

limbs, as well as bony displacements and deep-seated tenderness, the possible conditions always being borne in mind. This physical examination should always be supplemented by x-ray photography, which it may be necessary to repeat at intervals; it is only since the advent of radiography that any really exact knowledge of the state of affairs has been possible.

Reference to the head of the femur prompts me to say a few words about its blood supply. The head receives a variable branch of the internal circumflex artery through the ligamentum teres, while the neck is supplied by numerous tiny twigs via the retinaculae in the capsule of the hip-joint from the digital anastomosis, which also sends a branch direct to the base of the neck. Recently some German anatomists have traced out the course of these rather feeble vessels in the bone itself, demonstrating that they run remarkably straight courses to form a network at the epiphyseal line. From this fact can be explained, perhaps, the changes which occur so frequently in the young when the epiphysis is moved relatively to the shaft of the bone, as by a fall. As the result of this injury there is thrombosis of the arterial whorl at the epiphysis; this is a possible explanation of the pseudo-coxalgia which crops up from time to time in hip-joints previously the seat of congenital dislocation which have been successfully reduced but too violently.

Epiphyseal strain, when it develops in the hip-joints of children following an injury, constitutes a definite threat of future trouble if not properly treated by rest and so forth, since cases occurring presumably without infection may end in a traumatic coxa vara; should a haemogenous infection be superadded pseudo-coxalgia will most certainly occur. Fortunately or unfortunately for this infective theory of the cause of pseudo-coxalgia, most careful cultures have been made in definite cases of the condition with only negative results, but this does not prove that the condition was always such. When cultures have been successful a *Staphylococcus aureus* of low virulence has been obtained, and, supposedly, a suppurative epiphysitis would have supervened had the micro-organism been more virile. When it is considered how frequently healthy children knock themselves about with no ill result the question arises why only some should suffer, especially as the upper epiphysis of the femur is always subjected to a sheering strain. Of late the importance of calcium metabolism and its relation to infections generally has attracted much attention; this is of special importance when dealing with bony conditions. Phosphorous and calcium taken by the mouth as food can only be metabolized in the presence of accessory food substances—the vitamins A and D—balance being preserved between these two elements and the excess being excreted. This is not the whole story, in the light of Collip's researches into the functions of the parathyroid bodies, since he found that, quite apart from vitamins, the normal level of blood calcium depended on the presence of the hormone of these bodies in the circulation.

"Late rickets" is a convenient label to apply to those epiphyseal changes in patients who are too old for this disease in its generally accepted form. Is it not more desirable to recast the whole story of calcium metabolism, and to presume, at any rate for the moment, that rickets is one indication of a general metabolic dysfunction which may be manifest at any time, at any rate in the early years of life? We may go further and consider a condition such as urticaria, which is by no means infrequently present in cases of ricketty and adolescent coxa vara. Does not this suggest the importance of general measures as well as local splinting, etc., in the treatment of these bone joint lesions?

In days gone by cod-liver oil was the standby in all these nutritional diseases, but of late the results have not been uniformly successful, the reason being shown to rest in its variable vitamin content. When cases of bone disease are treated by sunlight, the ultra-violet light of which synthesizes the vitamin in the skin, remarkable results have been obtained, especially in conditions such as pseudo-coxalgia, which is often most difficult to distinguish from tubercle and has been treated similarly.

Pseudo-coxalgia is essentially an epiphyseal disease, appearing first as a destructive process, quietly continuing

until a natural attempt at arrest brings about hypertrophic growth of bone, frequently very soft, with the result that the top of the femur is mushroomed and coxa plana results. The Americans describe coxa plana, due to this cause, as resembling the buffer of a railroad car rather than a mushroom, the top of which is really too big in proportion to its stem to be an exact simile. Treatment in the early stages must be expectant, with rest and massage at definite times; later deformities may require adjustment.

Mention of the femoral epiphysis leads on to another condition in which it is affected—namely, certain types of coxa vara. It is impossible in a short paper to enter into a full discussion of this disease, but as a rule it is bilateral, and angulation occurs at one of three points—epiphyseal, cervical, or basal. As regards the types, these are fairly well defined, the most interesting being the infantile, or cervical, which x-ray evidence definitely indicates as being of developmental origin. So far as can be ascertained, it appears that a diaphyseal spur develops which has a separate centre of ossification between the epiphysis and diaphysis proper, forming a triangular wedge of bone (Elmslie). The cementing cells between the portions of bone are weakened and give way, there being two layers instead of the usual one, as a result of the strain of the body weight. In the adolescent type there is no diaphyseal spur, and the slipping of the epiphysis is due to the weakening of the cementing cells from injury to the blood supply, and presumably to faulty calcium metabolism at the place, the changes not being comparable with those of true rickets. The onset is marked by pain and limping, the limb being flexed, adducted, and everted. Treatment aims at correcting the deformity by suitable extension; it should be continued until skiagrams show that buttressing by new bone has taken place.

