

test has been found as sensitive as the Mantoux one (para. 8) there is an obvious advantage in arriving at final conclusions regarding tuberculin sensitivity as the result of a single test.

8. *Sensitivity and Reliability.*—The opportunity of testing large numbers of adults was taken advantage of, as it was thought the high incidence of reactors among them would serve as a rough measure of the trustworthiness of the method. Examination of adults also allowed of an investigation of the effects on the test of many of the factors said to interfere with tuberculin sensitivity, and it is hoped to give the conclusions arrived at in a future communication.

*Multiple-puncture Test: Results in Unselected Cases at all Age Periods*

Age Period	Number Tested			Number Positive			Percentage Positive		
	Edinburgh	Bradford	Total	Edinburgh	Bradford	Total	Edinburgh	Bradford	Combined
0-1	87	32	119	15	3	18	17.7	9.4	15.1
1-3	135	37	172	36	9	45	26.7	24.4	26.1
3-5	123	28	151	49	8	57	39.8	28.6	37.7
5-7	104	31	135	43	11	54	41.3	35.5	40.0
7-11	143	84	227	65	49	114	45.6	58.2	50.2
11-12	20	14	34	14	10	24	70.0	71.4	70.6
12-13	—	33	33	—	24	24	—	72.7	72.7
13-14	—	27	27	—	20	20	—	74.0	74.0
14-16	—	19	19	—	18	18	—	94.7	94.7
16-18	—	18	18	—	17	17	—	94.4	94.4
18-21	—	40	40	—	38	38	—	95.0	95.0
21-25	—	81	81	—	79	79	—	97.5	97.5
25-30	—	64	64	—	64	64	—	100.0	100.0
30-40	—	123	123	—	123	123	—	100.0	100.0
40-55	—	244	244	—	244	244	—	100.0	100.0
55-	—	522	522	—	519	519	—	99.4	99.4
Totals...	612	1,397	2,009	222	1,236	1,458	—	—	—

#### DISCUSSION AND CONCLUSION

The above table gives the results obtained in both the Edinburgh and Bradford series, and included in these are 194 cases of clinical tuberculosis of all ages and all types. Three of these last failed to react to the multiple puncture, and also to the Mantoux test (1:10). All three cases were tested within four days of death, when the most sensitive tuberculin reactions are recognized as apt to fail.<sup>4</sup> Of the 1,034 patients over 21 years of age investigated only five did not react; all five also proved negative with the Mantoux test (1:10). Forty of the children who were negative to the multiple-puncture test were afterwards submitted to the Mantoux test (1:10), without a single positive result being obtained.

The incidence of almost 100 per cent. (99.5 per cent.) positive reactors obtained in adults is higher than that found by British workers using the Mantoux test, Cummins having given 93 per cent. as the corresponding figure for both London<sup>6</sup> and Cardiff,<sup>9</sup> and Hart<sup>4</sup> 95 per cent. as his finding for London. Statistics show that, particularly among younger children, the incidence of tuberculin sensitivity varies greatly in different districts, but it is generally stated<sup>4, 5, 10</sup> that about one-third are non-reactors at puberty. In both the Edinburgh and Bradford series, however, the multiple-puncture test gives 70 per cent. reactors for the even earlier age period of 11 to 12 years. Taken as a whole, these results justify the claim that the multiple-puncture test is as sensitive as the Mantoux method.

The increasing need of a simple, rapid, and yet reliable form of tuberculin test has been emphasized. The

multiple-puncture cutaneous method possesses all these advantages, and on that account is the test best suited to the requirements of ward routine, clinic work, and general practice.

I have to thank Mr. E. Holroyd Slater, F.R.C.S. (superintendent, St. Luke's Hospital, Bradford), the visiting staff of the hospital, and Dr. Douglas (superintendent, Bradford City Infectious Diseases Hospital), for granting access to patients under their care. In particular, I wish to express my indebtedness to Professor Charles McNeil for his help and encouragement.

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## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### A CASE OF INFECTIVE MONONUCLEOSIS (GLANDULAR FEVER)

This case is considered worthy of record as it presented some unusual features, and, in the early stages, considerable difficulty in diagnosis.

#### CASE HISTORY

The patient, an Army officer aged 32, had suffered from amoebic dysentery in 1925. There were no relapses of this condition. In other respects his previous medical history was good. He enjoyed good health up to the onset of this illness. He was treated at his quarters for three days for a mild, symptomless pyrexia before admission to hospital. On admission, on the fourth day of his illness, the temperature was 100° F., skin dry, tongue coated with a silvery fur, and pharynx slightly congested. He had the usual symptoms accompanying mild pyrexia, but did not complain of a sore

*Table of Leucocyte Counts*

Day of the Disease	Total Leucocyte Count	Polymorpho-nuclears	Lympho-cytes	Large Mono-nuclears*
		Per cent.	Per cent.	Per cent.
7th ... ..	7,200	24.0	74.0	2.0
9th ... ..	10,200	—	—	—
11th ... ..	11,200	16.0	68.0	16.0
16th ... ..	19,800	—	—	—
18th ... ..	31,000	11.4	3.0	84.0
19th ... ..	26,800	12.5	5.0	82.0
23rd ... ..	18,600	11.7	51.3	36.0
30th ... ..	13,000	21.0	72.0	7.0
36th (left hospital) ...	8,600	18.0	76.0	5.0
On return from sick leave a month later	8,400	37.0	10.0	52.0

