

extending, and the skin of the thigh was very oedematous and undermined. Amputation through the hip-joint was suggested, but this he declined, and the case looked absolutely desperate. He was intensely toxic, in great pain, and his condition was so bad that I felt some other line of treatment should be adopted to relieve him. Morphine hypodermically was given nightly, and the limb was dressed twice daily with flavine (1 in 1,000). As in the previous case recorded, the result was highly dramatic. Within three or four days the gangrenous process had ceased, the greenish-yellow tissue became a bright red granulating surface, and the necrosed end of the femur and the patella dropped off. He made a complete recovery, and left the hospital with what looked like a neat conical amputation stump.

#### *Traumatic Hernia of the Spleen.*

On October 24th, 1929, a native woman, aged about 25 years, was brought to me for treatment. The history was that on the previous day, near Kalabo Station, she had been stabbed in the abdomen with an assegai. Examination revealed a big portion of the spleen protruding through a wound in the left hypochondrium. The protruding organ was strangulated and dusky in colour.

The operation of choice would probably have been complete splenectomy, but as the woman had been already carried in a canoe for twenty-four hours, and assistance was very inadequate—a nurse and a native orderly—I decided to remove only the damaged part of the organ.

The abdomen was opened under general anaesthesia, the strangulated portion of spleen was ligated and excised, a drain was inserted, and the abdominal wound closed and dressed with flavine (1 in 1,000). There was a slight temperature and some distension for two or three days, with a purulent discharge from the upper edge of the wound, which seemed to come from a localized abscess. Apart from this, progress was uneventful, and the woman is nearly ready for discharge from hospital. To complicate matters, respiration failed in the middle of the operation, and artificial respiration had to be employed, with consequent protrusion of intestine, which did not make things any easier.

I thought that this case, owing to the rarity of the condition, might be of some interest. Lejars says that Vanverts has collected 29 cases, of which only 6 have occurred during the last twenty-five years.

I am indebted to Dr. P. H. Ward, P.M.O., Northern Rhodesia, for permission to publish this paper.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CURE OF THROMBOPENIC PURPURA BY LIVER.

THE patient (aged 23) whose case is recorded below gave a history that ten years ago, after an operation for tonsils and adenoids, he bled very profusely, and was thought to be a bleeder. He also stated that there were blood blisters inside the mouth on January 31st, 1929, that there was then a little bleeding inside the mouth, but that this improved, and then, on February 20th, became worse. Previous treatment had been by injections of collosol calcium and of haemoplastin.

He was examined on March 2nd, 1929. Blood was oozing from the margin of the gums in both the upper and lower jaws, and there were numerous petechiae on the mucous membrane of the mouth, and in the skin around about the shoulder girdles, and a small number of petechiae elsewhere. The urine contained a small amount of urobilin, no albumin, no blood, and no sugar.

A blood count (by Dr. Clarke) showed: red blood corpuscles 4,940,000 per c.mm.; white corpuscles 12,500; haemoglobin 86 per cent.; colour index 0.87. Differential count: polymorphonuclears 80 per cent., lymphocytes 12.5 per cent., large mononuclears and transitionals 1.5 per cent., eosinophils 6 per cent. The red cells were apparently normal; platelets practically absent. Bleeding time and blood coagulation time were not tested, but the films showed almost complete absence of platelets.

He was put on treatment by liver as for pernicious anaemia, and also given liquor arsenicalis. On March 6th the bleeding began to diminish, and by March 11th it had ceased entirely.

Examination on June 28th showed that platelets were present in normal numbers. His liver was reduced to half the amount.

At the present time he seems fit and well, and does regular work on his father's farm. He has slight and occasional bleeding from his gums, but no blood blisters. He takes a cooked liver meal once or twice a week.

F. H. JACOB, M.D., F.R.C.P.,  
T. CLAPPERTON, M.D.

Nottingham.

### HERPES OPHTHALMICUS COINCIDENT WITH VARICELLA IN ADULTS.

It is now a well-established fact that herpes zoster may be followed in eight to twenty days by an outbreak of chicken-pox in contacts who have not previously suffered from varicella. Bokay in 1892 reported nine cases of this type, where the possibility of infection from other sources could be excluded. Parkes Weber has described a series of cases, and Le Feuvre made an analysis of fifty cases illustrating the singular connexion between the two diseases. Ker reported that in eighteen months three out of seven appearances of herpes zoster in his wards had been followed by chicken-pox, otherwise quite unexplained.

The cases here described were admitted to St. Mary, Islington, Infirmary, Highgate, within a short time of one another. They are interesting in that both eruptions were present at the same time, the varicella eruption becoming manifest six days after the first signs of the herpes; moreover, chicken-pox is unusual in adults, and one of our patients was over 80 years old.

*Case 1.*—A man, aged 69, noticed on December 6th, 1929, a small pimple over his left eye, which gradually became worse. He was admitted on January 11th with well-marked herpes ophthalmicus on the left side, the rest of the skin being quite clear. The next day an eruption, having the typical appearance and distribution of varicella, appeared. Recovery was uneventful, except that there was scarring from both the herpes and the varicella to an unusual extent. There were no further cases, as the patient was isolated from the beginning.

*Case 2.*—A man, aged 80, had on December 19th, 1929, what he described as a cold in his head with irritation of his left eye. He did not feel very well, and attended a general hospital on December 26th, from which he was sent on to us. On admission, seven days after the onset of the disease, he had a well-marked herpes ophthalmicus on the left side, with a rash that was typical of varicella in appearance and distribution. He was isolated with the previously mentioned case, and had an uneventful recovery.

In neither case had the patient suffered from a previous attack of chicken-pox, and the question of a recent exposure was investigated and proved negative. There was no possibility of the eruption being due to drugs, as the patients had had no treatment prior to admission.

We wish to thank Dr. W. R. M. Turtle, medical superintendent, for permission to publish these cases.

B. BARLING, M.D. Lond.

JOHN CAHILL, M.R.C.S., L.R.C.P.

St. Mary, Islington, Infirmary.