In a purposely short paper it is impossible to go fully into all the conditions about the hip-joint; those mentioned have been discussed very broadly to avoid dogmatism.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### SCLEREMA NEONATORUM.

THE case of an infant who undoubtedly suffered from this unusual complaint, and is now alive and in good health, seems sufficiently interesting to be recorded.

The mother, aged 36, who had a history of scarlet and rheumatic fevers, indigestion apparently of hepatic origin, and several attacks of urticaria, was in poor health up to the time of her confinement on December 16th, 1929. She had been married eighteen months before she became pregnant. She does not appear to have had sufficient exercise. Her appetite was small, but she enjoyed fats in the form of butter and cream. She had mitral disease, which at first caused little inconvenience, and she complained of various "rheumatic" pains, induced by climatic changes. The father, a meagre, C 3-looking individual, has suffered for many years from chronic nasal catarrh.

The mother commenced to vomit as soon as she became pregnant, and continued, on and off, during pregnancy. She took "milk of magnesia" continuously, and had some difficulty with constipation. She lost weight, and had several attacks of bronchitis and night sweats. By the seventh month she complained of palpitation, swelling of the ankles, morning and evening, and of attacks of fainting. Her urine, which was tested frequently, never contained any albumin, but phosphates and urates were present in excess of normal. For the last two weeks prior to her confinement her abdomen felt "senseless." After being nine hours in labour she was given chloroform and delivered with forceps of a female child, which weighed 5½ lb. She recovered from the confinement fairly well, but had several attacks of vomiting, and the involution of the uterus was delayed. She had no milk till the ninth day.

Delivery was hastened in view of the mother's cardiac condition. On the cord, which was unusually thick, there was, about one and a quarter inches from the umbilicus, what proved to be a haematoma, two and a quarter inches long, dipping into Wharton's jelly. The placenta appeared to be normal. The child seemed to be heavier than it actually was, and its skin was hard and stiff, preventing it from moving its limbs, but not interfering with sucking. The hardness, which apparently involved the whole skin, seemed most pronounced and remained longest over the buttocks, which were dark blue in colour. At no time did the skin pit on

pressure, and there were no haemorrhages. The hardness disappeared gradually about three weeks after birth, and was followed by a general desquamation.

Four days after birth the child developed a paronychia of its right index finger, and a few days later a swelling was observed on the inner side at the middle of the right upper arm, over the brachial artery. This gradually increased in size, and was diagnosed as an enlarged gland, an angioma, or an abscess. It never gave any fluctuation, but felt like rubber, and moved freely under the skin. In view of the paronychia, it was incised on the twenty-fourth day, and about  $1\frac{1}{2}$  drachms of pus were evacuated. The wound healed without delay, and at the present time, three months after birth, the child weighs  $10\frac{1}{2}$  lb., and is happy and apparently in good health.

In view of the unknown pathogenesis of this obscure condition it is interesting to note: (1) the unsatisfactory condition of the mother's health, with symptoms pointing to allergy or hepatic insufficiency; (2) the delay in lactation; (3) the localized septic focus in the infant, which may have had something to do with its survival and recovery.

Wolverhampton.

W. GOLDIE, M.C., M.B., Ch.B.

#### ANTERIOR POLIOMYELITIS SIMULATING LANDRY'S PARALYSIS.

THE following case seems to be of sufficient interest and rarity to warrant publication.

On October 23rd, 1929, at 10 a.m., I saw Miss F., aged 35, a nullipara. She complained of vague pains in the back and lower limbs, but was afebrile. She did not look ill. The pulse and temperature were normal. The next day the condition was unchanged, but the temperature was  $100.5^{\circ}$  F.

On the morning of October 25th the patient was found to have flaccid paralysis of the lower limbs; the knee-jerks were absent; the plantar reflex was flexor on both sides. The abdominal cutaneous reflexes were indefinite; cutaneous and deep sensation apparently normal.

On October 26th no abdominal reflex was present and the plantar reflex was abolished. The abdomen was definitely distended. The patient urinated with difficulty, but apparent intestinal paresis was present. Temperature  $101^{\circ}$ , respirations 17, pulse 99. Towards night olive oil and soap-and-water enema, plus 1 c.m. of pituitrin, gave a scanty result, but relieved the abdominal distension temporarily.

On October 27th the abdomen was again distended. The patient looked ill and distressed. Respirations had quickened and were entirely thoracic. There were tremors of the tongue, face, and arms; the pulse was very fast and irregular. Speech later on in the day became incoherent, articulation thick; movements of arms erratic. The patient died towards midnight of bulbar paralysis. The ultimate picture was certainly like asphyxia.

