On May 30th, after a very restless night, the patient was comatose, and showed a very definite paresis of the right face, arm, and leg; the right plantar reflex "extensor," right abdominal reflex absent, left present; some areas of haemorrhage, with some induration, noted over the toes of both feet, under the skin of the left thigh, and a few small pyaemic-looking areas on the back. He was seen by Colonel W. P. MacArthur, who agreed that the condition was one of septicaemia, and, owing to the presence of the systolic bruit, and to the fact that the spleen was now just palpable, formed the opinion that the clinical picture was one of acute infective endocarditis. The patient gradually became weaker, and just before he succumbed on the early morning of May 31st his temperature had risen to 106°.

Post-mortem Findings

At necropsy the two vaccination sites appeared clean and healthy. There were haemorrhages present on the toes of the feet and on the left thigh. The lungs appeared normal. The fluid in the pericardial cavity was blood-stained, numerous vegetations were seen on the mitral valve and on the wall of the left ventricle. No vegetations were seen on the right valves or heart wall. The liver weighed 3 lb. 1 oz.; no macroscopic abnormality noticed. The spleen was enlarged and soft, and weighed 18 oz. In the right kidney there were multiple infarcts; one appeared to be very recent and the others were organized; the left kidney appeared to be normal, and no lesions were seen macroscopically. Microscopical examination of the brain showed thrombosis in the blood vessels, softening of brain substance, and round-cell infiltration. Many of the smaller vessels were congested, and a great excess of leucocytes, mostly polymorphonuclears, was seen within the lumen. On examination of the septic vegetations from the heart valves large masses of Gram-positive micrococci were seen emmeshed within the film covering of the valves.

This case, then, presenting as it did diplopia, headaches, ptosis, the subsequent meningeal signs, rigidity and coma, might have led to a diagnosis of post-vaccinal encephalitis; and, should the question of compensation have arisen, it would have been very difficult to dissociate the two conditions without the careful daily observation while in hospital and without the assistance of the post-mortem findings.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

THE PREVENTION OF PUERPERAL PYREXIA

The following statistics showing the effect of Parke Davis's antistreptococcic puerperal serum as a preventive of puerperal sepsis may prove of interest to those who are engaged in obstetric practice. The apparent beneficial results of this serum can be readily understood by studying the annual returns at Bellshill Hospital before and after its routine administration in complicated cases, and also in normal cases with laceration of the perineum. Our experience has been that the best results are obtained by the administration of the serum in large doses; 50 to 70 c.cm. should be given during labour, or a few days prior to its onset if trouble is anticipated. Procrastination deprives the patient of an opportunity to escape the sequels of infection. Apart from the occurrence of a rash, no inconvenience is experienced. The rash does not appear in some instances, and when it does it varies in frequency and intensity with different batches of serum. We are inclined to regard the occurrence of a rash as a favourable omen. The only other disturbance worthy of note is the not infrequent onset of uterine haemorrhage (15 per cent.) about the eighth to the tenth day, but the loss is not sufficient to create anxiety.

A short explanatory note about the figures is necessary. In 1925 and 1926 serum was not used, but during 1927 and 1928 we began administering this serum, which Parke, Davis and Co. placed at our disposal free of charge for clinical experiment. At this time the output of serum was small, so that only a limited number of cases could be treated. Nevertheless the results were so encouraging that we determined to employ it extensively. During 1929 and 1930 it was given in all complicated cases, and in normal cases where the perineum was torn; the results have been gratifying. Since Mellanby's communication[1] appeared on the value of a diet rich in vitamin A as a preventive of puerperal sepsis in rats, we have advised our patients to partake freely of a diet consisting of fresh vegetables, carrots, cheese, and liver. As this paper appeared only recently, we have not yet obtained a sufficiently large number of cases to estimate if the incidence of puerperal pyrexia in our cases has diminished.

Date	Number of Cases		Puerperal Pyrexia According to B.M.A. Standard	
			Number	Percentage
1925	Confinements ... ... 517 Post-natals ... ... 26 Abortions 122	665	50	7.5
	Of the 517 confinements the number normal was	476	18	3.8
1926	Confinements ... ... 696 Post-natals ... ... 26 Abortions 126	848	55	6.5
	Of the 696 confinements the number normal was	380	11	3.0
1927	Confinements ... ... 726 Post-natals ... ... 47 Abortions 125	898	45	5.0
	Of the 726 confinements the number normal was	432	not known	
1928	Confinements ... ... 707 Post-natals ... ... 32 Abortions 125	864	41	4.7
	Of the 707 confinements the number normal was	432	10	2.3
1929	Confinements ... ... 543 Post-natals ... ... 21 Abortions 139	703	20	2.8
	Of the 543 confinements the number normal was	279	Nil	Nil
1930	Confinements ... ... 700 Post-natals ... ... 40 Abortions 160	900	19	2.1
	Of the 700 confinements the number normal was	308	1	0.3

In 1925 and 1926 no serum was used, and in 1927 and 1928 a limited supply only. In 1929 and 1930 serum was used in all complicated cases, and in normal cases with perineal lacerations.

