

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

RIGHT-SIDED ARTIFICIAL PNEUMOTHORAX COMPLICATED BY ALMOST COMPLETE LEFT-SIDED SPONTANEOUS PNEUMOTHORAX

(With Special Plate)

A girl, aged 14, whose father died of pulmonary tuberculosis two years ago, was admitted to Winsley Sanatorium on December 9th, 1931. A history of whooping-cough when she was 9 years old, followed by small spasmodic haemoptyses, which reacted to none of the usual measures, was given by her mother.

On admission no definite physical signs were found, and a radiograph (Fig. 1 on Plate) showed bilateral shadows, if anything more pronounced on the right side. These shadows were more marked than they should have been. She had no clubbing, and as the symptoms did not point to a bronchiectasis we did not inject lipiodol. She was treated by routine sanatorium methods, and her weight improved by 9 lb. Temperature, pulse, respiration, etc., were all normal, but the small haemoptyses still continued. The sputum was examined seven times, but no tubercle bacilli were ever found. The haemoptyses bore no relationship to her sex, as she has not menstruated while here. The Mantoux test was done, and gave a slight positive reaction.

On March 15th, 1932, it was decided to do a right-sided artificial pneumothorax. This was completely successful and uneventful. The readings were:

March 16th	- 10	- 2
	500 c.cm.	
	- 5	± 2
March 17th	- 12	- 6
	500 c.cm.	
	- 8	- 3
March 18th	- 11	- 4
	650 c.cm.	
	- 6	- 2

In five subsequent ones the final pressures were all negative.

The haemoptyses lessened and stopped on April 5th. She was up all day, walking half an hour in the morning and in the afternoon. On April 16th we thought we would increase the final pressures to a positive pressure, and decided at the same time to take the pressures in the contralateral side for information. The screen on this day showed that the right lung was collapsed to about one-sixth of the normal size. The readings were:

Right (artificial pneumothorax) side	- 2	+ 2
	300 c.cm.	
	- 2	+ 4
Contralateral side	...	- 7 - 2

These contralateral readings remained constant during the refill, and we obtained the reading absolutely at once.

That night she complained of pain on the left side, and of "feeling her heart stop," but this we put down to nervousness due to the pressures being taken on both sides, and to the fact that patients receiving artificial pneumothorax, with their pseudo-intelligence, are very knowledgeable about the whole matter. On April 18th she was screened, and nothing abnormal was found. The extra pressures had apparently no marked effect on the collapse, and the contralateral side was in its usual condition. She was, of course, kept in bed, and on April 22nd was screened, when, to our intense surprise, we found an almost complete spontaneous pneumothorax on the contralateral side, and the artificial pneumothorax side showed that the lung had come, or had been pushed out, to fill over one-half of the normal space of the right chest (Fig. 2). During this time the temperature, pulse, and respiration remained practically normal. Some fluid was present in the left costo-diaphragmatic angle.

The astounding feature of this case is the fact that she survived the spontaneous pneumothorax. Now the patient

feels well, and is anxious to get about. Both lungs are expanding, and we have decided to let them out now, as we think it too dangerous to risk any further accident.

JAMES D. MACFIE, M.B., Ch.B.,
Senior Resident Medical Officer, Winsley
Sanatorium.

ARTHUR J. P. ALEXANDER, M.D., M.R.C.P.I.

HYDATID CYST IN LUNG

(With Special Plate)

The following case of hydatid disease of the lung, which was successfully operated upon, was thought to be of sufficient interest to justify publication.

HISTORY OF CASE

An Armenian woman, aged 53 years, was admitted into the Medical College Hospital on July 16th, 1931, for the treatment of fever, headache, pains all over the body, and a ticklish throat cough of three days' duration.

She had had an attack of typhoid fever when 3 years of age. Ten years ago she hurt herself on the head, and since then she has had headaches off and on. Six years ago she sustained an injury and had haematuria, owing to it, only once. She had all her teeth extracted on account of pyorrhoea six months back.

Physical examination revealed that the patient was well built; there was no anaemia, no cyanosis, no jaundice. Temperature on admission was 99.4° F., pulse 84, and respirations 22. There was a slight bulging of the right infra-clavicular fossa and a little downwards. Vocal fremitus was markedly diminished in front on the right side in the upper three interspaces, which were also dull on percussion, and over which the breath sounds were absent. No hydatid thrill could be elicited. Breath sounds were also diminished on the right side on the back in the upper part. Vocal resonance was markedly diminished in front over the right three upper interspaces; no adventitious sounds were present over this area. The remaining portion of the right lung and the whole of the left lung were normal. Apex of the heart was in the normal position. Spleen was palpable about four finger-breadths below the costal margin; lower border of the liver not palpable. Upper border was in the sixth rib in the mid-clavicular line, and in the eighth rib in the mid-axillary line. There was no other abnormality in any of the organs.

The blood was normal. There were no parasites; Napier's and Chopra's tests were negative. Blood pressure 120/85. Wassermann reaction strongly positive. Urine was normal. The patient, having recovered from her fever, was subjected to a radiological examination of the chest on July 22nd. This revealed a well-defined circular opaque shadow on the right side, extending from the level of the second rib downwards to the seventh rib and medially up to the right border of the sternum (see Plate).

