

TWO UNUSUAL EXAMPLES OF OSTEOGENESIS IMPERFECTA

BY

JAMES CROOKS, F.R.C.S.

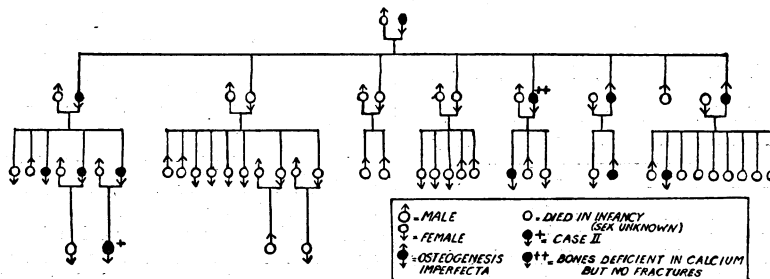
SURGICAL REGISTRAR, HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET

Osteogenesis imperfecta, osteitis deformans, and generalized osteitis fibrosa may be grouped together as diseases sharing to some degree the same pathology, related to calcium and phosphorus metabolism and possibly to the activity of the parathyroid glands. In all three of these disorders there is defective calcification of bone, and liability to fractures; the plasma phosphatase, that enzyme which Robinson has shown to be responsible for the deposition of calcium from the phosphoric esters of the blood, is high. In two of them, osteogenesis imperfecta and osteitis deformans, otosclerosis may develop.

Of the two following cases the first is of interest because the mother suffers from osteitis deformans, while her only child has osteogenesis imperfecta, and the second affords an illustration of the hereditary tendency in osteogenesis imperfecta.

CASE I

A girl, aged 7 weeks, was admitted to the Hospital for Sick Children in July, 1930, with congenital hypertrophic pyloric stenosis, and osteogenesis imperfecta. Rammstedt's operation was performed for the stenosis, and the baby made an excellent recovery. The thighs were bent, and x-ray examination revealed an old fracture with much callus through the middle of the right femur, and a more recent one at the middle of the left femur. The bones were of the short, thick type, described by Mr. H. A. T. Fairbank as most common



in the newly born baby with osteogenesis imperfecta (Fairbank, Type I). Calcification was very poor.

The baby was again admitted to the hospital in November, 1931, with fractures of the left radius and lower end of the left femur, which had been sustained as she twisted round in her cot. The previous fractures of the femora were well united. There was x-ray evidence of an old fracture of the upper end of the left humerus. The bones were now long and thin (Fairbank, Type II); the bitemporal bulge and abnormally blue sclerotics typical of this disease were present.

This girl was the only child of a woman who had been married for twelve years. There was no family history of osteogenesis imperfecta, but the mother stated that her left leg had been enlarging and bending for twelve years. On examination she was found to have osteitis deformans, and

x-rays of the tibia and skull confirmed the diagnosis. Her Wassermann reaction was negative. The plasma phosphatase of the baby was 0.3 unit, and that of the mother 0.45 unit. (The normal in childhood is 0.15 to 0.25 unit, and in adult life 0.1 to 0.2 unit.)

CASE II

A girl, 8 days old, was admitted to the hospital with a fractured femur. She had been delivered by Caesarean section, as her mother was a cripple from osteogenesis imperfecta, and had a deformed pelvis. The fracture of the left femur had been noticed when she was 4 days old. No other bone was broken, but x-rays showed very deficient calcification in all. The long bones were of the Fairbank Type I. The sclerotics were abnormally blue, and there was a well-marked bitemporal bulge. The plasma phosphatase of the child was 0.3 unit, and that of the mother also 0.3 unit.

I have elicited the accompanying extensive family tree the members suffering from osteogenesis imperfecta are marked black.

I have to thank Mr. O. L. Addison and Mr. Denis Browne for permission to publish this note.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

OPEN SAFETY-PIN IN OESOPHAGUS OF BABY: SUCCESSFUL REMOVAL BY ENDOSCOPY

The removal of a foreign body from the oesophagus of a very young child is, under any circumstances, an interesting undertaking; but, should the intruder happen to be an open safety-pin, the procedure becomes, like Koko's famous attempt at self-decapitation, "a difficult, not to say dangerous operation." In describing the details I follow the nomenclature adopted by Chevalier Jackson (*Bronchoscopy and Oesophagoscopy*, 1927, ii, 246).

Margaret S., aged 8 months, was admitted to the Worthing Hospital, the mother stating that the child had swallowed a safety-pin one hour previously. A radiogram was taken and the pin located in the oesophagus at the post-cricoid level: owing to movements made by the child the picture was not sufficiently clear to demonstrate the exact "lie" of the pin. Under general anaesthesia, and using a small Jackson laryngoscope, the pin was discovered at the level shown in the radiogram. The "pointed branch" was lying horizontally, and 2 mm. of its length were embedded in the posterior oesophageal wall. The "plane of expansion" was in the antero-posterior plane of the patient's body, and the "spread" subtended an angle of 90 degrees at the "spring."

The pin was of the small brass variety and, when measured later, the "keeper branch" was found to be 2 cm. in length.

