

was about thirty minutes. Other requirements are a large measure of sympathy and confidence between patient and operator, and what may not unfairly be described as a certain daintiness of touch on the part of the surgeon. An anaesthetic method which demands these last two qualities seems to be no bad training for a surgeon, whether junior or senior, and the wider development of them might do much to improve the current standards of local anaesthetic administration, which seem too often to justify the unfavourable opinions held of them.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### AN UNUSUAL CASE OF SUBPERITONEAL UTERINE FIBROID

(With Special Plate)

In view of the large size of the tumour and the very slight inconvenience which it caused, the following case is, I think, worthy of record.

The patient, Miss P., first consulted me on January 16th, complaining of some slight abdominal pain and discomfort. On examination she was found to have a large abdominal tumour of pelvic origin, more marked on the left side than on the right, and reaching to above the umbilicus. The tumour was of firm consistence, solid and smooth in outline. It was freely movable from side to side, and occupied the whole of the lower abdomen. It was not painful or tender on palpation. Vaginal examination, made without anaesthesia, was indefinite owing to the absence of relaxation of the patient. The os uteri was not softened; the breasts showed no pregnancy signs; menstrual history indicated a regular and normal flow and duration; x-ray examination was negative.

Operation, performed on January 20th, revealed an enormous subperitoneal fibroid arising from the fundus of the uterus and attached by a short pedicle. The uterus itself contained several other small fibroids—mural and subperitoneal. The pedicle was clamped, the tumour removed, and hysterectomy performed. The patient made an uneventful recovery. The weight of the tumour was 8 lb.; the circumference 30 in., the length 9 in., and the breadth 6½ in. Fig. 1 (on Plate) illustrates the size of the growth by comparison with the scale measure by its side.

I wish to express my thanks to my partner, Dr. P. Kinmont, for his assistance with the case.

SIDNEY B. RADLEY, F.R.C.S.  
Honorary Surgeon, Newark Hospital.

#### FOREIGN BODY IN THE COMMON BILE DUCT

Few cases have been reported of a foreign body being found in the common bile duct. Oppel<sup>1</sup> reported a case in which a patient had the operation of cholecystectomy, and some four months later developed a fatal peritonitis. A swab was found in the common bile duct; this had apparently migrated from the peritoneum, as the bile duct had not been opened at the previous operation. Lemerre and Pollet<sup>2</sup> reported a case in which a liver abscess occurred in an insane patient. This was due to a swallowed spoon-handle, which had entered the common bile duct via the ampulla of Vater. Fedoroff<sup>3</sup> reported a case in which, following an operation for gall-stones, the wound was drained by a T-shaped drainage tube. On the seventeenth day, when the tube was going to be removed, the vertical portion had already been extruded from the wound, while the short horizontal part had remained in the duct (which was opened at operation). For two and a half years there were no symptoms, but then the patient developed attacks of colic with occasional jaundice. After a further two years the patient was operated on again. The tube was found in the retro-duodenal portion of the common bile duct, and had under-

gone no changes whatsoever during its five years' stay. Recovery was uneventful. In view of the few such cases reported the following may be of interest.

#### REPORT OF CASE

The patient, a man aged 65, was admitted to the Derby City Hospital in June, 1931, complaining of indigestion, vomiting, and pain which he located under the right costal margin. He also described a lump which he said he could feel there. The history extended back for an indefinite period, but his symptoms had been more marked for some two or three weeks. There was no history of jaundice or colic. On examination the patient was well nourished and on the whole in moderately good health. On palpation, a rounded, tender swelling below the liver, suggestive of an enlarged gall-bladder, was clearly felt. There was no general enlargement of the liver, and the patient was not jaundiced. The temperature was normal. His symptoms improved, but the swelling continued to be palpable. Cholecystography showed no shadow in the area of the gall-bladder after fourteen or eighteen hours.

At operation the gall-bladder was found to be distended, and contained a mulberry stone of medium size in the cystic duct, some smaller stones being present in the gall-bladder. Palpation of the common bile duct revealed no further stones, but a piece of wire was felt to be projecting through the lateral wall of the duct just below the termination of the cystic duct. Cholecystectomy was performed, the piece of wire removed, and the operation completed in the usual way.

During his convalescence the patient was questioned about the origin of the wire, but was unable to shed any light on the matter. At no time could he remember the possibility of having swallowed it accidentally. No previous operation had been performed on the patient, and presumably the article in question must have been swallowed at some time and have migrated up the common bile duct.

The wire was just under one inch in length, and was bent in the shape of an L, the shorter arm having perforated the wall of the duct; it was steel wire approximately 0.001 inch thick, and had not been corroded to any great extent.

I am indebted to Dr. R. Ström-Olsen for assistance with the translation of the references.

R. G. COOKE,

Derby.

Medical Superintendent, City  
Hospital.

#### REFERENCES

- <sup>1</sup> Oppel: *Zentralbl. f. Chir.*, 1926.
- <sup>2</sup> Lemerre and Pollet: *Bull. et Mém. Soc. Méd. de Paris*, 1927.
- <sup>3</sup> Fedoroff: *Zentralbl. f. Chir.*, 1920.

#### GANGRENE AND PERFORATION DUE TO EMBOLISM OF THE INFERIOR MESENTERIC ARTERY

An account of this condition, appearing in the *British Medical Journal* of January 30th, 1932, prompts me to record a somewhat similar case that came under my notice a few years ago, at a time when I was acting as resident clinical assistant in one of the city mental hospitals.