An exploratory puncture was next made in the right third space in the mid-clavicular line, and 5 c.cm. of crystal fluid was withdrawn. Microscopical and cultural examination of the fluid was negative. A clinical diagnosis of hydatid cyst was given, and as the cyst was of the size of a foetal head in the immediate vicinity of the heart, a consultation was held with my surgical colleague, Mr. Panchanon Chatterjee, whereupon it was decided that it should be removed. She was therefore operated upon on August 1st by my surgical colleague in my presence. A cyst about the size of a foetal head was found, which originated in the visceral pleura between the middle and lower lobe of the right lung, and was overhung on all sides by a thin lung tissue. The medial wall of the cyst was almost in contact with the heart. Fluid removed from the cyst showed hydatid scolices (see Plate).

COMMENTARY

Physical examination of the chest suggested a localized cyst, but the correct diagnosis was only possible on the strength of the characteristic shadow and the nature of the fluid withdrawn by exploratory puncture, in conjunction with the history of absence of symptoms and

a good general health. The microscope failed to shed any light on this case before the operation. It is curious that there were no eosinophilia in the blood. The complement-fixation test could not be performed, as there was no hydatid antigen available in the pathological department.

U. P. BASU, M.B., F.R.C.P.I.

Calcutta Medical College Hospital.

AN UNUSUAL FOREIGN BODY IN THE FINGER

(With Special Plate)

The following case seems worthy of record on account of the unusual nature of the foreign body, and also, perhaps, because of the ease with which it was removed.

A girl, aged 4, suffering from chicken-pox, had her temperature taken by her mother. As the mother shook the thermometer down the child put out her right hand to seize it, and struck the thermometer, with the result that the bulbous end broke and penetrated the middle finger near its base. The little punctured wound did not heal completely, and a swelling developed at the side of the proximal phalanx.

The child was first seen seven weeks after the accident. The swelling was by then a well-defined nodule under the skin (which was a little reddened over it), was mobile under the skin and over the bone, and was not tender. A radiograph (Fig. 1 on Plate) showed mottling, with very opaque dots in the area of the swelling, quite obviously due to the presence of droplets of mercury from the thermometer. An incision exposed a fibrous nodule, which was easily excised entire. Fig. 2 is a radiograph of this nodule shrunk down after removal.

I am indebted to Dr. Ulysses Williams for the radiographs, and to Mr. Pearce Gould for permission to publish the case.

GEORGE S. R. LITTLE, M.R.C.S., L.R.C.P.

London, E.C.1.

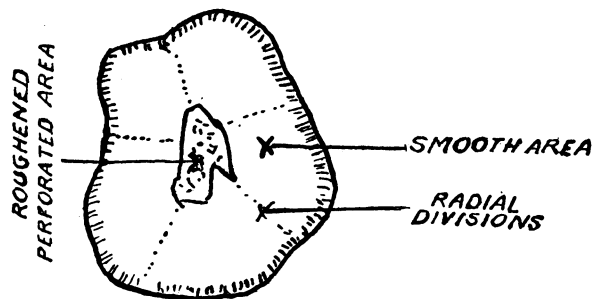
DIVERTICULUM OF DUODENUM ASSOCIATED WITH CALCULUS FORMATION

The following case appears to be sufficiently unusual to warrant report.

The patient was a woman, aged 49. An interesting point in her previous medical history is that she had a carcinoma of the cervix (confirmed histologically) treated six years ago by panhysterectomy, by my father, without any signs of recurrence, either clinically or detectable on examination at operation. She was extremely neurotic and introspective, which made her symptoms difficult to assess, but out of a variety of complaints emerged the following. (1) For four years she had had flatulent dyspepsia. She had never been jaundiced. (2) She had a dull aching pain in the right hypochondrium. (3) She had had attacks of acute pain starting in the above situation, radiating to the back and accompanied by bilious vomiting. Seen during an attack, there was rigidity and tenderness in the right hypochondrium. A "straight" x-ray was negative, and the gall-bladder was not outlined after the administration (orally) of dye. A diagnosis of gall-stones was made, and the patient eventually consented to operation.

The abdomen was opened by a right upper paramedian incision. The gall-bladder and ducts were found to be free from gall-stones, and apparently normal. The stomach, pylorus, and first part of the duodenum were normal, as were both kidneys. A small, hard, movable mass was detected in the base of the transverse mesocolon, to the inner side of the second part of the duodenum. This was exposed, and was found to be formed by a diverticulum about the size of a normal gall-bladder, arising by a narrow neck from the posterior surface of the duodenum in the neighbourhood of Vater's ampulla. The neck was crushed, ligatured, divided and infolded, and the diverticulum removed. The appendix was removed and a general examination of the pelvis made, which, as stated above, disclosed no signs of recurrence of malignancy.

The patient made an uninterrupted recovery, and has been free from symptoms since. The diverticulum was found to contain a large annular stone about one inch in diameter, nearly perforated in the centre, apparently consisting mainly of cholesterolin, and faintly divided radially into sections. It appeared as though it might have been formed by the fusion of a series of smaller stones in a circle.



