I have attempted to compress into a single picture the various spasmodic traffic disorders of the gut viewed as a clinical entity. But it is only part of a much vaster clinical picture of sympathetic tyranny (in hypersensitives) which may afflict unstriped muscle elsewhere. If in the bronchi it causes asthma ; if in the arterioles, cold hands and dead fingers (? arteriolar achalasia) ; if in the heart, pain, palpitation, and tachycardia (Wilson) ; if in the bladder, frequent micturition by day ; if in the ureters, spasm and dilatation ; if in the uterus it may produce dysmenorrhoea (? uterine achalasia) ; and perhaps, if in the gall-bladder, cause the dyskinesia of German writers. Thus the cardinal feature seems to be unstriped muscle contracting too readily and relaxing too reluctantly. Perhaps there is a common cause, such as a toxin in the gut, which produces sympathetic overaction in neurotics.

Although no one can treat chronic abdominal pain adequately without knowledge of this common traffic disorder it seems never to have captured the imagination of the profession. Perhaps this is due partly to the difficulty of describing it succinctly and partly to the lack of a suitable name to embrace its protean manifestations. The "robot disorder" is only a colloquialism, but it expresses the topic of this paper. The wider conception of which it seems to be a part is expressed by "sympathetic tyranny."

It is the proud boast of the surgeon that he witnesses the "living pathology" of the abdomen. This, though partly true, is untrue in so far that these guilty robots appear perfectly innocent under anaesthesia (or after death). Naturally there is tendency to ignore what one never sees. Here is the opportunity for the physician—as interpreter of hidden realities.

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Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

AN UNUSUALLY LARGE PROSTATE

(With Special Plate)

The following case seems worthy of record on account of the unusual size of the prostate and the advanced age of the patient.

A rather small, well-preserved man of 87* was admitted to the Northampton General Hospital on September 17th, 1932, suffering from retention of urine. There was a history of bladder trouble dating back for several years. My house-surgeon, Mr. Dawes, having failed to empty the bladder by the normal route, resorted to suprapubic puncture, using a cannula of just sufficient size to allow the passage of a No. 1 rubber catheter. By this means the bladder was emptied slowly. On September 20th I inserted a de Pezzer catheter through a small suprapubic incision, by means of a large trocar and cannula. The little operation was performed under local anaesthesia, supplemented by a minimal amount of gas. On October 4th, as the renal efficiency tests were satisfactory, I decided to remove the prostate, which appeared to be very large. Open ether was administered by Dr. Fisher Waddy, and I enucleated the prostate in two halves. Except that the base of the gland was somewhat inaccessible, the operation presented no difficulty and was soon completed. The prostate, weighed immediately after removal, turned the scale at 11 oz. The patient bore the operation well, and there were no subsequent complications. He passed urine, for the first time, seventeen days after operation. Ten days later the wound was healed and he was sent to the convalescent home.

A somewhat cursory reference to available literature has left me ignorant as to the identity of the largest prostate removed during life. Rowlands and Turner print an illustration of a prostate weighing 10½ oz., which was removed by Freyer. This is more nearly spherical than my specimen, the breadth being the same and the length slightly less. Other writers refer to prostates up to 14 oz. in weight, but do not state whether these are operation or post-mortem specimens. As far as my own somewhat limited experience goes, out of about 120 prostatectomies the next largest specimen weighed only 5½ oz., and was removed from a man of 72. The patient whose case I have recorded is the oldest of the series. The next in order of seniority, aged 86, had a prostate weighing 4¾ oz.

I am indebted to Mr. Vernon Ashford, honorary photographer to the hospital, for the excellent picture of the prostate.

C. C. HOLMAN, M.B., F.R.C.S.
Honorary Surgeon, Northampton General Hospital.

* A copy of the patient's birth certificate, obtained since the above was written, shows that he was 85 years of age at the time of the operation.

CARCINOMA OF OESOPHAGUS WITH COMPLETE DOUBLE RECURRENT LARYNGEAL NERVE PARALYSIS

(With Special Plate)

The following case appears worthy of record on account of its comparative rarity.

W. B., male, aged 38 years, was admitted to Stobhill Hospital under the care of Dr. James Adam on August 24th, 1932. He gave a history of difficulty in swallowing during the previous three months and inability to take anything but soft foods and fluids. A month later hoarseness began to develop, but at no time was there any severe dyspnoea. A week before admission pleuritic pain in the left side had set in. On admission the patient was pale and emaciated, the voice hoarse and low-pitched. He was able to swallow soft food without much difficulty. No tumour mass was palpable in the neck. Examination by direct and indirect laryngoscopy showed both vocal cords to be fixed in the cadaveric position. They did not adduct on phonation but, being slack, were sucked downwards on inspiration. The epiglottis was of infantile type ; some pent-up saliva was observed in the hypopharynx. *X*-ray examination by barium drink was carried out by Dr. Balfour Black. Obstruction due to tumour was observed at the upper end of the oesophagus, at the level of the manubrium sterni. When thin barium was given it was seen to pass into the trachea and bronchi. It was thought that an oesophago-tracheal fistula might be present. On August 30th, 1932, the patient died from an aspiration pneumonia. At necropsy a carcinoma of the oesophagus was found two inches below the level of the cricoid cartilage and extending downwards for one and a half inches. It encircled the oesophagus, and the recurrent laryngeal nerve on each side was involved in a hard fibrous mass. No trace of a fistula between oesophagus and trachea was found. The lower lobes of both lungs showed septic pneumonia. Microscopical examination of a section of the tumour showed the wall of the oesophagus to be extensively infiltrated by squamous-celled carcinoma.

