

Relation of Ketosis to Symptoms

Ketosis may produce symptoms either owing to the toxicity of the ketone bodies, particularly aceto-acetic acid, or by a disturbance of the acid-base balance such as may be produced by any acid—that is, an acidosis in the strict sense of the word. A good deal is written still about ketosis and “acidosis” in relation to sickness, especially in children. In order to appreciate the effects of ketosis it is well to consider cases occurring in diabetes mellitus. We find here that patients may excrete large quantities for long periods without nausea, vomiting, or mental changes. Joslin mentions a patient who excreted 3 grams of ammonia (=2,000 c.cm. decinormal solution, normal amount) daily for a year, and was able to travel.

It appears, then, that the effects of moderate amounts of ketone bodies are apt to be exaggerated. It might be argued that such patients have gradually become accustomed to large amounts of ketone bodies; we give, therefore, an example (Case F., in Figure 2 and Table II)

TABLE II

Days:	1	2	3	4	5
Case F.					
Ammonia	970	618	990	2,580	1,930
Ketone bodies	500	384	860	2,030	1,380
Case A. M.					
Ammonia	308	290	—	—	—
Ketone bodies	—	136	—	—	—
Case A. S.					
Ammonia	348	983	1,190	—	—
Free acid	334	544	385	—	—
Organic acid	567	1,576	1,184	—	—
Ketone bodies	175	—	—	—	—
Case A. E.					
Ammonia	225 285	—	—	—	—
Free acid	150 273	—	—	—	—
Organic acid	328 537	—	—	—	—
Ketone bodies	— 353	—	—	—	—
Case J. S.					
Ammonia	—	364	—	—	—
Free acid	—	286	—	—	—
Organic acid	—	568	—	—	—
Ketone bodies	—	257	—	—	—

The excretion of ammonia, organic acid, and ketone bodies in one diabetic and four sea-sick subjects; all urinary constituents reckoned in cubic centimetres of decinormal solution. Except in Case A. M. the estimations on the sea-sick subjects began twelve hours after vomiting started. Estimations in Case A. E. made in two twelve-hour periods.

of ketosis of sudden onset without symptoms. This was a young diabetic patient with a short history of illness who had been treated with insulin; the insulin was temporarily stopped and ketosis appeared. Although the ketosis was more severe even than in the subject A. S., there was no nausea or vomiting. Compared with such a case the ketone bodies excreted by A. M. are trivial. When we take into account the fact that nausea and depression may last for several days, and vomiting begin without ketosis, it is impossible to regard ketosis as the cause of the symptoms.

In Case F. we can see the degree of disturbance of acid-base balance that may be expected in such a ketosis of short standing; on the fifth day the plasma bicarbonate had fallen to 49 (normal 55–66); such a degree of acidosis occurs in normal persons after exertion, and is accompanied by no unpleasant sensations—rather the reverse. It is improbable that more than slight disturbance of acid-base balance occurred even in the cases

of sea-sickness that were starved. We examined one patient (J. W.), who had vomited repeatedly for two days, but had retained some food. His urine gave a +4 nitroprusside reaction; his plasma pH was 7.33 and his plasma bicarbonate was 62; no acidosis had developed in this case.

There is no evidence that acidosis, in the strict sense of the word, will produce vomiting or any other symptoms but hyperpnoea. In fact, the symptoms of sea-sickness suggest far more the collapse seen with alkalosis. The possibility that an alkalosis might be produced either by hyperpnoea or by loss of acid in the vomit is refuted by the fact that all the urines examined were acid. In Case J. W. the plasma chloride was normal (0.63 per cent.), so that there was no evidence of excessive loss of hydrochloric acid by vomiting. Ketosis therefore appears to be an incident in sea-sickness which is not itself the cause of any of the symptoms, but is evidence of some metabolic change which may itself be the cause. What this disturbance is, is not clear; it cannot be frank carbohydrate starvation. There are, however, other conditions in which ketosis appears—for example, alkalosis, pregnancy, and in occasional liver diseases. It is unfortunate that the nitroprusside reaction is not more commonly used in the routine examination of urines, as much knowledge about the occurrence of ketosis might be gained. Children seem particularly prone to ketosis, both in starvation and in fevers. The exact relation of ketosis to cyclic vomiting in children is still unsettled, but the position seems to be very similar to that in sea-sickness.

During a calm voyage we examined the urines of patients who were liable to sea-sickness on rough voyages, but found ketone bodies in none. Also in Case A. M., although ketosis appeared at the onset of vomiting, it was not detected on previous examinations nor during a subsequent voyage when the subject was nauseated and her blood pressure low.

We have therefore found no evidence of a special liability to ketosis in persons subject to sea-sickness.

