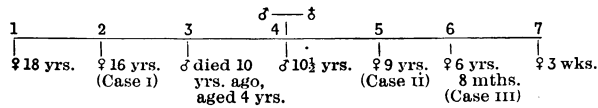


involvement. After five weeks in the ward the child was discharged (July), much improved, and has not been seen since at the hospital.

FAMILY HISTORY

The family consists of father, mother, and six children, as shown in the following scheme (a seventh child, who died ten years ago from a rheumatic infection, is also included).



An inspection of the home conditions was made and the following information obtained. The three girls (Cases I, II, and III) have always slept in two beds in a room approximately 12 feet by 9 feet. The room is well lit by one large window, which was open at the top at the time the inspection was made and is stated to be kept always open. The room was clean and well kept, as also were the remainder of the rooms inspected. The children's room is separated by a door from a room approximately 15 feet by 12 feet, in which the parents and the 3-weeks-old baby live and sleep. The father states that he has never had a day's illness in his life, and there is no family history of rheumatism on his side. The mother, too, is a healthy woman; she has never had any rheumatic affection, and there is no family history of rheumatism on her side. The eldest girl, aged 18 years, is well and has never had sore throats or rheumatic manifestations; she sleeps on the floor below, with her grandmother, who is also quite healthy. The only boy now living, aged 10½ years, has never had manifestations of rheumatism or sore throat; he is quite well, and lives with his uncle in the house next door. The boy who died ten years ago was admitted to Westminster Hospital at the age of 4 years, in December, 1921, with a history of rheumatic pains in the knees and ankles for one week. On admission he was found to be suffering from acute rheumatism and cardiac failure, from which he died two days later.

The incidence of rheumatic manifestations in this family is thus, in chronological order, as follows:

1. *December, 1921.*—The boy who died with acute rheumatism and cardiac failure.
2. *April, 1926, until October, 1926.*—The girl (Case I) who is known to have been exhibiting rheumatic signs over this period.
3. *September, 1929, to November, 1931.*—The girl (Case II) known to have been affected during this period.
4. *June, 1931, to July, 1931.*—The girl (Case III) known to have been exhibiting rheumatic signs for six weeks at this time.

The two latter children (Cases II and III) were thus coincidentally affected, though there is an apparent period of nearly three years between the cessation of the signs of rheumatism in Case I and their first appearance in Case II. Since chorea is a disease liable to recurrence (Case II is an example of this tendency) it seems not improbable that Case I may have communicated the disease to Case II, in spite of the apparently quiescent period of nearly three years. The disease may have been communicated because Case I was still "carrying" the infection, or communication may have occurred during a mild recurrence in Case I, which was not sufficiently recognized for the child to be brought to hospital.

CONCLUSIONS

The probability of contagion in these three cases seems to be enhanced by the facts, (a) that they have for a number of years been crowded together in the same bedroom; (b) that two out of the three cases are coincidentally affected; and (c) that there is no *a priori*

reason for assuming (in view of the recognized possibility of recurrence) that Case I was "free from infection" at the time of onset of symptoms in Case II.

I wish to express my thanks to Dr. Donald Paterson for permission to publish these cases.

REFERENCE

- ¹ Paterson, Donald, and Horn, Louis J.: *British Medical Journal*, 1931, ii, 893.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

A CASE OF SPIROCHAETOSIS ICTERO-HAEMORRHAGICA

By E. KEMPSON BROWN, M.R.C.S., L.R.C.P., and
ARTHUR J. CLEVELAND, M.D., F.R.C.P.

In general practice ordinary catarrhal jaundice is so common that one is apt to forget the more formidable variety, but in the case here reported the sudden onset of the rigor, the absence of previous indisposition or of any tenderness over the liver area, together with the very early bleeding, saved the mistake of diagnosing a simple jaundice.

A farmer, aged 32, sent for me on December 1st, 1931, complaining of "sickness." The history of the illness was that, on November 27th, after returning from a whist drive feeling perfectly well, he went to bed, but very soon had a shivering attack, and felt sick. On the following day he continued to vomit from time to time, and developed pain in the lower part of the back and legs. This state of things continued until I first saw him, about three and a half days after the initial symptoms.

I found his pulse very soft and quick—temperature 103° F.—and he was spitting blood, which apparently came from the back of the nose. There were no adventitious sounds in the lungs, and no abnormal physical signs in the abdomen. On the following day (December 2nd) vomiting was more frequent and haemorrhage more marked. The next day there was blood in the vomitus, and marked melaena—temperature 104.5°—and there was suppression of urine. There appeared also an icteroid tint in the conjunctivae and skin, which occurred six days after the onset of the disease. On December 4th the jaundice was very marked—temperature 101°—and the vomiting less, though anuria continued. On December 5th there were haemorrhages under the skin of the thighs, and marked myositis. The spleen was not felt. I then called in Dr. Cleveland of Norwich, who concurred in the diagnosis of an acute infective jaundice, probably due to a spirochaete. On December 6th the patient was removed to the Norfolk and Norwich Hospital, where he died suddenly ten hours after admission.