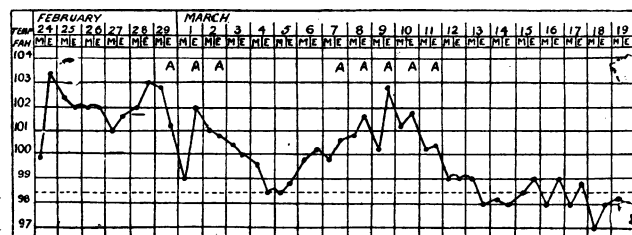
\* The type of cell was unusual, and might be described, as regards the depth of staining of the nucleus, as being between an ordinary large mononuclear and a large lymphocyte. The cytoplasm had a ground-glass appearance, and was tinted a faint blue. The cell was rather irregular in outline, somewhat triangular in shape, and frequently bent on itself. It gave a definite impression of fragility and immaturity.

throat. There were no physical signs of disease in the chest or abdomen.

From the fourth to the eleventh day there was a steady pyrexia—101° to 103°, with one remission to 99°. During this time he complained of severe headaches, and there was

frequent profuse diaphoresis, generally at night. Obstinate constipation was the rule. The tongue became thickly coated with a yellow-brown fur. The patient looked and felt very ill, and frequent hypnotics were necessary. On the sixth day the enlargement of a right submaxillary lymphatic gland was noticed. It was not very tender on palpation, caused no pain, and was at the time believed to be secondary to a gingivitis around a partially erupted lower third molar. During this period the case was investigated for the typhoid group, *Br. melitensis* and *abortus*, and malaria. The stools were also examined for *Entamoeba histolytica* and cysts, with negative results. A record of leucocyte counts is included in a table. There was no enlargement of lymph glands during this period other than that already mentioned.

On the tenth day there was an impairment of percussion note, with deficient breath sounds, over the base of the right lung. There was also evidence of upward enlargement of the liver in front. The edge of the liver was not definitely palpable. Added to this, the patient complained of pain in the right shoulder, and his face had assumed that particularly muddy complexion which one associates with an amoebic hepatitis. There was, however, no pain referred to the liver itself, nor could any tenderness of this organ be elicited. In spite of the very contradictory differential count and the absence of evidence of amoebiasis in the stools, it was felt, in view of the patient's history, that it was not justifiable to withhold emetine. Three daily injections of emetine hydrochloride were accompanied by a general im-



A = Hypodermic injection emetine gr. 1.

provement, the temperature falling by lysis and reading normal on the thirteenth day, and remaining so on the fourteenth. It was felt at the time that the improvement was probably not due to the action of the emetine. A radiogram confirmed the enlargement of the liver, but screening showed no limitation of movement of the diaphragm.

From the fifteenth to the eighteenth day the condition steadily deteriorated, with a pyrexia increasing to 103°. The emetine, which had been discontinued, was now administered daily without effect. The blood picture—total leucocytes 31,000, with 84 per cent. large mononuclears—practically allowed of only two diagnoses: lymphatic leukaemia and glandular fever. On the eighteenth day there was for the first time a general enlargement of lymph glands, the cervical, occipital, epitrochlear, and axillary glands being found definitely enlarged and slightly tender.

Taken together with the blood picture, the diagnosis was no longer in doubt. At this time it will be noticed that there was a dramatic change in the blood picture from lymphocytosis to mononucleosis. From the nineteenth day the symptoms abated, the temperature fell by lysis, and reached normal on the twenty-second day. The spleen was never palpable, though percussion showed it to be slightly enlarged. There was no skin eruption. The Wassermann reaction and Kahn tests were negative on the twenty-third day. When the patient left hospital on the thirty-sixth day convalescence was progressing satisfactorily, but the evidence of enlargement of the liver persisted. The lymph glands had returned to normal.

At the end of a month's leave all physical signs of disease were absent, and the blood count was as follows: total leucocytes, 8,400; polymorphs, 37 per cent.; lymphocytes, 10 per cent.; large mononuclears 52 per cent.; eosinophils, 1 per cent. The patient was very well.

#### COMMENTARY

The features believed to be unusual in the case were as follows:

1. The severity. The patient looked and felt very ill, and lost flesh rapidly.
2. The late appearance of general glandular enlargement and the early appearance of what might be termed a "herald gland." It is now felt that the enlarged submaxillary gland was not secondary to sepsis.
3. The enlargement of the liver, together with the right shoulder pain.

4. The degree of leucocytosis—31,000 at its maximum.

5. The rapid change in the blood picture from 68 per cent. lymphocytes on the eleventh day to 84 per cent. large mononuclears on the eighteenth day.

6. The reversion to the former type as improvement set in.

7. The profuse sweats. The patient frequently had to be changed twice during the night.

No other recognized cases have occurred in the garrison of Catterick Camp during the last six months. Except for the tentative employment of emetine and stovarsol, the treatment was entirely symptomatic.

I have much pleasure in thanking Colonel W. P. MacArthur, D.S.O., for his advice on the case, Major W. A. Frost, O.B.E., for the many blood counts and laboratory investigations, and Lieut.-Colonel M. F. Grant, commanding, Military Hospital, Catterick, for permission to publish these notes.

E. P. N. CREAGH,

Major R.A.M.C.

Military Hospital, Catterick Camp, Yorks.

## Reports of Societies

### UNDULANT FEVER

At a joint meeting of the Sections of Epidemiology and of Medicine of the Royal Society of Medicine on January 24th, Dr. H. MORLEY FLETCHER presiding, a discussion took place on undulant fever.

