

the loin wound forward it healed over gradually and was weakly epithelialized, whereas towards the mid-line it progressed steadily. Within two inches of the incisional scar it converged to a point and then tunnelled the tissues below the scar, leaving it untouched, to a position about three inches from its left border and then diverged again, to produce a similar extensive lesion from the costal margin to iliac crest on the left side of the abdominal wall. Various solutions and dressings—hydrogen peroxide, oxycyanide of mercury 1 in 10,000, sanitas, and salines, with glycerin ichthyol to the edges—were applied in vain. Another swab examination showed pyogenic organisms only. A urinary examination showed *B. coli* and *Streptococcus faecalis* in culture. Intravenous mercurochrome and oral iodides were ineffective. On reaching the mid-axillary line on the left side, the lesion again converged to a tunnel 3/4 inch wide and about 4 inches long to fan outwards again on the dorsal surface, whilst healing slowly took place on the abdominal wall. The continued use of sedatives, the pain, and the toxic absorption reduced the patient's condition to one of danger. The affected area at this stage (six months after the operation) formed a striking picture, of which the following were outstanding: the greenish-black extensive sloughs with foul pus exuding beneath their edges; the pink newly epithelialized healed area, with branching new arterioles spreading weblike across it; the immune island of healthy skin around the mid-line incisional scar; the narrow communication channels across the mid-line and in the left loin; the multiple crescentic edges; and the inflamed heaped-up attacked tissue around. The odour in the vicinity of the man's bed was almost unbearable, and large quantities of deodorants had to be used. The advancing edge eventually reached to two inches from the other side of the vertebral column, to the level of the fourth dorsal vertebra above, and to the iliac crest below.

Microscopical examination of a wedge section of the edge, removed under gas, showed numerous organisms superimposed on a growth of mycosis fungoides.

The report of Dr. L. M. Hawksley of the pathological staff of the Cancer Hospital was as follows:

"The microscopical appearances are those of a granulomatous condition with superficial and deep destruction of tissue. The dermis is extensively infiltrated with a growth of polymorphic connective tissue cells with ill-defined margins, many showing mitoses, some being multinucleated, and others resembling plasma cells. The masses of cells show a tendency to arrangement in strands, and in more superficial parts of the corium, islets of down-growing epithelium have been snared off by them. The whole of the tissue is very oedematous; fibrous tissue appears as small fragments; sebaceous glands, hair follicles, and sweat glands are not seen. Some of the epithelial cells show vacuolation; where not destroyed by ulceration the epithelium is considerably thinned. In the area of more normal skin, granular particles of irregular shape can be detected in the connective tissue cells. Gram-stained films show massive invasion of the greater part of the tissue with long-chained streptococci (in the ulcerated part numerous other organisms also). The microscopical features of the tissue correspond with those of 'granuloma fungoides.'"

The patient died ten months after admission.

The photographs (Special Plate, Figs. 1 and 2) show the abdominal part of the lesion; the patient was so ill that none could be taken of the affected area on the back. Apart from the rarity of the infection, the interesting features of the case are the mode of infection possibly from the perforation of the duodenum through the drainage wound to the abdominal parietes, and the complete immunity of the laparotomy scar to the infection. We are forced to consider whether the infection occurred from the ale which the unfortunate man took to relieve the pain of the perforation, or from a premycotic nidus in the abdominal wall.

I desire to thank Dr. Hawksley for the great help she gave in the case, and to the medical superintendent of St. Luke's Hospital for permission to publish the case.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### CUTANEOUS INFECTION WITH A DIPHTHEROID BACILLUS\*

Diphtheroid bacilli are commonly found vegetating upon the surface of the human skin, and upon the lining membranes of the various body cavities. The group as a whole is singularly devoid of pathogenic properties (Hewlett†). The following case is of interest for two reasons: first, because it appears to be a true case of cutaneous infection with a diphtheroid bacillus; and, secondly, because the organism implicated was identical with the Klebs-Loeffler bacillus in every respect save toxin production.

A married Jewish lady, aged 55, with a family of four children, had never had diphtheria, nor had any of the members of her family; so far as she was aware, none of them had been in contact with any case of diphtheria prior to the appearance of her lesion. Towards the end of August, 1927 (the patient was rather vague as to the exact date), she noticed a small papule on the upper and outer aspect of her right thigh. This papule was quite painful to the touch, but it did not "throb," and there was no visible inflammatory zone. It rapidly enlarged to approximately the size of a lentil. The patient was very definite in her description of the sharp pain occasioned by merely pressing lightly upon the papule. After a few days the papule developed into a pustule, which ruptured spontaneously and exuded a thin, watery, deep-yellow fluid.