#### TORSION OF THE GALL-BLADDER.

THE following case of torsion of the gall-bladder is of some interest, and is reported on account of its comparative rarity. One case is cited in Rose and Carless's *Manual of Surgery*, but no other is described in any of the several textbooks consulted.

The patient was a married woman, 77 years of age.

*Previous History.*—The left breast had been removed for carcinoma four years previously; apart from this she had been in good health until the onset of the symptoms, which was sudden, with severe pain in the right side of the abdomen just below the costal margin, and increasing in intensity. Five minutes after the pain commenced there was a feeling of nausea, followed by vomiting, first of undigested food, and later of bile. There were as many as ten such attacks of vomiting, but no jaundice was present.

*Condition on Examination.*—The temperature was 98° F., and the pulse 84, regular, and of fair tension and volume. The respirations were 20. The abdomen was protuberant, and there was fullness in the upper part of the right hypochondrium. In this region there was a very tender, painful pyriform swelling, which extended for 3 inches below the costal margin; it was 2 inches in width, and moved on respiration. A diagnosis of acute cholecystitis was made.

*Operation.*—An upper right-sided paramedial exposure was performed, when a very enlarged dark plum-coloured gall-bladder revealed itself, with a definite mesentery  $1\frac{1}{2}$  inches long by  $\frac{1}{4}$  inch broad; the organ was twisted about its base in a clockwise direction through 180 degrees. Cholecystectomy was performed, and the gall-bladder was found to contain one large stone. Convalescence was uneventful.

I have to thank Mr. C. H. Laver for permission to publish this case.

R. GORDON GWYNNE, M.R.C.S., L.R.C.P.

East Surrey Hospital, Redhill.

## SUDDEN DEATH FROM INJURY TO THE CEREBRAL PEDUNCLES.

THE following very unusual case of sudden death from trauma seems worthy of record.

A middle-aged, healthy, well-built man was riding his bicycle in a gale. A sudden gust of wind caused him to lose control of his cycle and he fell off, striking his head against the pavement. He was picked up dead, and taken to Addenbrooke's Hospital, Cambridge.

Post-mortem examination revealed a fissured fracture of the anterior fossa of the skull of minor degree, and, in addition, the cerebral peduncles had been cut almost clean through, presumably by impact against the dorsum sellae. No other abnormalities were found.

I am indebted to Dr. J. F. Gaskell for permission to record this case.

S. D. ISAACS, M.A., M.B., B.Chir.,  
M.R.C.S., L.R.C.P.  
Birmingham.

## Reports of Societies.

## THE CURATIVE ACTION OF DIGITALIS IN TOXAEMIA.

At a meeting of the Section of Medicine of the Royal Society of Medicine, on April 25th, presided over by Dr. R. A. YOUNG, a communication was made by Professor W. E. DIXON and Dr. G. N. MYERS on the curative action of digitalis in toxæmia.

Professor DIXON explained that the large-scale animal experiment which was recorded in the paper arose out of an attempt to determine whether digitalis was or was not of any value in pneumonia. Clinicians were divided on the point, some stating that the use of digitalis rendered the patient more liable to die, and others that it increased the probability of cure. On the experimental side there was exactly the same division of opinion, about half the research workers stating that as a result of their observations digitalis had been shown to be of value in pneumonic and infective conditions, and the other half that it had no value whatever. A suggested explanation of the difference was that investigators had been so engrossed in studying the action of digitalis on the heart that no other action had been recognized or expected. It was impossible to give animals pneumonia and to ensure their death in the absence of exceptional measures, and therefore in these experiments, which were with guinea-pigs and rabbits, resort was made to the use of a toxin, nearly all the mortality in pneumonia being attributable to toxæmia. The diphtheria toxin was chosen for the purpose of the experiment, because the minimal lethal dose was so definite. The experiments showed consistently that if a reliable tincture of digitalis were given the animals survived subsequent injections of bacterial toxin, even if the amount of toxin was three times the minimal lethal dose, while the control animals, which had had the toxin without the previous digitalis, invariably died. The same effect was obtained when the toxin was injected first, provided that the injection of the digitalis was not too long delayed. It was also found that the glucosides from digitalis and strophanthin (from *S. kombé*) exerted some life-saving effect, though not to the same extent as that given by digitalis, while *g*-strophanthin, or ouabain, which was official in the *United States Pharmacopœia*, and was used for the standardization of tincture of digitalis, had no action of this type. This last substance was an ideal control, because it was absolutely valueless. It acted on the heart like digitalis, but had none of its life-saving properties. Animals which received ouabain died even a little more readily than those which had received the toxin alone. Strophanthin, if given for a sufficiently long time, acted nearly as well as digitalis, the treated animals surviving and the controls dying. The effect of toxin on the animals which had received digitalis was different from that on normal animals, in that while the former responded by a decided leucocytosis, in the latter the leucocytosis was never a decided feature, and might be absent. Experimental and clinical evidence showed that toxins generally

killed by causing circulatory failure associated with enormous dilatation of the splanchnic vessels and a progressive fall in blood pressure, a condition which was not due to the depletion of the suprarenal glands.

In brief, the result of the experiments was to show that if digitalis was given to the animals first, large quantities of toxin could be given, and the animals would survive, and that, even if the toxin were given first and the digitalis injected not too long afterwards, animals which ordinarily would have died under the dose of toxin could almost certainly be kept alive. How did the digitalis act? It appeared that it was of benefit in these shock conditions because it was retained by the tissues of the vascular system. It seemed as though, when an animal was under digitalis, there was little or no place for the absorption of toxin. Digitalis had to be administered for many days before perfect action was obtained, and this fact suggested that the drug occupied some portion of the cardiac structure to which the toxin normally attached itself; at all events, if digitalis were first given, and had time to act, the toxin was without effect, but if the toxin were injected first, subsequent digitalization, if delayed, might be too late to be effective. If this suggestion was valid, then the life-saving properties of digitalis in toxæmia were not explained by the known beneficent effects of the substance in cardiac disease, so well exemplified in auricular fibrillation and mitral regurgitation.