Dr. W. E. HUME (Newcastle) said that the bacteriological relation between the *Micrococcus melitensis* of Bruce and the *Bacillus abortus* of Bang had frequently been described, as had the relation between the clinical picture of Malta fever and *abortus* infections in the human being; in recent years the gaps, both bacteriological and clinical, had been considerably narrowed. During the last decade the possibility of human infection by *Brucella abortus* had been increasingly recognized, though in Great Britain the total number of recognized cases was as yet small. Up to October, 1932, Professor G. S. Wilson had collected and analysed 136 cases of undulant fever in Great Britain and Ireland, excluding laboratory infections. The diagnosis had been made in all of them by the agglutination test, confirmed in twelve by the isolation of the *Br. abortus* from either blood, urine, or faeces. Many cases have been revealed by systematic examination of the blood serums for agglutinins against *Br. abortus* where the serums had been sent to laboratories for Widal estimations against members of the enteric group. Further inquiry into the clinical histories of cases isolated in this way made it probable that the diagnosis was an infection by *Br. abortus*. There was every possibility that cases of undulant fever were still unrecognized; Wilson estimated 500 as a possible annual incidence. Dr. Hume gave a personal experience of eight cases diagnosed as undulant fever, and a brief reference to ten other cases alleged to have occurred in the immediate vicinity of Newcastle. He spoke of difficulties in diagnosis and inefficacy of treatment, and drew attention to the discrepancy between the high incidence of infection of milk by *Br. abortus* and the paucity of human infection. The criteria for diagnosis of undulant fever should be: a suggestive symptomatology; the exclusion of any other possible diagnosis; isolation of the *Br. abortus* from the blood, urine, and stools; and an agglutination titre of undisputed degree. He was at present very sceptical about any known method of treatment, including salvarsan, mercurochrome, and other blood antiseptics.

Sir WELDON DALRYMPLE-CHAMPNEYS said that undulant fever was no longer a medical curiosity, but a definite clinical entity. Until 1910 its recognition was practically confined to the Mediterranean area, but it was now recognized all over the world. There were only fourteen published cases in England and Wales up to 1929, but increased interest had led to better diagnosis. The number of cases which had come to his own knowledge had steadily increased—from two in 1926 to twenty-eight

illustrate the anatomy of the brain and spinal cord. Since then our paths have been apart, but our friendship has never weakened. I am in general practice. He has steadily climbed the ladder of fame to the very top, and now it is sad indeed that he has been unexpectedly struck down in the full vigour of his manhood and at the height of his powers. I thought I foresaw for him within the next few years a success and fame beyond anything already attained, perhaps unequalled in the history of British surgery. But this was not to be. Of his consummate skill as a surgeon I do not presume to speak. Others have done this who are competent to do so. I speak of him as my friend and as a man. Sargent, as I knew him, was a truly religious man, who looked forward to the life of the world to come. I knew him, too, as an ideal Master of Freemasonry, who initiated me into the Craft more than twenty-one years ago. The nobility of his character, the strength and splendour of his manhood, his high principles and sense of honour, the strength and loyalty and faithfulness of his friendship, his unbounded sympathy and consideration for others, his constant devotion to duty, his dauntless courage, his brilliant intellect, his wit and humour, his beautiful gentleness and kindness, courtesy and tact, his innate modesty (Sargent never boasted), not to mention his erect and handsome figure, his radiant countenance and cheerful disposition, which spread happiness among all around him—these are some of the things by which I remember Percy Sargent.

Dr. MATTHEW CAMERON BLAIR, who died on January 16th, received his medical education at Glasgow and Edinburgh; he graduated M.B., C.M.Glas. in 1888, and proceeded M.D. in 1895. One of the pioneers in laying the foundation of Northern Nigeria, he served first in that country as a junior assistant medical officer from 1901 to 1907, accompanying the Yola Expeditionary Force, and receiving the African General Service medal with the Northern Nigerian clasp. He subsequently took part in other expeditions, was senior medical officer in the Southern Provinces in 1907 to 1908, and was then transferred in the same capacity to the Northern Provinces, where he took part in the Gwari Expedition of 1909. From April, 1910, to the end of 1920 he was senior sanitary officer of Northern Nigeria, and from January, 1921, to January, 1924, deputy director of sanitary services, retiring then at his own request in view of his age and length of service. He remained in Nigeria, however, and was appointed honorary consultant to the Nigerian Medical Service. During the last war he was intermittently employed, at first with the Nigerian Forces, and in 1917 was principal medical officer of the force sent to aid the French; he received the 1914-15 Star, and the British War and Victory medals. In recent years failing health compelled him to make his home in the Channel Islands and North Africa. Dr. Cameron Blair leaves behind him a great record of medical administrative achievement in Nigeria, where his devotion won him widespread popularity and gratitude. He was a member of the British Medical Association during the whole of his professional life. His brother, Dr. David Blair, is medical superintendent of the Lancashire County Mental Hospital at Prestwich.