The patient paid little attention to the lesion at first, ascribing its formation to the friction of a badly fitting pair of stays; she was very stout, of short stature, and in the sitting position the bones of her corset pressed deeply into the flesh of her thighs. The lesion slowly developed into an irregular, shallow ulcer, and eventually, towards the end of September, the patient came to Queen's Hospital for treatment, mainly because she was "afraid that it was a cancer."

She was found to have an irregular linear ulcer on the upper and outer aspect of the right thigh. It measured 1½ inches in length by 1/2 inch in breadth, and its long diameter was inclined almost at right angles to the long axis of the thigh when she assumed the prone position. The ulcer was shallow, with rolled edges and a smooth, purplish-red floor, from which a thin, deep-yellow, sero-purulent fluid was exuded profusely. The lesion was quite sharply demarcated from the surrounding skin, and there was no encircling zone of erythema or any appreciable induration. The ulcer was not painful on palpation. At each end of the ulcer there was a pocket in the skin; at the lower end the pocket was very small, admitting only a small probe; but at the upper end the pocket was much larger, extending for about 1/2 inch into the skin. From this pocket a deep-yellow, sero-purulent fluid could be easily expressed in relatively large amounts by gentle pressure.

Film preparations of this discharge, stained by Gram's method, showed large numbers of slender, Gram-positive bacilli, together with a moderate number of polymorphonuclear leucocytes. Preparations stained by Neisser's method showed bacilli with the typical morphological appearance of the Klebs-Loeffler bacillus. No other organisms were seen in these first film preparations, though later on, after the lesion had been dressed for some days, numbers of the ordinary skin staphylococci made their appearance. Cultures on hormone blood agar and on Loeffler's serum medium yielded luxuriant, pure cultures of this bacillus. The microscopical appearance of the organism from the cultures was identical with that of the Klebs-Loeffler bacillus, the granules being particularly large and abundant.

Agglutination of the organism against the patient's serum failed to show the presence of any agglutinins. The organism was non-virulent for guinea-pigs, three separate tests being

\* From the Bacteriological Department of the Queen's Hospital, Birmingham.

† Hewlett, R. T.: *A System of Bacteriology*, Medical Research Council, 1930, vol. v, p. 135.

performed: (1) with the discharge from the ulcer; (2) with an emulsion of the primary culture on Loeffler's medium; and (3) with the fourth transplant on Loeffler's medium, about one month after the isolation of the organism. Several attempts to demonstrate toxin production in shallow cultures of various liquid media were unsuccessful. The organism grew in the form of a fine pellicle on veal broth, and produced acid in serum water containing 1 per cent. of glucose; no appreciable acid production occurred in a 1 per cent. saccharose serum water medium. Cultures on Loeffler's medium grew rapidly and luxuriantly, and produced a deep golden-yellow pigment. The organism has now been under observation in artificial culture for three years, and pigment production still occurs, though it is not so intense now as it was immediately after isolation. The bacillus still shows the typical morphological appearance of the true diphtheria bacillus when stained by Neisser's method, and the culture has been regularly used for teaching purposes in preference to the laboratory stock culture of the Klebs-Loeffler bacillus, because of its more profuse formation of "polar" granules. Cultures taken from the tonsils, nasal passages, and vagina of the patient did not yield any growth of a diphtheroid bacillus resembling this organism. Hoffmann's bacillus was present in the tonsillar cultures. The patient gave a positive Schick reaction.

The lesion showed no inclination to heal under the application of various mild antiseptic dressings, and eventually Mr. H. Donovan, assistant surgeon to Queen's Hospital, was obliged to open up the two pockets and scrape them thoroughly. This treatment, together with iodoform dressings, produced a rapid improvement, and the patient was discharged from attendance at the out-patient department three weeks later. When seen eight weeks afterwards the lesion had healed completely, and, in answer to a personal inquiry, the patient reported by letter, in January, 1928, that there had been no recurrence.

