

hourly intervals throughout the first twenty-four to thirty-six hours after the operation.

(d) This periodical administration is continued if there is any evidence of respiratory complications.

The percentage of carbon dioxide, the duration of the period, and frequency of administration should be regulated according to the toleration of the individual patient. The apparatus used in the ward consists of a small platform on castors to carry one cylinder of carbon dioxide and one cylinder of oxygen, with a central standard to carry a sight feed bottle. It has proved eminently simple and satisfactory. The freedom from pain in abdominal wounds during hyperventilation with carbon dioxide as compared with the pain and distress which the patient endures in voluntary deep breathing is a marked feature of the administration. Adult patients readily volunteer their appreciation of the relief the administrations give, and children rarely object to it.

It is stated that the only effect on the organism<sup>11</sup> as the result of the inhalation of 6 per cent. carbon dioxide during a period of two hours was diuresis and increased acidity of the urine.

#### CONCLUSIONS

1. Carbon dioxide gas should be available in every operation theatre and in every surgical ward.

2. This gas, used with discrimination, is a valuable adjunct to general anaesthesia.

3. The maintenance of a patent and inflated respiratory tract protects the patient against serious post-operative respiratory complications.

4. The therapeutic application of carbon dioxide in respiratory disease rapidly drains the pulmonary system.

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- <sup>3</sup> Haldane, J. S., and Priestley, J. G.: *Journ. of Physiol.*, 1905, xxxii, 225.
- <sup>4</sup> Keith, Sir A.: *British Medical Journal*, 1908, ii, 589; *Further Advances in Physiology*, 1909, p. 182 (edited by Leonard Hill).
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- <sup>6</sup> Henderson, Y.: *Ibid.*, 1930, xcv, No. 8, 572.
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- <sup>11</sup> Meakins, J. C., and Davies, H. W.: *Respiratory Function in Disease*, 1925, p. 57.
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## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### A METHOD OF RECORDING MAXIMUM ARTERIAL PRESSURE

It is generally recognized that the methods now employed of taking blood pressures may, under certain circumstances, give misleading readings. At present it is quite impossible to determine how far diseased arterial vessels—for example, those due to sclerosis—may affect blood-pressure readings. The following accurate method of recording maximum blood pressures actually measures the internal pressure in the vessels. It is based on the simple consideration that if the flow of blood in the veins of a limb is obstructed the pressure in the veins will rapidly rise till it equals the pressure of the arteries supplying the limb. It is only necessary then to insert a needle into a vein and connect it with a manometer.

A sphygmomanometer is attached to the arm, and at the same time a needle with a very large bore is inserted in the

basilic vein; the needle is connected with a manometer containing a solution of potassium citrate and salt. The pressure is gradually raised in the armlet; *pari passu* there is a rise in the water manometer. Soon the fluid in the manometer reaches a certain level, and then, momentarily, there is a slight but definite fall; this coincides with the closure of the arterial vessels owing to compression of the armlet. The highest level attained in the water manometer records the maximum arterial pressure. The record of the mercury sphygmomanometer at the moment when the slight fall in pressure in the water manometer has taken place measures the external force necessary to occlude the vessel wall and to overcome the internal pressure of the arteries. These two readings are practically identical in some cases, and not quite so close in others.

In order to study the events which take place in the distal portion of the extremity after the occlusion of the veins, the limb is enclosed in a plethysmograph (made of tyre rubber connected with a water manometer); this part of the procedure, however, is not essential for ascertaining the maximum pressure. It is necessary to raise the pressure in the armlet slowly, so that the veins may have time to fill properly. A sample reading is as follows: systolic pressure by the auditory method, 135 mm. mercury; sphygmomanometer reading at the time of closure of the arteries, 120 mm.; record of water manometer in terms of mercury, 115 (water is lighter, of course, by 13.6 than mercury).

I. HARRIS, M.D. Königsberg

Hon. Physician, Liverpool Heart Hospital.

#### HERPES ZOSTER INVOLVING THE URINARY BLADDER

The following case of what can undoubtedly be regarded as herpes zoster involving both the skin and the vesical mucous membrane is of considerable interest, not merely from the rarity of records of such a condition, but because it is probable that cases are frequently overlooked.

In May, 1931, I was called to see an English lady, aged 64, who complained of intolerable irritation and frequency of micturition (every half to one hour night and day). The onset had been sudden, and I saw her on the second day. Suspecting pyelitis I examined the urine, and was surprised to find only very scanty pus cells and erythrocytes. Later in the day she confessed to a rash just below the left buttock, which on examination proved to be typical herpes zoster affecting areas innervated by the second and third sacral roots. When questioned she admitted feeling irritation on the ball of the left foot, and between the hallux and second toe, although no cutaneous lesions were visible. An alkaline diuretic mixture, together with hyoscyamus, was prescribed, and calamine lotion applied to the vesicles; the condition cleared up in four days. Cystoscopy was not available.

About one year previously I had treated her husband for herpes zoster on the right side of the penis (not glans) which was associated some weeks later with an epidemic of chicken-pox among the young (black) staff of the household. There was also an epidemic of chicken-pox on the station at the time of the case here recorded. The patient had not been taking arsenic.

#### Discussion

Herpes zoster of the urethra has frequently been recorded, and its association with herpes progenitalis noted, but I have only been able to find references to three cases of herpes of the bladder.

