various faults are noted and the specimen removed. A number of leaden strips of from one-third to one-half of an inch in width, and from two to six inches in length, notched at intervals of half an inch along their sides, are kept ready, and one of these of suitable size is now stitched firmly across the under side of the specimen. Two good stitches are usually enough, and care is taken that they shall not be visible in the picture. The leaden strip serves to sink the specimen, and is sufficiently malleable to be applied closely to its under-surface and to be further bent after the specimen has been stitched on, should this be required to improve the pose. The strips should not be left in position for more than an hour or so, as the lead reacts with the solution and stains the specimen. As much redundant tissue as possible is cut away, preferably after stitching in position, as some may be needed to hide the ends of the leaden strip. Fatty tags are best trimmed away under water.

Photographing

The glass bowl is filled with water and the ebonite disk immersed in it. The bowl is placed in the centre of the illuminated box, supported on the wooden blocks, whose dimensions allow of three variations in its height from the floor of the box. The camera is then inverted over the opening in the roof of the box, and the bowl manœuvred until its centre is visible in the centre of the viewing screen. If the room is darkened no focusing hood is required—an immense convenience. The specimen is now introduced through the door in the side of the box, and is carefully centred on the viewing screen. The camera is adjusted to such a distance that the object, when in focus, does not quite fill the screen. Some care has to be taken to ensure that the uppermost surface of the object is exactly horizontal, otherwise serious foreshortening distorts the picture. A ruler, so placed that it appears at the edge of the picture, is an added refinement.

For most objects the lighting as described is almost ideal—evenly diffused and without harshness or shadow. In the case of a light-coloured object having a convex surface, such as a brain or a fatty heart, so much light is reflected on to the sides that these become over-illuminated in relation to the upper surface. To correct this a paper collar is fixed around the outside of the bowl, its height being adjusted until the top light is definitely greater than the side light.

Fresh specimens are best taken immersed in kerosene. No weights are required, and there is little tendency to clouding of the medium by leakage of blood. This risk is minimized by rinsing the specimen in kerosene before placing it in the bowl, and by very careful handling during posing. Kerosene does not spoil specimens for subsequent preservation, but its extreme inflammability is a very serious objection, and rigid precautions should be observed if it is to be used.

When the pose is quite satisfactory the highest point of the object is sharply focused, the aperture set at f/45 and the picture taken. The length of exposure varies with the aperture, the lighting, and the type of film or plate. These three being standardized, the optimum time is easily found by experiment. With our illumination ninety seconds is correct.

Choice of Film.—We use Kodak panchromatic films for nearly all objects ; no filter is necessary, and very good colour values are obtained. The films must be developed in total darkness. For cut slices of brain we use Kodak commercial film, but these slices are not easy to take. The best method is to adjust the paper collar so as to cut off all side light and take at f/22, with a corresponding decrease in exposure. Brilliant differentiation between grey and white matter is obtained by taking a rather thin negative and printing on "contrast" paper.

The apparatus may be used to photograph charts or diagrams if these are drawn in black ink and pinned or (better) pasted on stiff card and placed on the bottom of the box.

The method as described has the advantage of simplicity. Little practice is required, and no photographic skill ; the apparatus is cheap and easily handled, while the results are at least as good as those obtained by far more elaborate and expensive methods.

My best thanks are due to Miss D. Coulson of Tooting Bec Hospital for her ready assistance in perfecting the technique.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

AN UNUSUAL CASE OF INTUSSUSCEPTION IN AN ADULT

The following is a report of a case in the Neyyoor Hospital, Travancore, S. India.

A man of the coolie class, aged 30, was admitted, complaining of abdominal pain, loss of appetite, and emaciation. He was very thin and poorly nourished. His complaint had been present for two years, and during the last year he had been unable to work. His diet, as in the majority of the poorer classes of Travancore, consisted mainly of tapioca, rice-water, tamarind, and red chillies, with occasional small quantities of fish. He was very constipated, but did not complain of blood or mucus in the stools. Though no mass was palpable, a point of definite tenderness above the umbilicus, and a tendency of the pain to be increased on taking food, suggested gastric ulcer.

Laparotomy was performed, and a large enteric intussusception, involving 3 feet of upper ileum, was discovered. It resisted all attempts at reduction, and had to be resected, the ends being united by side-to-side suture. The intestine proximal to the intussusception was hypertrophied, and there was slight congestion of all the small intestine.

