

in type, and in the case of the debilitated elderly patient last described there was considerable risk of the issue terminating fatally if the spread of the infection had not been promptly checked. The remedy is easily applied, as the dosage is very small, and can be obtained from a light portable set, working on the house mains, or even from an accumulator outfit. The small quantity of  $x$  rays required makes it possible to expose the hair and eyes without risk, as the total dosage, even over several days, need not, on any one area, come near the epilation point, much less that of erythema production. Where an acute inflammation has lasted many days hair may subsequently fall out, and there may be paraesthesia or anaesthesia of portions of the skin. Unless the patient has been warned of this (and possibly even if he has) he will be apt to blame the  $x$  rays.

How these very small  $x$ -ray doses accomplish their purpose cannot be stated with any certainty. It can, however, be said that it is not by any direct destruction of the germs. What seems to happen is that local and general resistance is stimulated, so that antibodies are formed where they are most needed. It has been known for a long time that a small dose of  $x$  rays will often avert a boil, if applied before pus has actually formed. Radiotherapy has been used—again in America—in the acute stages of anterior poliomyelitis. There would appear to be a field for its experimental use in various acute infections. As regards erysipelas, it has passed the experimental stage, and can be confidently recommended in any case which causes anxiety to doctor and patient.

Consideration of space prevents the publication of charts accompanying this article.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### ENTERIC INTUSSUSCEPTION

Enteric intussusception appears to be very uncommon, and some writers say that it only occurs occasionally as an ante-mortem phenomenon in some other diseased state.

A ploughman, aged 47, was admitted to my wards in the Dumfries and Galloway Royal Infirmary on June 8th, 1929, about midnight. Dr. MacMyn of Kirkcudbright reported that on the afternoon of the same day he had found the patient suffering from severe abdominal pain and in a state of collapse. The pain had come on suddenly about two hours previously. There was no history of any such previous attack. Dr. MacMyn expressed the opinion that there was an acute abdominal condition present, and that an immediate laparotomy was indicated.

I saw the patient shortly after admission; he did not then complain of pain, but rather of discomfort "in his inside." He looked tired, and his appearance, pulse, etc., indicated a degree of shock. The bowels had moved normally the same morning. He gave no history of sickness or vomiting, and there was no distension of the abdomen, no evident tumour, no tenderness on firm palpation, and nothing remarkable in the pulse rate and temperature. The heart, lungs, and urine were normal. I did not operate at once, but left word that I should be called if definite symptoms supervened. The patient was fairly comfortable till late the following morning, when he complained of intermittent griping pain, and when I saw him again it was evident that intestinal obstruction was present. There was now some slight distension of the abdomen; the abdominal wall was thin, and the outlines of distended coils of bowel could be seen. There had been no vomiting, and nothing passed from the bowels.

I operated at once, opening the abdomen internal to the outer border of the right rectus, displacing the muscle inwards. There was slight peritoneal effusion, which was unstained. Exploration with the hand revealed a tumour in the pelvis,

which on delivery I found to be an intussusception of the small intestine, apparently about the middle of the ileum. About twelve inches of gut were involved. The intussusception was fairly easily reduced, but there were several gangrenous areas towards the apex, which did not recover under copious lavage with warm saline solution. I therefore resected fully eighteen inches of the gut, and restored continuity by end-to-end suture. The patient made an uneventful recovery, except that, notwithstanding the exhibition of morphine, the bowels had to be moved with enemata the day following the operation on account of griping pains. Large scybalous masses were then passed, and doubtless these travelling along the bowel had excited irregular strong peristalsis and intussusception.

There was no indication of a cause of the intussusception in the resected piece of gut, which showed marked swelling of the mucosa.

Dumfries. ROBERT M. GLOVER, M.B., F.R.C.S.Ed.

#### MEASLES IN A MAN OF 71

In view of the fact that Dr. Arthur J. Hall recorded in the *British Medical Journal* of March 29th, 1930 (p. 586), a case of measles in a man in his sixth decade, the following summary of the notes of a case of measles in the eighth decade may be of general interest.