Dubois<sup>1</sup> reports the case of a man, aged 40, who, together with cutaneous lesions of the left buttock, complained of frequency, dysuria, and eventually of retention; cystoscopy revealed typical vesicles on the left side of the base and left lateral wall of the bladder; symptoms lasted ten days. Dubois also quotes Wolbart as figuring in his translation of Long's treatise on cystoscopy and urethroscopy an illustration of herpes of the ureteric orifice.

Darget<sup>2</sup> describes two cases, one in a woman, aged 65, who complained of symptoms of acute cystitis of sudden onset with blood-stained urine, and had a cutaneous crop of vesicles along the inguinal branch of the ilio-inguinal nerve, on the *right* side. Cystoscopy revealed a raised area on the *left* side of the base of the bladder, with greyish vesicles and a grey exudate. His second case was similar, but there were no cutaneous lesions.

In the English translation of Oppenheim's textbook of nervous diseases it is noted (p. 575) that transient paralysis of the bladder sometimes accompanies gluteal and sacral herpes zoster.

In the case here reported the sensory innervation of the skin affected (S.2 and S.3) corresponds with the nerve supply of the base of the bladder, motor fibres from which segments cause active contraction of the muscle of the bladder wall. The podalgia might have been due to referred pain, which is known to occur in cases of cystitis or stone, but it is more probable that it was due to morbid changes in the posterior root ganglion caused by the virus of zona.

Since herpes zoster of the mucous membranes of the mouth and pharynx has also been recorded, it is interesting to speculate whether the stomach and duodenum might not also suffer therefrom. Here is scope for the enthusiast with the gastric camera to contribute to the study of gastric ulcer by taking serial photographs of the mucosa of patients suffering from lower intercostal herpes zoster!

CLEMENT C. CHESTERMAN, M.D. M.R.C.P.  
Physician to the Baptist Mission Hospital,  
Yakusu, Belgian Congo.

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### INFECTIVE JAUNDICE

I note with interest a memorandum on spirochaetosis icterohaemorrhagica by Drs. E. K. Brown and A. J. Cleveland in the *Journal* of February 13th, and as a similar case has come under my notice I send the following details.

During the recent epidemic of influenza I was called in to see a man, aged 21, on January 5th. He was employed as a labourer in a piggery, but on January 4th he had to cease work on account of pain in the back, shivering, and weakness. When I saw him on January 5th he complained of headache, shivering, and pain in the back and legs. His temperature was 103.2° F., pulse rate 124. All other signs being negative, I concluded he was suffering from influenza. His temperature, however, remained at a high level for five days, and on the third day of illness he complained of pain in the umbilical region and vomiting.

On the fifth day the temperature had fallen to 100° F., but he suffered from diarrhoea; the stools were pale in colour. On the next day the temperature had reached normal, but severe jaundice was evident, also haemorrhages into the skin of the arms and legs. The conjunctivae were injected, and slight nystagmus was present. The headache was very severe at this stage, and slight epistaxis took place. The urine was heavily bile-stained and contained albumin.

No leptospirae were recovered from the urine, but it seemed a clear case of infective jaundice. There was gradual diminution of the jaundice, and the patient made a good recovery (only symptomatic treatment being employed), although he has lost considerable weight and albuminuria still persists.

In this case there was no evident channel of infection by the skin route such as the bite of the infected ferret described by Drs. Brown and Cleveland, so I concluded

that the mode of entry of the leptospira was either by the alimentary tract or by a minute skin abrasion. The source of infection was more evident, as the piggery in which he was employed seemed to be overrun with rats.

Ardrossan. E. C. MACDONALD, M.B., Ch.B., D.P.H.

### AN UNUSUAL METHOD OF ENUCLEATING THE TONSIL

While acting as house-surgeon at Paddington Green Hospital for Sick Children the following accident case was admitted.

A boy, aged 5 years, was playing in the street, blowing a cardboard trumpet. He tripped, and fell forward on his face, ramming the trumpet into his mouth. Later in the day he complained of discomfort in swallowing, and was brought to hospital.

On examination the left tonsil was found to be attached to its fossa by its lowest extremity only. The anterior pillar of the fossa was very slightly lacerated at its junction with the soft palate, and there were some slight superficial abrasions of the palate. The right tonsil was enlarged and septic, but not traumatized in any way. There were septic teeth.

It was decided to complete the operation, remove the left tonsil with a snare, enucleate the right tonsil with the guillotine, and curette the adenoids. The capsule of both tonsils proved, on examination, to be intact.

On the following morning the temperature was 101° F., and rose in the evening to 105.6°. That night 15 c.cm. of anti-scarlatinal serum were given, and a further 15 c.cm. the following day. The temperature dropped to normal on the sixth day after operation, and the patient was discharged on the twelfth day, the appearance of the throat in no way differing from that following a normal enucleation, except for a very slight laceration of the anterior pillar of the left tonsillar fossa.

I am indebted to Mr. Elphick for permission to publish this case.

Southend. E. BRIAN RAYNER, M.B., Ch.B.

## Reports of Societies

### PULMONARY EMBOLISM

The Harveian Oration was delivered before the Harveian Society of London on March 17th by Sir BERNARD SPILSBURY, who took for his subject pulmonary embolism.