J. F. D. SHREWSBURY, M.B., CH.B., D.P.H.,  
Lecturer in Bacteriology, University of  
Birmingham.

#### ACUTE ALCOHOLIC POISONING DUE TO THE APPLICATION OF SURGICAL SPIRIT TO THE LEGS

A boy, aged 8 years, was seen by me on January 7th, and examined before undergoing an operation for removal of congenitally enlarged semimembranosus bursae on both legs, which was to be performed on January 9th. He was then quite well and the urine contained no sugar and no albumin. The legs were prepared for the operation on January 8th. They were both shaved and washed with ether soap from the groin to the ankle. They were then covered from the groin to the ankle with a towel wrung out in surgical spirit, over which a dry towel was placed and kept in position by three rubber bands. This first dressing was applied at 12 noon, and it was repeated at 4 p.m. and 8 p.m. At 9 p.m. the boy appeared normal. At 11 p.m. he was seen by his mother and was thought to be asleep, and seemed to be normal. At 12.30 a.m. on January 9th his mother, who was sleeping in the same room, was aroused by hearing him vomit. He brought up food, but did not speak at all, and his mother thought he was still asleep. He continued vomiting and retching on and off during the night, but did not wake up. When seen by the nurse first thing in the morning he was unconscious, the pulse rate being 160. The respiration was regular—24—and the temperature was normal. I was called to see him at 8.30 a.m., and on examining the vomit noticed that it had a smell of spirit. The boy was unconscious, pale, and warm, the pupils were small, reacted to strong light, and there was slight internal strabismus of the right eye. The corneal reflex was absent. The limbs were flaccid, the

plantar responses flexor. There was no sweating. From 9 a.m. the unconsciousness became less deep, the corneal reflex returned, and the reflexes became more brisk. Nystagmus was present. At 1 p.m. I saw him again in consultation with Dr. G. E. Beaumont; the patient was then beginning to recover consciousness, but still vomited up small quantities of turbid brown fluid. He could move all his limbs and, when asked, complained of frontal headache and of feeling sick. Speech was slurring but coherent. The pupils were of medium size and reacted to light; the knee-jerks were present, and the plantar responses were brisk and flexor. The abdominal reflex was sluggish. The pulse rate was now 142, the respirations 20, and the temperature 98° F. His bowels had opened involuntarily once in the morning, and it was not possible to obtain a specimen of urine then. The vomit was sent to Professor E. C. Dodds at the Middlesex Hospital, and he reported that alcohol was present. A specimen of urine which was obtained at 5 p.m. was also sent to him, and this contained alcohol as well.

In view of the boy's possible idiosyncrasy to ether, Sir Francis Shipway gave him a small trial injection of avertin. This led to no toxic symptoms, and the operation was performed a week later without untoward incident, Sir Francis Shipway giving an avertin-gas-oxygen anaesthesia.

Mr. Trethowan, who operated, tells me that the skin preparation was done according to a routine method, and that this is the first patient who has shown symptoms of any alcoholic absorption.

VINCENT C. JAMES, M.R.C.S., L.R.C.P.

Cricklewood.

## Reports of Societies

### ALKALIS IN RENAL COMPLICATIONS OF PREGNANCY

At a meeting of the Obstetrical and Gynaecological Section of the Royal Society of Medicine, held on February 20th, with the president, Sir EWEN MACLEAN, in the chair, Dr. A. ARNOLD OSMAN read a paper prepared jointly with Dr. HAROLD G. CLOSE, on observations on the plasma bicarbonate and the value of alkalis in the treatment of some of the renal complications of pregnancy. The work was carried out in the department for medical investigations, Queen Mary's Hospital, E. Observations on cases of normal pregnancy showed that there was a considerable decrease in the plasma bicarbonate, and that it remained at about the same low level throughout the period of gestation. The water content of the blood and tissues was increased in pregnancy, and was greatest in those with the lowest plasma bicarbonate. Alkali therapy was carried out in albuminuria of pregnancy, in pre-eclampsia, and in cases treated prophylactically. Severely affected patients were kept in bed, and all were given a full diet, including meat. The intake of fluid was limited. No purgation was allowed. The treatment consisted solely of equal parts of potassium citrate and sodium bicarbonate by the mouth, 50 grains of each to an ounce and a half of water, as many times a day as was found to be necessary to produce a satisfactory diuresis. Usually 150 grains a day were given, increased by 100 grains until the desired result was obtained. The dose was regulated by the volume and reaction of urine passed. The results showed a decrease in albumin and clearing up of the oedema. Increase in dosage at the beginning might mean an increase in the oedema, but this subsided when the dose

Hospital. I knew him slightly in the South African war. I have always understood that he received the C.M.G. for taking command and bringing out of action the R.H.A. battery to which he was attached, when all the combatant officers of the battery were either killed or wounded. Examinations were never any trouble to him. With all his numerous degrees and qualifications, I can only recall one failure at an examination, and that he soon put right. Dr. Denyer's death at such an early age is a real loss, especially to the profession in Hull, where he had made for himself a high reputation. In the Service his name and his work will always be a precious memory to those who had the good fortune to know him.

