

and high hypermetropia, and in cataract cases after operation. They are of great value in certain corneal conditions in enabling the patient to have useful vision. But they may also be employed for any refractive error, and there are possibilities for contact glasses even in the realm of sport. I know of a Canadian who wears them while flying in an aeroplane. They may even be worn in place of ordinary glasses by actresses or people not wishing to wear spectacles. It has been claimed that their temporary application has been followed by permanent loss of small degrees of astigmatism. They have also been suggested in cases of muscle imbalance, and in other cases where difficulty is experienced with ordinary glasses.

They cost about £5 each wholesale. In Vienna I saw six hospital patients wearing them with satisfaction. They were prescribed even in cases of chronic ulceration of the cornea which had just healed. Instead of irritating the cornea, as one would have expected, they actually protected it from recurrence of ulceration.

#### CROSSED CYLINDERS

The crossed cylinders to which I am referring are two cylindrical lenses at right angles instead of the ordinary combination of sphere and cylinder. If a +8 D. cylinder at 90 degrees is combined with a -8 D. cylinder at 180 degrees the effect is that of a +16 D. cylinder at 90 degrees combined with a -8 sphere. In the following case the ordinary sphere and cylinder combination could only bring the vision from counting fingers to 6/36, while the crossed cylinders brought the vision to 6/6; this indicates the possibilities of this method. While admitting the improvement, I would condemn their continuous wear, as they cause so much distortion, except in a very limited

central field. On the other hand, they may be of great assistance in investigating other cases.

#### History of Case

L. T., male, aged 42, salesman. This man was injured in a molten metal accident in 1912. Owing to failing sight he had to give up his work ten years ago. The right eye showed extensive lens changes with much thickening of the anterior lens capsule, but the cataract was not mature. The vision of the right eye was 6/18 (not improved with lenses) and J. 12 with difficulty. The left eye had a corneal opacity covering the nasal half of the pupil. There was pseudo-pterygium with two strands of adhesion of the conjunc-tion of the lower lid to the globe. The high astigmatism had evidently been caused by the contraction of scar tissue. His

left vision was reduced to counting fingers, and was not improved by a mydriatic. The retinoscopy of the left eye was:

+9

+ -9,

and with two crossed cylinders +8 D. cylinder at 10 and -10.5 D. cylinder at 100 the left vision was brought up to 6/9 and J. 1. But owing to distortion he was unable to recognize me with this correction at the other end of the room. With a contact glass, 9 mm. corneal curve and 12 mm. scleral curve, he read 6/6 and J. 1, with a 7 D. sphere. All his astigmatism had disappeared, and he had much more useful vision.

I am indebted to Sir Richard Cruise for his permission to publish this case.

#### BIBLIOGRAPHY

- Fick, A. E.: Eine Contactbrille, *Arch. f. Augenheilkunde*, 1888, xviii, 279.  
 Von Rohr, M., and Stock, W.: Über eine Methode zur subjektiven Prüfung von Brillenwirkungen, *Arch. f. Ophthalmologie*, 1912, lxxxiii, 189.  
 Rugg-Gunn, A.: *Lancet*, 1930, ii, 1067.  
 Heine, H.: *Ibid.*, 1931, i, 631.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### INTERLOBAR EMPYEMA

Empyema between the middle and lower lobes on the right side is not very common.

The patient in this case was a woman of 40, admitted to hospital. She had, a month before, begun a pneumonia which involved the whole of the right lung and the base of the left. Her temperature, which was 103° F. at first, had come slowly down to 100°, but was never below that at night, and occasionally was higher. She looked very ill. There was an enlarged vein on the right side of the abdomen. The liver could be felt two fingerbreadths below the costal margin.

The right side of the chest moved very little. Resonance was diminished at the apex, and was less every interspace. From the fourth rib down there was complete dullness. Breath sounds were bronchial over the right upper lobe, bronchial with fine crepitations from the second to the fourth space, bronchial and less loud, with no crepitations, in the fifth and sixth spaces, weak, with a few crepitations, below that. Vocal resonance was increased in the third and fourth spaces, but absent below the fifth rib. The right back was

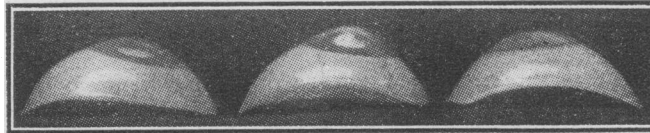
dull from the spine of the scapula downwards. Fine crepitations and weak bronchial breathing could be heard from the spine of the scapula right down to the base. In the left chest there was rather puerile breathing, and some crepitations for three inches at the base. The heart's apex was only about half an inch outside normal.