#### Clinical History

The patient, a stout man of about 64 years of age, enjoyed perfect health until the onset of this fatal illness. His first complaint was that his bowels had not moved for some days, and Epsom salts had been taken with no result. Castor oil was then given by the attendant in charge, and the following day, though he complained of abdominal discomfort, he still passed nothing per rectum. Throughout the day the attendant reported nothing further, but on doing the evening round of the institution I examined his abdomen and discovered that it was distended and markedly rigid. Slight tenderness was experienced on palpation, more marked in the right iliac fossa. Pain, fairly severe and now constant, was complained of all over the abdomen, especially in the right iliac fossa. Temperature, 103°; pulse rate, about 100. The patient was removed to hospital, where a further examination was made on the arrival of the surgeon. The abdomen was now board-like, and severe pain was complained of on palpation. There was also collapse, and a rapid and feeble pulse. On opening the abdomen it was evident that peritonitis had been present. The intestines, especially the colon, were adherent to omentum.

Peritoneum and fat were gangrenous, being practically black. The "appendix" was found—gangrenous, and covered with faecal-smelling material—and removed, and the wound sewn up and drainage effected. The patient lived for about twenty-four hours after the operation.

#### Post-mortem Examination

On opening the abdomen the peritoneal cavity was half full of fluid having a strong faecal odour. We followed the intestines throughout their course. The appendix was still *in situ*, and normal to all appearances, except that it was firmly adherent retrocaecally. For about six to eight inches the pelvic colon, with the peritoneum and fat attached, was bluish-black and gangrenous, the bowel wall itself being as thin as tissue paper for about three or four inches. At one point in it a hole into which an ordinary match-head could easily enter was discovered. Obviously the blood supply to this part of the bowel was partially or completely cut off. There was no volvulus or intussusception. The heart and aorta were removed complete. Heart and proximal aorta appeared normal, and the intima of the aorta was perfectly smooth until the level of the third lumbar vertebra was reached, when for about one inch there was some hard, shelly, calcified material. This surrounded the orifice of the inferior mesenteric artery, which was itself much narrowed. A piece of the calcified material was found impacting the vessel just below the point at which the left colic branch is given off.

#### Commentary

The feature of this case was the absence of a history warranting the correct diagnosis. Only a few hours prior to the operation was there any suspicion of an acute abdominal condition. Throughout the illness the patient did not vomit, and the only sign suggestive of acute obstruction was the absolute constipation. Blood or mucus was not passed. Another interesting point was the localized atheromatous change in the aorta at the level of the third lumbar vertebra. The intimal change at that site was rightly or wrongly attributed to the fact that the patient always wore a leather belt round his waist instead of braces, thereby increasing the *local tension*\* in the artery at that level, a factor which seems to be concerned to some extent in the aetiology of atheroma. The Wassermann reaction was negative.

Isle of Skye. CHARLES D. FERGUSON, M.B., Ch.B.

\* Vide Muir's *Text Book of Pathology*, Causation of Atheroma.

## Reports of Societies

### NEPHROSTOMY IN THEORY AND PRACTICE

At the meeting of the Section of Urology of the Royal Society of Medicine on April 21st, with Mr. RALPH THOMPSON in the chair, an address was delivered by Dr. HUGH CABOT of the Mayo Clinic, Rochester, U.S.A., entitled, "Nephrostomy in theory and practice."

Dr. Cabot said that nephrostomy as an emergency procedure was a very old operation, but the earliest discussions he could find did not date back beyond the 'eighties of the last century. At that time two important questions attracted attention—namely, the rapid return of function, and the effect of drainage through the kidney substance on infection. After a glance at the historical aspect of the subject, he considered the application of nephrostomy in three groups of cases: (1) calculus disease; (2) chronic hydronephrosis with or without infection; and (3) chronic infection of the kidney. In calculus disease he said that this operation was desirable in cases showing marked dilatation of the pelvis and the calyces. He believed that in the uninfected case it diminished the risk of infection to an important degree. The only serious sequels came from the stirring up of a latent infection which had been overlooked. He next referred to the group of cases in which there was grave injury to the

kidney, due primarily to stone, but in which infection had been present for a long period. Here one was tempted to regard nephrectomy as the only safe operation. He hesitated to advise that operation if there were stones on the other side, even though of quite small size and doing no great damage. He hesitated also on account of the number of instances in which, a stone-bearing kidney on one side having been removed, stone promptly developed in the other kidney, which had been free from trouble for many years. A stone-bearing kidney on one side might be in some ways a safeguard to the other kidney. It was certain that in some instances the development of stone upon the other side had been extremely rapid. This suggested the possibility that the disturbance of the chemical mechanism, whatever it might be, was thrown from the kidney which had developed stones on to the kidney which had not the protective mechanism to look after itself. He was therefore becoming less willing to perform a nephrectomy, and more desirous of seeing what could be done with an apparently seriously damaged kidney. In this same group came the cases of pyonephrosis without stone, in which, undoubtedly, a hydronephrosis had become infected. It was in this type of case that the problem of determining the function of the kidneys seemed most troublesome. For many years the fact had been recognized that it was not possible to find out with any accuracy the function of a kidney containing a stone; but in a kidney which appeared to have a considerably depressed function, this would return to something approximating to normal after removal of the stone. Cases of pyonephrosis, however, were frequently reported as having a completely functionless kidney: this should mean a kidney incapable of function, but that was not so. He had now the records of forty-two cases in which no function other than a moderate exhibition of water could be demonstrated by the methods available; but after drainage and removal of stone—if stone existed—a return of function to something like 50 per cent. of the original capacity was discovered. Therefore even with the very elaborate and delicate means now used one was not entitled to say that a given kidney was incapable of function. He had been continually surprised by the ability of the kidney to take up its work when obstruction had been removed. It was conceivable that the process which normally went on in the kidney whereby only a portion of the glomeruli were in action at any one time might, under adverse conditions, extend to the whole kidney, so that it might be possible for the kidney to "lie fallow" for a considerable period. If the active glomeruli were reduced from, say, 30 per cent. to 3 per cent., the kidney might still continue to live and keep its anatomical structure. At any rate the clinical judgement that a kidney was worthless had often to undergo serious reconsideration. He knew of no method likely to be so helpful as nephrostomy in eliciting the possible value of a kidney which had been adjudged to be worthless.