Dr. W. H. LINE of Hockley Hill, Birmingham, died on March 10th. A colleague writes: Born at Davenport in 1855, William Henry Line was a student of Trinity College, Dublin, and obtained honours in both arts and medicine, graduating M.B., B.Ch. in 1880 and proceeding M.D. in 1881. He came to Birmingham forty-five years ago as superintendent of the Fever Hospital. Sir Gilbert Barling and the late Sir Bertram Windle also came to Birmingham about the same time, and the three were very great personal friends; always very keen on their work, they used to keep up their post-graduate studies by meeting in one another's rooms. Few medical men could be more beloved by their patients and medical colleagues than Dr. Line. He was a man of extraordinary memory and had great erudition, both in medicine and in general literature. His charming personality was a great delight to his friends, and especially to his medical colleagues. He did valuable work as teacher of vaccination at the Birmingham University, which position he held for over twenty years, resigning only two years ago. He was laid to rest at the Handsworth Cemetery. A service at St. Saviour's was very largely attended; the vicar, the Rev. Joseph, spoke most affectionately of "the old doctor," as he was known by his patients and friends.

We regret to record the death of Dr. GEORGE ROBERT LAWLESS. He took the diplomas of L.R.C.P. and S.I. in 1879, and that of F.R.C.S.I. in 1894. After serving as assistant medical officer to the District Asylum, Sligo, he was appointed in 1897 as resident medical officer to the Armagh District Asylum. During the war he held a temporary commission in the R.A.M.C., and did duty in Dublin. Dr. Lawless was for many years a member of the British Medical Association, and served as vice-president of the Section of Psychological Medicine when the Association held its Annual Meeting at Belfast in 1909. In 1914 he was president of the Ulster Branch, and since then had been a regular and enthusiastic member of the Branch Council, taking an active interest in the affairs of the Association. His charm of manner, unfailing courtesy, and cheery disposition endeared him to all who came into contact with him.

Dr. WILLIAM AYTON GOSTLING died on March 12th at his residence at Worthing, at the age of 76, from pneumonia following influenza. He was born at Diss in Norfolk and was educated at the City of London School, the Pharmaceutical College, and University College, London. He was a brilliant student at both institutions, taking several gold medals and the Atchison Scholarship and Filliter Exhibition for pathology at University College. He graduated with honours at the University of London, and won the gold medal at the M.D. examination in 1885. After holding the posts of house-surgeon, house-physician, and obstetric assistant, University College Hospital, he acted for some months as medical officer at Charterhouse School, relieving Dr. Clarence Haigh-Brown, and then began practice with Dr. Fuller of Regent's Park. He joined Dr. Parish at Worthing in 1887, and in 1890 they were joined by Dr. Frank Hinds. He built up a large practice and did a considerable amount of consulting work in the neighbourhood until his retirement in 1920. Dr. Gostling was a Fellow of University College, London, and only

a few days before his death was honoured by an invitation to preside over its annual dinner. He served the British Medical Association as secretary and chairman of the Worthing Division. Dr. Gostling was a man of wide interests, and was an excellent photographer, a taste which his love of travelling gave him many opportunities of enjoying. He was genial and fond of entertaining his friends, by whom his death is felt as a great loss.

## Universities and Colleges

### UNIVERSITY OF OXFORD

The Radcliffe prize for the furtherance of medical science in the University has been awarded to W. H. Bradley, B.M., B.Ch. (Christ Church).

The electors have notified to the Master and Fellows of University College the election of K. N. Irvine, B.M. (Magdalen), to a Fellowship on the foundation of Dr. John Radcliffe.

### UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated.

DIPLOMA IN PUBLIC HEALTH.—Part I: A. C. Briffa, S. Canter, R. F. Corlett, W. A. Davies, J. Hatton, E. W. Jones, J. N. Parrington, L. G. Thomas, A. J. Walsh, F. J. Welton, E. B. Whittingham.

DIPLOMA IN TROPICAL MEDICINE.—R. Behari, K. L. Bhambari, F. E. Camps, A. E. Carroll, P. E. J. Cutting, M. S. Eldin, E. R. Gauld, M. Kalra, E. W. H. Maass, H. A. Maniar, K. T. Moir (recommended for the Milne Medal), R. C. Speirs, Dorothy M. H. Tripp, J. Yunibandhu.