The case was obviously poliomyelitis, but of a rapidly ascending nature, with main incidence on the anterior cornua of grey matter. Its chief features were very similar to those of Landry's paralysis, except for the fact that there was obvious acute infection (fever) present. Unfortunately there were no facilities to take the electrical reactions of the paralysed muscles, which in Landry's paralysis are supposed to show no reaction of degeneration. Such a test would doubtless prove valuable in the differential diagnosis.

Ingleton, West Yorks.

J. MACLEOD, M.B., Ch.B. Aberd.

#### PROPHYLAXIS AGAINST DYSENTERY BY ORAL VACCINES.

CASES of diarrhoea and dysentery have been occurring at Hillsleigh School (a branch of the Royal Eastern Counties Institution, Colchester) during the last few years. The children are of low grade, and it was deemed necessary to prevent further outbreaks. All the stools examined bacteriologically proved negative, and it was therefore decided to test the blood of all the patients.

Samples were taken from 48 children; in 26 cases the serum did not agglutinate Flexner's bacillus, *B. dysenteriae* Y, or Shiga's bacillus in any of the dilutions employed—namely, 1 in 10, 1 in 25, 1 in 50, and 1 in 100. In 14 cases the serum agglutinated a strain of Flexner's bacillus in dilutions of 1 in 10. In 4 cases it agglutinated

Flexner's bacillus in dilutions of 1 in 25 as well as 1 in 10, but weaker dilutions were negative. Five of the 18 serums which agglutinated Flexner's bacillus also agglutinated Shiga's bacillus in a 1 in 10 dilution, but weaker dilutions were negative. Seven cases which agglutinated Flexner's bacillus also partially agglutinated a *B. dysenteriae* Y suspension in a 1 in 10 dilution, but weaker dilutions were negative. Four cases agglutinated *B. dysenteriae* Y in 1 in 25 dilution, but no other type.

All the cases at this branch home, whether positive or negative, received a course of oral antidyseentery vaccine six months ago, each patient having three doses of 5 c.m. each. This vaccine contains equal parts of Shiga's and Flexner's bacilli, and is given on three consecutive days. There was no reaction of any kind, and up to the present no case of dysentery has occurred since the patients received the vaccine.

ROBERT MUNRO, M.B., Ch.B.,  
Assistant Medical Superintendent,  
Royal Institution, Colchester.

#### British Medical Association.

#### CLINICAL AND SCIENTIFIC PROCEEDINGS.

##### LANCASHIRE AND CHESHIRE BRANCH: SOUTH-PORT DIVISION.

###### *Surgery in Relation to Diseases of the Colon.*

On March 27th Professor D. P. D. WILKIE gave a British Medical Association Lecture to the Southport Division, entitled "Surgery in relation to diseases of the colon." The meeting was held in the Assembly Room of the Prince of Wales Hotel, Southport, and was well attended, there being about forty members present, including visitors. The lecture was made particularly interesting by the demonstration of lantern slides.

Professor Wilkie said that more disabilities arose from disorders of the large bowel than from anywhere else in the body; apart from acquired disorders there were many congenital causes which might render the normal function of the colon impossible. The small bowel was the active segment of the digestive canal, and therefore the colon and the stomach, with less digestive activity, were much more liable to be the seat of pathological changes. The proximal colon was the part from which toxic absorption might be expected. The lecturer, who dealt mainly with non-malignant diseases of the colon, compared the caecum and caeco-colic tract to the stomach, showing how it suffered from the same type of diseases—namely, ulcers, the constricting as well as the fungating types of carcinoma, and occasionally from a large single diverticulum. He also commented on dilatation, diverticulum, and tuberculous stricture of the caecum, and described the disorders of the nerve supply of the colon. Referring to the spastic types of constipation, he said that it was beyond dispute that many individuals who enjoyed good health had a mobile proximal colon. In certain cases where there had been long complaint of dragging on the right side fixation of the colon had given immediate and lasting relief. The operation of colopexy was of undoubted value in some cases. In atonic dilated caecum the patient usually complained of right-sided abdominal discomfort, and showed evidence of intestinal toxæmia. There was constipation, lassitude, and acute pain in the right iliac region suggestive of a lesion of the appendix. X-ray examination revealed a low dilated caecum, with marked delay in emptying. Treatment by liquid paraffin and senna often greatly benefited these cases, but operation would, of course, give the surest relief; removal of the appendix and plication of the caecum abolished pain and facilitated the emptying of the caecum.