Radiostoleum is also mentioned by Mellanby as a suitable preparation where vitamin A is required, so we have been using either radiostoleum or adexolin, which contains vitamins A and D.

It seems to us that in obstetrical cases fortifications should be erected early to prevent puerperal infection, and it may be that this aid can be obtained to a large extent by diet and by the administration of serum. The disadvantage is great if the invader is permitted to demonstrate within the citadel.

It is unfortunate that treatment by serum proves expensive, but it should not be forgotten that the victims of puerperal sepsis often have a long and costly illness. The administration of serum during labour curtails convalescence in cases where pyrexia develops.

SAMUEL J. CAMERON, M.B., F.R.F.P.S.,
Consulting Surgeon,
HENRY THOMSON, M.D.,
Physician in Charge,
County of Lanark Maternity Hospital,
Bellshill.

[1] Green, H. N., and Mellanby, E.: *British Medical Journal*, 1928, ii, 691.

AN UNUSUAL TYPE OF DIPHTHERIA CARRIER

Recent advances in our knowledge of the immunological processes concerned with the detection of persons susceptible to diphtheria infection and the valuable immunization methods now in use have brought the significance of the disease even more before the public health authorities and medical practitioners. The Schick test has added enormously to our knowledge of the epidemiology. Largely through the extensive investigations and work of Dr. Harries of the Birmingham Medical School, the proportion of immunes among persons who have never had clinical diphtheria, living in different localities and belonging to different levels of society, has been determined. Broadly speaking, a much higher rate of immunity is found among inhabitants of the poorer and more crowded districts ; this is presumably owing to greater exposure to subminimal infection with the disease virus and the acquisition of immunity without passing through the recognizable disease.

It would be expected that the possibility of such acquired immunity would be much less among people living in country districts where, although the incidence of the disease may not be low, the chances of contact are much less, even if the conditions of living are poor. The cases here recorded support this contention, and indicate incidentally that the immunization of persons living in country districts is as important as the immunization of town dwellers ; it may even be more important. Although perhaps the chances of infection are less among country folk, the clinical course of the established disease is likely to be severe, and may spread rapidly in the household owing to the entire absence of immunity in the other members. It is analogous to measles in the negro races.

Commonly the virulent diphtheria bacilli reside in the throat and nose, and very occasionally in other sites, such as the ear, the eye, the vagina, and wounds. The outbreak recorded below was caused by a member of a family carrying virulent diphtheria bacilli in his left conjunctival sac. The family lived in a farmhouse in a very thinly populated and remote district in Staffordshire. The sequence of events was as follows:

In October, 1929, C. G., aged 12 years, had a mild unilateral conjunctivitis without membrane formation. Under local antiseptic treatment the condition abated. There were no general symptoms. Occasional recrudescence of the conjunctival affection occurred, always remaining unilateral. During the period December 26th, 1929, to January 26th, 1930, one sister and four brothers developed very severe faucial and tonsillar diphtheria. (The sister and one brother have now completely recovered from post-diphtheritic paresis.) Throat swabbings from the mother were negative. The detection of a carrier in the household followed a casual remark concerning the previous eye condition of C. G. Careful examination of his left conjunctival sac showed a few fragments of membrano-purulent exudate, which on bacteriological examination gave a pure growth of diphtheria bacilli. Animal tests showed the marked virulence of the bacilli. The boy had never had any clinical diphtheria infection before. We are therefore of the opinion that he had obtained general immunity from the local conjunctival lesion, and so evaded the more serious illness which occurred in the other members of the family.

The points of special interest in this case are: (1) The persistent high infectivity of the diphtheritic conjunctiva. (2) The absence of immunity in any other child of the family. (3) The suggestion that active immunization of persons living in the country is as important as it is in the case of town dwellers.

I am indebted to Dr. William Fraser of Chasetown for help in collecting the details of this case.

A. VICTOR NEALE, M.D.,
Physician to Out-Patients,
Children's Hospital, Birmingham.

STRANGULATION OF INTESTINE CAUSED BY MECKEL'S DIVERTICULUM

Although Meckel's diverticulum is a fairly common condition it does not very often produce strangulation of intestine, and the following case seems worthy of record.

A man, aged 20, was admitted to the Royal Isle of Wight County Hospital on October 3rd, 1930. Twenty-four hours previously he had been seized with a sudden attack of severe abdominal pain round the umbilicus, which later settled in the right iliac fossa. He had vomited once before admission. There was no history of previous similar attacks.