On November 17th, 1928, a man, aged 71, was admitted to the Broken Hill Hospital complaining of feverishness, running nose, and running eyes for two days. He vomited two days before admission, and had had a cough for a week or two. He had been in contact with a case of measles two weeks before, and on the morning of admission a rash had been discovered on the chest and back. On examination mild conjunctivitis was found, with a heavily furred tongue, scattered crepitations throughout both lungs, and typical measles rash all over the body. The temperature was 101° F., the pulse 104, and the respirations 32 per minute.

As in Dr. Hall's case the prognosis was difficult, the patient not being robust, and being in every respect an "old" man. In addition, his lungs gave every indication of a developing broncho-pneumonia. However, in two days his temperature had subsided, his cough decreased, and the signs in the lungs were less. Several days later the rash had quite faded, and the lungs cleared.

Convalescence was complicated by the conjunctivitis becoming hyperacute, and proving most intractable to treatment. It was four months from the time of admission before the patient could be discharged from hospital, and then it was with a left eye almost blind as a result of the scarring. The right eye showed no permanent damage.

I wish to thank Dr. Ross, surgeon-superintendent of the Broken Hill Hospital, for permission to place this case on record.

O. WESTCOTT FREWIN, M.B., B.S.

Adelaide, South Australia.

#### BURSITIS AT THE ELBOW

The following notes on a case of bursitis appear worthy of record.

A girl, aged 17, had been employed at a steam laundry, where she worked on a machine, a lever of which she had to move frequently with the left forearm partially flexed and pronated. A cystic swelling developed between the origin of the flexors of the forearm and the bicipital tendon. The swelling was tense, somewhat movable, and when the elbow was flexed or extended gave a rather crepitant feel to the examining thumb. Treatment took the form of several manipulations by the thumb and the application of Scott's dressings. When last seen the swelling was very considerably reduced in size, and was lying between the flexor origin on the internal condyle and the brachial artery. It could easily be displaced internally over the muscle.

I. H. LLOYD-WILLIAMS, M.C.,  
M.B., B.S.

Burgess Hill, Sussex.

Facilities for operative treatment of tonsils and adenoids are provided by 271 authorities in 478 hospitals and 78 clinics. Operations were performed in 97,518 cases, or 54.8 per cent. of the number referred for treatment. The report states that operations should be carried out only by surgeons with special experience and holding special qualifications in this branch of surgery. Over-night retention of the patient after the operation should be the rule. In Derbyshire Dr. F. J. Burke noted the manner in which catarrhal conditions cleared up after removal of enlarged tonsils and adenoids. Mr. J. A. Keen of the Leicester Education Authority made a study of the substitutes recommended for operation—breathing exercises and nasal drill, treatment by drugs and attention to general health, treatment by vaccines, local treatment of the nose and throat, treatment by radium and  $x$  rays. Some of these, he concludes, have a limited value, but their general adoption would result in a high proportion of failures. Some of the methods are unsuitable for children; others cannot be applied to adenoids, while a few are by no means devoid of risk. He is definitely of the opinion that no satisfactory substitute for removal by operation has yet been discovered.

Special facilities for the examination and treatment of aural disease are provided by 88 authorities, while treatment of middle-ear disease by ionization is carried out in forty-five areas. The arrangements usually take the form of a consultation clinic, attended periodically by an aural specialist, where certain forms of treatment are given, and the provision of available hospital beds for patients needing operation. In the prevention of otitis media the importance of efficient control of epidemics, especially of scarlet fever and measles, is emphasized. Much can be done to lessen the incidence and severity of aural sequels from such disease by the appointment of aural surgeons on the staffs of isolation hospitals and by the more extensive hospital treatment of cases of measles. In the routine treatment of otitis media due consideration must be given to the condition of the nasopharynx. The removal of tonsils and adenoids may go a long way towards effecting a cure in a substantial percentage of cases.