We have to record the death on January 10th, and in his sixty-third year, of Dr. JOHN STEED of Staunton-on-Wye, consulting physician to the Herefordshire General Hospital. Dr. Steed received his medical education at Edinburgh, where he obtained the M.B., C.M. in 1893 and the M.D. in 1897. Before settling in Hereford he held a number of appointments elsewhere, including that of junior assistant to the professor of clinical medicine in the University of Edinburgh. Always interested in the welfare of the Herefordshire General Hospital, he was also medical officer and public vaccinator to the Wye-side district of the Weobly Union, and medical officer to the Jarvis Charity. Prior to the war he had been a member of the County Insurance Committee and he was chairman of the Herefordshire Medical and Panel Committee. Later he became an active member of the Insurance Acts Com-

mittee of the B.M.A., and served on a number of committees set up by the Ministry of Health in connexion with national health insurance. At the time of his death he was president-elect of the Worcester and Hereford Branch of the B.M.A. In his younger days Dr. Steed was a familiar figure in the hunting field, while he always showed a keen interest in local talent at football and cricket. He leaves a widow and four children.

The death of ANGUS ENDICOT KENNEDY took place at his home at Forest Gate on January 11th, after a short illness. Dr. Kennedy was born in 1870, and received his medical education at the London Hospital, where his father and grandfather had previously studied. He obtained the diplomas of the Conjoint Board in 1893, and the L.S.A. in the same year. Joining his father in practice at Plaistow in 1894, he remained there all his life. He took great interest in the work of the Plaistow Maternity Charity, and was largely responsible for its growth in importance. Subsequently he became consulting surgeon to the charity. He was also surgeon to the K Division of the Metropolitan Police, surgeon to the Mansfield House Medical Mission Hospital, public vaccinator of the West Ham Union, and radiologist to the West Ham Infirmary. He was a member of the Stratford Division of the British Medical Association, and a medical referee under the Ministry of Pensions. Dr. Kennedy is survived by his widow, one son (a medical practitioner), and three daughters.

We regret to learn of the death from pneumonia, on January 25th, of Professor WILLIAM P. GRAVES of Boston, who until recently held the chair of gynaecology at Harvard University. He visited London last December to receive the Honorary Fellowship of the British College of Obstetricians and Gynaecologists.

The death on January 10th of Dr. J. OSWALD LANE terminates a remarkable family sequence of doctors in Herefordshire, as three generations of that name have practised medicine in the county for over 100 years. Dr. Lane was 73 years of age. He was educated at the Hereford Cathedral School and St. John's College, Cambridge, graduating B.A. in 1879, and studied medicine at St. George's Hospital and the Rotunda Lying-in-Hospital. He obtained the M.R.C.S. and L.R.C.P. diplomas in 1881, took his M.B. degree in 1882, and proceeded M.D. in 1885. Before coming to Hereford Dr. Lane was a house-physician at the Northampton County Hospital. A delightful personality, he was never happier than when working for his patients, and his retirement in 1925 was a serious loss to medicine in the city, and one which was regretted by all. He was a keen follower of hounds, and for many years was prominently associated with the South Herefordshire Hunt. He is survived by his widow and one son.

## Universities and Colleges

### UNIVERSITY OF OXFORD

Dr. Geoffrey Douglas Hale Carpenter has been elected Hope Professor of Zoology as from the beginning of Trinity Term, 1933.

### UNIVERSITY OF CAMBRIDGE

The Vice-Chancellor gives notice that the Sir William Dunn Readership in Biochemistry has become vacant by the resignation of Mr. J. B. S. Haldane, M.A., F.R.S., Trinity College. Candidates should communicate with the Vice-Chancellor by February 18th. The stipend of the readership is £600 a year.

A. D. Charters has been approved for the degree of M.D. in absence.

At a congregation held on January 27th the following medical degrees were conferred:

M.D.—\*C. J. Scott, I. C. C. Tchaperoff, J. C. Ainsworth-Davis.

M.B., B.CHIR.—A. B. Carter, P. T. Ashby.

M.B.—M. H. Masina.

B.CHIR.—\*G. A. Mandow, \*F. H. Morrell, \*W. D. Dick, R. D. Roper, F. W. Shepherd, E. Bradbury, A. R. R. Le Fleming, E. B. Pawson, R. H. Foster, G. D. Wedd.

\* By proxy.

## UNIVERSITY OF LONDON

At a meeting of the Senate on January 25th Professor L. N. G. Filon, D.Sc., F.R.S., was elected Vice-Chancellor for the remainder of the year 1932-3 in place of the late Mr. Hatton.

The degree of D.Sc. in Human Anatomy has been conferred upon Dr. Francis Davies, University Reader in Anatomy at King's College, and that of D.Sc. in Physiology upon Dr. E. W. Fish, a recognized teacher of dental surgery at St. Mary's Hospital Medical School.

The title of Reader in Experimental Physiology in the University has been conferred upon Dr. H. P. Gilding in respect of the post held by him at University College.

Mr. Eardley L. Holland has been appointed a Fellow of King's College.

## UNIVERSITY COLLEGE

Two lectures in the history of medicine will be delivered at University College Hospital Medical School, W.C., by Dr. J. S. Prendergast on Wednesdays, February 15th and 22nd, at 4.15 p.m. The first lecture will deal with Greek medicine, and the second with Renaissance medicine. The lectures are open to all medical students of the University of London.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON

A quarterly meeting of the Royal College of Physicians was held on January 26th, when the President, Lord Dawson of Penn, was in the chair. Dr. Stanley Barnes was elected a councillor in the place of the late Dr. Carey Coombs.

## Lectures

The Milroy Lectures on pneumococcal infections will be delivered by Dr. Robert Cruickshank at the College on February 23rd, 28th, and March 2nd; the Goulstonian Lectures on the physiology of the gall-bladder and its functional abnormalities by Dr. Charles E. Newman on March 7th, 9th, and 14th; and the Lumleian Lectures on complications of the specific fevers by Dr. Charles R. Box on March 16th, 21st, and 23rd.