On admission his face was flushed and tongue furred ; temperature 102° F., pulse rate 98. Abdominal examination revealed marked rigidity of the right rectus muscle and tenderness over McBurney's point. A diagnosis of acute appendicitis was made.

The abdomen was opened by means of Battle's incision. On entering the peritoneal cavity a considerable quantity of bright red blood was found. A loop of black gangrenous ileum lay in the right iliac fossa. The strangulation was caused by a band, which was divided. About 18 inches of ileum were resected and an end-to-end anastomosis performed. The appendix was examined and found normal, and the abdomen was then closed. On examination, the band proved to be a Meckel's diverticulum, which opened into the gangrenous loop of ileum.

The patient made an uneventful recovery, and left hospital three weeks after admission.

Shanklin, I.W. J. ALFRED GAYNOR, M.B., F.R.C.S.I.

Reports of Societies

SCABIES AND RINGWORM

At a joint meeting of the Sections of Dermatology and Comparative Medicine of the Royal Society of Medicine, held on February 19th, with Professor G. H. WOOLDRIDGE in the chair, a discussion on scabies and ringworm as transmissible between animals and man was opened by Dr. ARTHUR WHITFIELD.

In the transmission of mange from animals to man, said Dr. Whitfield, the sarcoptes were important, and the animals from which these parasites were most commonly acquired in this country were dogs and, less frequently, cats and horses. Small and toy dogs were more often responsible for transmission to man than large dogs ; usually the axillae and inguinal regions were affected first in the dog, then the ears, face, and eyes. In man the arms, trunk, and face were often affected, and the points of the elbows were a common site in both men and dogs. The lesions were minute vesicles on an erythematous base ; the acarus might be found occasionally and with difficulty, and was smaller than that responsible for human scabies ; to clinch the diagnosis, comparison of the two types of acari was advisable. Cure could be obtained quickly by sulphur inunction, but reinfection might take place indefinitely. Ringworm could also be transmitted from animals to man, the order of frequency of those responsible in this country being the cat, the calf, the horse, the dog, and birds. If the fungus was a microsporon, giving rise to bold rings, an animal origin should be suspected, and especially a cat. Ectothrix came frequently from the horse and the calf ; ringworm in these animals was a grossly pyogenic disease, and called into action the defensive mechanisms of the body, with the production of allergy, and a variable immunity.

Mr. A. W. NOEL PILLERS said that the sarcoptes on being transmitted from animals to man might find the soil unfitted after piercing the surface epithelium, and might cease their activities in consequence. Cows were often the source of infection to man, and camels were

he continued as honorary physician to the Prince of Wales, and on King George's accession he was appointed physician to H.M. Household, a position which he retained for nine years. He was elected F.R.C.P. in 1894.

One of his distinguished patients, as already stated, was Sir Henry Campbell-Bannerman, and during the last few years of that statesman's life he accompanied him to Marienbad and elsewhere. There are several references in Mr. J. A. Spender's *Life* of the Prime Minister to this devoted medical adviser and good friend. It is related how, one night in Paris, Campbell-Bannerman had an alarming heart attack, and there was difficulty in securing medical attendance. The attack passed off, but Campbell-Bannerman's private secretary, Mr. Arthur Ponsonby, decided that to have a sick Prime Minister on his hands in a foreign capital was too great a responsibility, and in the morning telegraphed to Burnet, who came over at once and took his patient to Biarritz. Burnet was knighted in 1908, and created K.C.V.O. in 1917.

He was not a voluminous author, but his one book, first published in 1890, attained great popularity, and ran quickly through five editions. It was entitled *Foods and Dietaries: a Manual of Clinical Dietetics,* and it is characteristic of his methods that it gives detailed directions for dieting in a large number of conditions, with suggested menus for every meal. In 1890 he became physician to the London Life Association. This appointment he held for twenty-seven years, when he became a director. He was president of the Section of Medicine at the Annual Meeting of the British Medical Association held at Portsmouth in 1899.

WALTER C. STEVENSON, B.A., M.D.

Surgeon and Consulting Radiologist, Steevens' Hospital, Dublin

We regret to announce that Dr. Walter C. Stevenson, the Dublin radiologist, died at his residence in Lower Baggot Street, on February 19th, from pneumonia following influenza.