DISCUSSION

Diverticulum of the small intestine is comparatively rare. The causes are:—(1) Mechanical: (a) increase of pressure from within, the cause of this in duodenal diverticula, according to Keith, being "enteroptosis and partial obstruction of the duodeno-jejunal junction"; (b) weakness of the wall, the diverticula usually occurring at the line of entry of the vessels. (2) Developmental: (a) Meckel's diverticulum; (b) pancreatic rests at the ampulla of Vater or the opening of the duct of Santorini, or, in the case of certain diverticula of the ileum, resulting from accessory pancreatic tissue. (3) Inflammatory: (a) in appendicular diverticula; (b) in diverticula associated with duodenal ulcer.

Duodenal diverticula occur most commonly in the neighbourhood of the ampulla of Vater, after that in the first part, and lastly in the third part of the duodenum. It would appear that in this case the cause was mainly mechanical, with a possibility of a pancreatic factor, though unfortunately the diverticulum was not examined histologically. The question arises as to where the stone originated. It appears to consist of sections welded together into a ring. Wherever it or its component parts first started to form—as, for instance, in the gall-bladder—it is quite obvious that it could not have passed down the ducts in its final state. Its ultimate development must therefore have taken place in the diverticulum in which it was found. Which was the primary condition, diverticulum or stone, is difficult to say.

V. C. J. HARRIS, B.A., M.B.Cantab.,

F.R.C.S.Ed.,

Honorary Surgeon, West Cumberland
Hospital, Whitehaven.

Reports of Societies

PHYSIOLOGICAL EFFECTS OF ALUMINIUM

At the meeting of the Society of Public Analysts held at Burlington House on June 1st, Dr. L. H. LAMPITT, Mr. N. D. SYLVESTER, and Mr. P. L. BILHAM presented technical reports on the determination of aluminium in foods, and Dr. J. H. BURN read a paper on the physiological effects of aluminium.

Dr. Burn recalled that the first extensive investigation of the physiological effects of aluminium salts was made in 1886 by Siem, working under H. H. Meyer. Siem found that doses corresponding with 30 to 40 grains of alumina for a man had no effect whatever when administered by mouth to cats daily for four weeks. When the aluminium salt was injected under the skin, the fatal dose varied from 0.25 to 0.30 gram of alumina per kilogram.

D. KYLE: SPINA BIFIDA WITH DISLOCATION OF SPINE

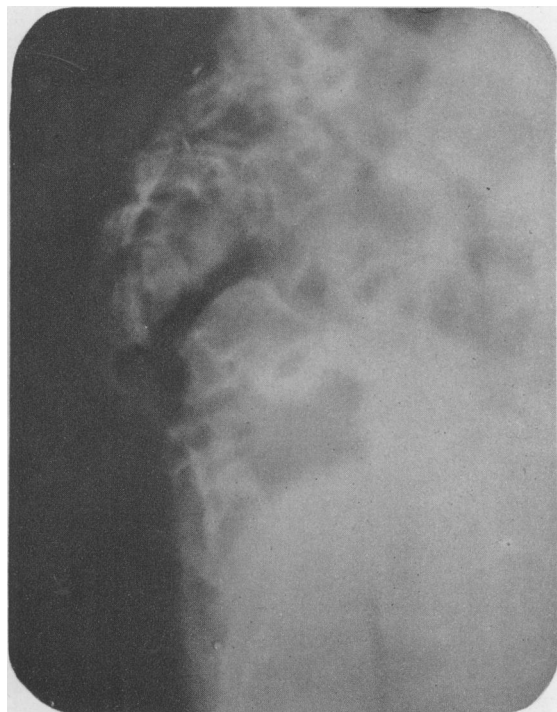


FIG. 1.—Lateral view of lumbar spine (reduced).



FIG. 2.—Associated trophoneurosis of terminal phalanx of left great toe (antero-posterior view—actual size).

J. B. G. MUIR: REMOVAL OF ASCARIS FROM
COMMON BILE DUCT



FIG. 1.—Gall-bladder cut open to show proximal portion of worm protruding into lumen. Distal portion, from common duct, alongside.

G.S.R. LITTLE: UNUSUAL FOREIGN
BODY IN FINGER



FIG. 1. — Radiograph showing droplets of mercury in area of swelling.

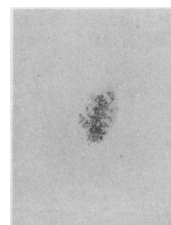


FIG. 2. — Radiograph of fibrous nodule shrunk down after removal.

JAMES D. MACFIE AND A. J. P. ALEXANDER: RIGHT-SIDED ARTIFICIAL PNEUMOTHORAX
COMPLICATED BY ALMOST COMPLETE LEFT-SIDED SPONTANEOUS PNEUMOTHORAX

