

the Atlantic and to those in Glasgow and Edinburgh, and pray to be excused detailed reference to the work of others; we do not wish to overload our text.

We have tried to convey to the practitioner a clear impression of what takes place at the bedside, and to guide him in dosage and in the treatment of emergencies. To those who are interested, we offer the advice to apply the remedy to the first suitable case that arises in their practice.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### FRONTAL SINUSITIS WITH INTRACRANIAL SUPPURATION AND INVASION OF BLOOD AND CEREBRO-SPINAL FLUID BY DIFFERENT ORGANISMS

The following is a record of a case of acute frontal sinus suppuration terminating in meningitis, and presenting some unusual bacteriological features.

On April 25th, 1930, a male, aged 28, was admitted to the ear, nose, and throat department suffering from oedema of the left conjunctiva of three days' duration, limitation of eye movement, and proptosis.

On investigation there was definite tenderness over the left frontal sinus, and transillumination showed the left frontal area to be dark. X-ray examination disclosed little difference between the two sides. Next day a Howarth's operation was performed by Dr. J. S. Fraser; a little pus was present in the ethmoidal and left sphenoidal sinuses, but in the left frontal sinus there was a large quantity which, when tested, showed a *Staphylococcus aureus* infection. For three days after operation the temperature was high, and a growth of *Staphylococcus aureus* was obtained in a blood culture on April 29th. The next day abscesses appeared in the gluteal and deltoid regions. From the pus obtained by opening and draining these abscesses a *Staphylococcus aureus* was again cultured.

During the next fortnight the temperature continued to swing, and, on examination of the lungs, signs of old tuberculous lesions with definite cavities were found at both apices. The sputum contained no *B. tuberculosis*, but many organisms of the strepto-pneumococcal group. From blood culture on May 14th a very strongly haemolytic streptococcus was found. The patient improved to some extent, and blood culture a fortnight later was negative, although the temperature continued to swing. On June 4th he complained of headache and became mentally abnormal, refusing to speak but willing to do anything he was asked. The following day there developed paresis of the muscles below the left eyebrow and of the right arm. The knee-jerks were brisk and abdominal reflexes present. There was no ankle-clonus, but there was an extensor plantar reflex, a positive Kernig's sign, and some difficulty in swallowing. On lumbar puncture the cerebro-spinal fluid was turbid and under pressure, and a *Pneumococcus mucosus* was found. This was non-haemolytic, inulin-fermenting, bile-soluble, and agglutinated by Type III serum.

The patient died on June 6th. Post-mortem examination showed intradural and extradural abscesses over the left frontal lobe, with chronic osteomyelitis of the left frontal bone, and cario-necrosis of the roof of the orbit extending to the roof of the sphenoidal sinus. There was also an early well-marked leptomeningitis. On bacteriological examination of the pus from the intradural abscess two organisms were found—namely, a *Staphylococcus aureus* and a *Pneumococcus mucosus* (Type III).

The striking feature of this case is the variation of the type and origin of the infecting organism at different periods of the illness. In all, three distinct organisms were found—namely, *Staphylococcus aureus*, haemolytic streptococcus, and Type III pneumococcus. In the early stages a *Staphylococcus aureus* infection was predominant,

the source of this being presumably the infected frontal sinus. Later, however, a haemolytic streptococcal septicaemia developed, the organism probably having its origin in the lung condition. Unfortunately, a more complete examination of the sputum was not carried out, as at this time the significance of this source of blood infection was not fully realized. Finally, *Pneumococcus mucosus* was found in the intradural abscess along with *Staphylococcus aureus*, while the Type III pneumococcus was alone responsible for the infection of the cerebro-spinal fluid.

I wish to thank Dr. J. S. Fraser for his kind permission to use the case notes, and Dr. W. R. Logan for his guidance in the bacteriological work.

JOHN A. BURGESS, M.B., Ch.B.,  
Assistant Bacteriologist, Royal  
Infirmary, Edinburgh.

#### SPONTANEOUS PROLAPSE OF UMBILICAL CORD DURING EARLY MONTHS OF PREGNANCY

Spontaneous prolapse of the umbilical cord during the early months of pregnancy appears to be of sufficiently rare occurrence to justify a brief description of the following case.

Mrs. S., aged 37, engaged me to attend her at her confinement. She had had three children, the eldest being 16, and all previous confinements were normal. The patient had been under my care for about a month, receiving a course of intensive alkali treatment for gastric ulcer, and it was during the convalescent stages of this complaint that I made the routine ante-natal examination. All pelvic measurements were normal, and the uterus corresponded in size to a pregnancy of five months' duration. Foetal heart sounds could be heard quite distinctly, and, apart from a very slight degree of uterine prolapse, there were no abnormalities worthy of record.

A few days later I received a message from the patient requesting me to visit her immediately as "her inside had come down." Upon my arrival she explained that during the early hours of the morning she had discovered something protruding from the vagina, but had not experienced any symptoms suggestive of labour pains or abdominal discomfort of any description. There was a loop of normal pulsating cord, measuring about eight inches, protruding from the vagina, but apart from this the cervix would only admit the tip of the index finger. There were no uterine contractions.