Professor Wilkie then referred to the redundant colon, and remarked that cases of colon stasis had been associated with this condition. Some individuals have a colon one and a half times as long as the average. It might be that the pelvic colon alone was redundant, necessitating resection

*Judgement for Defendant Refused.*

Following the answers of the jury, an application was made on May 27th on behalf of the defendant, Mr. Evans, that judgement be entered for him in the action on the ground that he had succeeded on the issue of the warranty.

Mr. Justice Charles said that although the matters in dispute were separated in the questions put to the jury, the action was a whole. He therefore refused the application, and ordered Mr. Evans to pay the costs of it.

**Universities and Colleges.****UNIVERSITY OF OXFORD.**

SIR ARTHUR KEITH will be among the recipients of the honorary degree of Doctor of Science, to be conferred in the Sheldonian Theatre on June 25th.

**UNIVERSITY OF LONDON.**

THE Dunn Exhibitions in Anatomy and Physiology for 1930 have been awarded to A. Birnbaum, an internal student of the London Hospital Medical College.

**UNIVERSITY OF MANCHESTER.**

THE jubilee of the Manchester University and the eightieth anniversary of its foundation as Owens College was celebrated last week.

After a commemoration service in Manchester Cathedral, at which the Archbishop of York preached the sermon, a congregation of the University was held in the Free Trade Hall on May 23rd, when the Chancellor, Lord Crawford of Balcarres, delivered an address.

A number of honorary degrees were conferred, including that of LL.D. bestowed upon the American Ambassador, General Dawes; the Earl of Derby; Mr. Philip Snowden, Chancellor of the Exchequer; Miss Sara Margery Fry, Principal of Somerville College, Oxford; and Mr. A. H. Worthington, chairman of the council of the University. The honorary degree of D.Sc. was conferred upon Professor J. Lorain Smith, F.R.S., who retired from the Chair of Pathology in Manchester University in 1912, on his appointment as Professor of Pathology in the University of Edinburgh.

**UNIVERSITY OF WALES.**

THE University of Wales announces in our advertisement pages that the following scholarships will be awarded in the session 1930-31, provided suitable candidates are forthcoming: Cecil Prosser Research Scholarship (value £250), for research in the department of tuberculosis; the Mrs. John Nixon Scholarship (value £150), for research in the department of medicine and medical pathology; the Lord Merthyr Scholarship (value £200), for research in the department of surgery; and the Ewen Maclean Research Scholarship (value £150), for research in the department of obstetrics and gynaecology. Particulars of the award of the scholarships and forms of application may be obtained from the Registrar, University Registry, Cathays Park, Cardiff.

**SOCIETY OF APOTHECARIES OF LONDON.**

The following candidates have passed in the subjects indicated:

**SURGERY**.—E. C. Dymond, R. F. T. Finn, E. A. Freywirth, H. G. Hind, J. H. Johnston, E. Lethem, A. Liberis, J. Ross.

**MEDICINE**.—G. P. Charles, A. R. Edwards, J. D. B. Games, J. Ross, E. M. Shaw, W. H. Willis.

**FORENSIC MEDICINE**.—A. Buch, G. T. W. Cashell, T. C. Keble, E. H. W. Lyle, C. G. Nicol, J. Ross, C. M. Smith, A. L. Thomas, W. H. Willis.

**MIDWIFERY**.—G. T. W. Cashell, Y. Haig, J. Ross, A. L. Thomas, W. H. Willis.

The diploma of the Society has been granted to Messrs. A. R. Edwards, J. H. Johnston, A. Liberis, and J. Ross.

**BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS.**

At the annual general meeting of the British College of Obstetricians and Gynaecologists, held in London on May 20th, with the president (Professor W. Blair Bell) in the chair, the result of the election of the council was announced.

At the first meeting of the new council, held in the afternoon of the same day, the offices were elected and the casual vacancies created by these elections were filled. Dame Louise McIlroy (London) was co-opted for the special purpose of representing women Fellows and Members.

The officers and the full council are now as follows:

**President**: W. Blair Bell.

**Vice-Presidents**: John S. Fairbairn, John M. Munro Kerr.

**Honorary Treasurer**: Eardley L. Holland.

**Honorary Secretary**: Wm. Fletcher Shaw.

**Council.**

**London**.—H. Russell Andrews, T. Watts Eden, J. S. Fairbairn, Dame Louise McIlroy (Fellows); L. C. Rivett (Member).

**England and Wales (excluding London)**.—A. Donald, Sir Ewen J. Maclean, H. Leith Murray, Miles H. Phillips, H. Beckwith Whitehouse (Fellows); E. Farquhar Murray, J. Eric Stacey (Members).

**Scotland**.—R. W. Johnstone, J. M. Munro Kerr (Fellows); E. A. Lennie, W. F. T. Hauftain (Members).

**Ireland**.—C. H. Lowry, Bethel Solomons (Fellows); T. M. Healy (Member).

**Medical Notes in Parliament.**

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons has commenced the committee stage of the Finance Bill this week, and has also discussed unemployment and Indian affairs. The Education Bill, which proposes to raise the school-leaving age to 15, was down for second reading, on May 29th, in the Commons, and the Coal Mines Bill for third reading in the Lords on the previous day.

