

Brocq, however, both disagreed with Darier's views on dysidrosis, and in 1924 Sicoli, a pupil of Sabouraud, attempted by histo-pathological investigation to reaffirm Tilbury Fox's contention. Some of his sections exhibited dilatation and rupture of the intra-epidermal portion of an occasional sweat duct in cases of dysidrosis; the dermal portion of the duct and the coil glands were, however, undamaged. In these cases microscopical and cultural examinations had failed to reveal the presence of fungus of any kind, and the author regarded them as examples of true dysidrosis. It may, however, be argued that the intra-epidermal portion of the sweat duct would naturally be involved in the general disorganization of the epidermis that occurs in vesicular eczema, and this investigation cannot be said to have proved anything except perhaps the existence of a non-mycotic variety of dysidrosis.

To-day there are many who, like Darier, decline to admit the existence of true dysidrosis, believing that the condition is merely a special aspect of a number of well-known dermatoses. Of these, by far the most important is mycotic infection. The fungus is almost always the epidermophyton, which has a predilection for moist surfaces, especially moist intertriginous surfaces, and which is extremely prevalent in England nowadays. The interdigital spaces of the toes are very commonly attacked, and the infection may be present in that situation for years without causing much annoyance. The spaces are generally, though not always, lined with tough, dead-white, sodden epidermis, particularly between the little and fourth toes. This is sometimes regarded by patients as a normal state of affairs unworthy of notice; but they quite often seek advice for a dysidrosiform eruption of the hands, of the feet, or of the hands and feet. Microscopical examination in liquor potassae of a scraping of sodden epidermis from an interdigital space, or of the roof of a vesicle on the foot, reveals the presence of mycelium, often in abundance, but sometimes difficult to find. Conversely, a search for fungus in the hand is often unsuccessful. It has been demonstrated by experiment in the human subject that the epidermophyton secretes an endotoxin which, entering the blood stream, can give rise to a dysidrosiform eruption on the palms, fingers, and soles—an epidermophytid. The eruption on the palms and fingers, however, may, like that of the feet, be due to direct infection. Ringworm infection disposes of a very large proportion of the cases of dysidrosis; in fact, the fungus has been found in every case of dysidrosis that I have seen this summer. In one of these the interdigital spaces of the toes were quite normal. The thrush fungus (*Monilia albicans*) and other varieties of monilia are also capable of causing dysidrosis. These fungi are rather difficult to see in a direct examination, and though they may appear in cultures, it is generally recognized that they are capable of thriving on dermatoses that they have not themselves created. Further work will be necessary to establish the role of fungi of the monilia group in dysidrosis.

Exogenous irritants may produce a condition objectively identical with dysidrosis of the hand. The subjects attacked are chiefly those who suffer from hyperidrosis of the palms and soles. Again, it may be a manifestation of seborrhoeic eczema. It is well recognized that seborrhoeic eczema of the scalp and other parts may be accompanied by an eruption of the palms and soles identical with dysidrosis. Dysidrosis may complicate eczema of any type—for example, lichenified eczema of any part, chronic varicose eczema, and pruritus ani with eczematization. In such cases dysidrosis is probably due to sensitization of the skin generally by the products of tissue autolysis derived from the primary foci. Dysidrosis may

complicate seborrhoea, or seborrhoea with pityriasis of the scalp. Here the important factor would appear to be the hyperidrosis which generally accompanies this state.

Having thus considered the cases of dysidrosis complicating other dermatoses, it is necessary to inquire whether any cases may be regarded as idiopathic, or true, dysidrosis. Evidently the conception of Tilbury Fox must be completely abandoned, for it has been demonstrated beyond reasonable doubt that dysidrosis is vesicular eczema. Nevertheless, the fact remains that there are many who, in the apparent absence of any of the causes already mentioned, develop dysidrosis regularly every summer or at intervals throughout the year. The only obvious cause would appear to be hyperidrosis, from which the patients invariably suffer. Mild cases, affecting only the lateral aspects of the fingers, are more common than severe cases. In some, the vesicular phase is lacking, and here the early lesions resemble air bubbles, some of which become confluent to form polycyclic figures.

The association of dysidrosis with hyperidrosis, and the occurrence of the attacks at times when sweating is particularly profuse, suggest that the sweat itself is perhaps the causal irritant. Patients may conceivably become sensitized to their own sweat. Unfortunately, owing perhaps to the difficulty of collecting sweat in adequate quantity, its composition in pathological disturbances of the skin such as dysidrosis has not yet been the subject of research. Future study will no doubt determine the precise relation of the sweat to the condition which we now regard as idiopathic or true dysidrosis.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### SCLEROSING SOLUTION FOR INJECTION OF VARICOSE VEINS

A number of solutions are to-day being used for sclerosing varicose veins; some of them are dangerous, and have caused serious, and even fatal, after-results. The safest injections for the purpose, and perhaps the most effective of all, are the NaCl solutions; pure, they have a marked proclivity to sloughs should any of the fluid become perivascular, otherwise they are perfectly safe in any reasonable amount.