It was evident that the only line of treatment to be adopted in this case was to encourage the early onset of labour. This was accomplished by the administration of continuous hot rectal saline, and pituitrin in 2.5 unit doses when pains threatened. Labour commenced about eighteen hours after the prolapse of the cord, and the subsequent history of the case was uneventful; the foetus and placenta were entirely free from abnormalities.

M. HAWKE, L.R.C.P., M.R.C.S.,  
Tollesbury, Maldon. L.M.S.S.A.

## Reports of Societies

### OBSESSIONAL NEUROSIS

At the meeting of the Medical Society of Individual Psychology on May 14th, with the president, Dr. O. H. Woodcock in the chair, Dr. M. C. LUFF read a paper on a case of obsessional neurosis.

After a brief summary of the chief features of interest presented by the case, Dr. Luff considered these and other points in more detail. The patient was a married woman, aged 30. The obsessions of which she complained showed a close relation to schizophrenia. This finding suggested that in this case there was no clear demarcation between psychoneurosis and psychosis—a possibility which further study of the case served to confirm. Thus neither the fears from which she had suffered from the age of 7, nor

# 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, together with the full list of presidents, vice-presidents, and honorary secretaries of the Sections, and the time-table of social events, was published in the *Supplement* of May 2nd. 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 third of a series of articles on Eastbourne and its neighbourhood, with special reference to medical institutions. The first article—"Eastbourne in History and To-day"—appeared in our issue of March 14th (p. 464), and the second—"The Hospitals of Eastbourne"—on April 11th (p. 637).

## THE SURROUNDINGS OF EASTBOURNE

It is convenient for the purpose of a brief description to divide the country round Eastbourne into three sections. The first is the Downs section south-west of the main road to Lewes; the second, the region between that road and the main road to Tunbridge Wells, which is nearly due north of Eastbourne; and the third comprising the country to the east of the Tunbridge Wells Road.

### THE DOWNS

The road to Lewes passes through Willingdon and Polegate, where it leaves the London Road and proceeds to Wilmington. All the way to Lewes the Downs are close at hand on the left. At Wilmington there is the famous "Long Man" cut in the turf. He holds a staff in either hand, unless, as has been suggested, the upright strokes represent doorposts. The symbolism, as well as the origin, of the figure is a matter of controversy. Here also are the remains of an ancient priory, on the right of a branch road leading to Lullington, Litlington, and Exceat. The church at Lullington claims to be the smallest in England; it is, however, but the chancel of a larger church, the rest of which has fallen into ruin. Beyond Wilmington the main road passes over the River Cuckmere (pronounced "Cook-mere"). A short distance down the river may be seen Alfriston (Alfred's or Alfric's town), whose church, the largest of the Down churches, has been called "the cathedral of the Downs." Other noteworthy features are the old Market Cross and the Star Inn. Between Alfriston and Seaford, on the coast, the road ascends a steep hill, appropriately named "High-and-Over," from the summit of which a fine view of the Cuckmere Valley can be obtained. The next village on the Lewes Road is Berwick, pronounced as spelled. (It is customary in Sussex, in the pronunciation of its place-names, to give each syllable its full value, even the suffix "ham" being pronounced quite distinctly—for example, Etching-ham, not Etchingum; a final "y," as in East Hoathly or Hellingly, is pronounced long.) Between Berwick and Selmeiston a short by-road

on the left leads to Alciston, where there is a footpath over the Downs to Seaford; another side road in the same direction, a few miles further on, leads to Firle, beneath Firle Beacon (700 feet). At Beddingham, where the Lewes Road bears to the right, the Downs are visible on both sides. The road crosses Glynde Reach, a tributary of the Ouse, and the railway climbs up the side of the Downs and descends to the bank of the Ouse, which is crossed shortly afterwards in Lewes itself. At their confluence, and for some distance above, both the Ouse and Glynde Reach are tidal. From this point the distance to the sea by river is about nine miles.

Lewes, the county town, is full of interest. Dominating it is the castle of Simon de Montfort, to whom was addressed the ode beginning

Salve Simon Montis fortis,  
tocius flos militiae.

"Tocius," pronounced to scan, will appeal to those who have been chastised for false quantities, unless it is intended to be Lucretian. At the top of a hill rising steeply from the river is the county hall, containing the assize courts, then Castlegate and the Barbican, and further along High Street on the same side the official church of St. Michael-in-Lewes, which has a twisted spire similar to that at Chesterfield, though the twist is less extreme. At the top of Castlegate is a small promenade facing up the Ouse Valley. Below this viewpoint, on the right, is the brick-built church of St. John-sub-Castro. The exterior is somewhat grim and barrack-like, but still more grim are some of the headstones in the churchyard, which bear death's heads and other gruesome devices in relief.

Two roads lead from Lewes to Newhaven, one on each side of the Ouse. Both pass through picturesque villages, the eastern through Tarring Neville, the western through Southease and Piddinghoe. Each of these villages has a church with a short spire—Tarring Neville pyramidal, Southease conical, and Piddinghoe hexagonal. The mellow

lichened roofs of Tarring Neville are very pleasing to the eye. From Southsea a by-road crosses the river and the railway (Lewes to Newhaven branch) to join the eastern road leading to Seaford. Newhaven, at the mouth of the Ouse, is well known to many who cross the Channel. Though Seaford has the appearance of a modern seaside resort, it is an ancient port with a history: witness the punning epitaph upon Sir N. Pelham, which concludes with the lines:

What time the French sought to have sack't Sea Foord,  
This Pelham did repel 'em back aboard.