The Parliamentary Medical Committee has arranged to visit the Red Cross rheumatic clinic at Regent's Park on June 2nd, and to hear an address from Sir Walter Fletcher on June 3rd about medical research.

On behalf of the Public Health Advisory Committee of the Labour party, Dr. Ethel Bentham and Mr. Somerville Hastings saw Mr. Greenwood on May 21st in order to make representations in favour of the regulation of the sale and advertisement of patent medicines. The deputation gave instances of the evils resulting from the unregulated sale of secret remedies, such as the effect in preventing persons from seeking proper treatment, the waste of money, and the danger to health, particularly from prolonged use of these remedies. The Minister was very sympathetic in his reply. He could not promise legislation during the present session, but there is understood to be a possibility that a private member's bill may be introduced dealing with only one aspect of the question in order to focus public opinion. If introduced this bill will be prepared in concert with the British Medical Association.

**Milk for School Children in Scotland.**

The Education (Scotland) Bill came up for third reading in the House of Commons on May 23rd. Dr. ELLIOT, who had introduced the bill, remarked that it had been read a second time without debate. Scotland, he said, had previously attached much importance to the training of the mind and not enough to the training of the body. The bill proposed to enable education authorities in Scotland to incur expenditure in supplying milk to the children attending the schools within their areas. The annual report of the Scottish Department of Health showed that only one-third of the school population received systematic medical inspection in the school year, and that seven and a half minutes was spent on each child. That cursory investigation showed that 2.4 per cent. of the children examined were suffering from anaemia and 2.5 per cent. from tuberculosis in one form or another. These figures had induced him to introduce the bill. Of these children, 22 per cent. suffered from unhealthy glands. Dr. Elliot pointed out that the bill had been amended in committee to provide that the milk supplied should be certified milk, or, failing that, the best grade available in the area. Bovine tuberculosis was understood to cause the death of 3,000 children yearly in this country. Its prevalence in the herds caused reluctance of doctors to prescribe milk and of the public to consume what was the finest food for the young of the human race. The difficulty of the provision was that only 101 herds in Scotland were licensed for the sale of tubercle-free milk, although Scotland had more than 450,000 milch cows. The bill did not differentiate between necessitous and other children, because experiments had shown that the average child in Scotland suffered from a lack of certain vital constituents. Without milk the child could not take full advantage of the foods with which it was supplied at home.

Mr. JOHNSTON (Under-Secretary of State for Scotland) said the object of the bill was desired by all the large education authorities in Scotland. Glasgow had intimated that its scheme was ready. The bill was an optional one. He pointed out that in schools where a milk ration was given the absences fell almost to nothing.

Mr. W. R. SMITH moved the rejection of the bill. He said that at present an education authority could supply what was lacking to a child which, through physical ill health or otherwise, was unable to benefit by the education which was given. The tests at present being made were with Grade A (tuberculin-tested) milk, which in some cases was pasteurized in addition. Mr. JOHNSTON intervened to say that tests in Lanarkshire were conducted with pasteurized and tuberculin-tested milk, half supplies of each. Mr. SMITH remarked that in many districts of Scotland it would be impossible to get a large enough supply even of pasteurized milk. To allow education authorities to supply children with milk which might contain tuberculosis germs would put into the hospitals thousands of cases of tuberculosis. When the bill was in committee Mr. Johnston had declared that every year 2,000 or 3,000 surgical tuberculosis cases entered Scottish hospitals, and these cases were directly traceable to the poisoned milk supply. Officials of the Department of Health said the bill could not be worked by many authorities if certified or pasteurized milk had to be supplied.

Mr. BOOTHBY pointed out that schemes for the supply of milk had to be approved both by the Department of Education and

Durham and at St. Bartholomew's Hospital. He obtained the M.R.C.S.Eng. diploma in 1884, graduated M.B. of the University of Durham in 1884, and proceeded M.D. in 1887. He was formerly house-surgeon at the West London Hospital, resident medical officer, North-West London Hospital, and house-physician at the Victoria Hospital for Children, Chelsea. Before retiring from practice, about eighteen months ago, owing to failing health, Dr. Harper had had an active and useful career. He will be especially remembered for his valued services in connexion with the Eastbourne Provident Medical Association, of which he was the founder, and was chairman up to the time of his death. The association proved so successful in the town that it was copied in many other towns and also abroad. For many years he served on the honorary medical staff of the Princess Alice Memorial Hospital, and later was one of the consulting surgeons. During the war he rendered much-appreciated work in connexion with the Urmston Red Cross Hospital, and he also undertook many of the duties of medical men who went to the war; and for the medical services which he rendered to the many Belgian refugees resident in Eastbourne he was awarded the Medaille du Roi Albert.