#### THE SOLUTION

For over a year I have been using a 20 per cent. NaCl combined with an active material from saponified cod-liver oil. It is free from the disadvantages of pure NaCl solutions, and is most effective in sclerosing the veins. In salting out special solutions from various unsaturated fatty acids, the filtrate invariably had a low surface tension. Eventually the solution was standardized to a surface tension of approximately 0.80, as ascertained by the drop method. The pH of the solution lies between 9 and 9.3, and there is present a small quantity of a substance which appears to be the sodium salt of some resinous compound; the amount of the latter is only about 0.15 per cent.

#### RESULTS

I have now given some 2,000 injections with the solution, and have yet to record a single case of local or general complication, either immediate or remote. These results may be accounted for by the fact that the solution is almost a physiological one, containing as it does less than 0.2 per cent. of the sodium resin referred to above. This small amount is, however, enough to change the physical and chemical properties of ordinary salt solutions. It has a

more efficient sclerosing action on the veins themselves, and is apparently harmless to the surrounding and paravenous tissues.

With this non-caustic hypertonic solution the following clinical points have been noted. (1) There was no untoward local or general reaction (anaphylaxis, haematoma, chemical ulcer). (2) In markedly positive cases a considerable number of veins become sclerosed after such small doses as 0.5, 1, or 2 c.cm. Similar doses should invariably be tried in the first instance, as by them as much as three to twenty or more centimetres of a vein have become obliterated. The normal dose for one vein is 5 c.cm.; for several at one sitting, 30 c.cm. (3) Immediately following the injection some cramp-like pain may be felt for a few minutes. (4) A general, fugitive, non-painful blushing of the skin occurs over and around the site of the injection, most marked in positive cases.

#### REACTIONS

The cramp is most severe when rapid obliteration is to follow, and since cramp, veno-spasm, and "tightness" over (and extending beyond) the site of the injection are experienced to some extent by all patients, the solution is a "guidable" one. This spontaneous transient pain is always of short duration and not severe—generally proportionate, however, to the existing pathological condition, length, and number of veins subsequently involved by the process. As with other solutions, about 1 per cent. of all cases show a sharp reaction—pain, swelling, and inability to get about—due to a spreading venitis (Sicard), and chiefly found in cases with a previous history of some form of phlebitis. This reaction is never serious, is unaccompanied by fever, and lasts but a few days; rest and the application of heat during the acute stage may be required.<sup>1</sup> Several patients have had their veins completely obliterated without experiencing any spontaneous pain. In all negative cases only slight local discomfort will be felt for a few minutes or hours, limited strictly to the injected area.

Should any appreciable amount of the injection escape into the surrounding tissues, the patient will be conscious of it by a stinging pain; with other solutions this would indicate possible future trouble; here no ulceration need be feared, but the injection must be stopped at once. Should this pain be at all severe or prolonged beyond a few minutes, a subcutaneous injection of 2 or 3 c.cm. of sterile water will relieve it, and at the same time act as a further safeguard against any possible complication.

The foregoing does not mean that great care should not be exercised when giving these injections; the knowledge that this solution is apparently perfectly safe must not make the operator careless either in his diagnosis or technique.

#### CONCLUSIONS

1. The solution is safe, even when large amounts are injected at one sitting.
2. Its curative effects begin in a minimum of time, and are rapidly progressive to the formation of an extremely hard and adherent clot.<sup>2</sup>
3. It is "guidable" by the relatively slight pain which it causes during the injection.

The physical and chemical investigations of the solution were kindly undertaken by Mr. R. T. M. Haines, M.A., and Mr. G. D. Greville, M.A., of the Research Department, Crookes's Laboratories.

#### REFERENCES

- <sup>1</sup> Horn, O., and Foged, J.: *Ugeskrift for Læger*, June 11th, 1931, p. 625. (*British Medical Journal*, Epitome, 1931, ii, para. 254.)
- <sup>2</sup> Kettel, K.: *Ibid.*, p. 641. (*British Medical Journal*, Epitome, 1931, ii, para. 286.)

T. HENRY TREVES-BARBER, M.D., B.Sc.

London, S.W.1.

## Reports of Societies

### CRYSTALLINE VITAMIN D

At a meeting of the Royal Society on January 21st, a paper on crystalline vitamin D, by F. A. Askew, R. B. Bourdillon, H. M. Bruce, R. K. Callow, J. St. L. Philpot, and T. A. Webster was communicated by Sir HENRY DALE, Sec. R.S. Further purification of the antirachitic principle has been achieved by esterification of the crystalline distillation products formerly described as "calciferol." The purified calciferol now obtained has an antirachitic activity twice as great as any previously recorded, and appears to be identical with the vitamin D<sub>2</sub> of Linsert and Windaus. The purified product still produces toxic effects when given in excessive doses.

