

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE BLOOD PICTURE IN MEASLES.

IN Stitt's *Practical Bacteriology, Blood Work, and Animal Parasitology* (eighth edition) there is this statement: "It has recently been claimed that a leucopenia with a co-incident marked reduction in the lymphocytes is characteristic of measles, and this occurs several days before the Koplik spots appear." On page 353, however, is the statement: "The leucopenia and lymphocyte increase in measles are important points in differentiating it from scarlatina" (*italics mine*).

In every one of 30 cases recently under my care I can endorse the first of these conflicting statements. In each instance I had, as a routine measure, made a differential count when the child was in good health, taking the blood at the same time of the day in all cases. When they became measles contacts I made bi-weekly counts, and another immediately at the onset of malaise. Comparing the count in health with that at the onset of illness I found, not only a marked reduction in small lymphocytes, but a marked increase in "others," and a reduction in eosinophils with the usual "shift to the left" and a resulting lower "weighted mean." This was found before Koplik spots—when these were present—appeared. On the strength of these findings I was able to isolate cases some days—up to five—before the rash developed.

The Arneeth method was used, counting 200 white corpuscles on each slide, and arranging them in seven groups, as shown in the following table, in which three very severe measles cases are taken as illustrative of the others.

| Groups. | Case I. | | Case II. | | Case III. | |
|--|-----------|----------------------------|-----------|-----------------------------|------------|----------------------------|
| | In Health | Five Days before the Rash. | In Health | Three Days before the Rash. | In Health. | Four Days before the Rash. |
| Polymorphonuclears: | | | | | | |
| One nucleus... .. | 9 | 56 | 12 | 60 | 18 | 42 |
| Two nuclei | 72 | 88 | 64 | 55 | 62 | 79 |
| Three or more nuclei ... | 53 | 14 | 30 | 4 | 42 | 10 |
| Others (large mononuclears, transitionals, mast cells) | 14 | 34 | 27 | 67 | 28 | 54 |
| Large lymphocytes | 9 | 3 | 9 | 1 | 10 | 6 |
| Small lymphocytes | 40 | 5 | 44 | 13 | 37 | 8 |
| Eosinophils | 3 | 0 | 14 | 0 | 3 | 1 |

Incidentally Türk cells were commonly present and a leucopenia of 4,500 to 5,000 was the rule. I have the records of all these cases, should anyone be interested. I am only tempted to publish these results because the literature is difficult to find.

Battle.

H. ANGELL LANE, M.R.C.S., D.P.H.

STRANGULATED HERNIA OF THE BROAD LIGAMENT.

THE following is a record of a case, recently attended by me, of strangulated hernia of the right broad ligament, a condition which must be extremely rare, if not unique.

About three years ago the patient, a married woman aged 56, was operated on for pyloric stenosis due to chronic ulcer, a posterior gastro-enterostomy having been performed. On January 23rd, 1930, repeated attacks of vomiting occurred. Abdominal examination revealed nothing definite. On January 30th severe vomiting recurred, but ceased, and again there were no signs. The following day it again recurred, and on examination at 1 p.m. the right side of the abdomen was found to be very rigid, and there was tenderness over the appendix region, but no visible peristalsis. The bowels had not acted for two days; the vomit was not faecal. The temperature was 99.2° F. The colon was washed out, with unsatisfactory result. At a further visit, at

4.30 p.m., it was found that the vomiting had persisted, and that the condition of the abdomen had not changed. Acute appendicitis, or, alternatively, intestinal obstruction due to a band, was diagnosed. At 5.30 p.m. the vomiting had abated considerably; the abdomen was quite flaccid, distension having completely disappeared, and there was no tenderness. The bowels had not acted; apart from this there were no signs. The temperature throughout varied between 97.5° and 99.5°. In view of the history of vomiting and rigidity, however, it was decided to operate, and at 8.30 p.m. the abdomen was opened by Mr. Neil Sinclair. Free fluid was found; the small intestine was injected, and search revealed strangulation of a loop of small intestine through an opening in the right broad ligament between the ovary and the uterus, about half an inch below the Fallopian tube. The opening was about 1 inch in diameter, and about six inches of gut had found its way through from the anterior aspect and lay in the pouch of Douglas. The edge of the opening was firm and white, and was obviously of old standing. The gut was not in the slightest degree adherent. Strangulation was relieved, and the opening was abolished by dividing the Fallopian tube and the portion of broad ligament between the tube and the opening. The patient made an uneventful recovery.

It would be interesting to receive suggestions about the origin of the opening, as there does not seem to be any embryological explanation for its presence. I assisted at the earlier operation, and can vouch for the fact that the broad ligament was not damaged then. The attacks of vomiting and the absence of signs during the period prior to the operation were due, presumably, to temporary strangulations, which became relieved spontaneously.

London, S.W.5.

S. CAPLAN.

SPONTANEOUS SURGICAL EMPHYSEMA.

THE case of surgical emphysema following dental treatment reported by Dr. C. B. S. Fuller in the *Journal* of May 10th (p. 862) prompts me to record two other unusual cases of surgical emphysema, which were associated with labour.