The more direct route from Eastbourne to Seaford is over the Downs, leaving Eastbourne either by Old Town and up East Dean Hill, or at the western end of the Parade and by the Duke's Drive, which also leads to Beachy Head and Birling Gap. Beachy Head is famous enough to need no description here; Birling Gap is the only place between Eastbourne and the mouth of the Cuckmere where the cliffs are low enough to give an approach to the shore. The first villages on the road are East Dean, in a valley, and Friston, on the brow of the hill above it. Both have small churches of great antiquity. At Friston a road branches to the right for Jevington (within easy walking distance of Eastbourne, over the Downs from the Victoria Drive bus terminus), Wannock, Willington, and Polegate. The main road continues westward to Exceat. West Dean can be seen off the road to the right, in a hollow of the Downs. Exceat is on the Cuckmere, half a mile from the mouth, which may be reached by a foot-path along the further bank. The river flows cut into the sea partly in an open channel and partly by percolation through the shingle. Some have suggested that the name Exceat should be spelled "Exeat," on the ground that it refers to the river mouth; but the generally accepted view is that it is a Saxon word. It is difficult to see why, if Latin, it should be in the subjunctive. The Downs rise again from the western bank of the Cuckmere, and Seaford is soon reached. Beyond Seaford and Newhaven the road continues along the cliffs through Peacehaven, Saltdean, and Roedean, to Brighton—some twenty-one miles from Eastbourne.

#### BETWEEN LEWES AND TUNBRIDGE WELLS

Between the Lewes Road and the Tunbridge Wells Road lies country which—until Ashdown Forest is reached—is less characteristic of Sussex, but is by no means devoid of interest. Ashdown Forest, through which the London Road passes, will be referred to later. On the western side of this region lies the valley of the Upper Ouse, here neither tidal nor navigable, except for small pleasure craft. A little to the north-east of Lewes is Ringmer, and to the south-east Glynde, joined by a picturesque and hilly road. East of these, and very close together, lie the villages of Ripe and Chalvington, occupying the centre of a flat and thinly populated area to the north of the Eastbourne-Lewes Road, and bounded on the east by the Cuckmere. On the Eastbourne side of the Cuckmere, and reached by road, either from the London Road just south of Hailsham, or from the Lewes Road by turning right at Wilmington, is "The Hide," more fully Milton or Arlington Hide, a large common dotted with gorse bushes, and forming a verge to the large and dense wood known as Abbot's Wood. The latter is well known to entomologists, who find in it a hunting ground scarcely inferior to the New Forest. The wood is private, but

permits can be applied for. An idea of its extent can be most readily obtained from the top of the Downs above the Long Man of Wilmington. On the opposite side of the Hide is a road leading to Michelham Priory (whose ancient gateway is approached by means of a bridge over the Cuckmere) and the villages of Upper and Lower Dicker. Hailsham is a market town about eight miles from Eastbourne. Some two miles further is Horsebridge, a road junction with two dangerous corners; here roads lead to London, Tunbridge Wells, and Hastings. The Cuckmere is crossed between the two corners.

North of a line drawn from Lewes to Horsebridge, as far as the high ground of North Sussex, the country is gently undulating and well wooded. The only town is Uckfield; in this region the population is distributed in isolated farms and houses and in small villages, such as Chiddingfold and East Hoathly. Ashdown Forest begins a few miles north of Uckfield. In olden days it was a true forest, but is now for the most part a high moor of heath and gorse studded with groups of fir and pine. There are still, however, parts of the old forest in all

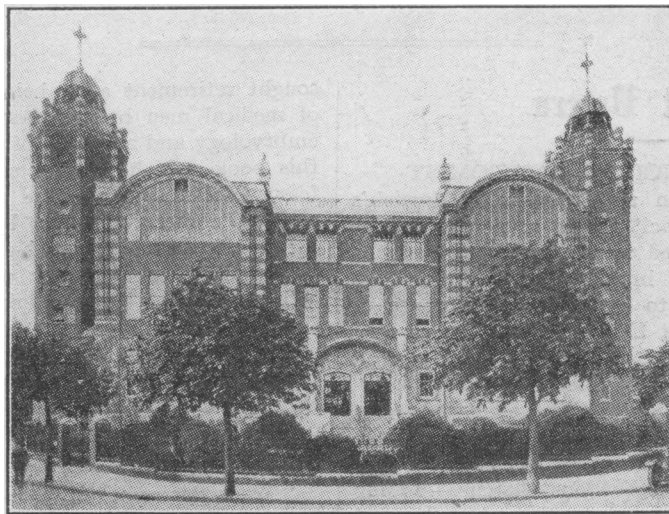
their density, especially near Worth. The remainder went to smelt Sussex iron before the age of coal. Crowborough, some nine miles from Uckfield, is the highest town in the county, and the journey by road to this, or indeed any, point in the forest affords magnificent views. The Tunbridge Wells Road is somewhat to the east of the main part of Ashdown Forest, but reaches high points at Mayfield, Mark Cross, and Frant. The first of these three is especially conspicuous, since it occupies the top of a hill of its own. Though much could be written about the forest and its history, its towns, and its villages,

it is somewhat far afield from Eastbourne, and we have yet to notice the country east of the Tunbridge Wells Road, a region of perhaps even greater interest, since it abounds in relics of Roman, Saxon, and Norman times, and includes the actual site of the Conqueror's decisive battle.