A simplified process was described by the authors for preparing the pure product from the irradiation products of ergosterol without distillation, and an account given of two inactive compounds termed "pyrocalciferol" and "sterol X." Evidence was given of the relations between the crystalline antirachitic products hitherto described, showing that the activity of each of them was due to one common constituent. Thus the vitamin D<sub>1</sub> of Windaus was a compound of calciferol (=vitamin D<sub>2</sub>) and sterol X, and the crystalline distillation products first described contained pyrocalciferol and sterol X, as well as calciferol. The authors showed that the separation of a series of crystalline products possessing equal antirachitic activity, but widely different optical rotations, might be accounted for by the existence of solid solutions of the two molecular compounds calciferol-pyrocalciferol and calciferol-sterol X. Melting-point data were given showing that this system afforded an interesting study in the application of the phase rule. The probability was discussed that calciferol (and vitamin D<sub>2</sub>) represented "vitamin D" in a state of approximate purity.

### USES OF OXYGEN AND CO<sub>2</sub> IN MEDICINE

At a meeting of the Section of Therapeutics and Pharmacology of the Royal Society of Medicine, on January 12th, with Dr. E. P. POULTON in the chair, a discussion took place on the uses of oxygen and CO<sub>2</sub> in medicine, accompanied by a demonstration of various gas administration apparatus.

Dr. J. S. HALDANE gave a short account, from the physiological point of view, of the effects of adding oxygen or CO<sub>2</sub> to the inspired air under different conditions, and then described briefly the apparatus shown, lent mainly by Messrs. Siebe Gorman and Co., Ltd., whose co-operation he and other speakers mentioned appreciatively.

In the normal breathing of ordinary air, said Dr. Haldane, the lung ventilation was maintained at a certain level characteristic for each person, and usually corresponding to 5.5 per cent. of CO<sub>2</sub> in the alveolar air. If the supply of CO<sub>2</sub> in the inspired air was increased, the breathing was, of course, increased correspondingly, mainly by greater depth of inspiration. In this way the oxygen content in the mixed alveolar air was kept at about 14 per cent. The oxygen was not evenly distributed among the alveoli, and the higher oxygen at some places did not compensate for the lower oxygen at others. When the breathing was shallow and rapid, even though the volume breathed might be much increased, the deficiency in the mixed arterial oxygen pressure became much exaggerated, and usually caused symptoms of want of oxygen. These symptoms, such as Cheyne-Stokes breathing and general discomfort, were relieved permanently by adding a little oxygen to the inspired air. There were various clinical conditions, as in bad cases of pneumonia or shock, in which the breathing became very

6,000 miles of coastline included a variety of scenery and climate which was certainly unsurpassed.

Colonel R. H. ELLIOT recounted the different stages of this movement since Lord Snowden's suggestion last year that people should winter in England. The Medical Advisory Committee, which included some of the most honoured names in the profession, had been extremely helpful, and he had been astonished at the possibilities of this movement. Those who initiated it had never expected such a large amount of co-operation and help from outside sources. As time had gone on, their ideas had expanded; they were no longer thinking of the present winter alone, but an association which might grow to embrace all the health resorts of the British Isles all the year round and for all time. He added that they were not in opposition to any other society, nor to the health resorts of any other country, but they felt that too little had been said in favour of Britain, whilst foreign resorts had been very actively advertised.

Lord MESTON spoke on the need for convincing the British public of the excellence of the sea-coast resorts, where there were health-promoting factors as good as any which the wealthy found abroad. Lord DUNDONALD also contrasted the south coast of England with the Mediterranean, to the disadvantage of the latter.

#### APPOINTMENT OF COMMITTEE

When it came to the putting of several resolutions which were before the meeting, a certain spirit of criticism developed among representatives of the municipalities. Notwithstanding the assurance that the new organization would co-operate with all and compete with none, several speakers from the coast showed that they were jealous for the prestige of the organizations already in the field, notably, the Travel Association and the National Health and Pleasure Resorts Association. A representative of the latter body spoke of the dangers of overlapping, and mentioned that the two organizations just named had already in the shaping a central bureau of information. An amendment to the principal resolution was proposed by a representative of Great Yarmouth to the effect that instead of a British Coast Resorts Association being formed at that meeting, a committee should be formed with the object of considering the setting up of such a body, and this was seconded from Blackpool, and agreed to by the chairman. As ultimately carried the resolution read:

That there be formed a committee to consider the advisability of creating a British Coast Resorts Association with aims as set out in the memorandum [summarized above], and that such association co-operate with existing institutions, in particular with the Travel Association, the British Spas Federation, and the National Health and Pleasure Resorts Association.

Another resolution on the agenda was that the executive committee to be appointed should consist of eight medical and eight municipal members, representing the various regions of the coast of Great Britain and Ireland, two representatives of the British Spas Federation, and those who had so far constituted the Provisional Committee, with power to add to their number.