I had a needle put into the fifth space about an inch outside the nipple line in the area where there was still fairly loud bronchial breathing, but vocal resonance had gone. Thick pus was withdrawn. At the operation next day quite a pint of pus was found between the middle and lower lobes of the lung.

Previous cases of this interlobar empyema that I have diagnosed have had very similar physical signs—a compressed middle lobe, with bronchial breathing, fine crepitations, and increased vocal resonance. In the fifth and sixth spaces external to the nipple line, where the empyema is nearest to the surface, and where the needle will strike pus, there is still quite loud bronchial breathing, but an absence of vocal resonance. At the back of the lung, crepitations can be heard down to the base. A rather deceptive point is that the heart is very little displaced, if at all, to the left, though the same amount of pus free in the pleura would displace it considerably. If undiagnosed this empyema may, with luck, open into the general pleural cavity, but more often it bursts into



Zeiss's contact glasses.



Müller's contact glasses. They have no corneo-scleral shoulder, and are blown by handiwork

a bronchus, in which case the patient may die of exhaustion from coughing up pus, or may develop a bronchiectatic condition, or, as in one case, a septic embolus may cause an abscess in the brain.

When operating it is as well to put in a long tube going up towards the hilum of the lung, as there is a considerable tendency for the lobes of the lung to come together and leave a pocket of pus near the hilum.

WALTER BROADBENT, M.A., M.D., F.R.C.P.  
Senior Physician to the Royal Sussex County  
Hospital, Brighton.

### SUBARACHNOID HAEMORRHAGE IN A CHILD

Children so often stand on their heads that one regards it as a normal exercise of childhood. The following case illustrates an unusual result. The mother of a girl, aged 10, gave me the following history.

For some time the child had not looked well, but had no definite illness. One morning she was very excited at the prospect of a party in the afternoon. As she has often done previously she stood on her head in an armchair. There was no history of any blow or knock on the head. On arrival at the party she played one game of "musical bumps" and then complained of feeling sick. She was sent upstairs to lie down, and vomited. She took no food at the party. On return home the vomiting continued. The sickness persisted all next day, and at the end of fifty-four hours I was asked to see the child. I found her in bed, complaining of sickness, with severe pain and aches in her back, and especially at the bottom of the spine. Also she had severe headache.

She is "an adenoid child" (tonsils and adenoids had been previously removed), and at this time she had some nasal catarrh. Her intelligence was good, and she was able to describe her symptoms very exactly. I provisionally diagnosed a meningeal type of influenza, and ordered a salicylate mixture. Next day I noted slight head retraction and a slight Kernig sign. There was some photophobia, and vomiting of a distinctly cerebral type. Intelligence good. Pain in back the same. Temperature not above 99° F.

On the third day after commencement of my attendance the head retraction became marked, also Kernig's sign and the photophobia. Pain in back less, but headache severe. No blurring of intelligence. Examinations of optic discs and ears were negative. I decided that it was time to perform lumbar puncture, and before doing so asked Dr. Lister to see the child. He agreed with me as to the need for a lumbar puncture, and she was removed to a nursing home. The provisional diagnosis was now probably onset of tubercular meningitis; but the very intelligent way in which the child described her symptoms made me reluctant to accept this diagnosis; I preferred to think the standing on the head had something to do with her condition. In the afternoon the lumbar puncture was done by Dr. Lister. The cerebro-spinal fluid showed blood uniformly, and we were able to make a diagnosis of subarachnoid haemorrhage of base of brain. Dr. Wordley examined the fluid and found no organisms, only blood distributed uniformly throughout it.

The progress to recovery was rapid. The patient had two severe attacks of nose-bleeding on two subsequent days. Headache and photophobia disappeared within two days, and all head retraction by the end of the third day. Within a week she was able to return home completely recovered, and there have been no after-effects.

