

returned, there being also an improvement in the pulse and the general condition. It was considered that surgical measures were not indicated, and that an exploration would be inadvisable. During the day four or five extremely offensive stools were passed, containing curds and a few small clots. The possibility of ulcerative colitis was mooted. Gentle irrigations of the colon with saline were begun, followed by starch and opium enemata. Kerol capsules were given by mouth.

On the 22nd, as the patient seemed eager for a fuller diet, some slightly more solid elements were introduced. Charcoal was given with the object of relieving the flatulence and deodorizing the stools. At 6 a.m. on the 24th he suddenly collapsed, and became comatose, with a feeble, flickering pulse, and it was thought that death was imminent. At about 5 p.m., however, there was a dramatic recovery; the pulse became stronger, and his mental alertness returned. There was no material change in his condition during the next few days, and he remained quite free from pain. Diarrhoea was less frequent and offensive. The temperature varied between 100° and 103°. Pulse 130 to 140. Tenderness was still present under the right costal margin, and there was considerable epigastric distension.

After January 3rd, 1932, the course of the illness gradually became less favourable, and wasting and general enfeeblement were more apparent. By January 10th his condition was distinctly worse; abdominal distension persisted, and tenderness in the right hypochondrium was still present. There was no visible peristalsis, but the gastric outlines showed up clearly. Frequent hiccuping was a distressing feature of the illness at this stage. There was little diarrhoea, only one or two motions after each lavage. His vitality slowly but steadily declined, until death followed on January 21st.

#### POST-MORTEM FINDINGS

The post-mortem examination revealed a fistula connecting the stomach with the transverse colon. The fistula and the adjoining portions of the colon and stomach were matted together by a growth, apparently carcinomatous in nature. The stomach, fistula, and the colon distal to the growth contained quantities of charcoal. The small intestine, caecum, and ascending colon were completely empty.

### Memoranda

#### MEDICAL, SURGICAL, OBSTETRICAL

#### ETHMOIDAL AND FRONTAL SINUSITIS

The following case is one of unusual interest, both to the ear, nose, and throat specialist and to the general practitioner.

A boy, aged 6, was attended by the family doctor on account of swelling and redness of the left eyelids. I was asked to see the patient, and did so on January 19th, 1932. The left eyelids, more especially the upper one, were swollen and red, but no particular tenderness was present over the frontal sinus, either on the floor or over the anterior wall; only a little tenderness was elicited at the inner canthus. No tenderness was felt over the antrum. The conjunctiva was not involved by any inflammatory change. The temperature was 99.8° F. On examining the nose, pus was seen in large quantity in the left middle meatus, and to a lesser degree in the right middle meatus. The pharynx and ears were normal. On questioning the mother I elicited the fact that a similar condition had occurred the year before. At that time both eyes had been affected, but the condition had cleared up spontaneously. As the symptoms were not very acute, it was decided to keep the patient under observation.

On January 22nd the swelling of the eyelids had much diminished, but ocular paresis was present. The left eyeball was unable to turn lateralwards beyond the sagittal plane. Vision was normal for objects and printing. On careful palpation I was able to detect a swelling at the inner canthus. I considered an operation necessary, and Howarth's operation was performed that afternoon in hospital, under ether com-

bined with injection of the incision line with novocaine-adrenaline solution. The frontal sinus was found to be full of pus, with polypoidal changes in the lining mucosa. The ethmoidal labyrinth was cleared out completely, and the sphenoidal sinus was opened up. A small abscess was found far back under the orbital periosteum related to the lamina papyracea of the ethmoid bone, and around this abscess there was much thickening. The inner orbital wall was removed well back towards the apex of the orbit and the superior orbital fissure. Finally, the middle turbinal was largely removed. A rubber tube was placed in position, according to Howarth's technique, after formation of a more anterior and direct fronto-nasal duct. The external wound was completely closed. On January 24th ocular paralysis had passed off; temperature was normal and the general condition good. The child made an uneventful recovery, and was discharged from hospital on February 13th.

