

then being unchanged from the morning. He thought that the condition might be analogous to "milk fever" of cows, and suggested mammary inflation. This was carried out with a sterile Higginson syringe attached to an exploring needle, which was thrust well into the breast substance. The nipples were tied off with tape, since, before this was done, air was observed bubbling through milk which had been expressed on to the surface. Both breasts were inflated as far as possible, though great tension was impossible on account of spreading surgical emphysema. Two hours later she made a motion of assent when asked if she would like a cup of tea—the first sign that she had understood a question for forty-eight hours. On the morning of October 1st she was conscious and rational, though childish. She spoke rather thickly and with difficulty, but this may have been due to the surgical emphysema which had spread up her neck, to the lower jaw on either side, and down over her abdomen. Her temperature was 99.5°, and the pulse 100; the jaundice was much less. The following day she was perfectly clear mentally, no longer childish, and looked and felt quite well, though her temperature was 100°, and there was still pus in the urine. Thereafter progress was very satisfactory, for, though during the next week her temperature occasionally went up to 100° and pus remained in the urine, she ate, and felt perfectly fit. Recovery was complete by October 20th.

COMMENTARY

The case was clearly a toxæmia of an unusual kind arising during the puerperium. The clinical picture was unlike puerperal sepsis, eclampsia, acute yellow atrophy, or delayed chloroform poisoning, but resembled "milk fever" which occurs in cows. The remarkable recovery after mammary inflation makes milk fever as likely a diagnosis as any. The pyrexia can be accounted for by the *B. coli* infection, which was probably incidental to, and not the cause of, the extraordinary cerebral condition. It is unlikely that the case is unique; some of the cases described in hospital reports as "coma without fits" are probably really cases of "milk fever."

This condition occurs in cows two or three days after calving. The animal is noticed to be uneasy and unsteady

on its feet, falls and is unable to rise, and rapidly becomes unconscious, with dilated pupils, stertorous breathing, and dribbling saliva. The heart rate is increased, but the temperature is always subnormal unless some febrile complication is present. Without treatment 30 per cent. are said to recover spontaneously, the remainder die. About thirty years ago, inflation of the udder was found to have an almost miraculous effect in these cases; from a comatose and apparently fatal condition the cow completely recovers within eight hours. This treatment—until lately purely empirical—has reduced the mortality from milk fever to practically nil. A condition similar to that found in the cow occurs in the mare, the ewe, the sow, the goat, and the bitch, but it does not appear to have been described in woman.

It has been recently shown by Russell Greig¹ that milk fever is associated in every case with a marked hypocalcaemia, and that recovery following inflation is accompanied by a rise in the blood calcium to normal. Recovery can also be brought about by the injection, intravenously or subcutaneously, of calcium gluconate. According to him the acute blood calcium deficiency—the essential cause of milk fever—is the result of an inefficient parathyroid mechanism which is unable to cope with the drain on calcium resulting from the establishment of lactation. The specific effect of mammary inflation is apparently due to the mechanical distension preventing further interchange of calcium from the blood to the gland acini and possibly causing a reabsorption of calcium from the gland. Unfortunately in the case reported no blood calcium determination was done, and it is therefore impossible to identify precisely the condition present with milk fever.

I wish to express my thanks to Professor Carlton Oldfield, at whose suggestion the mammary inflation was done, for his very valuable help in this case.

REFERENCE

¹ Greig, J. Russell: *The Veterinary Record*, x, 301.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

TETANUS: UNUSUAL CHANNEL OF INFECTION

In view of the unusual channel of infection the following case of tetanus may be of interest.

A man, aged 58, was admitted on December 28th, 1930, complaining of cramp-like pains throughout the body, and stiffness of the face, jaw, and legs. He could talk and swallow only with difficulty. Examination confirmed this stiffness, and while being observed the patient had several mild tetanic spasms. Careful search revealed no wound, but he had a chronic varicose ulcer of the right leg, which was fairly clean. The blood pressure was 185 mm., and the urine contained many granular casts. The blood non-protein nitrogen was 60 mg. per cent. The case was diagnosed clinically as tetanus, and large doses of antitetanic serum were given intravenously. The patient died suddenly on December 30th.