## Membership

The following candidates, having satisfied the Censors' Board, were admitted Members of the College:

Arthur John Priestley Alexander, M.D.Belfast, Hyman Philip Brody, L.R.C.P., Frank Storey Cliff, M.D.Lond., L.R.C.P., Ronald Wilson Fairbrother, M.D.Manch., Clive Hamilton Fitts, M.D.Melb., John Macpherson Harker, M.B.Lond., Howell William Howell, M.D.Lond., Robert Andrew Hunter, M.D.Manitoba, Evan Jones, M.B.Lond., L.R.C.P., Prince Mohan Kaul, M.B.Punjab, George Durant Kersley, M.D.Camb., Parshotam Lal Khosla, M.B.Punjab, Ranald Ian Macdonald, M.D.Dalhousie, Noel Francis MacLagan, M.B.Lond., Donald Uvedale Owen, M.D.Liverp., Arthur Ewart Parks, M.D.Toronto, William Phillips, M.B.Wales, Wilfrid Michael Priest, M.B.Lond., Cedric Barrington Prowse, M.B.Camb., Thomas Henry Pullar, M.B.Sheffield, William Hutton Scobie, M.B.Glas., Ronald Bodley Scott, M.B.Oxf., Frederick Harwood Stevenson, M.D.Lond., Thomas Scott Stone, M.B.Lond., Edward Gwynne Thomas, M.B.Lond., Hubert Carey Trowell, M.D.Lond., John Francis Varley, M.B.Camb., Joseph Viccars Walker, M.B.Birm.

## Licences and Diplomas

Licences to practise physic were conferred on the following 134 candidates (including sixteen women), who have passed the final examination in medicine, surgery, and midwifery of the Conjoint Board, and have complied with the necessary by-laws:

G. Abbey, P. H. Addison, Monica H. Austin, Margaret M. Baddeley, T. A. Baldwin, R. Barnes, A. M. F. Batty, A. A. W. Beach, G. F. Benjamin, R. Bennett, J. G. Bentley, A. Birnbaum, R. W. Blakey, Joan C. D. Bolt, R. W. W. Bose, F. C. Bourgault du Coudray, A. Bowen-Davies, W. D. Bower, D. J. T. Brinkworth, J. Britanischski, H. W. Burge, R. J. Buxton, Jean W. D. Calman, B. S. Carter, T. Chadderton, H. F. Chard, H. K. Childs, M. M. Cohen, D. D. Coleman, D. M. Cooper, Esther Copperman, H. Creditor, F. J. Curtis, J. E. Davenport, J. Davies, D. J. Dawson, H. De, Ursula D'Monte, E. J. Dennison, L. S. De Silva, M. E. Disney, A. G. Donald, J. F. H. Eagles, G. J. Evans, J. C. G. Evans, L. H. Evelyn, E. D. Falconer, S. T. Falla, Catherine F. Forrest, Getel Gimpelson, I. H. Gosset, E. N. Hailey, P. P. Halemani, J. L. Hamilton-Paterson, B. A. E. Harley, Freda M. B. Harmer, E. H. C. Harper, H. R. Hartnell, B. T. W. Harvey, P. G. F. Harvey, Anne E. M. Herbert, A. Hilmy, F. G. Holman, J. McD. Holmes, R. A. Hooper, W. R. S. Hutchinson, L. G. Irvine, L. S. Jaikaran, A. G. Johnson, E. G. Jones, Grace M. Jones, Nellie E. Jones, S. O. Jones, G. E. Kerr, H. B. D. Kettlewell, F. B. Khambatta, F. R. Kilpatrick, B. H. Kirman, S. B. Lavine, J. A. E. Lawn, M. Lee, Beatrice Lewis, M. B. Lindsay, A. E. Locke, Madeleine Lorisgnol, J. F. Low, B. McArdle, J. O. McDonagh, B. M. Mcowan, G. A. Mais, S. O. Massey, S. F. Mitchell, G. R. Morgan, R. J. G. Morrison, L. R. Norsworthy, Josie M. Oldfield, C. V. Oldroyd, J. P. O'Shea, E. D. Page, E. B. Pawson, K. M. A. Perry, A. G. Potts, L. E. J. Poulier, G. A. Ransome, P. P. Rao, F. W. Roberts, H. J. M. Robinson, A. H. W. Roffey, R. D. Roper, R. H. Rushton, A. G. Salaman, A. W. Sampey, S. S. Selladurai, H. Sergay, F. W. Shepherd,

B. W. Smith, G. S. Steele-perkins, K. W. Stroude, G. H. Stuart, T. V. Tattersall, W. E. Thomas, R. E. S. Turner, H. G. Ungley, E. J. Walsham, S. P. Wanchoo, G. L. Ward, C. J. T. Watson, E. E. S. Wheatley, W. H. Whiles, I. Whittington, J. Wilton, V. F. F. Winslow, E. J. S. Woolley, Freida Yarmalinsky.

Diplomas in Psychological Medicine, Laryngology and Otology, Public Health, Medical Radiology, and Tropical Medicine and Hygiene were conferred jointly with the Royal College of Surgeons. The names of the successful candidates were printed in the report of the meeting of the Council of the Royal College of Surgeons published in our issue of January 21st (p. 127).

## BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At the council meeting on January 23rd, with the president, Dr. J. S. Fairbairn, in the chair, Dr. Henry Russell Andrews was elected a vice-president, and Dr. Arthur E. Giles honorary librarian. It was decided that the annual general meeting of the College should be held on Wednesday, April 5th, at 5 p.m., in Birmingham, for the convenience of those attending the Congress of British Obstetrics and Gynaecology.

The president admitted to the Fellowship of the College C. Lane-Roberts (London), Louisa Martindale (London), and J. H. Drew Smythe (Bristol); and to the Membership E. A. Gerrard, G. F. Gibberd, Edith Hall, A. M. Johns, R. G. Maliphant, Ellen D. Morton, W. J. Rawlings, and W. F. Rawson.

The following were elected Members:

W. S. Barton, A. Broido, J. Chakravarti, R. V. Dowse, W. Freeborn, J. S. Green, D. McK. Hart, W. C. W. Nixon, J. V. O'Sullivan, R. Watson, R. K. White, Nellie Wilkes.

## CONJOINT BOARD IN SCOTLAND

The following, having passed the requisite examinations, have been admitted L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P. and S.Glas.:

L. R. L. Solomon, L. Danzis, M. O. Luck, G. Kwryan, R. H. Payne, M. G. Myers, N. C. Smiedt, I. S. Lipschutz, E. L. Mommen, G. L. G. Major, A. A. Khan, C. A. S. O'Doherty, Jacomina A. Richter, J. G. Harrison, A. Ahmed, D. H. McNamara, R. Keay, W. J. Silva, K. K. Retnam, Janet R. Hardy, C. W. Cook, S. McCallum, N. Philips, A. L. Kahn, J. C. T. Reid.

## Medico-Legal

## THE "CHIEF TAIL-WAGGER" VINDICATED

On January 24th Captain H. E. Hobbs, known very widely as the "Tail-Wagger-in-Chief," or the creator of the Tail-Waggers' Club, which has a very large membership among the dogs of the country, sued Miss Blanche Watson, propaganda secretary to the local branch of the British Union for the Abolition of Vivisection, for libel. The defamatory matter consisted of a letter published in a Hull newspaper on the occasion of the second National Dog Week. The letter warned dog owners that in entering their pets as Tail-Waggers they were encouraging vivisection, and that National Dog Week and the Tail-Waggers' Club had the sole aim of building and maintaining vivisection laboratories at the Royal Veterinary College, and were merely masquerading under the cloak of humanitarianism. The letter further said that the object of the club was not the welfare of the dog but its exploitation, and the "thrusting of tortuous experimentation upon helpless animals." Miss Watson admitted publication of the words, but denied that they constituted a libel. Alternatively she pleaded fair comment on a matter of public interest.

Mr. Malcolm Hilbery, K.C., in opening the case, said that in 1927 and 1928, when the Royal Veterinary College was in danger of decay, Captain Hobbs had personally undertaken to raise £20,000 towards the necessary fund; he had fulfilled this task by almost indescribable efforts. He had organized the National Dog Week, which had first been held in 1928, and was entirely and personally responsible for the Tail-Waggers' Club. The £20,000 was to be devoted to a special department for dogs, including a hospital for non-infectious cases, an operating theatre, and possibly a lecture theatre. Captain Hobbs had made it perfectly plain from the outset that he could only undertake to raise the money if he were assured that no part of it would be used for any

vivisectional purpose. From first to last he had had that assurance. After a hearing of three days the special jury awarded him £500 damages.

The evidence showed that colour was given to the libel by the fact that the Royal Veterinary College grounds contained a research institution under Government control, with a different governing body from that of the College, and financed wholly by the Ministry of Agriculture. This institute is licensed for animal experiment, but no experimental work is done in the canine department of the College. Miss Watson, in her examination, displayed the attitude of mind which characterizes many of the opponents of experimental medicine. In 1929, she said, she had seen it stated that the National Dog Week was to be held for the endowment of a chair of research, which term she had always understood to mean the investigation of human and animal diseases by means of experimentation on the living animal. She had written the letter because she could not help it, to protest against what she had considered to be mere vivisection. She said that she must write against vivisection when she saw anything about it. She had had no intention of injuring Captain Hobbs or any individual. She had sincerely believed that the people who were organizing the National Dog Week and the Tail-Waggers' Club were making a bid for more research, and were disguising their true aims from the public. She had not read any of the literature on the aims of the National Dog Week, but merely an article in a newspaper contributed by the Tail-Waggers' Club. In cross-examination, she declared that she was a strong anti-vivisectionist and vegetarian. She had never been to the Royal Veterinary College, and knew nothing of its work.

Sir Frederick Hobday, Principal of the College, who gave evidence for Captain Hobbs, said that there was no shadow of foundation for saying that any part of the £20,000 was raised for the purpose of erecting laboratories in which there were to be vivisection experiments.

The chief interest of the case is that it affords a further example of the methods of the opponents of vivisection. The result will be welcomed by all people of reasonable views. Incidentally, it exhibited a feature of our legal system of which we have every cause to be proud. Although Mr. Justice Branson, who tried the case, warned counsel for the defendant that his dog was a Tail-Wagger and that he himself subscribed to the Research Defence Society, Mr. Croom-Johnson, K.C., had no fear that his lordship would on this account be in any way biased.