It is rather remarkable that a complete paralysis of both vocal cords should have developed without any history of dyspnoea. The only probable explanation that I can offer is that one cord must have become completely paralysed before the other cord was affected. The passage

of the barium into the trachea and bronchi must have been due to the paralysis of the glottis. This would be accentuated by the damming back of barium above the stricture, allowing it to drain over into the unclosed larynx.

I wish to thank Dr. James Adam for his permission to publish the case.

Edinburgh. IAN B. THORBURN, M.B., CH.B.

CALCIFIED CYST OF THE SPLEEN

(With Special Plate)

The following case appears to me to be worthy of record as in its routine investigation a large calcified mass in the upper part of the abdomen was seen on the *x*-ray films. This was proved by operation to be a large solitary calcified cyst of the spleen and was treated by splenectomy.

CASE RECORD

W. B., a postal clerk aged 44 years, complained of flatulence after meals, especially after potatoes or fatty foods; this history dated from about 1914. He also stated that he had noticed pain in the left side of the lower part of his chest for the past two years. There was no previous history of any note, and as far as he knew he had never received any injury. He was in the Army during the war and served for a time in Egypt, but he stated he did not contract any disease there. Abdominal examination did not reveal any definite abnormality, but the gastro-intestinal *x*-ray showed some deformity of the duodenal cap and, in addition, a calcified cyst in the upper part of the left side of the abdomen. The radiologist reported that the deformity of the duodenum was due to ulceration, and on this diagnosis I decided to do a laparotomy.

Operation.—Under general anaesthesia a left rectus slide incision was made and the abdomen explored. The stomach and duodenum were normal, showing no signs of ulceration. The gall-bladder was yellow in colour instead of the normal slaty grey, and there were many adhesions from it to the duodenum and other neighbouring parts. The appendix was fixed and, like the gall-bladder, showed many surrounding adhesions. The spleen contained a large cyst with adherent omentum over it, but beyond this there were no adhesions. The other organs were normal. The gall-bladder, appendix, and spleen were removed. Convalescence was uneventful, the drainage tube to the spleen and gall-bladder being removed on the fourth day, and the wound healed by first intention.

Description of Specimen.—The spleen was of normal size, but arising from the lower part of its gastric area was a calcified cyst the size of a tangerine orange, and in one part the wall was very thin where the contents of the cyst were apparently pointing, and where the omentum was adherent. Covering part of the cyst were the spread-out remains of splenic tissue. On section the cyst was found to have a calcified wall about 1/32 inch thick, containing a thick greyish fluid substance which appeared to be pure cholesterol and containing no evidence of blood cells or blood pigment. There was no evidence of any daughter cysts or indeed other evidence of echinococcal infection. A microscopical section of the wall of the cyst after decalcification showed that it was a fibrous structure not lined with epithelium or endothelium and gave no clue to its origin—parasitic, traumatic, or otherwise.

DISCUSSION

Pool and Stillman[1] state that single unilocular cysts in the spleen—the ones usually encountered by the surgeon—are supposed to be for the most part due to haemorrhage. These are more frequently found in females than in males, and of the aetiological factors in their production trauma comes first, although embolism and infection appear to be the cause of a few. The splenic tissue round the cyst is compressed, resulting in a connective-tissue capsule of which the innermost cells may be large and oval, or flattened. The contents of these cysts are cholesterol, and, in addition, albumin and red blood corpuscles. Splenectomy is the ideal and usual form of treatment in these cases provided there is no marked degree of splenic adhesion. Only about 2 per cent. of cases of echinococcal cysts involve the spleen. The parasite often lodges in the centre of this organ, which in consequence assumes an elongated shape considered by some to be characteristic of splenic hydatid disease. Adhesions form early in these cases, fixing the spleen to the adjacent organs.

I can find no reference in the literature to any reported case of a calcified cyst of the spleen, although there appears to be no reason why any cyst in this situation should not calcify. There is no evidence whatever that the cyst described above is of echinococcal origin, as its appearance, macroscopical and microscopical, did not suggest such an origin, nor was there any other hydatid cyst in the other organs of the body. It is rare to meet with this disease affecting the spleen alone. Professor S. L. Baker, to whom I showed this specimen, thought it possible that the cyst was of parasitic (other than hydatid) origin, as he considered that a haemorrhage of this size would have ruptured through the splenic tissue, while there would also have been some evidence of blood pigment in the contents. I am of the opinion that the most probable explanation lies in the cyst being of haemorrhagic origin, but, if so, the cause of haemorrhage is not clear.

F. HECTOR SCOTSON, M.B., B.S.Lond., F.R.C.S.
Honorary Surgeon, Manchester Victoria Memorial Jewish Hospital; Honorary Assistant Surgeon, Manchester Northern Hospital.

[1] Pool, Eugene H., and Stillman, Ralph G.: *Surgery of the Spleen*, 1923.