Post-mortem findings were largely negative, except for some chronic nephritis. Two pieces of the ulcer were removed and incubated in meat medium. On the fifth day many bacilli bearing terminal spores were seen. The culture was then submitted to Dr. T. B. Davie of the Thomson Yates Laboratories, University of Liverpool, who reported as follows. "Subcultures from your original meat medium culture showed very numerous streptococci, and among other organisms a few terminal spored organisms. Anaerobic cultures showed chiefly, and in large numbers, *B. welchii*, and a moderate number of terminal sporing organisms, most of which, however, appeared to be the non-pathogenic frequent of wounds—Hibler's bacillus—but a few appeared

to resemble *B. tetanus*. Animal inoculation: two guinea-pigs were inoculated with the mixed anaerobic culture. Both were given protection against *B. welchii* (anti-gangrene serum), and one against *B. tetanus* as well. The latter guinea-pig is still healthy, the other has developed pathognomonic extensor spastic paralysis. *B. tetanus* thus proved present."

It is interesting to note that the man's occupation was that of a fish frier, and it is quite likely that the source of infection was the soil from the potatoes used in that trade.

My thanks are due to Dr. Davie for the great trouble and care taken in investigating the culture, and to Dr. H. H. MacWilliam for permission to publish the case.

W. S. BRINDLE,

Liverpool.

Assistant Medical Officer, Walton Infirmary.

MELAENA NEONATORUM

The report in the *British Medical Journal* of August 9th, 1930 (p. 213), of a case of melaena neonatorum prompts me to record the occurrence of a similar case accompanied by albuminuria of pregnancy in the mother.

For three weeks before her first confinement a primigravida, aged 29, had marked albuminuria; the systolic pressure was 150 mm., and there was no cardiac hypertrophy. On an average 75 oz. of urine were passed in the twenty-four hours; her temperature was normal, and she complained of no toxic symptoms. With rest in bed, restricted diet, and eliminative treatment the albuminuria was considerably reduced before the onset of labour. At 8 a.m. on February 2nd the patient was delivered of a female child weighing 7 lb. The labour was prolonged owing to the presentation being

right occipito-posterior, and delivery was effected by forceps and chloroform-ether anaesthesia.

On the first and second days the baby vomited a little bile-stained fluid, and at 7 p.m. on the second day (February 3rd) passed per anum more than a tablespoonful of bright red blood mixed with clots. The following day all the napkins were soaked with black tarry material. The baby continued on three-hourly breast feeds; no further vomiting occurred, but it became pale, with parched lips and tongue.

Since the melaena continued, 10 c.cm. of blood were withdrawn, on February 5th at 11 a.m., from one of the veins of the father's arm, and rapidly injected into the baby's buttock. No further bleeding occurred, and five weeks later, when the baby was vaccinated, it appeared to be in perfect health.

The puerperal history of the mother was uneventful, except for slight post-partum haemorrhage on the seventh day, which cleared up in forty-eight hours with the administration of ergot. By February 26th she had resumed her usual housework, and was albumin-free. No history of haemophilia was elicited from either of the baby's parents.

Subsequently a colleague told me of a case of melaena neonatorum which recovered after the injection of anti-diphtherial serum. From this it would appear that the essential factor in treatment is to supply thrombin, or the so-called fibrin-ferment contained in blood serum, either by injecting serum or by forming an intramuscular haematoma, which would, conceivably, produce local serum formation in the infant's tissues.

Hodnet, Salop.

J. NOEL BANKS, M.B., Ch.B.Ed.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

SOUTHAMPTON DIVISION

Treatment of Rheumatic Disease by Heat

A general meeting of the Southampton Division was held at the Royal South Hants and Southampton Hospital on January 28th, when Dr. R. FORTESCUE FOX addressed the members on the treatment of various types of rheumatic disease by heat.