Walter Clegg Stevenson was born at Calcutta in September, 1877. He received his early education at St. Paul's School, and the High School, Dublin, and entered Trinity College in 1895, graduating B.A. in 1898, M.B., B.Ch. in 1900, and proceeding M.D. two years later. He entered the R.A.M.C. as a lieutenant in 1901, winning the De Chaumont Prize at Netley, and serving in the South African war. He resigned his commission in order to take up practice and research in Dublin. His successful work in connexion with radium treatment is well known to the medical profession in Europe and America. He was the first to apply radium in needles for the treatment of cancer. During the war he did much valuable work for the British War Office in connexion with radium research, and in 1919, having obtained a supply of radium from the Royal Dublin Society, he and Professor Joly, president of the society, carried out valuable investigations in Dublin. Dr. Stevenson's method of radium treatment was used by him during the period of the war on more than 2,000 patients, about half of whom were suffering from cancer. It was in 1914 that Professor Joly first suggested to Dr. Stevenson that the best way to use radium would be by frequent applications in small quantities. Mr. Richard Moss added further valuable suggestions, and their treatment was so successful that leading members of the medical profession travelled from London and Paris to the Royal Dublin Society to see the work that was being done by them.

Dr. Stevenson was a Knight of Grace of the Order of the Hospital of St. John of Jerusalem in England, surgeon to Dr. Steevens' Hospital, Dublin, and to the Incorporated Orthopaedic Hospital of Ireland. During the past twelve years his professional standing had risen to a remarkable degree, and his research work and medical knowledge gained him much admiration from his colleagues and from the general public. He was consulting surgeon to the Ministry of Pensions, radium consultant to the Rotunda Hospital, a Fellow of the Royal Academy of Medicine in Ireland, and honorary secretary to the Irish Centre of the St. John Ambulance Association. He was the author of many books and papers on radium treatment. At a meeting of the council of the Royal Dublin Society the following resolution of condolence was passed:

> The council wish to place on record their sense of the loss which the society has sustained by the premature death of Dr. Walter C. Stevenson. The loss applies more especially to the work of the Irish Radium Institute, in which work for the alleviation of suffering Dr. Stevenson took a foremost part. His work on this branch of medical science was not only that of the practitioner, but was more especially concerned with his solution of the problem of securing uniformity of radiation in any accessible region of the human body. The now well-known "needle method" was Stevenson's invention. From testimony received from all parts of the globe this method has been of incalculable value. Its importance in medical science is established beyond doubt, and Stevenson's name will be imperishably connected therewith. In the forthcoming bicentenary account of the history of the society the reference to this part of the society's work for mankind is emphasized, and Dr. Stevenson's connexion therewith is, of course, fully recognized.

Dr. ISRAEL FELDMAN, jun., who died on February 11th, aged 38, received his medical education at the London Hospital, qualifying M.R.C.S., L.R.C.P. in 1915. After acting as assistant medical officer to Whipp's Cross Hospital for a few months, he entered the R.A.M.C., serving with distinction throughout the war and being mentioned twice in dispatches. On demobilization he resumed his work at Whipp's Cross, where he was soon appointed first assistant. In 1922 he graduated M.B., B.S., and started general practice at Golder's Green. Dr. Feldman was a very able and enthusiastic practitioner, of amiable disposition, and devoted to his work. He was a great lover of the open air, and for his young patients organized classes in physical training, which were held in his garden. His loss is deeply mourned by all those with whom he came in contact.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on February 20th the following medical degrees were conferred:

M.B., B.CHIR.—G. L. Robinson, J. H. Hopper, T. C. J. Evans, W. V. Boyle.
M.B.—E. T. O. Slater, H. D. B. Kelly.
B.CHIR.—M. S. M. Fordham, G. N. Grose.

UNIVERSITY OF LONDON

LONDON HOSPITAL MEDICAL COLLEGE

The Liddle Triennial Prize offered in 1929–30 has been awarded to Dr. William Evans.

UNIVERSITY OF LEEDS

Dr. J. O. Terry has been appointed demonstrator in pathology.

UNIVERSITY OF BRISTOL

The dissertation for the degree of M.D. submitted by A. E. Hayward Pinch has been approved by the Board of Examiners.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Museum Demonstration

The spring course of museum demonstrations in the theatre of the College will commence on Friday, March 6th, when Sir Arthur Keith will discuss the nerve supply of the alimentary tract and the nature of Auerbach's plexus. On March 13th he will demonstrate specimens illustrating the

anatomy, physiology, and pathology of the oesophagus, and on March 20th the anatomy and nerve supply of the diaphragm. On March 9th Mr. C. E. Shattock will demonstrate specimens illustrating diseases of the colon and rectum, and on March 16th he will discuss affections of the kidney. The series will be brought to a close on March 23rd, when Mr. Reginald T. Payne will demonstrate pathological specimens relating to diseases of the gall-bladder and extra-hepatic biliary passages. The demonstrations, which commence at 5 p.m., are open to advanced students and medical practitioners.