MABEL L. RAMSAY, M.D., F.R.C.S.ED.,  
Consulting Surgeon Gynaecologist, City  
Hospital and Public Dispensary,  
Plymouth.

### OVARIAN PREGNANCY

On April 4th, 1931, a woman, aged 35, married for twelve years, who had never been pregnant, was seized with abdominal pain at 10 p.m. She was seen at her cottage in the country an hour later and found to have severe pain over the lower half of the abdomen, but was more tender and rigid in the left flank and iliac fossa.

Her temperature was normal, pulse 78. She was brought into hospital forthwith and given one-third of a grain of morphine. Her condition being good and the diagnosis not clear, it was decided to watch her; the tentative diagnosis was either twisted ovarian cyst or ruptured ectopic pregnancy. Next morning her condition was good, temperature normal, pulse still 78; moderate tenderness and rigidity on left side as before. Examination showed an area of shifting dullness on the left side. Vaginal examination showed that there was no discharge, but the left fornix was full, and somewhat tender.

Menstruation had been quite regular all her married life, but her last period, which had come on a fortnight previously, was one week late; otherwise it was normal, lasting a week and clearing off a week before the attack of pain.

On the diagnosis of ruptured ectopic gestation, she was opened. The abdomen was half full of blood, the uterus was slightly enlarged, and both tubes were normal; but the left ovary was a good deal enlarged, congested, and had a ragged rent about one and a quarter inches long. The specimen was sent to Professor Tanner Hewlett, who reported as follows:

"The greater part of the ovary is occupied by a cyst the size of a walnut. . . . At the 'tube' end of ovary a haemorrhagic area is present, and sections show fibrous tissue and haemorrhages, together with large degenerate cells. These, I think, are decidual cells, and the condition therefore is one of ovarian pregnancy."

Two years ago I had a very similar case in which the signs and symptoms of early pregnancy were present, and the sudden onset of pain with acute abdominal symptoms, combined with the discharge of blood from the cervix, compelled the diagnosis of ruptured ectopic gestation. At operation the abdomen was full of blood, the uterus somewhat enlarged, both tubes normal, but one ovary was much enlarged, with a ragged bleeding tear in it leading to a cavity the size of a small walnut. It seemed obvious to my colleagues and myself that this was a ruptured ovarian pregnancy, but on mentioning the case at a discussion following a paper read at a Branch meeting, I was informed by a gynaecologist from a London teaching hospital that ovarian pregnancy was such a rarely recorded condition that this case could not be accepted as such in the absence of a microscopical examination. I regret this was not made, but I was ignorant of the rarity of the condition.

Neither patient gave a moment's anxiety after the operation.

Sherborne, Dorset. T. MACCARTHY, M.R.C.S., L.R.C.P.

## Reports of Societies

### B.C.G. IMMUNIZATION OF INFANTS

At a meeting of the Section for the Study of Disease in Children of the Royal Society of Medicine on June 9th, with Dr. HUGH THURSFIELD in the chair, Professor A. CALMETTE of Paris spoke on the immunization of infants with B.C.G. In introducing Professor Calmette, the Chairman said that the honour which he had done the Section in coming to give his address was a very great one. Professor Calmette then accepted a diploma of honorary membership to the Section.

Up to the present, Professor Calmette said, physicians in Great Britain had maintained a conservative attitude towards the use of B.C.G. To-day he hoped to convince his hearers that it lay in their power to suppress the mortality due to tuberculosis among children by means of a safe protective measure. In France B.C.G. vaccine

## Obituary

SIR ROBERT H. FIRTH, K.B.E., C.B., F.R.C.S.  
Colonel A.M.S. (Ret.)

As announced in our last issue Colonel Sir Robert Hammill Firth, K.B.E., C.B., late R.A.M.C., died in London on June 5th, aged 72. He was born in Byculla, Bombay, on December 1st, 1858, was educated at Oxford and at University College, London, and qualified as M.R.C.S. in 1879. He obtained the F.R.C.S.Eng. in 1882, and later the D.P.H. of the English Colleges in 1891.