Dr. Fortescue Fox began by remarking that of recent years one objective of treatment in chronic rheumatic disease had been strongly emphasized in this country—namely, the elimination of infective foci. He himself believed that infection did not by any means account for the causation of rheumatism, and that other forms of treatment were imperatively necessary in most chronic cases. La Ligue Internationale Contre le Rhumatisme, of which he was president, had put forward a rather comprehensive conception of etiology. Four possible factors to be borne constantly in mind had been defined by van Breeman as follows: (1) cosmic or external influences, such as climate, occupation, and traumatism; (2) conditions of the skin and circulation; (3) constitutional abnormality; (4) infection.

Confining himself generally to the external causes operating upon the surface of the body, Dr. Fox said that the healthy person's tolerance of external cold was sometimes cited to throw doubt upon the fact that persons in ill-health were extremely sensitive to changes of temperature. The sturdy, cold-bathing Englishman found it difficult to understand that some rheumatic subjects might be seriously chilled by dressing or undressing in an unwarmed bedroom. Healthy persons lived with comfort through an English winter at a temperature about 50 degrees below blood heat, and equally found a tropical temperature of 130 degrees not insupportable. The ability to resist climatic cold depended on the generous production of body heat, just as the ability to resist external heat depended on the power of rapid cooling by radiation

and perspiration. The fundamental connexion between the thermal balance of the body and disease was apt to be forgotten. A local or general elevation of temperature was the normal reaction to the invasion of pathogenic organisms. Conversely—a fact of perhaps equal significance—many chronic diseases, such as old tuberculosis, were associated with depressions of temperature, local or general. Subnormal temperatures might be associated with poor digestion, poor circulation, and nervous depression, and they were common in old age and among otherwise healthy sedentary people. The main elements of climate—temperature, air movement, and moisture—were usually combined in their action upon the human body. Consequently, the organism reacted, not to a single impression, but to a constantly changing combination. The loss of the body heat was increased by moisture, as in cold mists, owing to the great capacity of aqueous vapour for absorption of heat. The cooling of the body by exposure in temperate climates was wholly beneficial to health; but, on the other hand, when heat production was deficient, from ill-health, the cooling process must be correspondingly reduced.

After making the inference from the work of Elsworth Huntingdon on optimum temperatures, that the ideal mental climate corresponded to the English winter, and the ideal physical climate to the English summer, Dr. Fox pointed out that as medical men they must not consider normal subjects. The temperature of London in January was undoubtedly stimulating to persons in vigorous health, but the mean temperature of an English summer, with its more even warmth, and only moderate variations of wind and weather, was much more favourable to lowered conditions of health. Everyone knew the relief of fatigue that followed a brief hot bath, and nothing compared with heat for the relief of pain, tension, and vascular stasis. Heat could be made to undo the effects of cold, of traumatism, and even of septic invasion and inflammatory reaction. Its proper application allayed functional disturbances, restored the warmth of the body, and increased and equalized the circulation of the blood. There could be no question that the systematic use of thermal agencies had a wide field of usefulness in preventive and curative medicine.

The word "rheumatism" signified an undifferentiated group of diseases, whose scientific classification awaited an accurate knowledge of causation. Many cases described as "rheumatic" were affected in one way or another by cold and heat. One stigma of rheumatism was a defect of the capillary circulation in the skin, set up by the recurrent irritation of cold and other climatic factors. When the irritability was sufficiently prolonged, an autonomous capillary spasm was set up, and later a stasis in the lymph spaces. True rheumatism, therefore, appeared to be a disease in which, following on circulatory spasm and stasis in certain capillary areas, structural changes supervened, such as fibrositis, as a result of continuous or repeated irritation. To this, and to various subsidiary factors, such as food irritants and infective organisms, must be added a constitutional abnormality in the response to external cold. This explained the curative effect of treatment by heat and induced hyperaemia, also elimination, endocrine therapy, and treatment having for its object the restoration of the normal reaction to cold. This definition separated from a mass of diseases the category which he would call true or capillary rheumatism, a category from which the acute disease known as "rheumatic fever" must be ruled out, as well as other forms of specific arthritis.

