effect. Moderate pyrexia, stiffness of the neck, and positive Kernig's sign may be present, so that except for the difference in the cerebro-spinal fluid or the suddenness of onset or a possible previous attack, a diagnosis of meningitis might well be made.

C. P. Symonds gives a full report on this type of haemorrhage, and points out that Sir William Gull in 1859 was the first to recognize its comparative frequency.

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Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

LACTATION IN ACCESSORY BREASTS

While the occurrence of accessory breasts is not uncommon, a case in which they actively functioned may deserve recording.

I attended, in September last, the confinement of a primipara, aged 23. She had a normal pregnancy up to the third month, when she noticed for the first time a lump in the right axilla immediately behind the anterior fold. At the eighth month a similar lump appeared in the left axilla. These lumps presented no true nipples, but in each there was a small dilated pore in the middle of the overlying skin. On the right side, midway between the true nipple and the umbilicus, was a small elevated nipple without any appreciable breast tissue beneath it.

On the second day after delivery the axillary lumps swelled concurrently with the true breasts, and reached the size of small oranges. A considerable quantity of milk exuded from the central pore of each. There was no change in the right accessory nipple. The accessory breasts gave an insufficient supply of milk to be of use to the child, and caused inconvenience to the mother by reason of pain and wetting of the clothes. They decreased in size in the absence of the sucking stimulus, and there was an uneventful puerperium.

I have seen several other cases of accessory breasts, but it is so rare for lactation to occur in axillary breasts that I think this case is of much interest.

I am indebted to Dr. E. Robertson for permission to publish this short account of the case.

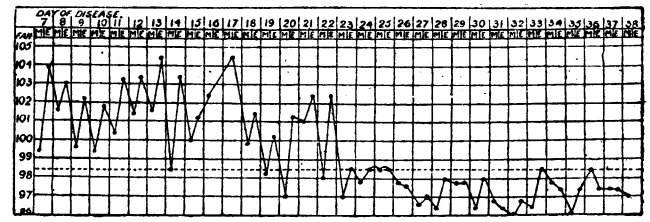
ARNOLD HINDHAUGH,
M.B., B.S., M.R.C.S.
London Hospital, E.1.

A CASE OF GLANDULAR FEVER

In view of the recent correspondence in the *Journal* on this subject, the following case may be of interest, especially in view of the fact that at no time during the illness was there any rash, a symptom which appears to have been a feature in some of the cases described by your correspondents.

J. M., aged 13, was taken ill on June 14th, 1930. When I first saw him he was listless and suffering from general malaise and a severe headache. He had a temperature of 103° F.; pulse 80. He gave a history of being on the river in a boat in strong sunshine, wearing only his school cap. After a short interval of three or four days, during which his temperature became normal, he again suffered from a rise of temperature, and complained of sore throat, pain in the neck, and general malaise.

On examination the throat was slightly red, tongue furred and dry, chest organs normal, but the spleen was distinctly palpable. The cervical lymph glands were enlarged on both sides, and the glands in both the carotid and posterior triangles were involved. Further search revealed slight enlargement of the lymph glands in the axillae. As the illness progressed the cervical glands became larger, very swollen and tender, and extremely painful. This persisted throughout the disease, during which there was considerable pyrexia. I enclose the temperature chart, from which it will be seen that the range was from 97° to over 104°. After a preliminary diagnosis of heat stroke, which had hurriedly to be revised, I came to the conclusion that I was dealing with a case of glandular fever, and this diagnosis was borne



out by the blood count, the details of which are as follows: red blood cells, 6,000,000 per c.mm.; haemoglobin, 80 per cent.; colour index, 0.7. White blood cells, 18,000 per c.mm. Differential white cell count: polymorphs, 9,180 (51 per cent).; lymphocytes, 8,640 (48 per cent.); large mononuclears, 180 (1 per cent.); eosinophils, *nil*.

After lasting for twenty-two days, the temperature fell by crisis, and the glands gradually began to recede in size. Recovery has been uneventful, except that the convalescence has been slow, and the boy has even now not yet regained his usual spirits. There was never at any time any suspicion of a rash.

In my view the chief points of interest in this case are: (1) the blood count, which revealed a moderate degree of leucocytosis, but mainly of the small lymphocytes, whereas some of your correspondents found that the increase was in the large lymphocytes; (2) the absence of rash.

I am indebted to Dr. W. H. McKinstry, pathologist to the Willesden General Hospital, who kindly did the blood count, and to Dr. C. R. Box, F.R.C.P., physician to the London Fever Hospital, who came at my request and confirmed the diagnosis.