The interesting features of this case are:

1. The extreme youth of the patient associated with such marked pathological sinus changes.
2. The exact causation of the ocular paresis. In my opinion this was due to a periostitis which spread backwards from the site of the abscess, which was related to the orbital surface of the lamina papyracea, and had caused a neuritis of the sixth nerve at the superior orbital fissure. This is probable, as this nerve occupies the most medial position of any of the structures in the superior orbital fissure.
3. The fact that the vision of the left eye remained unimpaired to visual tests throughout the illness.
4. The rapid disappearance of the ocular paresis which followed adequate surgical treatment.

DONALD A. P. MACALISTER,  
Coventry. F.R.C.S.Ed., D.L.O.

#### PERINEAL INJURY: TWO UNUSUAL CASES

The publication of the following records is warranted by the uncommon nature of the injury in each case.

#### CASE I

A married woman, 34 years old, three months pregnant, while going downstairs two hours previous to admission, tripped on one end of a loose stair-rod, which was sharp-pointed. She fell, and the rod, coming up like a tip-cat, entered her perineum. On admission to hospital three inches of the stair-rod were seen to be protruding from the left side of the perineum. The patient complained of great pain in the back, especially on attempting to move; there was some pain in the abdomen and the chest. There had been no vomiting, cough, or haemoptysis. The pulse was 86, the temperature and respirations were normal, and there was no evidence of shock. No abnormal physical signs were found in the chest or the abdomen.

Under ether anaesthesia the abdomen was explored through a right paramedian incision. It was found that the rod had traversed the vagina and transfixated the right broad ligament, passing beside the pregnant uterus. It had then crossed the pelvis without injuring any coils of gut, had pierced the external iliac vein as it lay in the angle between the internal and external iliac arteries, and had entered the substance of this muscle. Running upwards in the substance of this muscle, it had missed the renal vessels and the duodenum by a very narrow margin, and was next seen crossing the interval between the duodenum and the liver, disappearing into this latter organ.

The rod was removed gradually by traction on its lower end, and the point followed in its course. There was little bleeding from the liver, but when the rod was removed from the hole in the external iliac vein, which it had been plugging, the vein bled freely and had to be ligatured. The rent in the broad ligament was repaired and the abdomen closed, drains being left in the subhepatic and pelvic regions for twenty-four hours. On comparing the rod, which was 2 ft. 6 in. long, with the patient's body, it was evident that

the point must have reached the level of the manubrium sterni, after piercing the diaphragm and the lung.

Convalescence was uninterrupted, except for the coughing up on one occasion of an ounce or two of pus, presumably from a lung abscess which did not give any physical signs. There was no abdominal or perineal suppuration, and the pregnancy was continued, the patient being discharged fit and well. Unfortunately, however, labour at full term was complicated by intestinal obstruction from adhesion of a loop of gut to the laparotomy scar, and she died elsewhere.

It seems almost incredible that a sharp rod should run through the body from the perineum to the upper end of the thorax without seriously injuring anything more vital than the external iliac vein. An x-ray examination would have been interesting, but the patient's condition did not justify the extra unnecessary movement.

#### CASE II

A railwayman, aged 26 years, was riding on a van, and jumped off to alter the points. He missed his jump, and landed in a sitting position on the points lever, which penetrated his anus, and he had to be lifted off the lever by his friends. On admission to hospital he was in agony, with severe abdominal and perineal pain. He was not shocked, the pulse being 60 and the temperature 96°. There was considerable laceration and oedema of the anus, and board-like rigidity developed in the lower abdomen.

Under ether anaesthesia the abdomen was explored through a lower right paramedian incision. A considerable amount of free blood was encountered in the peritoneal cavity, and the first thing removed from the bottom of the pelvis was a piece of the patient's trousers, which had been carried up on the end of the lever. On clearing away the blood it was seen that the lever, which must have penetrated a distance of at least a foot, had ruptured the anterior wall of the rectum to the extent of two inches, and had then traversed the pelvis and torn a hole six inches across in the pelvic mesocolon, injuring the left external iliac vein, which was bleeding fast. The peritoneum was not grossly soiled with faeces. The vein was ligatured, the rents in the rectum and mesocolon were repaired, a left inguinal colostomy was performed, and the pelvis drained.