These relations having been determined, the point of the pin was withdrawn from the wall of the oesophagus by gentle anterior traction, whilst at the same time the distal end of the endoscope was maintained in close proximity to the foreign body, thus saving the oesophageal mucosa from further damage. This risk was now avoided by keeping the point of the pin within the lumen of the endoscope, the whole being gently and steadily withdrawn.

The whole procedure took less than one minute, and the patient was detained in hospital for a further forty-eight hours; during which no departure from normal convalescence was noted.

Hove.

HAROLD DOWNER, M.B., Ch.B., D.L.O.

ACTINOMYCOSIS INVOLVING A LONG BONE

Points of interest in the case described below are the age of the patient, the situation of the lesion, and speculations as to the mode of entry of organism—whether metastatic, or direct and local.

A boy, aged 12 years, was admitted to the War Memorial Hospital with a "swelling" over the lateral aspect of upper part of the left tibia. There was a history of injury resulting in a "bruise" of this area in October, 1930. In November, 1930, he sustained an incised wound of the skin at the same site. In June, 1931, he observed a "swelling" over the lateral condyle of the left tibia, fairly rapid in onset, painless, free from tenderness, and with no sign of inflammation in the skin. Various inunctions and lotions were applied locally, the boy not being under medical supervision, and he was able

to pursue a normal course of activity. Finally, he consulted his doctor, owing to pain at night, and by this time a small area of inflammation had appeared in the overlying skin.

On admission pulse, temperature, and respiration were normal. A diffuse swelling was seen over the lateral condyle of the left tibia. It was painless and free from tenderness, except for a small area where the skin was involved; fluctuation was obtained at this point. The joint was not involved, and movement was unrestricted. The general condition was good, and patient moderately well nourished. X-ray examination revealed an erosion of the surface of the underlying tibia.

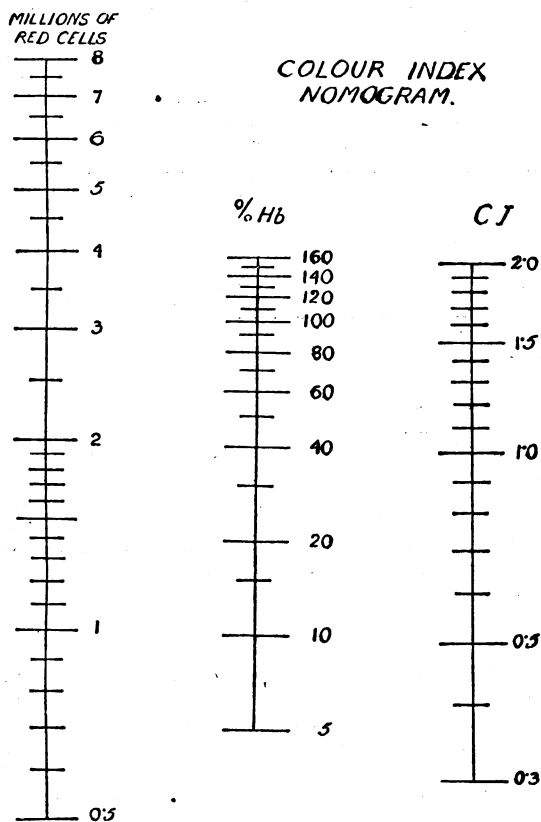
At operation a small amount of pus was evacuated, together with a larger amount of loose, necrotic, semi-purulent material; scrapings gave a liberal supply of this material. The microscopical section showed oedematous granulation tissue containing foci of actinomycosis. Other clinical investigations proved negative.

I have to thank Dr. H. O. Williams, Milford, for an interesting case.

A. B. DAVIES, F.R.C.S.Ed.,
Honorary Surgeon, Pembroke County
War Memorial Hospital.

COLOUR INDEX NOMOGRAM

The chart method for the rapid estimation of colour index put forward by Dr. Frewen Moor (*British Medical Journal*, November 21st, 1931, p. 943) has certain drawbacks, which may be obviated by the use of a chart of



another type. The nomogram illustrated above gives the value more easily and more accurately.

To use the chart, join the number of red cells on the left-hand scale to the percentage of haemoglobin on the middle scale, and produce the line to the right-hand scale. The point of intersection gives the colour index. In order not to spoil the chart it is better to join the values by holding a piece of thread tightly between the fingers, or by laying a piece of straight wire across the chart, in the required position.

This chart has the following advantages. It covers a very large range; clinical cases outside its capabilities,

if they do exist, must be very rare. The percentage accuracy is the same all over the scale; thus it compares favourably with Dr. Moor's chart, where inaccuracies, inseparable from the nature of the chart, creep in at low values of red cells due to the crowding of the radiating lines near the origin. In addition, it is easier to gauge intermediate values of the colour index in the nomogram than it is in Dr. Moor's chart. It is of a convenient size, and need not be enlarged.

Glasgow.

GEORGE H. BELL, M.B., B.Sc.

PERFORATION OF THE ORBIT WITH AN ANILINE PENCIL

The following case I consider of interest, first, because of its extreme rarity, and secondly, because of the importance of an exploratory examination as soon as possible after the accident.