The patient did well, passing motions on the second day after operation. On the seventh day, however, he complained of severe colicky pains in the umbilical region, and on palpation a mass could be felt, which became more tense and prominent with each spasm of colic. Fearing a second intussusception, I opened the abdomen under local anaesthesia, and found the anastomosis in good condition, but, proximal to it, a large intussusception, involving about 4 feet of small intestine. It was easily reduced, but was remarkable in that it was doubly intussuscepted—a small intussusception within a larger one. After reduction the movements of the gut were observed, and violent and irregular peristaltic waves kept passing along the gut, as if attempting to repeat the performance. The mesentery was shortened by a series of interlacing sutures, and the abdomen closed. Tincture of belladonna, in 10-minim doses, was given thrice daily, with cod-liver oil emulsion and fruit juice as part of the dietary. The patient made an uneventful recovery, and put on weight. One month later he was well, and without signs of recurrence.

This case was characterized by several unusual features. It occurred in an adult and was of the enteric variety. There was no sign of a polyp, growth, or anything else likely to cause the condition. Even after extensive resection of bowel the small intestine seemed determined to revert to a state of intussusception.

Perrin and Lindsay, in the *British Journal of Surgery* (1921, ix, 46), give the relative frequency of the different types as follows:

	Per cent.		Per cent.
Ileo-caecal	39	Retrograde	0.5
Ileo-colic	31	Meckel	1.2
Enteric	6	Unclassified	14.7
Colic	4.7	Appendicular	0.2
Compound	0.1	Jejunal-gastric	0.2

The figures of this hospital are of interest. Fifteen cases have been operated on in the last four years. Their ages were as follows:

	Cases.		Cases.
Under 1 year	1	20 to 30 years	5
1 to 10 years	1	30 to 40 years	5
10 to 20 years	3		

The types were classified as follows:

	Cases.		Cases.
Ileo-caecal	5	Enteric	3
Ileo-colic	6	Appendicular	1

Infantile intussusception is very rare in this country, and Western surgeons will be struck by the incidence in children as compared with Britain, where intussusception is almost entirely confined to them. One

has to remember, however, that in a country like India, where distances are great and communication slow, and where the general practice is to try " medicine at home " before making the journey to a big hospital, many infants must die of the disease, unoperated upon and undiagnosed. Making full allowance for that, it is still remarkable that 66 per cent. of our cases are over 20 years of age. In only two of them is there any record of a polyp or structural defect. Some upset in the neuromuscular control of the bowel seems to be indicated in the rest.

McCarrison, working in the Nutritional Research Laboratory in Coonoor, S. India, performed a series of experiments on monkeys, feeding them on a diet deficient in vitamins, low in protein, and high in carbohydrate. Among many interesting changes in the gastro-intestinal tract he noted the very high percentage of intussusception which occurred. In the same paper he quotes the fact that in Germany, during the lean years of the war, there was a greatly increased incidence of intussusception among children. He goes on to say: " Without going too far, we may safely say that children who are properly fed will be less liable to suffer from intussusception. No doubt there is nothing new in such a statement, but I do not think we have realized hitherto that the neuro-muscular control of the bowel is dependent in great measure on the adequate provision of vitamins in the food." In my case the man was obviously suffering from a marked dietetic deficiency and lack of balance.

Comments

It would be interesting to know if surgeons in England find any marked difference in the incidence of intussusception in patients seen in hospital practice and those seen in private practice, and between breast-fed and bottle-fed infants.

The fact that the case quoted made such rapid improvement, and his intestine seemed to take on normal movements after the administration of cod-liver oil and fruit juice, is some indication that the origin of his trouble was dietetic.

The case was obviously caused by a fault in the neuromuscular control of the bowel, and not by any structural change in the bowel wall itself.

In a country where the adult population live on a very badly balanced diet the incidence of intussusception among adults is much higher than among children.

A severe degree of enteric intussusception can exist for months without the patient being driven to seek surgical aid.

IAN M. ORR, M.B., Ch.B.,
Second Surgeon, Neyyoor Hospital, South Travancore Medical Mission.

INTERNAL CEREBRAL HAEMORRHAGE DUE TO ACCIDENT

I thought it well to put on record the following case, as it is unique in the experience of my colleague Dr. A. A. Palmer and myself, who have done the post-mortem work for the coroner in Sydney for thirty years. The possibility of such a haemorrhage being the result of accident did not occur to me prior to this experience. Its bearing on forensic medicine is evident.