Convalescence was retarded by a considerable amount of pelvic suppuration. The temperature remained at the level of 102°-103°, and a quantity of pus was discharged from the anus; five days later another pint of pus was evacuated by an incision in front of the coccyx, following which the temperature fell to and remained normal. Five weeks after the first operation the colostomy was closed, and following a somewhat protracted period of healing the patient was discharged fit.

By a curious coincidence these cases were operated on within two days of each other, and in both the external iliac vein was found to be torn.

G. H. STEELE, M.S., F.R.C.S.  
Assistant Surgeon, Royal Surrey  
County Hospital, Guildford.

## Reports of Societies

### THE TEACHING OF OBSTETRICS

#### SYMPOSIUM OF OBSTETRICAL TUTORS

A discussion on the teaching of obstetrics, in which a large number of obstetric tutors took part, was held in the Section of Obstetrics and Gynaecology of the Royal Society of Medicine on May 20th, Mr. VICTOR BONNEY presiding.

Mr. EARDLEY HOLLAND, in opening the discussion, said that the advances in the teaching of obstetrics had been steady, but a great deal still remained to be done. It was only in 1886 that obstetrics became a necessary subject for qualification, and during all the years since then not only the obstetric teachers, but the British Medical Association, had done their best to secure improvement,

and had petitioned the General Medical Council to that effect. The General Medical Council had also done its best, but had been thwarted by the licensing bodies and the medical schools. In the post-war period events had moved much more rapidly. In 1919 the council of the present Section appointed a committee to inquire into the teaching of obstetrics and gynaecology, and an excellent and really bold report was produced. No fault was found with systematic teaching, but the practical instruction given was condemned, chiefly owing to the lack of facilities for in-patient teaching. The chief recommendation of that committee was for a great expansion of the in-patient lying-in departments, or for large maternity hospitals or centres with a whole-time head. The present regulations were issued by the General Medical Council in 1923, though they were not fulfilled in all the medical schools. The most significant thing that had happened in regard to the teaching of obstetrics in this country was the recent report of the Departmental Committee on Maternal Mortality and Morbidity. This was really the Magna Charta of obstetrics. The General Medical Council naturally lost no time in circulating the recommendations to the licensing bodies, but, of course, it was of no use for the General Medical Council to make regulations unless these were carried out by the bodies in question. The licensing bodies had rather turned down the suggestions of the Departmental Committee. The Conjoint Board policy was against the recommendations, but it was right to say that its policy was dictated by the inadequacy of the facilities at present in the London medical schools. The present discussion would no doubt largely centre on the teaching to be given to the undergraduate. What was the product which the schools aimed to turn out? All they could hope to do was to turn out a reasonably safe practitioner of midwifery, not an obstetric specialist. It was the custom to decry systematic lectures, but he believed most firmly in their value, because a difficult subject could be presented much more vividly and clearly in that way than by reading a textbook. As to clinical instruction, the principle that students should be taught on in-patients was so well established as to need no elaboration. Two points merited discussion: the optimum number of beds which it was desirable to have to give full value to the teaching, and also whether obstetric beds should form part of a general hospital to which a medical school was attached or should be in special hospitals like the maternity hospitals. The difficulty in providing beds had been the main problem all the way through, and London in this respect was in an unfortunate position. The present number of obstetric beds in the London hospitals associated with medical schools was 259. They were distributed as follows: Charing Cross, 19; Guy's, 21; King's College, 24; London, 21; Middlesex, 14; Royal Free, 37; St. Bartholomew's, 17; St. George's, 11; St. Mary's, 10; St. Thomas's, 21; University College, 52; Westminster, 12. In some cases the numbers might have been slightly increased since this compilation was made. The maternity beds represented about 7 per cent. of the total beds in the hospitals. These 259 beds ought to be capable of accommodating 6,000 cases in a year, given a fortnight a case. These would provide twelve cases each for 500 students; the disadvantage was the small units into which they were divided. The period of training had given rise to a great deal of discussion. He himself was in favour of six months' training, but it was of no use giving a six months' course unless the time could be fully occupied. At present the General Medical Council was inclined to lay more weight on a longer period of residential study than on a larger number of cases. He found his own students woefully ignorant of the anatomy and physiology of reproduction, and much of his time as a teacher was taken in teaching the student