#### EAST OF EASTBOURNE

Eastward from Eastbourne lie some twelve miles of level country, with the low hill of Pevensey in its midst. Pevensey was once an island; what are now marshes were covered by the sea, which in receding has left Pevensey a mile inland. Its strategic position was recognized by the Romans, and later by the Normans. Pevensey Castle, lately taken over and extensively restored by the National Trust, is a Norman castle within Roman walls. The most likely site of the Roman Anderida is here, though other conjectures have been made, including Eastbourne itself. Adjoining the Castle is the old Mint House. Not far from Pevensey, where Wartling Hill rises off the eastern edge of the levels, is Hurstmonceux Castle, which was the first brick building of consequence erected in England.

From Heathfield, a town about eighteen miles north of Eastbourne, and just off the Tunbridge Wells Road, a ridge of hills, continuous with the Ashdown Forest range, runs south-east, to terminate in the Hastings cliffs. This ridge borders the Pevensey Levels, and Wartling Hill is one of its lower slopes. Before proceeding further east we should notice the country upon and behind this ridge. Heathfield is a pleasant little town, increasing in size as its attractions become better known. To the east, Dallington stands on a hill in much the same manner as does Mayfield, already mentioned. The Cuckmere rises between Heathfield and Dallington. Brightling Beacon,



TECHNICAL INSTITUTE, EASTBOURNE

near Dallington, and at an altitude of 620 feet above sea-level, is a conspicuous landmark and an observation point for the coast from Beachy Head eastwards along Pevensey Bay. On the seaward side of the ridge are Warbleton and Penhurst, on the landward side Burwash; the hills and valleys around them are not overcrowded with traffic, and, being within easy reach of Eastbourne, make a good objective for a quiet tour. The road along the ridge next leads to Battle, which is reached more directly from Eastbourne via Pevensey, whither we will therefore return.

Continuing eastward from Pevensey, we may take either the Wartling or the Hooe Road to cross the remainder of the marshes. The latter is the more direct for Battle or for Bexhill and Hastings. On the right a by-road leads to Norman's Bay, nominally the site of the Conqueror's landing. The visitor approaching Hooe will observe a couple of oast-houses built on the hillside. These buildings are a prominent feature all over this part of Sussex, where the hop industry was extensively carried on. Hops are still grown in Sussex, but less than heretofore. The site of the famous battle of 1066, usually called the Battle of Hastings, is Senlac Hill, near the town of

Battle, and about seven miles north-west of Hastings. The ancient building of Battle Abbey, which William the Conqueror founded as a thank-offering, was recently damaged by a disastrous fire. To the north-east of Battle, some seven or eight miles distant, is Bodiam Castle, one of the best-preserved fourteenth century castles in England. It stands on the north bank of the Rother, and its ancient moat is still water-filled. The castle was the property of the late Marquess Curzon, who left it to the nation. Hastings, one of the Cinque Ports, is too well known to call for description. It also has an ancient castle, on the heights to the east of the town. Beyond Hastings are Winchelsea and Rye, which both deserve a visit.

#### CONCLUSION

To attempt to do justice to Eastbourne's surroundings in such a limited compass is impossible. Sussex, with its long coast-line, its wide diversity of scenery, its venerable history, and its sunny climate, has no lack of panegyrists in prose and verse, and if this short description of a part of the county assists intending visitors in making their own explorations, it will have served its purpose.

## Nova et Vetera

### LEONARDO DA VINCI AS ANATOMIST

The steps which have given us Professor McMurrich's book about Leonardo da Vinci<sup>1</sup> are as numerous and as complicated as those involved in the production of the proverbial loaf of wheaten bread. There is first the apprenticeship of Leonardo to a painter in Florence in 1472, the apprentice being at that time 18 years of age. Then there were visits to the post-mortem room of a hospital in Florence, where the apprentice became interested in the internal structure as well as the outward form of the human body. In the third place, there was the growth of a curious habit in the apprentice of registering what he saw by means of marvellous sketches—adding to them hurried notes of his interpretation of anatomical appearances. At the time of his death at the age of 67 his folios and notebooks numbered 120; they were the material out of which he was to construct a complete account of the natural history of the human body. Death stepped in before he began his final task, and his harvest of hieroglyphs, of which he only had the key, was scattered abroad in Europe. Part of it went to Spain, and when the prince who afterwards became Charles I went wooing there in 1623, although he failed to find a bride, he did capture a large and valuable part of the Leonardo documents, which duly found their way to the Royal Library at Windsor. Others turned up in Italy and France.

The steps just narrated refer to the sowing of the Leonardo harvest; to explain those which have led to the gleanings and the production of this very solid loaf of a book it is necessary to pass to the nineteenth century, when a young Scot named Andrew Carnegie made a home and a fortune in the United States of America. Part of that fortune went to the establishment of the Carnegie Institute in Washington. In 1918 the president of the Institute invited Dr. George Sarton to write the history of science. He soon perceived that Leonardo da Vinci was one of the scientific giants of the fifteenth century, and that to assess the value of his contributions to anatomy it was necessary to call in professional assistance. He wisely went to Toronto, and enlisted the services of that distinguished anatomist Professor McMurrich, who has just

sought retirement after being known to two generations of medical men by important contributions made to the embryology and anatomy of the human body. In writing this book, which represents a labour of ten years, Professor McMurrich has had at his command all known anatomical records made by the great artist. Never before have medical men had at their disposal the means of forming a just opinion of the greatness of Leonardo as an anatomist. The opinion formed by the reviewer is that, high as the author has placed him, the pedestal given is not equal to Leonardo's deserts.