A boy, aged 2½, was seen at the Western Ophthalmic Hospital on November 17th, 1931, his history being that ten weeks previously he had fallen while going up some steps, and the indelible pencil in his hand had stuck into his left eyelid. He was taken to a doctor soon after the accident, and the wound was probed, but nothing was felt. Fomentations were applied, but the eye did not improve, and a thin, bluish fluid exuded continually from the small puncture. On examination a small wound was seen about one inch from the upper and inner angle of the orbit. There was ptosis of the left lid, and the eye was proptosed and pushed downwards and outwards. The pupillary reaction was normal; there was no sign of iritis, and the media were clear.

The child was admitted to the hospital and, under a general anaesthetic, an incision was made through the skin, exposing the small, punctured wound. On exploration of the sinus, this was found to lead down to a dark-blue, deeply stained cavity, extending almost to the back of the orbit. This was surrounded by masses of necrosed tissues, and there were small pieces of dark stained material, some of which appeared to be fragments of the original piece of pencil, which was said to be about 1/4 inch long when it broke off. All these pieces were carefully removed, and as much of the necrosed tissue as possible was curetted away. The wound was irrigated with a weak solution of hydrogen peroxide, and a small tube was inserted. In spite of the irrigation with hydrogen peroxide no progress was made; various fluids were tried, and fomentations were applied four-hourly. A second operation was performed, at which, on the suggestion of Mr. Sage, an analytical chemist, who kindly attended the second operation, the wound was thoroughly irrigated with Dakin's solution of 1 in 100, later increased to 1 in 40. The discharge gradually became less, and on January 11th, 1932, the lids began to open wider, and looked more healthy; the movements of the eye were quite free, and the proptosis decidedly less.

The child left the hospital on January 15th; there was then only a very slight discharge of a watery nature from the wound. He was seen a fortnight later; the wound was completely healed, the eye movements were free, and the ptosis less, and in every way the condition seemed quiescent.

A similar case was published by R. Wissmann (*Ueber Tintenstiftverletzung der Orbita, Zeit. f. Augenh.*, 1919, xli, 187). The summary of this paper showed how the injury led to severe chronic inflammation of the orbital tissues. The pathological picture is that of progressive necrosis, a finding which is mainly due to the chemical composition of the dye. Histologically, the fat cells were normal, but the nuclei were destroyed, and even in the neighbourhood blood vessels were obliterated and connective muscular tissue coagulated. The author emphasized the importance of early intervention in these cases. The same treatment was carried out as in the case described, the only difference being that a 10 per cent. solution of tannin was used instead of Dakin's solution.

London, W.

J. COLE MARSHALL, M.D., F.R.C.S.

profession. Of him it might truly be said, "He is gentil that doth gentil dedis."

Dr. Harvey was vice-president of the Section of Medical Sociology when the British Medical Association held its Annual Meeting at Liverpool in 1912; and on two occasions he was a member of the Representative Body.

Dr. J. CURTIS FRANKLIN died at Durban, South Africa, on March 24th. He received his medical education at Queen's College, Cork, and took the diplomas L.R.C.P. and S.Edin., and L.R.F.P.S.Glas., in 1899. He had served in the West African Medical Service and as ship surgeon to the Union Castle Line. He had been a member of the British Medical Association for some years.

The following well-known foreign medical men have recently died: Dr. WILLI VORKASTNER, professor of forensic medicine at Halle, aged 53; Dr. MINAKOFF, professor of forensic medicine at Moscow; General CARLO ANGELO ANNATONE, physician to the Royal Family of Abyssinia, and formerly sanitary director of the Italian division in Macedonia during the war, aged 70; Dr. RUDOLF ESCHWEILER, extraordinary professor of otology and rhinology at Bonn University, aged 61; Dr. KOLOMAN TELLYESNICZKY, formerly professor of anatomy at Budapest; Dr. EDOUARD MARTIN-DU PAN, a Geneva paediatrist, aged 87; Dr. ALVIS CZEPA, a prominent Vienna roentgenologist, aged 45; Geheimmedizinalrat Professor Dr. HEINRICH WALB, formerly director of the University ear, nose, and throat clinic at Bonn; Professor WLADIMIR W. IWANOW of Moscow, one of the most eminent Russian dermatologists, aged 58; and Dr. CANAC MARQUIS, formerly surgeon to the French Hospital of San Francisco.

Universities and Colleges

UNIVERSITY OF OXFORD

The electors have awarded the George Herbert Hunt Travelling Scholarship for 1932 to John Charles Leedham-Green, B.M., B.Ch., Balliol College.

UNIVERSITY OF CAMBRIDGE

The third examination for medical and surgical degrees will commence on Tuesday, June 14th. The names of candidates should be sent to the Registry by Tuesday, April 26th. Candidates who are members of the Senate may send their names to the Registry direct, but all other names must be sent through the praelectors of the college. The fee for each part of the Third M.B. is £5 5s.; on readmission £4 4s.