Dr. Harper took great interest in the work of the British Medical Association. After serving for some years as a member of the Executive Committee of the Eastbourne Division he was elected chairman of the Division in 1914. He leaves a widow and two daughters.

Dr. ROBERT ROBERTSON, a well-known practitioner in Edinburgh, died at his residence in that city on May 18th. After graduating M.B., C.M. at Edinburgh in 1888, he obtained the B.Sc. degree in public health in the following year, being one of the first who availed themselves of this newly instituted qualification; he was a fellow student of the late Professor Ritchie, who subsequently became the first professor of bacteriology in the University. His association with Professor Ritchie was largely responsible for the special interest which he took in vaccine treatment during the later years of his life. After graduation, Dr. Robertson began general practice in the Stockbridge district of Edinburgh, residing in Royal Circus. During a considerable part of the next thirty-four years he was a member of the Edinburgh Town Council, and on the Public Health Committee his valuable service and advice moulded to a considerable extent the developments of health services in the city. Towards the year 1920 he became greatly interested in the possibilities of the use of vaccines in treatment, and he contributed numerous articles to medical periodicals dealing with this subject. An account of the treatment of neurasthenia by vaccine was published in the *Edinburgh Medical Journal*, and a description of vaccine therapy in gynaecology and obstetrics appeared in the *Transactions of the Edinburgh Obstetrical Society*; he contributed also to the *Practitioner* some two years later an article on the method of using tuberculin. About this time the strenuous work of his large practice began to prove too much for an ailment of the heart from which he suffered, and he was obliged to restrict his energies. During the eight years before his death he had devoted himself largely to vaccine treatment, after removing his practice to Melville Street. Dr. Robertson is survived by a widow, one daughter, and two sons, of whom one is a medical practitioner in Kenya Colony; he is also survived by his mother, who is still alive at the age of 104.

Dr. LOUIS FOURNIER, physician to the Cochin Hospital, Paris, who was chiefly responsible for the introduction of the bismuth treatment of syphilis about ten years ago, has died, aged 62. Other reported deaths of medical practitioners abroad include Dr. BETTENCOURT of the Pasteur Institute of Lisbon; Dr. GIORGIO RATTONE, professor of general pathology at Parma; and Dr. KARL URBAN, director of the Vienna branch of the medical publishing firm of Urban and Schwarzenberg, who was created doctor *honoris causa* by the Vienna medical faculty some years ago.

## Medical News.

SIR ROBERT ARMSTRONG-JONES will deliver the fifth Macalister Lecture before the London Clinical Society at the London Temperance Hospital on Tuesday, June 24th, at 9 p.m. The subject of this year's lecture is "The evolution of the human mind." All medical practitioners are cordially invited to be present, and may bring friends (ladies or gentlemen).

LORD LAMINGTON, President of the Research Defence Society, will preside at the annual meeting of the society to be held at 11, Chandos Street, W.1, on Tuesday, June 3rd, at 3.15 p.m. The fourth Stephen Paget Memorial Lecture, on "Diet and dental disease: what we have learned from animal experiments," will be given by Mrs. Mellanby.

THE annual meeting of the governors of Epsom College will be held at the office, 49, Bedford Square, W.C.1, on Friday, June 27th, at 4 p.m., when the result of the voting for pensioners and foundation scholars will be announced.

THE Mental After-Care Association will hold its jubilee meeting on Monday, June 2nd, at Drapers' Hall, Throgmorton Street, E.C., under the presidency of H.R.H. Prince George. The other speakers will include Lord Wakefield and Sir Maurice Craig.

A MEETING of the Society for the Study of Inebriety will be held at 11, Chandos Street, W.1, on Tuesday, July 8th, at 4 p.m. Dr. E. F. Willis, medical superintendent of Rendlesham Hall, Suffolk, will open a discussion on delirium tremens, its causation, prevention, and treatment.

THERE will be a discussion on asthma at a special meeting of the Medical Advisory Committee of the Asthma Research Council on Thursday, June 5th, at 3.30 p.m., at 37, Russell Square, W.C.1. Those desiring to take part are requested to give notice to the Council.

THE Department of Research in Animal Genetics, University of Edinburgh, will be opened on Monday, June 30th, at noon, by Sir Edward Sharpey Schaefer.

THE St. Cyres Lecture for 1930 on the fibroses of the heart will be delivered by Dr. John Cowan at the National Hospital for Diseases of the Heart, Westmoreland Street, W.1, on Wednesday, June 4th, at 5 p.m. Members of the medical profession are invited to attend.