Conclusions

Ketosis is usual in sea-sickness after vomiting has begun, and occasionally appears earlier.

Ketosis is not the cause of sea-sickness nor of any of the symptoms of sea-sickness.

It may be regarded as evidence of some metabolic disturbance the nature of which is not known.

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Memoranda**MEDICAL, SURGICAL, OBSTETRICAL***** A LARGE OCCIPITAL MENINGOCELE**

The following case, which presents certain features of interest, seems worthy of record.

The patient, a Hindu female child aged 3 months, was brought to hospital on June 2nd, 1930. There was a tumour, rather larger in size than the child's head, springing from the occipital region, to which it was attached by a thick pedicle. The tumour was fluid and fairly flaccid. The skin covering it was healthy, though beginning to show signs of malnutrition at the most dependent part. Pressure on it did not lead to any signs of increased tension within the skull, nor did it lead to any decrease in the bulk of the tumour. The child was fairly well nourished and had, the parents alleged, increased in weight at a normal rate since birth. The tumour had been present at birth, when it was about the size of an orange, and had steadily increased in size since then; but the general health of the child had been good, and, apart from

its size and weight, the tumour has caused no symptoms. A provisional diagnosis of occipital meningocele, probably with an occluded pedicle, was made, and it was decided to operate.

The operation was performed next day, and presented no difficulty. When the skin and subcutaneous tissues had been incised, a pedicle, about a fingerbreadth in thickness, was seen to issue from the occipital fontanelle. This was incised, and proved to consist of a gelatinous material, surrounded by membrane. No fluid was encountered. The dura was stitched over the opening, and the skin wound closed. On dissecting the removed tumour, it was discovered that the pedicle was filled with a plug of the gelatinous material, the rest of the sac being filled with fluid. Recovery was uneventful, and the patient was discharged on the twelfth day.

In *Tumours, Innocent and Malignant* (seventh edition, p. 741), Sir John Bland-Sutton writes as follows: "There is reason to believe that the pedicle of a cranial meningocele may become obliterated so as to cut off the communication between the cyst and the subdural space. I have never had an opportunity of dissecting a specimen in which this has happened." Is it possible that this plugging of the pedicle with gelatinous material is the first stage in the complete obliteration of the lumen? Unfortunately, there was no laboratory available to which the material could be sent for examination.

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WHOOPIING-COUGH WITH INSPIRATORY STRIDOR

The symptoms occurring in two of the following cases of whooping-cough seem sufficiently unusual to be placed on record.

CASE I

D., aged 32, a medical practitioner, contracted whooping-cough from one of his patients early in February, 1930. The cough was violent, persisted day and night, and was accompanied by vomiting but not by "whoop." The patient was pyrexial for ten days.

Whooping-cough was diagnosed by Dr. Geoffrey Marshall of Guy's Hospital, and a skiagram of the chest revealed no other abnormality. Within a month of onset the cough was more limited to the hours of rest, but was particularly bad first thing in the morning. After an hour's coughing, sneezing of peculiar violence would take its place and the nose would run freely. This would continue for about an hour, or until vomiting ended the morning's bout. For the rest of the day there was no nose-running. The nasal discharge was always watery; never muco-purulent. Two weeks later another symptom developed. As the morning attack was in progress a wheeziness was felt in the throat, and as the other symptoms subsided this became more marked. The patient sounded like a man in an attack of asthma, but the stridor was strictly inspiratory. There was undoubtedly a spasmodic condition of the vocal cords, which would last for an hour or more after subsidence of the other symptoms. The nasal and laryngeal symptoms were well marked in June, though the cough was by then insignificant; they have considerably diminished since then and are now only noticed on cold mornings.

CASE II

Miss R., dispenser, aged 29, contracted whooping-cough from Case I, but showed no unusual symptoms.

CASE III

Mrs. S., nurse, aged 58, contracted whooping-cough from Case II in March. She had violent cough, and after a month complained of wheeziness in the throat. She felt "a piece of flesh" in the throat. There were no nasal symptoms, but the laryngeal stridor, which was inspiratory, became well marked and would persist for three or four hours each day. It was still present in July. None of the patients was subject to hay fever. Cases I and II had had whooping-cough in childhood. "Whooping" was absent in all three cases.

The interest of the inspiratory laryngeal spasm is in the support it gives to the generally accepted theory that the "whoop" in children is due to an active spasm of the vocal cords. It would be of assistance to know whether these symptoms have been observed in other patients.

London, N.19.

I. M. BENJAMIN.

PERFORATIVE DIVERTICULITIS OF THE COLON

In the *British Medical Journal* of January 4th, 1930, Sir W. I. de C. Wheeler reported a fatal case of perforative diverticulitis of the colon. In April last a somewhat similar case, but with a happier termination, was under my observation in the Dunfermline and West Fife Hospital.