UNIVERSITY OF LONDON

The celebration of presentation for degrees will take place at the Royal Albert Hall on Thursday, May 12th, at 2.30 p.m. The annual service for members of the University will be held at Westminster Abbey at 5.30 p.m., when the Rev. F. R. Barry, D.S.O., will preach. The graduation dinner will take place in the evening at the Grocers' Hall, when the Chancellor will preside.

Applications for the University Chair of Physiology, tenable at the London Hospital Medical College, must be received by the Academic Registrar, University of London, not later than the first post on May 14th.

Three lectures on human and comparative placentation, including the early stages of human development, will be given in English by Dr. Otto Grosser, professor of anatomy in the German University, Prague, at University College, on May 2nd, 5th, and 6th, at 5.15 p.m. Dr. J. P. Hill, professor of embryology in the University, will preside at the first lecture.

A course of two lectures on the autonomic nervous system, with lantern and cinematograph illustrations, will be given in English by Dr. W. R. Hess, professor of physiology in the University of Zürich, at the University College on May 12th and 13th. At the first lecture Dr. C. A. Lovatt Evans, F.R.S., Jodrell professor of physiology in the University, will take the chair.

The Hobhouse memorial lecture will be delivered at University College by Dr. C. S. Myers, F.R.S., principal of the National Institute of Industrial Psychology, on Thursday, May 19th, at 5.30 p.m. The subject will be "The absurdity of any mind-body relation."

Sir Ernest Graham-Little, M.P., has been appointed the representative of the University at the celebration of the fifth centenary of Alfred Fournier, to be held at the Sorbonne, Paris, on May 12th.

The Geoffrey E. Duveen travelling studentship in oto-rhino-laryngology of the value of £450 will be awarded annually. The tenure shall, in the first instance, be for one year, part of which will be spent in study abroad, in accordance with a scheme approved by the Geoffrey Duveen Studentship Board, but it may be extended for one or two years, and during the extended period the student may be allowed to undertake research at the Royal Ear Hospital, or some other laboratory approved for the purpose. Grants for promotion of research in oto-rhino-laryngology, or in any part thereof, may also be made by the Trust Fund. Full particulars can be obtained from the Academic Registrar, South Kensington, S.W.7, and prescribed forms of application must reach him not later than June 11th, together with a statement of the nature of the research proposed and a scheme of study for the approval of the Board.

Applications for grants from the Thomas Smythe Hughes and Beaverbrook Medical Research Funds for assisting original medical research must be sent in by May 15th, accompanied by the names and addresses of two persons to whom reference can be made.

The annual dinner of the University of London Medical Graduates' Association will be held on Wednesday, May 11th.

UNIVERSITY OF GLASGOW

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—J. J. Barton, I. E. Bernstein, J. Bolton, W. Boyd, W. Brownlie, R. P. Butler, I. Camrass, S. A. Carloo, W. G. Cowan, Edith D. Dempster, W. M. Dennison, M. C. Dickson, M. C. G. Dods, Mary M. Downes, J. S. Gemmill, J. D. Gillies, Margaret R. Gilmour, Margaret M. Goudie, D. Houston, A. Kelly, *A. C. Lendrum, G. A. Macdonald, T. C. Macdonald, Barbara A. A. M'Geachy, J. M'Govern, I. R. MacIntyre, I. MacKinnon, E. M'Namara, D. T. Maclay, A. M. Maiden, H. D. Miller, D. Murray, J. H. Neill, A. F. Rodger, L. D. W. Scott, W. B. Shaw, D. M. Walker, R. J. Wotherspoon.

* With distinction in Surgery.

NATIONAL UNIVERSITY OF IRELAND

The Senate met on April 7th, with Mr. Eamon de Valera, B.A., B.Sc., LL.D., Ph.D., President, Executive Council of Saorstát Eireann, Chancellor of the University, in the chair. Reports of the examiners upon the results of the spring medical examinations were considered, and passes, honours, etc., were awarded in connexion therewith. Dr. William D. O'Kelly, Professor of Public Health and Bacteriology in University College, Dublin, was appointed to represent the University at the Centenary Meeting of the British Medical Association, to be held in London in July.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

COUNCIL ELECTION

Monday, March 21st, was the last day for the receipt of nominations of candidates for the Council. Of the three retiring members—Mr. W. McAdam Eccles, Mr. Wilfred Trotter, and Sir Charles Gordon-Watson, K.B.E., C.M.G.—Mr. Trotter and Sir Charles Gordon-Watson seek re-election, and the following candidates also have been nominated: Mr. A. E. Webb-Johnson, C.B.E., D.S.O., Mr. G. Gordon-Taylor, O.B.E., Mr. W. Girling Ball, Mr. H. S. Souttar, C.B.E., and Mr. Cecil P. G. Wakeley.

The composition of the Council since July, 1931, has been as follows:

President.—Lord Moynihan, K.C.M.G., C.B., Council (1) 1912 (substitute), (2) 1919, President 1926.

Vice-Presidents.—Mr. R. P. Rowlands, O.B.E., C. (1) 1922, (2) 1930; and Mr. W. Sampson Handley, C. (1) 1923 (substitute), (2) 1929.

