

tissues, undergo mutation and become human bacilli, capable of producing the usual lesions in the human body generally attributable to the human bacillus. Up to the present time I have had no opportunity of proving my theory, but the following case may throw some light on the subject. The case was investigated in great detail, and is as follows:

A man, aged 50, was seen by me at hospital in 1929, and gave the following history. No evidence of tuberculosis in family; was brought up on a farm, and when 5 years old developed glands in the neck, which were removed at the age of 7 by a distinguished surgeon, who said they were tuberculous. On one side of the neck the glands suppurated, and some small glands had remained indurated on the other side all his life. Two years ago the patient developed pulmonary tuberculosis, and at the same time the glands became active and swollen, finally suppurating. He had tuberculosis in both lungs of two years' duration, with profuse expectoration, which on bacteriological examination showed typical human bacilli. The pus from the neck glands was also carefully examined, both by culture and by animal inoculation. Guinea-pigs developed extensive generalized tuberculosis, whilst rabbits all gave negative results, and gained in weight. Cultures on 4 per cent. glycerin agar from the guinea-pigs showed a typical human growth.

DISCUSSION

The whole experiment showed that the bacilli found in such large numbers were of the human type, but the question of supreme importance is, were they originally human, or was the first infection at the age of 5 caused by milk containing bovine bacilli, which, after a long residence in a new host, had been transformed into a human bacillus? Tubercle bacilli recovered from the human cannot always be definitely classified as human or bovine. Many intermediate strains are met with, which I suggest may be stages of mutation in a new environment. After examination of hundreds of cases of tuberculosis in the laboratory I have never found human and bovine bacilli in the same body. I am certain that no change takes place in the three types of bacilli—namely, human, bovine, and avian—on ordinary media, as I have subcultured these three types continuously for twenty-two years, and though they have lost all virulence and toxicity, and are non-tuberculigenic, they still retain their distinct cultural characteristics. It is only when the tubercle bacilli are placed in a new host, as in the human body, that mutation occurs.

It is now generally accepted by clinicians that all cervical gland infections are caused by the bovine bacillus conveyed by milk, and the figures quoted by that eminent worker Stanley Griffiths are as follows. In children under 5 years of age he found about 90 per cent. due to bovine infection, but in cases between 20 and 40 years of age he found a much higher percentage due to human bacilli. Adults are not, as a rule, susceptible to bovine infections, and I suggest as an explanation of these figures that the original bovine bacillus is being slowly changed into an intermediate or even a true human bacillus.

PROBLEM OF PULMONARY TUBERCULOSIS

We have not yet sufficient knowledge to answer with any certainty two vital questions: (1) When does infection occur? (2) How does it take place?

We are generally agreed in thinking that infection takes place in early childhood, but many authorities deny the possibility of direct respiratory infection, and affirm that the bacilli are conveyed from the alimentary system to the bronchial glands, and so to the lungs. These questions are not decided. I have examined many thousands of cases of pulmonary tuberculosis, but have never been able to understand why they generally occurred between the ages of 18 and 30. If the infection has occurred in childhood it must be latent in the tissues. I would like

to suggest as a possibility that bovine bacilli introduced into the alimentary system in childhood may remain dormant in the mesenteric glands for a period of ten to fifteen years, in the meantime slowly assuming in human tissues the characteristics of human bacilli. By direct lymphatic extension, or by the lacteals, these bacilli may be conveyed to the bronchial glands, and so set up pulmonary tuberculosis.

If there is any substance in this supposition, it is obvious that, by directing our energies to the prevention of bovine infection through milk, we will not only eradicate all forms of surgical tuberculosis, but may also be assisting in the prevention of the more serious and fatal form of the disease popularly called "consumption."