Entering the Army as surgeon on August 4th, 1883, he attained the rank of colonel on November 13th, 1912, and retired on December 25th, 1917, when holding the post of Deputy Director of Medical Services. He served in the Tirah campaign on the North-West Frontier of India in 1897-98, receiving the medal with two clasps, and throughout the war of 1914-18, when he was twice mentioned in dispatches—in the *London Gazette* of January 1st, 1916, and on December 24th, 1917. He was assistant professor of hygiene at the Army Medical School, Netley, from 1892 to 1897, and professor of military hygiene at Netley, and later at the Royal Army College at Millbank, after the school was transferred from Netley, from 1900 to 1906. During the four years from February, 1906, to February, 1910, he was in charge of the School of Army Sanitation at Aldershot.

He collaborated with the late Colonel Notter in the production of Notter's *Theory and Practice of Hygiene*, and largely rewrote the material ten years afterwards. As he explained in his preface, "Notter and Firth" was, strictly speaking, the third edition of the book which Colonel Notter and he brought out in 1896, based upon the well-known work of Dr. Edmund A. Parkes, and the extent of the changes made in the text were such as to render the edition of 1908 practically a new work. The ninth edition appeared in 1921. Colonel Firth was also author of other books on the same subject—*Hygiene and Practical Domestic Hygiene*, and a manual of sanitation for soldiers entitled *Military Hygiene*—and in 1919 he published *Musings of an Idle Man*.

He gained the Alexander Memorial prize and medal in 1888, and again in 1891; and the Parkes Memorial prize and medal in 1889, and again in 1892. He received the C.B. in 1918, and the K.B.E. on June 2nd, 1919. He was for many years a member of council and examiner at the Royal Sanitary Institute, a member of council of the Royal Institute of Public Health, and a Fellow of the Society of Medical Officers of Health. He was also a member of the Société de Médecine Militaire Française. At the Annual Meeting of the British Medical Association at Swansea in 1903 he held office as vice-president of the Section of State Medicine. In 1884 he married Mary, daughter of William Knight of Appledore, Devon, and leaves a daughter.

Mr. ANTHONY BLACKSTOCK, F.R.C.S., orthopaedic surgeon to the Royal Hospital, Wolverhampton, and to the Guest Hospital, Dudley, who died suddenly on June 2nd, was very well known in the district in which he practised. His untimely death came as a great shock to the neighbourhood, as he had been at his usual work in the morning. Mr. Blackstock obtained the M.R.C.S., L.R.C.P. diplomas in 1917, and became M.B., B.S. in 1923, and F.R.C.S. in 1924. For some time he was surgical registrar and out-patient surgical officer to King's College Hospital. He was also a Fellow of the Royal Society of Medicine. Of a quiet and unassuming disposition, he thought and read deeply in science and philosophy, applying his knowledge to his profession with great success. He was especially noted for his kindness to the poor of the hospitals at which he worked. He leaves a widow and three children.

Dr. EVAN J. GRIFFITHS, who died at Porthcawl on June 5th, aged 58, was a native of the Swansea district. He received his medical education at the University of Edinburgh, where he graduated M.B., Ch.B. in 1904; he obtained the D.P.H. Wales in 1910. After graduating he became assistant to Dr. Jones of Penrhiwceiber, and was subsequently appointed medical officer of health for Pontypridd, which office he retained for eighteen years, retiring to Porthcawl some four years ago. During the war Dr. Griffiths served in East Africa, and also accompanied an expedition to North Russia. He leaves a widow and two children. The funeral at Glyn Taff Cemetery was attended by a large and representative gathering.

Dr. J. HAYDN TIMOTHY died on May 27th, after only three days' illness, at the age of 53. Educated at Llandovery College, Cardiff Medical School, and University College Hospital, London, he obtained the diplomas of M.R.C.S. and L.R.C.P. in 1903. After a period as resident medical officer at Fulham Infirmary, he took up practice at Nantgaredig, Carmarthenshire, where he remained until 1919, when he removed to Gwaun-cae-Gurwen, Glamorgan. He was a member of the British Medical Association, and had served on the Glamorgan Panel Committee for many years. Dr. Timothy's genial disposition assured him a large circle of friends among patients and colleagues in the area. He was buried at Nantgaredig on May 29th, and the large gathering at the funeral, both at Gwaun-cae-Gurwen and at Nantgaredig, testified to the esteem felt for him in both areas in which he had practised. He leaves a widow, one son, and two daughters.

