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## Memoranda

## MEDICAL, SURGICAL, OBSTETRICAL

## FOREIGN BODY IN THE NECK

THE following case deserves record if only because of its resemblance to one of the cases mentioned in an annotation on the extrusion of inhaled foreign bodies published in the *British Medical Journal* of February 1st, 1930 (p. 210).

A female breast-fed child, aged 9 months, was brought to hospital with the history that four days previously a small swelling was noticed on the right side of the neck below the jaw. The family doctor that day had diagnosed "sore throat."

On examination the throat was red, and both hypertrophied tonsils were inflamed, especially the right one, which



The feather, compared in size with a penny.

was surrounded by a considerable amount of sticky muco-pus. A small tender swelling was present just below the middle of the right ramus of the mandible. This swelling rapidly diffused and increased, the overlying skin becoming red and oedematous, and six days after the first appearance of the "lump" a skin incision was made over its fluctuant centre, allowing extremely foul pus to escape (*B. coli*).

The abscess cavity was enlarged by sinus forceps, and a foreign body, which proved to be a contour feather  $1\frac{1}{2}$  inches long, protruded from the wound. The proximal or quill end was fairly rigid and quite sharp. The wound is now healing rapidly.

On inquiry, the mother admitted that about a week before any swelling was noticed, her 7 years old daughter told her that "the baby had swallowed a feather from the pram eiderdown." I might add that this baby, when 5 months old, was operated on in this hospital for intussusception.

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 House-surgeon, Belfast Hospital for  
 Sick Children.

## ACUTE PUERPERAL INVERSION

The following details of a case of acute puerperal inversion may be of general interest, following the report of Dr. Noel Hypher, which appeared in the *Journal* of August 2nd, 1930 (p. 179). This is the second case of the kind which I have seen in the past five years.

A married woman, aged 34, had had three previous labours. The first, in 1918, was normal, apart from the placenta being adherent and requiring manual removal which was associated with haemorrhage. The second labour, in 1922, was complicated by a breech presentation, the child being stillborn. An adherent placenta came away one and a half hours later, with haemorrhage. The third labour was also concerned with a breech case; the child lived for twelve hours, and the placenta was again adherent. There was no history of abortion or irregular menstruation in the intervals between the labours.

I was called to see this patient on March 16th, 1930, and found the os fully dilated and a breech presentation. I delivered a full-time child, who breathed and cried lustily after some time. I waited one and a half hours for the delivery of the placenta. The patient had lost a fair amount of blood, and the haemorrhage was becoming increasingly profuse, so I decided to remove the placenta manually. It proved to be calcified in parts and very adherent, but I extracted it piecemeal; during the manipulation I felt what I took to be a tumour about the size of a hen's egg, and not truly pediculated. The patient was much collapsed and suffered from shock; her pulse was 128 and its tension was weak. Her respirations were of the sighing type, and she was cold, clammy, and sweating. A hypodermic injection of strychnine and pituitrin was given, and the patient was immediately removed to hospital by ambulance, where her pulse improved steadily as the result of the application of warmth, four-hourly injections of strophanthin, and rectal injections of glucose and saline solution.

At 6.30 p.m. on March 20th complete inversion of the uterus occurred while a bedpan was being used. A fibromyoma was found attached to the inside of the fundus; replacement proved impossible, and amputation became necessary. I tied a tourniquet as high up as I could, made a vertical incision through to the serous coat, and established the absence of any prolapse of the bowel or bladder. I then continued the incision round the level of the lower os, stripped the peritoneum, and repaired it. I oversewed the uterine stump with interrupted sutures and a continuous suture. The tourniquet was then removed and the stump replaced. The patient made a good recovery and left hospital after five weeks.

The interesting points of this case are the question whether there is any relation of an adherent placenta to intrauterine tumours; the absence of symptoms relating to the tumour; the three successive breech births; and the placenta being found adherent at each delivery.

I wish to thank Dr. Stewart for his kind assistance and interest in the case.

LAURENCE D. ADLER, M.B., Ch.B.  
 Krugersdorp.