## THE LATE DR. G. C. WALKER

A colleague sends the following note, supplementing the obituary published on May 7th. Dr. George Charles Walker, the oldest member of the British Medical Association, who died at Exmouth, aged 94, acted as medical officer to the s.s. *Great Eastern* when she was employed in laying the submarine cable to North America. He proceeded M.D. of St. Andrews, travelling by sea to Scotland to save the railway fare, and entered general practice at Bootle, where he was honorary physician to the borough hospital. In 1885 he moved to Southport, and in a few years built up an extensive consulting practice in mental and nervous diseases, being often called to Liverpool and Manchester. So busy was he for the next twenty years that when a stranger in a railway train one day asked him his age he replied at first 60 ; calculation showed that he must be 70, and he realized that there were ten years in his life so packed with work that he could remember nothing of them. After he passed the age of 70 he became less busy, and in 1921 retired to Exmouth. His devotion to his work, which had caused him to spend his holidays formerly in attending the Paris hospitals, still endured. Till the last week of his life he read the medical journals and kept up his plate, and was always glad to discuss cases or advise on points of medical etiquette. He belonged to the finest type of old English clinician, familiar in his youth with diseases such as typhus and plague, which are now unknown in English general practice ; but always ready to hear and receive new ideas, and very ready indeed to help the younger members of the profession he had served for so long.

Dr. ALFRED HERBERT MARSH, who died on March 10th at New Eltham, was born in 1864, and after studying medicine at Owens College, Manchester, obtained the L.S.A. in 1887. He earned his living as an unqualified assistant during his studentship, and for financial reasons was unable to proceed to further diplomas. He became assistant to Dr. T. Moreton of Northwich, and succeeded to the practice. After several years the onset and progress of severe deafness induced him to leave England for British East Africa, with the intention of taking up farming. He went to Nairobi, and took an x-ray outfit, among other medical equipment, for he had had experience in radiology since its inception in 1895. He joined the Röntgen Society about that time. His services were much in request, not only in x-ray work, but in pathology and obstetrics. He was very popular, and was elected a member of the Medical Council of Nairobi. In 1913, owing to increasing difficulty of hearing, he returned to England, and took up dairy farming. On the outbreak of the war he became radiologist at the Epsom Red Cross Hospital. In 1918 he was commissioned in the R.A.M.C. as radiologist to the No. 57 General Hospital in Marseilles, and was soon appointed x-ray specialist to the Marseilles base. On returning to England he was appointed radiologist at the Royal Herbert Hospital, Woolwich, where he worked for some years, and was later appointed radiologist to the London Jewish Hospital. His son, Dr. Frank Marsh, is now a pathologist with the Anglo-Persian Oil Company on the Persian Gulf.

Dr. W. HOWARD BLACKBURN, medical officer of health for Lowestoft since 1927, died on May 11th, aged 40. At Cambridge he graduated B.A. in 1914 with first-class honours in the Natural Sciences Tripos, and, after studying medicine at St. Bartholomew's Hospital, he qualified M.R.C.S., L.R.C.P. in 1916, and almost immediately took up a temporary commission in the Navy. After the war he returned to take his M.B. and Ch.B. degrees in 1921, and the D.P.H. in 1922. He then entered the public health service as deputy M.O.H. for St. Helens. A colleague writes: "Blackie" had an enormous capacity for work, and it was this intense love for his work which laid him low, in that his illness commenced with influenza when working at high pressure during an outbreak of diphtheria at Lowestoft. Despite his illness, however, he would not give up, and was in harness until practically the last, earning from the mayor the tribute that "it was

simply the way he gave himself up to his duty that was the cause of his death." Everybody who knew him regrets the passing of a colleague of the highest type and a staunch friend.