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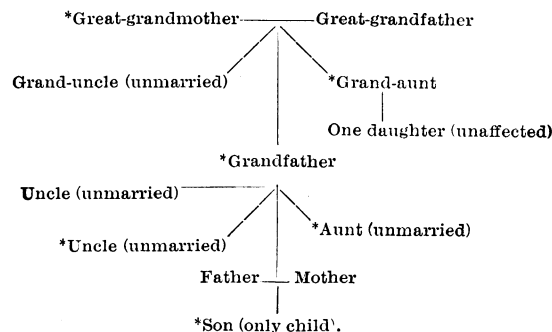
Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

CONGENITAL EPICANTHUS AND PTOSIS TRANSMITTED THROUGH FOUR GENERATIONS

Epicanthus is a subject on which little has been written during recent years. Foggin (*Ophthalmic Review*, vol. xx, 1901) classified congenital epicanthus as: (a) transient or temporary; (b) permanent (very unusual), whilst it is recognized that incomplete development of the nasal bones is the main factor in its production (thus acquired epicanthus may occur in necrosis of the nasal bridge from whatever cause). Usually, as the nose grows forwards and the face develops, the condition disappears.

The case in point, a boy aged 5, was very definite, and was associated with a marked congenital ptosis—in order to look at the ceiling it was necessary for the child to flex his neck on the back to the utmost. The condition was definitely traced back, through each generation, to his great-grandmother, and, further, in no case had the condition entirely disappeared in adult life—an uncommon event.



The members of the family affected are marked with an asterisk.

There has been no history of intermarriage in the family, and no evidence of mental defect. In the present case the only disturbing element to the child seems to be a liability to conjunctivitis. There is no defect in visual acuity.

Although cases occurring in families have been noted previously, I do not think that such a well-marked case of hereditary and permanent type has been described.

As yet there has been no surgical intervention. The ordinary plastic operation of removing an elliptical piece of skin from the root of the nose and suturing the edges of the skin together, would, of course, not affect the ptosis, for which separate treatment would be necessary—either a suture operation (Hess), or utilization of part of the superior rectus muscle (Motais).

I am indebted to Mr. R. E. Bickerton, ophthalmic surgeon to the Evelina Hospital, for permission to publish this case.

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Casualty Officer, Evelina Hospital.

SPONTANEOUS VERSION OF EXTENDED BREECH

In view of the recent correspondence in the *British Medical Journal* on breech presentations, the following case may be of interest:

M. P., aged 18, primigravida, was first seen at the twenty-fourth week of pregnancy when the foetus was presenting by the breech. This presentation persisted, and recurred after external version at the thirty-second week; x-ray examination at the thirty-fifth week confirmed the breech presentation and showed extension of the legs.

As the pelvis was particularly large, pregnancy was allowed to go to full term. Natural labour had not begun three days after the expected date of delivery, so the patient was admitted to hospital. Quinine induction was tried, but without success. Surgical induction was decided upon three days later, but on that day the patient complained of severe backache and abdominal discomfort, and labour was thought to be commencing. After twenty-four hours all symptoms of labour had passed off, but vaginal examination showed conclusively that the vertex was now presenting, and that spontaneous version had occurred. The cervix was then two fingers dilated and natural delivery took place forty-eight hours later.

The interest of this case lies in the facts that: (1) The foetus turned spontaneously from an extended breech to a vertex position, and version occurred at the onset of labour at full term. (2) The shape of the head was typical of that seen after a breech delivery.

We conclude that the time of version was coincident with the intense backache experienced three days before delivery, and also, in all probability, that flexion of the legs took place prior to the change in presentation.

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Reports of Societies

ASTHMA AND ALLIED CONDITIONS

At a meeting of the Medical Society of London, held on February 22nd, with the president, Mr. HERBERT TILLEY, in the chair, a discussion was held on asthma and allied conditions.