About four years ago I was called to the Farnham Infirmary to see a young married woman, aged 23, who had just been confined. Both sides of the face and neck, from the orbits downwards, were distinctly swollen, the swelling, in a lesser degree, extending over the upper part of the chest and back. The characteristic crepitant sensation of air under the skin could be felt all over the swollen area. The nurse who was present at the confinement could not say exactly when the swelling appeared, as it was not noticed until a little time after the baby was born.

A few days later a similar case occurred in the same ward. In the first case labour was rather prolonged, but the other patient was only in labour for a few hours, and everything was quite normal. The patients complained of no pain, and merely had slight discomfort from the swelling, which passed off in a few days. No obvious lesion of the respiratory tract was found, and there was nothing to indicate exactly how the air had got under the skin.

It was remarkable that I should encounter two such cases within a week, for I have not seen or heard of any similar case since, nor have I found any reference to it in any of the books I have consulted.

Farnham.

F. BEDO HOBBS, M.D., M.R.C.P., D.P.H.

Reports of Societies.

VACCINE TREATMENT OF DISSEMINATED SCLEROSIS.

At the meeting of the Section of Therapeutics and Pharmacology of the Royal Society of Medicine on May 13th, with Dr. PHILIP HAMILL in the chair, Sir JAMES PURVES-STEWART gave an account of the application in disseminated sclerosis of a "virus" cultivated from the cerebro-spinal fluid.

Sir James Purves-Stewart pointed out that the difficulty of discussing the treatment of a disease like disseminated sclerosis was enhanced because of the nature of the disease, the irregularity of its course, and the frequency of remissions and relapses. Therefore cases of alleged cure which had sometimes been published fell into one of two categories: errors of diagnosis, and examples of prolonged spontaneous remission. The treatment of this disease could be conducted on two different lines by drugs, and by a specific

ings were taken was not sufficient, and many doctors would not sign certificates on account of the difficulties in which they might be landed. The Government resolved to carry out the recommendations of the Royal Commission, and inserted a form of words that was discussed in committee. As a result of that discussion the Minister of Health promised to meet some of the difficulties and objections raised. The Government had very considerably amended the original clause, which provided that the doctor was obliged to apply to the judge for a stay of proceedings. In this new clause proceedings might be conducted in a more appropriate way. Before an action began, a judge had to be satisfied that there was substantial ground for it. Many people who had undergone treatment had been discharged partially cured, and they were unfortunately very likely to take legal proceedings. Mr. Somerville Hastings, in the second reading discussion, had said that there were two classes of insane people, and that one of them included those people who never believed them and bore a grudge against everyone. It was quite likely that there might be a mass of baseless actions against doctors, and the Government had provided that leave must be given for the initiation of such proceedings against a medical practitioner. That was the main change that they had made in the bill, and she hoped that its new form would meet the apprehensions that were expressed by hon. members.

The amendment was agreed to, and the report stage was concluded.

On the motion for the third reading,

Dr. VERNON DAVIES said that the bill, which would affect thousands of people, had been passed through the House with a minimum of discussion and a maximum of forced closure. They had not been able to do justice either to themselves or to the people whom they represented. It was useless to say that the Opposition regarded the bill as satisfactory. They had the greatest hopes on the second reading. They visualized that there were great opportunities for this class of patient if they could get them in the early stages of disease. In the committee stage they were strongly desirous of helping. Some of the medical men, who had a certain knowledge of what they were talking about, found the Minister of Health and the Parliamentary Secretary most determined opponents of what they proposed. There were many provisions in the bill which were not going to act as they wanted them to act. The bill would be detrimental to the treatment of mental disease. It would prevent some of these people submitting themselves for treatment as early as they should do. The obstinacy of the Minister in refusing to accept change with regard to the Board of Control would have a detrimental effect. People were going to be more suspicious of the Board of Control than ever in the past. They would regard it as a Department of the Ministry of Health. Labour members simply jeered at the medical profession. They thought that their motives were not of the best and purest, and imputed to them unworthy motives. It had constantly been done in that House. The medical profession had been more or less the butt of the Labour party. They had not remembered that the health of this country was in the hands of the medical men, and that people's opinion regarding the medical men of the country was not improved by constant ill-informed criticism. Members who had had the opportunity of expert advice from men who had no axes to grind, and who had retired from practice, had, by their rigid adherence to the party whip or blindly following a department, passed on to the Statute Book a bill not half so good as it might be. Nevertheless, he hoped that the bill would give some relief to the poor people of the country.

Mr. WINTERTON said that of all people who had the right to complain the medical profession had the least. The bill would probably never have seen the light in that House except for the demand of the medical profession that they might be relieved of certain obligations which most other professions were willing to accept. In the bill the privileges of the ordinary individual were invaded to give extra privileges to the medical profession and place them in an entirely privileged position, which no other profession had ever asked for. If he could feel sure in his heart that the patients who would come for treatment under the bill were as secure as were the doctors he would feel a great deal happier about it. It came with ill grace that those who had got so much out of the bill and had supported it through thick and thin against the liberty of poor people should now complain that they had not enough.