Dr. Fox then examined singly the methods of applying heat in England, supposing that a change to a warmer climate during the colder months of the year was not possible. The hot vapour bath, in which the air was

were being collected in the nineties for a new hospital, he and the dean, Morton Smale, visited the chief universities and dental schools in America, in order that theirs in Leicester Square should be second to none. He was a man of fine character and deep convictions, a lay reader licensed by the Bishop of London, a Sunday school teacher, a chorister at St. Margaret's, Westminster, and, being bi-lingual, contributed papers to the Cymmrodorion Society. Never idle, he at one time or another edited the *Dental Record*, led a musical and a Shakespearean society, besides being an amateur photographer, golfer, and lawn tennis player. In his retirement at East Grinstead he devoted much of his time, both at home and on the Continent, to the welfare of the Y.M.C.A. A delightful and loyal companion, he inspired others, including the writer, a fellow-student and lifelong friend. He leaves a widow, and a son and daughter, both of whom, graduates in medicine and surgery of London University, are in general practice.

On November 20th, 1930, the death occurred in Melbourne, Victoria, of Dr. CROZIER MAGEE, late of Braxholme, aged 71. He had been ill for five months. Born in Ballarat, he first qualified in pharmacy, and travelled in New South Wales and New Zealand for Messrs. Parke, Davis and Co. He subsequently proceeded to London, attended the London Hospital Medical School, and obtained the M.R.C.S., L.R.C.P. diplomas. Returning to Australia, he practised at Penola, South Australia, and Tungamah and Braxholme, Victoria. During the small-pox epidemic in 1913 he served in the Commonwealth Government Quarantine Department at Circular Quay, Sydney. He is survived by his widow and two sons.

The sudden death of Dr. ARTHUR LAMBERT, at Harrow-on-the-Hill, came as a great shock, to both school and town. He died just as he was about to start on his round on the morning of February 12th. Sydney Herbert Arthur Lambert was born in 1867 at Georgetown, Demerara. Educated there at Queen's College, under Exley Percival, he won the Colonial Scholarship, and went to St. John's College, Cambridge. He took the Natural Sciences Tripos in 1887, studied at St. Mary's Hospital, and qualified with Conjoint diplomas and the Cambridge degrees. He became house-physician at the Brompton Hospital, and in 1894 settled down to work at Harrow. He joined the firm of Briggs and Bindloss in 1894 as assistant, and in 1896 as partner. In 1904 he took his M.D. In 1916, when Dr. Bindloss retired from the practice, Dr. Lambert became senior partner and medical adviser to the head master of Harrow. A colleague writes: Lambert's fine powers were tested severely during the influenza epidemic of 1918, when, almost alone in Harrow, save for one devoted assistant, Dr. Watney Roe (who had been invalided from the front), he had to cope with the illness of 400 boys, a large proportion of the school staff, and innumerable cases in the town. It was a dreadful time; accommodation was sadly insufficient, and nurses were not to be had; yet only one boy in the school died. For years it had been Lambert's ambition to have a new and adequate sanatorium for the growing needs of the school, and when at last, only a year ago, the new sanatorium on Sudbury Hill was opened, he said, "Now I shall die happy." The school was as much to him as he was to the school. As a practitioner he had a quick eye for the finer points of diagnosis, and was gifted with that medical instinct which only comes as the reward of knowledge and experience. His life was one of unbroken service, which he loved to give; the work had become so much part of himself that he feared the day when he should have to withdraw from practice. His patients were all his friends; to many he was their best friend. In a busy practice for thirty-six years, he never lost touch with the progress of medicine. Always believing the best of human nature, he called forth the best in everyone. Among the multitude of flowers at his funeral were to be seen tributes from every school house, fashioned in the house colours of each. Both school and town are sadly

conscious of a blank which will not readily be filled; but his immediate friends are conscious, too, of an inspiration which will remain.