London, N.W.2. E. C. WHITEHALL COOKE.

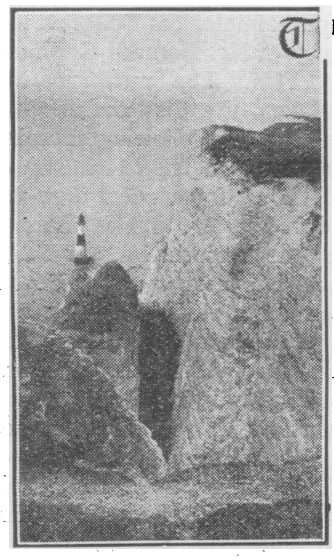
Reports of Societies

THE TREATMENT OF PNEUMONIA

At the meeting of the Medical Society of London on March 10th, with Dr. R. A. YOUNG in the chair, a discussion took place on the treatment of pneumonia.

Lord DAWSON OF PENN said that the treatment of lobar pneumonia had for centuries caused concern and controversy, justified by the prevalence and high mortality of the disease, and by the way in which it attacked both the robust and the unhealthy. One out of every 1,300 of the population succumbed to it every year. The attitude of mind towards the treatment of pneumonia changed from the time when it was established as an infection by a pneumococcus usually localized in the lung and pleura. He believed that specific therapy gave the greatest hope. The development of the serum treatment of pneumonia had followed the classification of the pneumococcus by Cole and other workers into four etiological groups. Of these the first, second, and third were specific types, while the fourth was a motley collection of serological strains. The serum contained protective substances similar to those which the patient's body was trying to produce, and did in fact produce, at the crisis in large amount if prognosis was favourable. These substances were antibacterial, not antitoxic. Their efficacy was commonly tested by their ability to protect mice from death when injected simultaneously with a lethal dose of organisms. Groups 1 and 2 accounted for 50 to 75 per cent. of the total cases. If, therefore, something could be done for these two groups, material progress would be made. Yet, in practice, serum treatment had not made much headway; probably

NINETY-NINTH ANNUAL MEETING
of the
British Medical Association
EASTBOURNE, 1931



BEACHY HEAD

THE ninety-ninth Annual Meeting of the British Medical Association will be held at Eastbourne this summer under the presidency of Dr. W. G. Willoughby, medical officer of health for Eastbourne, who will deliver his address to the Association on the afternoon of Tuesday, July 21st. The sectional meetings for scientific and clinical work will be held, as usual, on the three following days, the morning sessions being given up to discussions and the reading of papers, and the afternoons to demonstrations. The Annual Representative Meeting, for the transaction of medico-political business, will begin on the previous Friday, July 17th. The provisional programme for the work of the fourteen Scientific Sections is being drawn up by an Arrangements Committee, consisting partly of Eastbourne representatives and partly of members appointed by the Council of the Association. The full list of presidents, vice-presidents, and honorary secretaries of the Sections, together with the provisional time-table, was published in the *Supplement* of March 7th. Other details of the arrangements for the Annual Meeting will appear in later issues. During the week, and in particular on the last day of the meeting (Saturday, July 25th), there will be excursions to neighbouring places of interest. We publish below the first of a series of illustrated articles dealing with the history of Eastbourne, and describing some noteworthy features of the town and its neighbourhood, with special reference to medical institutions.

EASTBOURNE IN HISTORY AND TO-DAY

The famous Sussex range of chalk hills, known as the South Downs, reaches its eastern extremity at Beachy Head, whose sheer cliff of 470 feet is the second highest in England. On the lower slopes of Beachy Head, the foothills of the Downs, and the beginning of the level country beyond, stands the town of Eastbourne.

As a town Eastbourne is new; as an inhabited part of the country it has a history pointing back at least as far as the Roman occupation. Extensive Roman remains have been found, including a tessellated pavement, coins, and a bath. Since it is known that the Roman town of Anderida was somewhere in the vicinity, it is possible that Eastbourne itself is on the site of it, but it is more likely that Anderida was where Pevensey now is, and that some person or persons of note—perhaps the commanding officer himself—chose to live on the pleasant sea coast west of the garrison town.

THE GRAND PARADE, EASTBOURNE. (From a Mid-Victorian print.)