It may seem ungracious, where so much is admirable, to cite a minor slip made by Professor McMurrich in one of his opening chapters. Writing about the Leonardo drawings preserved at Windsor our author states (p. 68):

"When the rediscovery was made the book was brought to the attention of John Hunter, then the most outstanding English anatomist, and in his *Two Introductory Lectures*, published in 1784, he mentions the anatomical drawings with high appreciation. . . . A little later they were inspected by Blumenbach."

Those who are acquainted with the writings and life of John Hunter will be surprised to find him extolling the works of dead anatomists. He had very decided opinions of the value of their books. He held that their true value was to be assessed, not by what was read into them by "moderns," but by the opinion formed and appreciation expressed by the generation to which such works were addressed. In John Hunter's opinion, a discovery was valid only when it became the starting-point of a development of new knowledge; if it fell dead it did so because the discoverer did not understand what he had found. This is certainly not true of several discoveries made by Leonardo; he understood and demonstrated many things which should not have had to wait four centuries to be appreciated at their full value. Leonardo wrote in a new way, using hieroglyphical drawing as his medium of expression.

The man who recognized the great merits of Leonardo was John Hunter's elder brother William. He was certainly the greatest *human* anatomist produced by England in the eighteenth century. He also built up a great museum—a priceless collection of manuscripts, a unique collection of ancient coins—all of which are now preserved in the University of Glasgow. He was a man-midwife, the author of *The Gravid Uterus*—with its superb plates. In the course of his professional attendance on the Royal Family he had often to pass days at Windsor Castle awaiting "interesting events." It was

<sup>1</sup> *Leonardo da Vinci, the Anatomist (1452-1519)*. By J. Playfair McMurrich, Professor of Anatomy, University of Toronto. London: Baillière, Tindall and Cox. 1930. (Pp. xx + 265; 89 figures. 27s. net.)

We regret to announce the death of Dr. W. D. PATERSON of Murrayfield Avenue, Edinburgh, at the early age of 30. He graduated M.B., Ch.B. at Edinburgh in 1923, and in 1927 obtained the B.Sc. degree at Oxford. A colleague (W. F. H.) sends the following appreciation: Only those of us who knew him will realize the extent of the loss the medical profession, and those of the public who would, in the natural course of events, have come under his care, have suffered in the death of William Dallas Paterson at the outset of what must have been a brilliant career. Son of a physician who was beloved, I have heard on all sides, by his patients, he would, in his turn, have occupied a position as trusted adviser to his patients and friends. Paterson was a profound thinker, an earnest inquirer, and, above all, conscientious. During his university career he threw himself heart and soul into every subject in the curriculum, studying each for the time being as if it were to be his life-work; physiology perhaps interested him most. After graduation at Edinburgh he went to Leith Hospital, where he spent a year studying clinical medicine in its practical aspects; he brought to this study the mind of the true student—the keen desire to find the prime cause, to evaluate accurately the effects of his treatment—and a profound knowledge of the basic sciences, which, alas! most of us do not possess. It was during this year that I associated with him most and came to know his true worth. After Leith came Oxford, where he attended a course in human physiology, and later worked at the hospital. During this time Paterson worked on a portable instrument for recording graphically systolic and diastolic blood pressures and fluctuations therein. At the time of his death he had but recently returned from a sojourn in Canada, where, at the Royal Victoria Hospital, Montreal, he continued his work on the same apparatus with encouraging results. His death on the threshold of his career, after spending so many years fitting himself for it, is indeed a tragedy, the more unexpected because of his apparent good health. He was always energetic; a keen walker, and in athletics a runner of merit, having won the mile at his school, Edinburgh Academy.

We regret to record the death, on May 12th, of Dr. JOHN OWEN JONES of Holywell. After obtaining the diplomas of the Conjoint Board in Scotland in 1886, he was appointed surgeon to the Flintshire Dispensary and Holywell Cottage Hospital, and medical officer in charge of the Holywell Auxiliary Hospital. He was also certifying factory surgeon, surgeon, and examiner of the St. John Ambulance Association, and an approved lecturer of the Central Midwives Board. A prominent member of the British Medical Association, he served as chairman of the Denbigh and Flint Division in 1912-13. He was a justice of the peace, and an alderman of the Flintshire County Council, the retention of which dignity compelled him to resign his offices under the Poor Law, through the introduction of the new Local Government Act. He was, however, appointed a member of the Public Assistance Committee. Dr. Jones was a member of the Court of Governors of University College, Bangor. He took great interest in Welsh literature, and always kept himself abreast of new medical work. He was a Liberal in politics and an elder of his church. A hard worker and with a large experience, he was often able to give valued advice to his colleagues and medical neighbours, by whom he was highly esteemed. He died in his sleep on returning home to bed from a very early consultation about one of his old patients. He leaves a widow, four daughters, and one son, who is a member of the medical profession.