The following well-known foreign medical men have recently died: Dr. QUEIROLO, professor of clinical medicine at Pisa; Dr. ETIENNE JOURDAN, honorary professor at the Marseilles Medical Faculty; Dr. GASTON DE CAMONE, surgeon to the French Hospital at Constantinople; Dr. FELIX REMY, doyen of the medical profession in the Canton of Freiburg, Switzerland, aged 80; Professor CARL HIRSCH, director of the Medical Clinic at Bonn, aged 61; Dr. HERBERT HENTSCHEL, director of the infectious diseases department of the Munich University Children's Clinic, aged 30; Dr. SALOMON HENSCHEN of Stockholm, formerly professor of nervous diseases at Upsala, aged 83; Dr. RICHARD GEIGEL, a Würzburg balneologist, aged 71; Professor PROPPING, a leading Frankfurt surgeon; Dr. MAX SCHILLER, a Breslau roentgenologist; and Professor WERNER KÜMMEL, director of the University Clinic of Oto-rhino-laryngology at Heidelberg, and conjoint author with von Mikulicz of a textbook on diseases of the buccal cavity, aged 64.

Universities and Colleges

UNIVERSITY OF OXFORD

The following are the days on which degrees will be conferred during Trinity term and vacation: Thursday, April 30th; Saturday, June 6th; Thursday, June 25th; Saturday, July 18th; and Saturday, August 1st. There is one degree day during the coming vacation—namely, March 28th.

UNIVERSITY OF CAMBRIDGE

DOWNING PROFESSORSHIP OF MEDICINE

The Council of the Senate has lately presented a full report on the Downing Professorship of Medicine, now vacant by the death of Dr. J. B. Bradbury. Under the charter of Downing College this chair was an integral part of the college, and the cost of Dr. Bradbury's professorship to the University Chest was small. The new statutes of the college have relieved it of any obligation to provide a fellowship, stipend, or house for future Downing professors, and if a professor of medicine were appointed the whole of his emoluments would have to be paid by the University, imposing an increased charge upon the Chest of £1,185 a year. As there is no source from which this money could conveniently be provided at present, the Council of the Senate invited a committee to consider the circumstances. This committee, comprising the Regius Professor of Physic, the Professors of Physiology, Pathology, and Biochemistry, with Dr. T. R. Elliott, Sir Walter Fletcher, Dr. H. H. Dale, Dr. T. S. Hele, and Dr. F. R. Fraser, has reported that in its opinion provision should be made in Cambridge for the furtherance of clinical medicine by research, and they would welcome the establishment of a professorship and department of experimental and clinical medicine, but this could not be done without a large benefaction. Moreover, since recent holders of the Downing professorship have been specially concerned with pharmacology—a subject which is safe in the charge of the present Reader, Dr. W. E. Dixon, of whose long services to the University and position in the scientific world the committee expresses warm appreciation—the committee does not think that discontinuance of the professorship would leave a serious gap in the medical teaching at present provided by the University, and it recommends that it be discontinued. This recommendation has been adopted by the Council, and is put forward for approval by the Senate.

UNIVERSITY OF LONDON

Mr. H. L. Eason, C.B., C.M.G., M.D., M.S., has been re-appointed to represent the University on the General Medical Council.

It has been decided to institute a University (part-time) chair of medical psychology tenable at the London School of Hygiene and Tropical Medicine.

At the January Matriculation Examination there were 157 successful candidates in the first division and 649 in the second division; in addition, 43 took the supplementary certificate in Latin.

UNIVERSITY COLLEGE

The annual report of the Committee of University College, London, for the past year states that the number of students on the books of the College was 3,150: 2,513 came from the British Isles; 330 from different parts of the Empire overseas; 199 from various countries in Europe; and 108 from countries outside Europe, of whom 49 came from the United States of America. Towards the total sum of £170,000 required for the Ramsay Memorial Laboratory of Chemical Engineering £27,516 for building and equipment and £33,255 towards maintenance has already been secured through the agency of a special committee, of which the late Lord Melchett was chairman. Sir Robert Waley Cohen is vice-chairman, and Sir David Milne-Watson is honorary treasurer. Among the schemes under consideration is the provision of a new building for the department of zoology and comparative anatomy.