THE Fellowship of Medicine announces that special lectures in preparation for the M.R.C.P. examination will be given on Monday, June 2nd, at the Royal Westminster Ophthalmic Hospital, Broad Street, by Mr. C. L. Gimlett, at 4.30 p.m., on general medical ophthalmology; on Tuesday, June 3rd, at the Medical Society's lecture room, 11, Chandos Street, Cavendish Square, at 8.30 p.m., by Sir William Willcox, on some points in connexion with the toxic effects of lead, arsenic, morphine, and cocaine, etc.; and on Friday, June 6th, in the same lecture room, at 8.30 p.m., by Dr. H. E. Archer, on the fractional test meal as an aid to diagnosis. A free demonstration will be given by Dr. S. E. Dore on Monday, June 2nd, at 6 p.m., at St. John's Hospital, Leicester Square. The subjects of special courses in June are: gynaecology, at the Chelsea Hospital for Women from June 16th to 28th (some mornings; and some afternoons); dermatology, at the Blackfriars Skin Hospital from June 16th to 28th (every afternoon); medicine and surgery at the Prince of Wales's Hospital, Tottenham, from June 16th to 28th; and proctology at St. Mark's Hospital, June 30th to July 5th, these last two being all-day courses. Fees are payable to the secretary of the Fellowship, 1, Wimpole Street, W.1, from whom all syllabuses and tickets of admission are obtainable.

THE Bakerian Lecture of the Royal Society was delivered on May 29th by Professor Robert Robinson, F.R.S., who took for his subject the molecular structure of strychnine and brucine. He suggested a formula which could be used to interpret in a satisfactory manner all the chemical aspects of strychnine.

MESSRS. J. AND A. CHURCHILL announce for early publication new books entitled *Tropical Medicine*, by Sir Leonard Rogers and Major-General J. W. D. Megaw; *The Hair: its Care, Diseases, and Treatment*, by Dr. W. J. O'Donovan; and *Surgical Emergencies in General Practice*, by Messrs. W. H. C. Romanus and P. H. Mitchiner.

WE have received the first issue of *Revista Espanola de Tuberculosis*, a journal published bi-monthly at Madrid under the editorship of Dr. J. Valdés Lambea, and containing original articles, abstracts from current literature, and reviews dealing with tuberculosis.

THE second International Congress for Experimental Cell Research will be held at Amsterdam from August 4th to 9th. Further information can be obtained from Professor Rhoda Erdmann, Nassauische Strasse 17, Berlin-Wilmersdorf.

THE Royal College of Physicians of London will be closed on Saturday, June 7th, and Monday, June 9th.

SIR JAMES DUNDAS GRANT has been elected an honorary member of the Inter-State Post-Graduate Medical Association of North America.

THE branches of the Society of Medical Officers of Health have unanimously nominated Professor Harold Kerr, medical officer of health for the city of Newcastle-upon-Tyne, for election as president of the society for the session 1930-31. Dr. Kerr will take office in October.

THE freedom of the city of Chester has been conferred upon Dr. George Harrison. The same honour had been bestowed upon his great-grandfather and grandfather as well as upon two of his uncles.

AN Order, to come into force on July 1st, 1930, has been issued by the Home Secretary for securing the welfare of employees in factories and workshops engaged in the liming and tanning of raw hides and skins and in processes incidental to these operations. Occupiers are required to provide and keep in good condition protective clothing of suitable design and material as described in the schedule attached to the Order. Such clothing must ensure that a worker in any particular process is effectively protected from wet and damp. Adequate arrangements must be made for drying clothes, and separate accommodation provided for protective clothing as well as for garments put off during working hours. Toilet facilities must include a sufficient supply of clean towels, soap, and warm water. In the absence of other suitable arrangements a heated messroom, separated from other accommodation, must be provided for the use of employees remaining on the premises during the meal intervals; and means must be available for warming food and for boiling water. In regard to first-aid treatment, the occupier must observe the requirements laid down for factories in Section 29 (1) of the Workmen's Compensation Act, 1923; and he must arrange for a bi-weekly inspection of the fingers of workers who use solutions containing chromates or salts of chromium with free acid. He must also see that the official cautionary notices referring to the effects of chrome on the skin and to anthrax are kept posted up in the works. First-aid boxes must be equipped with a supply of impermeable waterproof plaster.

THE tenth Congress of the German Pharmacological Society will be held at Königsberg from September 4th to the 7th, when the following subjects will be discussed: problems of inflammation, introduced by Starkenstein of Prague; pharmacological problems of febrile diseases, introduced by Freund of Münster; allergy, introduced by Storm van Leeuwen of Leyden; and problems of the reticuloendothelial system, introduced by Schulemann of Elberfeld. Further information can be obtained from Professor W. Lipschitz, Pharmakologisches Institut, Weigertstrasse 3, Frankfurt-am-Main.