A woman, aged 50, had felt vague discomfort in the lower abdomen for fourteen days prior to her admission to hospital on April 5th. On that date, four hours before admission, she was seized with sudden acute pain in the left iliac fossa, radiating to the umbilical region and accompanied by movement of the bowels and by vomiting. On admission she was groaning with pain. Her temperature was 103° F., and her pulse 114. On account of the adiposity of the patient (her weight was 18 st.) it was difficult to localize the seat of trouble, and a perforation of the appendix was diagnosed.

The abdomen was opened by incision through the right rectus muscle; free, non-odorous pus immediately welled up. The appendix was seen to be normal, and on investigating the left iliac region a boggy mass was palpated and delivered into the wound. This was found to be the pelvic colon, heavy with oedema. At about its centre a perforated diverticulum, surrounded by fatty adhesions, was discovered. The diverticulum contained a small faecolith, which was dislodged into the bowel. A left gridiron incision was rapidly made, and the loop bearing the diverticulum was brought through this to the surface. An enterostomy near the terminal ileum was performed, and a local and a suprapubic glass drain were introduced for drainage.

The enterostomy drained well, and there was little post-operative discomfort. The diverticulum discharged faecal matter for some days, and could be easily distinguished. The skin gradually grew over the extruded bowel, and when she was discharged from hospital the left gridiron incision was completely healed. The intention at the time of the operation was to remove later the diverticulum-bearing segment, but this was not carried out, owing to the rapidity with which the extruded bowel became covered over.

Since her discharge the patient has been perfectly well.

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HAEMATOMETRA AND HAEMATOSALPINX IN ONE HORN OF A BICORNUATE UTERUS

I read the case reported by Drs. Calverley and Buttery in the *Journal* of March 29th, 1930 (p. 590), with much interest; on account of the great rarity of the condition, I wish to place on record a similar case I operated upon in 1926.

The patient was a young girl, aged 16. Menstruation began ten months before date of admission, and she had menstruated only three times subsequently—two months, six months, and nine months—after the first one. At the first menstruation she had acute pain, and a small irregular swelling appeared in the right iliac fossa, which increased in size at each succeeding period.

On palpation an irregular hard mass was felt in the right iliac fossa; it was about the size of a cricket ball and fairly freely movable, tender on deep pressure, and dull to percussion. Bimanual examination revealed the presence of a tense cystic swelling filling up the posterior fornix, and pushing up the cervix behind and to the left of the symphysis pubis. The uterus could not be differentiated from the swelling.

A median incision was made. There was no free fluid in the peritoneal cavity. The mass was found to consist of

the right tube and right horn of a bicornuate uterus, which were both cystic and separated from each other by a marked constriction. The tube was sausage-shaped and the horn was globular. The mass was adherent to the intestines and the vermiform appendix, and the fimbriated end of the tube was completely closed. The adhesions were carefully separated, appendicectomy was performed, and the tube and right horn were dissected out and removed. Finally, the cut end of the right horn was carefully sutured. The tube and the right horn were found to contain altered blood, and there was free communication between them. The patient made an uneventful recovery, and was discharged cured five weeks after the operation.

Bangalore.

S. SUBBA RAO.

Reports of Societies

THE MEDICAL AND SURGICAL USES OF DIATHERMY

A meeting of the Medical Society of London was held on January 26th, with Dr. R. A. YOUNG, president, in the chair, when a discussion took place on "The medical and surgical uses of diathermy."

Dr. E. P. CUMBERBATCH, in opening the discussion, said that diathermy had been practised in this country for a little over twenty years. Its growth during the first decade was very slow, but during the second decade it increased at a rapid rate, and to-day there was hardly a region of the body to which diathermy had not been applied. Diathermy was used for the treatment of certain symptoms such as pain and spasm, for the raising of temperature of parts pathologically subnormal, for the reduction of blood pressure which was pathologically high, for aiding resolution of inflammation, for helping the tissues to free themselves from infection, and for elevating the temperature of the entire body, producing what was known in America as "therapeutic fever." Dealing with different specialties in turn, Dr. Cumberbatch first spoke of the uses of diathermy in gynaecology. Diathermy had made its most striking advances in the treatment of certain diseases peculiar to women. By means of diathermy it was possible to raise the temperature of the urethra and of the cervix to 114° F., or perhaps one degree higher. As a result, all clinical signs and symptoms of infection of those parts disappeared. The gonococcus disappeared in 90 per cent. of the cases, the *Streptococcus haemolyticus* in about 80 per cent. In order to raise the temperature of the parts mentioned to 114° or 115° it was necessary to adopt a special technique. The method used as a standard in his own department was devised by his colleague Dr. C. A. Robinson. It was sometimes stated that any region of the body could be heated to any temperature by diathermy, but that was not the case. In the depths of the vascular parts, and in the pelvis, abdomen, or thorax, the temperature could be raised only by a slight degree. In regard to the tubes and ovaries it was possible by means of diathermy to effect a fairly high degree of "therapeutic fever," though not to obtain the high temperatures possible in the urethra and cervix. Dysmenorrhoea due to minor degrees of infection of the tubes could always, in his experience, be brought to an end by intrapelvic diathermy. The application of diathermy to the interior of the pelvis had some influence on the ovarian hormones. If the cessation of menstruation was premature in women, it was a common occurrence for pelvic diathermy to start it again even after a number of years. The application of diathermy to the interior of the pelvis had the effect of bringing climacteric bleeding to a stop and of diminishing or abolishing the symptoms peculiar to the change of life. Dr. Robinson had