## POISONING BY CAMPHORATED OIL

Although the occurrence of cerebral symptoms following poisoning with camphor is well known, I think the following case might be of general interest owing to its very definite symptoms.

A girl, aged 10, who is a mild grade mental deficient, while at home on leave from an institution, was admitted to the casualty department of Walsall Hospital with a history of having taken by mouth twopennyworth of camphorated oil (about 75 grains of camphor) one and a half hours previously, followed by "a fit." On examination the child was pale and drowsy; the temperature was 99° F., the pulse 105, and the respiration 30; she was able to answer questions clearly.

The stomach was washed out, and a considerable quantity of camphor-smelling oil was removed; several ounces of concentrated magnesium sulphate were left in the stomach, and the child was admitted to hospital. The next morning she

was very drowsy, but could be awakened. The temperature was then normal, but by 4 p.m. had risen to  $101^{\circ}$ , the pulse being 148 and the respiration 36; by 8 p.m. the temperature had reached  $104^{\circ}$ . The child complained of pain over the lumbar region and the left hip. There was no bowel action.

On the second day the temperature rose to  $105.6^{\circ}$  at 10 a.m.; there was headache, and the pain over the left hip continued; the abdomen was soft, there was no tenderness, and the chest was normal. The throat was slightly inflamed. The child was still very drowsy, and an enema produced only a slight constipated result. The condition remained practically unchanged throughout the day.

On the third day the temperature was  $105.4^{\circ}$ , the pulse being 152 and the respiration 40. The child was very drowsy and lay curled up on her side. She complained of severe headache, and of pain at the back of the neck, in the shoulders, and in the dorsal region. She was uttering constant slight cries, and definite head retraction was present. The pupils were unequal, but reacted to light; the ocular movements were normal, and there was no nystagmus nor other cranial nerve disturbance. All the limb and abdomen reflexes appeared hypersensitive, but the Babinski sign was absent. Pronounced ankle clonus was obtainable on both sides, and Kernig's sign was strongly marked. The arms were maintained in a flexed position with moderate rigidity. Lumbar puncture was performed at 3 p.m., and 22 c.cm. of clear colourless fluid, under pressure, were withdrawn. The report showed a cell percentage of less than 1; globulin was not in excess, the protein percentage was 50 mg., that of chlorides 0.71, and of sugar 0.118. By 6 p.m. the temperature had dropped to  $102^{\circ}$ , and the child was much less restless. Four hours later it was  $98.4^{\circ}$ , the pulse rate being 130 and the respiration rate 30; she was sleeping quietly.

On the fourth day the child appeared very much better, the temperature being  $97.2^{\circ}$ , the pulse 118, and the respiration 24. The pupils were now equal, but the muscles generally were still very irritable. Kernig's sign was still present but not marked. She was not drowsy, and was very hungry. The child had her first unaided bowel action with a semi-fluid and dark greenish result. On the fifth day the temperature was  $97.4^{\circ}$ , the pulse 72, and the respiration 22. The child appeared perfectly normal, and her appetite was good. On the eleventh day there was a rise of temperature to  $101.4^{\circ}$ , without symptoms, and the child was discharged cured on the sixteenth day.

I am indebted to Dr. Frank Layton, senior physician to the Walsall General Hospital, for permission to publish this case.

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General Hospital.

#### EXTRAUTERINE PREGNANCY OF FOURTEEN MONTHS' DURATION

The following case of extrauterine pregnancy is of interest in view of its long duration, the complications that ensued, and the recovery of the mother.

A Burmese woman, aged 36, was admitted to hospital on November 22nd, 1929, with a large abdominal swelling. The patient stated that it had been first noticed in the right lower quadrant of the abdomen about fourteen months previously, and since the menses had stopped, she thought she was pregnant. No attacks of pain or bleeding from the vagina about the third or fourth month were remembered, but foetal movements were felt about the fifth or sixth month. At ten months there was vaginal bleeding for about three days without labour pains.