J. H., aged 17, crossing the road to board a stationary tramcar, was knocked over by a passing motor car. He was picked up at once unconscious, taken to a nearby hospital, and died three hours later.

The following were the findings at the post-mortem examination. An apparently healthy youth; abrasions on backs of both hands and front of knees, a simple fracture of the right tibia in the middle third, and much bruising of this leg. There was no wound of the scalp and no fracture of the skull, a little blood-stained fluid in subdural space at the base of the brain. The convolutions were somewhat flattened. There was no injury or tearing of the outer surface of the brain. On section an apparently typical haemorrhage and tearing of the brain between the caudate nucleus and the optic thalamus, and free blood in both lateral ventricles. The rupture of the vessel was on the right side. All the vessels of the brain and throughout the body appeared quite healthy and free from atheroma.

Whether the internal tearing of the brain was due to rupture of the vessel and the vessel was torn in the tearing of the brain, I cannot say.

Sydney, N.S.W. STRATFORD SHELDON, M.B., Ch.M.

Reports of Societies

ENDOSCOPIC METHODS

At a meeting of the Harveian Society of London, on February 11th, Mr. V. E. NEGUS opened an instructive discussion on the value of endoscopic methods. He said that bronchoscopy had now proceeded far beyond the stage of merely retrieving foreign bodies, and that, of 300 bronchoscopies performed last year, only 21 were for this purpose. The direct method of examination by means of a laryngoscope was especially desirable in children afflicted with papillomata. Aspiration of sloughs and membrane from cases of diphtheritic laryngitis might in many cases be preferable to intubation, and was practised in America, while lung abscesses in the early stage responded well to bronchoscopic lavage. Multiple bronchiectasis was difficult to treat, while asthma and bronchitis derived little benefit. Bronchoscopy, however, was a very useful adjunct in the diagnosis of new growths of the lung. Of 21 cases in which foreign bodies were removed from the lung 20 patients recovered, but one died as a result of an open safety-pin penetrating the pericardium. Stress was laid on the fact that a foreign body in a bronchus acted as a ball-valve, and caused hypertranslucency of the affected area in *x*-ray pictures. Occasionally foreign bodies might be the causal factor of lung abscess, and a rabbit vertebra was produced that had been removed from such a case.

Mr. H. S. SOUTTAR followed with many interesting details regarding oesophagoscopes and their method of employment in treating carcinoma by intubation and introduction of radon seeds. Mr. Souttar showed much ingenuity in demonstrating how to manipulate the oesophagoscope to the curves of the channel rather than attempt to stretch the neck and thorax in one straight line. Mr. C. HAMBLEN THOMAS showed radiographs of a patient with a paper clip that had been in a bronchus for seven years and was subsequently removed. Professor WRIGHT stated that he had little experience of lung surgery in animals, but puppies frequently had bones impacted in the oesophagus, which required removal by oesophagotomy in front of the presternal cartilage.

Mr. DICKSON WRIGHT paid a tribute to Mr. Negus's painstaking technique, and stated that, although only a disappointingly small quantity of pus ever seemed to be obtained by bronchoscopic aspiration of lung abscesses, the stimulation of the cough reflex, the stretching of granulations, and the patency of the tubes certainly helped the patients considerably.

In reply Mr. NEGUS said that he thought the physician and thoracic surgeon should encourage the bronchoscopist to aspirate cases early, because many lung abscesses cleared up rapidly by this means alone. Even if the external route had to be employed finally, the previous bronchoscopy cleaned up the field of operation, and could never do any harm.

I remember well two incidents of my association with him. At one time he was studying the endotoxins of the diplococcus of cerebro-spinal fever, and persuaded me—or ordered me—to inoculate him subcutaneously with a certain quantity of sterilized vaccine. Within a very few hours he became seriously ill, and remained so for some days with high temperature and vomiting. The toxaemia ended with a herpes of the ear and neck such as I never wish to see again. Yet in a few weeks he was busily testing the opsonins of an isolated limb (his own forearm) after one hour of a very tight Bier's bandage—a proceeding painful beyond telling, as his face made obvious. We all took our part in these experiments *in vivo*, but Stenhouse always insisted on the lion's share, although his name might only appear last on the list of authors of any paper that followed. He carried this same vein of concentration into his occasional games of golf. I do not recall ever having seen him smile during the progress of a game ; yet at the end, as at all " off-duty " times, he was the good and happy companion *par excellence*. I first met him at the Pasteur Institute in Paris. When we both returned to Liverpool I went to his laboratory for a week or two of instruction on a particular point—and stayed six years. That is the sort of man he was. He will be difficult to replace.