DIPLOMA IN TROPICAL HYGIENE.—L. J. A. Loewenthal, J. E. D. Mendis, F. O'Driscoll, J. K. Sung.

### UNIVERSITY OF DUBLIN

#### TRINITY COLLEGE

The following degrees and licences were conferred on March 20th.

M.D.—R. A. Q. O'Meara (*slip. cond.*), G. W. F. Pratt, H. J. Robinson.

M.A.O.—S. H. Woods.

M.B., B.Ch., B.A.O.—C. H. Adderley, C. Bowesman, P. C. Cosgrove, H. W. Dalton, J. E. R. Keyms, S. Levy, Annie E. Thompson.

LICENCE IN MEDICINE, SURGERY, AND OBSTETRICS.—C. M. Elliott, J. M. McElligott.

The following have been approved at the examinations indicated:

FINAL M.B., PART I.—*Materia Medica and Therapeutics; Medical Jurisprudence and Hygiene; Pathology and Bacteriology*: S. N. Varian, C. J. Hassett, M. Fallon, G. F. Harris.

PART II.—*Medicine*: P. C. Cosgrove, Elizabeth K. Roberts, T. F. O'Donnell, Margaret D. Gregg, C. H. Hutchinson, P. H. Peacock, Marjerie L. Campbell, W. A. Ryan. *Midwifery*: \*D. Torrens, \*G. A. Wray, \*B. O'Brien, \*J. Miller, D. B. Bradshaw, J. L. Martin, H. S. Mason, H. J. Eustace, A. J. Harden, M. A. Shapiro, I. G. McIntyre, A. D. Barber, O. W. S. FitzGerald, W. A. Ryan, E. F. Burton, J. B. Fleming, Dorothy R. R. Solomons, P. W. O'Ryan. \* Passed on high marks.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

#### COUNCIL ELECTION

Monday, March 16th, was the last day for the receipt of nominations of candidates for the Council. The three retiring members—Mr. J. Herbert Fisher, Mr. G. E. Gask, C.M.G., D.S.O., and Mr. Graham Simpson—seek re-election, and the following candidates were also nominated: Mr. Herbert J. Paterson, C.B.E., Mr. H. S. Clogg, and Mr. A. James Walton.

The composition of the Council since July, 1930, has been as follows:

*President*.—Lord Moynihan, K.C.M.G., C.B., Council (1) 1912 (substitute), (2) 1919, President 1926.

*Vice-Presidents*.—Mr. C. H. Fagge, C. (1) 1921, (2) 1929; and Mr. R. P. Rowlands, C. (1) 1922, (2) 1930.

*Other Members of the Council*.—Sir H. J. Waring, C. (1) 1913, (2) 1921, (3) 1929; Sir John Lynn-Thomas, C. (1) 1918 (substitute), (2) 1925; Mr. Ernest W. Hey Groves, C. (1) 1911, (2) 1926; Sir Cuthbert Wallace, C. (1) 1919, (2) 1927; Mr. F. J. Steward, C. (1) 1920, (2) 1928; Mr. J. Herbert Fisher, C. 1923; Mr. W. Sampson Handley, C. (1) 1923 (substitute), (2) 1929; Sir Percy Sargent, C. (1) 1923 (substitute), (2) 1923; Mr. G. E. Gask, C. 1923; Mr. W. McAdam Eccles, C. (1) 1914, (2) 1924; Mr. Wilfred Trotter, C. 1924; Sir Charles Gordon-Watson, C. 1924; Mr. A. H. Burgess, C. 1925;

Mr. V. Warren Low, C.B., C. (1) 1916 (substitute), (2) 1917, (3) 1926 (substitute); Mr. Victor Bonney, C. (1) 1926 (substitute), (2) 1930; Mr. G. Grey Turner, C. 1926; Mr. Hugh Lett, C. 1927 (substitute); Mr. Leonard Gamgee, C. 1928 (substitute); Mr. R. G. Hogarth, C. 1928; Mr. R. E. Kelly, C. 1928; Mr. Graham Simpson, C. 1929 (substitute).