The patient was a thin, ill-nourished woman, with a protuberant abdomen. The uterus was small, hard, and drawn to the left; the cervix was hard and thick, and the right fornix felt full. There was a tense and fluctuating abdominal tumour, dull to percussion in all positions, and extending from the xiphoid cartilage downwards, involving the entire abdomen. A fluid thrill was present, but there were no enlarged veins coursing over the abdominal wall. A solid tumour was indistinctly felt on deep pressure. A cyst of the right ovary was provisionally diagnosed, and the patient was prepared for operation.

On December 9th she was anaesthetized with chloroform, and a median incision was made below the umbilicus. The peritoneum was hardly recognizable, being thick and covered with blood vessels. On opening it a large quantity of brownish fluid escaped and a white mass was presented, which on examination proved to be the thigh of a child. The head was near the xiphoid, and the breech below the level of the umbilicus of the mother. The body was that of a dead full-grown female child, with a thick umbilical cord. There was a large placenta attached to a thin sac in the abdominal cavity, from which it was separated by adhesions, some coils of intestine being adherent to the sac. The child was covered with a greenish-yellow deposit, and the flesh was quite firm, except that the hair on the head came off on the slightest pressure. When the child was delivered the placenta was found to be adherent; it had to be very carefully removed for fear of breaking down the adhesions and infecting the general peritoneal cavity. Since the placental circulation had presumably stopped some days previously, the placenta was soft and had to be carefully scraped out. No attempt was made to remove the sac, as it would certainly have resulted in the infection of the peritoneal cavity, but it was scraped and washed, and the walls were approximated by catgut sutures, the abdomen being closed in the usual way. No opening was detected connecting the sac with the uterus or Fallopian tubes.

On the third day after operation there was an evening rise of temperature to  $100^{\circ}$  F.; the pyrexia persisted for the next three days, when the patient had a profuse foul-smelling discharge from the vagina. The temperature then fell to normal, where it remained. The discharge continued, but diminished daily. The abdominal stitches were removed on December 19th, ten days after the operation, and the wound healed by first intention. On December 22nd a little serous discharge emerged from one of the stitch holes, and on the following day discharge resembling that from the vagina appeared at that hole. Evidently the sac walls had not united and the discharge from it was finding vent through the abdomen and vagina. A drainage tube at the outset might perhaps have prevented this complication. By January 28th, 1930, all discharge had stopped, and the abdominal sinus had completely healed, the patient leaving the hospital quite well on February 18th.

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## Reports of Societies

### ETIOLOGY OF DISSEMINATED SCLEROSIS

At a meeting of the Section of Neurology of the Royal Society of Medicine, on January 8th, with Mr. LESLIE PATON in the chair, a paper on chronic subdural haematoma was read by Dr. J. PURDON MARTIN.

Dr. Martin said that cases of chronic subdural haematoma were nearly always associated with a history of injury. The bleeding probably came from small vessels of the dura torn by the blow; the blood remained fluid, possibly owing to its defibrination by transmitted pulsation from the brain. In 40 per cent. of cases the haematoma was bilateral. A vascular, fibrous membrane enclosed the fluid, which Virchow thought was formed by the organization of inflammatory exudate. In the early stages there were few symptoms, and signs of local pressure were absent until late. Dr. Martin did not consider that trauma was the only etiological factor, especially in patients over 40. Degeneration of the arteries or alcoholism might have a considerable influence. The latent period following trauma might last three or four months or even a year. The symptoms included drowsiness, headache, ocular disturbances, and sometimes mental changes; focal symptoms might develop in the late stages. The treatment of election was operation with evacuation of the contents of the haematoma, and recovery was usually complete.

kindliness and sincerity. Dr. Hodgson brought all these factors into play; but in addition there were authority, and an earnestness born of a consciousness of the importance of the subject, which were of at least equal consequence. The excellent work of the Infants Hospital in Vincent Square next attracted her. She secured a post on the staff and did admirable work there under the direction of Dr. Eric Pritchard, until the time came when she felt justified in practising as a consultant paediatrician. She took rooms in Harley Street, and worked there until serious illness interfered. General professional regret for the cutting short of such a career is accentuated by many memories of a charming personality considered from the purely social side.