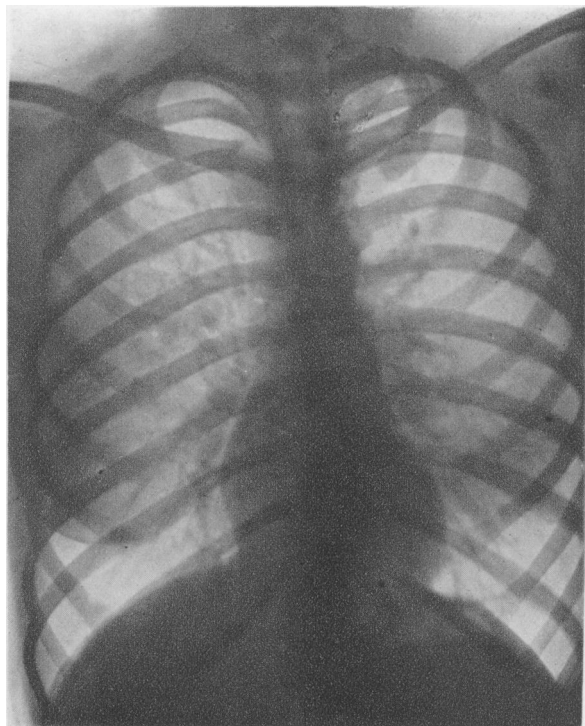


FIG. 1.—Radiograph taken January 12th, 1932.

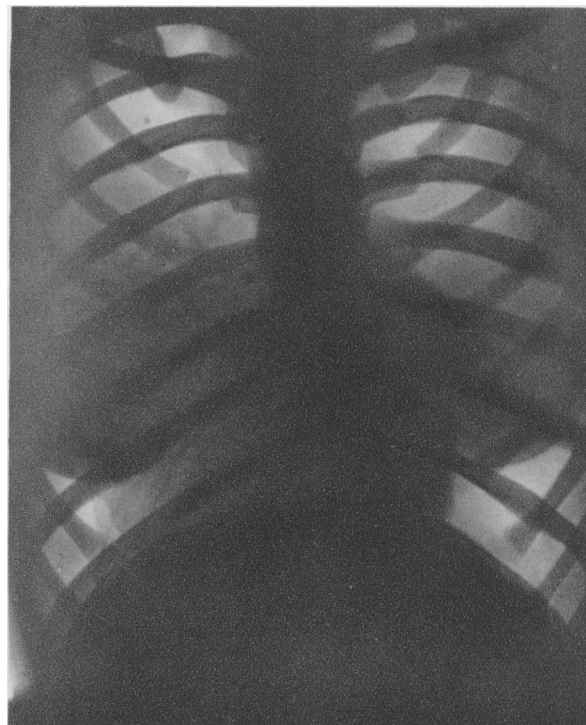


FIG. 2.—Radiograph taken April 22nd, 1932.

U. P. BASU: HYDATID CYST IN LUNG

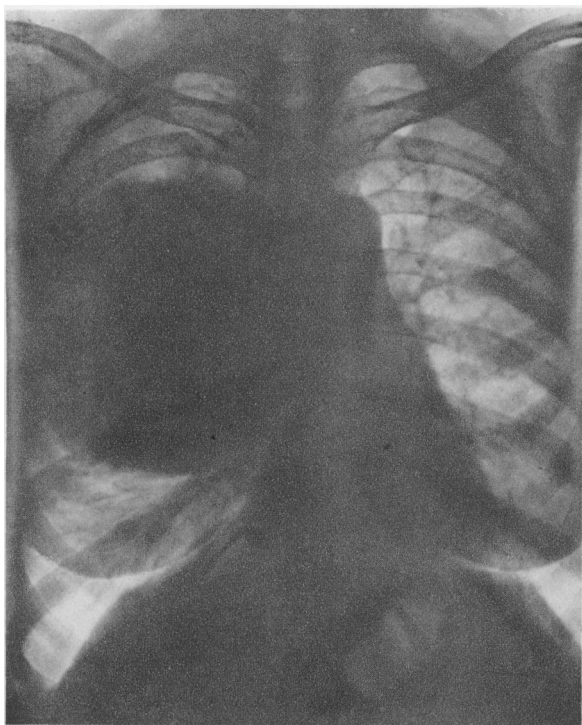


FIG. 1.—Showing well-defined circular opaque shadow of hydatid cyst originating in the visceral pleura of the right side.



FIG. 2. — Photo-
micrograph of brood
capsule with scolex
invaginated and double
row of hooklets.

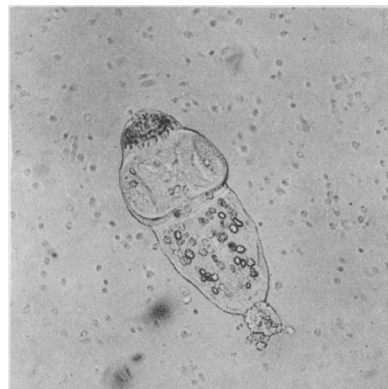


FIG. 3. — Photo-
micrograph of scolex
(low-power).

THE BIRTHDAY HONOURS

The Honours List issued on June 3rd, on the occasion of His Majesty's birthday, includes the names of the following members of the medical profession.

K.C.M.G.

Lieut-General Sir JOHN GOODWIN, K.C.B., C.M.G., D.S.O., F.R.C.S., Governor, State of Queensland.

K.B.E.

Wing Commander LOUIS GREIG, C.V.O., M.B., Ch.B. For public services to many social and welfare organizations.

Knights Bachelor

HENRY BRITTEN BRACKENBURY, LL.D., M.R.C.S., L.R.C.P., Chairman of Council of the British Medical Association.