Dr. WILLIAM LEWELYN JONES, J.P., died at Merthyr on May 20th at the age of 58. He studied medicine at Glasgow University, where he graduated M.B., C.M. in 1893, and M.D. in 1900; he obtained the F.R.C.S.Ed. in 1901. After spending about twelve months in the East as a ship surgeon in a P. and O. boat, he went into practice with his eldest brother at Blaenavon. He finally settled down in practice in Merthyr, where he was surgeon to the Merthyr General Hospital. He had not been in good health since the death of his wife, about six years ago, and of his son, aged 9, who died some time later. He is survived by two daughters.

## Universities and Colleges

### UNIVERSITY OF OXFORD

Sir Wilmot Herringham, K.C.M.G., D.M., consulting physician to St. Bartholomew's Hospital, has been elected an honorary Fellow of Keble College.

### UNIVERSITY OF CAMBRIDGE

At a congregation held on June 12th the following medical degrees were conferred:

M.D.—\*S. M. Hattersley, \*S. R. Prall.  
M.B., B.CHIR.—G. L. Ormerod, N. H. L. Ridley.  
M.B.—C. Arthur.  
B.CHIR.—A. Barnsley.

\*By proxy.

### UNIVERSITY OF LONDON

#### LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The next series of eight lectures and demonstrations on tropical hygiene, which are intended for men and women outside the medical profession proceeding to the tropics, will be given by Lieut.-Colonel G. E. F. Stammers from July 6th to 10th next. These courses of instruction, in addition to providing simple rules for guidance in regard to preparation for life in the Tropics and personal hygiene, will also embrace a short account of some of the more common diseases, with advice in regard to measures of protection and some guidance in simple methods of self-treatment. The synopsis and other particulars can be obtained from the secretary, London School of Hygiene and Tropical Medicine, Keppel Street, W.C.1.

## VICTORIA UNIVERSITY OF MANCHESTER

Dr. Stephen Leonard Baker has been appointed Procter Professor of Pathology and Pathological Anatomy, in succession to Professor J. Shaw Dunn; he will take up his new duties on September 29th.

## UNIVERSITY OF BRISTOL

The following candidates have been approved at the examinations indicated:

M.D.—S. Patta.

FINAL M.B., CH.B.—(Part I): H. M. F. Finzel (with distinction in Materia Medica, Pharmacy, Pharmacology and Therapeutics, and Forensic Medicine and Toxicology), J. J. Kempton, R. L. Marks. (Part II): Elizabeth S. G. Owen (second-class honours), L. P. Ashton (distinction in Surgery and Obstetrics), J. E. Brown, L. R. Jordan (distinction in Medicine), R. H. Moore. *Group II (Completing Examination)*: Evelyn M. D. M. Collinson, Rowena M. Hickman. *Group I only*: W. A. F. Taylor. *Group II only*: O. J. P. Bollon.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND

An ordinary Council meeting was held on June 11th, when the President, Lord Moynihan, was in the chair.

*Presentation of Gold Medal*

Mr. G. Buckston Browne was introduced, and the President presented him with the Honorary Gold Medal of the College, together with a document declaratory of its award to him, in recognition of his valuable contributions to surgery and of his great liberality in the endowment of an Institution for Surgical Research.

*The late Sir Herbert Waterhouse*

The secretary reported the death, on May 23rd, of Sir Herbert Furnivall Waterhouse, past member of the Council and of the Court of Examiners. A resolution of condolence was passed by the Council.

*Fellowship*

Diplomas of Fellowship were granted to the following forty-five candidates:

S. Riddiough, Edith M. Hall, R. G. Maliphant, J. Gabe, V. M. Albuquerque, G. N. Goben, A. W. Kendall, R. A. King, B. M. Sundaravadanan, A. J. W. Chamings, M. Coleman, T. R. Stevens, A. J. Watson, W. J. Wilkin, S. M. Cohen, J. M. Gibson, Beatrice M. Willmott, A. R. Banham, R. K. Bowes, G. Herbert, M. A. E. Anous, S. Ahmad, B. C. Rennie, C. B. Melville, Joyce R. Woods, B. Willis, A. H. Lendon, J. A. R. O'Regan, M. Backwell, G. H. Brandis, K. B. Bridge, H. A. Brittain, E. L. Button, I. A. Hamilton, H. D. Isaacs, J. Kelly, M. L. Kennedy, A. L. Kerr, S. N. Lytle, G. A. Mason, J. H. O'Donnell, C. M. Smithies, G. G. Talbot, T. Thornton, W. K. Welsh.