Medico-Legal

THREE YEARS' PENAL SERVITUDE FOR UNQUALIFIED PRACTITIONER

At the Central Criminal Court, on February 8th, before the Recorder (Sir Ernest Wild, K.C.), George Edward Williams, aged 51, described as a medical attendant, of Foley Street, W., pleaded " Guilty " on an indictment charging him with committing perjury on the trial of an action in Clerkenwell County Court in swearing that he was a registered medical practitioner, to another indictment under the Dangerous Drugs Act, charging him with having in his possession and procuring certain dangerous drugs without being duly authorized, and also to a third indictment concerned with an untrue statement for the purpose of procuring a passport.

Mr. G. D. Roberts, who prosecuted, speaking with regard to the first charge, said that the defendant had given evidence in the case as an expert medical witness, and had stated that he had been in practice for twenty-six years, and that his qualifications were M.D.Camb., M.R.C.S., L.R.C.P., and D.P.H.

The charges relating to drugs were for being in unauthorized possession of morphine sulphate and cocaine hydrochloride, contrary to the Dangerous Drugs (Consolidation) Regulations, 1928. It appeared that a certain doctor had had a surgery in Foley Street, and that when he left, Williams, who had been acquainted with him, took the lease of the premises and practised there as Dr. G. E. Williams. He had treated patients, and had obtained drugs from a number of chemists, in one case actually prescribing a dangerous drug for a patient. Evidence was given by chemists of having supplied Williams with dangerous drugs, believing him to be a registered medical practitioner.

Mr. Laurence Vine, in defending, stated that Williams was not a drug addict, nor had he trafficked in drugs for persons who were addicts. He had been a steward in a hospital, and during the war had served in the Royal Army Medical Corps.

The Recorder sentenced Williams to three years' penal servitude on the charge of perjury and on the charge under the Dangerous Drugs Act, the sentences to run concurrently. He passed no sentence on the charge of making an untrue statement for the purpose of obtaining a passport.

FATAL MISTAKE AT HOSPITAL

An inquest was held at Dartford, Kent, on February 8th, concerning the death of Mrs. Beatrice Summers, at Livingstone Hospital, Dartford, following the administration of belladonna in mistake for syrup of figs.

It appeared from the evidence that the deceased, aged 52, had undergone an operation, and was making slow progress towards recovery. Nurse James, a probationer, aged 17, was in charge of the patient, who was ordered castor oil, but asked for syrup of figs, and the sister said she could have it. The nurse stated in evidence that in mistake for syrup of figs she took a bottle which she now knew to contain belladonna and glycerin. Three patients were given a dose from the same bottle, but the other two were progressing favourably. The medicine chest was low down and badly lighted, and there was nothing to distinguish some of the bottles containing poison from others containing other mixtures. She did not know how long it was since the cupboard was cleaned out and new labels affixed. Sister Hebborn, in charge of the women's and children's wards, said that she gave Nurse James the key of the medicine cupboard to get the aperient. She had put the aperient bottles on a tray earlier in the day, and thought the syrup of figs was among them, but later found it outside the tray. She did not know how or when the bottle of belladonna got into the cupboard, but she knew it had been there for some weeks. Dr. C. F. Knight said that he saw the patient after he had been told that belladonna had been administered by mistake. Everything possible was done to counteract the poison. Apart from this unfortunate occurrence, the woman was likely to have recovered from her operation. Miss Anderson, the matron of the hospital, said that as soon as she discovered that belladonna had been given she gave emetics. She had no idea how the belladonna bottle got into the cupboard ; the mixture was last ordered two years ago. She agreed that the bottle and label were not suitable for poisons. She added that building operations had been taking place at the hospital, and the staff had been working under difficulties.

The jury returned a verdict of " Accidental death, accelerated by the administration of belladonna by mistake."