With regard to the possible channel of infection it is interesting to note that, five days previous to being taken ill, the patient was bitten by a ferret, and that the ferret had been bitten in the mouth by a rat just before it bit the farmer. Subsequently the ferret died, although the wound inflicted by the rat did not become particularly inflamed. The patient paid no attention to his own wound, which was very slight, and nothing was mentioned about it until after his death. In reference to the fact that the spirochaete so soon disappears in urine, the following observation may be of some interest. I find it used to be a common practice with some rat-catchers to urinate immediately on the wound of a ferret which had been bitten by a rat, asserting that it was the best thing to do to prevent the ferret from dying. There is little doubt that most rat-catchers realize that it is all-important to disinfect such wounds in ferrets at once, with iodine or some other substance, as they know that the smallest wound may prove fatal.

If there is something in urine which is fatal to the spirochaete it would be interesting to know what it is, and whether it could be used in the treatment of this fell disease in the human being. Folk-lore very often has a basis of fact.

E. K. B.

On admission to the Norfolk and Norwich Hospital the patient's condition was the same as described. He was quite conscious, and obviously gravely ill. A few ounces of bile-stained urine were drawn from his bladder, but no spirochaetes were found in it. As the urine was probably excreted four days previously this is not surprising, since the organism soon disappears in the urine. Death was sudden—the usual event in cases of complete suppression. At the necropsy the organs were all bile-stained, but no macroscopic changes were observed, except in the lungs, which showed areas of haemorrhage similar to those seen when blood has been inhaled. Sections of the kidneys stained by Levaditi's method showed spirochaetes in clumps.

The necropsy was performed, and the sections prepared, by Dr. Claridge, pathologist to the Norfolk and Norwich Hospital.

In the *British Medical Journal* of July 17th, 1926, Dr. Burton-Fanning and I published four cases of this disease occurring in Norfolk. The features of the present case were similar to these. The jaundice appeared on the fifth or sixth day in all of them. In three out of five suppression of urine occurred. The mortality was very high—80 per cent. In this case the source of infection seems clear. There has been a plague of rats in Norfolk this year and, I believe, elsewhere in England, and these cases illustrate how dangerous it may be to human beings.

The question of the patient having accidentally swallowed some phosphorus was considered, but nothing in the post-mortem appearances supported this theory.

A. J. C.

EPIDEMIC CHOREA

Having read the article "An epidemic of chorea in a family" in the *British Medical Journal* of November 14th, 1931 (p. 893), I was prompted to report the following three cases of chorea which I have under observation at present.

CASE I

L. M., aged 10 years. Choreic movements began on August 20th, 1931. There was no previous history of tonsillitis, rheumatic pains, or any other illness. There are seven children in the family, and the mother gives a history of having suffered from chorea in infancy. No history of rheumatism in the family.

CASE II

F. L., aged 9 years. Tonsillectomy two years ago. A slight attack of chorea occurred about this time, which lasted for a period of eight months. She has suffered from rheumatic pains in various joints for the past twelve months. She had been in frequent contact with Case I, both before and after the onset of chorea in the latter child, having sat with her while she was ill in August. Towards the end of August F. L. again developed severe chorea.

CASE III

E. L., aged 6 years, a sister of F. L. (Case II), commenced chorea on November 1st. No previous history of joint pains or tonsillitis. There are five children in this family, and up to the present no symptoms of chorea are evident in the remaining members. No history of chorea in the parents, nor is there a history of rheumatism. Both the husband's parents suffered from chorea.

All three cases have mitral systolic murmurs. Throat swabs revealed only staphylococci.

COMMENTARY

The points of interest about the cases are the facts that the families live in adjacent houses to each other, being next-door neighbours, and that all three cases occurred

almost simultaneously. An interesting question also arises. Did Case I infect Case II? The fact that Case II had previously suffered from chorea would undoubtedly make her a suitable subject for reinfection. Then again, it is possible that the converse was the case—that is, that Case II (F. L.) was the infecting agent. If we accept this latter theory as correct we must assume that Case II had a latent form of the disease for over twelve months.

CHARLES O'DONOVAN, M.B., B.Ch., B.A.O.
Hinckley, Leicestershire.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

CALCUTTA BRANCH

Group-specific Substances in Forensic Medicine

At a clinical meeting of the Calcutta Branch on November 13th, 1931, with the president, Dr. KEDARNATH DAS, in the chair, Lieut.-Colonel R. B. LLOYD read a paper entitled "Group-specific substances in the human body."

