inspectors, and aimed at producing eventually a grade of African sub-assistant surgeons. Miss RATHBONE asked whether it was proposed to train women as medical officers and hospital assistants, in view of the grave scarcity of such trained women in the colony. Dr. SHIELS said he would take the suggestion into consideration.

*Increase of Factory Inspecting Staff.*—On March 10th Mr. CLYNES informed Mr. Kelly that no addition was made last year to the total strength of the factory inspecting staff. Changes which the Government had decided to make in the strength and organization of the inspectorate included increases, to be spread over five years, in the general inspection staff and the technical branches, which included the medical side. The medical staff would be raised from five to eight, and in the technical branches two medical inspectors would be added.

*Medical Officers as Sanitary Inspectors.*—Mr. JOHNSTON, replying to Mr. McKinlay, on March 4th, said that his attention had not been called to what that member described as a growing practice in Scotland of appointing medical officers as sanitary inspectors. He could not accept the suggestion that a medical practitioner who was also the holder of a diploma in public health was unqualified for the office of sanitary inspector.

*Pension Grants.*—Mr. F. O. ROBERTS informed Mr. Womersley, on March 10th, that in the last three months 117 awards had been made in respect of applications for pension grants submitted more than seven years after the men's discharge. In addition, treatment had been provided in 14 cases.

### *Notes in Brief.*

The total amount of reserve funds possessed by approved societies under the National Health Insurance Acts was £115,500,000 on December 31st, 1929.

The total number of men insured under National Health Insurance in the United Kingdom was 9,191,800 in 1912, and 16,307,700 in 1928; of women, 3,845,600 in 1912, and 5,499,900 in 1928.

Miss Lawrence, in reply to a question, stated, on March 11th, that the deaths registered in England and Wales as due to cancer in 1915 numbered 39,847; that each following year showed an increase, the total for 1929 being 56,896.

# Medical News.

THE St. Patrick's Day dinner of the Irish Medical Schools' and Graduates' Association was held at the Savoy Hotel, London, on March 17th, with Dr. W. Playfair Kennedy in the chair. Dr. W. Mulhall Corbet proposed the health of "Our Guests," and welcomed the presence of Mr. Cecil B. Harmsworth and Mrs. Harmsworth. In his reply Mr. Harmsworth referred appreciatively to his connexion with Trinity College, Dublin, and to the merits of Ireland as a resort for those interested in fishing. Lieut.-General H. B. Fawcus, D.G.A.M.S., proposed the toast of "The President of the Association," commenting on the support given in past times to the Royal Army Medical Corps by Irish medical graduates. The president responded, and contributed an account of the formation of the association at the time of the Annual Meeting of the British Medical Association at Bath in 1878. Much-appreciated musical items were contributed by Miss Peggy Hearn and Mr. Patrick Hughes, Mrs. A. P. Hughes accompanying at the piano. Towards the conclusion of the dinner the "Irish nightingale," Mrs. James Harold, delighted those present with her rendering of Irish songs.

AT a conference on birth control, to be held at the Central Hall, Westminster, on Friday, April 4th, the problem will be considered in relation to population, maternal health, and public health. At the morning session Mr. Harold Wright (editor of *The Nation*) will address the conference on birth control and the population problem; and Mr. Harold Chapple, F.R.C.S., will open a discussion on birth control in its relation to maternal health. At the afternoon session Dr. Maitland Radford, medical officer of health, Shoreditch, will open a discussion on birth control and public health authorities; and a resolution will be put to the conference urging the Ministry of Health and public health authorities to make available medical information on birth control to married people who ask for it. Tickets (1s. each) and further particulars may be obtained from the secretary, Committee for Birth Control Conference, 9, Parliament Mansions, Westminster, S.W.1.

THE presidential address entitled "The disastrous influence of a declining birth rate on the life of the nation," delivered by Dr. F. J. McCann at the annual meeting of the League of National Life held at Caxton Hall, Westminster, on October 30th, 1929, has now been published in pamphlet form, and may be obtained (price 6d. net) from Messrs. Roffey and Clark, Ltd., 12, High Street, Croydon.

A MEETING of the British Institute of Radiology, with which is incorporated the Röntgen Society, will be held at the rooms of the Institution of Electrical Engineers, Savoy Place, Victoria Embankment, on March 30th, at 6 p.m., when Dr. Bernard Leggett will read a paper on the medical and surgical applications of electricity. A meeting of medical members of the institute will be held on the following afternoon at 32, Welbeck Street, at 5 p.m., when reports on cases of thoracic disease and other topics of interest will be welcomed. A general meeting of the Society of Radiographers will be held at the house of the British Institute of Radiology (32, Welbeck Street), on March 19th, at 7 p.m., when Dr. L. A. Rowden will read a paper entitled "Radiography—old and new."

THE annual meeting of the National Council for Mental Hygiene will be held to-day (Friday), March 21st, at 5 p.m. in the Hall of the Medical Society of London, 11, Chandos Street, Cavendish Square, W.1.

AT the first meeting of the National Safety Week Council on March 4th, under the chairmanship of Sir Gerald Bellhouse, further arrangements were made for inviting the co-operation of various societies and organizations concerned directly or indirectly in promoting the objects of Safety Week, which is being held this year from May 19th to 24th. The British Medical Association is represented on the council.

THE annual meeting of the Society for the Study of Inebriety will be held at 11, Chandos Street, W.1, on Tuesday, April 8th, at 4 p.m., for the election of officers, and to receive the report of the council and the financial statement. At the conclusion of the business Dr. Percy C. Barham will open a discussion on the difficulties of the institutional treatment of alcoholism and drug addictions.