Dr. MORRIS-JONES said he felt sure that this was a very excellent bill, and he congratulated the Minister of Health on getting it through. It was a great charter for the poor of the country, and for the first time it gave them as great a chance as the rich. He could not quite agree with Mr. Winterton, who talked about the privileges of the medical profession. He denied emphatically that there was anything in the bill which conferred any privileges on the profession in any shape or form. The bill got away from the spirit of detention to that of prevention and treatment. When the bill came to be adopted and understood in the country it would be successful.

The bill was then read a third time.

Fibrosis of the Lungs in Miners.—Replying to Mr. Hopkin, on May 15th, Mr. CLYNES said the expert committee of the Medical Research Council would be asked to consider the extension of the research into causes of fibrosis of the lungs of miners in the anthracite district, which had been organized by Professor Cummins, director of the Welsh National Memorial Association. The Council had already made a grant for the expenses in connexion with research at this laboratory.

Radium.—On May 15th Mr. GREENWOOD told Commander Bellairs that the radium purchased by the Radium Trust and Radium Commission had so far been obtained on "most favoured nation" terms.

Vaccination Order, 1929.—Sir C. TREVELYAN, on May 7th, in reply to Mr. Groves, said that it was unnecessary to call the attention of the governors of State-aided schools to the Ministry of Health's Vaccination Order of October 1st, 1929. This Order was to the effect that so long as the small-pox prevalent in this country retained its mild character it was not generally expedient to press for vaccination of persons of school age or adolescents who had not been previously vaccinated, unless they had been directly exposed to small-pox infection. This Order had, in Sir Charles's opinion, received sufficient publicity.

Grants to Maternity Hospitals. Mr. GREENWOOD informed Major Carver, on May 15th, that under the new system of payment grants to maternity hospitals would be made in their entirety for 1929, so that there would be no gap between the Ministry of Health's payments and payments by the local authorities concerned.

Manufacture and Distribution of Quinine in India.—Mr. BENN told Major Pole, on May 15th, that he had not yet received a report from the Government of India on cultivation of cinchona and the manufacture and distribution of quinine in India. The Government of India was in consultation with the provincial Governments on the question of centralizing the whole subject of cinchona cultivation and the manufacture and distribution of quinine. This would be the first step towards reducing the price of quinine.

Foot-and-Mouth Disease.—Mr. NOEL BUNTON told Dr. Fremantle, on May 15th, that he had learnt of a reported discovery in Buenos Aires of an effective vaccine against foot-and-mouth disease, and was making inquiries.

National Health Insurance: Valuation of Approved Societies.—In a reply to Mr. Rhys Davies, on May 16th, Mr. GREENWOOD said the valuation of the first group of approved societies and branches under the national health insurance scheme, made as at December 31st, 1927, had now been completed. Progress was being made with the second group, valued as at December 31st, 1928, and he hoped the results would be available about the end of 1930. The results of the valuation of the last group should be available about a year later.

Pensions.—Mr. F. O. ROBERTS, replying to Sir A. Pownall on May 19th, said that of 318 applications for pensions outside the seven years' limit dealt with since last November, 300 were given pecuniary compensation. The remaining 18 needed only a brief course of treatment.

Obituary.

Dr. CHARLES JOHN BATTLE of Klerksdorp, Transvaal, died on March 19th, at the age of 50, after an illness lasting two months; he was the son of the late Mr. Charles Key Battle, and nephew of Mr. W. H. Battle, consulting surgeon to St. Thomas's Hospital. Charles Battle received his medical education at St. Thomas's, and obtained the diplomas M.R.C.S., L.R.C.P. in 1903, after which he practised for some time in Natal and also on the East Rand. During the war he served in East Africa with a commission in the South African Medical Corps. He then commenced practice in partnership with Dr. Orford in Klerksdorp, where he held the appointments of medical officer of health, medical superintendent to Klerksdorp Hospital, district surgeon, and railway medical officer. His special diagnostic ability, his energy, and his unselfish devotion to those he served, won for Dr. Battle high esteem and deep affection, and sincere sympathy is felt for his widow and his mother. He was a member of the British Medical Association.

The following well-known foreign medical men have recently died: Dr. BOEZ, director of the Pasteur Institute at Saigon; Dr. LOUIS CHARLES LEHR, emeritus professor of genito-urinary surgery at Georgetown University School of Medicine, aged 54; and Dr. DAVID HUMMEL COOVER, emeritus professor of ophthalmology, Colorado University School of Medicine, aged 77.

The Services.

TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon Lieut.-Colonels H. E. McCreedy, M.C., and J. D. Comrie (ret.), under the terms of the Royal Warrant of October 13th, 1920.

DEATHS IN THE SERVICES.