The medical schools are represented as follows:

London		Provinces	
St. Bartholomew's	... 4	Birmingham	... 1
Guy's	... 3	Bristol	... 1
London	... 1	Cardiff	... 1
St. Mary's	... 1	Leeds	... 1
Middlesex	... 2	Liverpool	... 1
St. Thomas's	... 3	Manchester	... 1
University College	... 1	Newcastle	... 1
		Nottingham	... 1
Total London	... 15	Sheffield	... 1
		Total Provinces	... 9

#### SOCIETY OF APOTHECARIES OF LONDON

The following candidates have been approved in the subjects indicated:

**SURGERY.**—G. I. Benjamin, G. W. Hinchliff, D. R. Rigg, E. S. St. John, R. S. Wale.

**MEDICINE.**—W. A. Naidu, R. S. Wale.

**FORENSIC MEDICINE.**—F. Brodahl, G. C. Brown, H. R. Fosbery, R. S. Wale.

**MIDWIFERY.**—A. J. P. Coetzee, H. W. Davies, R. C. H. Ensor, R. P. Huggins, S. D. Jouhar, J. S. Lane, W. K. Schnarr, E. S. St. John, S. H. Thaler, R. S. Wale.

The diploma of the Society has been granted to Messrs. G. W. Hinchliff, W. A. Naidu, D. R. Rigg, W. K. Schnarr, and R. S. Wale.

## Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The London Passenger Transport Bill, the report of Estimates for the Defence Services, and the Consolidated Fund Bill were discussed in the House of Commons this week. The Yarmouth Naval Hospitals Bill, which had not been reached on the previous week, was set down for second reading on March 27th.

Mr. Groves has given notice that on March 30th he will present a Bill to repeal the law relating to compulsory vaccination.

In the House of Lords the committee stage of the Pharmacy and Poisons Bill was put down for March 26th.

The Parliamentary Medical Committee met on March 24th and discussed the introduction of a Proprietary Medicines Bill. Dr. Alfred Cox attended for the British Medical Association. The committee decided that after Easter such a Bill should be introduced, to be backed by a medical and a lay member of Parliament of each party. The Bill is founded on the report of the committee which sat in 1914 and on the Bill of 1920. It will contain a schedule of diseases such as cancer and consumption, "cures" of which shall not be advertised, and will also provide for a register of proprietary drugs, medicines, and methods of treatment. The Bill will not go beyond the first reading stage this session.

The House of Commons will adjourn from April 2nd till April 14th.

#### Rules under Mental Treatment Act

In the House of Commons, on March 16th, Mr. GREENWOOD moved that the Mental Treatment Rules, 1930, made by the Board of Control, under Subsection (1) of Section 338 of the Lunacy Act, 1890, as extended by Subsection (1) of Section 15 of the Mental Treatment Act, 1930, should be approved. He said that the opportunity had been taken to consolidate the existing position so far as possible. The Act required that in any modification of the existing law the Department should consult the interests concerned. They had therefore consulted with the local authorities, the medical profession, the Mental Hospitals Association, and similar bodies. Since then, the

Rules had been modified and published, and a measure of agreement had been reached.

Dr. MORRIS-JONES said that when the Mental Treatment Bill was before the House there was considerable perturbation generally as to whether the liberty of the subject was being properly safeguarded. He thought that these Rules were sufficient with regard to that particular matter. He had considerable sympathy with medical officers in all institutions who would have to work the Act. When he saw the complexity and variety of the schedules at the back of the Statutory Rules and Orders he began to wonder how a medical man in charge of cases would have time to look after the cases at all. He was not sure if this was not another tendency of the State to burden the medical profession with far more clerical work than it had the facilities to carry out.

Mr. GREENWOOD said that the schedules were elaborate, but medical officers were accustomed to dealing with these forms, and he did not think they would find them confusing.

Sir D. HERBERT asked for an explanation of Rule 22, which said that mechanical means of bodily restraint should not be applied to any temporary patient unless the restraint was necessary for the purposes of surgical or medical treatment. The question arose whether, if a person was a temporary patient, he put himself, under that Rule, in such a position that he could be forced by means of bodily restraint to undergo some surgical operation which, if he had the chance or choice to decide, he would prefer not to undergo. Mr. GREENWOOD pointed out that the wording of the Rule was a verbatim reproduction of Section 40 of the principal Act. Sir D. HERBERT said that that disposed of his point, in that the Rule was a reproduction of what was in the principal Act, and not a new enactment, except in so far as it applied now to a temporary patient.

The motion to approve the Rules was agreed to.