ALBERT RUSKIN COOK, C.M.G., O.B.E., M.D. For long and devoted medical work among natives in Uganda Protectorate.

FRANCIS EDWARD FREMANTLE, O.B.E., T.D., M.D., F.R.C.P., F.R.C.S., J.P., D.L., M.P. for St. Albans since December, 1919. For political and public services.

RICHARD ARTHUR NEEDHAM, C.I.E., D.S.O., Colonel I.M.S. (ret.), M.D., F.R.C.P.Ed., Inspector of Medical Education in India, 1924-30.

ARTHUR STANLEY WOODWARK, C.M.G., C.B.E., M.D., F.R.C.P., D.L., lately Medical Arbitrator for Trade Union and Friendly Societies Insurance Funds. For political and public services.

C.B. (Military)

HENRY EDWARD MANNING DOUGLAS, V.C., C.M.G., D.S.O. (late Major-General R.A.M.C.), D.D.M.S., Southern Command, India.

Air Vice-Marshal JOHN MCINTYRE, M.C., M.B., B.Ch., K.H.S., Director of Medical Services R.A.F.

C.B. (Civil)

HAMILTON CLELLAND MARR, M.D., C.M., F.R.F.P.S., Senior Medical Commissioner, General Board of Control for Scotland.

C.S.I.

Brevet-Colonel FREDERIC PERCIVAL MACKIE, O.B.E., M.D., F.R.C.S., F.R.C.P., K.H.S., I.M.S., late Director of the Haffkine Institute, Bombay, and Senior Member, Medical Research Department, Government of India.

C.I.E.

Colonel HARRY MALCOLM MACKENZIE, M.B., Ch.B.Ed., D.P.H.Cantab., I.M.S., Inspector-General of Civil Hospitals, Punjab.

C.V.O.

MORTON SMART, D.S.O., M.D., Commander R.N.V.R.

C.B.E. (Civil)

RUSSELL JOHN REYNOLDS, M.B., B.S., D.M.R.E., Honorary Adviser in Radiology to Ministry of Pensions.

PERCY JAMES KELLY, M.B., Surgeon General, British Guiana.

O.B.E. (Military)

Temporary Major ERNEST KENNETH CAMPBELL, M.B., F.R.C.S., R.A.M.C.

Temporary Major HUGH DAVIES-COLLEY, F.R.C.S., R.A.M.C.

O.B.E. (Civil)

M. R. RY RAO BAHADUR MANGALORE KESAVA PAI AVARGAL, Director, Tuberculosis Institute, and Superintendent, Tuberculosis Hospital, Madras.

SEEMAMPILLAI FRANCIS CHELLAPPAH, Senior Medical Officer, Cyprus.

ANDREW CONNALL, M.D., late W.A.M.S. For services as Deputy Director, Laboratory Services, Nigeria.

RALPH STRANSHAM OLDHAM, M.D., B.Ch., P.M.O. Ministry of Pensions.

HUGH BRINDLEY OWEN, D.S.O., M.B., East African Medical Staff, Medical Superintendent and Principal, Medical College, Mulago, Uganda Protectorate.

HARRY CHAPMAN SINDERSON, M.D., Dean, Royal College of Medicine, and Physician, Royal Hospital, Ministry of the Interior, Iraq.

Major DAVID REES THOMAS, M.B., Ch.B.Ed., I.M.S., Chemical Examiner to Government of Punjab.

M.B.E.

ZACHARIUS CONSTANTINOU ZARDIS, District Medical Officer, Second Grade, Cyprus. For services during the disturbances in Cyprus in October, 1931.

Kaisar-i-Hind Medal (Bar)

RAI BAHADUR LALA MATHRA DASS, Honorary Assistant Surgeon to H.E. the Viceroy.

ERNEST MUIR, LL.D., M.D., F.R.C.S.Ed., Mission to Lepers and Research Worker in Leprosy, School of Tropical Medicine, Calcutta.

Kaisar-i-Hind Medal (First Class)

Mrs. MARY O'BRIEN BEADON, M.B., B.S., L.S.A., Principal, Lady Hardinge Medical College, Delhi.

MISS HELEN MARION FRANKLIN, M.B., B.S., Superintendent, Lady Reading Hospital, Simla.

ALBERT HAILEY HENDERSON, M.D., Medical Missionary, American Baptist Mission, Taunggyi, Burma.

CHARLES EDWARD VAIL, M.D., F.C.A.S., Surgeon and Physician, American Presbyterian Mission Hospital, Miraj, Bombay.

A Viscounty has been conferred upon Lord BUCKMASTER, chairman of the governing body of the Imperial College of Science and Technology. Lord STANMORE, treasurer of St. Bartholomew's Hospital since 1921, has been created a Privy Councillor.

LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY

The annual meeting of the London and Counties Medical Protection Society was held at Victory House, Leicester Square, London, on June 1st, with Sir JOHN ROSE BRADFORD in the chair.