The first written record is that contained in Domesday Book, where the town or village is referred to as Borne, and a brief note is given of its condition in the then ended Saxon times. Borne was always of sufficient importance to form a Hundred by itself, without the inclusion of other parishes. It had its own moot, whose existence is commemorated in the name of Motcombe, a farm (no longer extant as such, though the name still lingers) to the north of the Parish Church. The Hundred was divided into six districts; all six names are recorded, but only two are now used — Upperton, a residential district and a ward of the modern town, and Upwick, to the west of Upperton, whose name is recognized in Upwick Road.

The most ancient part of Eastbourne (leaving out of account pre-Norman civilization) is the part now known as Old Town, clustered about the Parish Church of St. Mary and the head of the Bourne stream, which gave the town its name. Here will be found many ancient buildings, foremost the church itself, and then the Lamb Inn, which is connected with the church by an underground passage. It is said to have been a custom for baptismal parties to use this passage to repair to the inn for refreshment after the ceremony.

St. Mary's was built in the twelfth century, in Transitional-Norman style, on the site of an earlier

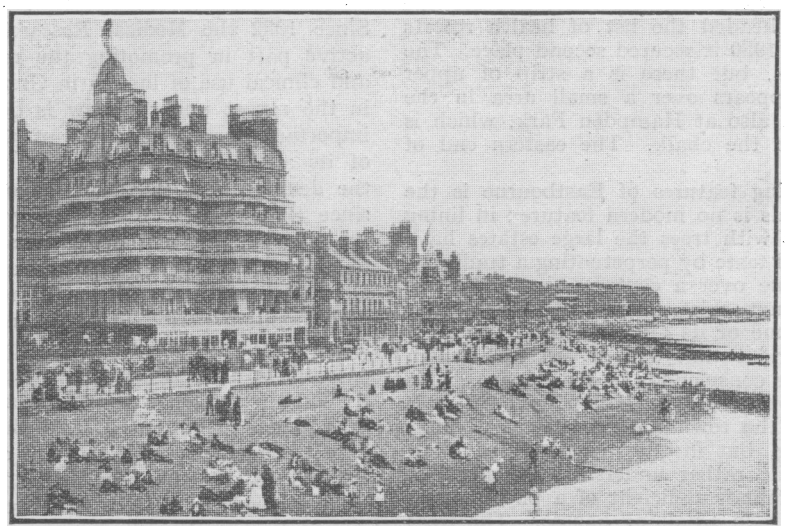
church. As to this latter, there is a tradition that it was a wooden church dating as far back as 680. However this may be, the present building will be a delight to anyone interested in English churches. Naturally there have been additions and restorations at various periods from the fourteenth century onwards, but with little detriment to the original building. St. Mary's has the characteristic squat tower, with low red-tiled pointed roof, of the Sussex church. It will be noted that the nave is set at an angle to the chancel, as in the cases of some other ancient churches.

To the north of the church, down the hill, is the old parsonage, and below this again are Motcombe Gardens. These gardens, though small and recently laid out, are well worth a visit, for two reasons. The first is simply their beauty; they are excellently kept, and the roses especially are delightful. The second is that they contain the source of the Bourne. The stream rises in Motcombe Pond, now a formal ornamental water in the gardens, but until quite recent years a large irregular lake. It can be seen issuing from the south-east corner of the pond, and passes thence under the road and the Star brewery; it is then visible in Star Road, but after this it passes out of sight for the rest of its course, at any rate as far as the public are concerned, though it flows through several private gardens.

At the corner of Star and Moat Croft Roads is the old Court House. The Bourne is on the opposite side of Star Road; it flows under the very noticeable dip in the centre of Moat Croft Road, and then through the gardens of houses in The Goffs. In the middle of this reach was one of the several mills which the Bourne was able to work before the municipal water schemes reduced the flow. It crosses The Goffs into Southfields Road (formerly Water Lane) at the beginning of the latter road. Here was another mill. After passing down the right-hand side of Southfields Road it flows (though still out of sight) behind the Technical Institute and Free Library. Within the memory of many living residents of the town there was a pond at this point. It then crosses under the busy centre of the town, and has been diverted into a part of the town's surface water system, but its original course may still be traced by the lie of the land, the lay-out of the streets, and even by the name of one of the streets—Bourne Street—along which it flowed to the point where it ran out into the sea through the shingle. This was near where Leaf Hall now stands—a fare stage on the bus route from the station to Archery or Langney. At this end of Bourne Street some cottages of obvious antiquity still stand, and the place is close to the old hamlet of Sea Houses. Some of the old Sea Houses can be seen on the front, a little east of the pier.