The question was raised as to how the medical and municipal members were to be chosen. The CHAIRMAN suggested that it should be left to the British Medical Association to nominate the eight medical members, but in the result a proposal was adopted that the Medical Advisory Committee, which was set up at the previous meeting held on December 9th, should be asked to select these eight. It was also proposed that the municipal representatives should be chosen at regional conferences to be arranged on the coast in each area in the early part of 1932, but several of those present at the meeting urged the claims of the National Health and Pleasure Resorts

Association, which is holding its annual conference shortly, and it was eventually agreed that that body should elect eight members to the committee, and that certain other representatives should be obtained for Scottish, Irish, and Welsh areas.

In view of the fact that the intention of the meeting had been in some respects altered, so that only a committee was formed instead of the actual association, certain other resolutions on the agenda, to the effect that regional conferences should be arranged, and that a central bureau should be set up in London, were held over for further consideration.

### MEDICAL CONGRESSES, 1932

The following congresses and conferences on medical and allied subjects have been announced for 1932. Particulars are given below in the following order: date, name of organizing body, place of meeting, name of person to whom inquiries should be addressed. More detailed information about these meetings is given from time to time, as it becomes available, in the news columns of the *British Medical Journal*.

*February*.—German Association for Occupational Hygiene. Nuremberg. Secretary of Association, Platz der Republik 49, Frankfurt-on-Main.

*March 15-16*.—International Society of Surgery. Madrid. Dr. L. Mayer, 72, Rue de la Loi, Brussels.

*April 11-14*.—German Society for Internal Medicine. Wiesbaden.

*April*.—German Society for Urology. Vienna.

*May 9-13*.—American Medical Association. New Orleans. Secretary of Association, 535, North Dearborn Street, Chicago.

*May 10-15*.—Royal Institute of Public Health. Belfast. Secretary of Institute, 37, Russell Square, W.C.1.

*May*.—International Union of Local Authorities. England. Mr. G. M. Harris, Ministry of Health, Whitehall, S.W.1.

*June*.—British Hospitals Association. Liverpool. Secretary of Association, 12, Grosvenor Crescent, S.W.1.

*July 9-16*.—Royal Sanitary Institute. Brighton. Secretary of Institute, 90, Buckingham Palace Road, S.W.1.

*July 26-30*.—British Medical Association Centenary Meeting. London. Medical Secretary, B.M.A. House, Tavistock Square, W.C.1.

*July*.—Congress on Paediatrics. Geneva. Secretary of Save the Children International Union, Geneva.

*August 15-18*.—International Congress on Light. Copenhagen. Dr. Kissmeyer, Finsens Lysinstitut, Strandboulevarden, Copenhagen.

*September 6-9*.—International Union against Tuberculosis. The Hague. Secretary of Union, 2, Avenue Velasquez, Paris VIII.

*September 12-17*.—International Congress of Tropical Medicine. Amsterdam. Professor E. P. Snijders, Institute of Tropical Medicine, Mauritskade 57, Amsterdam.

*September 20-25*.—International Congress of Mediterranean Hygiene. Marseilles. Dr. Violle, 40, Allées Léon Gambetta, Marseilles, or Dr. Broquet, 195, Boulevard St. Germain, Paris VII.

*October*.—French Congress of Stomatology. Paris.

*1932*.—International Congress of Oto-rhino-laryngology. Madrid.

*1932*.—Italian Congress of Urology. Bari.

*1932*.—Pedagogic Medical Congress. Rome.

*1932*.—German Dermatological Society. Vienna.

*1932*.—Society for the Study of Diseases of Digestion and Metabolism. Vienna. Professor von den Velden. Bambergerstrasse 49, Berlin, W.30.

*1932*.—International Conference on Tuberculosis. Davos. Secretary, Medical Society, Davos-Platz, Switzerland.

with a quiet touch of humour, will be long remembered by all who came in contact with him. In his earlier days he was fond of cricket, and later was a very regular golf player. His club was at Mitcham, and there he played every week with the late Sir Thomas Smith and Sir Anthony Bowlby, though after they had gone he played little or not at all. He was a delightful colleague, always reliable and trustworthy, with a very strict sense of honour. His genial personality will be greatly missed by the many friends to whom he had endeared himself.

A memorial service was held in the Hospital Church of St. Bartholomew-the-Less on January 18th; the Rev. J. L. Douglas, Vicar and Hospitaller, and Canon Hopkins officiated. There was a large attendance of relatives and friends, and of representatives of the different organizations with which Dr. Calvert had been associated.

[The photograph reproduced is by Elliott and Fry, London.]