Sir Bernard Spilsbury confined himself to those forms of massive embolism which by producing mechanical obstruction of the pulmonary circulation were liable to bring about sudden death. He had collected 120 cases of pulmonary embolism in which he had made or assisted at the post-mortem examination. Pulmonary embolism was responsible for a fair number of sudden and unexpected deaths in apparently healthy persons. The main factor in the production of the thrombi causing pulmonary embolism was an alteration in the flow of blood in the veins. This might arise as a result of enfeeblement of the general circulation. Weak action of the heart in elderly persons predisposed to a certain extent towards such thrombosis. Diminished suction of the chest owing to poor respiratory movements also played its part in reducing flow in the veins, and the decrease or absence of muscular contractions had its influence in thrombosis in the limbs. In addition to general modifications in the circulation, there were many more cases in which local interference determined thrombosis, such as pressure upon veins, the pressure of a tumour, haemorrhage around a vein, abscess in the neighbourhood of a vein, and many other conditions. In analysing his cases he found that sepsis hardly entered at all as a factor. Not more than

the Council of the Society, in accordance with Banks's wish, proposed to nominate him, Wollaston declined a contest with Sir Humphry Davy, but consented to act as president *ad interim* from June 29th, 1820, until the following November 30th, the election day. Wollaston was admitted M.B. in 1788 and M.D. Cambridge in 1793, practised for a time in Huntingdon and Bury St. Edmunds, and in 1797 came to town, and, like William Heberden the elder in 1748, settled in Cecil Street, Strand. He was a Fellow of the Royal College of Physicians, a censor in 1798, and in 1824 an "Elect," or one of eight senior Fellows who chose the president from among their number. In 1800 he gave up medical practice; this has been ascribed to his want of success in a contest with Dr. C. R. Pemberton for the post of physician to St. George's Hospital, but it is more probable that it was because his sensitive temperament made him over-anxious about his patients. Of the remaining eight presidents with medical degrees, four were actively engaged in practice, Hans Sloane and Pringle as physicians, and Benjamin Brodie and Lister as surgeons. Hooker and Huxley both began their scientific career as nominally assistant surgeons in Her Majesty's ships. The last two presidents with medical degrees—Sir Charles Sherrington and Sir Frederick Gowland Hopkins—are Fellows and past Baly medallists of the Royal College of Physicians of London. The intervening president, Lord Rutherford, was in 1928 elected an honorary F.R.C.P., as in the seventeenth century was the Marquess of Dorchester, who left his library containing 1,547 folios, 1,250 quartos, 432 octavos, then valued at upwards of four thousand pounds, to the College—a noble example!

#### MEMORIAL TO W. E. DIXON

Professor W. E. Dixon, M.D., F.R.S., who died last August, was a staunch friend of the British Medical Association, and the help he gave it on committees and in many other ways is fresh in our minds. We are glad to announce the setting on foot of a scheme to commemorate his work and personality by the establishment of a Dixon lectureship in therapeutics. Colleagues, former pupils at Cambridge and at King's College, London, and other friends have already been approached, but it is inevitable that a number of names of likely supporters would be missed by those in charge of the preliminaries. Any reader who is interested in this project and has received no communication is asked to send a line to the secretary, Dixon Memorial Committee, Pharmacological Laboratory, Cambridge.

In the paragraph published on March 12th (p. 484), mentioning some of those who have been nominated for election as Fellows of the Royal Society, we should have included the name of Dr. Davidson Black, professor of anatomy, Peking Union Medical College, whose recent writings on *Sinanthropus pekinensis* have attracted so much attention.

We regret to record the death, on March 19th, of Dr. G. B. Hillman, M.P. for Wakefield, who had taken an active part for some years in the work of the British Medical Association. An obituary notice will appear in a later issue.

#### MEDICAL CONGRESSES, 1932

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

*April 8-11.*—Eleventh Congress of German Pharmacological Society. Wiesbaden. Professor W. Lipschitz, Pharmakologisches Institut, Frankfurt-on-Main.

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

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

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

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

*May 19-21.*—German Ophthalmological Society. Leipzig.

*May 23.*—International Union of Local Authorities. England. Mr. G. M. Harris, Ministry of Health, Whitehall, S.W.1.

*May.*—Italian Congress of Hydrology, Climatology, and Physical Therapy. Viareggio. Professor Gennaro Fiore, R. Clinica Pediatrica, Pisa.

*June 20.*—Canadian Medical Association. Toronto. Dr. T. C. Routley, 184, College Street, Toronto.

*June 25-28.*—Journées Médicales de Bruxelles. Brussels.

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

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

*July 21-23.*—National Association for the Prevention of Tuberculosis. London. Secretary of Association, Tavistock House North, Tavistock Square, W.C.1.

*July 24-29.*—British Medical Association Centenary Meeting. London. Medical Secretary, B.M.A. House, Tavistock Square, W.C.1.

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

*August 15-18.*—International Congress on Light. Copenhagen. Dr. W. Kerr Russell, 126, Harley Street, W.1.

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

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

*September 25-29.*—German Association for Natural Science and Medicine. Wiesbaden.

*September.*—International Congress on Biliary Lithiasis. Vichy.

*September.*—International Congress of the History of Medicine. Bucarest.

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

Other congresses announced to take place during the present year include: International Congress of Oto-rhino-laryngology, Madrid; Italian Congress of Urology, Bari; Pedagogic Medical Congress, Rome; German Dermatological Society, Vienna; Society for the Study of Diseases of Digestion and Metabolism, Vienna (Professor von den Velden, Bambergerstrasse 49, Berlin, W.30); International Conference on Tuberculosis, Davos (Secretary, Medical Society, Davos-Platz, Switzerland); German Society for Psychiatry, Bonn.

of *State Medicine*, he published a *Laboratory Textbook of Public Health*, and also edited the seventh edition of Guy and Ferrier's *Forensic Medicine*. He was emeritus professor of forensic medicine and toxicology at King's College, London. For two years, 1904-5 and 1906-7, he was a member of the Council of the British Medical Association.