Colonel Lloyd said that four main human blood groups (with possibly some subgroups) had now been clearly defined. These special blood characters were inherited according to the Mendelian law, and almost certainly according to Bernstein's formula, which postulated three factors, "A," "B," and "O," any two of which might be present simultaneously, the first two being dominant to the last, which was therefore recorded as zero. In Moss's first group both "A" and "B" substances were present; in his second there was "A" only; in his third there was "B" only; and in his fourth neither substance was present. The existence of these two substances was an ascertained fact; they had been demonstrated mainly, though not entirely, by their iso-agglutination actions. The term "blood group" was insufficiently comprehensive now, for it had been shown that not only the blood but many other body secretions and excretions contained these factors, and it was possible to determine with absolute accuracy the "group" of a fragment of kidney, liver, or pancreas. In general, information about the "A" substance was more definite than that regarding the "B" substance. This "A" substance was present in saliva, the mucous membrane of the mouth, stomach, and small intestine, though not in the faeces. It was also found in large quantity in the pancreas, and might be definitely demonstrated in a 1 in 10,000 dilution of a pancreatic extract. It occurred also in the urine, though not in great quantity, and to extract it therefrom a large volume of urine was required. It was extremely stable, resisting boiling or strong alkalis, but being destroyed by boiling with strong alkalis. It might be soluble in water and not in alcohol, or soluble in alcohol and not in water. It might perhaps be produced in the gastro-intestinal mucosa, or it might be the case that it was only excreted there. Gastric juice contains much; its absence from the faeces was apparently due to the destructive effect of bacterial contamination, since bacteria-free extracts of faeces did not destroy it. It occurred in very high concentration in the sperm.

Water-soluble "group" substances had been found in the kidney, heart muscle and skeletal muscle, the lungs, aorta, in small quantity in the brain, in the body fluids, and in the cerebro-spinal fluid in small quantity. Considerably greater quantities occurred in urine, and still greater quantities in the saliva, gastric juice, and intestinal juice. Both milk and bile also contained the water-soluble substance. The alcohol-soluble substances were also present in the red blood cells and organs, but absent from all the secretions and excretions examined. While

ROYAL MEDICAL BENEVOLENT FUND

At the meeting held in January the committee voted seventy-eight grants, amounting to £1,844 8s. 4d. Subscriptions and donations are very urgently needed in order that the activities of the Fund may be maintained. Cheques should be made payable to the Honorary Treasurer, Royal Medical Benevolent Fund, 11, Chandos Street, London, W.1.

The following are particulars of a few cases helped:

M.R.C.S., L.R.C.P., aged 62, married. One daughter, aged 9. Applicant had to retire in 1929. He is suffering from chronic nephritis, and has had a number of cerebral attacks culminating in a haemorrhage, which has caused paralysis. He can barely walk, and he is incapable of any mental work. By the time he retired the practice had deteriorated, and was unsaleable. The applicant and his wife are living on a pension of £87 10s. a year. The daughter's school fees have been arranged for. Fund voted £40 in four instalments, and other societies are being approached to co-operate with this case.

Widow, aged 53, of L.R.C.P., L.R.C.S.Ed. Husband died in 1927. The applicant suffers from cardiac disorder and gall-stones, and is totally unfit for any employment. Her eldest daughter, aged 30, is paralysed and mentally affected, so that she requires constant care and attention. The youngest daughter is delicate. The son, aged 22, is a junior clerk, salary £80 a year, and contributes £24 to assist his mother. The applicant's income is £90 a year. Fund voted £26 in four instalments, and will seek the help of other charities for this unfortunate family.

Widow, aged 67, of M.D. who was in receipt of an annuity of £40 from this Fund and a Government pension, which ceased at his death in 1932. The widow is left entirely penniless. It is hoped that some reduced pension may be obtained from the Government for the widow. Fund voted £26 in four instalments.

Widow, aged 55, of L.S.A. who died after a few days' illness in November, 1931. When the practice and house are disposed of it is expected that there will be nothing left from the estate, as there is a mortgage to be paid off and debts to settle. There is a daughter, aged 14½. The only son, aged 30, a married man, surgeon in one of H.M. Services stationed abroad, with a salary of £400 a year, is at present allowing his mother £10 a month. Fund voted £26. The Ladies' Guild of the Royal Medical Benevolent Fund will assist in the education of the daughter.

Ireland

Public Health in County Dublin

The medical officer of health for County Dublin states, in his report to the Health Board, that of the diphtheria cases eleven had come from the Saggart area. On investigation in this area it was found that in one of the first families affected by the disease no doctor was called until eight days after the child had been taken ill—a factor which must have had a considerable influence on the spread of the disease, although swabbing of contacts in this and other households failed to reveal a carrier. The outbreak had again demonstrated the importance of seeking medical attention immediately a child was found to be suffering from a sore throat. Only one further case had been notified from the area within the last two weeks, and it was hoped that the outbreak had subsided. Should diphtheria persist in the area, the question of undertaking an immunization campaign would have to be considered, as immunization was the only really effective remedy when diphtheria became endemic. The scarlet fever cases, although numerous, were scattered over various areas of the county; there was no epidemic in any particular area. Inspections in several of the dispensary districts showed that overcrowding was one of their most serious problems. This was particularly noticeable in the Dundrum area. Many of the houses were unfit for human habitation, but

until alternative accommodation was found for present tenants it was difficult to deal effectively with the problem. A special report was being submitted on the Balrothery Union buildings.