Dr. G. H. ORIEL, opening the discussion, divided asthma into three distinct types. There was, he said, an extrinsic form of asthma in which the attacks depended upon exposure to substances outside the body, such as animal inhalations, ingestion of certain foods, and serum injections; this was the true allergic type. Secondly, there was intrinsic asthma, usually due to infection. Thirdly, there was a mixed type, in which infection took place in a case formerly allergic. Eczema could be subdivided in exactly the same way into an allergic type (the Besnier

prurigo), a seborrhoeic type due to infection, and a mixed type in which scratching of the allergic form had led to secondary infection. Dr. Oriel, discussing the question of treatment, first described the so-called specific methods of desensitization as originally applied to the treatment of hay fever. The results here were far from perfect, and he thought that many cases probably cleared up without treatment, the value of which was therefore difficult to assess. Skin tests tended to remain positive after so-called desensitization, so that the method was far from satisfactory; and where, in an allergic condition, multiple sensitivity was present to several substances specific desensitization was almost impossible. Investigation of biochemical changes in allergic persons showed that certain changes were present during an attack which incriminated the liver, and good results were obtained in some cases by administering dextrose. This kept the liver full of glycogen, and thus enabled it to fulfil its function of detoxication—especially of the breakdown products of protein. Dr. Oriel then described his discovery of a substance in the urine of patients during an allergic attack. This "p" substance had been the object of much criticism, and he presented a series of therapeutic results obtained by injecting this substance in very small quantities at weekly intervals. In asthma he had obtained cessation of symptoms in 36.4 per cent. and relief in a further 43.6 per cent. of patients, while in all cases of allergy treated the corresponding figures were 43.6 per cent. and 38.7 per cent. In discussing these results, Dr. Oriel said that a longer time was necessary before "cure" could be claimed, although some of the earliest cases had remained well without any treatment for two years. He began with 0.1 c.cm. of a 1 in 10 million solution, with very gradual increase. He had applied the same method of treatment in chronic urticaria, migraine, Besnier's prurigo, dermatitis herpetiformis, arthritis, and spasmodic rhinorrhoea. He thought that this form of therapy would compare very favourably with so-called specific desensitization.

Dr. G. W. BRAY discussed the origin of the allergic state, explaining the familial nature of many of its manifestations on the basis of a predominantly germinal mode of inheritance. Sometimes a normal mother, he said, might over-indulge in certain foods during pregnancy and the foetus become sensitized, reacting allergically on coming into contact with the food for the first time after birth. Large statistical surveys had shown that it is at least seven times more likely that a member of an allergic family will suffer from some manifestation of allergy than a person of normal parentage. Although the tendency to allergy was thus inherited so often, continued the speaker, the site and type of reaction were consequent upon local tissue damage. For example, the asthma following pulmonary inflammation in childhood was frequently due to hypersensitivity to feather pillows or horsehair beds on which the patient had lain during the illness, the selectivity of the allergen being a result of repeated or continuous contact. In the absence of hereditary influences it was usually found that the post-natal factors had been particularly severe and constant. Dr. Bray next dealt with the types of asthma in childhood, describing the "recurrent bronchitis" variety of infancy and the three main types of later childhood. These he classified as the hereditary type, the eczema-prurigo-asthma syndrome, and the lung-damage type. In an account of the principal differences between these he emphasized the absence of permanent changes in the lungs, and the presence of hypochlorhydria in the first type, the association of recurrent skin trouble and wheezing in the second, and the gross changes in the lungs—usually of a fibrotic or bronchiectatic nature—found in the third group, in which the gastric juice was normal and the absence of

THE LATE DR. PARLANE KINLOCH

Sir ARTHUR NEWSHOLME sends us extracts from a letter received by him (dated January 25th, 1932) in acknowledgement of a work of his from Dr. Parlane Kinloch. These extracts appear to define more definitely than any of Dr. Kinloch's published papers the great schemes of investigation and reform to which he had put his hand. For this reason it is appropriate that his statement should be published along with other obituary notices. The statement (Sir Arthur says) makes one realize the terrible loss which public health has experienced in the sudden death of a forceful and striking personality.