CHLORAMINE IN LINIMENTUM CALCIS

In the *British Medical Journal* of April 19th, 1924 (p. 711), I described a simple method of chlorinating the linimentum calcis of the *British Pharmacopoeia*, 1914—for use as an antiseptic and emollient dressing for scalds and burns of all degrees of severity—by employing a mixture of liquor calcis and liquor calcis chlorinatae instead of liquor calcis alone. The liniment, however, possessed the disadvantage, common to all preparations of chlorinated lime (such as Dakin's solution and eusol) of requiring varying amounts of this substance—depending on its available chlorine content, which had to be ascertained by assaying—in order to produce a preparation of the required strength. It had the further disadvantage, also common to all such preparations, of losing its chlorine more or less rapidly so that it could not advantageously be prepared in bulk.

Linimentum calcis has been excluded from the *British Pharmacopoeia*, 1932, as has liquor calcis chlorinatae; but chloramine-T, which is a relatively stable chemical compound containing 11.5 per cent. to 13 per cent. of active chlorine, has become official under the title "chloramina." This compound, though soluble in water, is insoluble in oil. I wish to point out that an emollient and strongly antiseptic dressing for burns and scalds, possessing practically none of the disadvantages of preparations of chlorinated lime, can readily be made by shaking up the requisite amount of chloramine (to produce a 2 to 4 per cent. or stronger preparation) with an emulsion of equal parts of lime water and ground-nut (Arachis) and olive or coco-nut oil; the chloramine, though insoluble in oil, dissolves readily in the lime water of the emulsion. The emulsion can also be made with linseed oil, but it is not then so fluid or elegant as when made with the oils mentioned above. To obtain the best results the emulsion must be used freely and of sufficient strength to prevent suppuration.

Cairo. J. WALKER TOMB, O.B.E., M.D., D.P.H.

KENNETH WALKER: PERURETHRAL OPERATIONS ON THE PROSTATE

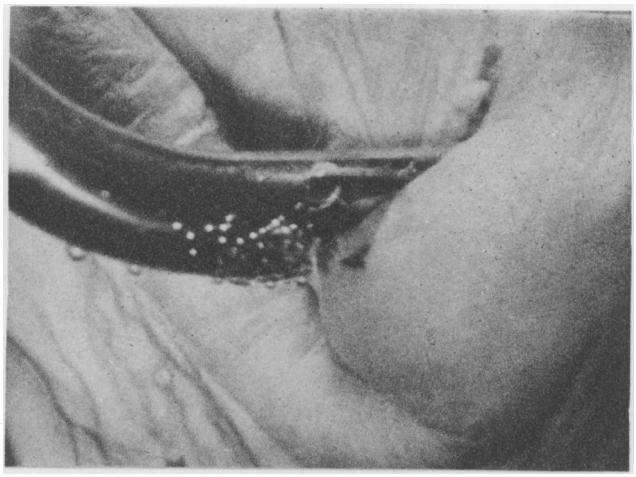


FIG. 1.—The spiral punch, showing preliminary coagulation in a case of "fibrous bar." Note the point of the electrode entering the bladder.

FIG. 2.—McCarthy electrotome at work on a "middle"-lobe intravesical projection of the prostate. The loop in position before the cut.

KENNETH WALKER: PERURETHRAL OPERATIONS ON THE PROSTATE

C. C. HOLMAN: UNUSUALLY LARGE PROSTATE

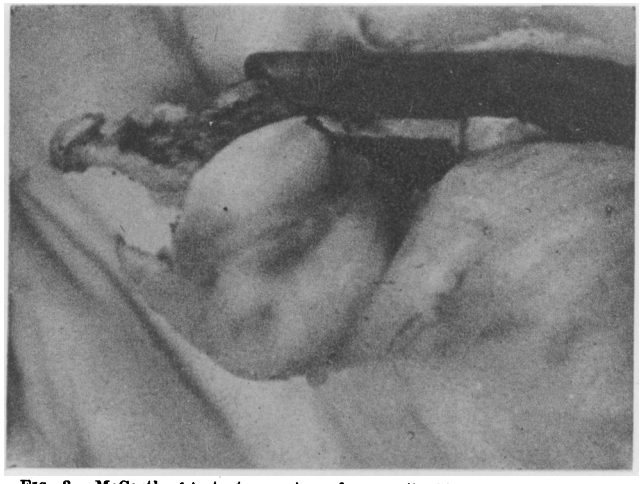
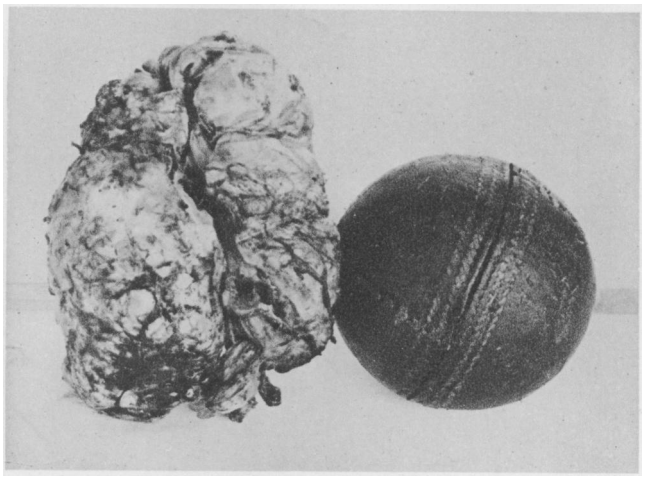
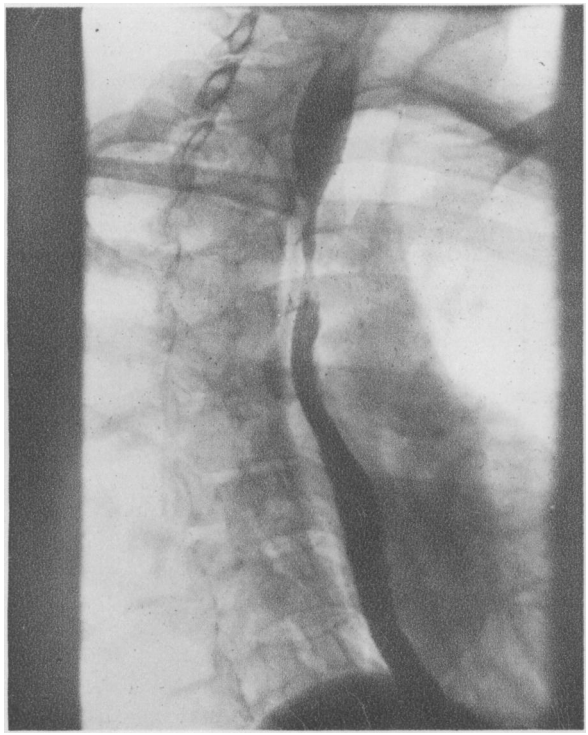