The subsequent discussion took the form of questions addressed to the authors. Dr. PARKES WEBER asked how the doses employed in the experiment corresponded with what would be necessary in the human adult, and remarked that when digitalis was recommended seriously for pneumonia it was recommended in very large doses. Professor DIXON said that he could not answer this definite question, but the more digitalis that could be introduced into the vascular system the better. Dr. KINGSTON BARTON asked whether it was possible to make use of digitalis as a preventive, on the analogy of building up the resistance to infection by means of substances containing vitamin A. Professor DIXON replied that, as in the case of vitamin A, unless there was a deficiency of a given constituent, no advantage was to be gained by taking more. Dr. NORMAN MYERS, in reply to a question as to whether electrocardiographic observations made on these animals showed an inversion of the T wave, said that with guinea-pigs there must be heavy digitalization to secure a change in the T wave; the digitalis in these experiments had to be given in slow progressive fashion, otherwise the toxic effects of the drug would appear. Large amounts of digitalis were required to produce inversion of the T wave, and in these experiments the phenomenon was not recorded.

Dr. R. A. YOUNG, from the chair, said that this communication was encouraging because it led one to believe that drugs and other such means might have an effect upon the toxins of bacterial bodies. It had become customary to imagine that the only chance of influencing toxins was by antitoxins. Some balneologists, however, had recently claimed that their waters exerted an antitoxic or at any rate a detoxicating effect in certain bacterial infections, and the present work suggested further lines of inquiry. It was also interesting to find pharmacologists confirming and extending belief in drugs; so often their work had tended to shatter beliefs previously held.

*Ganglionectomy in Chronic Arthritis.*

At the same meeting Dr. L. G. ROWNTREE, chief of the division of medicine, Mayo Clinic, gave a cinematograph demonstration of the value of ganglionectomy in certain cases of chronic arthritis. The cases selected were those of arthritis deformans, but without marked osseous change, and the sympathetic ganglions which controlled the calibre of the blood vessels were removed. In some instances the second, third, and fourth lumbar sympathetic ganglions were excised, in others the last cervical and the first two dorsal. Only 18 cases had been so treated out of many hundreds which came to the clinic, and the speaker was careful to point out that the treatment was not a panacea. Patients with cold and clammy hands and feet and with marked sweating were preferred. The best results were obtained in the hands, feet, ankles, and wrists; good

**JOHN GARDNER, M.R.C.S., L.R.C.P.,**

Consulting Surgeon, Montagu Hospital, Mexborough.

WE regret to record the death of Dr. John Gardner, which took place suddenly from cardiac embolism, on April 16th, at his home near Hartley Wintney, to which he had retired after relinquishing his practice at Sutton Valence. He was born at Bolton-le-Sands, Lancashire, on May 17th, 1867, and was educated at the Friends School, Lancaster. After becoming a member of the Pharmaceutical Society he took up the study of medicine, first at the Sheffield Medical School, where he was a student under Dr. Christopher Addison, and then at University College Hospital, London. After obtaining the diplomas M.R.C.S., L.R.C.P. in 1899 he began practice at Bolton-on-Deane, Yorks, but shortly joined a partnership in the neighbouring town of Mexborough, where for upwards of twenty years he led a most strenuous life in a busy colliery district, being surgeon to the Montagu Hospital and the Great Northern Railway Company; he took a special interest in the work of the St. John Ambulance Brigade. The strain of the war years, when he was called upon to undertake a large amount of the operative work at the hospital in addition to his large practice, began to tell on his health, and he showed signs of myocardial degeneration. He was advised to give up his work in Mexborough and to seek a sphere less laborious. So much was his work at the hospital appreciated by his colleagues and the Hospital Committee that he was elected consulting surgeon to the hospital, and presented with a scroll recording the honour when he retired from the staff. After a year's rest he resumed practice at Sutton Valence, near Maidstone, and was appointed medical officer to the public school there. Here again his ability made him a very popular country practitioner, with the inevitable result of hard work, and a final breakdown in health; he was compelled to retire from practice two years ago after an attack of coronary embolism.

John Gardner was of the best type of general practitioner—conscientious, painstaking, thoroughly sound in his work, modest, kindly, and sympathetic. He was beloved by all who knew him, and his patients were his friends. In each of the places where he was in practice he identified himself with the local social life. Possessed of a good bass voice he was always willing to help at local concerts and festivals, and sang in the church choirs. He was president of the Mexborough Choral Society, and it gave him great pleasure to take part in the various musical festivals which are a feature of the Yorkshire choral societies. He was for several years churchwarden at Mexborough.

At the funeral service, on Easter Monday, at Sutton Valence, the church was filled with between two and three hundred of his patients and friends, who had come, some from Yorkshire, to pay their last tribute. He leaves a widow and two daughters. Two of his brothers are in the medical profession—Dr. T. H. Gardner, chairman of the Wandsworth Division, and Dr. H. Gardner, honorary radiologist to the Wilson Hospital, Mitcham.

We regret to record the death, in his seventy-fourth year, of Dr. JOHN MACKINNON, which took place at the Broadford Hospital, Isle of Skye, on April 18th, following a motor accident. John Mackinnon received his medical education in Edinburgh, where he graduated M.B., C.M. in 1894, and won the medal in anatomy. After spending two years as an assistant in a Yorkshire practice, he went to South Africa, where he remained till 1915. He had an extensive practice in Somerset East, Cape Colony, and the surrounding district. During the Boer war he placed his professional services at the disposal of the British authorities, and was present at several skirmishes. In the great war he became a captain in the R.A.M.C., and saw service in Malta, Palestine, and Egypt from 1915 to the end of the war. Afterwards he retired to his native Isle of Skye, where he practised in the parish of Strath. He is survived by a widow, a son, and a daughter.