Other Members of the Council.—Sir Holburt Waring, C. (1) 1913, (2) 1921, (3) 1929; Sir John Lynn-Thomas, C. (1) 1918 (substitute), (2) 1925; Mr. Ernest W. Hey Groves, C. (1) 1918, (2) 1926; Sir Cuthbert Wallace, C. (1) 1919, (2) 1927; Mr. F. J. Steward, C. (1) 1920, (2) 1928; Mr. C. H. Fagge, C. (1) 1921, (2) 1929; Sir Percy

Sargent, C. (1) 1923 (substitute), (2) 1930; Mr. G. E. Gask, C. (1) 1923, (2) 1931; Mr. W. McAdam Eccles, C. (1) 1914, (2) 1924; Mr. Wilfred Trotter, C. 1924; Sir Charles Gordon-Watson, C. 1924; Mr. A. H. Burgess, C. 1925; Mr. V. Warren Low, C. (1) 1916 (substitute), (2) 1917, (3) 1926 (substitute); Mr. Victor Bonney, C. (1) 1926 (substitute), (2) 1930; Mr. G. Grey Turner, C. 1926; Mr. Hugh Lett, C. 1927; Mr. Leonard Gamgee, C. 1928 (substitute); Mr. R. G. Hogarth, C. 1928; Mr. R. E. Kelly, C. 1928; Mr. Graham Simpson, C. (1) 1929 (substitute), (2) 1931; Mr. A. James Walton, C. 1931.

The medical schools are represented as follows:

St. Bartholomew's ...	4	Birmingham ...	1
Guy's ...	3	Bristol ...	1
London ...	2	Cardiff ...	1
Middlesex ...	2	Leeds ...	1
St. Mary's ...	1	Liverpool ...	1
St. Thomas's ...	2	Manchester ...	1
University College ...	1	Newcastle ...	1
		Nottingham ...	1
		Sheffield ...	1
Total London ...	15		
		Total Provinces ...	9

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons reassembled on April 5th, and approved a proposal to continue transitional benefit under the Unemployment Insurance Act, 1930, till the Act ceases to have effect.

The House of Commons this week discussed the co-ordination of health services, the progress of housing, and the administration of home affairs. The Army and Air Force Annual Bill was read a third time, and the Transitional Payments (Unemployed Persons) Bill was reported. A Bill to authorize Sunday cinema performances and concerts at the option of local authorities was discussed.

A Bill to confirm a scheme for the Royal Medical Benevolent College, Epsom, was introduced by Dr. Burgin, a Charity Commissioner, on April 13th.

Mr. Neville Chamberlain will introduce the Budget on April 19th. Substantial reductions in direct taxation are not expected.

The Health Services

On April 12th Dr. MORRIS-JONES called attention to local government administration, and moved: "That this House appreciates the progress made by local authorities since the passing of the Local Government Act of 1929 in co-ordinating and improving their public health services, and, while recognizing the need of economy in local expenditure, is of opinion that the development of these services should steadily continue as and when circumstances permit." He said that since 1891 the expenditure on local administration in this country had gone up from £36,000,000 until to-day it was close on £300,000,000. By no means the whole of the expenditure was on public health administration. He asked the Minister of Health to tell the House how the amalgamation of areas was proceeding, and how many county councils and county boroughs had submitted the schemes which were due by April 1st of this year.

These were schemes to be submitted for the future use of Poor Law institutions. Some of them were to be absorbed; others were to be altered and made more adaptable to modern conditions under the public health and local authorities, and some were to be declared redundant. That work was long overdue in the interests of public health. He understood that in the London area very much progress had been made in dealing with Poor Law institutions. The last report of the Ministry of Health showed that thirty-seven Poor Law institutions had been appropriated for use as hospitals, and nine for use as children's hospitals or convalescent homes. The progress in the country was less satisfactory. Only nineteen out of the seventy-nine county boroughs had submitted schemes for the reclassification of their Poor Law institutions, and not one county council outside London had so far been able to appropriate a single Poor Law institution

for the purposes of a general hospital under the control of the local authority. The Local Government Act empowered local authorities to make a declaration that such and such health services should be provided otherwise than by way of Poor Law relief. Were the local authorities making any of these declarations, and, if so, how many? Some local authorities took the view that those declarations were to be made before their taking over from the Poor Law, but that was not the case. He asked if any county council or county borough had yet transferred the health functions of the Public Assistance Committee to the Public Health Committee, or to the Maternal and Child Welfare Committee. The whole intention of the Act was that this should be done within a certain time. There was freedom under the Act for medical officers to consult with specialists at the large voluntary hospitals. He was afraid that so far not much consultation had taken place.