Dr. Cabot next discussed the advantages of nephrostomy as compared with pyelostomy. The first was the much greater certainty of continued satisfactory drainage. A most important question was the effect of nephrostomy on function and on infection. His own experience had led him to the conclusion that the working capacity of the kidneys would return to the extent of their retention of normal kidney tissue. The effect on infection was much more difficult to judge, and divergent views had appeared in literature of late years. Acute recent infections would generally clear up entirely, but these were relatively rare in the cases for which this operation was desirable. The acute hydronephrosis with a comparatively fresh and slight infection would probably clear up satisfactorily by any method of drainage if obstruction was relieved. The

H. DAVID ISAACS: COMPRESSION FRACTURE WITH COMMINATION OF LUMBAR VERTEBRAE



FIG. 1.—Radiograph taken on August 11th, 1931, before treatment.

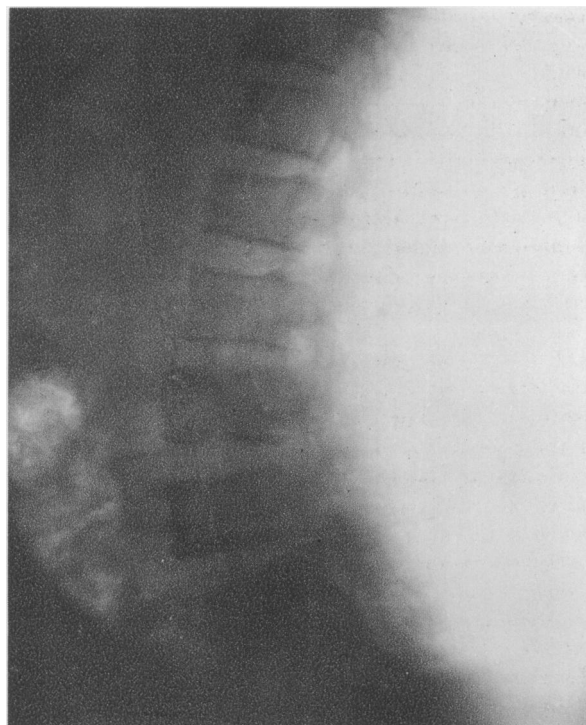


FIG. 2.—Radiograph taken on August 13th, 1931.

MICHAEL OLDFIELD: CHRONIC GASTRIC ULCER  
IN A BOY



FIG. 1.—Showing small ulcer crater on posterior surface near lesser curvature of stomach. There is a translucent zone around crater corresponding to oedematous ulcer margins.

SIDNEY B. RADLEY: SUBPERITONEAL UTERINE  
FIBROID

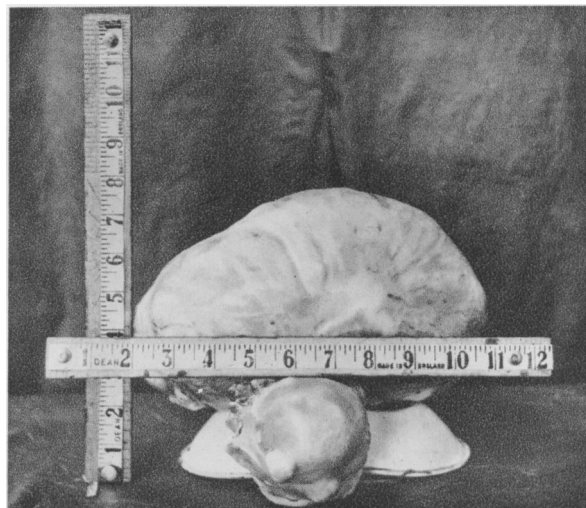


FIG. 1.—Naked-eye appearance of tumour.

the war years, when he attended large numbers of troops, laid the foundations of the illness which caused his death at a comparatively early age. Professionally he was a sound and careful physician, and the respect in which he was held by his colleagues was shown by their electing him chairman of the East Yorks Division of the British Medical Association, and later, in 1922, of the East Yorks and North Lincolnshire Branch. He held numerous medical appointments, including that of medical officer to the Hull and East Riding Convalescent Home and Sanatorium. He raised and trained a division of the St. John Ambulance Association; he was local agent for the Shipwrecked Mariners' Association, and a member of the crew of the Withernsea lifeboat—rowing in the boat to a number of shipwrecks. A colleague writes: To know Sproule was to love him. His striking personality and charm of manner immediately gained the confidence of his patients. While no call from a really sick person, however poor, was refused, he was inclined to be intolerant of the patient with an imaginary illness, so that, though retiring a comparatively poor man, he leaves behind the love and respect of hundreds.

Dr. GEORGE CHARLES WALKER, who died at Exmouth on April 27th, was born at Kirkwall, Orkney, in July, 1837. He received his medical education at Guy's Hospital and Liverpool, and obtained the M.R.C.S. in 1860, graduating M.D. St. Andrews in the following year. After qualifying he served as honorary medical officer to the Liverpool Northern Dispensary, and assistant house-surgeon to the Chester General Infirmary, and subsequently became honorary consulting physician to the Bootle Borough Hospital. He practised for many years in Southport until his retirement to Exmouth about twenty years ago. Dr. Walker had been a member of the British Medical Association since June, 1866, and was a former chairman of the Southport Division. He was also one of the original members of the Southport Medical Society. He was highly respected by his professional brethren, and though he never took a very prominent part in local professional matters, any remarks he made at meetings were listened to with attention, and his opinions carried weight. He is survived by three sons, all members of the medical profession, and two daughters.