Surgeon Major Alexander Gamack, Madras Medical Service (ret.), died at Hampstead on March 8th, at the great age of 96. He was born on February 13th, 1834, the son of William Gamack, solicitor, of Peterhead, and was educated at Aberdeen, where he graduated as M.A. in 1853 and M.D. in 1856 of Marischal College, also taking the L.R.C.S.Ed. in 1856. Entering the I.M.S. as assistant surgeon on August 4th, 1856, he became surgeon major on July 1st, 1873, and retired on August 1st, 1879, over half a century ago. Most of his service was spent in civil employ in the Madras Presidency, where he was for many years civil surgeon of Madura. He was, of course, the oldest I.M.S. officer on the retired list, and was the last survivor of the company's medical officers.

Dr. Charles Frederick Kennan Murray, O.B.E., late surgeon R.N., died at Palmiet, Elgin, Cape Colony, on March 7th, aged 81. He was born in Wicklow on September 27th, 1848, and was educated in Dublin, graduating as M.D. in 1868, M.Ch. in 1884, and M.A.O. in 1886 of the Queen's University, Ireland; and also took the L.R.C.S.I. in 1867 and the F.R.C.S.I. in 1884. In August, 1889, he entered the Navy as surgeon, and served on H.M.S. *Rattlesnake*, the flagship of Sir Edward Commerell, V.C., R.N., in the Ashanti war, when he served in boat work on the River Praah, and attended the admiral when he was wounded, also being wounded himself. He was mentioned in dispatches, and received the Ashanti medal. In 1874 he resigned the Navy and settled in Cape Colony, where he married the second daughter of the late Sir John Charles Molteno, K.C.M.G., the first premier of Cape Colony. He was the first president of the Colonial Medical Council, and was unanimously re-elected to that office for twenty-seven years. He was for many years surgeon to the Victoria Cottage Hospital, Wynberg, and consulting surgeon to Somerset Hospital, Capetown. When the war of 1914-18 began he undertook the sole charge of a large practice to free his son, Dr. Kennan Murray, for service in the South African Field Ambulance in France, and also served in a local military hospital, receiving the O.B.E. after the war.

Colonel John Francis Williamson, C.B., C.M.G., formerly of the R.A.M.C., died at Dover in the first week of March, aged 79. He was born at Glasslough, Monaghan, on February 6th, 1851, the son of the Rev. A. Williamson of Ardess, Fermanagh, and was educated at Trinity College, Dublin, where he graduated as M.B. and L.Ch. in 1876. Entering the Army as surgeon on February 4th, 1879, he attained the rank of colonel on November 20th, 1903, and retired on February 6th, 1908. He received the C.M.G. in 1901, the C.B. in 1904, and a distinguished service pension in 1910. He had a very long list of war services: Afghanistan, 1878-79, battle of Charasiah, action on Kabul Heights, defence of Sherpur cantonments, the march under General Roberts from Kabul to the relief of Kandahar, when he served with the Seaforth Highlanders, and battle of Kandahar; mentioned in dispatches in the *London Gazette* of December 3rd, 1880, medal with three clasps, and bronze star. Egypt, 1882, battle of Tel-el-Kebir, medal, and Khedive's bronze star. Burma, 1887-88. North-West frontier of India, 1897-98, Mohmand and Tirah expeditions, mentioned in dispatches in *London Gazette* of January 11th, 1898, medal with two clasps. South Africa, 1899-1902, in charge of a general hospital, operations in Cape Colony, mentioned in dispatches in *London Gazette* of April 16th, 1901, Queen's medal with a clasp. King's medal with two clasps, C.M.G. East Africa, 1903-4, operations in Somaliland, as principal medical officer, mentioned in dispatches by General Manning, August 17th, 1903, and General Sir C. C. Egerton, May 30th, 1904, and in *London Gazette* of September 2nd, 1904, medal with clasp, and C.B.

Lieut.-Colonel George Hart Desmond Gimlette, C.I.E., Bengal Medical Service (ret.), died at Southsea on March 7th, aged 74. He was the eldest son of the late Fleet Surgeon Hart Desmond Gimlette, R.N.; Surgeon Rear-Admiral Sir Thomas Desmond Gimlette, K.C.B., R.N. (ret.), was his brother. He was born on September 8th, 1855, at St. Aubyn, Stoke Damerel, was educated at St. Thomas's, and took the M.R.C.S. and L.S.A. in 1877, also graduating as M.D. and M.Ch. in the Royal University, Ireland, in 1879. Entering the I.M.S. as surgeon on March 31st, 1879, he became lieutenant-colonel after twenty years' service, was placed on the selected list for promotion on June 16th, 1905, and retired, with an extra compensation pension, on April 1st, 1910. He served in the Egyptian cam-