"We are actively engaged at the present moment in reviewing the whole of our health services with reference to their efficiency and to the results they are providing, and I think it is inevitable that we will be compelled to the conclusion that there will require to be a very definite reorientation of our work. At this stage I would illustrate my point by reference to any one of our services, say, the school health service. At the initiation of the service I think we all generally took the view that, with a system of periodic examination of school children, we would be able to detect divergencies from health and minor and major defects, the correction of which would prevent the development of more serious disease. The defects thrown up by the school health service are, in order of frequency, carious teeth, diseased tonsils and adenoids, enlarged glands, rickets, discharging ears, etc., and it is obvious that these conditions are either the late, and in some cases the irreparable, effects of malnutrition or the end-products of earlier infectious diseases, including catarrhal and respiratory infections.

"In other words, routine inspection is revealing conditions that cannot properly be remedied as detected, and it would appear that we must go much further back and secure the adequate nutrition of the expectant mother and of the infant and growing child in its earliest years, we must improve the diet to increase resistance to the infections whose end-products are revealed by school health inspection, and we must provide a medical service that will deal with infections in their earliest stages, and so by early and intensive treatment prevent complications and sequelae. The school medical service, as you are aware, yields no evidence of the incidence of morbidity in child life. Whenever a child becomes ill it disappears from the school health service and comes under the care of the family doctor. It seems to me that we will have to swing the whole service into the hands of the general practitioner, and concentrate on educating the general practitioner to be able to discharge the functions that this proposal requires of him.

"I have been able to interest the Secretary of State in this matter, and have received an instruction to review the whole of our health services, including the national health insurance service, from this viewpoint. The review, statistical and otherwise, will take a considerable time to complete, but, as the matter is so closely related to the world-wide inquiry you are engaged in, I thought I should tell you the lines on which we are thinking here. When our review is complete I shall let you have a copy of our data."

Dr. ERNEST EDWIN CARTER, who died in a sanatorium at Davos on February 5th, was born at Lewisham on April 3rd, 1897. His father, now retired, was an inventor and draughtsman at Woolwich Arsenal. Dr. Carter was educated at the City of London School, where he gained several scholarships, including the City of London Scholarship to St. Thomas's Hospital in 1915. He joined the Navy, the Harwich T.B. section, in 1917 as a surgeon probationer, and was mentioned in dispatches. When H.M.S. *Valkyrie* was sunk in a raging sea, Carter went into the stokehold and rescued some men and also amputated the leg of one of the injured. Partly in recognition of this and of the City of London Scholarship, he was granted the freedom of the City of London, which was presented to him on April 12th, 1918. In the following year he passed the second M.B. examination with distinction in organic chemistry and physiology, and qualified as M.R.C.S., L.R.C.P.; in June, 1920, he

graduated M.B., B.S.Lond. After a five months' voyage as ship surgeon he started general practice at Westcliff. His health broke down, and after treatment he went to sea again as ship surgeon. On his return he took up radiology, and joined Dr. T. Anstey-Chave at Redhill in 1924, and obtained the D.M.R.E.Camb. in 1927. He was appointed assistant radiologist to the East Surrey Hospital.

The Services

ROYAL ARMY MEDICAL CORPS

The following were successful candidates for commissions in the Royal Army Medical Corps during January last: D. P. F. Mulvany, C. S. Gross, J. B. Macfarlane, P. J. Richards, R. D. MacRae, R. St. J. Lyburn, J. V. Quinn. Vacancies still exist, and particulars can be obtained, either by letter or personally, from the Assistant Director-General, Army Medical Services, War Office, S.W.1.

DEATHS IN THE SERVICES

Lieut.-Colonel Samuel Foster Loughheed, C.M.G., R.A.M.C. (ret.), died at Tenterden, Kent, on February 4th, aged 72. He was born on January 24th, 1860, the son of the late S. Loughheed of Ballinakill, County Sligo, and took the L.R.C.S.I. in 1880, and the M.D. of the Royal University, Ireland, in 1881. Entering the Army as surgeon on February 4th, 1882, he became lieutenant-colonel after twenty years' service, and retired on March 14th, 1908. He served throughout the South African war of 1899-1902, when he took part in operations in the Cape Colony, the Orange Free State, and the Transvaal, was mentioned in dispatches in the *London Gazette* of April 16th, 1901, and received the Queen's medal with three clasps and the King's medal with two clasps, and the C.M.G.