#### E. HYL A GREVES, M.D., F.R.C.P.

Honorary Physician, Royal National Sanatorium, Bournemouth

We regret to record the death, on January 12th, of Dr. Edwin Hyla Greves, a leading member of the medical profession in Bournemouth. He was born at Bromsgrove, and from Shrewsbury School went to study medicine at the University of Edinburgh, graduating M.B. and C.M. with honours in 1879, at the age of 23. In 1885 he proceeded to M.D., receiving the gold medal for his thesis; in 1889 he obtained the M.R.C.P. diploma, and in 1922 was elected a Fellow of the Royal College of Physicians of London. While in Edinburgh he served as demonstrator of anatomy at the University, and was resident house-surgeon at the Royal Infirmary; he then became senior demonstrator of anatomy at University College, Liverpool, medical registrar and pathologist to the Liverpool Royal Infirmary, and physician to the Liverpool Infirmary for Children. To his keen regret he had to give up work in that city for reasons of health, and settle on the South Coast. A man of his ability and experience soon acquired consulting work in Bournemouth and its neighbourhood, and with improving health Dr. Hyla Greves steadily widened the sphere of his activities. Among the many posts he held were those of honorary physician to the Royal National Sanatorium, Bournemouth, visiting physician to the Dorset County Asylum, visiting physician to the Dorset Red Cross Convalescent Home for Children, Swanage, and to the Lymington and District Cottage Hospital, and honorary medical referee to the National Hospital for Consumption, Ventnor. He had long been a member of the Bournemouth Division of the British Medical Association, and held office as president of the Dorset and West Hants Branch in 1905.

A senior member of the Bournemouth Division sends the following appreciation:

The death of few men could have created a greater loss to Bournemouth than that of Edwin Hyla Greves—more especially to those of his colleagues who have had the privilege and pleasure of being intimately associated with him in his professional work. Greves came to Bournemouth to die, and he took a macabre pleasure in possessing a certificate stating that he was suffering from general miliary tuberculosis. Fortunately for this town and district he did not die, but lived to do an amount of work that few men, however strong, could have exceeded. He had a wonderful knowledge, not only of his profession, but of men and matters, and this accounts for the exceptionally successful career and the premier position in his profession which he quickly attained and held unchallenged up to the day of his death. His services as a consultant were eagerly sought by his professional brethren over a large area in the surrounding neighbourhood, not only for

their patients, but for themselves and their families. To his colleagues he was loyal, urbane, and resourceful. To his patients, though direct, he was sympathetic, and always inspired them with a feeling of confidence. No man is essential in his profession, but it will be a long time before we find such another as Edwin Hyla Greves.

A colleague writes:

No one could come into contact with Dr. Hyla Greves without realizing that he possessed something besides great intellectual attainment and a high sense of duty. It must have been this quality—faith, vision, personality, or something of all three—which enabled him to remain so alive to new impressions, alert for new ideas, and able to meet the physical demands of his enormous practice, in spite of advancing years, and, recently, obviously failing health. Another reason was that, while there was work to be done, he never wasted time or allowed anyone to waste it for him. He hated insincerity in any shape or form, either in colleague or patient, and, when he met with it, dealt with it with characteristic brusqueness. In the presence of real illness or distress of mind his charm and kindness knew no bounds. He combined great clarity of thought and expression with a very retentive memory and a great sense of humour. This made him a born teacher, and it was impossible to be with him, even for a few minutes, without learning something. Very modest about his own attainments, he was quick and generous to recognize ability in others. His loyalty and sincerity made him the best of friends. He found pleasure and beauty in simple things. He enjoyed his short holidays to the full. It would have been impossible to imagine him ever bored or at a loss for occupation, even had he retired. As it was, he died in harness, having literally spent himself to the last ounce in the service of his fellow men.

Dr. L. A. WEATHERLY writes:

In his skill in diagnosis, in his clinical knowledge, and use of the most up-to-date therapeutics, Hyla Greves, my junior by five years, was, in many ways, I feel, the equal if not the superior of the giants of our younger days, of whom we often talked—George Burrows, William Jenner, James Paget, William Gowers, William Broadbent, Lauder Brunton, and David Ferrier. I must recall a personal experience. In the bitter winter of 1916 and 1917 I was attacked for the fourth time with double pneumonia. When Greves came to see me I was in a semi-conscious state. He quickly diagnosed a typhus pneumonia with purpura haemorrhagica. My windows were at once thrown wide open and hail and snow drove into my bedroom. Turpentine and white of egg were poured down my throat, and after many weeks of the greatest care and attention by my colleague I was up and about again. He had saved my life. Not only in Bournemouth, where he had practised for over forty-four years, but throughout Hampshire, Dorset, Wilts, and Somerset, Hyla Greves will be greatly missed as a consultant, and his place will be difficult, if not impossible, to fill. He was a devoted friend and a truly great physician, and during the short time I may have to live I shall ever mourn his loss.

The following well-known foreign medical men have recently died: Professor PAUL HEIMS-HEYMANN, editor of an important textbook on laryngology and rhinology; San-Rat ALFRED SCHAUZ, an eminent Dresden orthopaedist, aged 63; Dr. KARL THONES, a prominent surgeon of Speyer; Professor OTTO ZIEGLER, honorary professor of the Hanover medical faculty, aged 51; Dr. SAVAS, professor of hygiene and bacteriology at the Athens medical faculty; Professor KEIZO DOHI, formerly director of the dermatological clinic at Tokio; and Professor ALPHOUS JAKOB of Hamburg, author of works on syphilis and the central nervous system.