treated a number of cases of puerperal fever at the West Middlesex Hospital, and had been able to bring the fever to an end in thirty-three cases out of thirty-nine. Passing to conditions affecting men, Dr. Cumberbatch said that in gonococcal infections of the epididymis diathermy was almost invariably effective. Applied to the prostate gland by way of a rectal electrode, a powerful effect was produced on gonococcal prostatitis and vesiculitis. The greatest difficulty he had found was in cases of prostatitis which gave a history of gonorrhoea in which there was a persistent gleet; in the majority of these cases he had not been able to obtain complete results. Recently he had had three or four cases of men aged 55 to 65 who were beginning to get symptoms of obstruction as a result of enlargement of the prostate, and these cases had received benefit by diathermy. Their symptoms had disappeared, and so far they had kept well. With regard to the joints, gonococcal arthritis could be very satisfactorily treated by applying diathermy, not to the joint, but to the prostate and vesicles in men, and to the cervix in women, and in almost all the cases the effect of the treatment was to abolish the pain, to increase the range of movement, and to diminish the swelling. In women suffering from multiple arthritis it was very common to find an infection of the cervix which was non-gonococcal. The application of diathermy to the cervix brought the arthritis to an end in about 75 per cent. of cases. He believed also that it was possible for a non-gonococcal prostatitis to be responsible for a secondary arthritis in men, and in a few cases the application of diathermy to the prostate had cleared up the joints. Women just before or just after the climacteric tended to put on weight and to get pain in the knees and wrists, and on examination pads of tissue resembling fat were found in the neighbourhood of the knees and the upper arms. If these cases were treated by general pelvic diathermy the pain in the joints disappeared, the swellings diminished, and the patient lost weight. He believed the arthritis in such cases was due, not to infection, but to disturbance of the endocrine function of the ovaries. He suggested, also, that there was a type of arthritis in elderly men which was analogous to the climacteric form in women. With regard to the circulatory system, diathermy had been recommended by some authorities for the treatment of hyperpiesis. His own experience showed that cases which had been under general medical treatment and had been left with certain symptoms could be benefited. Diathermy did not lower the blood pressure permanently, though the first applications of the treatment produced a temporary diminution. If, however, the blood pressure was very high—say, 250 to 260 mm. Hg—there appeared to be a much longer duration of the lowered pressure after treatment by diathermy. He had had no personal experience of angina pectoris where the spasms were agonizing and sudden, though diathermy was recommended in some of these cases. His work had been confined to cases of "angina without agony"; such did not respond particularly well. In intermittent claudication diathermy was disappointing. The most he could claim for it was relief of the pain which was sometimes present. In lobar pneumonia many cases had been treated by this method in the United States. In this country opinions were divided, but in the West Middlesex Hospital one room had been set apart for treatment of lobar pneumonia by diathermy. He had a number of derelict asthma cases which had left other departments of the hospital, and the patients said they felt better after diathermy, the attacks being less severe and less frequent. He also spoke of astonishingly successful results in mucous colitis. In diseases of the skin, surgical diathermy was strongly to be recommended. Diathermic coagulation in which the heat was concentrated in the

Obituary

FREDERICK MEADOWS TURNER, M.D., B.Sc.,
D.P.H.

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We regret to record the death, at the age of 64, of Dr. F. Meadows Turner, which took place on January 17th, following an operation on January 12th. He was born in China, the son of a missionary, but came to England at an early age and received his medical education at Trinity College, Cambridge, Guy's Hospital, and Heidelberg. He took his B.Sc. degree at London University in 1887, and two years later his B.A. degree at Cambridge, where he graduated M.B., B.Ch. in 1892 and M.D. in 1895. On qualification in 1892 he was appointed a house-physician at Guy's Hospital, and in the same year entered the fever service of the Metropolitan Asylums Board. After being assistant medical officer under Dr. E. W. Goodall at the Eastern Hospital and at the North-Eastern Hospital under the late Dr. R. A. Birdwood, and acting as medical superintendent at the Hospital Ships and Gore Farm Hospital, he was appointed, in 1896, medical superintendent of the South-Eastern Fever Hospital, New Cross, where he remained in office until his last illness. He had been due to retire next August, on reaching the age limit.