## The Services

### DEATHS IN THE SERVICES

Surgeon Commander Lawrence Charles Hunt, R.N. (ret.), died at Moor Park, Rickmansworth, on January 24th, aged 53. He was educated at St. George's, and took the M.R.C.S. and L.R.C.P. Lond. in 1902. After filling the posts of house-physician at St. George's and at the Victoria Hospital for Children, he entered the Navy, and attained the rank of surgeon commander on October 1st, 1917, retiring on January 22nd, 1927. He served through the war of 1914-18.

Colonel Donald St. John Dundas Grant, Bengal Medical Service (ret.), died at Blackheath, after a long illness, on January 16th, aged 74. He was born on May 10th, 1858, the son of the Rev. John Grant of Stillorgan, Dublin, and was educated at Trinity College, Dublin, where he graduated B.A., M.B., and Ch.B. in 1881. Entering the I.M.S. as surgeon on October 1st, 1881, he attained the rank of colonel in January, 1911, and retired on March 14th, 1917. He served in the Akha campaign on the North-East Frontier of India in 1883-4, but most of his service was spent in civil employ in the Punjab, where for over twenty years he filled the posts of professor of chemistry in Lahore University and chemical examiner to the Punjab Government.

Major John Taylor Scrogie, R.A.M.C., died at Bermuda on December 27th, 1932, aged 41. He was born on September 20th, 1891, and was educated at Aberdeen, where he graduated M.B., Ch.B. in 1915. Entering the Special Reserve of the R.A.M.C. after qualifying, he became captain on February 27th, 1919, and took a permanent commission as captain on April 1st, 1919, becoming major on July 31st, 1927. He served throughout the war of 1914-18.

## Medical News

Sir Charles Sherrington, O.M., G.B.E., F.R.S., has been elected an associate member of the French Academy of Medicine.

The eighth annual address to newly qualified medical practitioners and senior students of the London hospitals, arranged by the Metropolitan Counties Branch of the British Medical Association, will be given at B.M.A. House, Tavistock Square, W.C., by Mr. Wilfred Trotter, F.R.S., Sergeant-Surgeon to the King and surgeon to University College Hospital, on Tuesday, March 14th, at 5.30 p.m. The title of the address is "Emergency."

The Manchester Royal Infirmary Old Residents' Club will hold its triennial dinner in Manchester on Saturday, October 7th. Particulars will be circulated to members in due course, but it is hoped that old residents who have moved far afield will start making the necessary arrangements to be in Manchester for that week-end.

A lecture on "The law of Scotland with reference to young delinquents" will be given by Mr. George Morton, K.C., to-day (Friday, February 3rd), at 8.30 p.m., at University College, Gower Street, W.C. The chair will be taken by Dr. J. A. Hadfield. Admission is free, and discussion is invited. Notice of the subsequent lectures will be sent on application to the honorary secretary, Institute for the Scientific Treatment of Delinquency, 56, Grosvenor Street, W.1.

Ventilation and the need for new standards will be the subject of a discussion to be opened by Dr. J. S. Owens at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., on Tuesday, February 14th, at 5.30 p.m., with Sir Leonard Hill in the chair.

A public meeting to urge the abolition of the death penalty will be held at 8 p.m. on Wednesday, February 8th, in Caxton Hall, Westminster.

The fourth lecture in the series on practical problems in medicine and surgery, arranged by the Fellowship of Medicine and Post-Graduate Medical Association, will be given at 11, Chandos Street, W., on February 7th, at 4 p.m., by Mr. Martin Oldershaw, on the significance of bleeding as a symptom in gynaecology. A course of eight demonstrations on the interpretation of pyelograms, by Dr. Mather Cordiner, will begin on February 8th, at 8 p.m. There will be a week-end course in physical medicine at the London Clinic and Institute of Physical Medicine, on February 11th and 12th. Forthcoming courses include an evening M.R.C.P. course at the National Temperance Hospital, February 20th to March 17th; a course in medicine, surgery, and the specialties at the Prince of Wales's Hospital, February 20th to March 4th; and practical pathology, at the Brompton Hospital, February 20th to March 4th. Courses, lectures, and demonstrations arranged by the Fellowship are open only to members and associates.

The third International Paediatric Congress will be held this year in London (the exact location will be announced later) on July 21st and 22nd. There will be two sessions daily, and the subjects which have been selected for general discussion at two of the morning sessions are (1) the nature of allergy and its role in diseases of children, and (2) the prophylaxis of milk-borne diseases. Nominations are invited from secretaries of the various national committees for delegates to take part in these discussions and to contribute independent papers. Membership of the congress is open to all members of a recognized medical society, but they must be nominated by their own national committee. The subscription for medical men and women (active members) is £2, and for non-medical persons accompanying active members £1. It is hoped to arrange clinical demonstrations of interesting examples of disease, an exhibition for the display of x-ray films, pathological specimens, etc., and to organize excursions and entertainments. The secretary of the congress is Dr. Leonard Findlay, 61, Harley Street, W.1.

The Joint Tuberculosis Council has arranged a post-graduate course, to be given by the medical and surgical staff of the Brompton Hospital for Consumption and Diseases of the Chest, from February 20th to 25th. The subjects to be dealt with include the diagnosis and the surgical treatment of pulmonary tuberculosis, indications for artificial pneumothorax, tuberculosis in children, radiology of the chest, the value of lipiodol, some problems of sanatorium treatment, and operations. There will also be demonstrations of surgical cases in the wards. Inquiries should be addressed to Dr. William Brand, honorary secretary for post-graduate courses, Joint Tuberculosis Council, 8, Highway Court, Beaconsfield, Bucks.