#### Exceptional Children

The complete ascertainment of exceptional children, defined as those who on account of mental or physical disabilities cannot derive full benefit from education in a public elementary school, depends on the co-operation of many workers, official and voluntary, in the education field. First, there is the school teacher, who should bring before the school doctor any child who is not making normal progress. For children suffering from disabilities so severe as to prevent them attending school the school attendance officer must be relied upon. Health visitors, school nurses, and members of voluntary committees can play their part. The work of the school doctor in dealing with gross defects is straightforward. More difficult problems arise where there is only retardation of two or three years. He must determine whether this is caused by mental dullness, mere backwardness following ill-health and absence from school, or defect of the special senses. The child whose retardation is due to innate mental defect presents similar problems. Can he be instructed in an ordinary class, or is a special school needed, or must notification to the mental deficiency authority be employed as a last resource? Mention is made of the work of the child guidance clinic. Such a clinic does for mental hygiene what the school clinic does for physical hygiene. Its primary duty is the ascertainment, study, and correction of minor abnormalities, which, if left to themselves, may eventually lead up to gross aberrations of conduct, delinquency, and crime. A recent report of

the clinic, established by the Jewish Health Organization of Great Britain, contains the following statement:

"We believe that material is now accumulating for the clearer definition of types of nervous children, and the possibility of marking off the class from which delinquency springs is becoming less obscure."

(To be concluded)

## THE NEW YEAR HONOURS

As announced in last week's *Journal*, the list of New Year honours was issued as a special supplement to the *London Gazette* of December 30th. It includes the names of the following members of the medical profession, to all of whom we offer congratulations.

#### Baronet

Sir JOHN ROSE BRADFORD, K.C.M.G., C.B., C.B.E., M.D., D.Sc., F.R.C.P., F.R.S., President of the Royal College of Physicians of London, consulting physician, University College Hospital.

#### Companion of Honour

Miss JANE HARRIET WALKER, M.D., L.R.C.P.I., L.R.C.S.Ed., founder and medical superintendent of the East Anglian Sanatorium, Nayland, Suffolk; founder and first president of the Medical Women's Federation.

#### K.C.B. (Military)

Lieut.-General HAROLD B. FAWCUS, C.B., C.M.G., D.S.O., D.C.L., M.B. (late R.A.M.C.), K.H.P., Director-General, Army Medical Services.

#### K.C.V.O.

ASHLEY WATSON MACKINTOSH, M.D., LL.D., F.R.C.P.Ed., Honorary Physician to H.M. Household in Scotland, Emeritus Professor of Medicine in the University of Aberdeen.

#### Knights Bachelor

ERNEST GORDON GRAHAM LITTLE, M.D., F.R.C.P., M.P., Member of Senate, University of London, since 1906.

JAMES SMITH WHITAKER, M.R.C.S., L.R.C.P., Senior Medical Officer, Ministry of Health.

AMBROSE EDGAR WOODALL, M.D., M.Sc., F.R.C.S., medical superintendent of the Manor House Hospital, Golders Green.

#### C.B. (Military)

Major-General LAWRENCE HUMPHRY, C.M.G. (late R.A.M.C.), V.H.S., Deputy Director of Medical Services, Western Command, India.

#### C.I.E.

Major ERIC EDWARD DOYLE, D.S.O., I.M.S., Inspector-General of Prisons, Bombay.

Lieut.-Colonel JASPER ROBERT JOLY TYRRELL, M.B., I.M.S., Chief Medical Officer in Central India.

Lieut.-Colonel HUGH WILLIAM ACTON, I.M.S., Director, School of Tropical Medicine and Hygiene, Calcutta.

Lieut.-Colonel IAN MCPHERSON MACRAE, O.B.E., M.B., I.M.S., Inspector-General of Prisons, Bihar and Orissa.

#### C.B.E. (Civil)

Miss LOUISA MARTINDALE, M.D., B.S., president of the Medical Women's Federation and vice-president of the Medical Women's International Association.

Major ERNEST BLECHYNDEN WAGGETT, D.S.O., T.D., M.A., M.B., B.Ch., honorary consultant in diseases of the throat, nose, and ear to Queen Alexandra Military Hospital.

Miss AGNES CATHERINE SCOTT, M.B., Chief Medical Officer, Women's Medical Service, India, and secretary to the Countess of Dufferin's Fund (dated December 15th, 1930).

#### M.V.O.

MARCUS ANTONIUS JOHNSTON DE LAVIS-TRAFFORD, O.B.E., M.D.