The coroner said that he hesitated to add anything which would hinder the work of the hospital, but he could not shut his eyes to the fact that the evidence showed great want of organization and supervision. The young nurse was hardly old enough to have the administration of medicines (though it appeared she had given her age as 18 when she joined the hospital in October, 1930). The medicine cupboard should have had attention, and bottles and labels should not have been used as they were. The mistake was one that ought not to have been made, but the blame for it should not rest on the shoulders of the nurse alone. The most astounding thing was that the sister did not know from where the belladonna came.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on February 14th the following medical degrees were conferred:

M.D.—C. F. Brockington.
B.CHIR.—G. D. Kersley, T. C. Larkworthy.

UNIVERSITY OF LONDON

The regulations of the M.D. examination for internal and external students have been amended by the addition of the following: (A) To paragraph (i), relating to the submission by candidates for Branches I–IV of certificates of having been engaged in professional practice for not less than five years (Red Book, 1931–32, p. 205 ; Blue Book, September, 1931, p. 265):

> The certificate must be signed by some person other than the candidate, being a registered medical practitioner, or other person whom the University may approve for the purpose, and the person signing the certificate must certify that to his personal knowledge the candidate has been engaged in professional practice for not less than five years.

(B) To the last footnote on page 209 of the Red Book, 1931–32, and page 270 of the Blue Book, September, 1931:

> " Four copies of any supplementary documents submitted must be furnished."

The regulations relating to " Exemption from external intermediate examinations through the Higher School Examination of the University," Pamphlet 77 (5), have been amended by the insertion of the following after the section relating to Intermediate Arts Examination:

> *External First Examination for Medical Degrees.*—To qualify for complete exemption from the First Examination for Medical Degrees a candidate must, at one and the same Higher School Examination, pass on the main subject syllabuses in the *three* following subjects of Group D: (1) Physics, (2) Chemistry, (3) either (*a*) General Biology, or (*b*) Botany and Zoology.
>
> A candidate who qualifies for the Higher School Certificate and passes on the main subject syllabuses in any of the subjects (1) Chemistry, (2) Physics, (3) General Biology or (3) Botany and Zoology, will be exempted from examination in (1) Inorganic Chemistry, (2) Physics, (3) General Biology, respectively at the First Examination for Medical Degrees.
>
> A candidate who obtains exemption from one or two subjects of the First Examination for Medical Degrees may obtain

exemption from the remaining subject or subjects at a subsequent Higher School Examination or a subsequent External First Examination for Medical Degrees.

A fee of two guineas for one subject and four guineas for two subjects is charged in respect of each subsequent entry, and if at an External Examination the candidate must be registered before such entry as an external student.

Such registrations must be completed at least six months prior to the last date of entry to the examination, with the exception that Higher School Candidates, who propose to take or complete a First Examination for Medical Degrees in the following December, may do so provided they register within one month of the publication of the Higher School result.

Professor H. S. Raper has been appointed external staff examiner in physiology for Science Examinations for 1932.

Applications for grants from the Thomas Smythe Hughes and Beaverbrook Medical Research Funds, which are allocated annually for the purpose of assisting medical research, must be sent in not later than April 1st. Particulars can be obtained from the Academic Registrar, University of London, South Kensington, S.W.

UNIVERSITY OF GLASGOW

Sir Arthur Keith, M.D., F.R.S., will deliver the Frazer Lecture in Anthropology on Friday, March 4th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council of the Royal College of Surgeons held on February 11th, with Lord Moynihan, the President, in the chair, diplomas of Membership were conferred on the following candidates, who had passed the final examination in medicine, surgery, and midwifery of the Examining Board in England:

J. H. B. Beal, H. L. Beckitt, F. J. Beilby, H. W. Boake, J. A. Boycott, H. T. L. Broadway, S. B. Bromberg, R. H. P. Clark, J. G. R. Clarke, I. Cohen, T. R. S. Cormack, E. H. de B. Crowther-Smith, J. F. Dales, G. A. Desai, R. D. Green, K. H. C. Hester, W. Holdsworth, E. T. Jones, K. D. Keele, W. S. G. Lawson, P. H. Lomax, I. A. MacDougall, G. J. McFarlane, N. C. O'Byrne, Norah W. K. Petter, F. W. J. Platts, C. R. D. Porter, T. W. H. Porter, K. C. Priddy, Pushpawati, J. A. E. Scott, J. R. S. Sharp, R. H. Smith, G. L. Talwar, J. C. S. Thomas, A. A. M. Wajih, G. Walker.