In submitting the annual report, the PRESIDENT said that the work of the Society was steadily increasing, and many grave cases had come within its purview. During the year 808 new members had joined the Society, and it was interesting to note that of this number 344 joined within the first year after qualification. The finances were in a very satisfactory condition, with a credit balance on the year's working of £3,640, and accumulated funds amounting to over £50,000. Several serious losses by death had been sustained by the Society during the year, including that of Mr. T. E. L. Oakley of Messrs. Le Brasseur and Oakley, who had been its solicitors for nearly forty years. Following the death in the previous year of Mr. A. G. R. Foulerton, the financial secretary, it was decided to reorganize the secretaryship of the Society, and instead of having two secretaries, to concentrate the responsibility in one individual. No one had so intimate a connexion with the Society's work as Dr. C. M. Fegen, who had served as chairman of council, and it was felt that if he could be persuaded to take up the secretaryship it would be a very fortunate thing for the Society. Dr. Fegen had consented to be nominated, and he (the president) proposed his name with much satisfaction for that office. The resolution was unanimously carried, and Dr. FEEN, in returning thanks, mentioned that the Society was actually started in his own house, forty years ago, in Suffolk. The PRESIDENT then went on to say that the Society had been served with singular devotion over a long period of years by Dr. Hugh Woods. When the reorganization scheme was proposed Dr. Woods placed himself in the hands of the council, and said that he was willing to retire if that would facilitate matters. His resignation was accepted, and it was proposed to make him a vice-president and to award him a pension of £600 annually. A resolution to this effect was also unanimously adopted, and Dr. WOODS, in response, spoke of the forbearance shown to him by the members, and the absence of all unpleasantness during his forty years of secretaryship. He wished every happiness to his successor.

Sir John Rose Bradford was re-elected president; to the list of vice-presidents two new names were added, those of Sir Thomas Wright Parkinson and Dr. Hugh Woods, and

numbers who came to learn from him. His passing from us has caused a great blank, but the legacy he has left by his research is exceeding great.

We regret to announce that Dr. E. LLEWELYN PARRY-EDWARDS, medical officer of health for Carnarvonshire, died on May 19th. He took the B.A. at Trinity College, Dublin, in 1894, graduated M.B., B.Ch., B.A.O. in 1895, and proceeded to the M.D. in 1899, during which year he also obtained the Cambridge D.P.H. After holding various posts in South Africa Dr. Parry-Edwards returned to Carnarvon, where for the past twenty-five years he had been county medical officer of health. He was also responsible for the organization of the school medical service. Dr. Parry-Edwards is survived by his wife and three daughters.

The death took place on May 30th of Dr. JAMES MIDDLETON of Stow, Midlothian, one of the oldest practitioners in the country. Middleton was born in Edinburgh in 1839, and after being educated at the Royal High School he took up the study of medicine at Edinburgh University and the Royal College of Surgeons. He graduated M.D. in 1860 with a thesis on "The medical jurisprudence of muriatic acid," having begun the study of medicine prior to the passing of the Universities Act which introduced the qualification of M.B., C.M. Entering the Royal Navy as an assistant surgeon he served in H.M.S. *Marlborough*, and was an assistant surgeon at the Royal Hospital at Greenwich from 1866 to 1868, about which time he retired from the Navy and took up practice at Stow. To commemorate his fifty years' practice at Stow he was presented by his patients with a motor car in 1918, but did not then retire, and was still doing a certain amount of work with mental and physical alertness at the age of 92. Dr. Middleton was a prominent Freemason, having been initiated in January, 1860, and was for twenty-five years Provincial Grand Master of Roxburgh, Peebles, and Selkirk. On the seventieth anniversary of his initiation he was presented with an illuminated address. Dr. Middleton was predeceased by his wife nine years ago, and is survived by five daughters, of whom one is married to Professor D. P. D. Wilkie, Edinburgh, and by one son, Sir John Middleton, Governor of Newfoundland.

Universities and Colleges

UNIVERSITY OF OXFORD

At a congregation held on June 4th the degree of Doctor of Medicine (D.M.) was conferred on the Hon. Olive B. Buckley (Somerville College).

UNIVERSITY OF LONDON

LONDON HOSPITAL MEDICAL COLLEGE

The Hon. Sir William H. Goschen, chairman of the House Committee, will distribute the prizes to successful students at the London Hospital on Friday, June 24th, at 3 p.m.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—†‡T. A. L. Davies (University Medal). *||K. H. C. Hester, †P. M. G. Russell, †E. F. Scowen, †Eileen M. Whapham, *S. L. Wright, J. Apley, H. B. Barker, W. S. Baxter, C. R. Birnie, J. B. Blaikley, A. E. Bowling, Winifred M. Burbury, A. Burkhardt, J. Carlton, R. C. Cohen, Margaret J. Cooper, Iris M. Cullum, J. Davson, Mary T. Day, Gwyneth N. Ellis, A. C. Frazer, B. Gilbert, G. P. Gladstone, F. J. S. Gower, Hilary S. M. Hadaway, Kathleen M. Hart, D. K. Jardine, I. G. Jones, K. D. Keele, A. Kennedy, S. Knight, R. Knox, S. Leff, H. G. McComas, N. F. MacLagan, F. M. Mallinson, Esther M. Martin, L. G. Norman, H. J. C. Page, D. D. Payne, M. Phillips, C. R. D. Porter, S. R. C. Price, R. D. Reid, A. C. Riley, L. K. Robson, H. W. Salmon, A. G. Sanders, R. W. Scarff, S. A. Scorer, A. G. Signy, D. A. Smith, G. L. Talwar, Margherita N. Walden, Doris E. C. Walker, E. M. Ward, S. J. Wheeler, S. Elisabeth Whitaker, A. L. Wingfield.