The following well-known foreign medical men have recently died: Dr. VARIO, an eminent Paris paediatrist and honorary senior physician to the Hôpital des Enfants Assistés; Dr. BARD, honorary professor of medicine at the

faculties of Lyons, Geneva, and Strasbourg, and corresponding member of the Académie de Médecine; Dr. HENRI BRIN, professor of clinical surgery at the Angers School of Medicine; Dr. FRIEDRICH ROLLY, emeritus professor of special pathology and treatment, and director of the medical polyclinic at Leipzig University, aged 56; Dr. THOMA TOMESCO, professor of pathology and therapeutics at Bucarest; Dr. WALTHER FELIX, professor of anatomy and director of the anatomical institute at Zurich, aged 70; Professor LENDRICH, a hygienist of Hamburg; Dr. RICHARD MILLS PEARCE, general director of the division of medical education of the Rockefeller Institute since 1920, aged 55, of heart disease; and Dr. LAURENCE KINSMAN McCafferty, a prominent New York dermatologist, aged 39.

**Universities and Colleges.****UNIVERSITY OF LONDON.**

THE following candidates have been approved at the examination indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—C. J. C. Earl (*with special knowledge of Mental Deficiency*), B. Senneek (*with special knowledge of Psychiatry*).

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**

AN ordinary quarterly comitia of the Royal College of Physicians of London was held on April 24th, when Sir John Rose Bradford, the President, was in the chair.

**Fellowship.**

The following Members of the College were elected to the Fellowship:

Ralph Henry Crowley, M.D.Lond., Charles Hunter, M.D.Aberd., Leonard George Joseph Mackey, M.D.Birm., Edward Burton Gunson, M.D.Ed., William Wilson Jameson, M.D.Aberd., Arthur John Scott Pinchin, M.D.Lond., Adolphe Abraham, O.B.E., M.D.Camb., Alan Worsley Holmes & Court, M.D.Sydney, Thomas Archibald Malloch, M.D.McGill, Arthur Peregrine Thomson, M.C., M.D.Birm., Graham Selby Wilson, M.D.Lond., Henry Wallace Jones, M.D.Liverp., James Calvert Spence, M.C., M.D.Durh., William Brown, M.D.Oxf., Archibald Edmund Clark-Kennedy, M.D.Camb., Hugh Reginald Dutton, I.M.S., James Purdon Martin, M.D.Bef., Macdonald Critchley, M.D.Bristol, Arthur Salisbury MacNalty, M.D.Oxf.

The following were nominated Fellows by the Council under By-law xxxviii (b):

Walter Ernest Dixon, M.D.Lond., F.R.S.; John James Rickard Macleod, M.B.Aberd., F.R.S.

**Membership.**

The following candidates were admitted Members of the College:

Anthony Dominic Abdullah, M.B.Sydney, Edward William Anderson, M.D.Ed., Lennox Gordon Bell, M.D.Manitoba, Charles Allan Birch, M.D.Liverp., Edward John Cronin, M.B.New Zealand, John Nathaniel Cummings, M.B.Lond., Anwar Nath Duggal, M.B.Punjab, John Lawrence Howland Easton, M.B.Camb., Phyllis Victoria Lilla Epps, M.D.Lond., Florence Margaret Gamble, M.D.Lond., Stanley Jack Hartfall, M.B.Leeds, Albert Joseph Hawe, M.B.Liverp., Catherine Mary Hext, M.B.Lond., Thomas Alexander Alfred Hunter, M.B.Camb., Simon Kin, M.B.Lond., Isabella Louise Hamilton Livingstone, M.D.Lond., Murdo Mackenzie, M.B.Lond., Lucy Margaret Theodora Masterman, M.D.Lond., Swithin Pinder Meadows, M.B.Lond., Thomas Morton, M.B.Lond., George White Pickering, M.B.Camb., Max Michael Posel, M.B.Lond., Charles Frank Shelton, M.D.Lond., William Arklay Steel, M.D.St. And., Arthur Goronwy Watkins, M.D.Lond., Henry Yellowlees, O.B.E., M.D.Glasg.

**Appointment of Representatives.**

Sir John Rose Bradford was appointed to represent the College at the jubilee celebrations at the University of Manchester on May 23rd, 1930.

Dr. R. A. Young was appointed representative of the College at the sixteenth annual congress of the National Association for the Prevention of Tuberculosis to be held July 3rd-5th, 1930.

Dr. William Hunter was appointed to represent the College on a committee of the People's League of Health to consider the cause and eradication of bovine tuberculosis.

**The late Post-Laureate.**

By a resolution of the College the President was asked to convey a vote of condolence to the family of the late Post Laureate, Dr. Robert Bridges, O.M., who was a Fellow of the College.

**Licences.**

Licences to practise were conferred upon the following 142 candidates who have passed the Final Examination in Medicine, Surgery, and Midwifery of the Conjoint Board and have complied with the by-laws of the College:

M. Ata Ullah, H. B. Bagshaw, G. N. Bailey, \*A. H. Baker, J. E. G. Baker, A. N. Barker, F. Bartholomew, G. R. Bashford, D. A. Beattie, D. H. Bolton, A. B. Bowling, Mabel Brewster, R. O. Brooks, \*C. C. Bryson, A. Burkhardt, C. E. Burridge, G. G. Cameron, S. N. Chopra, D. S. Chowdhary, J. F. Coates, A. F. H. Coke, Charlotte A. G. Conway, J. H. Couvers, Margaret E. Cook, H. Coorland, H. D. Cronyn, H. Curtis, A. L. d'Abov, C. M. Dell, W. J. D'Osario, P. G. Dowdell, J. C. E. Dusseau, J. J. Eapen, E. E. M. Fawcett, Sheila J. Ferguson, F. H. H. Finlaison, R. H. Fish,