Dr. Turner possessed in a high degree a mathematical ability which aroused the admiration and envy of his less gifted colleagues, and admirably fitted him for dealing with the statistical problems arising in the course of his work. For many years he rendered valuable service by acting as one of the two editors of the Medical Supplement of the Metropolitan Asylums Board's Annual Reports as well as by being a frequent contributor thereto of papers on clinical and statistical subjects. The medical profession is especially indebted to him for the immense amount of labour spent in the compilation of the summary in the 1910 report of all the tables published in the reports for the years 1900-9 inclusive. His principal contributions to medical literature were his M.D. thesis, published in 1895 in vol. li of *Guy's Hospital Reports*, on scarlatinal nephritis and its varieties, a valuable clinical and pathological study based on his experience at the North-Eastern Hospital, and a review of the literature; a special report, published in 1906, to the Metropolitan Asylums Board on return cases for the years 1902, 1903, and 1904, which formed an interesting sequel to the report made by Dr. A. G. R. Cameron in 1904; and a paper, inspired by Professor Karl Pearson, on the correlation between vaccination and small-pox in the London epidemic, 1901-2, and published in *Biometrika* in 1906.

His courses of instruction to students in the diagnosis and treatment of acute infectious diseases were always well attended. It is related that on one occasion he brought an inattentive and talkative class to their senses by suddenly saying, "Good afternoon, gentlemen," and leaving them shepherdless and bewildered in the ward. Unlike the medical superintendent of many fever hospitals Dr. Turner did not lead a sequestered life, but was attached to a number of medical societies. In addition to being a member of the Association of Physicians of Great Britain and the West Kent and the New Cross Medical Societies, he was a constant attendant of the Section of Epidemiology of the Royal Society of Medicine, and recently joined the Medical Superintendents' Society, which met at the South-Eastern Hospital shortly before his last illness. Dr. Turner's scientific interests were by

no means confined to medicine. He was a member of the Queckett Microscopical Club and the Essex Field Club, and took a keen interest in fresh-water biology. He had for some time been paying special attention to the breeding of the common British freshwater mollusc *Limnaea peregra*, and was the joint author, with A. E. Boycott, C. Diver, and S. L. Garstang, of a paper recently published in *Philosophical Transactions* on the inheritance of sinistrality in *Limnaea peregra*. He had previously contributed papers on this mollusc to the *Naturalist* in 1926 and the *Essex Naturalist* in 1927.

Quiet and unassuming in manner, of a singularly equable disposition, readily accessible and helpful to all, Dr. Turner will be greatly missed, not only by the staff of his hospital, among whom he was known by the title of "Father," but by a wide circle of friends, many of whom had been his former pupils. The large gathering which attended his funeral, at Brockley Cemetery on January 21st, bore eloquent testimony to the affectionate esteem in which he was held. He is survived by a widow, but had no children.

Mr. WILLIAM ELSWORTH WARNE, who served the British Medical Association for forty years, and held the office of Financial Secretary and Business Manager from 1918 to 1921, died on January 26th at the age of 74. Members of Council, and many others who in former years took part in the central work of the Association, will share the regret felt by senior members of the headquarters staff at the passing of an old friend and a loyal colleague. Mr. Warne's upright character and kindly disposition won him the respect and affection of his fellow workers. His connexion with the Association began in 1881, when the membership was little more than 9,000, as compared with 23,000 when he left its service. On the occasion of his retirement ten years ago the Council presented to him an illuminated address, placing on record its grateful appreciation of his faithful and untiring work for the Association as clerk, chief clerk, and finally Financial Secretary and Business Manager in succession to the late Mr. Guy Elliston. The Chairman, Sir Robert Bolam, in making the presentation, said that the Council's wish was to show to Mr. Warne in this way that his devotion to the interests of the British Medical Association was recognized as setting an example to all those who tried to make that great Association a power for good in the profession and the community. Throughout his long period of service they had admired, too, his unfailing courtesy and kindness to everyone around him. A presentation was also made to Mr. Warne by the staff at a complimentary dinner presided over by the late Sir Dawson Williams, Editor of the *Journal*. After his retirement from active work Mr. Warne continued to take an interest in the Medical Insurance Agency as a member of the board of management. The funeral took place at Fulham Cemetery on Thursday, January 29th.