In the House of Lords, on March 24th, the LORD CHANCELLOR moved: "That the Mental Treatment Rules, 1930 (Statutory Rules and Orders, 1930, No. 1083), dated December 30th, 1930, and made by the Board of Control with the approval of the Lord Chancellor under Subsection (1) of Section 338 of the Lunacy Act, 1890, as extended by Subsection (1) of Section 15 of the Mental Treatment Act, 1930, which were presented on the 27th day of January, 1931, be approved so far as they modify or adopt any of the provisions of the Lunacy Act, 1890." He said the Rules had been submitted in draft to a number of interests concerned, including the medical profession. Many useful suggestions had been made in detail, which had nearly all been adopted. These Rules had been passed by the House of Commons. The Earl of ONSLOW said that the only real innovation in the Rules was the application of existing regulations to temporary and voluntary patients. The motion was accepted.

#### Indian Medical Department

Mr. BENN, replying on March 16th to Commander Kenworthy, said that, although the Indian Medical Department had a definite cadre, it was not an all-India service like the Indian Medical Service. Military assistant surgeons were attested as soldiers under the Army Act on first appointment. While they were in military employment their conditions of service were governed by Army Regulations, but on transfer to civil employment they came under the control of the civil authorities, which had full power to determine their rates of pay. In the circumstances he did not feel justified in suggesting to the civil authorities an increase in the rates, which they had decided were adequate. Commander KENWORTHY asked if it was not a fact that when the new pay and pensions of the Indian Medical Department were sanctioned they were for the whole unit, and that no difference was made between military and civilian members. Mr. BENN: No; the conditions of the Indian Medical Department and the Indian Medical Service are not quite comparable.

Commander KENWORTHY asked, on March 23rd, why, although the revised rates of pension were granted to all departmental officers of the Army in India in 1925, the Indian Medical Department was the only Department to which revised pensions were granted in 1927, two years later; and whether he would remove this distinction by granting the revised pensions from the date of sanction to all Indian Medical Department officers who retired from 1925. Mr. BENN replied

## Medical News

A number of special courses have been arranged by the Fellowship of Medicine to take place after the Easter holidays. From April 13th to 18th the Prince of Wales's Hospital, in association with the North Middlesex Hospital, will hold a course in gastro-enterology. Instruction will be given from 10.30 a.m. to 5.30 p.m., and both the medical aspect and the surgical aspect will be dealt with; fee £4 4s. A course in venereal diseases will be given at the London Lock Hospital from April 13th to May 9th; fee £2 2s. An all-day course in diseases of the chest will take place at the Brompton Hospital from April 20th to 25th; fee £3 3s. From April 27th to May 9th there will be a morning course at the Hospital for Sick Children; fee £5 5s.; and, covering the same period, an afternoon course at the Infants Hospital; fee £3 3s. From April 21st to May 30th a comprehensive afternoon course in psychological medicine will be undertaken by the staff of the Maudsley Hospital; fee £5 5s. From April 27th to May 23rd an intensive course at the Central London Throat, Nose and Ear Hospital has been arranged, and is divided into the following classes: clinical, fee £5 5s.; operative, £7 7s.; peroral, £6 6s.; and pathology, £5 5s. The classes are all limited, with the exception of the clinical, so that early enrolment is desirable. Copies of all syllabuses as well as particulars of the general course will be sent on application to the Fellowship of Medicine, 1, Wimpole Street, W.1.

The house and library of the Royal Society of Medicine will be closed from Thursday, April 2nd, to Tuesday, April 7th, both days inclusive.

The annual general meeting of the governors of St. Mark's Hospital, City Road, E.C., was held on March 19th. In the absence of the Lord Mayor, the chair was taken by Alderman and Sheriff Maurice Jenks, who said that the hospital now had a completely equipped research laboratory where some promising investigations into the cause of cancer were being carried out in alliance with the British Empire Campaign. Mr. J. P. Lockhart-Mummery, honorary surgeon to the hospital, in acknowledging a vote of thanks to the committee of management and the medical officers, pointed out that during the past three or four years it had been possible to provide a certain number of private wards, which had been greatly appreciated by the public, ninety-three patients having been admitted in 1930. As at times the demand for admission had far exceeded accommodation, it was hoped in the future to increase the number of those wards. A small lecture theatre was being built in connexion with the research laboratory in order that there might be an increase in post-graduate lectures and demonstrations dealing with various aspects of diseases of the rectum. Mr. Swinford Edwards, honorary consulting surgeon, referring to the recent alterations which had taken place, said that the new building was practically double the size of the old.