Dr. JOHN STRATTON BROGDON of Hartlepool, who lost his life in a rock-climbing accident on Dow Crag, near Coniston, aged 31, was the son of Alderman J. H. Brogdon of Hexham. He received his medical education at the Newcastle College of Medicine, and graduated M.B., B.S. Durh. in 1921. He began practice at Hartlepool in 1923, where he held the appointments of honorary radiologist at the Hartlepool Hospital and surgeon to the police. Dr. Brogdon was a very popular member of the Hartlepool Division of the British Medical Association, and was to have been nominated as the next chairman of the Division. The funeral, which took place at Hexham, was attended by prominent public men in the district, as well as members of the medical and clerical professions. Wreaths were sent by the Hartlepool Division of the British Medical Association, the Mayor and Corporation, the hospital staff, and the local police force.

Dr. AUGUSTUS HENRY G. JOHNSTON of Scunthorpe died on March 24th, while on a visit to London, at the age of 68 years. He was a native of Westmorland, and received his medical education at the school of the Royal College of Surgeons in Ireland. He obtained the diploma of L.R.C.S.I. in 1885 and afterwards took the L.R.C.P.I. and L.M. He began practice at Scunthorpe about twenty years ago, and subsequently became deputy medical officer of health. At the annual meeting of the Scunthorpe War Memorial Hospital, held on March 30th, the chairman referred to the great assistance rendered to the hospital by Dr. Johnston.

The following well-known foreign medical men have recently died: Dr. GUSTAVE ARCHAMBAULT, professor of dermatology at Montreal, aged 48; Dr. BURTON ALEXANDER RANDALL, emeritus professor of otology at the Philadelphia School of Medicine, aged 73, of heart disease; Dr. NICOLAS CHARLES, formerly director of the Maternity Hospital at Liège, the first occupier of the chair of gynaecology and obstetrics in the university, and founder and editor of the *Journal d'Accouchements*, aged 87; Dr. JAMES RIDDLE GOFFE, emeritus professor of gynaecology, past-president of the American Gynaecological Society, aged 80; Dr. FELIPE PUIG, formerly president of the Uruguay Society of Phthisiology; Dr. CARLOS E. KOHL Y FERNANDEZ, director of *Revista Medica Cubana*; Dr. PAUL CHARMEIL, honorary dean of the faculty of medicine and pharmacy of Lille, aged 71; Dr. MERIDA NICOLICH, an eminent ophthalmologist of Malaga; Dr. C. DEBIERRE, honorary professor of the Lille faculty of medicine, and corresponding member of the Académie de Médecine; and Professor E. KAUFMANN, a morbid anatomist of Göttingen, aged 72.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

At a congregation held on April 30th the following medical degrees were conferred:

M.CHIR.—H. Taylor.  
M.B., B.CHIR.—J. Morris, A. Eckford, A. G. J. Harris, R. W. Malim.  
M.B.—J. M. Matthew.  
B.CHIR.—\*R. M. Dowdeswell, J. W. S. H. Lindahl, J. S. Barker, A. H. Lankester.

\* By proxy.

### UNIVERSITY OF DUBLIN

At the First Summer Commencements in Trinity Term the degrees of Master in Arts and Doctor of Medicine were conferred on Edward Bethel Solomons, Master of the Rotunda Lying-in Hospital, Dublin.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON

A quarterly meeting of the Royal College of Physicians was held on April 28th, when the President, Lord Dawson of Penn, was in the chair.

#### Fellowship

The following were elected Fellows of the College:

*Over-seas* (10).—Alexander Gordon Biggam, O.B.E., M.D.Ed. (Cairo); William Boyd, M.D.Ed. (Winnipeg); Roy Samuel Dobbin, O.B.E., M.D.Dub. (Cairo); Goldwin William Howland, M.B. Toronto (Toronto); Abd-el-Aziz Ismail (Cairo); Thomas William James Johnson, M.D.N.Z. (New Zealand); Frederick Donald Herbert Blois Lawton, O.B.E., M.B.Melb. (Melbourne); Harold Douglas Singer, M.D.Lond. (Chicago); Hugh Stott, O.B.E., M.D.Lond. (Lucknow); and George Charles Wilcocks, M.C., O.B.E., M.B.Syd. (Sydney).

*Scotland, Wales, and Provinces* (10).—George Allison Allan, M.D.Glas. (Glasgow); John Alexander Murray Bligh, M.D.Liverp. (Liverpool); William Tregonwell Collier, M.C., M.D.Oxf. (Oxford); George Secretan Haynes, M.D.Camb. (Cambridge); Cyril Gray Imrie, M.D.Ontario (Sheffield); George Johnson Langley, M.B.E., M.D.Lond. (Manchester); William McAdam, M.D.Glas. (Leeds); Percival Brooke Mumford, M.D.Manch. (Manchester); Alfred Parkin, M.D.Durh. (Newcastle-upon-Tyne); and James Maclure Smellie, M.D.Ed. (Birmingham).

*London* (15).—Edward Arnold Carmichael, M.B.Ed.; Edward floliott Creed, M.D.Oxf.; Daniel Thomas Davies, M.D.Wales; Stanley Dodd, M.B.Camb.; Geoffrey Hadfield, M.D.Lond.; Charles Felix Harris, M.D.Lond.; Godfrey Taunton Hebert, M.D.Oxf.; Richard Anderson Hickling, M.D.Camb.; Robert Daniel Lawrence, M.D.Aberd.; Douglas McAlpine, M.D.Glasg.; Sir Frederick Norton Kay Menzies, K.B.E., M.D.Ed.; Charles Edward Newman, M.D.Camb.; Charles Cyril Okell, M.C., M.B.Camb.; William Gifford Wylie, M.D.Ed.; and Frederick Hugh Young, O.B.E., M.D.Camb.