Universities and Colleges

UNIVERSITY OF OXFORD

An examination for the Theodore Williams Medical Scholarship at Pembroke College will begin on May 31st. The scholarship of £100 a year is tenable for four or five years. Full particulars can be obtained on application to the Senior Tutor, Pembroke College, Oxford, before May 1st.

UNIVERSITY OF LONDON

The Earl of Athlone was installed as Chancellor of the University at a ceremony held on February 18th.

The title of "Fellow of University College, London," has been conferred upon Professor Harold John Channon, D.Sc., Johnston Professor of Biochemistry in the University of Liverpool; Professor Henry Albert Harris, D.Sc., M.B., Professor of Clinical Anatomy at University College and University College Hospital Medical School; and Mr. Herbert Tilley, F.R.C.S., consulting surgeon to the ear, nose, and throat department of University College Hospital.

The title of "Honorary Fellow of University College, London," has been conferred upon the Right Hon. Sir E. Hilton Young, Minister of Health.

The William Julius Mickle Fellowship for 1932 has been awarded to Dr. Philip Eggleton for his research on the labile compounds of phosphorus in muscle.

VICTORIA UNIVERSITY OF MANCHESTER

Dr. J. F. Wilkinson, director of the Laboratory of Clinical Investigations, has been appointed lecturer in systematic medicine, and Dr. Allan Taylor demonstrator of anatomy. The resignation of Dr. J. M. Yoffey, assistant lecturer in anatomy, has been accepted on his appointment as lecturer in anatomy at University College, Cardiff.

UNIVERSITY OF EDINBURGH

The Cameron Prize for 1932 for highly important and valuable additions to practical therapeutics has been awarded to Dr. Edward Mellanby, F.R.S., Professor of Pharmacology in the University of Sheffield.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The spring course of museum demonstrations opens on Monday, February 29th, when Sir Arthur Keith will discuss specimens illustrating successful and unsuccessful bone

grafting. He will demonstrate specimens illustrating the various forms of acute post-natal intestinal obstruction on March 11th, and on March 18th specimens illustrating fractures of the cervical spine, including those from cases of hanging. On March 4th Mr. Eric D. Moir will demonstrate the functions and pathology of the great omentum, and Mr. C. E. Shattock will demonstrate on March 7th specimens illustrating cysts, and on March 14th specimens illustrating diseases of joints. The demonstrations, which will be given in the theatre of the College, Lincoln's Inn Fields, W.C., at 5 p.m., are open to advanced students and medical practitioners.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The Parliamentary Medical Committee met at the House of Commons on February 18th to consider the ineffectiveness of Section 36 (2) of the Road Traffic Act, 1930, so far as payments to hospitals for treating third-party motor injuries are concerned. Dr. G. C. Anderson, Deputy Medical Secretary of the British Medical Association, and Mr. Zachary Cope, surgeon to St. Mary's Hospital, attended the meeting. The discussion was adjourned.

The House of Commons this week passed the Import Duties Bill through committee and subsequent stages. To the Free List of commodities to be admitted without tax, which already included radium compounds and ores, Mr. Chamberlain, on February 23rd, announced the addition of platinum, potassium carbonate, chloride, and sulphate, and other substances. Sir John Gilmour introduced the Wheat Quota Bill on February 23rd.

On February 23rd, in the House of Lords, the Destructive Imported Animals Bill was read a second time. The Bill gives the Minister of Agriculture power to prohibit and control the importation of musk rats and other animals likely to become pests. Persons who wish to keep such animals for scientific research may apply for a special licence.