Registration of Births and Deaths in Northern Ireland

The recommendation of the Public Health Committee to transfer the registration of births and deaths from the Belfast Board of Guardians to the corporation will come before the City Council shortly. Steps have been taken to place before the council the views of the medical officers concerned and of the guardians. It is suggested that the transference of the work would probably involve additional expenditure. The older medical officers would have to be compensated for loss of office, and accommodation for carrying out the work would have to be found, since dispensary medical officers had provided their own accommodation. The majority of the notifications of deaths and births were received by the officers during the evening, and as the City Hall offices closed at 5 o'clock the proposed change would be a great inconvenience to the public. There had been no complaint that the work had not been efficiently and expeditiously carried out, and, as existing arrangements suited the public, they should be allowed to continue. The recommendation from the Public Health Committee reads:

"That the present arrangement whereby the medical officer of each dispensary district is, by virtue of such appointment, also medical officer of health for the dispensary district under his charge at a salary paid by the Corporation in addition to the salary paid by the Board of Guardians, be discontinued. That the existing arrangement whereby the Belfast Board of Guardians is the authority for the registration of births and deaths occurring in the city of Belfast be discontinued, and that the carrying out of this work be located in a central office directly under the control of the medical superintendent officer of health. That the provisions of Part I of the Children Act, 1908, under which an officer of the Belfast Board of Guardians visits premises where babies are being nursed out to ensure that the provisions of the Act are being complied with be amended, as such premises are also visited by the staff of the Maternity and Child Welfare Committee, and that the services under the Children Act, 1908, and all other Acts of Parliament which have for their object the welfare of infants and young children be co-ordinated and the control of this work placed with the Corporation's Maternity and Child Welfare Committee. That if the recommendation to transfer the registration of births and deaths from the Belfast Board of Guardians to the Corporation be adopted, vaccination should automatically come under the control of the Corporation and be carried out as part of the maternity and child welfare scheme."

Royal College of Surgeons: Charter Day Dinner

At the Charter Day dinner of the Royal College of Surgeons, held in Dublin on February 6th, the President of the College, Mr. R. Atkinson Stoney, in proposing the toast of the Governor-General (the principal guest) and Prosperity to Ireland, said that the Royal College of Surgeons in Ireland was in a more flourishing condition than it had been for many years. During the past year the number of students had increased, and there were now sixty new students on the roll. In regard to the amalgamation of the Dublin hospitals, he thought it would entail an enormous capital expenditure—half a million to a million pounds for building purposes alone. The scrapping of the present hospitals would be an extremely wasteful procedure. To have a number of hospitals was an inestimable advantage to students—this would be largely lost if the hospitals were amalgamated—and the individual attention received by patients under the present system would be impossible in the larger institution. The Governor-General, responding, referred to the contribution of sweepstakes towards the improvement of medical teaching and practice.

in any of those cases for connecting the disease with the employment. The average number of men employed during the three years was 1,105; the average age of death in the six cases was 53.

Mr. GRENFELL asked if the figures given were not indicative of a very high rate of deaths from cancer, especially in view of the form of cancer (the same in each case) which attacked all these people. Sir H. SAMUEL: No. I am informed that the number of deaths is not disproportionate to that in the population generally, and that no cases show symptoms of the particular kind of cancer due to industrial disease.

An All-India Medical Council.—On February 8th Sir S. HOARE, replying to Mr. Griffiths, said that the conditional recognition accorded by the General Medical Council to the medical degrees of certain Indian universities was withdrawn in March, 1930. A revised draft Bill for the establishment of an All-India Medical Council had been prepared, and it was hoped to introduce it in the Indian Legislative Assembly at an early date.

Imported Fresh Meat.—On February 8th Lord SCONE asked the Minister of Health if he would consider the advisability of prohibiting the importation of boneless meat in view of the difficulty of detecting unsoundness or disease in it. Mr. E. BROWN replied that the importation of boneless meat which afforded insufficient means of identification with definite parts of a carcass was prohibited under the Imported Food Regulations of 1925. The Minister was now considering the amendment of those Regulations so as to require a recognized official certificate of the country of origin with all imports of fresh meat less than the whole carcass.

Lung Disease in Tube Workers.—Sir H. SAMUEL, replying on February 8th to Dr. O'Donovan, who asked if the right hon. gentleman was advised that the precautions taken to prevent fatal lung disease in workers lining London tubes with asbestos were adequate, said that he had no powers of control in respect of this work under the Factories or other Acts. He had no information at present as to the precautions taken, but he would make inquiries.

Nurses' Pensions.—Sir E. HILTON YOUNG told Dr. O'Donovan, on February 4th, that he would be willing to consider any practicable proposal to co-ordinate the nurses' pension schemes in federated voluntary hospitals and in municipal hospitals, but no such scheme had as yet been submitted.

Slum Clearance.—Answering Dr. Salter, on February 9th, Mr. E. BROWN said that up to January 31st last fifty-one local authorities in England and Wales had submitted clearance orders under the Housing Act, 1930, for areas containing 3,681 houses, and 44 clearance orders had been confirmed.