paign of 1882, when he took part in the action at Tel-el-Kebir and pursuit to Zagazig, and received the medal and the Khedive's bronze star. In 1883 he was one of the medical officers deputed from India to work in the cholera epidemic which was then devastating Egypt. Towards the end of that year, on his return to India, he joined the Political Department, in which the rest of his service was spent, and was posted as Residency surgeon to Katmandu, the capital of Nepal. In 1891 he became Residency surgeon of Baghalkand, and in 1897 of Indore, where he was also P.M.O. of Central India. In 1901 he was appointed Residency surgeon of Haidarabad, then considered the best executive appointment held by any medical officer in India, and kept that post till his retirement. When the war of 1914-18 started he at once rejoined for service, and as P.M.O. of the Indian hospital ship *Sicilia* for over two years, made many trips to France, Egypt, and Gallipoli. In 1917 he rejoined for service in India, and was re-employed there for some time as Residency surgeon of Mairui, but later in that year went to Iraq on military duty. In 1901 he was given the C.I.E. He was the author of a work entitled *A Postscript to the Records of the Indian Mutiny, 1927*. While Residency surgeon of Nepal, and *ex officio* Assistant Resident, an experience fell to his lot which probably no other medical officer ever shared. The Indian Government maintained at Katmandu a small corps of two hundred men, called the Resident's escort. It was the custom for the Resident to make a tour along the Nepalese frontier in the cold weather, taking half the escort with him, the other half remaining at Katmandu, with the Assistant Resident, who was in charge during his chief's absence. In 1885, while the Resident was on tour, a revolution broke out in Nepal, which was completely successful, the insurgents seizing the Government and killing all of their chief opponents whom they could catch. Some of the defeated leaders took refuge in the Residency. The leader of the victorious revolutionists demanded their surrender, which of course meant their immediate execution, and Gimlette had to make up his mind at very short notice whether he would comply with the request, and give up the refugees to their deaths, or defy the victorious party and refuse, staking his own life, and the lives of all in the Residency, on the hope that the revolutionary leaders would realize the rashness of an attack on an English Residency. Of course, the small escort could have put up no effectual fight against the revolutionists, but could only have defended the Residency to the death. Fortunately the successful leader had the sense to see that an attack on the Residency, however successful for the moment, meant war with England, and probably the end of Nepal; and was also strong enough to restrain his followers. No attack was made on the Residency, the refugees were protected, and in the end were safely passed down under escort into British India, and interned at Benares. Colonel Gimlette was unmarried; he leaves two surviving brothers, Surgeon Rear-Admiral Sir Thomas Desmond Gimlette, K.C.B., R.N. (ret.), and Dr. J. D. Gimlette, and three sisters.

Universities and Colleges.

UNIVERSITY OF OXFORD.

George Herbert Hunt Travelling Scholarship.

THE electors of the George Herbert Hunt Travelling Scholarship have awarded the scholarship for 1930 to Ronald Graeme Macbeth, B.M., Oriel College.

UNIVERSITY OF CAMBRIDGE.

THE Council of the Senate has appointed Professor H. R. Dean, M.D., a member of the Council of the Lister Institute of Preventive Medicine for ten years.

At a congregation held on May 16th the following medical degrees were conferred:

M.B., B.CHIR.—J. V. Broad, E. C. Wynne-Edwards, E. R. Keeble.
B.CHIR.—L. J. Haydon.

UNIVERSITY OF LONDON.

THE ceremony of presentation day was held on May 14th. There was an academic procession from the Imperial Institute to the Albert Hall, in which the Chancellor, Lord Beauchamp, the Senate, and officers of the University took part. The Lord Mayor of London and the Lady Mayoress were among the guests assembled in the hall. The Chancellor in his address referred to the fact that that was the first meeting of the kind under the new constitution created by the new statutes made by the Commissioners under the University of London Act of 1926. After welcoming the guests he expressed regret at the approaching resignation of the Vice-Chancellor, Sir Gregory Foster. The total number of candidates for all examinations was 36,633, as against 34,941 in the previous academic year, and 11,937 in 1913. Of the 3,946 candidates for degrees, 2,458 were internal and 1,488 external. The total number of successful candidates at all examinations was 15,798, and of those who obtained degrees and diplomas 3,086, as compared with 15,186 and 3,089 respectively in the previous year. The roll of internal students now comprised 10,200 names, as compared with 4,950 on the corresponding date in 1914 and 9,886 in 1929.

At the service held in Westminster Abbey the sermon was preached by Canon C. E. Raven of Liverpool.

The graduation dinner was held in the evening at the Fishmongers' Hall, when the Chancellor presided. The toast of "The University" was proposed by the Prime Minister, who said that while many colleges and universities have been founded by benefactors, the London University was founded by a high idea. The University had gone from strength to strength, and it had the largest number of students of any university in the country. He expressed his great interest in the Post-Graduate Medical School proposed to be founded in connexion with the University. The Chancellor, in acknowledging the toast, stated that the University had on that day 11,000 students reading for their degrees. The toast of "The New Graduates" was proposed by the Archbishop of Canterbury, who congratulated the University upon the great strides it had made.

UNIVERSITY COLLEGE.

A public lecture on the secretory action of the nervous system will be given by Professor G. H. Parker of Harvard University on Friday, May 30th, at 5.30 p.m. The chair will be taken by Professor D. M. S. Watson, F.R.S. The lecture is open without fee to students of the University and others interested in the subject.

UNIVERSITY OF MANCHESTER.