The following well-known foreign medical men have recently died: Professor GEORG HONIGMANN of Wiesbaden, author of several works on medical philosophy, aged 66; Dr. ROCCO SANTOLIVIDO of Milan, formerly president of the International League of the Red Cross, director-general of the Italian public health service, and Grand Officer of the Legion of Honour, aged 76; Dr. RAYMOND SEYER, a prominent physician of Rouen; Dr. N. JANCZO, professor of internal medicine at Debreczen, aged 61; Professor E. SAVINI, a prominent Rumanian neurologist, aged 48; Dr. BELLOM PESCARDO, a neurological surgeon of Turin, aged 69; Dr. PIERRE DESCOMPS, surgeon to the Charité Hospital, Paris; Dr. PAUL SIMON, honorary professor of clinical medicine in the Nancy Medical Faculty; Dr. WILLIAM CRAIG, emeritus professor of surgery in the University of Colorado School of Medicine, aged 75; and Brigadier-General JAMES MADISON KENNEDY of the United States Army, aged 64.

being carried on in Northern Ireland at the present time. Other experiments were being carried out in co-operation with the Ministry of Agriculture in Great Britain.

Social Services

On January 23rd Mr. BRACKEN asked whether the considered policy of the Government was represented by a recent declaration by the Minister of Health that he would not consent to any reduction in social services. Mr. RAMSAY MACDONALD, in reply, said that the Government would not regard a contraction of efficiency in social services as a desirable form of national economy.

Mr. GREENWOOD told Captain Peter MacDonald, on January 22nd, that the arrangements with regard to the State maternity service were not sufficiently advanced for him to make any statement on the possibility of any reduction of the cash benefit for mothers.

Public Cleansing in London

Answering Dr. Fremantle, on January 22nd, Mr. GREENWOOD said that he understood that the Metropolitan Boroughs Standing Joint Committee had referred the report of the Departmental Committee on London Cleansing to the metropolitan sanitary authorities. Their replies would be considered at a meeting of the Standing Joint Committee on January 26th. He was informed that two of the borough councils had entered into fresh contracts for the tipping of refuse on a new site under improved conditions. Dr. FREMANTLE suggested it would be well to prevent any action being taken independently. Mr. GREENWOOD answered that he hoped it was not suggested that he should prevent enlightened authorities from making better provision. Dr. FREMANTLE then asked if Mr. Greenwood did not wish the report of his Department, which required a centralized authority, to be carried out. Mr. GREENWOOD said that he wanted the report to take effect, but it would involve highly controversial legislation.

Maternity and Child Welfare

On January 20th Mr. HOLFORD KNIGHT gave notice that, on going in committee of supply on the Civil Service Estimates, he would call attention to the question of maternity and child welfare, and move a resolution.

Housing.—Mr. GREENWOOD told Mr. Albery on January 22nd that since the armistice approximately 11,000 houses had been demolished under improvement and reconstruction schemes undertaken by local authorities in England and Wales. The 224 local authorities which had so far submitted programmes under the 1930 Housing Act proposed to demolish approximately 60,000 houses in clearance and improvement areas during the next five years.

Meat Inspection.—Replying to Mr. Samuel on January 22nd, Mr. GREENWOOD said the recommendation which for many years had been made by his Department to local authorities and generally adopted at the ports was that where there had been evidence or suspicion of caseous lymphadenitis in imported mutton and lamb, the whole carcass should be destroyed. The desirability of taking steps so that legs, shoulders, sides, saddles, and other parts of mutton and lamb should be passed by medical officers before the meat was shipped was receiving his consideration.

A Bill Talked Out.—On January 23rd Mr. KELLY moved the second reading of the Spiritualism and Psychical Research (Exemption) Bill. Dr. FREMANTLE moved its rejection. He said that the Bill proposed to relieve spiritualists and mediums from any penalties the law had thought fit to place on them. Spiritualism had been associated with a perversion of the uninformed mind of the young, and had disastrous effects in many cases. The law protecting people from such misguidance should not be remitted. The Bill was talked out.

Notes in Brief

The Home Secretary will consider a modification in the present law in respect of the trial of a pregnant woman on a capital charge.

No fresh outbreaks of foot-and-mouth disease had occurred in any part of Great Britain since that confirmed on January 18th at Westmeston (Sussex). The source of infection in that case had not been discovered.