#### O.B.E. (Military)

Lieut.-Colonel SAMUEL GEORGE STEELE HAUGHTON, M.D., I.M.S., officer commanding Combined Indian Military Hospital, Kohat, India.

#### O.B.E. (Civil)

FRANCIS EDWARD FORWARD, F.R.C.S., Class I Prison Medical Officer, Home Office.

Captain HADJI DABIRUDDIN AHMAD, Bengal Medical Service, teacher of anatomy, Campbell Medical School, Bengal (dated December 15th, 1930).

Lieut.-Colonel JOHN WILLIAM MCCOY, I.M.S. (ret.), civil surgeon and superintendent of jail, Sylhet, Assam (dated December 15th, 1930).

ARTHUR HUTTON McSHINE, M.D., nominated unofficial Member of the Legislative Council of Trinidad and Tobago. For public services.

JOHN RICHARD COOK STEPHENS, M.R.C.S., L.R.C.P., West African Medical Staff, Nigeria.

#### M.B.E.

HOMEWELL LYNDOH, Assam Medical Service, civil surgeon, Nowgong (dated December 15th, 1930).

GEORGE ALVES VINCENT, M.B., medical superintendent, St. Ann's Lunatic Asylum, Trinidad.

#### Kaisar-i-Hind Medal (First Class)

Miss MARY RONALD BISSET, M.B., in charge Zenana Baptist Mission Hospital, Bhiwani, Punjab.

GRAHAM COLVILLE RAMSAY, O.B.E., M.D., employed on malarial research work by the Ross Institute, Assam.

#### PROMOTIONS

*Royal Naval Volunteer Reserve.*—Surgeon Commander JAMES B. RONALDSON, V.D., M.D., to be Surgeon Captain. Surgeon Lieut. Commander JAMES LORIMER, V.D., M.B., to be Surgeon Commander.

*Royal Air Force Medical Service.*—Wing Commander WILLIAM TYRRELL, D.S.O., M.C., M.B., B.Ch., D.P.H., to be Group Captain. Squadron Leader KENNETH BIGGS, M.C., M.R.C.S., L.R.C.P., D.P.H., to be Wing Commander.

## England and Wales

### Supervision of Foodstuffs and Drugs

A report on the Sale of Food and Drugs Acts, containing extracts from the annual report of the Ministry of Health for 1929-30, and an abstract of the reports of public analysts for 1929, has been published by H.M. Stationery Office (3d. net). It states that the number of samples analysed in England and Wales in 1929 was 133,584, an increase of 4,550 on the total of the previous year. Of these, 7,260 samples, or 5.4 per cent., were reported to be adulterated or not up to standard. This proportion is slightly less than in 1928, when the percentage was 5.8. Offences against the Public Health Regulations relating to preservatives, etc., in food decreased by 246; the majority of the adverse reports were concerned with sausages and other meat products. More than half the samples examined during the year were milk samples, 7.8 per cent. being found below standard or adulterated; the corresponding percentages for 1928 and 1927 were 8.2 and 6.9 respectively. Nearly 600 samples were taken immediately after milking, under conditions which precluded the possibility of adulteration, and 206, or 35.6 per cent., were found to be below standard. In commenting on this high percentage the report points out that, if such samples had been excluded, the percentage of milk samples reported as adulterated or not up to standard would have been reduced from 7.8 to 7.5. A few samples of graded milk, although satisfying the legal requirements in regard to bacterial purity, contained less than 3 per cent. of milk fat. In one report the opinion was expressed that fat deficiencies in graded milks are somewhat frequent, and appear to be caused by the methods employed in bottling. Examination of nearly 11,000 samples of butter revealed adulteration in 1.4 per cent., a vendor being fined £20 for the addition of boric acid. Several samples of cheese were reported to have been contaminated by tin-foil wrapping. It is suggested that manufacturers should realize the potential danger to health involved in this practice by providing, for example, an inner covering of grease-proof paper. Other foodstuffs inspected included cream, margarine, lard, bread, flour, jam, marmalade, vinegar, spirits, and beer. During the year 5,544 samples of 109 different varieties of drugs were examined, 254, or 4.6 per cent., being found to be adulterated, compared with 5.6 per cent.

in 1928. A sample sold as distilled water proved on inspection to be water from the ordinary public supply, and the vendor was fined 10s. and 10s. 6d. costs.