A remarkable number of foreign distinctions came his way. He held honorary doctorates of Athens, Geneva, Padua, and Ghent, as well as orders and decorations from about ten different countries. He possessed unusual personal command, was an organizer of exceptional ability, as well as an effective speaker, and although he spread his energies over a wide field, he suffered no flagging, and was at work until the end.

Medical work in South Africa among the native and coloured people of the Rand has suffered a severe loss by the death of Dr. MARY CONSTANCE TUGMAN, who with her mother, Mrs. Ethel Tugman, was knocked down and killed by a motor lorry at Newbury, Berks, on March 6th, two days after their arrival in England on furlough. Dr. Mary Tugman was 33. She received her medical education at the London School of Medicine and St. Mary's Hospital, and five years ago, at the call of her uncle, the Venerable O. W. L. Skey, Archdeacon of Johannesburg, decided to go to the Rand as a medical missionary and do what she could to reduce the appalling infant mortality rate, of something like 750 per 1,000, among the native and coloured population there. On her own responsibility she opened a clinic in the back room of a native priest's house at Sophiatown, and there she and her mother, who had previously done a great deal of rescue work both in England and in South Africa, and was a trained midwife, weighed babies, instructed native mothers, dispensed medicines, and treated sick cases. Then Dr. Tugman would pack up her equipment; and put it in a motor car and drive herself, with perhaps a native helper, out to the primitive homes of the sick people who could not come to her. Gradually the work developed until there were ten clinics on the Rand, with Dr. Tugman in charge of the central group, and Dr. Janet Robertson and Dr. Marjorie Storr in charge of two other groups. Finally, work on a nursing home in Sophiatown was started. Dr. Tugman's grandfather was Frederic Skey, F.R.S., surgeon to St. Bartholomew's Hospital and President of the Royal College of Surgeons in 1863.

ARTHUR OLIVER HOLBECH, L.R.C.P.Ed., M.R.C.S.Eng., died at the age of 76, on Christmas Day, 1931, at his home, Prior's Croft, Great Malvern. Dr. Holbeche, who could trace his ancestry back to the town of Holbeach in Lincolnshire, was the son of the late Thomas Vincent Holbeche of Sutton Coldfield. After qualifying in 1879 he went to Malvern Wells in 1882 and later moved to Great Malvern. Apart from a busy professional life he also took an active part in local affairs. He was a warden of Malvern Priory, a vice-president of the Malvern Development Association, and a member of the Health Committee of the Worcester County Council. In his professional career he had been senior resident surgeon at the Birmingham General Hospital and surgeon captain to the Queen's Own Worcestershire Hussars, and at the time of his death was honorary consulting surgeon to the Malvern Hospital. In his younger days he was a keen horseman, riding with the Croome and Ledbury hounds and at point-to-point meetings. He was a man highly respected and loved both by his medical colleagues and by his patients, and was characterized by an old-world courtesy and kindness of manner seldom met with now. Dr. Holbeche was always an active member of the British Medical Association, serving as chairman of Division, president of Branch, Representative, and on Division Committee and Branch Council. In 1921-22 he was a member of the Central Council of the Association, and of the Medico-Political Committee. Mrs. Holbeche, who survives him,

was the daughter of the Rev. J. Eastwood, vicar of Hope, in Staffordshire. The funeral service, held in Malvern Priory, was attended by a large and representative congregation, amongst whom was Mr. Stanley Baldwin.

Dr. THOMAS GEORGE STYAN, who died at Sevenoaks on March 13th, aged 75, was for thirty or forty years one of the best-known and most respected medical practitioners in the Isle of Thanet. Educated at Uppingham, Cambridge, and St. Bartholomew's Hospital, where he was house-physician, he took the M.D. degree in 1887. Succeeding to the practice of Dr. Woodman of Ramsgate, he was appointed surgeon to the Ramsgate and St. Lawrence Royal Dispensary and to the Ramsgate General Hospital and Seamen's Infirmary, and was medical officer of health to the borough and port of Ramsgate, and school medical officer. During the war Dr. Styan was surgeon to the Kent 2nd V.A.D. Auxiliary Military Hospital at Ramsgate as from October 10th, 1914, and gave valuable advice and assistance in the conversion of Nether Court Manor House into a hospital. The majority of patients passing through the hospital were acute surgical cases direct from France. Up to the end of the war great demands were made upon Dr. Styan's services by the local general hospital, which also received many military patients, as well as victims from the constant air raids. His life was passed in the performance of a service which was a record of thorough and most painstaking work.

Dr. EDWARD JAMES BRUCE of Huddersfield died on March 6th at the age of 52. He was a native of Insch, in Aberdeenshire, and received his medical education at Aberdeen University, where he graduated M.B., Ch.B. in 1901, and obtained the D.P.H. in 1904. After practising for some years at Retford he went to Huddersfield, and was appointed medical officer to St. Luke's Hospital. He had served on the committee of the Huddersfield Medical Society, and was a member of the Huddersfield Division of the British Medical Association; he was also a life member of the St. John Ambulance Association.