THE Council has gratefully accepted the offer of the Manchester Medical Society to present to the University its medical library, which has been housed in the University since 1875, and for a number of years has been supported jointly by the Manchester Medical Society and the University. Provision has been made for the members of the Manchester Medical Society to continue their use of the medical library, and the society has undertaken to make an annual grant towards the cost of maintenance.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

At a meeting of the Royal College of Surgeons of Edinburgh held on May 15th, when Dr. James Haig Ferguson (President) was in the chair, the following 21 successful candidates, out of 68 entered who passed the requisite examinations, were admitted Fellows:

S. Annaswami, D. J. Brown, E. J. Burton, A. B. Cook, J. E. Erdheim, M. Husnain, F. W. Helmoe, K. L. H. Kirkland, D. A. Langhorne, Shu Pui Li, J. C. McMaster, C. D. Meadowcroft, Marjorie Murrell, James Purce, A. D. D. Pye, Marion A. Radcliffe-Taylor, J. F. Robinson, J. B. de C. M. Saunders, A. B. Smith, R. F. Ward, D. Wilkie.

Bathgate Memorial Prize.

The Bathgate Memorial Prize, consisting of bronze medal and set of books, after a competitive examination in materia medica, has been awarded to Mr. G. L. G. Major.

Medical News.

PROFESSOR LEONARD HILL will deliver the annual oration of the St. John's Hospital Dermatological Society on May 28th, at 5 p.m., at St. John's Hospital, 49, Leicester Square, his subject being the penetration of the skin by radiation. On the evening of the same day the annual dinner of the society will be held at Kettner's Restaurant at 6.45 for 7 p.m.

THE summer sessional address before the Abernethian Society of St. Bartholomew's Hospital will be delivered by Sir Archibald Garrod on Thursday, June 5th, at 8.30 p.m. The subject will be "St. Bartholomew's fifty years ago."

AN open-air lecture on "Cabbages and kings" will be given at the Chelsea Physic Garden, Swan Walk, Chelsea, by Dr. A. W. Hill, director of the Royal Botanic Gardens, Kew, on Thursday, May 29th, at 5 p.m. Sir William Collins, chairman of the Chadwick Trustees, will preside. Information about Chadwick Public Lectures may be had from the secretary, Mrs. Aubrey Richardson, at the offices of the Trust, 204, Abbey House, Westminster, S.W.1.

THE sixth annual meeting of the National Institute for the Deaf will be held at the Church House, Westminster, S.W.1 (entrance, Great Smith Street), on Friday, May 30th, at 3 p.m., under the chairmanship of Lord Charnwood. The Rt. Hon. Stanley Baldwin, M.P., will speak.

A MEETING of the International Pharmaceutical Federation will be held at Stockholm from July 16th to 18th, when the following subjects will be discussed: nomenclature of new drugs, international formularies, control of specialties, influence of industry on pharmacy, standardization of drugs, and supply of drugs to ships.

THE Fellowship of Medicine announces that two free demonstrations will be given at the Miller General Hospital, Greenwich; on Monday, May 26th, at 2 p.m., Dr. E. C. Warner will describe selected cases of disease in children, and on Friday, May 30th, at 2 p.m., Mr. Arthur Gray will demonstrate gynaecological operations. Dr. B. T. Parsons-Smith will deliver two lectures especially suitable for the M.R.C.P. at

the Medical Society of London, 11, Chandos Street, Cavendish Square, both at 8.30 p.m.; on Tuesday, May 27th, he will discuss coronary thrombosis, and on Friday, May 30th, cardiac failure. From May 26th to June 7th there will be a morning course in diseases of children at the Hospital for Sick Children, Great Ormond Street, and an all-day course in medicine, surgery, and the specialties, with especial reference to tuberculosis, at Queen Mary's Hospital, Stratford. Courses in June will be as follows: gynaecology at the Chelsea Hospital for Women, June 16th to 28th; dermatology at the Blackfriars Skin Hospital, June 16th to 28th, afternoons only; medicine and surgery at the Prince of Wales's Hospital, all day, June 16th to 28th; and proctology at St. Mark's Hospital, all day, June 30th to July 5th. Copies of syllabuses and particulars of all post-graduate work are obtainable from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A POST-GRADUATE lecture on elective localization of streptococci following their inoculation into the teeth of dogs will be delivered at the Royal Dental Hospital of London School of Dental Surgery, Leicester Square, W.C.2, by Dr. E. C. Rosenow of the Mayo Clinic, Rochester, U.S.A., on Monday, May 26th, at 5 p.m. Admission is free.

At a meeting of the Royal Society on May 22nd Dr. H. H. Dale communicated a paper by Professor G. H. Parker of Harvard on ciliation of the Fallopian tubes. Sir Charles Sherrington communicated a paper by Mr. H. E. Roaf on visual acuity in light of different colours. A joint paper by Sir Charles Sherrington and Mr. J. C. Eccles on numbers and contraction values of individual motor units examined in some muscles of the limb was read in title only. Before the meeting Professor Elliot Smith showed a cast of the Peking skull.