Universities and Colleges

UNIVERSITY OF OXFORD

The following candidates have been approved at the examinations indicated:

FINAL B.M., B.Ch.—A. H. Bateman, F. Bell, R. T. V. Clarke, F. R. Crookes, H. R. J. Donald, H. C. Harley, R. S. Harrison, M. A. Hatt, J. M. Lees, R. D. Newton, N. C. Parfit, W. G. Rees, E. H. Rink, B. T. Squires, F. M. Trefusis. (*Materia Medica*) C. F. S. Alken, E. J. Baldwin, S. W. T. Bentall, J. A. Boycott, L. G. Clayton, J. M. Cribb, T. T. Hardy, J. L. Ryce, O. S. M. Williams. (*Pathology*) E. J. Baldwin, S. W. T. Bentall, R. R. Bomford, E. Braithwaite, F. W. Brown, N. P. Bruce, H. W. Davies, R. C. Garman, H. F. Moseley, J. A. Nunn, T. R. Plummer, T. W. H. Porter, J. L. Ryce, A. E. Scott, J. A. E. Scott, H. C. Wadge, E. J. Williams, C. H. Yeoh. (*Forensic Medicine and Public Hygiene*) E. J. Baldwin, D. S. Bateman, A. H. Bateman, R. R. Bomford, N. P. Bruce, J. M. L. Burtenshaw, F. R. Crookes, T. M. Davie, H. W. Davies, N. Heath, J. H. Hunt, K. N. Irvine, H. de B. Kempthorne, R. M. Marshall, Q. St. L. Myles, M. W. C. Oldfield, W. G. Rees, E. H. Rink, B. T. Squires, Olive M. Capper Johnson.

Mr. W. D. W. Brooks, B.A., M.R.C.S., formerly a scholar of the College, has been elected to a Fereday Fellowship at St. John's.

At a congregation held on January 22nd the following medical degrees were conferred:

D.M.—P. N. B. Odgers, P. L. Gibson.
B.M.—B. T. Squires, R. T. V. Clarke, W. G. Rees, Mrs. Rosalind V. Ferguson.

UNIVERSITY OF LONDON

UNIVERSITY COLLEGE

A course of five lectures on "The modern technique of cytology" will be given at University College, Gower Street, by Professor R. Chambers, Dr. R. G. Canti, and Dr. R. J. Ludford, on Fridays, at 5 p.m., beginning to-day (January 30th) and ending on February 26th. The lectures are open without fee to students of the University and others interested in the subject.

A course of three lectures on growth problems in plants will be given at the Imperial College, Royal School of Mines, Prince Consort Road, S.W.1, by Dr. F. G. Gregory, on Tuesdays, February 10th, 17th, and 24th, at 5.30 p.m. Admission free, without ticket.

UNIVERSITY OF MANCHESTER

Professor H. S. Raper, M.B., F.R.S., has been appointed Pro-Vice-Chancellor of the University in succession to Professor Kastner.

UNIVERSITY OF DUBLIN

TRINITY COLLEGE

The degrees of M.B., B.Ch., B.A.O., and B.A. were conferred upon R. E. Hemphill on January 16th.

The Services

DEATHS IN THE SERVICES

Major William Gordon Wright, D.S.O., R.A.M.C., died at the military hospital at Murree, in the Punjab, of pneumonia, on October 15th, 1930, aged 47. He was born on June 22nd, 1883, and was educated in Dublin, taking the L.R.C.P. and S.I. in 1906. After filling the post of resident surgeon at the Adelaide Hospital, Dublin, he entered the R.A.M.C. as lieutenant on August 1st, 1908, received a brevet majority on January 1st, 1919, and was promoted to major on August 1st, 1920. He served throughout the war of 1914-18, when he was three times mentioned in dispatches, in the *London Gazette* of February 17th, 1915, June 15th, 1916, and January 4th, 1917, and received a brevet of major and the D.S.O. He leaves a widow.

Lieut.-Colonel Isaac Bomford Emerson, R.A.M.C. (ret.), died at Bath on November 4th, 1930, aged 77. He was born in Dublin on December 17th, 1852, was educated in Dublin, and took the L.R.C.S.I. in 1873 and the L.K.Q.C.P. in 1874. Entering the Army as surgeon on February 4th, 1877, he became lieutenant colonel after twenty years' service, and retired on December 17th, 1907. He served with the 83rd Foot, now the Royal Ulster Rifles, in the Afghan war of 1878-79, receiving the medal, and was also re-employed at home, from October 26th, 1914, in the war of 1914-18.

Medical News

Two lectures, on the national diet, will be given by Professor E. P. Cathcart, at 6 p.m. on February 23rd and 24th, at the London School of Hygiene and Tropical Medicine, Gower Street. Admission is free, without ticket.

A special discussion on "The adaptation of European women and children in tropical climates" will be held at a joint meeting of the Sections of Tropical Diseases and Parasitology and of Disease in Children of the Royal Society of Medicine, to be held on Thursday, February 5th, at 8 p.m.

At a meeting of the British Institute of Philosophical Studies, to be held at University College, Gower Street, W.C., on Tuesday, February 3rd, at 8.15 p.m., a lecture on "Purpose in evolution" will be given by Sir J. Arthur Thomson, with Dr. J. S. Haldane, C.H., F.R.S., in the chair.