*Primary Fellowship Examination*

The following fifty-six candidates, out of 169 entries, were approved at the recent Primary Examination for the Fellowship:

F. W. Allinson, S. O. Aylett, J. E. M. Ayoub, P. S. Bassalvi, Diana J. K. Beck, D. L. C. Bingham, E. W. Bintliffe, Edith J. R. Browne, K. L. Buxton, W. G. Campbell, S. G. Clayton, Gladys E. Clyne, E. A. Danino, G. B. Davis, Rosalind M. S. Derham, K. C. Eden, G. C. Ferguson, W. J. L. Francis, P. E. Glynn, W. H. Graham, T. F. R. Griffin, J. O. Harrison, H. E. James, E. C. Jones, E. J. Javeri, J. H. Kellgren, H. Kelson, C. A. Keogh, B. Kettle, S. Krantz, A. F. Lasrado, N. J. Logic, C. J. Lord, D. McMillan, C. P. Malley, J. A. Martinez, W. Merington, S. N. Mistri, G. A. G. Mitchell, A. J. Moffett, K. G. Munsif, F. D. Murphy, R. P. Osborne, B. H. Page, C. G. Patel, E. E. Price, R. S. Richmond, N. W. Roberts, G. S. Robinson, M. D. Sheppard, M. A. H. Siddiqi, C. B. Singh, U. P. Sinha, E. C. N. Strong, W. D. Walker, Maureen D. Willmott Evans.

*Membership*

Diplomas of Membership were granted to the following candidates, who have now complied with the regulations:

P. Chandra, Hilary S. M. Hadaway, T. Standring.

*Examiners*

Mr. R. M. Vick was elected a member of the Court of Examiners in the vacancy occasioned by the retirement of Mr. Rawling.

The following examiners were elected for the ensuing year:

*Dental Surgery (Surgical Section)*: L. B. Rawling, H. S. Clogg, Russell J. Howard, Gwynne E. O. Williams, John Murray, C. E. Shattock, C. P. G. Wakeley.

*Fellowship (Anatomy)*: P. N. Blake Odgers, \*William Wright, J. E. S. Frazer, J. Basil Hume. (*Physiology*): C. A. Lovatt Evans, R. J. S. McDowall, John Mellanby, \*G. A. Buckmaster.

Under Conjoint Board:

*Elementary Biology*: J. P. Hill, T. J. Evans, G. P. Mudge, C. C. Hentschel. *Anatomy*: R. B. Green, W. E. Le Gros Clark, H. A. Harris. *Physiology*: E. B. Verney, H. Hartridge. *Mid-*

*wifery*: T. B. Davies, A. W. Bourne, S. Forsdike, L. C. Rivett. *Pathology*: C. H. Fagge, C. E. Shattock, W. Bulloch, R. G. Canti. *Diploma in Public Health (Part I)*: J. W. H. Eyre. (*Part II*): C. W. Hutt. *Diploma in Tropical Medicine and Hygiene (Pathology and Tropical Hygiene)*: David S. Harvey. (*Tropical Medicine and Surgery*): G. Carmichael Low. *Diploma in Ophthalmic Medicine and Surgery (Part I)*: W. S. Duke-Elder, C. B. Goulden. (*Part II*): R. Affleck Greeves. *Diploma in Psychological Medicine*: J. G. Greenfield. *Diploma in Laryngology and Otology (Part I)*: W. M. Mollison, Norman Patterson. (*Part II*): W. G. Howarth. *Diploma in Gynaecology and Obstetrics*: J. D. Barris.

\*Examiners for Australia and Canada.

*The Macloghlin Scholarship*

Ten candidates were nominated to compete at the pre-medical examination in chemistry and physics beginning on June 30th for the Macloghlin Scholarship.

*The Buckston Browne Surgical Research Farm*

The ceremonial laying of the foundation stone of the Buckston Browne Surgical Research Farm at Downe, Kent, will take place on July 8th.

## ROYAL COLLEGE OF PHYSICIANS OF IRELAND

At the monthly business meeting of the College held on June 5th, the following successful candidates were duly admitted Licentiates and Members of the College: A. J. P. Alexander, A. G. Thompson, H. L. Chopra.