Universities and Colleges

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the Royal College of Physicians of Edinburgh held on February 2nd, when the President, Dr. Robert Thin, was in the chair, Dr. J. D. A. Gray (Liverpool), Dr. J. G. McCrie (Edinburgh), and Dr. D. N. Nicholson (Edinburgh) took their seats as Fellows.

Dr. J. W. T. Patterson (Droitwich), Dr. J. J. de Waal (Johannesburg), and Dr. W. L. Lamb (Aberdeen) were elected Fellows.

Dr. Karl F. Wenckebach (Vienna) was appointed the George Alexander Gibson Lecturer for 1932.

Dr. James Crooks (London) and Dr. H. J. R. Kirkpatrick (St. Andrews) were awarded the Kirk Duncanson Fellowship for Medical Research for one year. Colonel John Morison, I.M.S., was awarded the Parkin Prize for the best essay on the curative effects of carbonic acid gas or other forms of carbon in cholera, the different forms of fever, and other diseases.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

At the monthly business meeting held on February 5th the following candidates were admitted Licentiates and Members of the College: J. A. D. Deeney, G. C. Dockeray, V. C. Ellis, Captain M. F. N. Griffin, R.A.M.C., Anna M. E. McCabe, D. K. Mulvany, G. T. O'Brien, A. H. Thompson.

LONDON INTER-COLLEGIATE SCHOLARSHIPS BOARD

Medical Scholarships

The London Inter-Collegiate Scholarships Board announces that an examination for fourteen medical scholarships and exhibitions, and one dental scholarship, of an aggregate total value of £1,483, will commence on May 23rd. They are tenable at University College and University College Hospital Medical School, King's College and King's College Hospital Medical School, the London (Royal Free Hospital) School of Medicine for Women, and the London Hospital Medical College. Full particulars and entry form may be obtained from the secretary of the Board, Mr. S. C. Ranner, M.A., the Medical School, King's College Hospital, Denmark Hill, S.E.5.

The Services

DEATHS IN THE SERVICES

Deputy Inspector-General Samuel William Vasey, R.N. (ret.), died at Teignmouth on January 17th, aged 76. He was educated at St. George's, and took the M.R.C.S. in 1877 and the L.R.C.P. Lond. in 1878. Entering the Navy as surgeon in June, 1878, he became staff surgeon in 1890, fleet surgeon on December 19th, 1894, and retired, with an honorary step of rank as D.I.G., on September 1st, 1909. He served in the Zulu war of 1879, landing with the Naval Brigade from H.M.S. *Boadicea* (medal with clasp); in operations on the West Coast of Africa in 1880, when he was present at the destruction of Batonga; as surgeon of H.M.S. *Seagull* in the Egyptian war of 1882 (medal and Khedive's bronze star); and as fleet surgeon in H.M.S. *Centurion*, flagship of Vice-Admiral Sir Edward Seymour, in the China war of 1900. Subsequently he was medical officer of H.M.S. *Defiance*, torpedo school ship at Devonport, and medical officer in charge of Devonport Dockyard. He leaves a widow and one son.

Lieut.-Colonel Joseph Charles Stoelke Vaughan, C.I.E., Bengal Medical Service (ret.), died in London on January 5th, aged 69. He was born on June 29th, 1862, the son of Mr. Joseph Vaughan, deputy collector, Gorakhpur, and was educated at Edinburgh, where he graduated M.B. and C.M., with honours, in 1885. Entering the I.M.S. as surgeon on September 30th, 1889, he became lieutenant-colonel after twenty years' service, was placed on the selected list for promotion on April 1st, 1917, and retired on January 24th, 1921. Most of his service was spent in civil employ in Bengal and Bihar, where he was successively a deputy sanitary commissioner, superintendent of the Campbell Hospital and Medical School in Calcutta, and professor of medical jurisprudence in the Calcutta Medical College, and civil surgeon of Bhagalpur. After retirement he remained in India for some years as superintendent of the Radium Institute at Ranchi. He served on the North-West Frontier of India in the two Miranzai expeditions in 1891, receiving the frontier medal with a clasp; and in the Tirah campaign of 1897-98, when he took part in the operations on the Malakand and in Buner, with the actions at Landakai and on the Tanga Pass, receiving the medal with a clasp. He received the Kaiser-i-Hind medal of the first class on January 1st, 1910, and the C.I.E. on January 1st, 1925.