EVAN HERRING HARE, M.A., F.R.C.S., was born at Putney in 1851, and was educated at Guildford, West-minster, and St. John's College, Oxford. His death, which took place on April 25th, calls to mind experiences of more than half a century ago, when in 1876 Serbia, backed unofficially by Panslavist Russians, made war on Turkey. The British National Society for Aid to the Sick and Wounded in War, a society which had been formed to help the sufferers in the Franco-German war of 1870-1, was still in being, but was slow to act. Thereupon sympathizers with the Serbians organized the Eastern War Sick and Wounded Fund, under the chairmanship of Sir E. Letchmere, which sent out a number of surgeons under the direction of Mr. MacKellar of St. Thomas's Hospital to form an ambulance at the seat of war in Serbia. Those surgeons, of whom E. H. Hare was one, did good work at the front in difficult circumstances, for the commissariat and supply department was defective. Later in the year the British National Society took over the ambulance and sent out a party of surgeons under Mr. (afterwards Sir William) MacCormac, in which I held a warrant as dresser. My first acquaintance with Hare was in billets at a little village behind the front line. Subsequently I served with him in the British Ambulance in Belgrade, and accompanied him on a tour of the Drina front. For his services in this war he received the Gold Cross of the Order of Takova from King Milan of Serbia. In 1879 Hare served as a civil surgeon in Zululand under Sir Garnet Wolseley. After his return to London he resumed his studies, and obtained, in 1887, the diploma of Fellowship of the Royal College of Surgeons. Meanwhile he had gone into general practice, first at Kew and afterwards in Hornsey, where he settled in 1886, and where he lived for the rest of his life. He acquired a large practice, and became the valued friend of a large number of people in Hornsey, as the presence of a congregation of some five hundred at his funeral on April 29th testified. He took an active interest in local affairs, particularly in Church matters and the Boy Scout movement. He was chairman for four years of the Hornsey (Central) Conservative Association, and was also a Knight Companion of the Primrose League. Hare was a man whom many people trusted, and rightly, for he kept his head in trying circumstances ; it might have been said of him that he was "a good man to go tiger-shooting with." He lost two sons in the great war, and is survived by a widow, two sons, and two daughters.

E. M. L.

## Universities and Colleges

## UNIVERSITY OF OXFORD

It is proposed to confer the honorary degree of D.C.L. upon Lord Moynihan, P.R.C.S., immediately before he delivers his Romanes Lecture on Wednesday, June 8th, on "The Advance of Medicine."

## NATIONAL UNIVERSITY OF IRELAND

At its meeting on May 19th the Senate decided that the honorary degree of M.D. should be conferred upon Sister Anna Dengel, B.Sc., M.B., B.Ch., B.A.O., foundress and first Superioress-General of the Society of Catholic Medical Missionaries.

## ROYAL COLLEGE OF SURGEONS OF EDINBURGH

A meeting of the Royal College of Surgeons of Edinburgh was held on May 16th, when Mr. John Wheeler Dowden, president, was in the chair. The following fourteen successful candidates out of eighty-two entered, who passed the requisite examinations, were admitted Fellows:

C. B. C. Anderson, P. M. Ballantyne, J. Bruce, S. K. Chatterji, D. P. de Villiers, D. McK. Dickson, D. Gamsu, E. R. G. Kirkpatrick, H. B. Lieberman, W. Patrick, L. L. Playfair, G. L. Reid, J. K. S. Thomson, R. L. Verco.

The Liston Victoria Jubilee Prize, instituted in 1887 by Dr. Robert Halliday Gunning and awarded triennially for the greatest benefit done to practical surgery by a Fellow or

Licentiate of the College, has been awarded to Norman McOmish Dott, F.R.C.S.Ed.

The Ivison Macadam Memorial Prize was, after a competitive examination in organic and inorganic chemistry, awarded to Mr. B. Wiesenfeld.

The Henry Arthur Dalziel Ferns Bursary was, after a competitive examination in organic chemistry in its application to medicine, awarded to G. B. Drummond.

The Bathgate Memorial Prize was, after a competitive examination in *materia medica* and therapeutics, awarded to M. B. Spiegel.