The main road from London enters Eastbourne just after passing through the village of Willingdon. A little way to the left at this point is the inland suburb of Hampden Park, brought within the town in 1911. The park itself was laid out in the earliest years of the present century upon the Decoy, a tract of wooded and watered country purchased from Mr. Freeman Thomas, now Lord Willingdon. Victoria Drive branches off the main road to the right, and passes through a populous district of post-war growth. The main road itself ascends a hill, the top of which is 215 feet above sea-level. From here a very fine view of nearly the whole town can be obtained. Down on the left is Rodmill Farm, several centuries old. Next, one enters Ocklynge; the name is now always pronounced so as to make the latter syllable rhyme with "hinge," but, as the spelling in an old map is "Ockling," it may be supposed that the soft "g" is new. Ocklynge was a chosen spot for windmills. Two still stand, now both without sails and one in ruins, though the other was in actual use until about the beginning of the war. On lower ground to the right is Old Town, from which The Goffs, passing the old Gildredge Manor House and Gildredge Park, joins the main road close by Upperton farm house, the last remaining building of old Upperton.

The main road continues as Upperton Road to the railway station, after which it becomes Terminus Road (the town's main thoroughfare), and later, as Victoria Place, meets the front. Just before the station, Grove Road branches off to the right, leads to the Town Hall, and then becomes Meads Road, leading to Meads Village (still spoken of as such) under the shadow of the Downs. The wider district of Meads embraces a large area with the village on its south-western edge, and includes the site of the now vanished hamlet of Prentice Street. Compton Place (the Eastbourne seat of the Dukes of Devonshire), the Royal Eastbourne Golf Club, and Paradise lie to the north-west.



ROYAL AND MARINE PARADES, EASTBOURNE

South Street, which begins opposite the Town Hall, is a very ancient thoroughfare, and is, in fact, said to be partly Roman. The buildings are now nearly all modern, but some old cottages remain, part-way down on the right. Before modern Eastbourne came into being, the area at the head of South Street constituted the village of South Bourne, which was, however, within East Bourne Hundred and Parish. These extended to the sea, and were not much smaller in area than the main part of the modern town.

Further down, Cornfield Road joins South Street with Terminus Road, and here were actual cornfields within living memory. These gave place to residences, which in turn are now giving way to shops, though some side roads remain purely residential. Cornfield Terrace, on the other side of South Street, leads to Devonshire Park, famous for the South of England lawn tennis tournament and many other attractions. On the left of Terminus Road is all the eastern part of the town, extending for about a couple of miles on level ground. At the extreme eastern end is Langney, both originally and now so spelt, though at an intermediate period the name was corrupted into "Langley," perhaps by false analogy with the many true Langleys which exist in the country.

The road passes through Langney to Pevensey Bay, and on its seaward side lie the Crumbles, an expanse of shingle several square miles in extent, the haunt of some rare species of birds. Langney Point is a tongue of the Crumbles stretching out into the sea and forming a dividing mark between the bay in which Eastbourne is situate and Pevensey Bay. There is an old brick fort on the point (much affected by coast erosion), one of the series of coastal defence works erected to meet the threatened invasion by Napoleon. More conspicuous are the Martello towers all along the seaward edge of the Crumbles, and extending even into Eastbourne itself; for the Wish Tower is one of these, and until recently another stood on an eminence at the eastern end of the town

(St. Anthony's Hill). The Martello towers, the Great Redoubt at the eastern end of Eastbourne front, and Langney Fort were all erected at the same period and for the same purpose. In the Wish Tower and the Redoubt, therefore, Eastbourne has a valuable reminder of one of the greatest crises in English history.

It will be seen from the foregoing that Eastbourne consists, in the main, of a valley leading to the sea and a sea front approximately at right angles to it. The town is thus roughly T-shaped, but the ridges to right and left of the valley are now covered with houses, and the cross-bar of the T has extended a very long way to the north-east, while being prevented by the natural obstacle of Beachy Head from extending far in the other direction.

The geographical situation of Eastbourne is ideal for a health resort, providing breezy heights in conjunction with proximity to the sea. The highest point in the county borough is 590 feet above sea-level. The sea front faces south-east and south; beyond Langney Point, Bexhill and Hastings can be seen in the distance.

The diversity of the surrounding scenery is remarkable, being different on all four sides; as one approaches the town, whether by road or by rail, there is the sea ahead, ordinary (though beautiful) country behind, lofty hills on the right, and a wide plain on the left.