### Facilities for Medical Practice on Housing Estates

The London County Council has been making inquiry into the facilities afforded to medical practitioners on its housing estates. In the earlier stages of the development of the cottage estates no provision was made for the accommodation of practitioners other than the letting of houses to doctors who were prepared to take them at economic rents. This class of accommodation, however, was not quite suitable for the needs of a resident doctor, although it might suffice for a branch surgery. It was decided, therefore, to allocate a number of sites to be offered for letting on building lease to doctors prepared to erect their own residences. Ten doctors at Becontree have availed themselves of this facility, four at Watling estate, three at Downham, two at St. Helier, one at Bellingham, and one at Wormholt. In addition, more than fifty practitioners established in the vicinity of the various estates are known to attend the Council's tenants. No complaints have been received as to shortage of practitioners. The Council had already decided that there should be absolute freedom of choice of doctor by the persons living on the estates, and, further, that no restriction should be placed on the ability of a doctor to secure a site for his premises. The only difficulty experienced by applicants desiring to set up in practice appears to be that inquiries for sites are usually received at an early date in the development of the estate, and therefore a considerable time elapses before sites are available for building. It appears that eight doctors have established surgeries in or over shops erected by the Council's lessees, seven of these being branches of older-established practices; but the committee which has been inquiring into the matter sees no reason to suppose that accommodation over a shop is, in itself, inadequate or unsuitable for a doctor's surgery. On the general question, while realizing the importance of adequate medical facilities, and of freedom of choice of doctor, the committee is satisfied that there is no need at the present time for any general revision of existing provisions.

### Medical and Dental Treatment of London School Children

In dealing with the arrangements for the medical and dental treatment of school children for the year commencing April 1st next, the London County Council has had in mind the accommodation at the institutions and hospitals transferred under the Local Government Act which could be utilized for the treatment of school children. It appeared that the most urgent help which some of the hospitals could give was by way of in-patient treatment for enlarged tonsils and adenoids, and arrangements to this end are being furthered. It has also been decided to establish a small centre for throat in-patient treatment at the Eastman Clinic (Royal Free Hospital). With regard to rheumatism, it is reported that the scheme, in force since 1928, for the establishment of supervisory centres to which parents of children suspected to be rheumatic or requiring observation for rheumatism might apply periodically for advice has been highly successful. There are at present six supervisory clinics at school treatment centres and five at hospitals. It has been decided to arrange for a number of acute and subacute cases to be admitted to Queen Mary's Hospital, Carshalton, and Highwood Hospital, Brentwood, and additional accommodation amounting to 350 beds will shortly be available at Carshalton. The provision of further supervisory centres at the Royal Free Hospital, St. George's Hospital, and Lewisham Centre is proposed. It is hoped that new school treatment and infant welfare

## Universities and Colleges

### UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

M.D.—(*Branch I, Medicine*): A. J. Amor, G. C. Babington, L. I. M. Castleden, W. P. M. Davidson, C. P. Donnison, Margaret R. Dunlop, Doris L. Durie, H. Evans, H. P. Himsforth, A. B. Kettle, G. O. Mitchell, M. B. Mody, M. M. Posel, L. H. Savin, A. G. Watkins, Dorothy E. Wright, Elsie B. Wright. (*Branch IV, Midwifery and Diseases of Women*): Mary C. E. Constantine, Victoria M. Crosse, Helen R. Goodman, Beatrice G. Smith, Edith J. L. Smith, Jean S. Thomson. (*Branch V, State Medicine*): Amelia M. Ison, E. H. R. Smithard.

### UNIVERSITY COLLEGE

A public lecture, with lantern illustrations, on "The Peking man," will be given by Professor G. Elliot Smith on Thursday, January 15th, at 5.30 p.m. A course of six public lectures, by Dr. H. R. Ing and Dr. Winifred M. Wright, on physical properties and chemical structure of drugs in relation to pharmacological action, will be held on February 24th and 26th, March 3rd, 5th, 10th, and 12th. Two public lectures on the central nervous system will be given by Professor B. Brouwer, University of Amsterdam, on March 16th and 17th.