The Services

DEATHS IN THE SERVICES

Lieut.-Colonel James Hickman, R.A.M.C. (ret.), died on December 18th, 1930, aged 75. He was born on September 26th, 1855, and was educated at Queen's College, Belfast, graduating as M.A. in the Royal University of Ireland in 1877. He took the L.R.C.P. and S.Ed. in 1880, and subsequently the D.P.H.Camb. in 1888. Entering the Army as surgeon on July 29th, 1882, he became lieutenant-colonel after twenty years' service, and retired on January 20th, 1904. He served in the Burma campaigns in 1886, receiving the Indian frontier medal with a clasp; in West Africa, in the Gambia campaign of 1892, and took part in the attack on, and capture of, Toniataba, gaining the African medal with a clasp; in the Ashanti expedition of 1895–96 (star), and in the operations at Sierra Leone in 1898–99 (clasp); and in the South African war in 1899–1900, when he took part in the actions at Spion Kop, Tugela Heights, Vaal Krantz, and Pieter's Hill, and in the relief of Ladysmith, receiving the Queen's medal with two clasps.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons was occupied this week with Supplementary Estimates. The Unemployment Insurance Bill was read a third time.

The text of the Nursing Profession (Hours and Wages) Bill has been issued. The Bill was introduced by Mr. Brockway on December 10th, 1930, and was down for second reading on February 26th. It is not expected to make progress this session. The Osteopaths Bill and the Hospitals (Relief from Rating) Bill were also formally set down for second reading this week.

The Pharmacy and Poisons Bill still awaits second reading in the House of Lords.

Cerebro-spinal Fever

Replying to Mr. Hacking on February 19th, Mr. GREENWOOD said that he was advised that an increase in the number of cases of cerebro-spinal fever, or spotted fever, was usual in the early months of the year, especially when influenza was prevalent. Local authorities and their medical officers of health were alive to the importance of urging precautions to prevent the spread of this disease. Mr. Greenwood stated that 272 cases of cerebro-spinal meningitis among civilians had been reported during the eleven weeks ended February 14th. There had been 79 cases of this disease reported recently in the West Riding of Yorkshire. The deaths could not yet be stated. Such preventive measures as were practicable were being used. Action taken by his Department included the close observation of reported cases of this disease, and the giving of advice, on request, to local authorities and medical officers of health on the isolation of patients and any practicable preventive measures. If necessary, visits were paid by medical officers of the Department to districts affected. The type of the prevalent organism was studied in the laboratory by the pathologists of the Department, who worked in co-operation with the pathologists of the Army, Navy, and Air Force. It was well established that overcrowding of persons in barracks, schools, and other residential institutions favoured the spread of meningococcus infection. The existence of overcrowding in such circumstances would be investigated in any district affected, but no notable example of such overcrowding had been discovered during the present prevalence of this disease.

Mr. G. H. HALL told Sir H. Cayzer, on February 19th, that one case of spotted fever had occurred at Eastney Barracks, Portsmouth. No outside residents were permitted to attend any Divisional entertainment, and no football, hockey, or shooting matches would take place either at home or away.

On February 23rd Mr. MONTAGUE informed Mr. Groves that twelve cases of cerebro-spinal meningitis, of which six proved fatal, had recently occurred among Royal Air Force personnel stationed at Uxbridge. Eleven of the twelve men concerned had been vaccinated, but none had been inoculated. The dates of vaccination ranged from September 30th, 1930, to January 20th, 1931.

Mr. SHAW, on February 24th, told Lieut.-Colonel Heneage that the usual precautions to combat the outbreak of cerebro-spinal meningitis had been taken throughout the Army with regard to ventilation and prevention of overcrowding. Carriers were being searched for and immediate and remote contacts were being watched. In Aldershot, where rather special conditions obtained, special orders had been issued reducing indoor gatherings to a minimum. He was acting in concert with the civil authorities. With regard to investigations of the cause of the disease, the type of prevalent organism was studied in the laboratory by the Army pathologists, who worked in co-operation with the pathologists of the Navy, Air Force, and Ministry of Health.

Mr. SHAW also told Lieut.-Colonel Heneage that in England and Wales the published figures for the civil population showed a smaller ratio per 1,000 for cerebro-spinal meningitis than was shown for the troops. In regard to Scotland, the reverse was the case, but he was not sure that the figures were on a strictly comparable basis. The incidence of the disease was so spread that there were no grounds for connecting it with any particular type of barrack room. No barracks in the Aldershot Command had been condemned. The minimum cubic space allowed for British troops at Home Stations was 600 cubic feet a man.

Lieut.-Colonel HENEAGE asked whether, having in view the statement made by the Minister of Health that the disease was due to overcrowding, Mr. Shaw would pursue investigations on the types of barrack room. Mr. SHAW said that he would do so. Sir R. HUTCHISON: Will the right hon. gentleman make inquiries as to the percentage in each rank affected? Mr. SHAW: I am anxious to get all the information possible on these matters, and I will also make inquiries with regard to that question.