Sunshine records are excellent. In 1929, not for the first time, Eastbourne headed the list of health resorts for the country, and in 1930 it secured second place. The subsoil is mostly chalk, but there is a strip of upper greensand, and clay appears over a small area in the centre of the town and also at Hampden Park, which is just beyond the end of the chalk. The eastern end of the town is on shingle.

One of the outstanding features of Eastbourne is the abundance of trees. This is no modern feature; in lining all the principal streets with trees the large estates have merely shown their good taste by perpetuating a tradition. References to Eastbourne over a century ago, when the town as a town did not exist, show that its thickly wooded character was one of its chief features. In view of these facts it is curious that one of the best-known species of British trees is conspicuous by its absence. This is the common deciduous oak. In Hampden Park it is abundant, and all over the town the evergreen oak finds no difficulty in growing, but in the main part of Eastbourne there is only one rather undersized specimen of the common oak, and that is sufficient of a phenomenon to have given names to two adjoining houses. The trees which line the streets are mostly elms, either ordinary or of the Cornish variety. The latter are somewhat preferred, since by reason of their conical shape they do not unduly darken the houses. Terminus Road has planes, reminiscent of London. There is at least one acacia in the centre of the town, and there are several horse-chestnuts; Compton Place and Paradise have fine beeches.

Eastbourne is situated in Lat. 50° 46′ N. and Long. 0° 17′ E. The Greenwich meridian passes through Lewes, the county town of Sussex, about sixteen miles by road from Eastbourne. The acreage of the county borough is 6,847, including 19 acres of inland water and 332 acres of foreshore. Much of its area consists of open spaces, in spite of the great and increasing population.

In 1859 the first local board was set up; in 1883 the town was incorporated, and in 1911 it was made a county borough, a distinction which among Sussex towns it shares with Brighton and Hastings. In 1926 the boundaries were further extended, and in 1929 a large area of the Downs was purchased for the town.

As one looks back at the population figures, one sees the rapidity of Eastbourne's increase in size. In 1801 the population was 1,668, in 1861 still under 6,000; in 1891 over 34,000, and in 1921 over 62,000. Much of the town's prosperity, and its fine terraced parades, are due to the foresight of successive Dukes of Devonshire. The construction of the sea wall has driven the fishermen east of the Redoubt, but Eastbourne was never primarily a fishing village, and this occupation has now for many years been less prominent locally than the letting of pleasure boats. Schemes for a harbour have been propounded from time to time, but not carried out. The continual eastward drift of shingle is a serious difficulty, and would indeed be a menace to the front itself were it not for the groynes.

It is fair, and by no means unduly flattering, to describe Eastbourne as a model of how a town should develop. It has increased enormously in a very short space of time, yet harmoniously always, and without ever acquiring the ugliness of uncontrolled expansion. The wise policy of the Duke's, the Gilbert, and other estates, and of the town's own authorities has borne, and is still bearing, a rich harvest.

Those who wish to go further into the history of Eastbourne are referred to *Bygone Eastbourne*, by Mr. J. C. Wright, published by Spottiswoode and Co., Ltd., to which, and to other works upon the subject, acknowledgements are due.

MEDICAL RESEARCH COUNCIL

ANNUAL REPORT, 1929-30

(*Concluded from page 413*)

THE NATIONAL SUPPLY OF INSULIN

Since 1922 the Medical Research Council has taken an active part in promoting the manufacture, availability, and clinical use of insulin in Great Britain, and a section in the report under review is devoted to a particularly important survey of some of the prevailing conditions of its administration. At first the supply fell short of the demand, but in 1923 the position was reversed, and since that time there has always been a sufficiency for the medical practitioners in this country, and a surplus for export. Early in 1930 the consumption of insulin in Great Britain was 50 per cent. greater than at the corresponding period in 1928, and nearly four times the figure for 1925. It is thus apparent that very many patients in 1925 needing this remedy were not receiving it; moreover, the present figures indicate that it is still being inadequately used, and this accounts for the disappointing slowness in the rise of its consumption since 1923. It is probable also that a large number of patients are not receiving insulin under proper conditions of biochemical control and dietetic balance, for there is a sharp discrepancy between the recorded success at all the chief medical institutions and the apparent steadiness of the death rate from diabetes for the country as a whole. This failure to diminish the death rate has been used as an argument against the value of insulin, despite the indisputable evidence of its life-saving properties which is a matter of common knowledge to all practitioners. The death rate seems, in short, to demonstrate the failure of insulin, and yet there is ample clinical evidence to the contrary. This contradiction is examined critically in the report.