(The names of other successful candidates receiving the diploma were printed in the report of the meeting of the Royal College of Physicians, published in our issue of February 6th, p. 264.)

Diplomas in Public Health were granted jointly with the Royal College of Physicians to the candidates whose names were printed in the report of the meeting of the Royal College of Physicians, published in the *Journal* of February 6th (p. 264).

Sir Percy Sargent was appointed Bradshaw Lecturer, and Mr. Francis Weston, F.S.A., Past Master of the Barbers' Company, Thomas Vicary Lecturer for the ensuing year.

Mr. Victor Bonney was reappointed the representative of the College on the Central Midwives Board for the period of one year from April 1st, 1932.

The gift of a silver bowl from Sir George Makins, Past President of the College, was reported.

The Chester Royal Infirmary was recognized for the twelve months' surgical practice required of non-Members before admission to the Final Fellowship Examination.

The President reported that an election of three Fellows into the Council would take place on Thursday, July 7th next, at 11 a.m., in the vacancies occasioned by the retirement in rotation of Mr. W. McAdam Eccles, Mr. Wilfred Trotter, and Sir Charles Gordon-Watson; that notice of the election would be given to the Fellows by advertisement and by circular on March 11th; and that March 21st would be the last day for the nomination of candidates, and that a voting paper would be sent on April 6th to every Fellow of the College whose address was registered at the College.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

Dr. Jessie Macgregor Prize in Medical Science

An award of this prize will be made in July next to the applicant who presents the best record of original work in the science of medicine. Such work may be published or unpublished, but must not have been published earlier than July, 1929. The prize is of the value of £70, and is open to medical women who are graduates in medicine of the University of Edinburgh, or who have taken the Scottish triple qualification, and who, before becoming qualified, have studied medicine for at least one year in Edinburgh. The successful applicant shall, within six months following the award, deliver a lecture to the medical profession in Edinburgh on the subject of the work for which the prize has been awarded, such lecture to be entitled "The Dr. Jessie Macgregor Lecture." Applications, marked "Dr. Jessie Macgregor Prize in Medical Science," must reach the Convener of Trustees, Royal College of Physicians of Edinburgh, not later than April 30th.

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At the quarterly meeting of the Council recently held, with the president, Professor W. Blair-Bell in the chair, the following Members were elevated to the Fellowship of the College:

John Hewitt, M.B., Ch.B. (Glasgow), Frederick Arthur Maguire, D.S.O., V.D., M.D., Ch.M., F.R.C.S. (Sydney), Donald McIntyre, M.B.E., M.D., Ch.B., F.R.F.P.S. (Glasgow), Wilfred Shaw, M.A., M.D., F.R.C.S. (London), Barry Keyte Tenison Collins, M.A., M.D., F.R.C.S.Ed. (Cardiff).

The following were elected Members:

Emily Grace Elspeth Baillie, M.B., B.Ch., B.A.O. (Londonderry), *Arthur Capel Herbert Bell, M.B., F.R.C.S. (London), Caroline Anne Elliott, M.B., F.R.C.S.Ed. (Edinburgh), Elinor Drinkwater Jackson, M.B., F.R.C.S.Ed. (Glasgow), David Johannes Malan, M.D., M.A.O. (Durban), Louisa Martindale, M.D., B.S. (London), *William George Richards, M.B., B.S., M.M.S.A. (Taunton), *Albert Sharman, B.Sc., M.B., Ch.B. (Glasgow).

* By examination.