#### Membership

The following were admitted Members of the College:

John Fleming Brock, M.B.Oxf.; William Donald Wykeham Brooks, M.B.Oxf.; Walter Ford Connell, M.D.Q.U.Ont.; David McKee Dickson, M.B.N.Z.; Reginald Ellis, M.D.Manch.; Thomas Miles Gilbert, M.B.Melb.; Ronald Thomson Grant, M.D.Glas.; Michael Kremer, M.B.Lond.; Reginald William Luxton, M.B.Manch.; William Henry McMenemey, M.B.Oxf.; Harold Eric Martin, M.D.Manch.; Roy Lee Midgley, M.D.Lond.; Vincent Philip Norman, M.D.Durh.; John Noel O'Reilly, M.B.Oxf.; Lucy Parker, M.D.Lond.; Roy Kemball Price, M.B.Lond.; Ahmed Fahmy

Ragab, M.B.Cairo; Robert Dickson Roach, M.D.McGill; Terence Stanley Rogers, M.B.Lond.; Thomas Newton Rudd, M.B.Lond.; Hassan Shukry, M.B.Cairo; Mohan Singh, M.B.Punjab; Agneswara Aiyer Sreenivasan, L.R.C.P.; George Macdonald Thomson, M.B.Syd.; Emrys Williams, M.D.Lond.; Francis Seaton Winton, L.R.C.P.

The thanks of the College were given to Dr. Raymond Crawford for his services as Visitor to the Medical Faculty of the Egyptian University, and for his report.

#### *Appointment of Representatives*

The following were appointed as College representatives: Dr. F. G. Chandler at the forthcoming Centenary celebrations of the British Medical Association; Dr. J. W. Carr on the Professional Classes Aid Council; Dr. A. S. MacNalty at the eighteenth annual conference of the National Association for the Prevention of Tuberculosis; and Dr. F. E. Fremantle at the forty-third congress and exhibition of the Royal Sanitary Institute.

#### *Lectures*

Dr. Harriette Chick will deliver the Oliver-Sharpey Lectures on May 3rd and 5th on the relation of light to nutrition, and Dr. J. W. McNee the Croonian Lectures on June 2nd, 7th, and 9th on liver and spleen, their clinical and pathological associations.

#### *Licences*

Licences to practise were granted to the following candidates:

A. L. Abeyewardene, H. Agar, S. D. Ahuja, S. T. Anning, C. G. Baker, W. C. Barber, Sarah N. S. Barker, C. G. Barnes, G. P. Barua, A. S. Baxi, F. H. E. Beckett, Mavis W. M. Beddall, J. G. Billington, M. Blashka, Jane Bonnell, H. W. L. Broadbent, M. J. Brookes, G. H. Brookman, J. D. Burrows, Lilian M. Buxton, T. A. R. Callender, J. Cann, D. B. Cater, I. A. Cathie, J. R. Chambers, G. H. Cooray, F. N. Corfe, D. R. Crabb, G. W. Crimmin, Elizabeth Curphey, R. P. Dalal, P. H. Daly, A. McD. Davies, D. T. Davies, T. G. Davies, E. A. Devenish, D. C. De Wet, L. Dexter, G. E. Dunkerley, H. Edwards, R. T. Elven, Q. F. Evans, W. B. Evans, W. G. Evans, A. L. Eyre-Brook, K. Fawcett, H. F. M. Finzel, J. H. Fisher, J. F. P. Forster, A. E. Francis, L. Freeman, T. A. Gavin, G. H. Gibbens, R. G. Gilbert, K. J. Gilchrist, A. F. Goode, A. J. Grace, D. C. Green, L. Greenfield, Catherine E. I. Greenshields, J. N. Groves, C. S. Hall-Smith, O. C. Hamilton-Jones, C. F. Hamilton-Turner, G. R. Hargreaves, Helen A. Hatrick, F. R. Hayward, W. N. Hine, R. A. P. Hogbin, A. Hollinrake, M. D. C. Hosford, B. Hynes, D. H. Irish, J. M. Jackson, W. B. Johnston, T. B. Jones, T. B. Jones, B. L. Kapur, R. Kempthorne, A. L. Kenyon, L. Kessel, Florence E. Kingsley, J. R. Knox, W. Kravchick, A. W. D. Leishman, A. A. Lewis, J. R. B. McBride, M. N. Mahmood, Hallé Marsten, J. R. M. Martin, A. R. R. Mears, G. J. Meikle, J. Metcalf, J. A. W. Miller, T. D. F. Money, B. C. Murlless, W. Mushin, Alice M. Naish, D. R. Narang, R. W. Nevin, E. Palmer, G. B. Palmer, A. Papert, J. Parkes, R. Parkinson, C. S. Patel, O. R. L. L. Plunkett, C. B. R. Pollock, V. T. Powell, F. Radcliffe, K. S. Ranganathan, H. M. Rashid, J. C. Read, L. Redhouse, R. G. Reid, J. P. Reidy, L. O. Roberts, J. Rosenberg, E. B. Rotherham, A. C. Rumsey, Frances N. Salisbury, O. E. L. Sampson, R. S. Sandhu, S. B. H. Saunders, O. A. Savage, G. C. Sawyer, M. H. P. Sayers, E. F. Scowen, B. Shanovitch, S. M. Silverstone, H. M. Singer, S. F. Smith, J. R. Strong, S. C. Suggit, S. K. K. Sze, W. S. Tegner, E. H. Thierry, C. W. Thomas, G. L. Timmis, J. B. L. Tomblason, O. S. Tubbs, D. Turner, J. T. Turner, C. M. Vaillant, J. M. Vaizey, O. J. Vaughan-Jackson, D. P. Viljoen, Lilian B. M. Watch, C. J. Watson, Phyllis E. Watson, Celia Weinstein, H. D. White, E. W. Wilkins, R. A. Wilmshurst, A. J. K. Wilson, W. Wilson, M. Zinober.