The tendency of the Ministry of Health was to get whole-time medical officers under its control as far as it could. The general medical practitioner had served the country, and would continue to serve it; he hoped that the Minister would discourage any tendency to relegate the treatment of disease into the hands of the officers of the Ministry. If they put a medical officer in charge of maternity and ante-natal clinics a large number of expectant mothers would prefer to go to private medical practitioners. Some county councils and county boroughs suggested doing away with the old Poor Law medical officer. He would be very sorry if that came about. One or two authorities had suggested that visits to patients' homes should be made by their own institutional medical officer, and one authority had proposed the setting up of a panel something like that under the National Insurance Act, whereby a sick person in receipt of parish relief would be able to select any doctor from that panel in the neighbourhood. He did not think that that would lead to efficiency or economy. He would like to know what effect the crisis of last September had had on the public health services. Did the Minister consider that there was a reasonable standard of efficiency and progress without excessive and unreasonable expenditure? It was the belief of the supporters of the Act that the changes introduced by it would lead to greater economy in administration, by avoiding duplication of service. Could the Minister tell the House what was the result of the Act in regard to those particular economies?

Dr. FREMANTLE, in seconding the motion, said they were all agreed that they must maintain the efficiency of institutions and personnel. They wanted to make better use of such facilities as they had, and to get a better output from them by reorganization. They had to face the fact that they could not measure the results of the Local Government Act by any immediate statistics. The figures for 1931 were disappointing in regard to the mortality rate. The birth rate fell from 16.5 to 15.8, which was the lowest yet. The death rate went up from 11.5 to 12.3, and infant mortality rose from 60 to 66 per thousand. They were not living in times when they could confidently believe that things were always going to improve. Fears had been expressed as to the position of our Poor Law institutions, and Parliament might have expected some decline in their efficiency as the result of the enormous task of transferring them to new authorities. The London County Council alone took over on the appointed day the work of twenty-five boards of guardians, thirty-five separate infirmaries, and twenty-eight mixed institutions. Yet they had not heard of a single case in which anybody had suffered, or in which the efficiency of an institution had suffered. The nation owed a debt of gratitude, not only to the London County Council, but to the local authorities all over the country. Those who had worked professionally with the local authorities recognized that great advantages were accruing on the professional side of the work of the institutions. The reduction in the number of isolation hospitals was a case in point. He hoped this reorganization would be carried into effect in the next two or three years. The House knew how inadequate had been the arrangements for dealing with a small-pox epidemic. That raised the further question of vaccination, and it was clear that, in the revision of machinery for maintaining the public health, Parliament must revise the vaccination laws and the whole of the vaccination machinery. To what extent was the transfer of powers under the Local Government Act a preparation for such a revision of the vaccination laws and their

into Netley, he became lieutenant-colonel after twenty years' service, and retired on July 21st, 1905. Most of his service was spent in civil employ in Bengal, where he was for many years civil surgeon of Murshidabad, and for the last few years of his service superintendent of the Campbell Medical School and Hospital, police surgeon of Calcutta, and professor of medical jurisprudence in the Calcutta Medical College. He served in the Burmese war in 1885-87, when he took part in the Chindwin River campaign, and received the frontier medal with a clasp. After his retirement he rejoined during the war of 1914-18, and served in the Indian hospital in the Pavilion at Brighton, from January 20th, 1915, till July, 1915, when his health broke down, and he was invalided. He was the author of a *History of the Murshidabad District* (1902), and edited the seventh edition of *Moore's Family Medicine for India*, in 1903.

Medical News

A meeting of the Royal Microscopical Society will be held at B.M.A. House, Tavistock Square, W.C., on Wednesday, April 20th, for special consideration of the microscopy of the filterable viruses. At 4 p.m. there will be an exhibition and demonstration of specimens and apparatus, and at 5 p.m. the president, Mr. Conrad Beck, will open the discussion, followed by Mr. J. E. Barnard, F.R.S., Professor J. C. G. Ledingham, F.R.S., Dr. S. P. Bedson, Dr. C. C. Hurst, Professor J. McIntosh, Captain S. R. Douglas, F.R.S., Dr. W. J. Elford, Dr. G. M. Findlay, and Mr. B. K. Johnson.

The annual general meeting of the Medical Society of London will be held at 11, Chandos Street, W., on May 9th at 8 p.m. Sir James Berry will deliver the annual oration at 8.30 p.m.; his subject being "Fallen idols." A conversazione will follow the oration.

A sessional meeting of the Royal Sanitary Institute will be held in the Guildhall, Norwich, on Friday, April 29th, when discussions will be opened on "Some questions of infectious diseases," by Dr. V. F. Soothill, and on "The housing problem," by Mr. J. S. Bullough, at 5 p.m. The chair will be taken by Dr. Charles Porter. On April 30th a visit will be made to the Norwich refuse dump.

The third regional conference of the British Health Resorts Association (southern region, western section, comprising Weymouth, Swanage, Poole, Bournemouth, and Christchurch) will be held at the Town Hall, Bournemouth, under the presidency of the mayor, from April 29th to May 1st. The chairman at the morning session on Saturday, April 30th, will be Sir Thomas Oliver, M.D., and at the afternoon session Dr. Alfred Cox.

Among the Friday evening discourses of the Royal Institution, which will be resumed on April 22nd and continued until June 3rd, are the following: April 22nd, Professor J. B. S. Haldane, hereditary transmission of acquired characters; April 29th, Professor H. Hartridge, the rival theories of hearing; May 20th, Professor Henry E. Armstrong, Faraday at the sign of the hexagon: coal colour and constitution; and May 27th, Sir Walter Fletcher, new conceptions of medical research. The discourses are given in the lecture theatre at 21, Albemarle Street, W., at 9 o'clock.