The Irish Medical Schools' and Graduates' Association held its St. Patrick's Day dinner at the Piccadilly Hotel, London, on March 17th, under the chairmanship of Mr. Andrew Fullerton, professor of surgery, Queen's University, Belfast. After the usual loyal and patriotic toasts, Dr. W. Mulhall-Corbet proposed the "Health of the Guests," mentioning that the association was honoured by the presence of Lord Russell of Killowen. In the course of his reply Lord Russell gave an outline of the history of St. Patrick, noting his miracles and the outstanding traits of his character. He commended the association for its motto: "Floreat Hibernia Semper." In the absence of Sir F. O'Connor, the toast of "The President and Association" was proposed by Dr. Hall Morton, governor of Holloway Prison, who said that he met very few Irishmen, but in his job that was natural. The association was a splendid organization for the promotion of unity and friendship among the medical graduates of Ireland resident in London. In reply,

Mr. Andrew Fullerton said that the Irish nation had provided many of the best brains of the Empire. Its great traditions of genius, perseverance, and industry were universally recognized. During the evening a musical programme was provided by Miss Nellie Walker and Mr. Frederick Gregory, with Miss Kathleen O'Hagan as accompanist. Lord Russell and Wing Commander William Tyrrell showed their versatility by singing Irish songs, which were received with enthusiasm.

A report appeared in the *Journal* of December 20th, 1930 (p. 1058), of the conference organized by the Central Association for Mental Welfare, and held in the Great Hall of B.M.A. House on December 11th, 12th, and 13th. The full text of all the papers and discussions has now been published, and copies (3s. 6d.) may be obtained from the honorary secretary, Miss Evelyn Fox, 24, Buckingham Palace Road, S.W.1.

Arrangements have been made for a party of English medical men to visit the Rhineland spas at Easter. The members will leave Victoria Station at 10 a.m. on Wednesday, April 1st, and travel to Germany via Ostend. The places to be visited include Aachen (Aix-la-Chapelle), Neuenahr, Coblenz, Nauheim, Homburg, Wiesbaden, and Cologne. The party will return to London from Aachen on April 10th. The tour is being organized by Mr. R. O. Rohme, 90, Sheaveshill Avenue, Colindale, N.W.9.

The seventh French Congress of Tuberculosis will be held at Bordeaux from March 30th to April 2nd, and will be followed by visits to the principal institutions organized by the Campaign against Tuberculosis in the south-west of France.

The sixth section of the first Italian Congress of Colonial Studies, to be held at Florence from April 8th to 12th, will be devoted to tropical pathology and hygiene under the presidency of Professor Gabbi. Further information can be obtained from Professor Persano, Via Laura 48, Florence.

The third Congress of the Italian Society of Microbiology will be held at Milan from April 19th to 21st.

The following German congresses will be held in April: Balneological Society at Ems, 7th to 12th; Surgical Society in Berlin, 8th to 11th; Psychiatric Society at Breslau, 9th and 10th; Society for Internal Medicine at Wiesbaden, 13th to 16th.

The next congress of the International League against Rheumatism will be held in Rome from May 19th to 24th, when the following subjects will be discussed: the early symptoms of chronic rheumatism; rheumatic diseases and tuberculosis; and rheumatic diseases and occupation.

The Soviet Commissariat of Health has issued an interesting illustrated report on tuberculosis in the Ukraine, containing articles in English, French, and German on the incidence of the disease by Dr. N. Morosowski, the methods of prophylaxis by Dr. L. Trachtmann, and the tuberculosis institutions in the Ukraine by Professor I. Feinschmidt. An extensive bibliography of recent Russian literature is appended to each article.

An international fund is to be raised for the erection of a monument in Rome to Carlo Forlanini, who introduced the artificial pneumothorax treatment for pulmonary tuberculosis.

At a recent meeting of the Federation of the Latin Medical Press, Dr. Léopold Mayer of Brussels was elected president, in succession to Professor Maurice Loeper of Paris, with Drs. Ascoli of Italy, Dominguez of Cuba, and Forgue of France as presidents of honour.

Dr. Achard, professor of clinical medicine in the Paris Faculty, and Dr. Le Mée, an eminent oto-rhino-laryngologist, have been made commanders of the Legion of Honour.

Dr. Rollier of Leysin and Dr. Chagas of Brazil have been elected foreign members of the Académie de Médecine.

Dr. Lenormand, professor of surgical pathology at the Paris Faculty of Medicine, has been elected president of the French Society of Surgery.