Lieut.-Colonel John McGregor, Bombay Medical Service (ret.), died in London on January 13th, aged 83. He was born at Sandwick Hill, in the island of Lewis, on February 24th, 1848, the son of John McGregor of Stornoway, and was educated at Glasgow University, where he graduated M.B. and C.M. in 1873, and M.D. in 1879. Entering the I.M.S. as surgeon on March 31st, 1876, he became surgeon lieutenant-colonel after twenty years' service, and retired on October 20th, 1896. Among other appointments he held in India were those of professor of materia medica in the Grant Medical College, Bombay, and of civil surgeon of Aden. He served in the Burma war of 1885-87, was mentioned in dispatches in G.G.O. No. 434 of 1887, and received the medal with two clasps. During these campaigns he served as P.M.O. of the Frontier Brigade at Bhamo, and with the Mogaung expedition on the frontier of China, and three times had a horse shot under him. He had travelled widely, both before and after his retirement, in the hinterland of Burma and Siam, reaching the Mekong River and the China Sea. He had also visited Mexico, and climbed the famous volcano, Popocatepetl, 18,000 ft. high. He was the author of *Toil and Travel*, 1892; *Through the Buffer State*, a record of journeys in Siam and Cambodia, 1896; *Luineagan Luaineach*, poems in Gaelic and English, 1897; *The Girdle of the Globe*, a poem; *The Donkeyboy of Cairo*, 1903; *Midshipmite Curly*, 1903; and *The Legend of Alompoa*, 1924.

own. Some monographs of value, on the handling of milk and its bacteriological control, have been issued under his direction from the Institute.

Stenhouse Williams was a member of the Biochemical Society and the Pathological Society of Great Britain, and of many other bodies. A few years ago he received the honorary degree of Doctor of Science from the University of Syracuse. In 1912, when the British Medical Association held its Annual Meeting in Liverpool, he served as one of the honorary secretaries in the Section of Bacteriology.

Sir ROBERT ARMSTRONG-JONES sends the following appreciation:

In any list of eminent authorities upon public health, Stenhouse Williams's name will rank high in precedence among illustrious teachers. He was a most able, tactful, and well-informed medical officer, and also a practical hygienist. He possessed a clear insight, a sound judgement, and an inflexible resolution. His personality may be summarized as "a strong will directed by knowledge and guided by reason." From the medical standpoint he was engrossed with the single motive of lessening the devastating effects of bovine tuberculosis in children. He realized fully the crippling and the permanent maiming of children, who suffered from affections of the spine, of bones and joints, of glands, and even of the skin, through the ingestion of tuberculous milk, and the health of children in particular appealed to him. With this conception of the public welfare he not only persuaded the borough of Reading, but also secured the influence and patronage of the University of Reading, to exercise control over this aspect of human infection by the establishment of a Research Department in Dairying. The laboratory work carried out under his direction, together with the unceasing encouragement he gave to local farmers and purveyors of milk to keep their premises, utensils, and staff clean, as also their herds free from tubercle, are a proof of his exceptional ability and devotion to this aspect of preventive medicine. His expert knowledge was most keenly appreciated by his colleagues on the council of the People's League of Health under the direction of Miss Olga Nethersole. The league, which is about to issue a special report upon this subject, will greatly miss Dr. Robert Stenhouse Williams from its council. It was only quite recently that members of the league's council paid a special visit to Reading by his invitation, and the writer was much impressed with his appreciation and his work in the borough.

The following well-known foreign medical men have recently died: Geh. San-Rat LOUIS WOLFFBERG, a Breslau ophthalmologist; Dr. KUNIKA KATAYAMA, founder of the Institute for Forensic Medicine at Tokio, aged 77; Dr. DRYEPONDT, founder of the Belgian Society for Colonial Studies and member of the International Colonial Institute; Dr. WILFRED DEROME, professor of legal medicine and toxicology at Montreal, aged 54; Dr. KARL HELBICH, member of the Czechoslovak Ministry of Health; Dr. MAX CHRISTIAN, professor of social hygiene at Charlottenburg, aged 53; Dr. XAVIER FRANCOTTE, emeritus professor of psychiatry at Liège; Dr. KRISTIAN POULSEN, a Copenhagen surgeon, aged 77; Dr. LUDWIG NIELSEN, a Copenhagen dermatologist, aged 74; Dr. ANTOINE RÉMOND, professor of clinical medicine at Metz; Professor BENJAMIN LIPSCHÜTZ of Vienna, author of works on *ulcus vulvae acutum*, *erythema migrans*, and *molluscum contagiosum*; Dr. ALFRED WIEBE, formerly director of the oto-rhino-laryngological clinic at Dresden, aged 76; Dr. HAROLD KRISCHNER, professor of pathology in the American University of Beyrouth, aged 32; Dr. GESUALDO CLEMENTI, emeritus professor of clinical surgery at Catania; and Dr. LAPOINTE, an eminent Paris surgeon, officer of the Legion of Honour.

Medical News

The annual oration before the Hunterian Society of London will be delivered at Apothecaries' Hall, Water Lane, E.C., on Thursday, February 25th, at 9 p.m., by Dr. J. B. Christopherson on the etiology of chronic bronchitis.

At the meeting of the Historical Section of the Royal Society of Medicine on March 2nd, at 5 p.m., Dr. W. Langdon Brown will read a paper on the introduction of biochemistry into medicine. The discussion will be opened by Sir Archibald Garrod, who will be followed by Sir F. Gowland Hopkins, President of the Royal Society, Sir William Willcox, Sir Henry Dale, Professor E. C. Dodds, Dr. T. Izod Bennett, and Dr. A. P. Cawadias.