We regret to announce the death of Dr. WATSON NOBLE, which took place at Baillieston, Lanarkshire, on March 6th. On the previous day, although complaining of headache, he went out as usual on his rounds, but had to be assisted home. By the late afternoon it was evident he was suffering from a cerebral haemorrhage. On two occasions within the past few years he had been laid aside with duodenal ulcer. Before taking up the study of medicine Dr. Noble had qualified as a dispensing chemist, so that when in 1908 he graduated M.B., Ch.B. from Glasgow University he was well qualified for general practice. He then went to Baillieston as assistant to the late Dr. William Willis, whom he succeeded in 1914, and he was able by exceptional hard work and conscientiousness to conserve this old-established and widespread practice. The war years especially entailed very strenuous work. By nature he was shy and reserved; withal he was a loyal friend and staunch colleague. The funeral service was attended by a large and representative congregation of friends and patients. Dr. Noble was 55 years of age, and unmarried.

The following well-known foreign medical men have recently died: Professor ALFRED PINKUSS, an eminent gynaecologist and authority on cancer, of Berlin, aged 62; Dr. RUDOLF ESCHWEILER, extraordinary professor of otorhinolaryngology at Bonn, aged 61; Professor GEORG JOANNOVITCH, director of the Pathological Institute at Belgrade, aged 60; Dr. MAX VON FREY, formerly professor of physiology at Würzburg University, aged 79; Professor ERNST FRIEDBERGER, director of the Institute for Hygiene at Berlin-Dahlem and a vigorous opponent of inoculation against typhoid fever and diphtheria, of renal disease acquired in the war, aged 57; and Lieutenant-General MELIS, honorary inspector-general of the health service of the Belgian Army.

Sir Charlton Briscoe said that if Dr. Pritchard's account of the plaintiff's symptoms was correct there was nothing medically wrong in his diagnosis and treatment. He would be right to look for a wound or scratch on the foot, and in its absence a diagnosis of gout would be justifiable. The fact that Dr. Pritchard had been the plaintiff's insurance doctor for twenty years would give him sufficient knowledge of his medical history without the need for asking questions. He also said that pain for some weeks previously in the heel (from which, according to Dr. Pritchard, Mr. Boon had told him that he suffered) would be consistent with gout, as would a slight rise in temperature and quickening of the pulse. Dr. Long's account of the case when he first saw it was consistent with the septic condition of the foot not being discoverable by Dr. Pritchard when he last saw the patient. The witness himself would not have operated on the plaintiff's foot, either by needle or incision, if he had been in doubt whether the patient was suffering from gout or a septic condition. He agreed that an operation was necessary at the time Dr. Long saw the patient, though he would not say that it was urgently necessary.

#### *Withdrawal of Charges*

On the fourth day of the hearing it was announced by counsel for the plaintiff that certain terms had been agreed between the parties, and the only order asked was that a juror be withdrawn and that plaintiff's costs be taxed. The plaintiff, said Mr. Croom-Johnson, desired him to add that having heard Dr. Pritchard's evidence and his statement as to the care which he desired to give to him in his illness, he was ready and willing to accept the explanations which Dr. Pritchard had given. In the circumstances it was his (counsel's) duty, on behalf of Mr. Boon, to withdraw the charges of negligence which had been made against Dr. Pritchard. With regard to Dr. Allen, it was perhaps sufficient to say that the case having been settled before he had been enabled to give evidence, it would be unfair to draw any inference whatever against him.

Mr. Oliver, for Dr. Pritchard, pointed out that Dr. Pritchard was not a party to the paying of anything by way of damages or costs.

Dr. Allen, who had been prepared to give evidence had the case not abruptly terminated, was represented by Mr. R. K. Chappell, K.C., and Mr. T. Carthew, instructed by Messrs. Le Brasseur and Oakley.

## Universities and Colleges

### UNIVERSITY OF LONDON

Professor Carl Prausnitz has, on the recommendation of the Board of Management of the London School of Hygiene and Tropical Medicine, been appointed Heath Clark Lecturer for the year 1932.

The University College Committee has re-elected Viscount Chelmsford as its chairman, and Sir John Rose Bradford, Bt., M.D., as its vice-chairman for the year 1932-33.

### UNIVERSITY OF DUBLIN

#### TRINITY COLLEGE

The following candidates have been approved at the examination indicated:

**FINAL MEDICAL EXAMINATION.—Part I (Materia Medica and Therapeutics; Medical Jurisprudence and Hygiene; Pathology and Bacteriology):** \*D. M. Mitchell, \*R. B. Hunter, Mary E. Mansfield, G. Hannigan, M. J. Roberts, J. S. Ruddell, Marion A. G. Kennedy, G. S. S. Harty, R. G. B. Wigoder, E. S. A. Ashe, W. P. Griffin, G. N. Taylor.

**Part II (Medicine):** D. C. Evans, J. G. Wilson, H. J. Garland, H. B. Wright, M. A. Shapiro. (*Surgery*): D. B. Bradshaw, H. S. Mason, L. L. Nel, A. J. O'Connor, H. J. Garland, Kathleen R. Byrne, T. J. O'Sullivan, J. Elliman, P. H. Peacock, E. S. Samuels, M. A. Shapiro, E. Morrison. (*Midwifery*): \*J. N. Concannon, \*S. N. Varian, H. B. Wright, J. A. Mallie, W. M. E. Anderson, D. T. Annesley, W. T. Birmingham, Elizabeth G. Graham.