Mr. SHAW, replying to Mr. Freeman on February 24th, said that up to February 23rd the number of cases at Aldershot during the present outbreak of cerebro-spinal meningitis had been 13 (including a civilian nursing sister), of which 8 had proved fatal. The cause of the outbreak had not been ascertained. Twelve of the patients had been vaccinated, one within a week, one within a month, and the remainder from seven months upwards. Only one patient had been inoculated, and the inoculation was more than three years ago.

Asbestosis and Silicosis

On February 19th Mr. CLYNES stated that he had received a report from the senior medical inspector of factories concerning the death of a woman from heart failure following bronchial pneumonia accelerated by asbestosis. A draft scheme of compensation for this disease was issued last month, with a draft of the proposed medical scheme by which a medical board would be set up to deal with all cases of silicosis and asbestosis throughout the country. These draft schemes were now under consideration by employers' and workers' associations. He was impressed by the urgency of the question, and hoped to reach a final settlement by the end of next month.

Replying to Mr. Morley on February 19th, Mr. CLYNES said that the effects on the lungs of various dusts, including coal dust, were being investigated by an expert committee of the Medical Research Council. This committee was pursuing various lines of research, but the problems were complicated, and considerable time must elapse before definite conclusions could be reached. In reply to another question, Mr. Clynes said that the Various Industries (Silicosis) Amendment Scheme, which amended the definition of "silica rock," came into force on February 1st.

Mental Hospital Laboratories.—Replying to Mr. Kinley on February 19th, Mr. GREENWOOD said that in some areas the local authority had provided a central laboratory for mental hospitals belonging to it. It was hoped, without prejudice to the principle of each hospital having a laboratory of its own, that such centralization might be developed elsewhere, particularly where the laboratory service could be based on the medical school of a university. It was not intended to attempt to set up a single central unit for this purpose.

Housing.—Replying to Major Nathan on February 19th, Mr. GREENWOOD said he did not consider that setting up a Royal Commission or a Departmental Committee would accelerate either the provision of new houses or the clearance of slums. Mr. Greenwood told Sir Kingsley Wood that the London County Council's programme for the next five years was 33½ per cent. more than for the last five years, but he was not satisfied that that was the best the Council could do.

Welfare of Coal Miners.—In the House of Commons, on February 17th, Mr. SHINWELL moved the second reading of the Mining Industry (Welfare Fund) Bill. He said that the Miners' Welfare Fund had been established for a period of ten years, which expired at the end of last year, and it was necessary to ask the consent of the House to proceed with the Fund for another five years. The Fund had provided drying rooms and shelters at the pithead, and in some cases drinking-water underground. Provision had been made for erecting hospitals and the endowment of these institutions in fifty-six schemes. These were costly propositions. There had also been thirty-seven schemes for the provision of convalescent homes. There was general approval of these institutions. There were thirty-one schemes for district nursing services and seventy-one ambulance services. Excellent work was being done in safety research by the Safety Research Board associated with the Mines Department. From the Miners' Welfare Fund approximately £50,000 had been devoted annually to research. The Bill was read a second time.

Sickness Benefit Claims.—Mr. GREENWOOD told Mr. Rhys Davies, on February 23rd, that no precise information was available in regard to the effects of the influenza epidemic on the applications for funds to meet claims for benefit. The applications in January did not show any considerable variation in amount, but further applications now being received indicated a serious increase in the claims for benefit during the last three weeks that might be due to influenza.

Finance of Health Insurance.—In reply to Mr. G. Macdonald on February 12th, Mr. GREENWOOD said that in 1928 employees' contributions to health insurance amounted to £12,600,000, and £32,300,000 was paid in benefits. The figures for 1929 were £12,700,000 in contributions and £34,500,000 for benefits, and in 1930 £12,800,000 in contributions and £32,550,000 in benefits.

Royal Veterinary College.—Dr. ADDISON told Mr. Ormsby-Gore, on February 12th, that it had been unanimously recommended that the Royal Veterinary College should be rebuilt on the present Camden Hill site. That recommendation had been accepted both by the Government and by the Governors of the College. The Government contribution of £150,000 was therefore offered with a view to reconstruction on the site. He did not wish to be considered absolutely bound, but understood that the committee's report was unanimous on the point.

Indian Medical Service.—Mr. BENN, on February 16th, told Major Pole that the contemplated establishment of the Indian Medical Department reserve of sub-assistant surgeons, the formation of which had been sanctioned by the Government of India, was 150 in the first instance.

An All-India Medical Council.—Mr. BENN also informed Major Pole, on February 16th, that the Government of India had reported, on January 27th, that the draft of a new Bill for the establishment of an All-India Medical Council was nearly completed.