At the meeting of the Royal Sanitary Institute on Friday, February 26th, at 4 p.m., in the Town Hall, Wallasey, a discussion on the reorganization of municipal hospitals will be opened by Dr. W. M. Frazer, medical officer of health, Liverpool.

At the meeting of the West Kent Medico-Chirurgical Society to be held at the Miller General Hospital, Greenwich, S.E., to-day (Friday, February 12th), at 8.45 p.m., Dr. Leonard Findlay will read a paper on chronic pulmonary disease in children, illustrated by lantern slides.

The annual general meeting of the Medical Officers of Schools' Association will be held at 11, Chandos Street, Cavendish Square, W., on Friday next, February 19th, at 5 p.m. (tea 4.30), when Dr. William Moodie will read a paper on the significance of abnormal behaviour in children.

The next monthly clinical meeting for medical practitioners will be given at the Hospital for Epilepsy and Paralysis, Maida Vale, W., on Thursday, February 25th, at 3 p.m., when Dr. Wilfred Harris (senior physician) will demonstrate cerebral tumours. Tea will be provided, and it will be a convenience if those intending to be present will send a card to the secretary.

The Fellowship of Medicine and Post-Graduate Medical Association announces a lantern demonstration by Mr. P. Lockhart-Mummery on the diagnosis and treatment of diverticulitis, on February 17th, at 4 p.m., at the Medical Society of London, 11, Chandos Street, W.; it is open only to members of the Fellowship. Free demonstrations will be given as follows: February 16th, at 3 p.m., East London Hospital for Children, Shadwell, by Dr. Leonard Findlay; February 16th, at 2 p.m., Metropolitan Hospital, Kingsland Road, by Mr. C. Naunton Morgan. A special course in medicine, surgery, and the specialties will be given at the Prince of Wales's Hospital, February 15th to 27th, from 10.30 a.m. to 5.30 p.m. daily. A week-end course of twenty-four demonstrations in clinical surgery will be given at the Royal Albert Dock Hospital on February 20th and 21st, and February 27th and 28th, from 9.30 a.m. to 6 p.m.; lunch and tea are obtainable at the Hospital. An evening M.R.C.P. course has been arranged as follows: clinical and pathology evenings on Mondays and Fridays, February 22nd to March 18th, lectures on Wednesdays, two ophthalmic and one laboratory demonstration on Thursdays; limited to twenty-five graduates. A course in practical pathology will be given at the Hospital for Sick Children from 12 noon to 1 p.m. on Mondays, Tuesdays, and Thursdays, February 22nd to March 3rd. Other forthcoming courses include neurology at the West End Hospital for Nervous Diseases, February 22nd to March 18th, daily at 5 p.m.; psychological medicine at the Bethlem Royal Hospital, Tuesdays and Fridays at 11 a.m., February 23rd to March 18th; medicine, surgery, and gynaecology at the Royal Waterloo Hospital, February 29th to March 19th; orthopaedics at the Royal National Orthopaedic Hospital, March 7th to 19th; proctology at the Gordon Hospital, March 14th to 19th. Copies of syllabuses of all courses may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1.

The British Medical Association offers for award in June next prizes for essays by senior students and newly qualified practitioners on "How is the condition of the teeth of patients of special importance in the work of medical practitioners?" For the competitions the medical schools of the British Empire have been divided into six groups. Particulars will be found in this week's *Supplement* at page 49.

The second of the series of lectures on recent advances in physiology applicable to medicine, arranged by the University of Durham College of Medicine at Newcastle-upon-Tyne, will be given at the College on Friday, February 19th, at 4.45 p.m. The lecture, entitled "Diabetes as a physiological problem," will be delivered by Professor J. J. R. Macleod, F.R.S., of the University of Aberdeen. All medical practitioners in the neighbourhood are invited to attend.

The Langley Memorial Prize, which is usually awarded every three years for the best paper submitted by officers of the West African Medical Service—whether on the active or retired list—has been awarded by the London School of Hygiene and Tropical Medicine in equal shares to Dr. E. C. Smith's paper "A dermatological atlas of Nigeria," and Dr. Hope Gill's paper "Diagnostic methods in human trypanosomiasis."

Professor Hugh Cabot has promised to give the summer sessional address to the Abernethian Society on Thursday, April 14th, on "Further travels with the North American Indians." The address will be given at 8.30 p.m. in the medical and surgical theatre of St. Bartholomew's Hospital, and will be illustrated by a film.

The fiftieth anniversary meeting of the French Ophthalmological Society will be held from July 18th to 21st. It will be the occasion of special celebrations. Requests for information should be sent to Dr. René Onfray, 6, Avenue de la Motte Picquet, Paris VII.

The fifty-sixth Congress of the German Society for Surgery will be held in Berlin from March 30th to April 2nd, under the presidency of Professor F. Voelcker of Halle. The principal subjects for discussion will be the liver in surgery, introduced by Drs. Henschen of Basel and Brugsch of Halle; gangrene of the extremities, introduced by Drs. Röpke of Barmen and Ceclen of Bonn; and artificial increase of resistance in surgical diseases, introduced by Dr. Heile of Wiesbaden.