\* Passed on high marks.

### UNIVERSITY OF DURHAM

At the special convocation in June next the degree of D.C.L. will be conferred on Sir Frederick Gowland Hopkins, Sc.D., F.R.C.P., President of the Royal Society.

### UNIVERSITY OF LIVERPOOL

Dr. Herbert E. Roaf, professor of physiology in the London Hospital Medical College, has accepted the appointment to the George Holt chair in physiology in the University of Liverpool in succession to Professor J. S. Macdonald, who retires at the end of the present session.

### UNIVERSITY OF SHEFFIELD

Dr. Dorothy Brown and Dr. C. G. Paine have been appointed lecturers in bacteriology, and Dr. James Clark lecturer in public health.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a meeting of the Royal College of Physicians held on March 21st, Lord Dawson of Penn was re-elected President of the College.

Diplomas in ophthalmic medicine and surgery were granted, jointly with the Royal College of Surgeons, to the following: G. P. Barua, W. M. Box, T. N. D'Arcy, A. A. Al R. Fahmy, K. Ghosh, A. Grant, Y. M. Khan, S. Mitter, P. McG. Moffatt, G. E. Plowright, A. L. Taylor, E. H. Walker.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

#### *Council Election*

The secretary of the Royal College of Surgeons has sent out the usual announcement, which on this occasion states that on Thursday, July 7th, at 11 a.m., there will take place an election of three Fellows into the Council in the vacancies occasioned by the retirement in rotation of Mr. W. McAdam Eccles, Mr. Wilfred Trotter, and Sir Charles Gordon-Watson, K.B.E., C.M.G.

A voting paper will be sent by post to each Fellow whose address is registered at the College on April 6th. Fellows are requested to give notice without delay of any change of address, so that voting papers may not be mis-sent.

## Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The Easter Recess of the House of Commons began on March 24th and will end on April 5th. Before adjourning, the House completed the committee stage of the Wheat Bill. It also discussed disarmament, unemployment, and foreign affairs. The second reading of the Edinburgh Corporation Bill was set down for March 22nd; a clause in this measure was concerned with the superannuation allowance of a medical officer.

### National Health Insurance

Mr. ERNEST BROWN told Mr. Rhys Davies, on March 17th, that Sir Hilton Young was giving, as a matter of urgency, most careful consideration to problems connected with national health insurance, but was not yet in a position to make any statement about the introduction of legislation concerning them. Mr. RHYS DAVIES, in a supplementary question, pointed out that the Prolongation of Insurance Act would lapse at the end of the year. Mr. ERNEST BROWN repeated that the subject was one of urgency.

Replying to Captain Strickland, on March 17th, Mr. BROWN said the national health insurance scheme had from the first been based on the provision of benefits to insured persons through approved societies, and the full advantages of the scheme could only be obtained through membership of a society. The Act already contained special provision to meet the case of insured persons who, by reason of ill-health, were unable to secure admission to an approved society, and he saw no reason for amending it in that respect.

### Dangerous Drugs Bill

On March 21st the Dangerous Drugs Bill was considered in committee. Mr. C. WILLIAMS moved to omit dihydrohydroxycodone from the list of drugs to which Section 8 of the Dangerous Drugs Act, 1920, should apply. Mr. OLIVER STANLEY said that this drug was well known. It was a drug

which was the base of eucodeine, a common drug of addiction. The amendment was negatived.

Mr. WILLIAMS next moved to omit acetyldihydrocodeinone from the list of drugs. He said that if this was one of the drugs which the League of Nations wished to prohibit, he was quite willing to allow it to be included in the list. Mr. OLIVER STANLEY said that this was one of the drugs which the Health Committee of the League of Nations had recommended should be included in an Order of this kind. It was a drug which was only recently placed on the market. It was liable to be used as a drug of addiction. The amendment was negatived.

The Bill passed through committee and was read the third time.

*Dental Officers in the Navy.*—Sir BOLTON EYRES MONSELL told Mr. Parkinson, on March 16th, that there were no dental officers of the rank of surgeon captain at a remuneration of £3 9s. a day in the Navy. One surgeon captain (D) only was allowed in the establishment of dental officers, this officer being employed at the Admiralty on the staff of the Medical Director-General. His duties necessarily included those of a supervisory character. His pay was at the rate of £3 4 day, plus the usual allowances.

*Medical Officers in Ministry of Health.*—In reply to Mr. J. Duncan, on March 17th, Mr. ERNEST BROWN said that in March, 1925, there were 56 salaried persons holding medical qualifications on the headquarters staffs of the Ministry of Health, as against 52 in March, 1932.

*Government Grants for Training in Midwifery.*—Replying to Dr. Fremantle, on March 17th, Mr. E. BROWN said the grants disbursed by the Ministry of Health during the year ended April 5th, 1931, towards the training of midwives amounted to £21,363. These grants were paid direct to training schools. Of the 752 pupils in respect of whom grants were paid, 717 proposed to practise as midwives and 35 as health visitors. No regulations concerning the payment of grants had been made under the Local Government Act, 1929; the conditions were settled and published in 1925. Asked by Dr. FREMANTLE whether provision was made in the Act for a revision of these regulations, Mr. BROWN referred him to Memorandum 102 of 1925 for particulars.