Since the war diabetes has apparently become commoner. Death certificates record the contributory as well as the immediate causes of the actual fatal termination, and the patient with an incurable disease is likely to be certified as dying from it, even if death is actually due to an intercurrent disease, or occurs at an advanced age. It is often forgotten, especially by prejudiced propagandists against such preparations as insulin, that it does not pretend to afford a cure, but only to prolong life, and to restore some considerable measure of health. Yet, even so, there should still be recorded some diminution in the deaths from diabetes at earlier ages; and this is actually the case, though not to the extent that might reasonably have been expected, had this preparation been used freely. In the Registrar-General's statistical review for England and Wales for 1928 it is stated that since the introduction of insulin

was not satisfied with the progress made, and would not be for a long time, but pressure was being exercised on those local authorities whose programmes did not appear to be commensurate with their needs.

Foot-and-Mouth Disease.—Dr. ADDISON, on March 2nd, said that ten cases of foot-and-mouth disease, distributed between six separate centres, had been confirmed by the Ministry of Agriculture during the six months ended February 26th last. In none of the initial cases was it possible definitely to identify the origin of infection.

Notes in Brief

India's opium exports in 1927 were 1,120,900 lb.; in 1928, 1,008,635 lb.; and in 1929, 888,801 lb.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on March 7th the following medical degrees were conferred:

M.B., B.CHIR.—T. I. Evans.

M.B.—C. J. Grosch.

UNIVERSITY OF LONDON

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The following passed the examination at the eighty-ninth term (October, 1930, to February, 1931):

*T. T. Mackie (Duncan Medal), *N. J. Abbensetts, *J. Cairns, *S. Dakshinamurty, *W. P. Jones, *R. M. Kasliwal, *E. W. Martindell, *M. Noronha, *R. B. Wallace, *J. Welch, A. J. Abeyesundere, E. R. Abeyesundere, F. V. Adams, A. S. Agbaje, M. Akram, C. D. Amarasinha, J. Barclay, L. Brown, H. G. Calwell, O. P. Campion, M. M. U. D. Chughtai, G. J. Clarke, A. E. Connan, T. F. Crabbe, T. H. Dalrymple, W. C. E. Diamond, R. F. G. Dickson, M. Edwards, D. Ellis, H. G. Floyd, A. J. Garde, J. R. Jensen, R. A. B. Leakey, Ah Ma, P. B. P. Mellows, W. E. S. Merrett, B. A. Moss, S. Noronha, L. D. Pringle, J. A. S. de Sampayo, M. Sangarapillai, C. F. W. de Saram, D. W. Semmens, J. M. Shapiro, S. Thambiah, D. P. Turner, E. M. Weir, G. F. West, R. N. Wilcox, W. A. Wilson, W. E. S. Winn.

* With distinction.

UNIVERSITY OF BIRMINGHAM

Miss K. M. Maclaren, M.R.C.S., L.R.C.P., has been appointed as researcher in tissue culture, and Mr. C. J. Bond, F.R.C.S., as William Withering lecturer for 1932.

UNIVERSITY OF LIVERPOOL

The title of Professor Emeritus has been conferred upon Dr. Walter Ramsden, who recently resigned the Johnstone chair of biochemistry.

NATIONAL UNIVERSITY OF IRELAND

The degree of M.D. has been granted to Joseph A. O'Flynn, M.B., B.Ch., B.A.O.

Dr. Theobald W. T. Dillon has been appointed professor of medicine at University College, Dublin, and Dr. Charles C. O'Malley professor of ophthalmology and otology at University College, Galway.

Dr. Denis J. Coffey has been appointed to represent the University at the celebrations of the fourth centenary of the Collège de France, to be held in Paris in June, and Professor William D. O'Kelly will be the representative at the Conference of the National Association for the Prevention of Tuberculosis at Margate in June.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Macloghlin Scholarships

Mrs. Eliza Macloghlin, who died in May, 1928, left by her will to the Royal College of Surgeons a sum of money for the purpose of founding and endowing scholarships for medical students, in memory of her husband, the late Mr. E. P. P. Macloghlin, M.R.C.S., formerly in practice at Wigan. One scholarship, tenable for five years, of an approximate value of £100 per annum, is awarded annually in July. The scholarships are given to candidates, between the ages of 16 and 22, whose means would otherwise be insufficient to cover the cost of medical education. In 1930, at the first competition, there were five candidates.