Notes in Brief

Mr. Dalton reports that eleven European States have not yet ratified or acceded to the Geneva Gas Protocol.

The first report of the Scottish Advisory Committee on Rivers Pollution Prevention has just been issued. The committee has not yet undertaken an examination of the Clyde.

Medical News

The Harveian Lecture before the Harveian Society of London will be delivered by Sir Percy Sargent at 11, Chandos Street, W.1, on Thursday, March 19th, at 8.30 p.m. The subject will be "The romance of the pituitary gland." At a meeting to be held on May 14th, Dr. Donald Hunter will open a discussion on indications and methods of treatment in calcium therapy. As already announced, the centenary celebrations of the Society will will be held from June 11th to 13th.

At a meeting of the Royal Sanitary Institute, to be held on Friday, March 6th, in the Guildhall, Swansea, discussions will be opened on "The rheumatic child," by Mr. H. R. Tighe, F.R.C.S., and on "Housing," by Dr. J. M. Morris. The chair will be taken at 3 p.m. by Dr. Charles Porter.

The National Institute for Industrial Psychology will hold a conversazione at Aldwych House, Aldwych, W.C.2, on Thursday, March 19th, at 8.45 p.m. Sir Frederick Hopkins, P.R.S., vice-president of the Institute, will receive the guests.

The new wing for private patients at the Central London Ophthalmic Hospital, Judd Street, W.C., will be opened by Her Highness Princess Marie Louise on Thursday, March 5th, at 3.30 p.m.

Mrs. Philip Snowden is giving an "At Home" at 11, Downing Street, on Tuesday, March 3rd, in support of the rebuilding appeal on behalf of the London Temperance Hospital.

The secretary of St. John's Hospital for Diseases of the Skin, Leicester Square, asks us to state that the out-patient department is open daily at 1.30 p.m. and 5.30 p.m. (Saturdays at 1.30 p.m. only). Much inconvenience has been caused to patients, especially those who have come from a distance, who have been advised by their doctors to attend for treatment in the morning.

Particulars of the lectures and demonstrations arranged for next week by the Fellowship of Medicine will be found in our Diary of Post-Graduate Courses, published in the *Supplement* at page 68. Copies of syllabuses and tickets of admission can be obtained from the Fellowship, 1, Wimpole Street, W.1. The list of special courses arranged for 1931 is now available.

The next series of lectures and demonstrations on tropical hygiene for men and women outside the medical profession proceeding to the Tropics will be given by Lieut.-Colonel G. E. F. Stammers, from March 18th to 27th. Full particulars can be obtained on application to the secretary, London School of Hygiene and Tropical Medicine, Keppel Street, W.C.1.

The Medical Society of the Mediterranean Coast has arranged a tour from March 29th to April 13th, which will include visits to Cannes, St. Raphael, St. Juan-les-Pins, Grasse, Nice, Cap Martin, Mentone, Monaco, and Cap Ferrat; there will be subsidiary excursions to Corsica, the Alps, and Italy. Fuller particulars of this tour can be obtained from the Federation of the Health Resorts of France, Tavistock House North, Tavistock Square, W.C.1.

King Edward's Hospital Fund for London has received from the Nizam of Hyderabad, through Sir Akbar Hydari, a donation of £2,000, as a token of his gratitude for the personal interest taken by His Majesty the King in the work of the Round Table Conference, and in that of the Hyderabad delegation.

The Gifford Edmonds prize of £100, awarded every two years, is offered for the best essay on radiant energy as (*a*) a pathogenic and (*b*) a therapeutic agent in ophthalmic disorders. It is open to any British subject holding a medical qualification. Preference will be given to original work rather than to compilations from the writings of previous observers. Essays must be sent in not later than December 31st, 1932. A leaflet giving full particulars may be obtained from the secretary, Royal London Ophthalmic Hospital, City Road, E.C.1.

The Home Office gives notice that the Secretary of State proposes, after the expiration of forty days from February 20th, to make new Regulations under Section 7 of the Dangerous Drugs Act, 1920, amending the Dangerous Drugs (Consolidation) Regulations, 1928. The effect of these is to exempt from the application of the Dangerous Drugs Regulations five preparations containing diacetylmorphine (heroin), which the Health Committee of the League of Nations has found cannot give rise to the drug habit on account of the medicaments with which the diacetylmorphine is compounded in them. Draft copies of the new Regulations can be obtained on application to the Under Secretary of State, Home Office, Whitehall, S.W.1.

The American Association for the Study of Goiter again offers an award of 300 dollars for the best essay based upon original research work on any phase of goitre presented at its annual meeting in Kansas City, April 7th to April 9th, 1931. Competing manuscripts must be in the hands of the corresponding secretary, Dr. J. R. Yung, Rose Dispensary Building, Terre Haute, Ind., not later than April 1st. Manuscripts arriving after that date will be held for the next year or returned at the author's request.