M. D. Forster, E. V. Frederick, J. D. J. Freeman, W. W. Gervard, P. R. Graves, S. R. Gunewardene, H. C. Halge, C. J. K. Hamilton, D. Hay, Geraldine J. G. Hayes, Columba M. D. Heathcote, J. Henry, J. R. Hindmarsh, Cicely L. Hingston, S. W. Holmes, Ethel E. Hopper, L. H. Howells, K. N. Irvine, O. Ive, L. A. Jacob, M. M. St. G. Johnstone, E. G. M. Jones, C. Jotikasthira, \*C. C. Kapila, N. F. Kendall, J. D. Kershaw, S. Lal, F. P. L. Lander, \*Grace Law, R. H. Leaver, E. Z. Levy, G. S. R. Little, J. B. Lloyd, H. Lwow, H. G. McComas, S. McDonald, W. McKissock, R. W. Malin, Margery L. Maltby, M. Mandelstam, R. S. Mann, C. E. P. Markby, J. H. G. Mason, C. B. Melville, J. B. S. Morgan, F. Murray, F. J. Napier, A. M. Nodine, A. M. Nussbrecher, R. Nutt, C. L. Oakley, G. L. Ormerod, M. Owen, P. M. Oxley, C. H. Paull, D. D. Payne, M. Phillips, F. E. Pilkington, J. R. F. Popplewell, J. O. Poynton, A. C. Price, S. Ramadas, S. Ramanathan, G. E. Ranawake, J. M. Reese, \*J. I. Rerie, A. H. T. Robb-Smith, H. E. W. Robertson, C. G. Roberts, Victoria M. Robinson, J. D. Rose, Pattie E. Rose, K. M. Ross, C. A. Rumball, J. Sakula, K. T. Samatapala, \*S. Scher, L. Seaton, K. M. Seadat, M. H. Shah, Ursula Shelley, Edna F. Sheridan, L. Silman, S. Silman, Phyllis F. L. Simon, J. G. Sleigh, Edith M. P. Smith, P. Somasunder, B. Southwell, G. H. G. Southwell-Sander, T. M. Spilhaus, J. K. Stanger, R. W. Stephenson, B. P. Sur, F. H. Taylor, G. Taylor, J. N. Vasudeva, L. H. Wharton, J. C. G. Whitelaw, D. A. Williams, Rose E. Williams, F. S. Winton, Joyce R. Woods, G. R. H. Wrangham, W. Young.

\*M.R.C.S. previously granted.

#### SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

**SURGERY.**—R. P. Davies, M. Halperine, J. E. R. Heppollette, C. G. Muller, E. G. Nair, L. J. Pearson.  
**MEDICINE.**—J. Britanischski.  
**FORENSIC MEDICINE.**—J. S. Bury, H. Glynn, J. M. L. Love, A. W. B. Wiggins.  
**MIDWIFERY.**—E. C. Dymond, G. R. Germany, E. G. Nair, C. Seeley, G. Wilsker.

The diploma of the Society has been granted to Messrs. J. S. Bury, E. G. Nair, and L. J. Pearson.

### Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

PARLIAMENT reassembled on April 29th. On that day the Royal Assent was signified to the Army and Air Force Annual Act, and the House of Lords commenced a second reading debate on the Coal Mining Bill. The same day the House of Commons went into committee on the Estimates for the Ministry of Health. The debate, which was chiefly on medical topics, was eventually adjourned. On the following days the Commons debated the changes of taxation which are proposed in the Budget.

The Parliamentary Medical Committee will meet again on May 13th. The British Medical Association scheme for a national medical service is likely to be examined at an early meeting of the Labour Party Committee on Health Policy.

#### Ministry of Health Estimates.

In committee of the House of Commons, on April 29th, the vote for the salaries and expenses of the Ministry of Health was considered. Mr. GREENWOOD made a statement with regard to the increase in claims for sickness benefit. He said that the report of the Government actuary had made it quite clear that further examination had to take place into this problem. On receipt of the report the National Health Insurance Joint Committee decided to extend the scope of the investigation, and the whole problem was now under the close attention of the officers, administrative and medical, of the insurance departments in all parts of the United Kingdom. When the investigation had proceeded sufficiently far the Approved Societies' Consultative Council would be brought into consultation, as would be the Insurance Acts Committee of the British Medical Association. Out of their investigations and deliberations he hoped that they might get some clearer notion of what lay behind this very large increase in the claims for benefit. He was convinced that there was no simple explanation of the increase. Precisely the same problem had arisen in other countries which had a fairly well-developed scheme of sickness insurance. In those countries the claims had, in recent years, shown a most extraordinary increase. In Germany, for example, the increase in 1929 over 1924 was as large as 70 per cent. He did not wish to be too definite as to the cause of the increase, but in this country the prolonged trade depression had been one important contributory factor. Another factor, the value of which it was difficult to assess, was that people to-day were undoubtedly seeking medical advice earlier than they used to; in fact, the public had been urged repeatedly not to delay treatment, but to obtain it at the earliest possible moment. In so far as the increase of sickness was due to this reason, it was an increase which was to be welcomed, for it meant, in the long run, an economy in the funds of the insurance societies. There were and would be cases where, owing to laxity, either of certification or of administration, persons were in receipt of benefit who were not properly entitled to it. A new regulation was to be issued very shortly which would enable effective disciplinary action

to be taken where it was proved beyond doubt that a medical practitioner had failed to exercise reasonable care in the use of certification. With a view to getting more precise knowledge of this situation two separate tests were being conducted. In the first place, an analysis was being made of about 80,000 cases referred to the regional medical officers by a large number of societies all over the country during 1929. It was hoped that when this analysis was complete they would obtain from it a good deal of information not at present available. Secondly, with the object of obtaining more precise knowledge as to the standard which was applied by different medical practitioners in interpreting who was "incapable of work," an investigation would be made very shortly covering a large number of persons in receipt of benefit at a particular date. By those means it was hoped that information would be forthcoming which would enable the Government to bring about a more uniform standard of certification throughout the country. He had decided to make permanent provision for the collection of statistics of the kind to be found in the report of the Government actuary.