A SPECIALLY conducted visit to the new dock at Tilbury, and the Orient liner *Orontes*, will be made on Friday, June 20th, in aid of King Edward's Hospital Fund for London; a steam launch will leave Westminster pier at 9.30 a.m. Lunch will be served on board the *Orontes*, and afterwards representatives of the Port of London Authority will demonstrate the new dock. Tickets, price one guinea, can be obtained from the secretary of King Edward's Hospital Fund for London, 7, Walbrook, E.C.4. Early application should be made as the number of the party is limited.

THE fifth International Congress of Physiotherapy will be held at Liège from September 14th to 18th, and not as announced in the *Journal* of May 17th. Twenty-five countries have already appointed national committees, and the particular subjects to be discussed will be: the rôle of physiotherapy in the treatment of rheumatic disorders; physiotherapeutic treatment of the disorders of the central nervous system; and the university teaching of physiotherapy. There will be sections dealing with kinestherapy and physical education, radiology, electrology and thermotherapy, hydrology, and actinology. Following this congress the second annual meeting of the International League against Rheumatism will be held in Liège from September 18th to 20th, and members of the congress will be allowed to take part in all its meetings. Travelling concessions have been sanctioned by the French and Belgian Governments in connexion with the congress, further details of which may be obtained from Dr. W. Kerr Russell, 126, Harley Street, W.1.

THE first Congress of the International Society of Experimental Phonetics will be held at the University of Bonn from June 10th to 13th. Physicists, medical practitioners, dentists, linguists, and teachers are invited to attend. The subscription is ten marks. Further information can be obtained from the Phonetisches Institut der Universität Bonn, Poppelsdorfer Allee 25, Bonn.

THE first Transcaucasian Congress of Obstetrics and Gynaecology will be held in Tiflis in September, when the following subjects will be discussed: the pelvis in the Transcaucasian races, treatment of inflammation of the adnexa, pregnancy and infectious diseases, obstetrical assistance, and gynaecological prophylaxis and treatment in the Transcaucasian Republic.

THE eleventh salon des médecins for the exhibition of works of art by medical practitioners, dentists, veterinary surgeons, and members of their families will be held at 117, Boulevard St. Germain, Paris, on June 24th. Further information can be obtained from Dr. Paul Rabier, 84, Rue Lecourbe, Paris, XVe.

THE Mothercraft Lending Library (16, Porchester Square, London, W.2) has issued a catalogue (price 6d.) of books on infant feeding and care, child training and education, diet and food values, and nursery management and hygiene, and allied subjects. Parents, nurses, and child educationists for a subscription of 10s. 6d. a year, or 1s. a month, may borrow books included in this list, and others that will be added from time to time, and obtain advice on nursery problems.

REMUNERATION at the rate of 150 guineas a year has been sanctioned by the London County Council to each of seven medical superintendents of fever hospitals of the Metropolitan Asylums Board, in respect of services rendered in connexion with consultative work on and diagnosis of small-pox since the death of Dr. Wauklyn, consultant on small-pox to the Council, about a year ago.

AN effort is being made to establish in Bournemouth a home for elderly nurses, and an appeal has been issued by Miss Beatrice Harraden. Miss B. Hyla Greves, daughter of a past-president of the Dorset and West Hants Branch of the British Medical Association, is the honorary secretary of the Elderly Nurses Permanent Home Fund, which is being brought into being to provide this home; contributions may be sent to the honorary treasurer, Mr. F. Cobley, c/o Westminster Bank, Southbourne.

AN attempt in Lübeck, Germany, to secure immunization against tuberculosis by administering B.C.G. vaccine to infants has been followed by a number of deaths, and by a larger number of cases of serious illness. During the past two months 246 infants—about half the number born in Lübeck in that period—had undergone the treatment, and a report from Berlin dated May 20th states that up to that time seventeen of the infants had died, and over twenty others were seriously ill. The authorities at Lübeck are of the opinion that no contamination of the cultures could have occurred either during their transit from Paris or in the course of their further development in Lübeck itself. Professor Lange is investigating the outbreak on behalf of the State Office of Health, and an inquiry is being made also by the public prosecutor's department. Those in charge of the investigations are considering careless or incorrect handling or administration and pollution of the cultures as possible causes of the infections. It is stated that the health authorities allowed midwives to apply the preparation without medical control.

A REPORT has been issued on the work carried out during 1929 in the pathological laboratories of the City of London Hospital for Diseases of the Heart and Lungs. Investigations devised to establish the existence or otherwise of a filterable bacillus were undertaken on behalf of the Medical Research Council, and in collaboration with Dr. R. E. Glover and Dr. A. Stanley Griffith, of the department of animal pathology, Cambridge; no evidence was obtained of the existence of such a filterable form. A study of the clinical and pathological characteristics of pulmonary asbestosis was conducted by Dr. W. Burton Wood and Dr. S. Roodhouse Gloyne. The report contains reprints of publications on these subjects.