The staff of Addenbrooke's Hospital, Cambridge, have arranged a course of post-graduate lectures on subjects of interest to general practitioners. The first lecture will be given by Professor W. Langdon Brown on the chemical importance of recent work on the pituitary, on February 10th. On March 10th Mr. Arthur Cooke will lecture on the surgical aspects of jaundice, Dr. G. S. Haynes on non-tubercular chronic lung disease, on April 7th, Mr. W. H. Bowen on swellings of the neck, on May 12th; Dr. J. F. Gaskell on chronic rheumatism, mainly rheumatoid and osteo-arthritis, on June 9th; and Dr. H. B. Roderick on the importance of early diagnosis and treatment of poliomyelitis with a view to the prevention of gross paralysis and deformity, on July 14th. The lectures will be given at the hospital at 3 p.m. The course will be continued in October.

The January issue of the *Zeitschrift für Kreislauf-forschung*, the organ of the German Society for Investigation of the Circulation, now entering on its twenty-fifth year, contains a review on researches on the circulation during the last twenty-five years by the editor, Professor E. Stadler.

The second number has been issued of *The Medical Forum*, the official organ of the Brighton and Sussex Medico-Chirurgical Society, Forfarshire Medical Association, Hunterian Society, Leicester Medical Society, London Jewish Hospital Medical Society, Rugby and District Medical Society, Sheffield Medico-Chirurgical Society, and West Sussex Clinical Society. The editor is Dr. Maurice Sorsby, with Lord Moynihan as consulting editor. The price of single copies is 2s.

Professor J. A. Nixon's interesting paper on provincial medical journals, read before the History of Medicine Section at the Centenary Meeting of the British Medical Association, has been published in the winter issue of the *Bristol Medico-Chirurgical Journal* (vol. xlix, No. 186).

The Board of Trade announces that Regulations have been made under Section 8 (1) of the Finance Act, 1919, and para. 1 of the Third Schedule to the Import Duties Act, 1932, prescribing that certain classes of goods manufactured in, and consigned from, a part of the Empire must contain a minimum of 50 per cent. of Empire material and labour in order to qualify for Imperial Preference, instead of 25 per cent. as at present. The Regulations, which come into force on April 1st, are being published as the Import Duties (Imperial Preference) No. 1 Regulations, 1933, and copies of them, including the schedule of goods to which the increased percentage applies, will be obtainable from H.M. Stationery Office, Adastral House, Kingsway, W.C.2, either direct or through any bookseller.

Applications for the Government grant for scientific investigations (on printed forms to be obtained from the Clerk to the Government Grant Committee, Royal Society, Burlington House, Piccadilly, W.) must be received at the office of the Royal Society not later than March 31st.

We learn that Dr. C. Killick Millard, who has been medical officer of health for Leicester for the past thirty-two years and a member of the British Medical Association for forty years, has taken up flying as a pilot-member of the Leicestershire Aero Club and has made his first solo flight.

Dr. J. S. Webster of the Middle Temple was called to the Bar on January 26th.

## Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, B.M.A. House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

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

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

The **TELEGRAPHIC ADDRESSES** are:

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The address of the Irish Office of the British Medical Association is 18, Kildare Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

## QUERIES AND ANSWERS

### Digitalis in Partial Heart-block

Dr. FREWEN MOOR (Westgate-on-Sea) writes: I should like to know if digitalis is contraindicated in a case of myocardial degeneration with commencing heart failure if bundle-branch block is discovered to be present. I have at the moment such a patient, a woman of 56, with a regular pulse of 108 and blood pressure 180/128. Without the electrocardiogram I should not have hesitated to give her digitalis, and should have expected symptomatic improvement; but she has right bundle-branch block, so I have withheld it for the present.

### Tapeworm Infection

Dr. J. G. BENNETT (Hyde, Cheshire) asks for suggestions in treating a case of intractable tapeworm infection in a girl of 6. He writes: She has had the usual anti-parasitic treatment, including pomegranate bark, filix mas, and bismuth with santonin. She has been in hospital for a period too, but, on account of her age and the risk of massive doses of any strong drugs, has had to be discharged until some future date, when hospital treatment can safely be re-instituted. It seems rather terrible to leave her as she is, emaciated, and continually passing yards of tapeworm at varying intervals.

### Spasmodic Scapular Pain

Dr. B. E. W. STALLARD (Woolhope) writes: I have seen no reply to "Perplexed's" request for a diagnosis (January 7th, p. 46). Even had the patient never been out of England I should suspect an amoebic invasion of the liver, and, after examination of stools for the organism, I should give hypodermic injections of emetine, 1 c.cm. two or three times weekly.

### Injection Treatment for Piles

Captain H. G. ROBERTSON, R.A.M.C., writes: Warnings have several times appeared in the *Journal* against the injection treatment for external piles, and in the issue for November 26th, 1932 (*Epitome*, para. 442), Herr H. Elsnar states that a careful differentiation must be made between external piles, which are subcutaneous, and internal, which are submucous. Perhaps somebody can explain the reason for this. Are not varicose veins of the leg subcutaneous? Why, therefore, should not subcutaneous varicose veins of the anus be similarly treated? From the practical point of view my experience is limited, the number of cases I have treated being only about a dozen in all. All were in young and otherwise healthy men, being serving soldiers, all were suffering from external piles, and all were treated in the same way—namely, by injections of quinine and urethane. The results were in every case excellent, except in one, in which the treatment failed to have any effect. It would be interesting to have the views of other readers on the subject.