The Services

DEATHS IN THE SERVICES

Surgeon General Sir Henry Hamilton, K.C.B., Bengal Medical Service (ret.), died at Mentone on January 21st, aged 80. He was born on April 7th, 1851, the son of William Hamilton of Coolaghey House, Raphoe, Donegal, was educated at the Royal School, Raphoe, and at Queen's College, Belfast, and graduated B.A. in 1872, and M.D. and M.Ch. in 1875, of the Queen's University of Ireland. Entering the I.M.S. as surgeon on March 31st, 1876, he became surgeon lieutenant-colonel after twenty years' service, brigade surgeon lieutenant-colonel, by a special promotion for his services in the Tirah campaign, on May 20th, 1898, colonel on October 1st, 1902, and surgeon general on March 24th, 1907, retiring on April 7th, 1911. He served in the Afghan war of 1878–80, in the action at Charasiah, operations at and around Kabul, the affair at Shekhabad, and in General Roberts's march from Kabul to Kandahar, was mentioned in dispatches in G.G.O. No. 582 of 1880, and received the Afghan medal with three clasps, and the special bronze star for the Kabul-Kandahar march; in the North-West Frontier, in the Chitral campaign of 1895, as P.M.O. of General Gatacre's brigade, medal with clasp; in the Frontier campaign of 1897–98, in the operations in Samana and in the Kurram Valley, mentioned in dispatches in G.G.O. No. 304 of 1898, two clasps; in the Tirah campaign of 1897–98, mentioned in dispatches in G.G.O. No. 244 of 1898, and specially promoted to brigade surgeon lieutenant-colonel, and clasp; and in the China war of 1900, in command of No. 2 General Hospital, medal. He received a Good Service Pension on October 25th, 1902, the C.B. on June 24th, 1904, and the K.C.B. on June 3rd, 1913. He married, in 1900, Violetta, daughter of Mr. John Williams, by whom he had one daughter, and, secondly, in 1909, Bessie, daughter of the late Henry Locke.

Lieut.-Colonel John Norman MacLeod, C.M.G., C.I.E., Bengal Medical Service (ret.), died suddenly at Nice on January 16th, aged 66. He was born on May 8th, 1865, the eldest son of the late Rev. John MacLeod, D.D., of Govan, and was educated at Glasgow University, where he graduated as M.A. in 1866, and as M.B. and C.M. in 1890, also subsequently taking the F.R.C.S.Ed. in 1899. Entering the I.M.S. as surgeon lieutenant on January 30th, 1893, he became lieutenant-colonel after twenty years' service, and retired on August 23rd, 1916. Among the appointments he held in India were those of surgeon to H.E. the Commander-in-Chief, Residency Surgeon in Nepal, and successively in several other States, and of Civil Surgeon of Quetta, and Principal Medical Officer of Baluchistan. He served on the North-West Frontier of India in the Chitral campaign of 1895, took part in the relief of Chitral, and received the frontier medal with a clasp; and in the Tochi campaign in 1897–98, gaining another clasp. Soon after the war of 1914–18 started he was appointed to the command of the Indian Hospital in the Pavilion, Brighton, when he was mentioned in dispatches in the *London Gazette* of July 27th, 1917, and received the C.M.G. On his retirement he was appointed commandant of Queen Mary's Convalescent Auxiliary Hospitals for limbless sailors and soldiers at Roehampton and at Dover House. He received the Kaisar-i-Hind medal on November 9th, 1901, the C.I.E. on January 1st, 1908, and the C.M.G. on June 4th, 1917. He married Katherine Campbell, daughter of the late Mr. P. M'Intyre of Kildowan, Glasgow, who survives him, with one son and one daughter.

Medical News

At the meeting of the Medico-Legal Society, to be held at 11, Chandos Street, W.1, on Thursday, February 25th, at 8.30 p.m., Dr. Gerald Slot will read a paper on "Sudden death." A discussion will follow.

A meeting of the Fever Group of the Society of Medical Officers of Health will be held at the House of the society, 1, Upper Montague Street, Russell Square, on Friday, February 26th, at 4 p.m., when Dr. R. R. Armstrong (St. Bartholomew's Hospital) will read a paper on "The serum treatment of pneumonia." All interested in the subject will be welcome.

The annual meeting of the Industrial Health Education Society will be held in British Medical Association House, Tavistock Square, W.C., on Tuesday next, February 23rd, at 4 p.m. The speakers announced are Sir Thomas Horder, Bt., M.D., president of the society, Lord Luke of Pavenham, chairman of executive, and Sir W. S. Haldane, chairman of Scottish area council.

A new session of post-graduate lectures and demonstrations will open at the Manchester Royal Infirmary on Tuesday, February 23rd, when Dr. A. Ramsbottom will discuss some points in the diagnosis and treatment of pleural effusion. On Friday, February 26th, Mr. J. Morley will give a demonstration of surgical cases. The course will be continued on succeeding Tuesdays and Fridays (with the exception of March 25th, 29th, and April 1st) till May 10th. All the lectures and demonstrations will begin at 4.15 p.m., and tea will be served at 3.45.