THE issue of the *Medical Journal of Australia* for March 22nd contained an appreciative leading article on the late Dr. William Henry Armit, its editor from 1914 to 1930, and this was followed on April 5th by a full obituary notice with portrait.

A SPECIAL number of *Bruxelles-médical* has recently been published giving an illustrated account of the annual congress known as the Journées Médicales de Bruxelles, which was held last June at Brussels.

THE late Mr. A. H. Tubby, consulting surgeon to Westminster Hospital and the Evelina Hospital for Children, has left estate of the value of £98,108, with net personality £37,812. He bequeathed £300 to Westminster Hospital and £100 to the Alpine Club.

THE Minister of Health has appointed Mr. W. A. Ross, O.B.E., and Mr. J. C. Wrigley to be Assistant Secretaries of the Ministry of Health.

THE London County Council has appointed Dr. Clifford Ellingworth as medical superintendent of Queen's Hospital, Sidcup, at a remuneration of £1,000 a year, with house. Fifty-seven applications were received in response to the advertisement of the appointment.

DR. HENRY H. I. HITCHON has been appointed to the Commission of the Peace for the borough of Heywood, Lancs.

THE Marquess of Linlithgow has resigned the office of President of the British Social Hygiene Council, and Sir Basil Blackett has accepted the invitation of the Executive Committee to succeed him.

THE following appointments have recently been made in foreign medical faculties: Professor Franz Hamburger of Graz, in succession to the late Professor Pirquet in the chair of paediatrics in Vienna; Dr. Wilhelm Pfannenstiel of Münster, professor of hygiene at Marburg; Dr. Adolf Jarisch of Innsbruck, professor of pharmacology at Düsseldorf, in succession to Professor Heubner; Professor Verzar, director of the physiological institute of Debreczen, successor of Professor Broemser in the chair of physiology at Basle; Dr. Cestan, professor of neurology and psychiatry at Toulouse, professor of clinical medicine in the same faculty; and Dr. Jean Turckini, professor of hydrology at Montpellier.

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 9861, 9862, 9863, and 9864 (internal exchange, four lines).

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

PNEUMATIC DRILLS AS A CAUSE OF DISEASE.

DR. JOHN McMILLAN (Shotts, Scotland) writes: Is there any record of the use of pneumatic breakers or picks (such as are used in breaking up the concrete and asphalt pavements of the London streets) having a deleterious effect on the health of men who work with such tools?

DANISH TREATMENT OF ITCH.

DR. ALEXANDER CANNON (Hong-Kong) writes: In reply to the inquiry of Dr. Douglas Ross in the *Journal* of February 15th (p. 320), there are many ways in which the first stage of the preparation of the ointment can be made up, still keeping to the same formula. Remembering that the chief difficulty is in getting the sublimated sulphur into solution, this is often done by first taking half of the 50 per cent. KOH and, if necessary, passing H_2S until saturation occurs, and then adding the other half. Another method is to use twice the amount of 50 per cent. KOH; this is not essential, but it saves considerable time in making up this first ingredient. In actual practice it does not matter very much whether a clear yellow solution is obtained, but this is the ideal, and can be achieved by using the best sublimated sulphur and KOH. A good deal also depends upon the meticulous preparation in this first step, often the best part of a whole day being required to get the end-result. Mr. Shenton, of Messrs. A. S. Watson and Co., informs me that they have made the solution according to the formula without difficulty. Mr. Cable, the chief Government apothecary of Hong-Kong, assures me that more often than not the colour is an orange yellow, and sometimes reddish in certain lights; the results of treatment are the same, however, which is the main point. The technique used by Mr. Cable is to dissolve the KOH and, while the solution is still hot, to sift the sublimed sulphur through a 40 sieve, while one man constantly stirs. As soon as the surface is covered with the commercial sublimed sulphur, this is stirred until dissolved, no more being added till then. Before the whole quantity is dissolved, a tedious process, the mixture frequently thickens considerably; we let it stand in the pan overnight, and in the morning a thick crust has formed, with a deep yellow-orange clear solution below. This is filtered, and the next step is then taken. Marcussen of Copenhagen always obtains a clear yellow solution, but he frequently uses 2 kg. of 50 per cent. KOH. With regard to the statement of Dr. Douglas Ross, "gentle heat merely blackens the mixture," I am at a loss to explain. All that I can say is that if the heat is never more than gentle, we have failed to produce a mere blackening; therefore I feel that it would be wise to seek further advice, and I should be greatly obliged if Dr. Martindale, or some other well-known chemist, would favour us with an exposition of the whole facts, if merely from the academic point of view. One thing I do know, and that is: carefully carry out the instructions given and you cannot fail to meet with success in every case.

INCOME TAX.

Motor Car Transactions.

W. F. W. bought a car in 1922 for £530, and has been allowed depreciation at the rate of 20 per cent. on the written-down value since the depreciation regulation came into force. In June, 1929, he sold the car for £35 and bought a new one for £235. What should he claim?

*** The depreciation allowance was extended to the assessment of professional profits for 1925-26 and the following years. Consequently "W. F. W." has presumably had the allowance for