The following well-known foreign medical men have recently died: Professor KARL L. SCHAEFER of Berlin, an authority on the physiology and pathology of the ear, aged 74; Professor OTTO HUNTEMÜLLER, formerly director of the international health office in Jerusalem, aged 53; Dr. UBALDO FERNANDEZ, professor of clinical obstetrics and director of the Alvear Maternity Hospital at Buenos Aires, aged 55; and Dr. PAUL SIMON, formerly professor of pathology at Nancy, aged 73.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

At a congregation held on May 22nd the degrees of M.B. and B.Chir. were conferred on F. G. Wood-Smith.

#### *John Lane Presentation*

The presentation to John Lane, senior steward of the University Anatomical Department, will be made on Tuesday, June 2nd, at 5 p.m., in the Anatomy School. It will consist of a gold watch and chain, together with a cheque, a short address, and a list of the subscribers, whose presence will be welcome on the occasion.

### UNIVERSITY OF LONDON

Sir Ernest Graham-Little, M.P., M.D., has been re-elected by Convocation a member of the Senate.

Dr. E. L. Kennaway has been appointed to the University Chair of Experimental Pathology at the Cancer Hospital (Free) from May 1st.

The title of Emeritus Professor of Experimental Pathology in the University has been conferred upon Sir Charles Martin, M.D., F.R.S., and that of Emeritus Professor of Biochemistry on Dr. Arthur Harden, F.R.S., on their retirement from the Lister Institute of Preventive Medicine.

The title of Professor has been conferred on Dr. C. R. Harington, F.R.S., in respect of the post held by him at University College Hospital Medical School.

The Dunn Exhibitions in Anatomy and Physiology for 1931 have been awarded to E. W. Bintliffe of St. Bartholomew's Hospital Medical College, and to S. O. Aylett of King's College.

### UNIVERSITY OF DURHAM

On the occasion of the Marquess of Londonderry's installation as Chancellor of Durham University, on May 20th, Lord Dawson of Penn, President of the Royal College of Physicians of London, received the honorary degree of D.C.L.

## Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons adjourned on May 22nd till June 2nd, and the House of Lords from May 21st till June 9th.

On May 20th the House of Commons considered the Representation of the People Bill on report, and decided, by a majority, that at a General Election no person should vote in more than one constituency. The Government refused to make an exception for the University elector.

The Architects Registration Bill, which has passed the Commons, was read a third time by the Lords on May 21st.

Silicosis and Asbestosis (Medical Fees) Regulations, dated May 18th, 1931, have been laid on the tables of both Houses.

The Housing (Rural Workers Amendment) Bill was read a third time by the House of Commons on May 21st.

On May 21st the Home Secretary told the House of Commons that, in view of the legislation to which Parliament was committed and the present state of business, the postponement of the Factories Bill to next session seemed inevitable. On the same day the Prime Minister said he could hold out no hope of time being found for discussion of the Nursing Profession (Wages and Hours) Bill.

### Alcohol and Motorists

At the House of Commons, on May 20th, Mr. Herbert Morrison received a deputation of medical men, who came to advocate the issue by the Minister of Transport to all applicants for a driving licence of an "alcohol warning card" similar to those issued by police authorities in Berlin and in Ontario. The deputation was introduced by Mr. Somerville Hastings and Dr. Alfred Salter, and speeches were delivered



by Sir Arthur Newsholme and Dr. H. M. Vernon. These pointed out the effect of small doses of alcohol in delaying the nervous reactions of motorists. Mr. Morrison, in reply, agreed that even the moderate use of alcohol by motorists was undesirable, but said that the issue of such advice was not likely to be respected by the British temperament. The Road Traffic Act had given special attention to the matter.

### Shortage of R.A.M.C. Officers

Replying to Dr. Fremantle on May 21st, Mr. PETHICK-LAWRENCE stated that the interdepartmental committee to inquire into the shortage of officers of the Royal Army Medical Corps had not yet been set up, but it was hoped to announce its composition and terms of reference in a few days. Dr. FREMANTLE asked whether consideration was being given to the fact that a great deal depended on the future career offered in civil life after these officers retired, and whether it was possible to include in the committee some representatives of the Civil Services which employed the services of medical officers. Mr. PETHICK-LAWRENCE asked for notice of these questions.

### Numbers of Insane and Mental Defectives

Mr. GREENWOOD furnished, on May 21st, a table which showed that on January 1st, 1930, there were chargeable to the State 6,356 insane persons, comprising 909 criminals, 152 in naval or military hospitals, and 5,295 Service or ex-Service patients. On the same date 884 mentally deficient persons were in State institutions. The comparable totals for those chargeable to local authorities on January 1st, 1930, were: insane persons, 126,941; mentally deficient persons in institutions under order, 20,629; other such persons under Section 3 of the Act of 1913, 177; such persons under guardianship (1,559) and in "places of safety" (216) making a total of 22,581 mental defectives chargeable to local authorities.

### National Insurance

Mr. GREENWOOD told Mr. Thomas Lewis, on May 21st, that £500,000 was in process of distribution to approved societies in respect of arrears in the contribution year ended July, 1929, owed by persons who would otherwise be subject to reduction or suspension of benefits. A similar sum for the year to July, 1930, would be distributed on receipt of returns from the societies.