### BRITISH EMPIRE CANCER CAMPAIGN

At the quarterly meeting of the Grand Council of the British Empire Cancer Campaign, held on January 12th, with Sir CHARLES GORDON-WATSON in the chair, a grant of £6,000 was made to the Middlesex Hospital towards the maintenance of its cancer research work for the year 1930-31,\* and a further grant of £600 (making a total of £3,600 since 1925) was authorized to the cancer research committee of the Marie Curie Hospital, for the services of its medical research officer.

Sir Cuthbert Wallace, director of the Radium Institute, London, was elected a member of the Grand Council and, in view of the importance attached by the Campaign to the study of comparative medicine and pathology, Professor F. T. G. Hobday, principal of the Royal Veterinary College, was invited to become a member of the Grand Council.

Approval was given to the arrangements proposed for examiners and judges in connexion with the Garton Prize of £500 and gold medal, to be awarded for the best original dissertation on "The early diagnosis of cancer" submitted by December, 1931. "The biological effects and mode of action of radiations upon malignant and other cells" has been chosen as the subject for the second award, dissertations for which must be received by December, 1933.

It was reported that the popular handbook *The Truth about Cancer*, issued to the public on December 4th, 1930, was now obtainable from all booksellers, or direct from the publishers, Messrs. John Murray, at 2s. 6d. a copy, and that it had been received with appreciation in all directions. It is intended to issue revised editions from time to time in order to keep the book abreast of all developments in connexion with the cancer problem.

The Grand Council appointed the Saskatchewan Cancer Commission a branch of the Campaign, thus completing representation in New Zealand, the States of Australia, the Union of South Africa, and Canada. A communication was read from the Queensland branch expressing appreciation of the technical advice accorded it in connexion with the proposed establishment of a radon centre in Brisbane.

## Universities and Colleges

### UNIVERSITY OF LONDON

#### LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

Professor E. P. Cathcart, regius professor of physiology in the University of Glasgow, will give two lectures on the national diet, with lantern illustrations, on February 23rd and 24th, at 6 p.m. The chair at the first lecture will be taken by Sir Walter M. Fletcher, secretary of the Medical Research Council. Admission is free without ticket.

#### KING'S COLLEGE

Three lectures, entitled "The constancy of the internal environment: its evolution and purpose," will be delivered at King's College, Strand, W.C.2, by Professor Joseph Barcroft, on Mondays, January 26th, and February 2nd and 9th, at 5.30 p.m. The lectures, which will be illustrated by lantern slides, are addressed to students of the University and others interested in the subject. Admission is free without ticket. Dr. H. H. Dale, director of the National Institute for Medical Research, will take the chair at the first lecture.

### UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the under-mentioned examination:

D.P.H.—E. Hughes, J. W. Pickup.

### UNIVERSITY OF BRISTOL

The Markham Skeritt Memorial Prize is available for award this year. It is open to the medical member of the University of Bristol (not a member of the medical board for the time being) who, in the opinion of the board, has in the three previous years published the best original work in any branch of medical science. Applications should be sent to the Dean of the Medical Faculty.

### NATIONAL UNIVERSITY OF IRELAND

At University College, Dublin, on January 10th, the following degrees in the Faculty of Medicine were conferred by Dr. Denis J. Coffey, the Vice-Chancellor:

M.D.—M. J. Bryson, V. C. Ellis, F. L. McLaughlin, M. J. O'Neill.  
M.Ch. (*Ophthalmology*).—F. J. Lavery.

M.B., B.Ch., B.A.O.—M. Moriarty, F. O'K. Craven, C. P. B. Bermingham, L. Dunne, P. Dunphy, J. J. Groome, M. J. C. Lynch, N. J. McGahon, P. A. McGuinness, T. J. Martin, T. A. Moynihan, P. O'Driscoll, Johanna O'Shea.

D.P.H.—P. J. Deery, M. M. J. Maughan, J. C. A. Liddy, J. O'Gorman, Margaret M. Partridge.

Dr. Thomas Walsh, professor of pathology, University College, Cork, has been appointed to represent the University at the annual conference of the National Association for the Prevention of Tuberculosis at Margate in June.