## The Services

### DEATHS IN THE SERVICES

Lieut.-Colonel William Alexander Lee, Madras Medical Service (ret.), died at Hampstead on December 20th, 1931, aged 77. He was born on August 13th, 1854, was educated in Dublin, and took the L.R.C.S.I. and the L.K.Q.C.P. in 1875. Entering the I.M.S. as surgeon on September 30th, 1876, he became surgeon lieutenant-colonel after twenty years' service, was placed on the selected list for promotion on June 30th, 1903, and retired, with an extra compensation pension, on April 7th, 1908. Most of his service was spent in civil employ in the Madras Presidency.

Major Munguldass Tuljaram Khandwalla, I.M.S., died on August 11th, 1931, aged 38. He was born on November 16th, 1892, and was educated at Bombay University, where he graduated as M.B. and B.S. in 1914. He took a temporary commission as lieutenant in the I.M.S. on March 11th, 1916, became temporary captain after a year's service, and received a permanent commission on November 1st, 1920, being ranked as captain from May 29th, 1917. He became major on March 11th, 1928. He served in the great war of 1914-18. He was in civil employ in the Madras Presidency, and held the post of superintendent of the Central Jail at Cannanore.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY (*Part I*).—Margaret Ann Bromhall, J. S. Brown, G. T. Calthrop, E. R. Crisp, J. Das, A. C. Devaraj, Marjorie P. C. Greene, J. P. Grieve, H. J. Ham, M. H. Hellman, C. H. Hilliard, R. F. Innes, J. N. Jacobson, B. Kanhya Lal, J. M. Lees, W. D. C. McCrorie, W. K. Morrison, S. A. Nagga, J. L. Razdan, R. L. Robinson, E. W. H. Shawcross, F. G. Stewart, E. R. Williams.

### UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

M.D. (*Branch I, Medicine*): S. I. Abrahams, A. L. Banks, W. S. Chapman, A. Clark, C. F. Cosin, S. S. Cruden, J. Davies, H. A. Dunlop, M. P. Ellis, J. R. Forrest, F. A. Gaydon, F. F. Hellier, D. F. Kanaar, S. Kin, L. P. E. Laurent, D. T. R. Morris, H. W. A. Post, Henrietta Procter, H. A. H. Selbourne, S. Shone, Norah E. Trouton. (*Branch III, Psychological Medicine*): Eleanor M. Creak, Mary C. Luff. (*Branch IV, Midwifery and Diseases of Women*): Olive K. Burnett, Evangeline A. Clark, Gladys Kay, Emma J. King, Gladys E. McCabe, Eva J. Newton, Thelma Shepherd. (*Branch V, State Medicine*): \*G. R. Marciano, H. L. Oldershaw. (*Branch VI, Tropical Medicine*): \*A. G. Harsant.

\* Awarded a mark of distinction.

### NATIONAL UNIVERSITY OF IRELAND

A meeting of the Senate was held on January 14th. Dr. J. F. O'Carroll was appointed a member of the governing body of University College, Dublin, for three years.

Dr. J. C. Saunders, professor of hygiene and public health in University College, Cork, was appointed to represent the University at the annual conference of the Association for the Prevention of Tuberculosis in London this year.

A resolution of condolence with the relatives of the late Dr. Denis D. Donovan, for many years professor of hygiene in University College, Cork, was adopted.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

A quarterly meeting of the Council of the Royal College of Surgeons of England was held on January 14th, when Lord Moynihan, the President, was in the chair.

#### Appointments

Mr. E. Rock Carling, Mr. A. E. Webb-Johnson, and Mr. Claude H. S. Frankau were readmitted members of the Court of Examiners. Miss M. L. Tildesley was appointed curator of the Department of Human Osteology in the Museum. Mr. H. Jackson Burrows, F.R.C.S., was appointed honorary cytologist. Mr. FitzRoy Sapte was appointed solicitor to the College in place of the late Mr. E. Hugh N. Wilde.

#### Hallett Prize for Anatomy and Physiology

The Hallett Prize for Anatomy and Physiology was awarded to Mr. D. M. Stern.

### Diplomas

A Diploma of Fellowship was granted to Ralph O. Lee.

Diplomas of Membership were granted to H. F. Bateman and G. Ashton.

Diplomas in Psychological Medicine were granted jointly with the Royal College of Physicians to the following candidates: C. E. Allen, J. C. Batt, F. H. Beare, H. C. Beccle, C. L. C. Burns, E. M. Butler, Irene Dixon, W. J. McCulley, F. L. McLaughlin, J. H. Mulvany, E. U. H. Pentreath, Irene Yates, G. C. Young.

Diplomas in Laryngology were granted jointly with the Royal College of Physicians to the following candidates: V. Y. Apte, M. Basheer, V. U. Chitale, N. M. Cuthbert, H. J. Eizenberg, E. W. Ingle, H. Y. Khwaja, D. A. P. Macalister, N. D. Matson, C. K. C. Misra, B. F. Niblock, E. R. G. Passe, M. A. H. Siddiqi.