FIG. 3.—McCarthy electrotome at work on a "middle"-lobe intravesical projection of the prostate. The cut is completed.



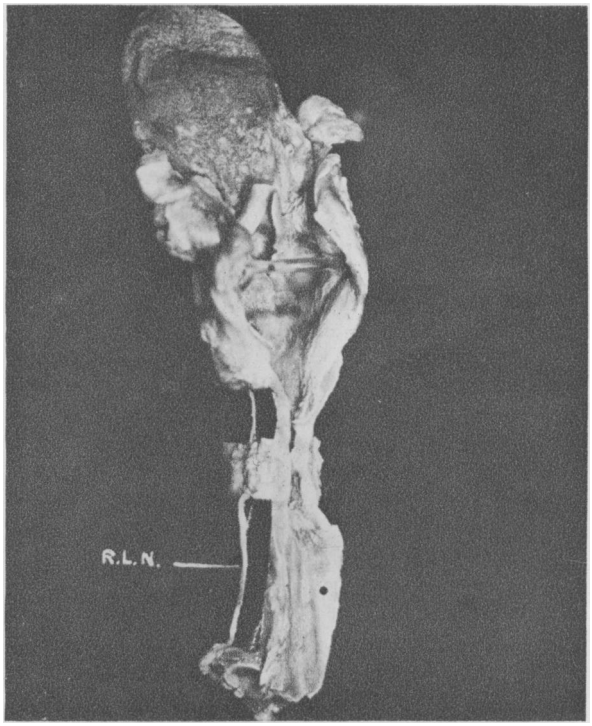
The prostate after removal, beside a cricket ball.

F C. EVE: DISORDERED TRAFFIC REGULATION IN GUT



Spasm of upper (and lower) sphincters of the oesophagus: lateral view.

IAN B. THORBURN: CARCINOMA OF OESOPHAGUS WITH DOUBLE RECURRENT LARYNGEAL PARALYSIS



Specimen dissected to show right recurrent laryngeal nerve.

F. HECTOR SCOTSON: CALCIFIED CYST OF SPLEEN

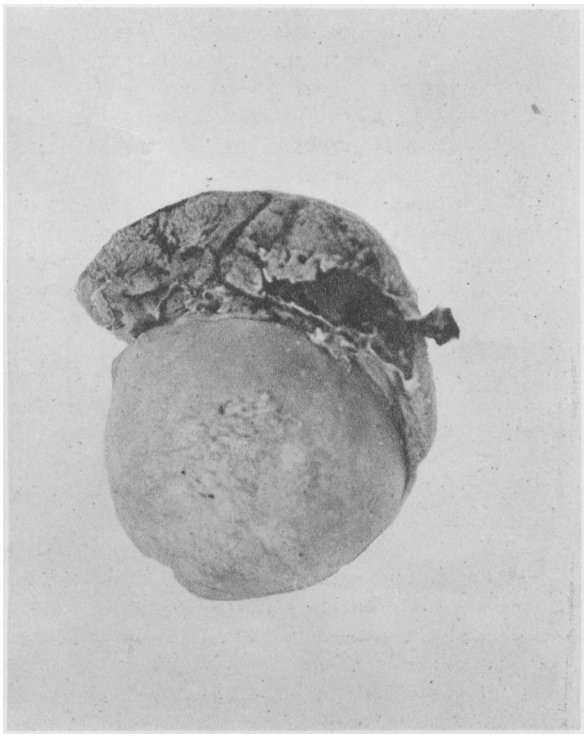


FIG. 1.—Spleen with attached calcified cyst.