Radium

Sir E. GRAHAM-LITTLE asked the Minister of Health if he would consider the advisability of promoting the formation of a committee of inquiry to take evidence and to report as to the best methods of forwarding radium research, and advising as to the most useful application of the public money subscribed for that purpose and at present in the custody of the National Radium Trust. Replying on February 23rd, Sir HILTON YOUNG said that Sir E. Graham-Little would be aware that, as had been stated in the House on several occasions, the Radium Trust and the Radium Commission were not appointed by the Minister of Health, but were constituted by Royal Charter. It was the duty of the Radium Commission, under Article 7 of the Charter, to make arrangements for the proper custody, equitable distribution, and full use of the radium which might from time to time be the property of the Trust, with the object of promoting the treatment of the sick throughout Great Britain, and the advancement of knowledge of the best methods of rendering such treatment and of securing due economy in the use of radium for the purposes of such treatment; to consider proposals submitted to it for the use of the radium for these purposes, and to arrange the supply on loan of the radium, or any preparations of it, so as to enable proposals approved by it to be carried out. He had therefore, in the first instance, referred Sir E. Graham-Little's suggestion to the Radium Commission for its consideration, and he would inform him of its views in due course.

Dangerous Drugs Bill

In the House of Lords, on February 17th, Lord LUCAN moved, on behalf of the Home Office, the second reading of the Dangerous Drugs Bill. He said the Bill was to make the amendments in the Dangerous Drugs Acts, 1920-1925, which were necessary to enable the British Government to ratify the International Convention which had been adopted at Geneva in the summer of 1931. That was a Convention for limiting the manufacture and for regulating the distribution

of certain narcotic drugs. An extensive traffic in such drugs as morphine, heroin, and cocaine was carried on in many parts of the world, and was facilitated by the fact that the drugs had been, and were still, produced in quantities largely in excess of the medical and scientific requirements of the world. The Opium Advisory Committee of the League of Nations advocated, as the most effective step towards suppressing the illicit trade, the limitation of the manufacture of these drugs to the quantities required for medical and scientific purposes. Such limitation could only be brought about by international agreement between the manufacturing countries, with the co-operation of the consuming countries. There had been a conference on the subject at Geneva in 1924-25, and the question was revived again in 1929. In the summer of 1930 a conference at Geneva was attended by delegates from fifty-six countries, and drew up the International Convention. Legislation now had to be passed to enable the Government eventually to ratify this. He excused himself from going into detail on the proposals of the Bill, and said he would be glad to learn how some of the drugs mentioned therein were pronounced, but he offered to procure any further information which might be required.

The Bill was then read a second time without further discussion, and referred to a Committee of the whole House.

In the House of Lords, on February 23rd, the Dangerous Drugs Bill passed through committee with a drafting amendment.

Vaccination

On February 23rd Mr. E. BROWN told Mr. Groves that the medical officers of the Ministry of Health had not made any examination into the nature and size of the scars produced by the new method of vaccination adopted on October 1st, 1929. The Minister was advised that the nature and size of the scars were such as might be expected from the method of vaccination employed, and had not called for comment by his medical officers.

Mr. E. Brown, further replying to Mr. Groves, said that since October 1st, 1929, 38 cases of suspected disease of the central nervous system following vaccination, including suspected cases of post-vaccinal encephalitis, had come to the notice of his Department. Inquiries showed that in at least 5 of these cases the suspicion could not be verified. In 18 cases vaccination had been followed within a short period by the occurrence of a disease of the central nervous system without there being any reason to associate this disease with the antecedent vaccination. Of these 13 were fatal. There remained 15 cases in which the occurrence of post-vaccinal encephalitis was definitely established, and of these 8 proved fatal.

The relation of the incidence of small-pox to the regularity or otherwise of vaccination was discussed on pages 49 and 50 of the report on certain aspects of small-pox prevention, which was published last year. The Minister of Health had received no more recent report on the subject.

Medical Referees

Replying, on February 18th, to Mr. T. Williams, Sir HERBERT SAMUEL said that it was a condition of the appointment of a medical referee under the Workmen's Compensation Act that he should hold no regular appointment either on the employers' or on the workers' side. Medical referees were enjoined that in their private practice they should, as far as possible, avoid cases which might come before them in their official capacity. It had not been considered necessary or practicable to impose more stringent restrictions, but he would make inquiry into any individual cases, if particulars were supplied.