A course of ten lectures on comparative physiology will be given at the College, Gower Street, by Mr. G. P. Wells, on Fridays, January 16th, 23rd, 30th, February 6th, 13th, 20th, 27th, and March 6th, 13th, and 20th, at 5 p.m. The lectures are delivered to students of the University and to others interested in the subject; admission is free without ticket. A practical course for a limited number of students will commence on January 21st.

### UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL

The following series of lectures in pathology will be given at University College Hospital Medical School on Tuesdays, at 5.15 p.m. January 20th and 27th: Dr. J. A. Murray, induction of cancer by tar and other agents. February 3rd and 10th: Dr. W. Cramer, filterable tumours. February 17th and 24th: Dr. Janet Vaughan, pathology and treatment of pernicious anaemia. March 3rd and 10th: Dr. C. H. Andrewes, immunity in virus diseases. The concluding lectures of the series will be given by Dr. E. W. Hurst, who, on March 17th, will speak on the pathology of poliomyelitis, and on March 24th on disseminated encephalomyelitis following the exanthemata (vaccination, etc.). Admission is free to medical students and graduates.

## Medical News

A combined meeting of the Tuberculosis Association and the Section of Obstetrics and Gynaecology of the Royal Society of Medicine will be held at 1, Wimpole Street, W., on Friday, January 16th, at 8 p.m., when a discussion on the management of pregnancy, parturition, and the puerperium in tuberculous women will take place. The openers will be Dr. Geoffrey Marshall and Dr. Melville Hiley on behalf of the Tuberculosis Association, and Mr. Aleck Bourne and Mr. L. Carnac Rivett for the Section of Obstetrics and Gynaecology.

The Hunterian Lecture will be delivered before the Hunterian Society of London at Apothecaries' Hall, Water Lane, E.C., at 9 p.m. on Monday, January 19th, by Dr. Arnold Lorand of Carlsbad on "The problem of rejuvenation." The annual dinner of the society will be held at the May Fair Hotel on Thursday, February 19th.

The Easter course of special public health lectures arranged at the London School of Hygiene and Tropical Medicine will open next week. Dr. W. G. Savage will lecture on bovine tuberculosis on Wednesday, January 14th, at 5 p.m., and Professor J. W. H. Eyre will lecture on January 21st on shellfish and the public health. The series of lectures arranged for the Easter term will end on March 5th, and the summer term will begin on April 28th and conclude on June 26th. The lectures are free to members of the public health service and to others interested in public health work.

The next meeting of the British Institute of Radiology (incorporated with the Röntgen Society) will be held at 32, Welbeck Street, W., on Thursday January 15th, at 8.30 p.m. Papers will be read by Dr. J. F. Brailsford on hydatid disease in England, by Professor E. A. Owen and Mr. H. I. Jones on ionization chambers for x-ray dosage measurement, and by Professor Owen and Dr. Philip Wright on physical characteristics of the Scheidt ultra-violet ray tube.

The Galton Lecture, entitled "Warnings from Nature," will be given by Sir J. Arthur Thomson before the Eugenics Society at the Galton Anniversary Dinner on Monday, February 16th, in the Rembrandt Hotel, Thurloe Place, S.W. The offices of the society are at 20, Grosvenor Gardens, S.W.1.

By the courtesy of the Royal College of Physicians the Harvey film will be shown at a meeting of the University of Birmingham Medical Society, to be held on February 11th, at 7.45 p.m., in the New Biology Theatre at the University, Edgbaston, Birmingham. Dr. K. D. Wilkinson, professor of pharmacology in the University, will give a paper on the life and work of Harvey. The society extends a cordial invitation to all members of the Midland Medical Society, and to medical men and women in the Midlands, to attend this meeting.