* Distinguished in Medicine. † Distinguished in Surgery. ‡ Distinguished in Forensic Medicine. || Distinguished in Obstetrics and Gynaecology.

UNIVERSITY OF DUBLIN

TRINITY COLLEGE

The second John Mallet Purser Lecture will be delivered by Sir Frederick Gowland Hopkins, P.R.S., professor of biochemistry, University of Cambridge, on "Some aspects of modern biochemistry," on Tuesday, June 14th, at 5 p.m. in the Department of Physiology (Medical School), Trinity College. Medical practitioners and medical students are invited; tea will be served at 4.30 p.m. in the Reading Room.

UNIVERSITY OF BIRMINGHAM

Mr. William Gemmill, M.A., M.B., Ch.B., F.R.C.S., honorary surgeon to the Queen's Hospital, has been appointed joint professor of surgery to fill the vacancy caused by the death of Professor William Billington.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

The following have been admitted Members of the College: A. Halpenny, J. Lewis, F. N. Chenhall, F. F. Kane, M. S. Ullah.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons has this week passed the Finance Bill and the Town and Country Planning Bill through report and third reading. The Patents and Designs Bill was read a second time. Mr. Ramsay MacDonald and Mr. Neville Chamberlain returned to the House after absence through illness.

The Epsom College Scheme Confirmation Bill was read the third time and passed in the House of Lords on June 7th. The Public Health (Cleansing of Shellfish) Bill also passed.

Mr. Baldwin announced, on June 2nd, that before the Summer Recess the Government hoped to pass into law the Finance Bill, Coal Mines Bill, National Health Insurance and Contributory Pensions Bill, Town and Country Planning Bill, and other measures, which might include the Patents and Designs Bill. It might be necessary to consider the Lords' amendments to the Children and Young Persons Bill, which had already passed the Commons. Legislation to amend the Rent Restrictions Act could not be passed before the House rose in July.

On the same day Sir Herbert Samuel said there was no possibility this session of a Bill consolidating and amending the laws relating to factories. Sir Donald Maclean said there could be no question this session of giving effect to the recommendations of the Departmental Committee on Private Schools.

Patents and Designs Bill

A meeting of the Parliamentary Medical Committee at the House of Commons, on June 7th, was attended by Sir Walter Fletcher and Sir Henry Dale of the Medical Research Council, and by Dr. G. C. Anderson of the British Medical Association. These joined in a discussion on the patent laws, with particular regard to patents controlling the manufacture of medicines, foods, vaccines, insulin, vitamin D, and other therapeutic substances. The opinion of the committee was that the present law was unsatisfactory, and hampered research. It was pointed out that the Patents and Designs Bill now before the House of Commons was not concerned with foods and medicines.

Later on the same day, during the discussion on the motion for the second reading of the Bill, Sir F. FREMANTLE called attention to a point of great and growing importance which was omitted from the Bill. A large number of the most important drugs and medicines recently discovered were subject to a patent law which had unfortunately put our research work at the mercy of certain foreign countries. The position was extraordinary. Most people would know the vital difference to the foods of the country between fresh butter and margarine. Margarine was coming more and more into use, yet it had been discovered of recent years that what it really lacked was vitamin D. The discovery of vitamin D

The policy of the amalgamation of hospitals had been accepted for many years, and had been carried to the utmost extent possible.

Vaccination Pads.—Mr. A. DUFF COOPER told Mr. N. Maclean, on June 2nd, that the decision not to issue further supplies of boric lint and vaccination pads to Army medical officers was made in the interests of economy. Boric powder and plain lint would be issued instead. The order did not imply that vaccination in the Army was to cease.

Naval Invalidings.—On June 6th Lord STANLEY, replying to Sir B. Falle, said that the number of boy ratings of all branches of the Royal Navy and Royal Marines invalided during 1931 was 54. The numbers in the same period invalided with pulmonary tuberculosis, heart complaints, and kidney trouble were 3, 12, and 2 respectively. The number of naval ratings (including Royal Marines) invalided during 1931 was 888, and the number whose disability was considered to be attributable to the service was 193. The number invalided during that period with pulmonary tuberculosis was 156. In 117 of these cases pensions were granted on the attributable scale.

The Services

PARKES MEMORIAL PRIZE

The prize of 75 guineas in money and the Gold Medal of the Parkes Memorial Prize for 1931 have been awarded to Captain D. C. Ettles, M.B., R.A.M.C.

DEATHS IN THE SERVICES

Lieut.-Colonel Hugh MacCalman, Bombay Medical Service (ret.), died at the Chaplain's House, Welbeck, Notts, on May 18th, aged 82. He was born on November 5th, 1849, the son of the Rev. Hugh MacCalman of Latheron, Caithness, and was educated at Aberdeen, where he graduated M.B. and C.M. in 1871, and M.D. in 1874. Entering the I.M.S. as surgeon on September 30th, 1876, he reached the rank of surgeon lieutenant-colonel after twenty years, was placed on temporary half-pay on account of ill-health on February 13th, 1898, and retired with an extra compensation pension on April 7th, 1901.