The February issue of *The Scottish Nurse* contains a practical article on the nursing of the prostatic case, and a description of various emergencies which may be encountered in midwifery practice, with their immediate treatment. There is a short account of the early history of hospitals in Edinburgh and elsewhere, and a discussion of the changing conditions which are causing some diseases to vanish. This periodical is published monthly by Messrs. M'Naughtan and Sinclair of Glasgow, price 3d.

The Berlin correspondent of the *Journal of the American Medical Association* illustrates the decline in the use of luxury articles in Germany by the fact that the consumption of beer in the second quarter of 1931 had fallen by 20 per cent., that of cigarettes by 46 per cent., and that of pipe tobacco by 11 per cent.

We have received a copy of *The Catalogue of the Incunabula*, or books printed in the fifteenth century, in the library of the College of Physicians of Philadelphia, compiled by the librarian, Charles Perry Fisher, and reprinted from the *Annals of Medical History*. The collection amounts to four hundred and four volumes.

The first meeting of the second session 1931-32 of the Harveian Society of London took place on Thursday, February 11th, when a discussion on the value of endoscopic methods was opened by Mr. V. E. Negus and Mr. H. S. Souttar. The Harveian lecture before the society will be given by Sir Bernard Spilsbury, on pulmonary embolism, on March 17th, at 8.30 p.m. A clinical meeting will be held at King's College Hospital, Denmark Hill, on April 14th, at 4.30 p.m.; and on May 12th Dr. Geoffrey Holmes will give a film-and-lantern lecture on the general therapeutics of spa treatment, with special

reference to British spas. The Buckston Browne dinner will take place at the Connaught Rooms on June 9th, and the summer meeting (to which ladies can be invited) will be held at Whipsnade on July 16th.

Mr. A. Ernest Maylard, consulting surgeon to the Victoria Infirmary, Glasgow, recently gave a practical address on "Cottage hospitals, their value in the light of modern requirements," to the South-Eastern Counties Division of the Edinburgh Branch of the British Medical Association. In this he dealt in turn with the history of cottage hospitals and their extension within the last half-century; practical points in connexion with site, construction, and management; the admission of patients, staffing, finance, and provision for maternity cases. The address has now been printed in pamphlet form, and copies can be obtained from the publishers, Messrs. J. A. Kerr and Co., 27, Northgate, Peebles; price 6½d., post free.

The Minister of Health received a deputation on February 9th from the County Councils Association, the Association of Municipal Corporations, and the Mental Hospitals Association on the subject of the sterilization of mental deficients. The deputation represented to the Minister that, while the associations for whom they spoke had reached no final conclusion upon the desirability of sterilizing mental deficients, they considered that the time had come at which a full inquiry should be made into the whole question in view of its national importance. The Minister of Health said in reply that he agreed that there was a need for inquiry into the problem, and he proposed, as a first step, to arrange for it to be made by competent persons into its scientific aspects.

In his report on the circumstances connected with the recent disorder at Dartmoor Convict Prison (H.M. Stationery Office, Cmd. 4010, 6d.) Mr. Herbert du Parc, K.C., records that he took statements from Dr. E. G. Battiscombe, senior medical officer, and Dr. R. G. E. Richmond, deputy medical officer, the former of whom prepared a return showing the injuries suffered by officers and prisoners on Sunday, January 24th. "Throughout the disturbances the two medical officers seem to have been treated (as Dr. Battiscombe puts it) as 'non-combatants,' and they both carried on with their duties, attending to the wounded." Among his general conclusions Mr. du Parc says that "the medical officers showed the greatest possible devotion to duty."

The Child Guidance Clinic of the Jewish Health Organization of Great Britain announces a short course of lectures on the psychological problems of childhood, to be given on Tuesdays and Thursdays at 5.30 p.m., beginning on March 1st. The following subjects will be included: development of child mentality; mechanisms of child neuroses, behaviour disorder, and delinquency; the retarded child, in its mental and physical aspects; psychological testing of the difficult child; educational problems of the difficult child; psychology of the stammerer. The course is intended primarily for members of the medical profession and medical students, and will only be held if the number of applicants is not less than fifteen. In association with the lectures, afternoon clinical demonstrations will be held. The fee for the course is £2 2s. for medical graduates and £1 1s. for students; tickets and detailed syllabus to be obtained from the honorary director, Child Guidance Clinic, Jews' Free School, Bell Lane, Spitalfields, E.1.

The Medical Club of Bremen celebrated the hundredth anniversary of its existence on January 9th and 10th.

Professor Achard of Paris and Professor Rohmer of Strasbourg have been elected foreign corresponding members of the Belgian Royal Academy of Medicine.

Professor August Bier has been elected an honorary member of the Berlin Medical Society.

The following appointments have recently been made in German medical faculties: Dr. Bering of Essen, professor of dermatology and syphilology at Cologne; Dr. Löhlein of Jena, professor of ophthalmology at Freiburg i. B. in succession to Professor Axenfeld; and Dr. Löwenstein, professor of psychiatry at Bonn.