#### SOCIETY OF APOTHECARIES OF LONDON

The following candidates have been approved at the examination indicated:

MASTER OF MIDWIFERY.—R. G. Bradford, W. A. Rees, J. L. M. Wood.

#### CONJOINT DIPLOMA IN MEDICAL RADIOLOGY

Regulations have now been issued for the diploma in medical radiology (D.M.R., R.C.P. and S.Eng.) which has recently been instituted by the Royal College of Physicians of London and the Royal College of Surgeons of England. The examination is divided into two parts, the first comprising physics as applied to radiology, the second medical radiology, with special reference to its clinical application, including radio-diagnosis, x-ray therapy, and radium therapy. Both parts will be held in June and December of each year. Candidates may enter for them either together or separately, subject to the production of the required certificates. The course for the diploma extends over one academic year (nine months) of full-time study subsequent to the attainment of a recognized medical qualification. At the discretion of the committee of management the conditions of admission may be modified in special cases, but exemption will not be granted from any part of the examination. A syllabus has been drawn up for Part I of the examination, but not for Part II. The fee for admission or readmission to each part is six guineas. Copies of the regulations may be obtained from the secretary, at the Examination Hall, 8-11, Queen Square, W.C.1.

### The Services

#### ROYAL ARMY MEDICAL COLLEGE

The War Office announces that the prizewinners in the junior class of instruction for officers of the Royal Army Medical Corps and the Indian Medical Service at the Royal Army Medical College, at the session which terminated on April 29th last, were as follows:

*Herbert Prize (Highest Aggregate) and Fayrer Memorial Prize (Pathology):*

Lieutenant F. A. B. Sheppard, M.B., B.S. (Melbourne University), I.M.S.

*Marshall Webb Prize (Military Medical Administration):*

Lieutenant P. T. L. Day, M.R.C.S., L.R.C.P. (Guy's Hospital), R.A.M.C.

*Parkes Memorial Prize (Hygiene):*

Captain W. Happer, M.B., Ch.B., M.R.C.P. (Edinburgh University), I.M.S.

*De Chaumont Prize (Hygiene):*

Lieutenant J. M. Low, M.R.C.S., L.R.C.P. (St. Mary's Hospital), R.A.M.C.

*Ranald Martin Prize (Tropical Medicine):*

Lieutenant M. Sendak, M.B., B.S., M.R.C.S., L.R.C.P. (St. Mary's Hospital), I.M.S.

*Tulloch Memorial Prize (Pathology):*

Lieutenant R. D. Macrae, M.B., Ch.B., D.P.H. (Aberdeen University), R.A.M.C.

*First Montefiore Prize (Military Surgery):*

Lieutenant R. I. Reid, M.B., B.Ch., B.A. (Trinity College, Dublin), I.M.S.

*Second Montefiore Prize (Military Surgery):*

Lieutenant W. A. N. Marrow, M.R.C.S., L.R.C.P. (Middlesex Hospital), I.M.S.

#### TERRITORIAL ARMY MEDICAL OFFICERS' ASSOCIATION

The annual meeting and dinner of the Territorial Army Medical Officers' Association will be held at the Dorchester Hotel on Saturday, May 28th. Meeting, 7.30 p.m. Dinner, 8 p.m. Tickets 12s. 6d. (exclusive of wines). All Territorial Army medical officers (active and retired) are invited to be present. The honorary secretary's address is 37, Russell Square, W.C.1.

### Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons spent four days this week in committee on the Finance Bill, and then discussed the Sunday Entertainments Bill. Legislation is expected at an early date on miners' hours.

Amendments tabled to the National Health Insurance and Contributory Pensions Bill include one in the name of Dr. Fremantle. This proposes that insured married women, with the exception of those re-entering full-time employment, shall cease to be entitled to standard benefits and become entitled to benefits on a special scale, including a single maternity benefit within two years of the date of marriage and medical benefit for a period of approximately eighteen months after marriage. The same amendment is backed by members in touch with the friendly societies.

Mr. Groves had given notice to present, on May 24th, a Bill to lay down minimum wages and maximum hours for the nursing profession. Mr. Groves was not present, and the Bill was not moved.