The Fellowship of Medicine and Post-Graduate Medical Association announces a lecture, by Dr. R. D. Lawrence, on "Some difficulties in insulin treatment in general practice," at 4 p.m. on February 26th; open only to members of the Fellowship. Free demonstrations will be given as follows: February 25th, 2.30 p.m., the Blackfriars Skin Hospital, by Mr. Willmott Evans; February 26th, 2 p.m., the Chelsea Hospital for Women, by Dr. F. Roques, followed by gynaecological operations at 3 p.m. A course in neurology begins on February 22nd, and will continue for a month daily, at 5 p.m., at the West End Hospital for Nervous Diseases. Lecture-demonstrations in psychological medicine will take place at the Bethlem Royal Hospital, Monks Orchard, Eden Park, on Tuesdays and Fridays, at 11 a.m., from February 23rd to March 18th. A whole-day course will be given from March 7th to 19th, at the Royal National Orthopaedic Hospital; also a whole-day course in proctology, at the Gordon Hospital, from March 14th to 19th. Copies of syllabuses and tickets of admission may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1.

The seventeenth Congress of the German Dermatological Society will be held in Vienna from May 16th to 18th, when the principal subject for discussion will be cancer of the skin, introduced by Lubarsch of Berlin and Miescher of Zürich. Further information can be obtained from the secretary, Dr. Matras, Alserstrasse 4, Vienna IX.

The third international Congress of Eugenics will be held at the Natural History Museum, New York, from August 21st to 23rd, under the presidency of Mr. Charles Davenport. Further information can be obtained from Mr. Harry H. Laughlin, Cold Spring Harbor, Long Island, N.Y.

On his sixtieth birthday, Dr. Lafayette B. Mendel, professor of physiological chemistry at Yale University, was presented on February 5th with a portrait of himself by John Quincy Adams. Over four hundred students and associates participated in making the gift in recognition of Professor Mendel's long and distinguished service as a teacher and as a leader in his field of science.

The Association of German Medical Women recently celebrated the seventieth birthday of Dr. Agnes Bluhm of the Kaiser Wilhelm Institute for Biology, where she won the silver Leibnitz medal by a work on the influence of alcohol on descendants.

An Italian society of surgery of the mouth and dento-facial orthopaedics was recently founded at Parma, with Dr. Bellinzona of Milan president of honour, and Professor Arlotta of Milan president. The first congress of the society will be held at Parma in May, with Professor Paolucci as president of honour.

For the first time in its history the Prussian Parliament has elected a medical man as its president, in the person of Marine-General Oberazt Dr. William Boehm of Remscheid, a member of the German People's Party.

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.

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QUERIES AND ANSWERS

Dry Mouth

"W. H. M." writes: I wonder if anyone can do anything except to recommend sips of water during the night, or patience when the morning brings some salivation, for that very distressing condition, the dry, parched mouth—often described as leather or parchment. I suppose it is due to sleeping with the mouth open, and consequent evaporation of saliva. I am aged 65, edentulous, otherwise healthy. I awake about 4 a.m. with a dry tongue, almost painful. Of course I snore, drink water when I awake, and get off to sleep again, but it is a beastly nuisance.

Cowper's Insanity

Dr. J. R. WHITWELL writes, in reply to "M.D." (February 13th, p. 316): William Cowper suffered from repeated attacks of acute melancholia marked by delusions of unworthiness, of having committed unpardonable sin, of being forsaken by God, etc., and was of suicidal tendency. His first attack occurred about the age of 21, and his third attack, at 42, continued practically without interruption until his death some twenty-seven years later. References: (1) Boutin, J.: *Étude medico-psychologique sur W. Cowper*, Lyon. (2) *Medical Times and Hospital Gazette*, London, 1905, xxxiii, p. 287. (3) The Insanity of William Cowper, *American Journal of Insanity*, 1857. (4) *The Life of William Cowper*; T. Wright; Fisher Unwin, 1882 (a full review of which appeared in the *Journal of Mental Science*, 1890, xl).

Intestinal Flatulence

"C. R. A." (Bombay) writes: In the *Journal* of December 19th, 1931, "Puzzled" asks for suggestions for relief of intestinal flatus. May I suggest to him to abstain from using saccharose in any form. He may use levulose instead. He will find that he is soon free from his worries.

"INTERESTED" writes from Northern Ireland: If your correspondent "Puzzled" has not yet found a satisfactory cure for his patient with intestinal flatulence I suggest that the case might be one of gastric atony with spasm of the colon. In these cases there seems to be a large amount of fluid in the stomach in the mornings, which has evidently been fermenting during the night. I have found the