The Fellowship of Medicine and Post-Graduate Medical Association announces an intensive course in cardiology at the National Hospital for Diseases of the Heart from January 12th to 24th; fee £7 7s. From January 26th to February 7th an all-day course in medicine, surgery, and the specialties will be given at the North-East London Post-Graduate College (Prince of Wales's General Hospital, Tottenham); fee for the course £5 5s., or £3 3s. for either week. Tickets and detailed syllabus of the above courses are issued by the Fellowship, 1, Wimpole Street, W.1. A series of lectures on early diagnosis has been arranged at 11, Chandos Street, W.1, at 4 p.m. The opening lecture will be given on January 19th by Mr. Zachary Cope on the acute abdomen. A programme of clinical demonstrations in medicine and in surgery has also been arranged; the first will be given by Dr. N. H. Hill at the Metropolitan Hospital on January 19th, at 2 p.m. Mr. R. Maingot will demonstrate the injection treatment of haemorrhoids at the Royal Waterloo Hospital on January 20th, at 2.30 p.m. Medical practitioners may attend these lectures and demonstrations without fee or ticket.

A post-graduate course on diseases of the nervous system will be held at the National Hospital, Queen Square, from February 2nd to March 27th. The general course will consist of thirty-two clinical lectures and demonstrations at 3.30 p.m. each week-day except Wednesday and Saturday, teaching in the out-patient department on each week-day except Saturday, and eight pathological lectures and demonstrations on Mondays at 12 noon. The fee for the course will be £6 6s. A course of twelve clinical demonstrations, chiefly on methods of examination of the nervous system, will be given on Tuesdays and Thursdays at 5 p.m.; fee £2 2s. If there are sufficient applicants a course of ten lectures on the anatomy and physiology of the nervous system will be arranged on Wednesdays and Fridays at 12 noon; fee £2 2s. Particulars can be obtained from the secretary of the Medical School, National Hospital, Queen Square, W.C.1.

The National Association for the Prevention of Infant Mortality and for the Welfare of Infancy has arranged a course of lectures on maternity and child welfare for health visitors, nurses, midwives, superintendents of infant welfare centres, etc., at Carnegie House, 117, Piccadilly, on Mondays, at 6.30 p.m., from January 19th to March 23rd. Tickets may be obtained from the secretary, Miss M. E. Richards, 117, Piccadilly, W.1. In conjunction also with the National Society of Day Nurseries a course of advanced lectures on infant care will be given at Carnegie House on Thursdays from January 22nd to March 26th, at 7.30 p.m. Tickets can be obtained from Miss Maddock, secretary, National Society of Day Nurseries, at the same address.

The General Council of King Edward's Hospital Fund for London passed a resolution on January 6th recording its sorrow at the death of the Princess Royal, and its sense of the loss of Her Royal Highness's interest in the work of the fund and the welfare of the hospitals.

A series of monthly clinical demonstrations for registered medical practitioners will be given at the Hospital for Epilepsy and Paralysis, Maida Vale, W.9, by the members of the honorary medical staff, commencing on Thursday, January 22nd, at 3 o'clock, when Dr. Wilfred Harris will demonstrate. Tea will be provided, and it will be a convenience if those intending to be present will send a card to the secretary.

A course of three public lectures on muscular work and fatigue, arranged by the National Institute of Industrial Psychology, under the Heath Clark Bequest, will be delivered by Dr. G. P. Crowden on Wednesdays, January 21st and 28th, and February 4th, at 6 p.m., at the London School of Economics and Political Science, Houghton Street, Aldwych, W.C.2. Admission to these lectures will be free and without ticket.

The eighth British Congress of Obstetrics and Gynaecology will be held in Glasgow on April 22nd, 23rd, and 24th. On the first day the principal subject for discussion is the clinical and pathological features of ovarian tumour (excluding endometrioma). The names of contributors and the titles of their contributions should be sent by February 1st to one of the honorary secretaries, Professor James Hendry, 7, Clairmont Gardens, Glasgow, C.3, or Dr. John Hewitt, 16, Whitehall Street, Glasgow, E.1.

We are informed by Dr. C. A. H. Franklin, honorary secretary of the Lausanne Medical Graduates' Association, that the following candidates have been approved for the M.D. degree by the University of Lausanne during the past year: O. H. Bellerby, J. J. MacCormick, Major C. McIver, I.M.S., T. A. W. Ogg, Miss L. M. Poynder, and E. Obermer.