Forms of petition, completed by intending candidates, must reach the secretary of the College not later than June 1st. They must be accompanied by: (1) a duly certified copy of the register of birth of the petitioner; (2) a testimonial of character and conduct from the head master of his school; (3) a certificate of having passed a preliminary examination in general education recognized by the Conjoint Examining Board for admission to its pre-medical examination. The pre-medical examination for which candidates will be required to sit will be held on June 30th and following days. Copies of the regulations relating to the award of the scholarships and forms of petition may be obtained from the secretary, Royal College of Surgeons, Lincoln's Inn Fields, W.C.2. Copies of the regulations of the Conjoint Examining Board in England relating to the pre-medical examination, with synopses indicating the range of the examination in chemistry and physics, may be obtained from the secretary, Examination Hall, Queen Square, W.C.1.

Medico-Legal

EXTREME DEAFNESS A DISABILITY FOR MOTOR DRIVERS

Tests for hearing were not much considered during the discussions which took place last year on the physical fitness of motor drivers, but a case which came before the Lord Mayor of London (Sir W. Phené Neal) at the Mansion House police court on March 5th raised the question in an acute form, and it was decided by his lordship that extreme deafness was a "physical disability" within the meaning of the Road Traffic Act, 1930, such as rendered the driver of the motor vehicle a source of danger to the public.

According to the police, the defendant was driving dangerously in Ludgate Circus, and on being stopped it was discovered that he was so deaf that only his wife could make him understand. He was a foreigner who had been living in the Canary Islands for some years, and did not know the London traffic regulations. The summons was dismissed on payment of costs.

Section 5 of the Road Traffic Act requires an applicant for a licence to make a declaration in the prescribed form as to whether or not he is suffering, not only from any disease or physical disability specified in the form, but from any other disease or physical disability likely to cause the driving of a motor vehicle by him to be a source of danger to the public.

Medical News

The St. Patrick's Day dinner of the Irish Medical Schools' and Graduates' Association will be held this year at the Piccadilly Hotel, on March 17th, at 7.30 for 7.45 p.m. The guest of honour will be Lord Russell of Killowen.

Sir Percy Sargent will deliver the Harveian Lecture on "The romance of the pituitary gland," before the Harveian Society of London, on Thursday, March 19th, at 8.30 p.m., at 11, Chandos Street, W.1. The lecture will be illustrated by lantern slides. The society extends a cordial invitation to all practitioners to attend.

The Tuberculosis Association will hold a provincial meeting at Oxford on March 26th, 27th, and 28th. On the first day there will be a discussion on stereoscopic and postural radiography of the chest. On March 27th, at 10 a.m., Dr. Jacquerod will read a paper on the natural processes of healing in pulmonary tuberculosis, and at 5 p.m. Drs. L. S. T. Burrell and N. Tattersall will open a discussion on the future of artificial pneumothorax treatment. On the last day of the meeting, Mr. H. Morriston Davies will show a cinematograph film of thoracoplasty, and Dr. J. Crockett will discuss gelatino-thorax; there will also be an exhibition of *x*-ray films. The meetings will be held in the Dunn Laboratory, South Parks Road. Further information may be obtained from the honorary secretary, Dr. G. T. Hebert, Tuberculosis Department, St. Thomas's Hospital, S.E.1.

At the meeting of the Child Study Association to be held at 90, Buckingham Palace Road, S.W., on April 16th, at 6 p.m., Dr. J. Norman Glaister will read a paper entitled "Does the developing mind recapitulate ancestral history?" On May 7th a discussion on "The nursery school" will be opened by Miss E. Stevenson.

The London Clinical Society will hold a clinical evening, at the London Temperance Hospital, on Tuesday, March 17th, at 8.45 p.m.

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

A three months' course of lectures and demonstrations on clinical practice and in hospital administration for the diploma in public health will be given at the North-Eastern Hospital, St. Ann's Road, Tottenham, N.15, by the medical superintendent, Dr. F. H. Thomson, on Mondays and Wednesdays at 4.15 p.m., and alternate Saturdays at 11 a.m., beginning on Wednesday, April 8th. The fee for the course, which complies with the revised regulations of the General Medical Council, is £4 4s. A course under the old regulations may be taken for £3 3s.

At a meeting of the British Institute of Philosophical Studies to be held at the Royal Society of Arts, 18, John Street, Adelphi, W.C., on Tuesday, March 17th, at 8.15 p.m., Mr. R. G. Collingwood will give a lecture entitled "The purpose of aesthetics." Cards of admission may be obtained from the Director of Studies, University Hall, 14, Gordon Square, W.C.1.