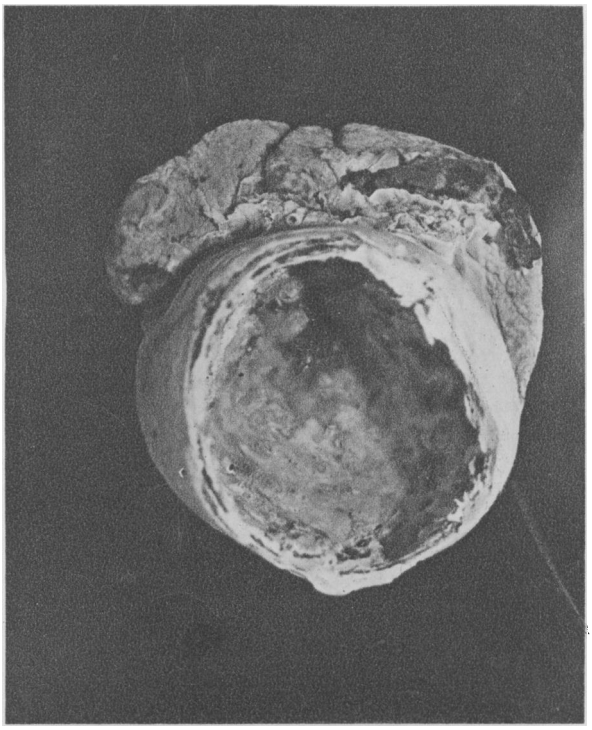


FIG. 2.—Spleen with cyst opened and contents removed.

him. It is entirely due to his efforts that the radiological department has assumed the very large proportions and importance that it occupies to-day. He was a wonderful organizer. He organized the whole department and installed the Erlangen deep *x*-ray apparatus for treating inoperable cancer. It was during the years that he unsparingly gave himself up to his work that he contracted *x*-ray dermatitis, affecting both his hands, and for which he had to forfeit two of his fingers. But this condition, painful though it was, never deterred him from giving his services cheerfully and unsparingly to his poorer hospital patients.

A. C. BALLANCE, M.A., M.B., B.CH.

Dr. Alaric Charles Ballance died after a few days' illness at his residence at Hatfield on February 20th, aged 45 years. He was the only son of Sir Charles Ballance, consulting surgeon to St. Thomas's Hospital, and was educated at Eton and Oxford, and in France and Germany. At the outbreak of the great war he was holding a resident appointment at St. Thomas's Hospital. Having obtained a substitute to carry on the duties he joined the Navy as a temporary surgeon on August 5th, 1914. He served at Antwerp, at Gallipoli, in the Grand Fleet, and at Archangel. Ballance landed on the first day of the landing at Cape Helles, Gallipoli (April 25th, 1915), and also on the first night of the landing at Suvla Bay. He also served in Anzac Cove, and ten years afterwards, when he visited Anzac, he found that his dug-out was but little changed.

In Douglas Jerrold's book *The Royal Naval Division* occurs the sentence: "During and after the Krithia battles at Cape Helles, Gallipoli, the evacuation of the wounded had to be carried out night and day, from our front line, or in front of it, under heavy fire, and over ground wholly exposed to view. In this work Surgeon Ballance (and others) did most brilliant and gallant service." In the battle of June 4th, 1915, in the attempt to advance to Krithia Village from Cape Helles, the Anson battalion, to which Ballance was attached, was almost destroyed. The Turks respected the Red Cross; indeed, the majority disliked the idea of fighting against the English. During the battle of Jutland Ballance was in the foretop of the flagship *Orion*. He made sketches of the various stages of the battle, and sent them to his father, who was serving in the Mediterranean. It is not possible during a naval battle to move about and visit the wounded on a battleship: hence he took his station in the foretop. If his duty had not taken him on to the upper deck he would have been battened down in the operating room below the water-line, without any chance of being of service to the wounded until the battle was over. Nevertheless he received the censure of the admiral the next day; but in all likelihood if the admiral had been a temporary surgeon, instead of an admiral, he would have acted as Surgeon Ballance did.

Ballance was one of many who volunteered to serve in the Zeebrugge expedition. Towards the end of the war some of the gunboats on the Euphrates and Tigris were ordered from Basra, the hottest place on earth, to the Orkneys, and from thence to Archangel, one of the coldest places on the earth. Ballance joined the flotilla in the Orkneys. A severe gale was experienced while these flat-bottomed gunboats were crossing the North Sea to Archangel. Fuel and food were exhausted, and if it had not been for the timely arrival of the ubiquitous British trawlers it is probable that a grave disaster would have occurred. Ballance served in the Royal Navy for exactly five years. On demobilization he settled in Hatfield, where he practised till his death. The practice extended over many miles of Hertfordshire. Last year he was vice-chairman of the East Herts Division of the British Medical Association, and at the time of his death was a member of the Executive Committee of the Division. His strong and lovable personality, his devotion to duty, and his high ideals combined to surround him with a great company of devoted patients and friends—poor and rich. He lived the life of service for others. He has left a widow and four children to mourn his loss.

[The photograph reproduced is by J. Weston and Son, London.]

The death is recorded of Dr. HEINRICH OPPENHEIMER at Nice. He was born in Würzburg in 1870, graduated M.D.Heidelberg in 1892, and took the diplomas of L.S.A. in 1893, M.R.C.P.Lond. in 1895, and M.R.C.S.Eng. in 1899. He served as clinical assistant to the skin department at St. Bartholomew's Hospital and to the Hospital for Diseases of the Skin, Blackfriars. In 1906 he graduated LL.B.Lond., and two years later was awarded the LL.D. for his thesis "Criminal responsibility of lunatics." In 1912 he received the degree of D.Lit. for his thesis "The rationale of punishment," and in 1924 was awarded the Ph.D. for his paper "The constitution of the German Republic." He was called to the Bar by the Middle Temple in 1907, was the recipient of the Campbell-Foster prize, and won the Certificate of Honour (first class) of the Council of Legal Education in 1906. Dr. Oppenheimer was chairman of the Hampstead Division of the British Medical Association in 1909, and acted as a representative of that Division at the Annual Representative Meeting held in Birmingham in 1911. In 1928 he published a book on *Medical and Allied Topics in Latin Poetry*. Dr. Oppenheimer retired from practice some five years ago on account of ill-health.