The names of the recipients of the Diploma in Tropical Medicine and Hygiene, conferred jointly with the Royal College of Surgeons, were printed in our issue of April 23rd (p. 777).

A Diploma in Gynaecology and Obstetrics was granted, jointly with the Royal College of Surgeons, to Daniel Peter de Villiers, M.B.Liverp.

#### **SOCIETY OF APOTHECARIES OF LONDON**

The following candidates have passed in the subjects indicated:

**SURGERY.**—F. Crowther, G. A. Dingemans, A. R. F. Lotiaief, B. Shapiro, R. C. P. Thomas, J. Tudor, L. G. Yendoll.

**MEDICINE.**—J. H. Beale, B. Busby, G. R. Davies, L. A. de Dombal, J. C. Hoyle, M. Klaas, V. R. O. Lahanmi, T. D. Norton, R. Perkins, J. Tudor.

**FORENSIC MEDICINE.**—G. W. Aston, M. A. Aziz, C. H. Blewett, P. D. Bhatt, W. H. Bourn, M. Davies, R. C. H. Ensor, J. C. Hoyle, E. O. Smith, J. Tudor, C. E. Wetherall.

**MIDWIFERY.**—G. E. Ellison, C. H. Fagge, G. S. Grist, G. F. C. Harvey, M. Klaas, I. S. Lloyd, J. W. Meyers, L. B. Reeves, C. A. Saggoo, H. B. Thornton, J. Tudor.

The diploma of the Society has been granted to Messrs. F. Crowther, V. R. O. Lahanmi, R. Perkins, L. B. Reeves, J. Tudor, and L. G. Yendoll.

## **Medical Notes in Parliament**

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons has this week discussed the Police and Prisons Services and the new Import Duties.

A National Health Insurance Amendment Bill will be introduced by the Government in the House of Commons before the Whitsun Recess.

### **Agriculture Estimates: Foot-and-Mouth Disease and Tuberculosis**

In introducing, on April 28th, the Estimates for the Ministry of Agriculture and Fisheries, Sir JOHN GILMOUR said investigations had continued into foot-and-mouth disease. He did not claim that the main problem had been solved, but progress had been made in directions which enabled the Department to control and deal adequately with outbreaks when they occurred. Slaughter was still the only safe and satisfactory way of dealing with the outbreaks, of which there had been ninety-seven in this country during the year 1931. In the first quarter of 1932 there had only been one outbreak. In April the disease occurred in Kent, but there was every hope that it would be confined to a small radius. Where animals had not been directly exposed to infection the Department had tried inoculation with serum. During 1931 5,525 animals associated with twenty-three outbreaks were so inoculated, and disease followed only in two of the lots treated. It was not possible to be certain of the effects of this treatment.

Mr. GLOSSOP complained that compensation for a tuberculous cow was lower if, when slaughtered, the animal proved to have generalized tuberculosis. He considered that a cow with advanced tuberculosis in one organ might be a more dangerous source of infection. Under the present system of compensation there was no inducement for the owner to notify the local authority on the first suspicion of tuberculosis. When it was obvious that the animal would soon die the owner notified it because he knew the compensation would be more than the price he would get from the knacker. The object of compensation was not to give money to farmers, but to get infected animals notified and slaughtered as early as possible so as to eliminate the scourge. He asked the Minister to reconsider the methods on which compensation was paid. He also thought the time had come when the Minister should try to secure the production of milk of a higher butter-fat content. In North America and in Europe milk was sold on its butter-fat content.

Replying to the debate, Sir JOHN GILMOUR regretted that for the present he could not give the grant previously promised for the rebuilding and development of the Royal Veterinary College. He trusted this was merely a postponement. The authorities of the College had enough funds in their hands to make a beginning.

### **Road Accidents**

Mr. PYBUS told Mr. Tinker, on April 28th, that he had considered the possibility of collecting the number of accident cases under Section 36, Subsection (2), of the Road Traffic Act, 1930, where hospital treatment had been given to injured persons, but regretted that the information would not justify the time and labour involved. Asked by Sir JOHN HASLAM if he had any reason to doubt figures provided by the British Medical Association, showing that only 10 per cent. of the money expended by hospitals was recovered from insurance companies, Mr. PYBUS said he had no information to show that insurance companies were evading the provisions of the Act.

Replying to Lord Apsley, on April 27th, Sir HILTON YOUNG said he would consider whether medical officers of health throughout the country should be asked to distinguish in their reports between deaths from road accidents and all other deaths from violence and accident.

Sir H. SAMUEL told Dr. Salter, on April 27th, that he could not give the number of children under 14 killed on the public highways by motor vehicles during 1931, as the returns were not classified under age categories. The number of persons charged with manslaughter in connexion with deaths due to motor accidents had not hitherto been collected;



appealed for an alteration in the regulations governing the award.

Replying to the debate, Mr. Foot said that the Ringrose safety gas alarm was being carefully tried in a large number of pits.

*National Birth Control Conference.*—Mr. E. BROWN, replying to Mr. Potter on April 26th, said that the Minister of Health had received, and had now under consideration, an application from one local authority for sanction for one of its medical officers to attend the conference of the National Birth Control Association in London in the near future.

*Birth Control Clinics.*—Mr. ERNEST BROWN, replying to Mr. Potter on May 3rd, said that clinics for contraceptive advice did not form an integral part of the maternity hospitals to which the Ministry of Health distributed grants-in-aid. Grants from the Exchequer were no longer paid direct to maternity hospitals, except for the training of midwives.