As announced in our advertisement columns, the Joint Board of Research for Mental Diseases of the University of Birmingham and the City Mental Hospital Committee invite applications for a scholarship in mental diseases of the value of £250 per annum, tenable for one year, but renewable. Applications, endorsed "Research Scholarship," should reach the honorary secretary, The Council House, Birmingham, by January 24th.

The date of the fourth Italian Conference of Thalassotherapy, which was to be held at Trieste next September has been changed to April 24th to 26th.

Dame Mary Scharlieb, of whom an obituary notice appeared in our issue of November 29th, 1930, has left estate valued at £33,050, with net personalty £32,702. She bequeathed her portrait by Hugh Riviere to the London (Royal Free Hospital) School of Medicine for Women.

The second Alexander Pedler Lecture, entitled "Science discipline," which was delivered by Sir David Prain last October in the University of Liverpool, has been published in pamphlet form by the British Science Guild, price 1s. An abstract of the lecture was given in the *British Medical Journal* for November 1st, 1930.

The menace of leprosy in Manchuria is the subject of an article by Dr. J. L. Maxwell in the January issue of the *Leprosy Review*, the quarterly publication of the British Empire Leprosy Relief Association. Until recently Manchuria was almost free from this disease, but it received from China about three million immigrants between 1927 and 1929, and now leprosy has appeared in the southern part of the country to an extent never before known. Since most of the immigrants take up residence much further north it is believed that the disease is even more prevalent in Northern Manchuria. Other articles in this number of the *Leprosy Review* are a report by Dr. E. G. Cochrane on the extent of the disease in East and Central Africa, and the measures taken to cope with it; an account by Dr. E. Muir of the treatment of residual leprosy; a description of antileprosy work in India; and a note on the progress of treatment in the Tanganyika area.

## 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).

The **TELEGRAPHIC ADDRESSES** are:

EDITOR OF THE *BRITISH MEDICAL JOURNAL*, Aitiology Westcent, London.

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

MEDICAL SECRETARY, Medisecra 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

### Nail Biting

"A. V. C." writes, in reply to "M.B.'s" inquiry (p. 42): Far the most efficient method is to use a very fine file (not the ordinary nail file of the dressing-table, but one about 4 inches long and of thin steel). For a child this should be used for each and every nail once a day by a careful nurse. If there are no "tags" left from a previous bite there is no incentive for the child to "pull at something" in states of nervousness. After a month less frequent attention is required, as the habit is largely overcome.

### "Warbles" in Man

DR. E. C. SNOW (manager of the United Tanners' Federation) writes: The letter by "F. L. M." on the subject of "warbles" in man has been brought to my attention by Dr. John Gay, the Master of the Leathersellers' Company. The subject of "warbles" in cattle is one of very great importance to the leather industry, and this federation is naturally in possession of a considerable amount of literature on the subject. There are a number of cases recorded in which the larvae of hypodermæ (the "warble") have been extracted from man. Most of them have been in children, and usually the affected individuals have been more or less associated with cattle. Accounts of a number of cases on record have been published in a publication issued by the United States Department of Agriculture (Department Bulletin, No. 1369), on page 17. It has now been demonstrated that the beginning of the life-history of the hypodermæ, at any rate in cattle, and probably therefore also in the human being, is through the fly laying eggs upon the hair of the legs. In a short time the egg is hatched, and the larvae penetrate the skin. Presumably the boy was infected when the flies were active last summer, and the exit of the maggot in his case has occurred earlier than would have been the case with cattle, the "warble" in cattle not appearing earlier than February, or even later. Judging from the infrequency of "warbles" in man, it is extremely unlikely that this boy would be infected again, but a certain way of avoiding it would be to dress the cattle with which the boy is likely to come into contact at suitable times in the spring and early summer. This dressing, if effectively carried out, will kill the maggots in the cattle, and prevent the development of the fly, and hence the laying of the eggs. Particulars of the dressing are contained in a leaflet (W.F.2) issued by the Leathersellers' Company's Warble Fly Committee.

DR. CHARLES D. FERGUSON (Lochmaddy, North Uist) writes: Let me describe a somewhat similar case to that reported on December 20th, 1930 (p. 1072). A boy, aged 10,