Dr. THOMAS DIVINE of Fartown, near Huddersfield, died suddenly on February 24th, at the age of 64. He was a native of Kirkintilloch, and graduated M.B., C.M.Glas. in 1892, proceeding to the M.D. in 1905, when he was awarded first-class honours and the Bellahouston gold medal; in 1903 he obtained the D.P.H.Camb. He commenced practice as a partner with Dr. Laird about thirty-five years ago in Huddersfield, where he became very popular. He was a member of the Huddersfield Division of the British Medical Association, and was called to the Bar at Lincoln's Inn ten years ago. His brother, Dr. John Divine, is coroner for Hull. Mrs. Divine died some years ago, leaving a daughter and a son, who is studying medicine.

The following well-known foreign medical practitioners have recently died: Professor MAX JOSEPH, the Berlin dermatologist and author of a work on cosmetics; Dr. IRVING SNOW, a Buffalo paediatrist; Dr. H. MAILLRT, president of the Central Committee of the Swiss Medical Federation; Dr. MARIE DERSHEID-DELCOURT, a prominent orthopaedic surgeon of Brussels, and president of the Federation of Belgian University Women, aged 73; Dr. PAUL RABIER of Paris, the organizer of the annual Salon des Médecins; Dr. BERNHARD RAWITZ, extraordinary professor of anatomy at the University of Berlin, aged 75; Dr. KARL KREIBICH, professor of dermatology and syphilis at the German University of Prague, aged 63; Dr. F. v. WEINGARTNER, an eminent woman paediatrist, aged 54; and Professor GIULIO ROVIDA of Buenos Aires, director of the Argentine Biological Institute, aged 36.

Universities and Colleges

UNIVERSITY OF LONDON

At the meeting of the Senate on February 22nd the following professorial appointments were made: *Chair of Genetics* (University College), from January 1st, 1933, J. B. S. Haldane, M.A., F.R.S., since 1922 Reader in Biochemistry in the University of Cambridge, since 1927 Head of the Genetical Department at the John Innes Horticultural Institution, and since 1930 Fullerian Professor of Physiology at the Royal Institution. *Chair of Chinese Art and Archaeology* (Courtauld Institute of Art), from August 1st, 1932, W. P. Yetts, O.B.E., L.R.C.P., M.R.C.S., Lecturer in Chinese Art and Archaeology at the Institute.

Professor W. Blair-Bell, M.D., F.R.C.S., was appointed Representative on the Court of the University of Liverpool, and Professor Cyril Burt, D.Sc., was appointed Heath Clark Lecturer for 1933.

UNIVERSITY OF BIRMINGHAM

At the annual meeting of the Court of Governors, with the Chancellor, Lord Cecil, presiding, the resignation of Sir Gilbert Barling, Bt., F.R.C.S., from his office as Pro-Chancellor was received with deep regret, and a resolution was passed recording appreciation of his valuable and devoted service to Queen's College, Mason College, and the University of Birmingham during a period extending over nearly fifty years.

UNIVERSITY OF MANCHESTER

Mr. W. W. Kay, M.Sc., M.B., Ch.B., assistant lecturer, has been appointed lecturer in chemical pathology.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons this week discussed the Far Eastern crisis, unemployment, taxation, and the mining industry. The Housing (Financial Provisions) Bill was taken in committee.

In the House of Lords, on February 28th, the Earl of Lucan presented a Bill to amend the law relating to pharmacy and poisons, which was read a first time.

Influenza as a Notifiable Disease

Replying to Major Despencer-Robertson on February 23rd Sir HILTON YOUNG said that the question of making influenza a notifiable disease had been frequently considered. He was advised that this course would not be likely to reduce either the morbidity and mortality from influenza or the dislocation of public services during an epidemic. The many clinical forms which influenza took and the many uncertainties of its diagnosis would make it difficult to draw satisfactory conclusions from notification figures. Acute influenzal pneumonia was already a notifiable disease.

Certification of Incapacity in Scotland

On February 21st Sir G. COLLINS, replying to Mr. Graham, said that in the ordinary course of administration an annual circular letter on the subject of the issue of certificates of incapacity for work to insured persons was recently sent by the Department of Health for Scotland to each Insurance Committee in Scotland. With the letter were enclosed statistics showing: (1) the extent to which such certificates had been issued during the year ended June 30th, 1932, by each insurance practitioner in the Insurance Committee's area; and (2) the results of re-examination by the Department's regional medical officers of insured persons to whom certificates of incapacity had been issued. The letter asked Insurance Committees to inquire into the problems presented by the statistics both in respect of their area as a whole and in respect of individual practices. It also called attention to the importance of correct certification and to the unfortunate results accruing from laxity in this respect. Sir G. Collins further told Mr. Graham that it was not the function of the regional medical officers of the Department of Health for Scotland to make any recommendation with regard to the stoppage of national health insurance benefit in the case of an insured person who had been examined by them, and in no case did they do so. The duty of these officers was to furnish the insured person's approved society with an opinion as to his capacity for work. The decision as to the continuance or stoppage of benefit rested with the approved society, from whose decision the insured person had a right of appeal.