#### Children's Bill

The Children and Young Persons Bill passed through the report stage in the House of Commons on May 12th. Mr. RHYS DAVIES proposed a new clause to provide that no person under the age of 18, not being a child, should be employed more than forty-eight hours in any week. Lady ASTOR later moved a new clause authorizing local authorities to make by-laws prescribing the number of hours to be worked by such young persons in certain trades. After a long discussion both proposals were defeated, Sir HERBERT SAMUEL and Mr. OLIVER STANLEY arguing that the Bill was not appropriate for dealing with the matter. Sir Herbert Samuel added that a convention was being negotiated at Geneva on the employment of children. The British Government anticipated that legislation would be needed to implement that convention. Other amendments were made at the instance of the Government. One exempted from the Infant Life Provisions and Part I of the Children's Act all institutions certified or approved by the Board of Control and in which no children or young persons are received who are not mental defectives.

#### Sanitary Condition of British Ships

On May 24th Mr. RUNCIMAN told Mr. Logan that he was aware that the medical officer of health to the Port Sanitary Authority of Manchester had stated in his report for 1930 that, of 1,324 British vessels entering the port of Manchester in that year, 395 had been found on inspection to be insanitary. That number covered defective as well as insanitary vessels, and in many cases the ships had small defects due to voyage damage or wear and tear, which were remedied before the ships sailed again. The action taken to improve the crew accommodation in British ships was indicated in a statement which the President of the Board of Trade circulated on July 7th. As regards mortality due to disease arising from the character of the occupation, the special investigation, of which the House was informed on December 24th, 1929, had been completed, and the report would be published as soon as possible. It would show that the shipping industry did not compare unfavourably with other industries in that respect.

*Animals for Experimental Purposes.*—Relying to Sir Robert Gower on May 13th, Mr. DUFF COOPER, for the War Office, said that in the year 1931, eleven animals—not horses or dogs—were used at the Physiological Laboratory, Cambridge, for chemical defence experiments. At the Chemical Defence Research Establishment, Porton, 579 animals were so used, none being horses or dogs. In 1932, from January to April, no animals were employed for this purpose at the Cambridge Laboratory; 127 at Porton, but no horses or dogs.

## Medical News

The King, on the recommendation of the Home Secretary, has approved the appointment of Mr. Digby Cotes-Preedy, K.C., M.A., LL.M.Cantab., L.S.A.Lond., to be Recorder of Oxford. Mr. Cotes-Preedy was in 1903 house-physician to St. George's Hospital, and was called to the Bar in 1904.

H.R.H. the Princess Royal will open the new pavilion of the Country Branch of the Hospital for Sick Children, at Tadworth Court, Surrey, on Monday, May 30th, at 3.30 o'clock.

The City of London Corporation will entertain the delegates of the annual meeting of the Association of Port Sanitary Authorities at dinner in the Guildhall on Thursday, June 9th, at 7.30 p.m.

The annual general meeting of the London and Counties Medical Protection Society will be held at Victory House, Leicester Square, W.C.2, on Wednesday, June 1st, at 4 p.m. It will be preceded by an extraordinary general meeting at 3.30 p.m.

The Physical Society of London and the Optical Society will hold a joint discussion on "vision" at the Imperial College of Science and Technology, South Kensington, on Friday, June 3rd (first session, 2.30 to 5.30 p.m.; second session, 7 to 9.30 p.m.). Twenty-eight papers by British and foreign contributors have been promised. Visitors will be cordially welcomed. No tickets are required.

The Fellowship of Medicine and Post-Graduate Medical Association reminds its members that the first of a series of four lecture-demonstrations, on Wednesdays at 5 p.m., will be given on June 1st, at the Royal Free Hospital, by Dame Louise McIlroy. Professor A. J. Hall will give the first of his three lectures on epidemic encephalitis at 11, Chandos Street, Cavendish Square, at 8.30 p.m. on June 2nd. A demonstration on splenic enlargement will be given at 10, Bedford Square, W.C., on June 1st, at 8.30 p.m. Forthcoming whole-day courses include medicine, surgery, and the specialties at the Prince of Wales's Hospital, Tottenham, June 6th to 18th, gynaecology at the Chelsea Hospital for Women, June 6th to 18th; diseases of the chest at the Victoria Park Hospital, June 6th to 18th. A course in diseases of children will take place from June 25th to July 9th at the Children's Clinic and other hospitals, and a week-end course in diseases of the chest will be given on June 25th and 26th at the Brompton Hospital. A fortnight's course in dermatology will take place at the Blackfriars Skin Hospital from June 27th to July 9th, in the afternoons.