*Dangerous Drugs: Manufacture in Britain.*—Sir HERBERT SAMUEL told Mr. Grenfell, on April 27th, that 14,903.036 oz. of cocaine alkaloid and salts, 12,525.74 oz. of codeine, 2,013.06 oz. of dionin, 3,326.4 oz. of heroin (diacetylmorphine), 46,520.74 oz. of morphine alkaloid and salts, and no peronin had been produced in Britain during the twelve months ended December 31st last. This production was not in excess of the requirements for medical and scientific purposes, and the Convention for the limitation of the manufacture of narcotic drugs was not operative in Great Britain. Sir H. SAMUEL told Dr. Fremantle, on April 28th, that it was the intention of the British Government to ratify the 1931 Convention for the limitation of the manufacture of narcotic drugs, and to enable this to be done the Dangerous Drugs Act, 1932, was passed in order to bring the law into conformity with the provisions of the Convention.

*Silicosis.*—Replying to Mr. Tinker, on April 27th, Sir HERBERT SAMUEL said that, as silicosis was not notifiable, he could only state that the returns under the Workmen's Compensation Act showed that in 1930 there were twenty cases in which coal miners recovered compensation for disablement from silicosis. So far as he knew, only one of these cases occurred in Lancashire, and the Medical Board set up in June last had not so far issued any certificate in respect of any coal miner in Lancashire.

*Mentally Defective Children in Elementary Schools.*—Sir DONALD MACLEAN told Mr. Rhys Davies, on April 28th, that during the last few years for which returns were available there had been practically no variation in the proportion of children in public elementary schools formally ascertained by school medical officers to be mentally defective, but these figures could not be used as a reliable guide, owing to the absence of uniformity of standard and other difficulties.

*Opium: Manufacture and Distribution in India.*—Replying to Mr. Rhys Davies and Mr. Grenfell, on May 2nd, Sir S. HOARE said that the distribution and sale of opium in the Provinces of British India was under the control of Ministers responsible to their respective Councils. The amount of opium manufactured at Ghazipur for consumption in India depended on the demand from the Provinces. There had been a substantial and progressive reduction in recent years. The Government of India sold opium for consumption in India to local Governments at cost price.

*Horses and Dogs for Experimental Purposes.*—On May 2nd Mr. DUFF COOPER, replying to Lieut.-Colonel Applin, said that eight horses were used for experimental purposes at the Chemical Defence Experimental Station, Porton, in 1930. Apart from these, no horses or dogs were used for experiments in connexion with chemical defence, either at Porton or Cambridge, during 1930 and 1931.

*Milk Reorganization Committee.*—Sir HILTON YOUNG states that any proposals for legislation relating to the composition of milk must be postponed pending the recommendations of the Milk Reorganization Committee, which has just been announced.

*Factory Inspector's Report.*—The Home Secretary will endeavour to expedite the publication of the Factory Inspectors' Report for 1931, to permit a Parliamentary debate before the House of Commons rises in July.

## Medical News

The 101st annual meeting of the British Association for the Advancement of Science will be held this year at York from August 31st to September 7th inclusive, under the presidency of Sir J. Alfred Ewing. The inaugural meeting of the British Association was held at York in September, 1831, and three further meetings have been held there.

The next quarterly meeting of the Royal Medico-Psychological Association will be held at 11, Chandos Street, W., on Thursday, May 19th, at 2.30 p.m. Dr. Edwin Goodall will open a debate on the following proposition: "The exciting cause of certain states of disease at present classified under 'schizophrenia' by psychiatrists may be infection. The pathogenesis of these states does not in this country receive the close prolonged and co-ordinated clinical and pathological study which it demands."

A popular lecture on "Polar lights" will be given by Professor Sydney Chapman, F.R.S., to members of the British Science Guild and others on Wednesday, May 25th, at 4.30 p.m., at the Royal Society of Arts, John Street, Adelphi. Tickets, for which no charge is made, can be obtained from the secretary, British Science Guild, 6, John Street, W.C.2.

The University of London Medical Graduates Society is holding its annual meeting and dinner at the Langham Hotel on May 11th. Tickets (price 12s. each) can be obtained up to May 9th from the honorary secretaries at 11, Chandos Street, W.1.

At the festival dinner of the Corporation of the Sons of the Clergy, to be held at Merchant Taylors' Hall, E.C., on May 25th, Lord Moynihan, P.R.C.S., will be among the principal speakers.

A dance, organized by the Ladies' Guild of the Royal Medical Benevolent Fund, is to be held on Thursday, June 9th, in the Great Hall of the British Medical Association, Tavistock Square, W.C. This function will be the thirteenth of a series which, in the past, have proved both successful and enjoyable, and the committee is most anxious that members of the medical profession and others interested in this Fund should lend their support. Tickets (single 6s., double 11s.) may be obtained from Mrs. Oldershaw, 26, Upper Wimpole Street, W.1.

The annual meeting of the British Dental Hospital will be held at the rooms of the British Dental Association, 23, Russell Square, W.C., on Thursday, May 19th, at 8 p.m., with the president, Sir Norman G. Bennett, in the chair.

The next meeting of the Biochemical Society will be held in the Department of Biochemistry, Oxford, to-day (Saturday), May 7th, at 2.30 p.m.

At a meeting of the Harveian Society of London, in the Paddington Town Hall, on Thursday, May 12th, at 8.30 p.m., Dr. Geoffrey Holmes of Harrogate will give an illustrated lecture on spa treatment, with special reference to British spas.

A post-graduate course on neurology and psychiatry, with special reference to treatment, will be held in Vienna from May 30th to June 11th, when lectures will be delivered by Professors Eiselsberg, Wagner-Jauregg, Wenckebach, Jellinek, and Froschels, among others. Further information can be obtained from Dr. Kronfeld, Porzellangasse 22, Wien IX.

A course of demonstrations in neurology for candidates for the M.R.C.P. examinations will be held on Mondays and Fridays from May 20th to July 11th at 6 p.m. at the National Hospital, Queen Square, W.C.1. Fee for sixteen demonstrations £6 6s. Special terms can be arranged for those unable to take the whole course. Application should be made to the secretary.