UNIVERSITY OF DURHAM

Sir J. Arthur Thomson, late Regius Professor of Natural History in the University of Aberdeen, has been appointed Riddell Memorial Lecturer for the ensuing year.

UNIVERSITY OF DUBLIN

At a meeting of the Senate on February 21st Sir John Rose Bradford, K.C.M.G., F.R.S., President of the Royal College of Physicians of London, was nominated to receive the honorary degree of M.D., and Professor Kappers of Amsterdam for that of Sc.D.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

COUNCIL ELECTION

The secretary of the Royal College of Surgeons has sent out the usual announcement, which on this occasion states that on Thursday, July 2nd, at 11 a.m., there will take place an election of three Fellows into the Council in the vacancies caused by the retirement in rotation of Mr. J. Herbert Fisher, Mr. G. E. Gask, C.M.G., D.S.O., and Mr. Graham Simpson.

Blank forms of the requisite notice from a candidate and of his nomination may be obtained on application to the secretary, and the same must be received by him duly filled up within ten days—that is, not later than Monday, March 16th. A voting paper will be sent by post to each Fellow whose address is registered at the College on March 31st. Fellows are requested to give notice without delay of any change of address so that voting papers may not be mis-sent.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—J. M. Durr, J. H. Ferguson, J. S. Lane, G. S. Rozario.
MEDICINE.—C. L. Ferguson, J. H. Ferguson, J. S. Lane, Walsh R. Pakenham.

FORENSIC MEDICINE.—J. H. Ferguson, E. I. B. Hawes, W. G. Kingston, S. E. Paterson, R. Schauder, C. F. Williamson.

MIDWIFERY.—R. R. Clipstein, J. H. Ferguson, D. R. Rigg, G. S. Rozario.

The diploma of the Society has been granted to Messrs. C. L. Ferguson, J. H. Ferguson, and G. S. Rozario.

The Services

DEATHS IN THE SERVICES

Lieut.-Colonel Frederick Augustus Smyth, Bengal Medical Service (ret.), died at Weymouth on January 20th, aged 89. He was born on July 27th, 1842, the son of John Smyth, Esq., of Dublin, was educated at Trinity College, Dublin, and graduated there as L.M. and L.Ch. in 1868, also taking the L.R.C.S.I. in the same year. Entering the I.M.S. as assistant surgeon on October 1st, 1869, he became brigade surgeon lieutenant-colonel on January 12th, 1895, and retired on July 27th, 1898. Most of his service was in military employment. He served in the Burmese war in 1885-86, with the Hlinedet and Yemethen columns, receiving the frontier medal with two clasps; and in the North-West Frontier of India campaigns of 1897-98, when he was P.M.O. of the Malakand Brigade, took part in the relief and defence of Malakand, was mentioned in dispatches in G.C.O. No. 1089 of 1897, and received the medal with two clasps.

Captain Spencer Stawell Crosse, M.C., R.A.M.C. (ret.), died at Kudat, British North Borneo, on February 10th. He was educated at Cambridge, where he graduated B.A., taking honours in the Natural Science Tripos, in 1909, and at Guy's, and took the M.R.C.S. and L.R.C.P. Lond. in 1912, after which he served as house-surgeon and house-physician at the Royal Berkshire Hospital at Reading. He entered the R.A.M.C. as lieutenant on February 22nd, 1917, became captain after a year's service, and retired on April 14th, 1923. He served during the war of 1914-18, and received the Military Cross on September 16th, 1918.

Captain Hugh McVicker, R.A.M.C., died of pneumonia at Peshawar on January 19th, aged 30. He was educated at Edinburgh University, where he graduated as M.B. and Ch.B. in 1925, and soon after joined the Army, attaining the rank of captain on April 1st, 1929. He was a well-known Rugby football player. While at Edinburgh he was captain of the University Rugby fifteen, and subsequently played for Richmond and for the Army, and represented Ireland five times in International matches—in 1927 and 1928. Two of his brothers had also played for Ireland.