Mr. WILLIAMS asked if suspicion were not created in the minds of injured workpeople when the referee or assessor received fees for other cases from an indemnity company or association. Sir HERBERT replied that if more stringent rules were applied it might be difficult in particular areas to obtain men of the requisite standing to act as referees, and particularly in cases where specialists had to be employed.

Replying to the question whether the Home Secretary had considered setting up a central board of referees who would be strictly impartial towards employers and employees, Sir HERBERT SAMUEL said he would consider the suggestion. In making appointments for medical referees a reputation for impartiality had to be taken into account.

Carbon Monoxide Poisoning.—Sir HERBERT SAMUEL states that a proposal to schedule poisoning by carbon monoxide gas among diseases under the Workmen's Compensation Act was considered and rejected by the Industrial Diseases Committee of 1907, on evidence that the effects of such poisoning were invariably sudden, and therefore in the nature of accidents, and already covered as such by the Act. The question whether all cases were so covered had been recently referred for further examination to the Industrial Diseases Committee. Sir Herbert suggested that particulars of any cases showing the need for an extension of the schedule should be sent to the committee.

Metropolitan Refuse Dumps.—Replying to Mr. McEntee on February 15th, Sir HILTON YOUNG said that the metropolitan authorities had been pressed to discontinue the insanitary tipping of refuse, and active measures had been taken by some of them. The main recommendations of the Departmental Committee on London Cleansing would require legislation, of which he saw no immediate prospect. The Town and Country Planning Bill, now before Parliament, contained proposals for empowering local authorities to control the deposit of refuse by provisions in planning schemes.

Sterilization of Mental Defectives.—Sir HILTON YOUNG told Dr. Morris-Jones, on February 18th, that he had not yet determined the precise form of inquiry which was likely to yield the best results in investigating and reporting on the question of the sterilization of the mentally deficient.

Spahlinger Formula.—Sir HILTON YOUNG, in reply to Mr. Hammersley on February 18th, said he was unable at present to say when it was likely that the observations of the Medical Research Council and other research bodies on M. Spahlinger's statement concerning a formula for the treatment of tuberculosis would be published.

Medical News

Sir George Newman will deliver four lectures on "Great English doctors and their message," illustrated by lantern slides, at Gresham College, Basinghall Street, E.C.2, on March 1st, 2nd, 3rd, and 4th, at 6 p.m. Admission is free.

At the meeting of the Pharmaceutical Society of Great Britain, to be held at 17, Bloomsbury Square, W.C., on Tuesday, March 8th, at 8.30 p.m., an address on "The importance of ergot in pharmacy" will be given by Mr. Frank Wokes, B.Sc., a member of the staff of the society's pharmacological laboratory, and of the subcommittee on ergot of the Pharmacopoeia Commission.

The seventh annual address to newly qualified medical practitioners and senior students of the London hospitals will be given by Mr. P. H. Mitchiner, F.R.C.S., of St. Thomas's Hospital, on Tuesday, March 8th, at 5.30 p.m., in the Great Hall of the B.M.A. House, Tavistock Square, under the auspices of the Metropolitan Counties Branch Council. The title of the address is "After the finals." The president of the Branch, Dr. F. W. Goodbody, will hold a reception at 5 p.m.

Part II of the series of lectures and practical courses of instruction for the diploma in psychological medicine at the Maudsley Hospital, Denmark Hill, S.E., will be held during March, April, and May. The fee for the whole of Part II is £10 10s. Inquiries as to lectures, fees, etc., should be addressed to the Director of the Central Pathological Laboratory, Maudsley Hospital, Denmark Hill, S.E.5.

The annual meeting of the Royal Medical Benevolent Fund will be held at 11, Chandos Street, W.1, on Tuesday, March 15th, at 5 p.m., when the annual report and financial statement will be presented and the officers and committee elected for the ensuing year.