### UNIVERSITY OF GLASGOW

The Harry Stewart Hutchison Prize, of the value of about £50, will be awarded in 1931 for the best writing embodying original research work in a branch of medical science relating to children. Medical graduates of not more than ten years' standing from the date of first graduation in medicine, of all British home and colonial universities, are eligible. Compositions, distinguished by two mottoes, must be sent to the Clerk of the Senate, University of Glasgow, by March 31st, accompanied by a sealed letter bearing upon the outside the same mottoes and containing a declaration by the author that the composition is entirely his own.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

The following course of lectures will be given in the College at 5 p.m. during the next three weeks. January 19th: Professor Victor Bonney, results and technique of myomectomy; January 21st: Professor J. Basil Hume, pathology of diaphragmatic hernia; January 23rd: Professor J. W. Tudor Thomas, successful grafting of the cornea in rabbits; January 26th: Professor D. H. Patey: the pathological basis for the treatment of varicose veins by injections and its bearing on the problems of thrombosis; January 28th: Professor J. Paterson Ross, treatment of cerebral tumours with radium, with an account of experiments made to study the effects of radium upon cerebral tissue; January 30th: Dr. Donald Hunter, changes in the bones in hyperparathyroidism and hyperthyroidism; February 2nd: Mr. H. H. Woollard, the potency of pharyngeal entoderm; February 4th: Mr. T. P. Dunhill, malignant disease of the thyroid gland.

#### COUNCIL MEETING

A quarterly Council meeting was held on January 8th, when the President, Lord Moynihan, was in the chair.

Mr. Russell J. Howard, Mr. E. C. Hughes, and Mr. L. E. C. Norbury were introduced and admitted Members of the Court of Examiners.

#### Diplomas

Diplomas of Membership were granted to Mr. S. S. Ahluwalia, Mr. W. N. Chalmers, and Mr. E. M. Sharples, who have complied with the by-laws of the College.

Diplomas in Psychological Medicine and in Laryngology and Otology were granted jointly with the Royal College of Physicians to twelve and eleven candidates respectively.

#### Fellowship Examinations

A report was read from the Board of Examiners in Anatomy and Physiology for the Fellowship stating that at the examination held in December, 1930, 178 candidates were examined, of whom 57 were approved and 121 rejected.

The Secretary reported that arrangements have now been made for Professors Wright and Buckmaster to conduct a primary examination for the Fellowship in Australia, at Melbourne, on August 11th, 1931, and following days, and in Canada, at Toronto, on October 20th and following days.

#### Appointments

The President reported that Mr. Wilfred Trotter had been appointed Hunterian Orator for 1932, and Mr. W. Sampson Handley Bradshaw Lecturer for the ensuing year.

Mr. J. H. Thompson, lecturer in physiology under Professor McDowall of King's College, was appointed Melchett Research Scholar for one year, the subject of his research to be

"Investigation into the influence of the parathyroid gland on processes of growth."

The Hallett Prize was awarded to Jack Carl Rudolph Hindenbach of the University of Otago, New Zealand.

Lord Moynihan was appointed delegate to the centenary meeting of the British Association, to be held in London on September 23rd to 30th, 1931.

#### *Representation of Members on the Council*

The Council of the College gave the following answer to the resolution of the annual meeting of Fellows and Members:

"The main functions of the College are to promote and encourage the art and science of surgery for the common weal, and for this purpose to conduct the examinations of the College and to maintain the great Museum and Library placed under its care. In carrying out these functions the Council organizes lectures and demonstrations, provides facilities for, and encourages research, fosters social intercourse and the amenities of the profession, and in every way possible renders the College an instrument for the advancement of surgery in its widest sense, not only for the benefit of the Members and Fellows, but the whole profession throughout the Empire. In the opinion of the Council these functions are well carried out under the present constitution: after further and prolonged deliberation the Council has therefore decided that it is not desirable to alter the constitution of the College by providing for the direct and separate representation of Members of the College upon the Council. The decision of the Council is in conformity with the opinion expressed three years ago by the body of Fellows of the College, who are the electorate."