Captain Phillip Jebb Rencontre Nunnerley, R.A.M.C. (ret.), died on November 23rd, aged 70. He was born on September 25th, 1860, entered the R.A.M.C. as surgeon on August 1st, 1885, was placed on half pay on account of ill-health on July 26th, 1898, and retired five years later, on July 26th, 1903.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The Government has withdrawn the Trade Disputes Bill which was before a Standing Committee of the House of Commons. The House this week set up a time-table for the Representation of the People Bill and went into committee on that measure. The Probation of Offenders (Scotland) Bill was read a second time.

Maternal Mortality

MISS LAWRENCE, replying to Mr. Freeman on March 3rd, gave a list of the numbers of women in England and Wales who had died in childbirth attributed to pregnancy and child-bearing in the years 1919 to 1929. The list showed that in 1919 the total number of maternal deaths was 3,028; in 1920, 4,144; 1921, 3,322; 1922, 2,971; 1923, 2,892; 1924, 2,847; 1925, 2,900; 1926, 2,860; 1927, 2,690; 1928, 2,920; and 1929, 2,787. The figures for 1930 were not yet available. No reliable estimate could be formed of the proportion of maternal deaths in those years which were preventable, but in its recent report the Departmental Committee on Maternal Mortality estimated that of the deaths brought under its notice, which it had no reason to suppose were other than fairly representative of the total, no fewer than one-half were preventable. No information showed the number who received no pre-natal supervision, or the proportion of deaths among these women compared with those who received such assistance. The Departmental Committee, however, had recorded its opinion that, while the number of women who received ante-natal supervision was increasing, there was still a large section of the population which did not realize the advantages of such supervision.

Cerebro-spinal Fever

On March 3rd Mr. Freeman asked the Secretary for War whether, in view of the fact that of the 13 cases of cerebro-spinal meningitis at Aldershot, of which 8 had already proved fatal, 12 sufferers had been recently vaccinated, he would consider the desirability of suspending compulsory vaccination in the Army. Mr. SHAW replied that Mr. Freeman was under a misapprehension. Only two of the patients had been vaccinated within six months. The remaining ten were vaccinated at dates varying from six months to ten than four years before they fell ill of cerebro-spinal fever. That only one of the patients was unvaccinated could be accounted for by the rule that no recruit was accepted unless he had been vaccinated or was willing to be. He was advised that there were no grounds in the present outbreak for suspending the rule.

Medical News

As already announced, Professor Edward Mellanby, M.D., F.R.S., will give the fourth Sir Charles Hastings Lecture in the Great Hall of the British Medical Association's House in London on Friday, March 13th, at 8 p.m. The subject of his lecture is "Diet and Health." The chair will be taken by Lord Moynehan, President of the Royal College of Surgeons of England, and after the lecture relevant questions in writing will be invited. Admission is free, by tickets obtainable on application to the Financial Secretary, B.M.A. House, Tavistock Square, W.C.1. Seats not occupied by ticket holders by 7.50 p.m. will be available for other members of the public.

At a meeting of the Illuminating Engineering Society, to be held in the Lecture Theatre of the Institution of Electrical Engineers, at Savoy Place, Victoria Embankment, W.C., on Thursday, March 19th, there will be a discussion on modern domestic lighting.

At a meeting of the Royal Sanitary Institute, to be held on Friday, March 20th, at 5 p.m., in the Technical College, Lincoln, discussions will be held on houseboats on inland waterways, and refuse collection and disposal.

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 76. Copies of syllabuses and tickets of admission can be obtained from the Fellowship, 1, Wimpole Street, W.1.

A series of lectures, with demonstrations, on the care of the child, for nurses and health visitors and others interested in the welfare movement, will be delivered at the Infants Hospital, Vincent Square, S.W.1, on Wednesdays at 6.30 p.m., commencing on April 15th, when Dr. Eric Pritchard will discuss breast-feeding. The series will conclude on June 3rd with a lecture by Miss M. G. Thomson on the management of the child in the nursery school. The fee for the course is 5s., or 1s. for a single lecture.