Sir George Buckston Browne was congratulated on having received the honour of Knighthood from His Majesty. The Secretary reported that John Hunter's walking-stick had been presented to the College by the family of the late Mr. Morrant Baker. Plans were approved and an estimate accepted for the erection of laboratories and farm buildings for the Buckston Browne Surgical Research Farm at Downe.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH

The following 27 successful candidates out of 88 entered, who passed the requisite examinations between September 25th and October 3rd, 1931, have been admitted Fellows: W. V. Anderson, A. C. Armstrong, I. A. G. L. Dick, J. A. Fraser, E. G. Gibbs, F. S. Hubbersty, J. L. M. Jaffares, M. B. Lavery, J. G. Leebody, A. M. McMaster, A. J. M. Melly, A. Miller, R. Oliver, A. D. Polonsky, D. L. Pow, T. Prasad, W. O. Pye, A. F. Quayle, P. G. D. Quinet, W. L. Rowe, C. R. Salkeld, F. R. Smale, V. P. Squire, G. G. L. Stening, F. D. du T. van Zijl, A. B. Walker-Smith, K. F. D. Waters.

## Medico-Legal

### ACTION BY MEDICAL MAN FOR SLANDER

At Pembroke Assizes, held at Haverfordwest on January 13th and 14th, before the Commissioner (Mr. Thomas Hollis Walker, K.C.) and a jury, Dr. John Howard Owen of Fishguard, South Wales, medical officer of health to the Haverfordwest Rural District Council, was the plaintiff in an action for alleged slander against Mr. Cyril Hugh Barham of Letterston. The slander complained of was the allegation by Mr. Barham that Dr. Owen had misconducted himself with a patient, aged 17, who was a maidservant in his (Mr. Barham's) house, and that he had subsequently performed an illegal operation upon her. Mr. Barham had also made statements to the effect that Dr. Owen had been neglectful of his patients, and that he was unfit to be a medical practitioner.

Dr. Owen, in evidence, said that in September, 1929, the girl in question became an insured patient of his. He had never seen the girl alone except when she went to the surgery. A statement which had been made and signed by her was put to Dr. Owen by his counsel, and he strongly denied all the allegations therein contained. The girl's mother also gave evidence on the plaintiff's behalf, stating that she was present on every occasion when Dr. Owen visited the house.

Mr. Barham, who conducted his own defence, said that the girl had been in his employment for two and a half years; he and his wife had taken pity on her, and brought her up as their own child. He had taken the girl to see Dr. Owen because she was in poor health. The girl had sworn on the Bible that the doctor had taken advantage of her, and in November, 1930, she made and signed a statement containing allegations against the doctor. Mr. Barham denied that he himself had ever spread the reports or rumours concerning Dr. Owen's conduct, but he claimed privilege in respect to some statements made to the girl's mother. On the second day of the hearing Mr. Barham stated that the mother of the girl had interfered on the previous night, and he now understood that the girl was going to say that the statement she had made to his solicitor was not true; therefore he was not in a position to put the girl in the witness box. With regard to a plea of justification which he had put in, he agreed, in cross-examination, that he had been unable to get his counsel to proceed with that defence. Asked whether he withdrew the allegations against Dr. Owen, he said that he relied on

the statement of the girl, that he considered Dr. Owen a dangerous man with girls, and he declined to withdraw the allegations. In his final address to the jury, he asked for lenient treatment on the ground that he had acted, not in his own behalf, but in defence of a young girl.

Counsel, in replying for the plaintiff, said that the case was "dripping with malice" from beginning to end.

The Commissioner, in summing up, said that there was no evidence that the slander had been justified. No proof whatever had been put before the court by the defendant for the statements he had made, and he had still refused to withdraw the allegations when given the opportunity. The court was dealing with a man who had started a campaign and was pursuing it through thick and thin, despite the absence of evidence in support of his charges. The jury, after a few minutes' absence, gave a verdict for Dr. Owen, and assessed damages at £5,000. An injunction was also granted restraining Mr. Barham from repeating the slander.

Mr. R. K. Chappell, K.C., Mr. T. Carthew, and Mr. G. C. Richards appeared for the plaintiff, being instructed by Messrs. Le Brasseur and Oakley, on behalf of the London and Counties Medical Protection Society.

## Medical News

Mr. J. B. S. Haldane, Fullerian professor of physiology, will give a course of five lectures on "Heredity in man" at the Royal Institution (21, Albemarle Street, W.) on Thursdays, February 18th and 25th, March 3rd, 10th, and 17th, at 5.15 p.m.

Dr. Richard Ackerley will give a further series of lectures on "Diet and personal hygiene," at 29, Gordon Square, W.C.1, on Wednesdays, February 10th, 17th, and 24th, at 5 p.m. Fee for the course 2s. 6d., single admission 1s.; members of the Food Education Society free.

The National Council for Mental Hygiene, in collaboration with the Howard League for Penal Reform, has arranged a series of lecture-discussions on "The psychologist's part in the prevention and treatment of crime," to be delivered in the lecture room of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Wednesdays, at 5.30 p.m., beginning on February 10th. Tickets, price 1s. 6d. each, or 7s. 6d. for the course, may be obtained from the secretary, National Council for Mental Hygiene, 78, Chandos House, Palmer Street, S.W.1, or at the doors.