All-India Medical Council

Sir SAMUEL HOARE, replying on February 27th to Mr. Parkinson, who asked if the Government of India would consider the advisability of delaying the introduction of the All-India Medical Council Bill until such time as the federal legislature had been constituted, said that the Bill had already been introduced.

Appointments to Panel Committee for Glasgow

On February 28th Mr. MCGOVERN asked the Secretary of State for Scotland the reason for allowing doctors who had no panel practice to serve on the national health insurance Panel Committee for Glasgow, and if they were required to pay the subscriptions similar to "panel doctors."

Mr. SKELTON said that the arrangements for the appointment of Panel Committees in Scotland were laid down in regulations which provided that only medical practitioners who are under agreement to treat insured persons should be entitled to take part in the election of members of Panel Committees, that all the members should be duly qualified medical practitioners, and that not less than two-thirds of the members should be practitioners under agreement to treat insured persons. He had no reason to think that the provision whereby these committees might include a proportion of non-panel practitioners was other than a desirable one. The arrangement under which the administration expenses of the Panel Committee for Glasgow were defrayed by means of a system of voluntary subscriptions by practitioners was a private one with which he had no concern.

Sir G. COLLINS also told Mr. McGovern, on February 28th, that the number serving on the Panel Committee for Glasgow had been increased from thirty to fifty-six to provide, among other things, for the fuller representation of medical practitioners in the city, whose numbers had very considerably increased since the original regulations were made.

Physique of Recruits

On February 28th Mr. DUFF COOPER informed Mr. Lunn that the figures for the recruiting year 1930–1 in the Army were 82,682 men served with notice papers and 46,818 rejected. The corresponding figures for 1931–2 were 70,418 and 41,667.

Mr. T. WILLIAMS asked if the hon. gentleman attributed this large volume of rejections to a higher standard of military requirements or if it was due to the deterioration in the physique in the manhood of the country. Mr. DUFF COOPER: No; I do not think that any such conclusion could be drawn from these figures. The standard goes up and down in different districts in proportion to the number of recruits that have been obtained.

Lord STANLEY, on February 28th, told Mr. Lunn that as the Admiralty required only about one-fourteenth of the total number who offered themselves for the Royal Navy and Royal Marines only the very best men were taken. In the financial year 1930–1 43,453 men offered themselves. Of these, 38,028 were rejected by recruiters for miscellaneous causes (including obvious physical defects), and 2,451 on examination by medical officers. The comparable figures for 1931–2 were 47,054, 41,063, and 2,781.

On February 28th Sir V. WARRENDER informed Mr. Lunn that the figures for men recruits in the Air Force for the calendar year 1931 were as follows: application forms completed, 11,321; applications taken up, 5,914, of which 3,768 were rejected. The corresponding figures for 1932 were 8,265, 2,042, and 1,255. It should be added that the requirements in 1932 were much below those of 1931. Mr. LUNN asked if the answers to all these questions did not show that we were getting towards a C3 population. (Cries of "No.") No answer was given to the question.

Spurious Degrees Bill

The Spurious University Degrees Bill which Lord Dawson of Penn is to introduce in the House of Lords makes provision regarding the unauthorized use and issue of degrees and the penalties to be imposed in respect of such unauthorized use and issue. If the Bill passes into law it will be a penal offence: (*a*) for any person to use letters after his or her name which are used by any university within the United Kingdom or the Dominions or Colonies to denote the holding of a degree unless such person actually holds a degree conferred by a recognized university; (*b*) for any company, institution, organization, or individual, not being a recognized university, to confer degrees purporting to be university degrees for profit or otherwise. The penalty on summary conviction for contravention of the former will be not less than £5 and not more than £50, and for contravention of the latter £50 for each offence. With regard to Lambeth degrees nothing in the Bill is to be deemed to refer to an academic degree conferred by the Archbishop of Canterbury, or in any way to impair his authority to confer such degrees in accordance with his existing rights.

A "recognized university" as defined by the Bill is: (*a*) any university situated within the United Kingdom, the Dominions, or the Colonies which only grants academic degrees to persons who have undergone a prescribed course of training for at least three years, or which is in receipt of a university grant from the Government of the United Kingdom, the Dominions, or Colonies, or which is recognized by those Governments as a properly accredited university by Royal Charter or its equivalent; (*b*) any university situated in a foreign country having precisely similar status to those mentioned under (*a*), with analogous recognition from the Government of the country, and whose degrees are recognized by the President of the Board of Education as being equivalent to those conferred by recognized universities in the United Kingdom, Dominions, and Colonies.

Health of Elementary School Children.—Mr. RAMSBOTHAM told Lady Astor on February 23rd that of all the children who entered public elementary schools for the first time in 1931 19.4 per cent. were found to require some medical treatment. Figures showing the proportion suffering from mental defects were not available; such defects were frequently not diagnosed until a later stage. Lady ASTOR remarked that the Chief Medical Officer in his report had said that 27 per cent. of the children in elementary schools were physically defective.