THE Fellowship of Medicine announces that Mr. A. Tudor Edwards will lecture on modern surgical developments in chest disease at the Medical Society lecture room, 11, Chandos Street, Cavendish Square, W.1, on Tuesday, March 25th, at 4 p.m. Mr. Max Page will give a special demonstration on Thursday, March 27th, at 2 p.m., at the Victoria Hospital for Children, Tite Street, S.W.3. The lecture and demonstration are free to medical practitioners. From March 24th to April 12th a special course in medicine, surgery, and gynaecology will be held at the Royal Waterloo Hospital, Waterloo Road. The whole of each day will be occupied with operations, lectures, and clinical demonstrations in the wards and out-patient departments. From March 31st to April 5th a special all-day course in gastroenterology at the Prince of Wales's Hospital, Tottenham, will deal with the medical and surgical aspects of the subject. Copies of all syllabuses and details of the general course of work in the fifty associated London hospitals may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A CLINICAL post-graduate course in otology, rhinology, and laryngology will be held at Bordeaux from June 30th to July 12th, under the direction of Professor Portmann. Lectures and demonstrations will be given daily, and there will be opportunity for individual tuition in the various methods of examination and treatment. The fee is 300 fr., and inquiries should be addressed to the secretary of the Faculty of Medicine, Bordeaux.

THE KING has appointed Dr. J. L. Margetson, medical officer District No. 1, Montserrat, to be an official member of the Executive Council of the Presidency of Montserrat.

THE forty-third congress of the Société d'Ophtalmologie will be held at the Paris Faculty of Medicine on May 12th, when a discussion, introduced by MM. Duverger and Velter, will be held on the biomicroscopy of the lens in health and disease. During the congress visits will be paid to hospitals and laboratories, and there will be an exhibition of optical and surgical instruments at the Faculty. Further information can be obtained from the general secretary, Dr. René Onfray, 6, Avenue de la Motte Picquet, Paris VII.

IN intimating his resignation as an alderman of the Blackburn Town Council, of which he has been a member for thirty-four years, Dr. J. T. T. Ramsay, J.P., has stated in a letter to the mayor that his decision is a consequence of the passing of the Local Government Act, 1929, which, by transferring the work of the Board of Guardians to the Town Council on April 1st next, had made it necessary for him to decide whether to continue as a member of the Council or surrender a part of his professional duties. Dr. Ramsay was mayor of the borough from 1922 to 1924, and has been a borough magistrate for the last twenty-five years. He was closely associated with the introduction and development of the local school medical service. In 1926 he became a co-opted member of the Mental Deficiency Act Committee.

THE Italian Travel Bureau in London (16, Waterloo Place, S.W.1) has issued a new pamphlet, with coloured illustrations, describing briefly the spas of Italy. The bureau has also published an illustrated souvenir booklet on the Italian Art Exhibition at Burlington House, and a handbook of the holiday courses for 1930 organized by the Italian Inter-University Institute, with lists of hotels in all parts of Italy.

THE Department of Health for Scotland has appointed Peter L. McKinlay, M.D.Glas., to be a medical officer in the department. Dr. McKinlay was assistant medical statistician to the Scottish Committee upon problems of child life, and for the last five years he has been medical statistician on the staff of the Medical Research Council.

DR. ALEXANDRE GUÉNIOT, who was born in 1832, has recently celebrated the fiftieth anniversary of his election to the Académie de Médecine in the obstetrical section. He was president of the Société de Chirurgie in 1882, of the Société Obstétricale et Gynécologie de Paris in 1888, and of the Académie de Médecine in 1906.

DR. JAMES MCALISTER RAMSAY of Oakley and Dr. Fraser McEwen Sinclair of Glencraig have been appointed to the Commission of the Peace for Fifeshire.

THE National Baby Week Council has recently added a new publication to its list, entitled *Functional Disorders of the Nervous System*, by Dr. Eric Pritchard, chairman of the executive committee. Copies, price 2d., may be obtained from the secretary of the council, 117, Piccadilly, W.1. A lantern lecture on rickets and other common nutritional disease has also been prepared, price 6d.; slides may be hired.

DR. A. BARDELAC DE PARIENTE has been nominated professor *honoris causa* of the Rubio Post-Graduate Institute at Madrid.

# 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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## QUERIES AND ANSWERS.

### MENOPAUSAL VASOMOTOR DISTURBANCES.

"D. J." inquires if any reader can suggest a proved remedy for the vasomotor disturbances of the menopause.

### A FORM OF NARCOLEPSY.

DR. J. B. DAVIDSON (Northumberland) invites suggestions for the treatment of a female patient, aged 32 years, who has suffered from a form of narcolepsy for the last eleven years. Immediately the patient tries to do needlework, knitting, or darning she begins to fall asleep. During the period of recovery she has been known to cut the stockings she has been knitting. On another occasion she visited the grave of a relative, and while arranging flowers upon it fell asleep on the kerb of the tombstone.

### TREATMENT OF ASTHMA.

"M. E. P." (South Africa) has a case of idiopathic bronchial asthma which has resisted every type of treatment, including morphine and its derivatives (which constantly produce sickness), adrenaline, inhalations (which cannot be tolerated), atropine, and ephedrine (hypodermic and oral). The patient is a woman aged 40, and an attack occurs regularly once a month (no relation to the menstrual cycle), having a variable duration from three to fourteen days. During the attack there is marked dyspnoea, cyanosis of the lips, and great distress. Adrenaline (10 minims) every hour, and sometimes every half-hour, gives practically no relief. Can anyone advise any form of treatment which might relieve this unfortunate woman?