A discussion on "Infection in the dormitory" will be held at the combined meeting of the Sections of Epidemiology and State Medicine and Disease in Children of the Royal Society of Medicine on Tuesday, April 19th, at 8 p.m. Drs. A. J. Glover and R. E. Smith will open on behalf of the former Section, and Surgeon Commander S. F. Dudley and Dr. W. H. Bradley on behalf of the latter Section.

Three public lectures, arranged by the National Institute of Industrial Psychology (under the Heath Clark Bequest), on psychological and social factors in business rationalization, will be delivered by Dr. Charles S. Myers, F.R.S., principal of the National Institute of Industrial Psychology, on Wednesdays, May 4th, 11th, and 18th, at 5.30 p.m., at the London School of Economics and Political Science. Admission free and without ticket.

A course of six weekly lectures on "The foundations of moral values" will be given by Professor J. H. Muirhead, LL.D., on Wednesdays at 5.45 p.m., beginning April 27th, at University Hall, 14, Gordon Square, W.C.1. Syllabus can be obtained on application to the Director of Studies at University Hall.

A course of lectures on pathological research in its relation to medicine will be held at the Institute of Pathology and Research, St. Mary's Hospital, Paddington, on Tuesdays at 5 p.m. during the summer session. The first of the series will be given on April 26th by Sir Almroth Wright, F.R.S., on a new body of immunological doctrine; on June 14th Professor R. T. Leiper, F.R.S., will conclude the course with a lecture on helminth migrations. The lectures are open to all members of the medical profession and students in medical schools, without fee.

The Fellowship of Medicine and Post-Graduate Medical Association, 1, Wimpole Street, W.1, announces an all-day course in oto-rhino-laryngology at the Central London Throat, Nose and Ear Hospital from April 18th to May 14th. Courses taking place in the near future include paediatrics at the Hospital for Sick Children, April 25th to May 7th, in the mornings, and during the same period at the Infants Hospital, in the afternoons; afternoon courses in psychological medicine at the Maudsley Hospital, April 25th to May 21st, in the afternoons; and in dermatology at St. John's Hospital, May 2nd to 28th. An evening M.R.C.P. course will be given on Mondays and Fridays in June; five demonstrators will attend each evening, with cases which the post-graduates will examine and on which they will be questioned as to diagnosis and treatment; two pathological evenings will also be included. Three evening lectures on "post-encephalitis" will be given by Professor Arthur J. Hall during June. Details will soon be ready of all the above courses, which are open only to members of the Fellowship of Medicine.

The preliminary programme has now been issued for the meeting of the American Association for the Study of Goiter, to be held in Canada, at Hamilton, Ontario, on June 14th, 15th, and 16th. The corresponding secretary is Dr. J. R. Yung, Rose Dispensary Building, Terre Haute, Ind., U.S.A.

The French committee of the International Union for the Protection of Childhood has decided that the seventh international congress shall be held in Paris from July 5th to 9th, 1933, when the following questions will be discussed: (1) medical supervision of games; (2) the State and welfare work. Further information can be obtained from the Comité National de l'Enfance, 26, Boulevard de Vaugirard, Paris XVIe.

The sixth Congress of the French Societies of Oto-neuro-ophthalmology will be held at Montpellier, under the presidency of Professor Euzière, from May 27th to 29th, when the subject for discussion will be the sequelae of closed cranial trauma.

The next award of the Hunterian Society gold medal will be made in 1933 for the best essay received on or before December 31st, 1932. The competition is open to all general practitioners resident in Great Britain, Ireland, and the Channel Islands, and, for this purpose, the council defines a general practitioner as being he who is not established in any special branch of work or in consulting work. The rules governing the award may be obtained from the secretary, Mr. Andrew McAllister, 79, Wimpole Street, W.1.

A preliminary meeting of the Réunion Internationale de Prophylaxie et d'Hygiène Mentale was held in Paris on September 21st, 1931, under the presidency of M. Justin Godart, formerly Minister of Health, the British representatives being Sir Hubert Bond and Drs. Brock and Donald Ross. It was decided that the next congress should be held in Paris this year, when the following subjects would be discussed: open psychiatric services, introduced by Dr. Toulouse; eugenics and mental prophylaxis, introduced by Professor Rudin; and unification of psychiatric statistics, introduced by Dr. Bersot.

In order to arouse the interest of women in the subject, the National Safety First Association will devote a session during its forthcoming annual congress to the study of safety in the home, when the speakers will include Dr. Elizabeth Sloan Chesser, Miss C. Haslett, director of the Electrical Association for Women, and Miss Norah March, secretary of the National Baby Week Council. The president of the Association, Lord Brentford, will open the session, and the Right Hon. Margaret Bondfield hopes to preside. Women's organizations are co-operating in the arrangements for this session, which will be held on the morning of Thursday, May 5th, in Caxton Hall, Westminster, S.W.; admission free. Tickets and full particulars obtainable from the National Safety First Association, 119, Victoria Street, S.W.1.