*Milk and Dairies Act.*—Mr. E. BROWN told Mr. Thorne, on March 17th, that he had been unable to trace any recent cases of failure to conform with the regulations of the Milk and Dairies Act, so far as cowsheds and cowhouses were concerned. The enforcement of the provisions of the Milk and Dairies Order was a matter for the local authorities and not for his Department, and where any alleged contravention was known the first action was to communicate with the responsible local authority.

*Kettering Gas Bill.*—Dr. A. B. HOWITT made his maiden speech on March 14th, on the motion for the second reading of the Kettering Gas Bill. He said that if the Bill was not passed the poorer tenants of the council houses in Kettering, who could not afford electric light, would have to use candles and oil lamps. Speaking from many years' experience in Lambeth, he assured the House that it was difficult indeed for a doctor to attend adequately to any patient in distress under such conditions. He had been told that in certain council houses in this country to-day this condition of affairs existed, and that doctors who had been called in to confinement cases had had to carry on their work by the spluttering light of a candle. That was a monstrous thing to happen in these days, and he supported the Bill. The Bill was read a second time.

*Shortage of Naval Medical Officers.*—On March 15th Lord STANLEY, replying to Mr. Price, said that the establishment of naval medical officers was not complete, and there was a deficiency of approximately sixty. The entrance examination was at present in abeyance, and entries were being made for short service by selection after interview. The number of dental officers was one short of establishment. When the number of vacancies did not justify the holding of a competitive examination, entries were made by selection after interview in the same manner as for the entry of medical officers for short service.

*Bacon cured with Borax.*—Mr. E. BROWN told Mr. Thorne, on March 17th, that the importation of bacon cured with borax was prohibited under the Preservatives Regulations. He was unaware of any recent contravention of the Regulations, but inquiries would be made if particulars were given.

#### Notes in Brief

The Attorney-General has refused to introduce legislation to facilitate divorce where one of the spouses has become insane after marriage.

## The Services

### DEATHS IN THE SERVICES

Brevet Lieut.-Colonel Charles George Spencer, R.A.M.C. (ret.), died in Queen Alexandra's Military Hospital, Millbank, on February 8th, aged 63. He was born in New Zealand on December 25th, 1868, was educated at University College Hospital, and took the M.B.Lond., M.R.C.S., and L.R.C.P. Lond. in 1892; also the F.R.C.S. in 1895. He entered the Army as surgeon lieutenant on July 29th, 1893, became major on January 30th, 1905, and retired on July 29th, 1913. He served in the Ashanti campaign of 1895-96 (star), in the China war of 1900 (medal), and also rejoined for service in the war of 1914-18, from August 6th, 1914, receiving a brevet lieutenant-colonelcy. He was professor of military surgery in the Royal Army Medical College from August 1st, 1905, to July 31st, 1910; and was the author of *Gunshot Wounds* (1908), and of *Military Surgery*, in Choyce's *System of Surgery*; also of many contributions to the *Journal of the R.A.M.C.* and other scientific journals.

Lieut.-Colonel John Patrick Joseph Murphy, R.A.M.C. (ret.), died on December 25th, 1931, aged 57. He was born on March 17th, 1874, was educated at Queen's College, Cork, where he held an exhibition in surgery, and graduated as M.B., B.Ch., and B.A.O. in the Royal University of Ireland in 1897. After filling the post of resident medical officer of the Northern Infirmary, Cork, he entered the R.A.M.C. as lieutenant on June 21st, 1900. He became lieutenant-colonel on December 26th, 1917, was placed on half-pay on account of ill-health on January 28th, 1920, and retired on July 15th, 1920.

## Medical News

The Royal College of Physicians of London will be closed from Friday, March 25th, till Tuesday, March 29th, both days inclusive.

The fifth annual dinner of the University of London Medical Graduates Society will be held on Wednesday, May 11th, at the Langham Hotel, with Sir John Rose Bradford in the chair. The Chancellor of the University has accepted an invitation to attend. All medical graduates of the University are eligible for membership of the society, and are invited to join; life subscription £1. Particulars from the honorary secretaries, 11, Chandos Street, Cavendish Square, W.1.

At the meeting of the Paddington Medical Society on April 12th a debate on a State medical service will be opened by Mr. Somerville Hastings and Sir Ernest Graham-Little, and the other speakers will include Dr. G. C. Anderson, Dr. A. Welply, and Dr. C. L. Batteson.

A three months' course of lectures and demonstrations on clinical practice and in hospital administration will be given at the Brook Hospital, Shooter's Hill, S.E., by the medical superintendent, Dr. J. B. Byles, on Tuesdays and Fridays at 3 p.m., and alternate Saturdays at 11 a.m., beginning on April 5th. The fee for the course is £3 13s. 6d. It is intended for those studying for the D.P.H., and complies with the requirements of the General Medical Council's revised regulations which came into force on October 1st, 1931. A course may, however, be taken under the previous regulations for £4 4s. The fees should be paid to the Medical Officer of Health, L.C.C. Public Health Department (Special Hospitals), Victoria Embankment, E.C.4. Cheques should be made payable to the London County Council.



The Royal Sanitary Institute will hold a sessional meeting at York, in conjunction with the Yorkshire branch of the Society of Medical Officers of Health and the North-Eastern Centre of the Sanitary Inspectors Association, on April 1st and 2nd, when papers will be read on: "Medical and social conditions in Soviet Russia," by Dr. W. W. A. Kelly; on "York's experience with tuberculous milk," by Mr. Frank Fishburn; and on "Non-pulmonary tuberculosis in York," by Dr. P. R. McNaught.