Dealing with the health services, he said that maternal mortality was still with them. Out of the detailed investigations of the special committee which Mr. Chamberlain had appointed to consider this complex problem new light, he believed, would come. He hoped the committee would issue an interim report in a month or two. The recommendations of the other committee were under consideration by the Government with a view to devising a scheme of maternal service which would have due regard, on the one hand, to maternity benefit under the National Health Insurance Acts, and, on the other, to the service provided by the local authorities under the Maternity and Child Welfare Acts. With regard to tuberculosis, the experience of village settlements and the principles on which their successful working depended had been brought to the notice of certain local authorities where the conditions seemed favourable to the establishment and maintenance of similar settlements. Even if settlements were provided for all tuberculosis patients for whom they would be appropriate, there would still be a number of people for whom after-care would be required. He hoped that local authorities, as the next move in the campaign against tuberculosis, would consider and experiment in methods of after-care. Less than three weeks ago he announced that the Government had agreed to make a contribution up to £250,000 for the building of a medical school in connexion with the proposed post-graduate hospital and school. The Government contribution was for the buildings, but increased grants would in future be given when the school became a recognized school of the University of London. The scheme had received unanimous approval in both the lay and medical press. He had since communicated with the London County Council and the University of London to get their co-operation, and he hoped in a very short time to have completed the next step by the appointment of a committee representing all the interests concerned to consider the complex problems of planning, finance, and administration. This was perhaps the most important single step which had been taken in the interests of public health since the passage of the original Health Insurance Act, because not only would it be a centre for post-graduate teaching for other parts of the Empire, but it would enable the general practitioners of this country, including 16,000 panel doctors, to have a chance, which they did not enjoy to-day, of keeping in touch with the rapid developments and changes taking place day by day in the art and science of medicine.

Dr. VERNON DAVIES asked if the total expense of the post-graduate courses would be borne by medical men themselves.

Mr. GREENWOOD said he hoped that a certain amount of provision would be made to assist them. Turning to the outbreak of psittacosis, he said that up to the present there had been 112 cases, of which 22 had been fatal. Most, although not all, of the cases had been attributable to parrots from South America. Apparently all birds of the parrot type were liable to the disease. A comprehensive report was in preparation, but meanwhile events had made it imperative that action should be taken under the Public Health Acts to prohibit the importation of parrots for the time being. The new Order would come into operation on May 20th, which gave sufficient time to warn people who might be on the point of importing parrots. He hoped that the public would realize that the course taken was a reasonable one. When circumstances permitted the order would be withdrawn.

Sir KINGSLEY WOOD said that Mr. Greenwood had not shown a sufficient grip of the situation as a result of the information supplied by the Government actuary with regard to the national health insurance scheme. During the seventeen years in which the scheme had been in operation £100,000,000 had been spent on medical treatment and attendances, nearly £500,000 had been disbursed each week in cash benefits, nearly £2,250,000 was being spent on drugs, and some 15,000 members of the medical profession gave 60,000,000 attendances each year to insured persons. The report of the Government actuary was surprising when one recalled the great improvement in national health generally. Yet the Insurance Controller stated that the record in relation to sickness and disablement claims constituted a challenge to all responsible for the welfare of the scheme. One was driven to the conclusion, by reading the reports of the approved societies and the statement

of the Government actuary, that there was a good deal of lax certification. He did not disguise the difficulty of the panel doctor, but it was very remarkable that directly cases were referred from the panel doctor to the regional medical officer, some 55 to 65 per cent. declared off the funds. That called for further explanation from the medical men concerned. This laxity of certification was undoubtedly due, in a considerable degree, to the fact that under the altered conditions only a few days' notice was necessary for a panel patient to change his doctor. The medical men themselves had admitted that there was considerable danger in that direction.

Mr. RHY'S DAVIES said that charges had been made against the doctors of excessive certification. If an insured person went to a doctor and said he was not well, no medical man could challenge his statement. It was not that sort of thing of which the societies complained. The allegation was that a young man, wishing to build up a practice successfully and quickly, condescended to the issuing of certificates in competition with other doctors. Whether that allegation could be proved or not he could not say. The Minister of Health was right in making further investigation by way of medical examination. He understood that it was proposed to take a group of societies and conduct a medical examination very shortly.

Mr. MELLER said that if the debate brought home to the doctors a realization of their duties it would have performed a useful purpose. Whatever else might emerge from the proposed inquiry it would be found necessary to go back to the old system under which patients changed their doctors. After subsequent debate, which will be reported next week, the debate on the vote was adjourned.

## Medical News.

THE biennial dinner of the Royal Society of Tropical Medicine and Hygiene will be held at the May Fair Hotel, Berkeley Street, Piccadilly, on Thursday, May 22nd. The Marquess of Reading has consented to be present.

DR. J. MURDOCH, Chief of the Department of Radium and Radiotherapy, Brugmann Hospital, Brussels, and Director of the Cancer Centre of the University of Brussels, will give an address entitled "What can we expect from radium in the treatment of cancer?" at the Medical School, Leeds, on Wednesday, May 7th. The chair will be taken at 3.30 p.m. by Mr. J. F. Dobson, professor of surgery in the University of Leeds, and tea will be served after the meeting. Medical practitioners are cordially invited, and those who are able to attend are asked to inform the British Empire Cancer Campaign (Yorkshire Council), 47, Park Square, Leeds, before May 6th.

A SPECIAL meeting of the British Institute of Radiology will be held in the Reid-Knox Memorial Hall, 32, Welbeck Street, on May 8th, at 6 p.m., when Dr. J. Murdoch of the Brugmann Hospital, Brussels, will speak on the problem of dosage in radium therapy. The annual meeting of the institute will be held on May 15th, at 8.30 p.m., and, after completion of the general business, Dr. Peter J. Kerley will read a paper on the pathology of early pulmonary tuberculosis as revealed by x rays. On the following morning a visit will be paid to the Westminster Hospital Radium Annex in Fitzjohn's Avenue, Hampstead, and in the afternoon, at 5 o'clock, there will be a meeting for medical members, when reports will be received and cases discussed. Further information may be obtained from Dr. Stanley Melville, British Institute of Radiology, 32, Welbeck Street, W.1. The eighth general meeting of the Society of Radiographers will be held in the Reid-Knox Memorial Hall on May 14th, at 7 p.m., when Mr. C. H. Holbeach will read a paper on the planning of an x-ray department.

THE annual meeting of the Invalid Children's Aid Association will be held at 18, Carlton House Terrace, on Tuesday, May 6th, at 3 p.m., with Viscount Goschen in the chair. The speakers will include Viscount Burnham, Dr. F. E. Fremantle, M.P., the Rev. Pat McCormick, and Mr. R. C. Sheriff.