The representative of the College on the Irish Medical Council reported on the recent proceedings of the Council.

A letter was read from the presidents and trustees of Lakeside Hospital, Cleveland, U.S.A., inviting the College to be represented at the dedication of the hospital on June 17th.

## The Services

On June 8th Surgeon Rear-Admiral Reginald Bond, C.B., had the honour of being received by His Majesty at Buckingham Palace upon his appointment as Medical Director-General of the Navy.

## FLORENCE NIGHTINGALE MEDAL

On the afternoon of June 29th, at Bedford College, Sir Arthur Stanley, chairman of the British Red Cross Society, will present to Dame Anne Beadsmore Smith, D.B.E., R.R.C., the International Red Cross Committee's Florence Nightingale Medal. This is awarded annually to the six most deserving nurses selected by the International Committee from amongst names submitted by the National Red Cross Societies. Dame Anne Beadsmore Smith, who has been matron-in-chief of the Territorial Nursing Service since 1925, served with the Forces throughout the South African war, and was principal matron in France and Malta in Queen Alexandra's Imperial Military Nursing Service from 1914 to 1917, and matron-in-chief of the Q.A.I.M.N.S. at the War Office from 1917 to 1924.

## DEATHS IN THE SERVICES

Major Ulick Joseph Bourke, Indian Medical Service, died at Gaya on May 7th, aged 45. He was born on May 12th, 1885, the elder son of Lieut.-Colonel U. J. Bourke, R.A.M.C. (ret.), was educated at Glasgow University and the London Hospital, and took the Scottish triple qualification in 1910. He joined the R.A.M.C. as a temporary lieutenant on January 21st, 1915, took a permanent commission in the I.M.S. on May 30th, 1916, and became major on January 21st, 1927. During the war he served in France and Belgium in 1914-15, in Iraq 1917-18, and in Macedonia in 1918. For the last two years he had held the post of superintendent of Gaya Central Jail.

Lieut.-Colonel Edward Reginald Johnson, Bengal Medical Service (ret.), died in Kensington on May 15th, aged 85. He was born on January 23rd, 1846, the son of William Johnson, Esq., land surveyor, of Stratford, Manchester, was educated at Bart's, and took the M.R.C.S. in 1867 and the L.R.C.P.Ed. and L.S.A. in 1868. Entering the I.M.S. as assistant surgeon on October 1st, 1868, he became surgeon major after twelve years' service, and brigade surgeon lieutenant-colonel on October 1st, 1893, and retired on January 2nd, 1894. He served on the North-East Frontier of India in the Lushai campaign of 1871-72, when he was mentioned in dispatches, and received the frontier medal with a clasp; and in the Akha campaign of 1883-84, when he was again mentioned in dispatches, but no medal was given for that campaign.

## Medical News

The annual dinner of the West London Medico-Chirurgical Society will be held at the Trocadero Restaurant on Wednesday, July 1st, at 7.30 for 7.45 p.m.

The annual dinner of the Cambridge Graduates' Medical Club will be held in Downing College on Friday, July 3rd, at 7.45 p.m., with Sir Humphry Rolleston, Bt., president of the club, in the chair. The annual meeting will precede the dinner at 7.15 o'clock. The honorary secretaries are Mr. Reginald Vick and Dr. F. G. Chandler.

At a meeting of the Society for the Study of Inebriety, to be held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, July 14th, at 4 p.m., Sir Malcolm Delevingne, K.C.B., Deputy Permanent Under-Secretary of State for the Home Office, will deliver an address on drug addiction as an international problem.

The annual general meeting of the Medico-Legal Society will be held at 11, Chandos Street, W.1, on Thursday, June 25th, at 8.15 p.m. This will be followed by an ordinary meeting, when Dr. T. H. Elench will read a paper on "Crime investigation in Paris," to be followed by a discussion.

At the next meeting of the Optical Society, to be held at the Imperial College of Science and Technology, South Kensington, on Thursday, June 25th, at 7.30 p.m., a demonstration will be given by Messrs. H. H. Emsley and E. F. Fincham on the anumbra prism ophthalmoscope.