Medical News

At the meeting of the St. John's Hospital Dermatological Society, to be held at 49, Leicester Square, W.C., on Wednesday, June 22nd, at 5.30 p.m., Sir Thomas Lewis will deliver the annual oration on "Recent observations on the cause of Raynaud's disease." The annual dinner will take place at the Criterion Restaurant in the evening at 7.15.

The annual provincial meeting of the Section of Disease in Children of the Royal Society of Medicine will be held at Alton on Saturday, June 25th. During the afternoon a visit will be paid to the Lord Mayor Treloar Cripples' Hospital, where Sir Henry Gauvain will give his presidential address on special open-air country hospitals for children.

The annual general meeting of the governors of Epsom College will be held at the office, 49 Bedford Square, W.C., on Friday, June 24th, at 4 p.m., when the result of the voting for pensioners and foundation scholars will be announced.

At the annual general meeting of the Research Defence Society, to be held at the London School of Hygiene and Tropical Medicine, Keppel Street, W.C., on Wednesday next, June 15th, at 3 o'clock, the chair will be taken by the president, Lord Lamington, supported by Sir Arthur Stanley, chairman of committee. The sixth Stephen Paget Memorial Lecture will be delivered by Sir Arthur Keith, on "Some aspects of the modern conflict between reason and sentiment." Tea and coffee will be served after the meeting.

On June 4th His Royal Highness the Prince of Wales paid a visit to Preston Hall, Aylesford, near Maidstone, the institution which he himself opened in 1921, and which

is now the centre of the British Legion's village settlement for tuberculous ex-Service men. After his reception by members of the council of management he inspected the sanatorium.

The annual general meeting of the Illuminating Engineering Society will be held at 18, John Street, Adelphi, W.C., on Friday, June 17th, at 6.30 p.m., when Sir Francis Goodenough will deliver his presidential address.

The next meeting of the Biochemical Society will be held at the Agricultural Research Station of Imperial Chemical Industries, Jealott's Hill, Bracknell, Bucks, on Saturday, June 11th, at 3 p.m.

Sir F. G. Hopkins, P.R.S., as chairman of the General Board of the National Physical Laboratory, Teddington, will receive guests at the Laboratory on the afternoon of Tuesday, June 28th.

The sixty-fifth session of the French Association for the Advancement of Science will be held in Brussels from July 25th to 30th. The subscription of 50 Belgian francs should be sent to the general secretary, Dr. E. Daubresse-Morelle, 154, Rue de la Loi, Brussels, before June 15th.

The following medical tours are being organized this year in France under the patronage of the Faculties of Medicine of Bordeaux, Lyons, Marseilles, and Montpellier. From June 26th to July 6th there will be a tour of the Alps based on Grenoble, during the course of which visits will be paid to the monastery of the Chartreuse, Aix-les-Bains, Annecy, Saint-Gervais, Chamonix and Mont Blanc, Evian, and Lake Geneva. From August 38th to September 12th there will be a tour in Languedoc, the Cevennes, and the Pyrenees, associated more particularly with the Faculty of Medicine at Montpellier. Other places to be visited include Nîmes, Aigues-Mortes, the gorges of the Tarn, Carcassonne, and Lourdes. This tour will be arranged in three separate sections, the first from Montpellier to Carcassonne, the second from Carcassonne to Luchon, and the third from Luchon to Pau; any one of the three can be taken separately. These tours are specially designed for practitioners and their families, but medical students may take part. For information about the cost and other details of the tours, application should be made to the Secrétariat des Voyages Médicaux du Midi de la France, La Malou (Hérault).

A number of doctors in the Paris district have recently formed an Automobils Club Médicale to protect the rights of medical men and to seek certain concessions in their favour in connexion with the motor regulations. An endeavour is to be made to render doctors not liable to the regulations which limit the time cars can be left unattended outside a house or building.

The last number of the *Journal of Neurology and Psychopathology*, dated April, 1932, completes the twelfth volume of this periodical which, since 1926, has been published by the British Medical Association under the editorship of Dr. S. A. Kinnier Wilson. Its contents include papers by Louis Minski, on familial bilateral acoustic tumours; by W. G. Scott Brown, on three fatal cases of the bulbar type of poliomyelitis; by Frank J. Curran, on pseudo-sclerosis of Strümpell-Westphal in five members of one family; and short clinical notes, abstracts of current literature, and an editorial on the menopause and mental disorder.

The cancer mortality in Holland, according to the Dutch Central Office for Statistics, has increased, from 1923 to 1930, as regards cancer of the lung for men and women by more than double; in the case of cancer of the breast by 35 per cent.; and to a lesser degree in respect of cancer of the rectum in men and the genital organs in women. No increase has been found in the mortality from cancer of other organs.

The German expenditure on alcohol for the statistical year 1930-1 amounted to 4,292 million marks, including 3,366 millions for beer, 556 millions for brandy, and 370 millions for wine, as compared with 4,797 millions in the previous year and 4,978 millions in 1928-9. The expenditure on tobacco in 1930-1 was 2,726 million marks.