The twelfth international congress of neurology will be held at La Salpêtrière, Paris, on May 31st and June 1st, when the subject of discussion will be recent advances in the clinical knowledge, morbid anatomy, pathogenesis and treatment of epilepsy, introduced by Foerster of Breslau, Pagniez and Crouzon of Paris, and Abadie of Bordeaux.

At the meeting of the Claro Area guardians' committee of the West Riding County Council, held on May 20th, Dr. B. Holroyd of Pannal, near Harrogate, was unanimously elected chairman for 1932-3. This is the third successive year in which Dr. Holroyd has been so appointed.

The report on the Lebanon Hospital for Mental Diseases (Asfuriyeh, near Beirut), by Professor Watson Smith, who has been medical director for twenty-three years, was presented at the annual meeting of subscribers held in London on May 4th. From a small beginning, this voluntary hospital has become one of the most important branches of the Public Assistance and Medico-Legal Services of Syria, and its benefits to the individual are indicated by the fact that 3,714 patients have now been under treatment there. Dr. E. W. G. Masterman, the chairman of the London Committee, presented the general report, and pointed to the steady progress made year by year and the importance of the international character of the hospital.

The first issue appeared in April of a new Italian periodical entitled *Rassegna Internazionale di Oto-rinolaryngologia*. It is composed of very brief abstracts of articles on diseases of the ear, nose, and throat, which have been published in the leading medical journals of the world. Professor G. Bilancioni, president of the Italian Society of Oto-rhino-laryngology, contributes a commendatory foreword, in which he emphasizes the need of such a publication, which will enable investigators in these branches of medical science to be notified of the advances made throughout the world. The editor of the new periodical is Professor G. Guida, and the annual subscription is 30 lire. The editorial address is Via Nomentana 41, Rome.

The issue of *Paris médical* for May 14th contains an account by Professor Laignel-Lavastine of the life and work of Professor Jean-Alfred Fournier, the centenary of whose birth was recently celebrated in Paris.

Early last year the Hungarian Minister of Public Welfare and Labour offered a prize of 2,000 Swiss francs for original work on the aetiology of trachoma, and appointed as a jury of award Mr. A. F. MacCallan (London), Dr. Victor Morax (Paris), Professor L. Maggiore (Bari, Italy), Professor Carl Praussnitz (Breslau), and Professor Emile de Grósz (Budapest). On the recommendation of the jury the prize has been awarded jointly to Drs. Ugo Lumbroso (Tunis) and J. Taboriski (Palestine). Drs. Cattaneo (Sassari), P. Olitsky (New York), Röth and Kanyó (Budapest), and C. Trapezontzewa (Moscow) receive honorable mention.

The Karl Ludwig medal, which is awarded annually for the best original work on diseases of the circulation, has been awarded to Professor Friedrich Moritz of Cologne.

The Berlin square formerly known as the Luisenplatz has been renamed Robert Kochplatz.

## Letters, Notes, and Answers

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## QUERIES AND ANSWERS

### Treatment of Moles

"M" writes: A lady who is now 27 years of age developed a mole on the nape of her neck three years ago. Since that time other moles have appeared on the face and neck at irregular intervals. The original mole, when I saw it recently, measured 3 cm. in diameter, and was of a dark melanotic colour; the others are of varying but smaller size, and their colours are stated by the lady to be getting darker. None are pedunculated. Sundry treatment by various specialists has been suggested, and any advice given to the lady that x rays or radium should be used is promptly negatived by her, since she is afraid that melanotic sarcoma may develop as a result. I would be glad to hear of any alternative suggestions for treatment.