The following members of the medical profession were among those elected Fellows of the Royal Society of Edinburgh on March 2nd: Dr. W. R. D. Fairbairn, lecturer in psychology, University of Edinburgh; Dr. J. du P. Langrishe, lecturer in public health, University of Edinburgh; Dr. J. B. McDougall, medical director, British Legion Village, Preston Hall, Kent; and Mr. J. J. McIntosh Shaw, lecturer in clinical surgery, University of Edinburgh.

We are asked to state that hospitals situated within eleven miles of St. Paul's desiring to participate in the grants made by King Edward's Hospital Fund for London for the year 1931 must make application before March 31st to the honorary secretaries of the Fund at 7, Walbrook, E.C.4 (G.P.O. Box 465A). Applications will also be considered from convalescent homes which are situated within the above area or which, being situated outside, take a large proportion of patients from London.

The next congress of the Jugoslavian Dermatological Society will be held at Belgrade in May next, under the presidency of Professor Gjorgjevic.

In connexion with the sixth International Congress of Thalassotherapy, which will be held at Berck-sur-Mer from May 25th to 30th, visits will be arranged to the Artois battlefields, the northern weaving manufacturies at Tourcoing and Roubaix, and to other centres of interest. Communications are invited from British practitioners on the treatment of coxalgia and its complications by climatic and hydrotherapeutic measures. The congress fee for non-members of the Association of Thalassotherapy is 60 francs. Further information may be obtained from the secretary, Dr. Mozer, Hôpital Maritime de Berck-Plage, Pas-de-Calais, France.

The annual congress known as the Journées Médicales de Lille will be held at Lille on May 2nd and 3rd.

The second International Congress of Sanitary Technique and Urban Hygiene will be held at Milan from April 20th to 25th, and will consist of six sections, devoted respectively to general questions of public and private hygiene, urban sanitary technique, sanitary technique of houses and public buildings, rural and colonial sanitary technique, sanitary technique of shops and laboratories, and urban, industrial, and rural sanitary technique. Further information can be obtained from the general secretary, Piazza del Duomo 17, Milan.

Dr. Wu Lien Teh has given 20,000 taels (£3,000 sterling) to the Royal Asiatic Society, China, towards the rebuilding of the Institute in Shanghai which maintains libraries and facilities for the encouragement of co-operation between Chinese and Western thought. This gift is an expression of gratitude for the help that Dr. Wu Lien Teh (then G. L. Tuck) received when, in 1896, he was awarded a Queen's Scholarship of £200 a year from the Straits Settlements, and was thus enabled to secure his education in English medicine at Emmanuel College, Cambridge, and subsequently at St. Mary's Hospital, London. Dr. Wu Lien Teh now holds positions of high responsibility under the National Government in China, having been appointed in 1930 as chief technical expert of the Ministry of Health, and director-general of the National Quarantine Service based at Shanghai, while he still retains charge of the North Manchurian Plague Prevention Service, for which he was chosen in 1912.

The Fight Against Disease is published quarterly by the Research Defence Society, and placed on sale by Macmillan and Co., Ltd., price 6d. The last issue (Winter, 1930–31) includes a note on the use of animals for the standardization of remedies, by Dr. J. H. Burn, and an appreciation, by Professor Winifred Cullis, of the late Dame Mary Scharlieb, who up to the time of her death was keenly interested in the work of the society, and remained a member of its general committee.

Dr. Rouvière, professor of anatomy in the Paris faculty of medicine, has been elected a member of the Académie de Médecine.

The fourth centenary of the Collège de France will be celebrated from June 18th to 20th inclusive.

Letters, Notes, and Answers

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

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

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

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

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

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

QUERIES AND ANSWERS

Miscarriage of One Twin

Dr. A. Boyd Roberts (London, W.9) writes: About a year ago I was called to treat Mrs. C. for a miscarriage, and found that a foetus and placenta had been expelled. It was apparently a four weeks' pregnancy. The mother, who already had one child, six years old, was quite conscious that she was still pregnant following the miscarriage. Two months later I was called again, and diagnosed a three months' pregnancy. On November 13th I delivered the patient of a fully matured female child. I take it that there were two separate placentas and that the expulsion of the first did not destroy the second. Is not this miscarriage of one of a twin pregnancy very uncommon? It would be interesting to know the experience of other practitioners in such cases.