The Association of Certificated Blind Masseurs has formed a medical advisory board to advise on the extension of training of blind masseurs and masseuses. The board will consist of Dr. L. Danyers Bailey, Dr. C. C. Worster-Drought, Dr. F. D. Howitt, Dr. W. Kerr Russell, Mr. P. Jenner Verrall, Mr. A. Mace (representing St. Dunstan's), and Mr. P. L. Way (representing the council of the association and the massage school of the National Institute for the Blind).

The Battersea General (Anti-Vivisection) Hospital, having intimated that it now gives anti-tetanic serum, has been restored by the London County Council to the list of hospitals to which accident ambulance cases can be taken. It was removed from the list in 1927, following upon a resolution of the Council that no hospital not equipped for the reception and treatment of serious cases of accident or illness should be retained thereon.

The permanent committee of the International Congress of Military Medicine and Pharmacy announces that on the occasion of the second Congress of the International Registration Office of Military Medicine, to be held at Liège from June 22nd to 25th, the new central office, which the city of Liège has presented to this organization, will be opened with full ceremony. There will be a series of lectures and discussions on the organization and functioning of the various forms of preventive and clinical work in connexion with armed forces, as well as on the international law pertaining thereto. Immediately following this congress there will open at Brussels the annual conference known as the "Journées Médicales de Bruxelles."

Lady (Olive) Watson, M.B., Ch.B., has been appointed a member of the Board of Trustees for the National Galleries of Scotland for a period of five years as from April 1st, 1932.

We are informed that the National Institute of Child Psychology has been obliged to cut down some of its activities owing to shortage of funds, but is carrying on at 20, Warwick Crescent, W.2, with a smaller staff and a reduced number of cases, selected for their special clinical interest.

The issue of the *Deutsche medizinische Wochenschrift* for March 25th, which is devoted to Koch, contains an article by Professor William Bulloch, entitled "Robert Koch and England."

Professor Wilhelm Tauber of Budapest, the doyen of Hungarian gynaecology, has recently celebrated his eightieth birthday and the fiftieth anniversary of his professorship.

Professors Roux of Lausanne and Marinesco of Bucarest have been elected foreign associate members of the Académie de Médecine.

The Students' Association of the University of California at San Francisco has made a donation of 1,500 dollars to the University for carrying out investigations on the treatment of epidermomycosis, otherwise known as "athletes' foot."

By the will of the late Miss Elizabeth Fullarton of Blairbeg House, Lamlash, Arran, a sum estimated at £30,000 is to be divided between the Royal, Western, Victoria, and Eye Infirmarys, and the Ophthalmic Institution of Glasgow.

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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All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBERS of the British Medical Association and the *British Medical Journal* are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS

Mucocutaneous Ulcers

"J. C. F." (Glasgow) writes: I have a patient who has had ulcers of mouth and vulva almost weekly during the past ten years. No gastric complaint and no apparent cause in any other region of body, and no septic focus. The patient is in good health. Could anyone suggest probable cause or some permanent cure?

Overdose of Ephedrine Hydrochloride

Dr. H. GORDON, O.B.E. (Weybridge), recording a case in which a female child of 2½ years drank a large quantity of a mixture containing ephedrine hydrochloride (estimated at 4 grains), would welcome further information about the effects of this drug on the various organs, together with additional or alternative suggestions for combating overdose. He writes: Strong salt-and-water solution was ordered as an emetic. The child was very frightened, pulse was over 200 per minute; the heart beats were very forceful, and there was incessant hiccup. After the girl had been sick, sweetened sodium bicarbonate solution was ordered, and as the salt water had made her thirsty, she drank this with avidity. I was not certain what effect ephedrine would have on the liver glycogen, but, arguing that it might be similar to that of adrenaline, I gave the sugar to replace the glucose, and hence the glycogen. The sodium bicarbonate was given to counteract any tendency to acidosis which might occur. In order to overcome the effects of the constriction of the peripheral arterioles, a hot bath was ordered, and, after this, the child slept. Next day she was perfectly normal. Amyl nitrite was not resorted to in order to lower the blood pressure, for the dosage is not measured. I was not certain of the effects on a child 2½ years of age, and I did not wish to substitute one emergency for another.

Plantar Corns

Dr. R. J. MORRIS (Harrogate) writes in reply to "Clavus" (April 9th, p. 692): Use ung. acid benzoic co. (*B.P.C.*) for the interdigital condition or use "mycozol" (*P. D.* and *Co.*), which contains chloretone 5 per cent., salicylic acid 4 per cent., and mercury salicylate 4 per cent., in a suitable ointment base. For the callosities or "corns" use a medium sandpaper every morning, and paint the affected areas with collodion callosum; this must be persevered with regularly. To prevent recurrence wear shoes or boots with stiff soles and wide tread, and large enough to permit of an insole or sock-lining of loofah—the loofah side downwards, the smooth side next the foot.

Income Tax

Proportion of House used Professionally

"N. H." is in practice in the suburbs, and uses the house in which he resides for the entire work of the practice. He pays rent on a repairing lease. What proportion can he claim?

** There is no fixed rule in the matter; so much depends on the relative proportions in each case actually used