THE ninety-first Congress of the Society of German Natural Philosophers and Physicians will be held at Königsberg from September 7th to the 11th, when all departments of medicine will be represented. Further information can be obtained from the general secretary, Dr. Wiegand, Ostmessehaus, Hansaring, Königsberg.

THE twenty-third Voyage d'Études Médicales will take place in the first fortnight of September under the direction of Professors Maurice Villaret of Paris, Sautenoise of Nancy, and Paul Blum of Strasbourg. Visits will be paid to health resorts in Alsace, the Jura, and the Vosges.

DURING the present Exhibition of International Hygiene at Dresden, one day, June 1st, will be devoted to social hygiene, and addresses will be delivered by well-known authorities on child welfare, the care of cripples, tuberculosis, syphilis, and alcoholism.

IN order to stimulate interest in the fund being raised to provide Birmingham with a new hospital centre a business citizen has offered a gift of £100,000 provided that the list of subscriptions to be published on June 6th totals £350,000. It is estimated that the cost of the scheme in the next five years will be £1,250,000.

A FOLDER giving particulars of yachting cruises by the s.y. *Killarney* to the Scottish firths and fjords has been issued by Coast Lines Ltd., and may be obtained from all recognized tourist agencies.

DR. ERNST GRASSER, professor of surgery at Erlangen, has been made an honorary member of the German Urological Society of Berlin, and Professor Victor Klingmüller of Kiel an honorary member of the Cuban Dermatological Society.

DR. J. F. E. BRIDGER is relinquishing the post of director of medical and sanitary services of Ceylon on his retirement from the Colonial Medical Service on July 5th next.

DR. RUDOLF HÖBU, the physiologist, has been appointed rector of the Christian Albrechts University at Kiel.

## 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.

### EFFECTS OF PROLONGED ADMINISTRATION OF LIQUID PARAFFIN.

"M. H." writes: A woman, aged 53, has been taking paraffinum liq. (1 oz. at bedtime) for three years for chronic constipation. Before commencing this her weight had been stationary for years, but she has since gained 1 to 1½ lb. each month. Although she feels fit, she is disturbed about the increase of weight, and she holds the paraffin responsible. The only other change in her habits during this period is the dropping of tennis, which she played twice weekly in summer, but not energetically. There is no evidence of glandular disturbance, and no treatment for the increased fat (which is generally distributed) has been given. I cannot conceive the possibility of the paraffin being responsible, unless through improved digestion following the marked improvement of the constipation, but should be glad to know if there is any evidence which would tend to convict the paraffin.

\* \* \* This contrasts with the question of "P. C. F." in the *Journal* of March 8th (p. 478), when the suggestion was made that such prolonged administration might inhibit growth.

### MUSCULAR SPASMS IN STUMP AFTER AMPUTATION.

DR. R. O. C. THOMSON (Hucknall, Notts) asks for suggestions for the treatment of a man, aged 40, with an amputation through the thigh, the result of a gunshot wound during the war. He writes: The patient has attacks of spasmodic contraction of the rectus femoris, with twitching of the stump and spasms of pain. These attacks come on at varying intervals—sometimes weekly, sometimes after an interval of two or three months, and they last a varying number of hours. When the attack is at its worst, he has to hold the stump firmly to control its movement. I have tried morphine hypodermically; this eases the pain slightly, but does not produce sleep, and it leaves him feeling very ill and dizzy. Omnopon has the same effect. Allonal, luminal, and sedobrol (70 grains of bromide in four hours) have no effect. The after-effects of opium and morphine are too severe to justify its use.

### SPECIFIC GRAVITY OF FAECES.

"M. B." (Hants) writes: Can anyone give me information as to the significance of the specific gravity of faeces? In a healthy child of 5 the motions occasionally sink like a stone in water; at other times they float normally. No medicines are being given, and the colour of the stools varies little, whether they float or sink.

### NOISES IN THE HEAD.

"M. R." writes: A married woman, thirty-two years ago, after influenza, began to complain of noises in her head, chiefly musical, and sixteen years ago underwent a series of operations to drain infected nasal sinuses. She is now a mental wreck, owing to the increase in these head noises, describing them as being like machinery, hammering, train rushing through tunnel, screeching, etc. Three aural surgeons offer no further alleviation. I would be grateful for any suggestion as to treatment which might mitigate the intensity of her condition and so save her reason.

### FLEA INFESTATION.

DR. K. M. ANDREW (Parkstone) writes: In a house similar to that described by "Pulex" (May 10th, p. 892) we entirely got rid of fleas by fumigating with paraform, which is, I think, more certain than spraying. After closing all windows, and hanging