THE annual provincial meeting of the Society of Medical Officers of Health will be held at Harrogate on Friday, May 16th, at 4 p.m., when there will be a discussion on rheumatism in its public health aspects. In the evening the members will be entertained at dinner by the mayor and corporation. Those who intend to be present are asked to notify the executive secretary, 1, Upper Montague Street, W.C.1, at once, when they will receive official invitations from the town clerk of Harrogate.

At a meeting of the Zoological Society of London on May 6th, at 5.30 p.m., Colonel A. E. Hamerton will read a paper on trypanosomiasis in relation to man and beast in Africa. A paper by Dr. S. Zuckerman has been received by the society; it deals with the general nature and homology of the menstrual cycle in the primates.

THE Fellowship of Medicine announces that a four weeks course in dermatology will begin at the St. John's Hospital, Leicester Square, on May 5th, comprising clinical instruction every afternoon and evening, and four special lectures a week, with special work in practical pathology if required. A course in preparation for the M.R.C.P. examination will continue from May 13th until July 4th, consisting of lectures on Tuesday and Friday evenings at 8.30 o'clock in the lecture room of the Medical Society of London, Chandos Street, Cavendish Square, with a lecture-demonstration in general medical ophthalmology on one afternoon, and two special ophthalmic demonstrations. The subjects of other special courses during May are as follows: diseases of the chest at the Victoria Park Hospital, May 12th to 24th, the whole of each day being occupied by demonstrations, lectures, and operations; ophthalmology at the Central London Ophthalmic Hospital, each afternoon from May 19th to June 7th; diseases of children at the Hospital for Sick Children, every morning from May 26th to June 7th; and medicine, surgery, and the specialties at the Queen Mary's Hospital, Stratford (with special reference to tuberculosis), from May 26th to June 7th. Copies of all syllabuses and information on post-graduate work are obtainable from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A SERIES of six lecture-discussions on the difficult child as a medical, social, and psychological problem, will be delivered by the officers of the Child Guidance Clinic of the Jewish Health Organization at Toynbee Hall, Commercial Street, E.1, on Mondays and Thursdays at 5.15 p.m., starting on May 19th. Dr. Emanuel Miller will open the course with a lecture on the general nature and scope of the problem and its treatment, and at the following sessions Dr. Noel H. M. Burke will lecture on the management of a clinic, Miss Beatrice H. Robinson on the functions of the social worker, Mr. M. Fortes on the endowment and education of the difficult child, Dr. Burke on physical factors, and Dr. Miller on the role of the psychiatrist. Tickets (price 1s. 6d. each for the course) may be obtained from the secretary, Jewish Health Organization of Great Britain, 19, Dorset Square, N.W.1.

A POST-GRADUATE course will be held at the Royal Chest Hospital, City Road, on Wednesday afternoons during May, at 3.15 o'clock. On May 7th, Dr. James Maxwell will speak on bronchial carcinoma, and on the following Wednesday there will be a demonstration of cases in the wards by Dr. Barty King. Dr. Saxby Willis will lecture on bronchiectasis on May 21st, and Dr. Ernest Fletcher will deal on May 28th with the electro-cardiographic diagnosis of heart disease.

THE French Orthopaedic Society will hold its twelfth annual meeting at the Faculty of Medicine in Paris on October 10th, 1930, under the presidency of Dr. Albert Mouchet of Paris. The subjects chosen for discussion are coxa vara of adolescents, to be opened by Dr. Huc of Paris; and obstetric palsies of the upper extremity, to be opened by Dr. André Rendu of Lyons.

NATIONAL Baby Week will be held this year from July 1st to 7th, attention being concentrated particularly on the need for a National Maternity Service scheme, the better provision of nursery schools, and the promotion of the study of parentcraft. A conference will be held in London on the first three days to discuss the relation between housing and child welfare; infant mortality during the last twenty-five years; the variations in young child mortality in different areas; the relation between the orthopaedic and child welfare centres; and the care of the pre-school child in industrial and rural areas. Further information may be obtained from the secretary, National Baby Week Council, 117, Piccadilly, W.1.

THE first International Congress for Experimental Phonetics will be held at Bern from June 10th to 13th.

THE fourth Congress of the French Societies of Oto-neuro-ophthalmology will be held at Brussels from June 6th to 8th, under the presidency of Professor H. Coppez of Brussels, when the following subjects will be discussed: (1) disturbances of associated movements of the eyes, introduced by Professors Di Marzio and Fumarola of Rome; (2) laryngeal paralysis, introduced by Professors Terracol, Euzière, and Pages of Montpellier. Further information can be obtained from the general secretary, Dr. Velter, 38, Avenue du Président Wilson, Paris XVI.

THE forty-fifth German balneological congress was held at Bad Elster under the presidency of Geheimrat Strauss from April 8th to 13th, when the three principal subjects for discussion were the action of iron in mineral springs, the effect of mud baths, and the diet of patients in spas. Next year's congress will be held at Bad Ems at the beginning of April.

THE fourth Congress of the World League for Sexual Reform will be held in Vienna from September 14th to 21st. Further information can be obtained from the Institut für Sexualwissenschaft, In den Zelten 10, Berlin, N.W.40.



AN extensive field of research in vocational guidance is outlined in the report for 1929 of the National Institute of Industrial Psychology. Most of this research has developed since 1924, when the institute started to give vocational guidance in London elementary schools. The statistical results of this experiment, in which twelve hundred children took part, are now being completed. Additional grants have enabled the institute to make experiments of this nature in Fife and in Birmingham. From these and related investigations reports have been prepared for publication on a variety of mechanical and intelligence tests. A special inquiry into vocational tests for motor drivers promises to be of much value in view of the wide adoption of such tests by other countries. Attention has been paid to the organization of blind workers, and means have been devised to assist them in overcoming their feeling of isolation. Progress is also reported in the branch of vocational selection which is engaged in studying the problems involved in choosing candidates for higher administrative positions. In 1929 the membership of the institute increased from 1,318 to 1,430. Fees for factory investigations rose from £15,200 to £16,400; there was a deficit, however, of £558 for the year. Contributions amounting to £13,933 were received for the appeal fund. The report records that the executive committee has approved the constitution of the Scottish Division of the institute at Glasgow.