## Medico-Legal

### MARKING OF SURGICAL INSTRUMENTS

#### PROSECUTION UNDER MERCHANDISE MARKS ACT

At the Marylebone police court on January 9th, before Mr. Hay Halkett, Van Lier Brothers, Limited, of Eden Street, N.W., vendors of surgical instruments, were summoned to answer three charges under the Merchandise Marks Act, 1926. The Board of Trade prosecuted on information given by certain firms of instrument manufacturers. It was alleged that the firm had advertised and offered for sale under a specific designation certain imported surgical instruments of a class or description to which an Order in Council under the Merchandise Marks Act, 1926, applied, and did not include in the advertisement an indication of the origin of the goods; further, that they sold in the United Kingdom imported surgical instruments made solely or mainly of metal which did not bear an indication of origin as defined by the Merchandise Marks Act.

Mr. G. B. McClure, who appeared for the Board of Trade, explained that under an Imported Goods Order, 1928, surgical instruments of foreign make, when sold in this country, must be so marked in one of various specified ways. He put in a catalogue entitled "'Summit' stainless surgical instruments," issued in November, 1930, which gave no indication that any of the goods described were foreign made. He also presented a number of instruments which bore the trade mark "Summit" and the word "foreign" as evidence that the defendant company knew of the requirements of the Act. Moreover, he said, one of the firms which had laid the information made a habit of printing on their invoices a warning that all goods made abroad must be so marked.

Mr. G. D. Roberts, for the defendant firm, entered a plea of guilty. He pointed out, however, that the law was not quite as simple as Mr. McClure had stated. The Act declared that it was illegal to sell or expose for sale any imported goods to which any name or trade mark was applied, unless the trade mark was accompanied by an indication of their origin. The defendant company was not charged under that section, and had never infringed it. The catalogue upon which the prosecution was based had been printed in 1927 before the Order was made, and had, by the oversight of a clerk, been forwarded to one of the informing firms in response to a request. The defendant company were wholesale dealers, describing themselves as surgical instrument exporters and importers. A section of the Act (Section 10 (4) (b)) laid it down that exposure for sale should not include exposure for sale wholesale by a person being a wholesale dealer. The wholesale dealer who exposed his goods for sale wholesale

need not give any indication of origin, but when he sold the goods he must give such indication. The offence consisted in the sale to the informing firm of goods not described in the catalogue as foreign. Every article which bore the word "Summit" was also stamped with the word "foreign"; the defendants traded frankly under a Dutch name, and no deceit nor any attempt to deceive had ever been alleged. Both the prosecuting firms had accounts with the defendant firm, and both had full knowledge of the origin of the goods. The defendants exceedingly regretted that they had lost their way in the maze of this complicated legislation.

Mr. Van Lier, in evidence on his own behalf, stated that a new catalogue complying with the law was to be issued shortly. He had been unaware that the 1927 catalogue infringed the Order which came into force in 1929.

The magistrate remarked that laymen were supposed to understand everything, including matters which puzzled lawyers, such as the difference between selling and exposure for sale. The present offence was the most venial infringement of the Act which he had yet tried. There had been no serious intention to defraud. He imposed a fine of 40s. on each of the informations, and ordered the defendant firm to pay ten guineas costs.

## The Services

### DEATHS IN THE SERVICES

Colonel Edgar Elkins Powell, D.S.O., late R.A.M.C., died suddenly in London on December 12th, 1930, aged 66. He was born at Guildford on November 3rd, 1864, and was educated at St. George's, taking the M.R.C.S. and L.R.C.P. Lond. in 1887, and the M.D. Brux., with honours, in 1888. After filling the post of assistant resident medical officer at the Royal National Hospital for Consumption, Ventnor, he entered the Navy as surgeon in 1889, but resigned his commission in the following year. He then entered the Army as surgeon on January 31st, 1891, becoming major after twelve years' service, lieutenant-colonel on September 26th, 1916, and finally brevet colonel on January 1st, 1919, retiring on November 3rd, 1921. He served in the Chitral campaign on the North-West Frontier of India in 1895, with the relief force, receiving the frontier medal with a clasp; in the South African war in 1900-2, taking part in operations in the Transvaal, Cape Colony, and Orange River Colony, including the actions at Venterskroon, Lindley, and Rhenoster River, and gained the Queen's medal with three clasps and the King's medal with two clasps; and in the war of 1914-18, when he commanded the 24th Stationary Hospital, and, later, was A.D.M.S. of the 75th Division, in the Egyptian Expeditionary Force, was mentioned in dispatches in the *London Gazette* of January 12th, 1918, and received the D.S.O.