The Fellowship of Medicine has arranged four similar courses in medicine, surgery, and the specialties at the Prince of Wales's Hospital, Tottenham, from May 23rd to June 4th, June 6th to 18th, June 20th to July 2nd, and July 4th to 16th. Four lecture-demonstrations on ante-natal treatment will be given by Dame Louise McIlroy, at the Royal Free Hospital, on Wednesdays, June 1st to 22nd. Gynaecology will be dealt with at the Chelsea Hospital for Women from June 6th to 18th, and during the same period a course in diseases of the chest will be held at the Victoria Park Hospital. Three epidiascope and laboratory demonstrations will be given at 10, Bedford Square, on May 18th, 25th, and June 1st, at 8.30 p.m. Professor Arthur Hall will give three lectures on epidemic encephalitis at 8.30 p.m. on June 2nd, 9th, and 16th. An evening course of practical demonstrations for M.R.C.P. candidates will be given at the National Temperance Hospital on Mondays and Fridays, June 6th to July 1st. Application for all syllabuses should be made to the Fellowship of Medicine, 1, Wimpole Street, W.1.

The second German Congress for Psychical Hygiene will be held at Bonn on May 21st, when the principal subject will be the eugenic aims of psychical hygiene. Further information can be obtained from Dr. Koester, Kölnerstrasse 208B, Bonn.

The twelfth International Neurological Congress will be held at La Salpêtrière, Paris, on May 31st and June 1st, when a discussion will be held on recent advances in the knowledge of epilepsy, introduced by Drs. Foerster of Breslau, Pagniez of Paris, Abadie of Bordeaux, and Crouzon of Paris.

The tenth International Congress of Psychology, which will be held at Copenhagen from August 22nd to 27th, is to be followed by tours of inspection to German and Austrian institutes of psychology. An advance programme is available, and early application by those who intend to take part should be made to Professor D. Katz, 13, Moltkestr., Rostock (Meckl.), Germany.

The French National League against Alcoholism recently celebrated, in the amphitheatre of the Sorbonne, under the presidency of Professor Achard, the thirtieth anniversary of the anti-alcoholism movement in the schools, which was founded by Dr. Roubinovitch, who was presented with the grand diploma of the league.

A conference of medical students, on medical missionary work in the Tropics, will be held at the London School of Hygiene and Tropical Medicine, Keppel Street (Gower Street), W.C., on Tuesday, May 10th, from 3.30 to 7 p.m. The annual medical missionary breakfast of the Medical Prayer Union will be held on Wednesday, May 11th, at the Refectory, University College, Gower Street, at 8 a.m. An address will be given by Dr. C. C. Chesterman of Yakusu, Congo Belge, W. Africa. Those wishing to be present at either of these gatherings are asked to notify Dr. Tom Jays, Livingstone College, Leyton, E.10.

This week's issue of *Nature* dated May 7th contains an appreciative article by the Duc de Broglie upon the scientific career and work of Lord Rutherford, O.M., F.R.S., Cavendish professor of physics, University of Cambridge. It forms part of the series of "Scientific Worthies," and is accompanied by a photogravure plate portrait of Lord Rutherford.

Drs. C. W. Buckley, J. B. Burt, and W. Shipton, after twenty years' service on the active honorary medical staff, have accepted the invitation of the committee of management of the Devonshire Hospital, Buxton, to remain on the staff for a further five years.

The Minister of Health, with the approval of the Prime Minister, has appointed Sir Arthur Lowry, C.B., to act as Deputy Secretary to the Ministry of Health, while Sir E. Strohmer, K.B.E., C.B., is seconded for service in the Treasury.

Applications for the Morna Macleod studentship in biochemistry must be sent to the secretary of the Lister Institute of Preventive Medicine, Chelsea Bridge Road, S.W., by June 1st, with details of scientific training and

career, together with the names of two personal referees. The studentship is of the value of 100 guineas per annum, and is tenable for one year, but renewable. Candidates must have had a thorough training in chemistry, and some knowledge of biology is desirable but not essential.

The Import Duties Advisory Committee announces that applications, whether in relation to additional duties or to the Free List, should be made, so far as possible, by representative bodies of the trades concerned. The committee does not propose to proceed as a rule by formal hearings. Applicants, therefore, should submit their case fully in writing, and supplementary statements, if required, will be called for. The committee will give public notice of cases in which it is considering the imposition or modification of "additional" duties, or of variations of the Free List, in order that interested parties may make representations, which should be addressed to the secretary, Import Duties Advisory Committee, Caxton House (West Block), Tothill Street, S.W.1.

The centenary of the birth of the syphilologist Professor Alfred Fournier, who died in 1914, will be celebrated in Paris from May 8th to 12th, under the patronage of the President of the French Republic. A general assembly of the International Union against the Venereal Peril will be held on the 8th; the Albert Fournier Institute will be inaugurated by the Minister of Public Health on the 9th; and on the following days lectures on various aspects of syphilis will be given at the Hôpital St. Louis, to which Fournier was attached.

To commemorate the centenary of Goethe's death the German Society for Medical Tours has organized a spring tour to Thüringen, starting at Weimar on May 19th, and ending at Friedrichroda on May 28th. The inclusive cost will be, provisionally, RM.190.

Sir Michael O'Dwyer has been appointed by the National Institute for the Blind to serve as its representative on the Committee of the International Association for the Prevention of Blindness.

## 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

### End-results of Prostatectomy

Dr. ARTHUR RICKETTS (London, W.) writes: I should be greatly obliged to any medical man if he could inform me of any authentic case of a man becoming the father of a child after the operation of prostatectomy had been performed upon him. I cannot find any mention of such a case in any book, including Rendell Short's *Index of Prognosis and End-results of Treatment*, or in the reports of Mr. Freyer's cases or those of Sir J. Thomson-Walker. I am making this query because I believe it has never been given an authoritative answer.