A post-graduate course will be held at the Dundee Royal Infirmary on Thursdays at 3.15 p.m., from April 7th to May 26th inclusive. No fees will be charged for the lectures and demonstrations, but there will be a registration fee of £1 1s. to cover expenses of printing, etc. Tea will be provided at 4 p.m.

A specially equipped ward for the treatment of children suffering from hare-lip and cleft palate will be opened in association with the Royal Free Hospital early in April. It is proposed to provide not only for the surgical treatment of these conditions, but for all necessary dental appliances, as well as instruction in speech production.

The first Italian Congress of Medicine in Relation to Sport will be held at Rome from April 19th to 21st, when the chief subject for discussion will be physical examination of the athlete from the morphological and anthropometric, neuro-muscular, cardio-vascular, and respiratory aspects.

The annual dinner of the Medical Superintendents' Society was held on March 19th at the Langham Hotel, London. Some seventy-five members and guests were present, the president, Dr. J. Basil Cook, being in the chair. The health of the society was proposed by Mr. H. L. Eason, M.S., and responded to by Dr. Cook, who outlined the part the society had taken during the past forty-five years in the evolution of the municipal hospitals, and urged the importance of making their vast storehouses of clinical material available for medical students. The health of the visitors was proposed by Dr. Clifford Ellingworth, and was responded to in an amusing manner by Dr. F. R. Seymour. Among the medical guests were Professor Jameson, Drs. J. Tate, Daley, Seymour, Fairfield, J. Neal, and J. W. Bell.

A seventy-page report, just received from the Royal Institution, gives an account of the Faraday celebrations in London in September last. The commemoration took the form of a series of events arranged by the Royal Institution, together with a great exhibition at the Royal Albert Hall, where historic apparatus was displayed, modern electrical machines and processes being also exhibited. A number of distinguished delegates were received in the lecture theatre by the Royal Institution on September 21st, their native countries including the U.S.A., Germany, France, Italy, Switzerland, Belgium, Holland, Finland, and Japan. At the commemorative meeting which took place the same evening at the Queen's Hall, speeches were made by the Prime Minister, Lord Eustace Percy, the Marchese Marconi, Lord Rutherford, and many others. The commemorative oration was delivered by Sir William Bragg.

A short notice in the *Proceedings of the Staff Meetings of the Mayo Clinic* for February 17th announces that Dr. R. M. Wilder introduced to the meeting one of the first patients to receive insulin. The patient was admitted as a severe case of diabetes in December, 1922. "The subject of a number of experiments on the action of insulin which were reported with the *Proceedings* of the Insulin Committee, organized to present insulin to the profession," he has remained well and at work in a steam-fitting business in Indianapolis.

The issue of *Forschungen und Fortschritte* for March 1st, 10th, and 20th, which is devoted to Goethe and his relations to various departments of science and foreign countries, contains articles by Professor Karl Sudhoff of Leipzig, on Goethe and the Rhine; by Professor G. Sticker of Würzburg, on Goethe at 50; by Dr. Ernst Darmstaedter of Munich, on Goethe and the alchemists; by Professor Othenio Abel of Vienna, on Goethe as biologist; by Professor Victor Franz of Jena, on Goethe's

zoological studies; by Professor Emil Starkenstein of Prague, on drugs and poison in Goethe's life; and by Dr. Martin Müller of Munich, on Goethe and therapeutics; and Goethe and England, by Professor Alois Brandl of Berlin. This special issue can be obtained from J. A. Barth, Leipzig, price 1 mark.

We have received the first number of the *Journal de l'Hôtel-Dieu de Montréal*, published in January this year, and printed throughout in French. This enterprise follows the example of the sister Hôpital Sainte-Justine, whose publication of *Annales* began two years ago. The new periodical contains matter of general, medical, historical, and research interest. The hospital was founded in 1644 to minister to the needs of a young and growing colony.

The Duddell medal, awarded for the ninth time by the council of the Physical Society, was presented to Professor C. T. R. Wilson of Cambridge by Sir Arthur Eddington at the annual general meeting of the Physical Society on March 18th. Professor Wilson's work has been mainly associated with the investigation of the tracks of ionizing particles and of atmospheric electricity. It is interesting to recall that Professor Wilson made use of an x-ray tube made by Mr. Everett in the Cavendish Laboratory shortly after Röntgen's discovery in 1895. He was joint Nobel Prizeman for Physics in 1927.

A chair of clinical dentistry has recently been founded at the Bordeaux combined faculty of medicine and pharmacy, with Dr. Cavalié as its first occupant.

## 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.**

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## QUERIES AND ANSWERS

### Prominent Ears

"C. D." asks for practical suggestions for the treatment of large, prominent ears.

### Stethoscope for Deaf Doctor

Dr. A. T. BRAND (Driffield) writes, in reply to "Scot" (p. 506): I strongly recommend the original phonendoscope (Bazzi and Bianchi of Rome). It can be procured from any good instrument makers, such as Allen and Hanburys. It is extremely sensitive, so much so that "one can hear by it through clothing" as well as on the exposed chest by the ordinary binaural stethoscope.

"F. C. H. M." writes: I would suggest that "Scot" uses the old-fashioned wooden stethoscope; he will get on much better with it, especially for heart sounds. Would Dr. F. R. W. K. Allen kindly say where the original de Lee stethoscope can be obtained?