Lieut.-Colonel Raymond Herbert Price, I.M.S. (ret.), died in India on September 25th, 1930, aged 62. He was born on September 23rd, 1868, the son of Dr. A. G. Price, civil surgeon of Betul, in the Central Provinces, and was educated at Edinburgh University, where he graduated as M.B. and C.M. in 1893, subsequently taking the F.R.C.S. Ed. in 1907, and the D.T.M., with distinction, in the London School in 1912. Entering the new Indian Medical Service, the General List service, in the first batch gazetted, as surgeon lieutenant, on January 28th, 1897, he became lieutenant-colonel on July 29th, 1916, and retired on February 13th, 1922. He served on the North-West Frontier of India, in the campaigns of 1897-98, in the operations on the Samana Range, and in the Kurram Valley (medal with two clasps), in Tirah (clasp), and in the operations against the Para Chamkani tribe in 1899; in the Nandi campaign of 1905-6 (medal with clasp); and in the war of 1914-18: in Egypt, 1915; in Macedonia, 1915-16; with the Egyptian Expeditionary Force, in 1916-17; and in Persia and the Persian Gulf, in 1918-19.

Lieut.-Colonel Arthur Gwyther, Bengal Medical Service (ret.), died at Guildford on October 28th, 1930, aged 60. He was born at Mhow on April 16th, 1870, and was educated at Edinburgh, where he graduated as M.B. and C.M. in 1893. Entering the Indian Medical Service as surgeon lieutenant on January 29th, 1895, he became lieutenant-colonel on July 29th, 1914, and retired on January 29th, 1918. He served in the Tirah campaign of 1897-98, on the North-West Frontier of India, receiving the frontier medal with a clasp. Most of his service was spent in civil employ in Bengal. He received the Kaisar-i-Hind medal of the first class in the King's Durbar list of honours on December 11th, 1911.

## Medical News

At a meeting of the Royal Sanitary Institute, to be held at 90, Buckingham Palace Road, S.W., on Tuesday, February 10th, a discussion on recent methods of sewage treatment will be opened by Dr. William Butler, senior medical officer, London County Council. The chair will be taken at 6 p.m. by Professor A. Bostock Hill.

A meeting of the Medico-Legal Society will be held at 11, Chandos Street, W.1, on Thursday, January 22nd, at 8.30 p.m. Dr. Nathan Raw will read a paper on the coroner's verdict in cases of suicide, which will be followed by a discussion.

The Harveian Society of London was founded in 1831, and is therefore now entering its centenary year. At the annual general meeting, held on January 8th, Sir Thomas Horder, Bt., was elected president, Dr. G. de B. Turtle treasurer, and Mr. Cecil P. G. Wakeley and Dr. R. Cove-Smith secretaries for the ensuing session.

A conversazione and cinematograph exhibition, for members of the University of London Medical Graduates Society, will be held on the afternoon of Thursday, January 22nd, at the Eastman Dental Clinic, Royal Free Hospital, Gray's Inn Road, W.C.

The annual meeting of the Royal Microscopical Society will be held in the Hastings Hall, British Medical Association House, Tavistock Square, W.C., on Wednesday, January 21st, at 5.30 p.m. Professor R. Ruggles Gates will deliver his presidential address on "Adaptations in cellular structure."

At a meeting of the London Clinical Society at the London Temperance Hospital on Tuesday, January 20th, at 9 p.m., Dr. Geoffrey Evans will open a discussion on the importance of diet in health and disease.