A NEW ophthalmoscope will be demonstrated by Mr. E. F. Fincham at a meeting of the Optical Society to be held at the Imperial College of Science and Technology, South Kensington, on Thursday, May 8th, at 7.30 p.m.

THE issue of *La Medicina Ibera* for April 19th contains an illustrated description of the fourth international Congress of Urology recently held at Madrid, with portraits of the principal speakers, including Sir John Thomson-Walker, president-elect of the next congress, which will be held in London in 1932.

Drs. Levaditi and Sazerac of the Institut Pasteur, Paris, have been awarded the John Scott prize for their introduction of bismuth into the treatment of syphilis.

BY transferring its business establishment from No. 50a to No. 50, Albemarle Street, the publishing house of John Murray has returned to its original business premises which were acquired in 1812, forty-four years after the foundation of the firm. "No. 50" is associated with the first meeting of Scott and Byron, and has been a centre of literary social life for generations. It is now given over entirely to business purposes, but the staircase and drawing room will remain unaltered.

THERE has recently been an increase in the incidence of diphtheria in Geneva as compared with the rest of Switzerland. From 1912 to 1921 the average number of cases notified was 150 to 250 cases annually, the two highest figures being reached in 1914 (244) and 1921 (238). After 1921 there was a progressive and very marked fall, the minimum being reached with 50 cases in 1926. In 1927, however, a rise in the numbers occurred, and became more pronounced in 1928 and 1929.

THE parchment of the Royal Humane Society has been awarded to Dr. Arthur D. Symons, medical officer of health for Shrewsbury, for diving into the Severn and saving a four-year-old boy.

AT an inquest recently the coroner, Dr. F. J. Waldo, stated that in fifteen verdicts of death accelerated by anaesthesia, ether had been given in twelve instances, chloroform in two, and ethyl chloride in one. He had been informed that his suggestion that all ether used should be examined by an analytical chemist, certified as pure, and kept in amber-coloured bottles away from the light, had now been adopted. He added that for several years past he had urged that all anaesthetic cases coming before a coroner should be utilized in connexion with research work, and that coroners should co-operate with experts with a view to the prevention of such accidents.

THE Board of Education has published in pamphlet form a revised list of certified special schools for blind, deaf, defective, and epileptic children in England and Wales, and also institutions recognized by the Board as providing higher education for such children, together with a list of nursery schools. The various institutions are grouped according to type and arranged in counties, details being given of the available accommodation in each. Copies of the list may be obtained from H.M. Stationery Office, price 9d.

THE late Sir William Milligan, consulting surgeon to the Manchester Ear Hospital, who died in December last, has left estate of the gross value of £293,470, with net personality of £273,056. He bequeathed his medical library to the University of Aberdeen. Dr. George White Drabbie of Walton-on-Thames, who died in January, has left unsettled property of the gross value of £475,005, with net personality of £466,923.

## Letters, Notes, and Answers.

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

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

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

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

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

THE TELEGRAPHIC ADDRESSES are:

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

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

MEDICAL SECRETARY, Mediseera Westcent, London.

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.

### TREATMENT OF TACHYCARDIA.

"W. D." asks for suggestions for treating a medical practitioner, aged 50, who is suffering from very frequent tachycardia; he describes it as a flutter, the heart tumbling over itself. He feels faint at times. The condition is made worse by smoking and heavy meals. All ordinary remedies have been tried except digitalis. If this is advised, what doses should be given? He now smokes only one pipe a day, and is certainly better.

### ALASSIO.

DR. E. E. MAPLES (St. Saviours, Jersey) asks if any reader can give him information regarding the sanitation, water supplies, and general health—especially as regards contagious diseases—of Alassio (Italy).

\* \* In a letter on sanitation on the Riviera (*British Medical Journal*, January 11th, p. 91) Colonel C. R. Kilkelly wrote very favourably about Alassio.

### BUCCAL ULCER.

DR. VAL MACDONALD (Melbourne) writes: In reply to the inquiry of "R. D." (February 8th, p. 267), as the result of much experience I can confidently recommend the following treatment: soak a pledget of wool in pure hydrogen peroxide (10 volumes solution) and place it in contact with the ulcer for two or three minutes; repeat twice or thrice daily. This takes all the burning pain away rapidly, and is more effective in cleaning and promoting healing than any of the usually prescribed caustics, etc., which damage healthy tissue. Then, as a regular mouth wash, prescribe collosol argentum 3j to 3ss water; I use either Crooke's or the Anglo-French preparation. In many of these mouth conditions I am inclined to believe there is a vitamin B deficiency; to supply it I usually prescribe bemax, and it has helped me to obtain some very good results.

### INCOME TAX.

#### Motor Car Transaction: Accommodation.

"G. H. S." raises two points: (1) In January, 1929, he bought a second-hand car for £65 cash; in January, 1930, he bought a new car for £162 10s., receiving an allowance of £65 for the old car—cash value, say, £45. What can he claim? (2) He pays £300 a year for bedroom, sitting room, and consulting room, with all board and attendance. How much is allowable as professional expenses?

\* \* (1) "G. H. S." has altogether invested £162 10s. in his motor car equipment. The renewal cost claim is of doubtful validity, and would be small (£20), but debars him from the depreciation claim for 1930-31. That claim is, say, 15 per cent. on £162 10s., and, in our opinion, he should claim that allowance only. (2) We can only say that the amount is what represents a reasonable allocation of the £300 between personal and professional use; at a guess, perhaps, £100 would be a reasonable sum for the latter.

#### Sale of Practice.

"QUEX" sold his practice for a definite sum, two-thirds of which was to be paid at the date of transfer and the remaining one-third in half-yearly instalments. Does this affect his income-tax liability?

\* \* No. The sums in question are payments of capital; they cannot be deducted by the payer from his gross receipts and are not assessable in the hands of the recipient.