Under the auspices of the British Empire Cancer Campaign (Yorkshire Council) and the Leeds and West Riding Medico-Chirurgical Society, Dr. Ronald G. Canti, bacteriologist to St. Bartholomew's Hospital, will give a cinematograph demonstration of living-tissue cells growing *in vitro*, with special reference to cancer, at the Alexandra Picture House, Camp Road, Leeds, on Wednesday, February 4th. The chair will be taken at 3.30 p.m. by Professor M. J. Stewart.

At the opening of the ninetieth course of study at the London School of Hygiene and Tropical Medicine, Keppel Street, W.C., on Tuesday, February 3rd, Dr. P. Manson-Bahr will give a lecture and lantern demonstration on "The dawn of tropical medicine," being an account of the life and work of Sir Patrick Manson. The chair will be taken at 5 p.m. by Sir Harry Goschen, Bt. Admission is free, without ticket.

In the absence, through illness, of Dr. T. Watts Eden, President of the Royal Society of Medicine, the guests at the society's reception on the evening of January 21st were received by the immediate Past-President, Lord Dawson of Penn, and Lady Dawson. The announcement that Dr. Eden was now well on the way to complete recovery dispelled the only cloud over the gathering. The Barnes Hall was filled for a short illustrated lecture by Dr. Arnold Chaplin on "Some great figures in history." Having on previous occasions taken his audiences, as he said, down the narrow path of medical history, he confined himself on this occasion to certain celebrities who were renowned in other fields, his purpose being to remove some misconceptions which have clung to these characters.

The thirty-fifth Congress of French-speaking Alienists and Neurologists will be held at Bordeaux on March 27th, when the following subjects will be discussed: late periodic psychoses, introduced by R. Anglade of Vauclaire, Angoulême; spinal cord tumours, introduced by Noel Perron of Paris; and false simulation in mental disease, introduced by Fribourg-Blanc of Paris.

The German Society for Internal Medicine will hold its forty-third annual meeting at Wiesbaden, under the presidency of Professor von Bergmann of Berlin, from April 13th to 16th, when the following subjects will be discussed: neuroregulation, introduced by Goldstein of Berlin and Weiszäcken of Heidelberg; coronary circulation and angina pectoris, introduced by von Anrep of Cairo and Edens of Ebenhausen. A lecture will also be delivered by Bürger of Osnabrück on the clinical significance of the cholesterol problem.

The first Hispano-Portuguese Congress of Obstetrics and Gynaecology will be held at Madrid in April, under the presidency of Dr. Luis Soler Soto, president of the Spanish Gynaecological Society. Further information can be obtained from the general secretary, Dr. Francisco Haro, Serrano 74, Madrid.

With the object of making its natural advantages better known to members of the English medical profession, the authorities of Dax, a thermal resort situated in the Pau-Biarritz district of France, gave a dinner party at the Savoy Hotel, London, on January 26th. The chair was taken by Sir StClair Thomson, and among the guests were leading physicians and other medical men and women interested in hydrology and climatotherapy. The chairman gave the toast of the King and the President of the French Republic; and the health of the guests, proposed by M. Clement Bich, Administrateur de la Société Thermale de Dax, was responded to by the Consul-General for France. After these speeches, Dr. Leonard Williams entertained the company with a short discourse on the climate and waters of Dax and their therapeutic indications, followed by the exhibition of a cinema film. The arrangements for this very agreeable and informative evening were made by Mme Juppé-Blaise, manager of the Federation of the Health Resorts of France.

The Wellcome Museum of Medical Science is closed until further notice during rebuilding.

According to the monthly report of the Health Section of the League of Nations, 744,731 cases of scarlet fever were reported in Europe in 1929, as compared with 695,065 in 1928, and 667,222 in 1927. The increase in the incidence of the disease was most marked in Rumania, England, and Czechoslovakia, in the order named. A similar increase in diphtheria morbidity is shown by the fact that 27 European countries, which reported 257,959 cases in 1927 and 296,070 cases in 1928, recorded 327,391 cases in 1929.

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.

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QUERIES AND ANSWERS

Exfoliative Dermatitis

"J. A. H." asks for suggestions for the treatment, at home if possible, of a severe case of exfoliative dermatitis.

Treatment of Obesity

"A. S." asks for suggestions in the treatment of a female patient who is very stout. This condition began after marriage twelve years ago; present age 33. The patient has no children; menstruation irregular as regards both time and quantity. She has a good appetite and is quite energetic; no mental dullness. Thyroid, pituitary extract, ovarian extract, dieting, and iodides have been tried without result. Before marriage the patient was quite slender.