The Joint Tuberculosis Council has arranged a post-graduate course in tuberculosis, to be held at the City of London Hospital for Diseases of the Heart and Lungs, Victoria Park, E., from February 16th to 20th, inclusive. Lectures and demonstrations will be given each morning and afternoon by members of the hospital staff. There will also be lectures on genito-urinary tuberculosis and tuberculosis of the skin at the London Hospital on February 18th and 19th, and on February 21st a lecture at the National Dental Hospital on disease of the teeth in relation to tuberculosis. Inquiries about the course should be addressed to the honorary secretary, Dr. William Brand, 8, Highway Court, Beaconsfield, Bucks.

The fourth conference of the German Association for the Investigation of Diseases of the Circulation will be held at Breslau on March 9th and 10th. Dr. O. Kraymer of Berlin will discuss the theoretical basis of the action of digitalis, and Professor H. Pribram of Prague will deal with the therapeutic indications of this drug. Professor H. Schäffer of Breslau will consider the arguments for and against the employment of maximal doses. Further information may be obtained from Dr. Bruno Kisch, Lindenthal, Lindenburg, Cologne.

On the proposal of the Spanish Government the Council of the League of Nations decided in September to summon a conference on rural hygiene, to meet on April 22nd next, under the League's auspices, and to include representatives of all European States. The preparatory committee is composed of Dr. Pittaluga (Spain), Dr. Carriere (Switzerland), Dr. Chodzko (Poland), Dr. Hamel (Germany), Dr. Lutrario (Italy), Professor Madsen (Denmark), and Dr. Stampar (Yugoslavia).

The number of hospitals maintained by estates in the Federated Malay States during 1929 was 172, of which many were group hospitals, each serving several estates; 11 were in charge of resident medical practitioners. Considerable progress is reported in organizing uniformity of service by private medical practitioners on estates throughout the Federation, and hospitals are being provided or extended in order to ensure medical treatment of labourers in need of it.

An illustrated pamphlet on *Vegetables, their Use, Abuse, and Neglect*, by Mr. Charles E. Hecht, is issued by the Food Education Society, 29, Gordon Square, W.C.1, post free 3½d.

The Italian State Railways' Official Agency in London (16, Waterloo Place, S.W.1) informs us that as a result of the reduction in the cost of living in Italy (including food and house rents) it has been possible to make a general reduction in hotel tariffs of 10 per cent. The terms are now among the lowest in Europe. Special railway tickets at reduced rates are in force to Rome, the Naples Riviera, Sicily, and Tripoli (N. Africa); for example, for the journey of 2,100 miles from the Italian frontier to Sicily and back the fares are £5 14s. first class should intimate this.

The usual half-yearly indexes to the *Journal* and to the *Supplement* and *Epitome* have been prepared and will be ready shortly; they will not, however, be issued with all copies of the *Journal*, but only to those readers who ask for them. Any member or subscriber who wishes to have one or all of the indexes can obtain what he wants, post free, by sending a postcard notifying his desire to the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1. Those wishing to receive the indexes regularly as published should intimate this.

## 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

### Treatment of Syphilis

Dr. A. I. PIRRIE writes: Can any reader give me help with the following? A healthy young man, aged 23, came to me with a hard chancre on the glans penis. This was clinically confirmed by a skin specialist. Dark-ground illumination was negative, but the Wassermann reaction was positive, and novarsenobillon was given in seven intravenous doses, as is usual, 0.3 gram to 0.6 gram. The patient was given mercury by inunction and mist. hydrarg. iod. by the mouth. One month after the course he came back with glossitis, and looked ill. The novarsenobillon was again given, the Wassermann reaction proving to be strongly positive. He then had a course of seven 0.6-gram doses, after which the blood was again positive. A further course of ten 0.6-gram doses followed, together with intramuscular bismostab, ten 0.2-gram doses. To-day, after a month's interval, the blood Wassermann reaction is strongly positive. During treatment he has abstained from alcohol, has played golf, and has felt in the best of health. **Can anything further be done? Expense does not matter.**