Lectures and practical courses of instruction for the diploma in psychological medicine were resumed at the Maudsley Hospital on March 4th. The course includes twelve lectures on morbid psychology, eight on treatment and on the psychoneuroses, four on mental abnormalities of children and on the legal relationships of insanity, six on crime and insanity, and three lecture-demonstrations on laboratory methods. There will be six clinical demonstrations in psychiatry, twelve in neurology, two on abnormalities of the fundus oculi, and four on the pathology of the nervous system. Particulars may be had from the director of the Central Pathological Laboratory, Maudsley Hospital, Denmark Hill, S.E.5.

The forty-sixth Congress of the Berlin Society of Balneology will be held in Bad Ems, from April 7th to 11th. One of the main subjects for discussion is the treatment of asthma by hydrological methods. Visits will be paid to several mineral water resorts, and the use of this form of treatment in various morbid conditions will be discussed. Further information may be obtained from Dr. Max Hirsch, Steglitzerstrasse 66, Berlin, W.35.

The first Congress of the International Stomatological Association will be held at Budapest from April 14th to 19th, under the patronage of the Hungarian Government. Further information can be obtained from the secretary of the congress, 14, Varosha-ulca, Budapest IV.

On the proposal of the Spanish Government the Council of the League of Nations has decided to hold a conference on rural hygiene at Geneva on April 3rd, to which representatives of all the European nations will be invited.

The first scientific meeting of the recently founded German Society for Internal Medicine and Neurology in the Czechoslovakian Republic is being held at Prague on March 7th and 8th, when the chief subject for discussion is the modern treatment of blood diseases.

The annual meeting of the International Society against the State Supervision and Regulation of Prostitution will be held at Strasbourg and Colmar from April 30th to May 2nd.

A special number of the *Bruxelles-Médical* has been issued, containing accounts of the various scientific and social functions which were held in the course of the congress known as the Journées Médicales from June 28th to July 2nd, 1930, in connexion with the commemoration of the centenary of the declaration of Belgian independence. Abstracts of the more prominent papers read are included. A summer cruise is being arranged this year by the *Bruxelles-Médical* on the new steamship *Foucauld*. Starting from Zeebrugge on July 12th, the party will visit the Norwegian fjords, the Lofoden Islands, the North Cape, Lapland, Spitzbergen, the icefields, and the Faroe Islands; the tour ends on August 8th. The charges for medical practitioners, their wives, and unmarried children under the age of 21 is from £16 second class, and £36 10s. first class. Further details may be obtained from the Section des Voyages de Bruxelles-Médical, 29, Boulevard Adolphe Max, Brussels.

The *Popular Science Monthly* has awarded G. R. Minot of Boston and G. H. Whipple of Rochester (U.S.A.) a prize of 10,000 dollars for their introduction of the liver treatment of pernicious anaemia.

Dr. Leslie Charles Broughton-Head has been appointed Honorary Surgeon Dentist to His Majesty the King in Scotland in succession to Mr. J. H. Gibbs resigned.

Madame Nageotte-Wilbouchewitz has been elected president of the Société de Pédiatrie de Paris.

The Secretary of State for the Colonies has approved a change of title from Deputy Director, Health Service, to Assistant Director, Health Service, Sierra Leone.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The **TELEPHONE NUMBERS** of the British Medical Association and the *British Medical Journal* are **MUSEUM 9861, 9862, 9863, and 9864** (internal exchange, four lines).

The **TELEGRAPHIC ADDRESSES** are:

EDITOR OF THE BRITISH MEDICAL JOURNAL, Aitology Westcent, London.

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

MEDICAL SECRETARY, Medisecra Westcent, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS

A Case of Dyspnoea

"G. D. G." (Leeds) asks for suggestions for the treatment of the following case of dyspnoea: The patient, a woman aged 66, has had attacks of acute dyspnoea every night for several years. The attack lasts from two to three hours, and always comes on after she has been asleep some little time. There is some slight wheezing, and expiration is prolonged. During the attack the blood pressure rises, and on one occasion it was 234/75 mm. Hg; between attacks it had varied from 148/78 to 210/85. The appearance of the patient suggests a renal origin; the urine from time to time contains a very slight amount