The January issue of the *Leprosy Review*, the quarterly publication of the British Empire Leprosy Relief Association, contains an article by Dr. J. L. Maxwell on the menace of leprosy in Manchuria, and the first of a series of reports, by Dr. R. G. Cochrane, on the leprosy situation in East and Central Africa. The growth of a leper therapeutic settlement at Ho, on the Gold Coast, is described by Dr. F. H. Cooke, who pleads for the extension of this method of limiting infection and providing lepers with a happy and useful existence. A note by Dr. Janet Murray, on work in Tanganyika, mentions the inadvisability of compulsory segregation. The *Leprosy Review* can be obtained from the offices of the Leprosy Relief Association, 29, Dorset Square, N.W.1, price 2s.

The *Urologic and Cutaneous Review* for February contains a symposium on certain phases of syphilis, in which 110 experts from various countries contribute their views as to the incidence of the disease since the war, the change in the age at which infection takes place, the prevalence of neurosyphilis, and the development of immunity against syphilis in the more advanced populations of the world.

The 117th to 119th volumes of *Deutsche Zeitschrift für Nervenheilkunde* are dedicated to Professor Max Nonne of Hamburg on the occasion of his seventieth birthday.

The fourth Congress of the German Association for the Investigation of the Circulation will be held at Breslau, on March 9th and 10th, when special attention will be devoted to digitalis therapy in all its aspects. Further information may be obtained from Professor Bruno Kisch, Lindenburg, Lindenthal, Cologne.

A medical faculty, at which 150 students have been enrolled, has recently been opened at Samarkand in Turkestan.

An institute of serology and venereal prophylaxis has recently been created at the Toulouse Medical Faculty.

An institute of dietetics has been opened at the Pazmany-Peth University at Budapest under the direction of Professor A. v. Soóz.

Dr. Maurice Genty, editorial secretary of the *Progrès médical*, has been appointed librarian of the Académie de Médecine.

The King has approved of the retention of the title of "Honourable" by Dr. Richard Arthur, who has served for more than three years as a member of the Executive Council of the State of New South Wales.

The King has appointed Dr. Donald P. Wailling to be an official member of the Executive Council of the presidency of the Virgin Islands.

Trichinosis has recently been made a notifiable disease in Saxony.

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:

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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

Majorca

"A. W." writes in reply to "C. M.'s" inquiry. I can inform him: (1) there is no public water supply in Majorca. Each house has either its spring water well, or, more generally in the towns, as in Palma, its well of rain water collected from roofs, etc. Many of the wealthier class allow the poorer neighbours to have access to their cistern. Obviously this system is not without its risks of pollution. (2) Mosquitos and flies are only troublesome between May and November. (3) The temperature is changeable in the winter months, with cold winds after sunset.

"J. M." writes: All the hotels in Majorca frequented by visitors have a water-borne system of sanitation; the sanitary accommodation is satisfactory. I believe the water in the hotels in Palma and Pollensa Port is safe to drink; milk should be boiled; bottled mineral waters are cheap. During the winter months flies and mosquitos are not in evidence. Near Pollensa there is a good deal of swampy ground, and near Alcudia rice is cultivated. Enteric fever is not uncommon among the natives, but very rare among visitors. I consider the climate from October to April is eminently suitable for patients who suffer from recurring chest colds or rheumatism. There are windy, wet, and cold days, but these are infrequent; for the most part the weather is dry and sunny, and the high mountains along the north coast are a protection against cold winds. There are no great extremes of temperature; the daily variation rarely exceeds 10° F., and is usually less than 5°. The hotels in Palma and its suburbs have central heating, and so have the two in Pollensa Port with which I am acquainted. As regards the advisability of sending actual invalids to Majorca, it should be remembered that there is no English medical man in practice there, or was not a year ago. The hotels are clean and comfortable, and charges moderate, though higher than formerly. A year ago the charges in Palma and its suburbs varied from 15 pesetas to 25 pesetas a day (7s. 6d. to 12s. 6d.). In Soller and Pollensa Port they were less. Chamberlin's *Guide to Majorca* is full of information; it is published by the "Fomento de Turismo," Palma, and may be obtained from the Spanish Travel Bureau, 173, Piccadilly, W.

His Excellency the Spanish Ambassador has been good enough to send us some printed particulars of recent date about the Balearic Isles, which we have forwarded to our correspondent, "C. M."

Prevention of Boiler "Scale"

"S. S." would be glad to know of any personal experience in the domestic use of methods (not including "water softeners") for the prevention of the deposition of "fur" or "scale" in hot-water boilers and pipes. One form of such apparatus referred to is known as an "activator," and is said to be radio-active and without chemical action.