A series of post-graduate demonstrations at the Salford Royal Hospital will be held on Thursdays, at 4.15 p.m., from March 3rd until May 5th, with the exception of March 24th.

The Fellowship of Medicine and Post-Graduate Medical Association announces that the next lecture in the "Treatment" series will be given by Dr. F. D. Howitt, on arthritis, at 4 p.m. on March 2nd, at the Medical Society of London, 11, Chandos Street, W.; this lecture is open only to members. In connexion with the M.R.C.P. evening course various demonstrations and lectures have been arranged for members on payment of the requisite fees. A three weeks' course in medicine, surgery, and gynaecology will be given at the Royal Waterloo Hospital, Waterloo Road, from February 29th to March 18th. Members should apply to the Fellowship of Medicine, 1, Wimpole Street, W.1.

The Hunterian Society's gold medal for 1932 has been awarded to Griffith Ifor Evans, M.D., F.R.C.S., Carnarvon, for his essay on "Chronic familial syphilis," with Miss Gwladys Victoria Smallpeice, M.D., M.R.C.P., as *proxime accessit*. The medal was presented to Dr. Evans at the annual dinner on February 11th. The next award of the Society's gold medal will be made in 1933, for essays received on or before December 31st, 1932. The competition is open to all general practitioners of Great Britain, Ireland, and the Channel Islands. Full particulars may be obtained on application to Dr. D. C. Norris, 14, City Road, E.C.1, or Mr. Andrew McAllister, 79, Wimpole Street, W.1.

At the eleventh annual dinner of the Society of Radiographers, held on February 19th under the chairmanship of Mr. Cyrus L. Winch, the principal guests were certain of the officers and members of the British Institute of Radiology, whose president, Dr. A. E. Barclay, proposed the toast of "The Society." He remarked that the society and the institute had come into existence at about the same time, and it had been a great advantage to both to have worked together in such harmony. In his reply, Mr. Winch referred to the excellence of the manufacture of x-ray apparatus and material; one manufacturer was said to have brought his tubes so near to perfection that when he had sold one to a hospital there was no likelihood that it would ever want another! In reply to the toast of "The Guests," proposed by Mr. C. W. Furby, Professor H. A. Harris spoke of the manner in which knowledge, in radiography as in other subjects, tended to come in snippets. No one could afford to ignore these small accretions, from whatsoever field they came, whether from the photographer finding a new and cheap emulsion—owing entirely to British chemists—or from certain alterations in the construction of apparatus, or certain changes of outlook as regards a hospital department. It was very important to get rid of vanity and to be prepared to borrow, for, after all, in science all men were borrowers, and their borrowing was condemned or praised only by the use they made of the borrowed thing. If there was one valid criticism of all craftsmen and technicians to-day it was their absurd disregard of training facilities for the younger members. The facilities afforded to the younger technicians in the London area were far fewer than in the North. Professor Harris felt that one of the duties of the Society of Radiographers should be to give facilities for beginners so that they would have a better background for their work. Dr. C. G. Teall, president of the Birmingham Radiographic Society, and Mr. C. E. A. Bedwell, house-governor, King's College Hospital, also responded.

Mr. Henry Kimpton announces for early publication the first volume of Mr. W. S. Duke-Elder's *Text-Book of Ophthalmology*, dealing with the development, form, and function of the visual apparatus.

A symposium on the fiftieth anniversary of the discovery of the tubercle bacillus will be held at the East London Children's Hospital, Shadwell, on Friday, March 11th, at 8.45 p.m., with Sir Percival Hartley in the chair. The speakers will include Sir Henry Gauvain, Dr. Jane Walker, Dr. A. S. MacNalty, and Dr. Harley Williams.

The International Congress against Rheumatism, which was to have been held this May in Rome, has been indefinitely postponed in view of the present economic condition.

An outbreak of small-pox has recently occurred in Malmö, Sweden.