Mr. GREENWOOD states that, according to the latest returns, 344 out of 6,784 approved societies and branches in England and Wales have deficiencies in their administration accounts.

*Slum Clearance.*—In reply to Mr. Charles Williams on May 14th, Mr. GREENWOOD announced that in England and Wales 70 authorities had declared 205 clearance areas containing some 7,500 houses and a population of approximately 39,000. He added that it was too soon for him to express either satisfaction or dissatisfaction with the progress made in slum clearance schemes.

*Schools for Epileptics.*—In a reply to Mr. Alberty, on May 14th, Mr. LEES-SMITH said that six residential special schools for epileptic children, providing accommodation for 609 children, were certified by the Board of Education. None of these schools was in Kent, but most admitted children from any area. Some institutions made provision for children whose mental defect was combined with epilepsy. There was a shortage of accommodation for epileptic children, but the Board of Education offered a grant of 50 per cent. to any local authority or voluntary association establishing these schools, and he hoped an increase in accommodation would result.

*Housing in Scotland.*—Mr. WESTWOOD, replying on May 19th to Mr. Boothby, said that last year 11,056 State-aided houses were completed in Scotland. This year, up to March 31st, 1,911 houses had been completed.

*Pensions.*—On May 19th Sir H. CAYZER asked the Minister of Pensions, in cases where a retired regular officer applied for commutation of pension supported by an opinion of his medical practitioner that he was a fit case, sympathetically

to consider recommending such a case to the Commutation Board for medical examination before a decision on the application was given. Mr. F. O. ROBERTS said any medical evidence as to his state of health which an officer might submit would always receive full consideration by the Ministry of Pensions.

*Gland Grafting in Veterinary Practice.*—Mr. SHORT told Mr. Freeman, on May 20th, that gland grafting on living animals had been performed by Mr. Male of Reading in the ordinary course of veterinary practice for the purpose of treatment of the patients. These were not experiments within the meaning of the Act, so that no licence was necessary, nor had the Home Office any jurisdiction in the matter.

*Infant Mortality in Scotland.*—Mr. WESTWOOD, Under Secretary for Scotland, told Miss Lee, on May 20th, that in 1930 the average infantile mortality rate for the whole of Scotland, excluding burghal areas, was 69 per 1,000 births. The highest rate was 89 per 1,000 in Dumbartonshire, and the lowest 23 per 1,000 in Bute.

### Notes in Brief

The report of the Royal Commission on Labour in India is expected towards the end of June.

From January 1st to May 19th, 1931, 45 of the Royal Air Force personnel have been killed in aircraft accidents and 39 injured.

In March, 1931, 203,617 cwt. of skimmed and sweetened milk, condensed, were imported into the United Kingdom.

The Minister of Health cannot at present contemplate the introduction of legislation to amend the Blind Persons Act with a view to increasing their pensions.

## Medical News

A garden party in aid of the educational work of the Royal Medical Benevolent Fund Guild will be held at the Royal Botanic Gardens, Regent's Park, N.W., on Tuesday, June 2nd, from 2.30 to 8.30. H.R.H. the Duchess of York (patroness of the Guild) has consented to be present. Particulars and tickets of admission may be had from the honorary treasurer, Mrs. E. D. D. Davis, 46, Harley Street, W.1. (Telephone, Langham 1178.)

The Gavendish Lecture before the West London Medico-Chirurgical Society will be delivered by Professor Julian Huxley at the Kensington Town Hall on Friday, June 5th, at 8.15 p.m.; his subject is "Development in relation to heredity and evolution." A reception will be held from 7.45 p.m., and the annual conversazione will follow the lecture.

An open-air Chadwick Lecture on "Trees and man" will be given by Mr. T. F. Chipp, D.Sc., at the Chelsea Physic Garden, Swan Walk, S.W., on Thursday, June 4th, at 5 p.m.; Sir William J. Collins will take the chair.

Founder's Day will be celebrated by Lord Mayor Treloar Cripples' Hospital and College at Alton, on Monday next, June 1st, when Admiral of the Fleet Sir Roger Keyes will open the Portsmouth Block, which contains the Fourth Destroyer Flotilla and Naval Memorial wards. Viscount Burnham will preside at the function, supported by the Lord Mayor of London, Admiral Sir Lionel Halsey, the Earl of Malmesbury (chairman of the Hampshire County Council), and the Lord Mayor of Portsmouth. Five sections of the new hospital are now completed.

At the inaugural meeting of the congress of the Royal Institute of Public Health, held in the University of Frankfurt-on-Main on May 19th, the Harben gold medal of the institute was presented to Professor William Henry Welch of Johns Hopkins University, Baltimore, in recognition of his eminent services to public health. At the same meeting the Rector Magnificus presented to Sir William R. Smith the Ehrlich-Weigert medal of the Medical Faculty of the University of Frankfurt. On May 20th, at the Rathaus, the Oberbürgermeister presented to the institute the medal of honour of the city in remembrance of this congress—the first to be held on German soil for nineteen years—and handed the medal to Sir Thomas Oliver, pro-vice-chancellor of the University of Durham, and chairman of council of the institute.