The Royal Free Hospital, whose two most pressing needs at present are funds to complete the nurses' home and contributions to the general maintenance scheme, is much indebted to the generosity of Miss Ruth Draper in giving, at the Vaudeville Theatre, an extra matinée, with a special programme, for the hospital on June 30th, at 2.45 p.m.

The summer meeting of the Institution of Heating and Ventilating Engineers will be held at Harrogate from June 22nd to 24th. The agenda includes a paper by Mr. A. F. Dufton entitled, "Radiant heat: A contribution to the study of the heating of school buildings."

The forty-second Congress of the Royal Sanitary Institute will be held in Glasgow from July 4th to 11th; Sir Henry Mechan, the founder of the Chair of Public Health in the University of Glasgow, will preside. The subjects to be discussed in the Sections and conference cover a wide field, and include the role of the hospital relative to the development of preventive medicine, and the proposals of the British Medical Association for a general medical service. Dr. Walter Elliot, M.P., will deliver a lecture on "A continuous health policy" on Friday, July 10th. Over 920 delegates have been appointed from Government departments, the colonies, and some foreign nations, as well as 500 municipal authorities, societies, and universities. A health exhibition will also be open during the meeting.

Detailed information about the lectures and demonstrations arranged for next week by the Fellowship of Medicine and Post-Graduate Medical Association will be found at page 260 of the *Supplement*. The special evening lectures to candidates for the M.R.C.P. are being continued. Syllabuses and tickets for all the courses may be had from the Fellowship of Medicine, 1, Wimpole Street, W.1.

A series of weekly lectures on proctology has been arranged by the staff of St. Mark's Hospital, City Road, E.C.1. On Thursday, July 9th, Mr. Lockhart-Mummery will discuss perineal excision of the rectum, with cinematograph demonstration. Sir Charles Gordon-Watson will lecture on carcinoma of the colon on Thursday, July 16th. The injection treatment of piles will be the subject of a lecture by Mr. E. T. C. Milligan on Thursday, July 23rd, and Mr. W. B. Gabriel will speak on anal fissure on Tuesday, July 28th. The lectures commence at 4.30 p.m., and are open to registered medical practitioners free of charge.

The German medical authorities have recently established a wireless coastal station known as "Elbe-Weser-Radio," through which any ship can obtain medical advice, such calls for assistance being connected directly through the new station to the National Hospital at Cuxhaven.

A feature of the International Rotary Conference which is about to be held in Vienna will be a vocational meeting of Rotarian members of the medical profession from all parts of the world to be held in the house of the Gesellschaft der Aerzte. At this meeting Professor Wagner-Jauregg will give a twenty-minute lecture on the treatment of general paralysis by infection with malaria parasites. The lecture has been printed in three languages, and is to be distributed in advance to medical members of the conference.

The international exhibition of hygiene at Dresden has been reopened from May 15th until September 30th.

A statue of the celebrated histologist Professor Ramon y Cayal was recently unveiled in the courtyard of the Madrid Faculty of Medicine.

Professor Fritz Lange of Munich has been made an honorary member of the British Orthopaedic Association.

## Letters, Notes, and Answers

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

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

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

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

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

The **TELEGRAPHIC ADDRESSES** are:

**EDITOR OF THE BRITISH MEDICAL JOURNAL, Antiology Westcent, London.**

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

**MEDICAL SECRETARY, Medisecra Westcent, London.**

The address of the Irish Office of the British Medical Association is 18, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumshough Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

## QUERIES AND ANSWERS

### Pyrexia after Confinement

"J. D." writes: A young woman has been running a temperature nightly of 101° to 103° F. since her confinement a month ago. A consultant surgeon has diagnosed mild endometritis and advised quinine and iron, but the patient gets weaker. Can anyone suggest what should be done either to make an exact diagnosis or by way of treatment?

### Urticaria

"PRACTITIONER" (Scotland) writes: Can any reader suggest a remedy for urticaria in a very nervous woman, aged 44; duration about two years? Apart from her nervous symptoms, menopausal changes, and haemorrhoids, she is a healthy woman. She has been treated in hospital and in nursing homes (under skin specialists) with everything worth trying—for example, calcium by every method and preparation, adrenaline, pituitrin, bowel irrigation, streptococcal vaccines, etc. The vaccine at first seemed to help a little. Diet has no effect. The urticaria affects arms, body, and face, and to a slight extent the buccal mucous membrane, and recurs every two or three days.