The Society of Medical Officers of Health announces two group meetings at 1, Upper Montague Street, Russell Square, W.C.1, on Friday, January 29th. The Fever Hospital Medical Service Group will meet at 4 p.m., when Dr. E. W. Goodall will deliver his presidential address on "Pre-bacterial views of infectious diseases." Visitors will be welcome. At 8.30 p.m. the Maternity and Child Welfare Group will hold a joint meeting with the Pagans, a group of paediatricians. The subject for discussion will be "The future policy with regard to medical staff appointments in child welfare clinics."

Among the communications to be made when the Zoological Society of London resumes its meetings for scientific business on February 2nd, at 5.30 p.m., will be a further contribution to the subject of "The menstrual cycle of the primates." Dr. S. Zuckerman and Dr. A. S. Parkes will deal with "The cycle of the baboon."

The fifth Congress of the German Society for Investigation of the Circulation will be held at Tübingen under the presidency of Professor A. Dietrich on March 14th and 15th, when Professor Ottfried Müller of Tübingen will discuss the blood pressure disease in Swabia, Professor von Skramlik of Jena the blood pressure in animals, Dr. M. Nordmann of Tübingen the general pathology of the peripheral circulation, and Professor E. Gabbe of Würzburg the circulation and utilization of the blood in the periphery.

The Fellowship of Medicine and Post-Graduate Association announces that Dr. Langdon Brown will continue his series of lectures on endocrinology at the Medical Society of London, 11, Chandos Street, Cavendish Square, at 8.30 p.m.; on January 25th, "The parathyroids and calcium metabolism," and January 29th, "The adrenals and the gonads." Tickets (12s. 6d. each) may be taken at the door. On January 27th, at 4 p.m., at the Medical Society, Dr. Parsons-Smith will continue the series on "Treatment" by lecturing on heart disease. These lectures are free to members of the Fellowship; non-members, 5s. each. Free clinical demonstrations will be given as follows. January 25th, 2 p.m., the Metropolitan Hospital, Kingsland Road, Dr. P. Hamill; January 26th, 2.30 p.m., Royal Waterloo Hospital, Waterloo Road, Mr. Lyle Cameron. Forthcoming courses for members of the Fellowship include: gynaecology, at the Chelsea Hospital for Women, February 1st to 13th; ante-natal demonstrations, by Dame Louise McIlroy, at the Royal Free Hospital, on Fridays, February 5th to 26th, at 5 p.m.; diseases of the chest, at the Brompton Hospital, February 8th to 13th; medicine, surgery, and the specialties, at the Prince of Wales's General Hospital, February 15th to 27th; clinical surgery, at the Royal Albert Dock Hospital, on two week-ends, February 20th to 21st and February 27th to 28th; and an evening M.R.C.P. course, February 22nd to March 18th. Dr. Schlesinger will give a demonstration on rheumatic infection and heart disease in children, at the Children's Heart Hospital, West Wickham, on the morning of February 6th; application to attend must be made in advance to the secretary of the Fellowship, 1, Wimpole Street, W.1, from whom a syllabus of courses and clinical demonstrations may be obtained.

The Water Pollution Research Board of the Department of Scientific and Industrial Research has issued its January epitome of current literature relating to water supplies, analysis and examination of water, sewage, trade waste waters, pollution of natural waters, and miscellaneous subjects. The booklet is obtainable from H.M. Stationery Office (2s. net).

The Earl of Athlone was unanimously elected Chancellor of the University of London on January 19th.

## VITAL STATISTICS FOR ENGLAND AND WALES, 1931

We are indebted to the Registrar-General for the following statement regarding the birth rates and death rates, and the rates of infantile mortality, in England and Wales and in certain parts of the country during 1931. The statement is issued for the information of medical officers of health. The birth rate and infantile mortality rate for London have been provisionally corrected for transfers.

### ENGLAND AND WALES

*Birth Rate, Death Rate, and Infantile Mortality for the Year 1931 (Provisional Figures)*

	Live Births per 1,000 Population	Deaths per 1,000 Population (Crude Rate)	Deaths under One Year per 1,000 Live Births
England and Wales ... ..	15.8	12.3	66
107 county boroughs and great towns, including London	16.1	12.3	70
159 smaller towns (populations from 20,000 to 50,000 in 1921)	15.6	11.3	62
London ... ..	15.0	12.6	67

The birth and death rates for England and Wales relate to the total population, and are calculated on the estimated mid-1931 population. The remaining rates are calculated on provisional resident population based on the 1931 Census figures, and relate to the total population for births, but to the civil population only for deaths.

The birth rate is the lowest on record, being 0.5 per 1,000 below the previous lowest (recorded in 1929 and 1930). The death rate is 0.9 above that for 1930.

The infant mortality rate is 6 per 1,000 above that for 1930, but only in 1928 and 1930 has this rate been lower.