The president (Viscount D'Abernon) and council of the National Institute of Industrial Psychology will receive guests at the Institute, Aldwych House, on the evening of Monday, June 1st, and on the afternoon of Tuesday, June 2nd. Films bearing on the Institute's work will be shown, and a number of demonstrations will be given, illustrating, *inter alia*, the measurement of ventilation and lighting conditions, the influence of rhythm on motor activity, tests of colour discrimination, methods of vocational guidance, the psycho-galvanic reflex, and a test for motor driving.

A medical tour of Czechoslovakian spas is being arranged by the Pistany Spa Representation (38, Sackville Street, Piccadilly, W.1). The party will leave London for Ostend on the morning of August 24th, and will travel direct by sleeping car to Austria, where visits will be made to Linz and Vienna. Four days will then be spent at Pistany, three each at Luhacovice and at Prague, and the party will return via Nuremberg, reaching London on the evening of September 11th.

The president and council of the Harveian Society of London, in continuation of the society's centenary celebrations, will make a pilgrimage to the tomb of William Harvey in the parish church of Hempstead, in Essex, on Saturday, June 13th. The Bishop of Colchester will conduct a short service at twelve noon, when a silver patten, presented by the society, will be consecrated. On the return journey the party will be entertained to tea by Lady Lloyd, at Rolls Park, Chigwell, which was originally the home of William Harvey.

The University of London has added Stoke Park Colony, Stapleton, Bristol, to the list of institutions recognized for practice under Regulation 3 for the Diploma in Psychological Medicine for candidates offering mental deficiency as their special branch under Regulation 4.

The Very Rev. Garfield Hodder Williams, dean of Llandaff, who has been appointed to the deanery of Manchester, studied medicine at St. Bartholomew's Hospital and graduated M.B., B.S. of the University of London.

The third International Congress of Radiology will be held at the Sorbonne, Paris, from July 26th to 31st, with Mme Curie as president of honour and Dr. Antoine Béclère as president. More than 300 communications have been announced. The congress will be divided into six sections: (1) radio-diagnosis; (2) radiotherapy and radium therapy; (3) radio-physics; (4) radio-biology; (5) electrolgy; (6) natural and artificial heliotherapy. Further information can be obtained from the general secretary, Dr. Ledoux-Lebard, 122, Rue La Boétie, Paris, 8e.

The sixth International Congress of Industrial Accidents and Diseases will be held at Geneva from August 3rd to 8th, when special attention will be devoted to cutaneous affections in relation to occupation, the influence of previous health on the results of industrial accidents, sequels of traumatic wounds of the spine, trauma of blood vessels, reaction to toxic substances used in industry, diseases of cement and stone workers, and fatigue. Arrangements for the journey and for accommodation in Geneva are being made by Messrs. Thomas Cook and Son. Further information about the conference may be obtained from Mr. G. L. Perry, Industrial Welfare Society, 51, Palace Street, Westminster, S.W.1.

The second International Congress of Light Therapy will be held at Copenhagen from August 15th to 18th, 1932, under the presidency of Dr. Axel Reyn, chief physician to the Finsen Institute in that city. The main topics to be discussed are the part played by the skin pigmentation in the therapeutic uses of light; the way in which light baths act in tuberculosis; sunshine and climate in relation to public health administration; and the report of the international committee on ultra-violet light standardization. Any medical practitioner may attend the congress, and further particulars may be obtained from the general secretary, Dr. A. Kissmeyer, Finsens Lysinstitut, Copenhagen.

The report of the pathological laboratories of the City of London Hospital for Diseases of the Heart and Lungs for 1930 has been issued as a booklet. It contains a summary of the work performed, and reprints of various papers published by Dr. S. Roodhouse Gloyne, pathologist to the hospital during 1930. These laboratories were equipped by the Prudential Assurance Company.

The King has confirmed the appointment of Dr. Alexander H. B. Pearce, chief medical officer, to be a nominated member of the Legislative Council of the Colony of Fiji.

Dr. George Hargreaves has been appointed a nominated member of the Legislative Council of Jamaica, subject to His Majesty's pleasure.

Dr. Simon Flexner, director of the Research Laboratories of the Rockefeller Institute of New York, has been elected a corresponding member of the Académie des Sciences, and Professor Niessl von Mayendorf of Leipzig has been elected a corresponding member of the Société de Neurologie of Paris.

Only two cases of small-pox occurred in each of the years 1929 and 1930 in Germany, and all four recovered, as compared with 11,000 cases in England, with 30 deaths in 1929 and 9,000 cases with 22 deaths in the first half of 1930.

The increased incidence of pellagra of recent years in the United States is shown by the fact that while in 1924 there were only 2.5 cases per 10,000 inhabitants, in 1928 there were 5.7, and in 1929 5.5.

In 1930 six fresh cases of leprosy were notified in Germany. Infection had taken place abroad, in most cases in South America. Ten cases remained under treatment at the end of the year.

## 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.**

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## QUERIES AND ANSWERS

### Erythromelalgia

Dr. J. AICKIN writes: I have a case at present of erythromelalgia in a woman, which is very resistant to treatment along the ordinary lines. She has had bromides and liq. trinitrini, and sedative applications to the affected toe. I wonder if any of your readers have had a similar case, and what line of treatment they found useful.

### Malnutrition with Ammoniacal Urine

"CARNE" asks for advice about the treatment of the following case: A child, aged 3 years, born six weeks prematurely, fails to put on weight, though growing; urine always strongly ammoniacal, and testicles very incompletely descended.