Milk Meals for School Children.—Mr. RAMSBOTHAM, replying to Mr. G. MacDonald, gave a tabulated answer showing that from February, 1932, to January, 1933, approximately 81,043 individual children were provided with free milk meals by local education authorities in Lancashire.

Pension Claims.—Major TRYON, on February 21st, informed Mr. Crooke that the number of pension claims outside the seven-years period which were submitted between January 1st and December 31st, 1932, was 4,847. The number recognized was 361, including cases which required no more than medical or surgical treatment. The aggregate number of late applications which had at any time in past years been recognized was, up to the end of last December, 3,393.

Independent Medical Evidence and Disability Pensions.—On February 27th Mr. HARCOURT JOHNSTONE asked the Minister of Pensions if it was the practice to make fresh medical examinations, on behalf of his Department, of men whose claims to disability pensions had been finally disallowed in cases where fresh evidence had been brought forward by independent medical men. Major TRYON said that where fresh evidence of fact was produced which indicated that the decision was given on an incomplete knowledge of the material facts, such action was taken as might be required, including further medical examination if this was found to be necessary to determine the origin of the condition complained of.

The Lunacy Act and the Patient's Relatives.—Replying to Mr. D. Grenfell on February 23rd, Sir HILTON YOUNG said there were objections to the suggestion that a regulation, acquainting the public with their rights under the Lunacy Act, 1890, Section 79, should be posted up in all waiting-rooms where friends came to visit the inmates of mental institutions. The situation was adequately met by the existing rule which required the managers of every institution, on the admission of a rate-aided person, to send a notice, embodying the substance of Section 79, to all persons whose names appeared as relatives or friends of the patient on the statement of particulars accompanying the reception order.

Pit-head Baths.—Mr. E. BROWN states that ninety-eight mines in England and Wales (besides twenty-eight in Scotland) have pit-head baths in use. Bath installations are in construction at thirty-five other mines in England and Wales and ten in Scotland.

Tuberculosis in Scotland in 1932.—New cases of pulmonary tuberculosis notified in Scotland during the year 1932 numbered 5,512, and non-pulmonary cases 3,888.

Medical News

On February 28th the King received at Buckingham Palace Mr. William Hope Fowler, F.R.C.S.Ed., consulting radiologist to the Edinburgh Royal Infirmary, and invested him with the insignia of a Commander of the Royal Victorian Order.

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, on Tuesday, March 14th, by Mr. Wilfred Trotter, F.R.S., Serjeant-Surgeon to the King and surgeon to University College Hospital. The title of the address is "Emergency."

A lecture on thirty years' progress in the study of rheumatic heart disease, prepared by the late Dr. Carey Coombs of Bristol, will be read by Dr. C. Bruce Perry of Bristol at University College Hospital Medical School, University Street, London, W.C.1, on Tuesday, March 14th. The chair will be taken by Dr. F. J. Poynton at 5.30 p.m. The lecture, which will be illustrated by lantern slides, is addressed to students of the University of London and to others interested in the subject; admission free without ticket.

Professor Elliot Smith's course of afternoon lectures at the Royal Institution on the evolution of the mind, announced for March 16th, 23rd, and 30th, and April 6th, and his Friday evening discourse on March 24th, will not be given for the present. The Friday evening discourse on March 3rd is being given by Sir Douglas Mawson on the new Polar province. Lord Ashfield's discourse on London passenger transport will be given on March 24th instead of March 3rd.

An address on religion, science, and philosophy will be given by the Dean of St. Paul's on Tuesday, March 14th, at 8.15 p.m., at University College, Gower Street, W.C., with Sir Herbert Samuel in the chair. The meeting is open to the public, and tickets can be obtained from the director of studies, British Institute of Philosophy, University Hall, 14, Gordon Square, W.C.1.

A paper on recent developments in the warming and ventilation of buildings will be read by Mr. J. L. Musgrave at the Royal Society of Arts, John Street, Adelphi, W.C., on Wednesday, March 8th, at 8 p.m.

The annual general meeting of the Medical Officers of Schools Association will be held at 11, Chandos Street, W.1, on Friday, March 10th, at 5 p.m., when Dr. J. A. H. Brincker will deliver his presidential address.

At the next scientific meeting of the Zoological Society of London, on Tuesday, March 7th, at 5.30 p.m., the communications will include a paper by Dr. R. Crawford, on the structure of the head of the anopheline larva, with observations on its method of feeding (Diptera: family *culicidae*).

At the annual general meeting of the Association of Economic Biologists, held in the Imperial College of Science on February 24th, Professor W. B. Brierley, editor of the *Annals of Applied Biology*, was elected president for the ensuing year.

The Royal Sanitary Institute will hold a sessional meeting, in conjunction with the Yorkshire branch of the Society of Medical Officers of Health, at the Royal Baths, Harrogate, on Friday, March 17th, commencing at 4.30 p.m. After a reception by the Mayor of Harrogate, there will be discussions on the problem of bacillary dysentery, to be opened by Dr. J. A. Charles, medical officer of health, Newcastle-on-Tyne, and on food inspection from the administrative aspect, to be opened by Lieut.-Colonel J. A. Dixon, chief veterinary officer, Leeds. On March 18th visits will be made to the Harrogate and District General Hospital, the baths, and the new municipal offices.

Continuing the series of lectures arranged by the Fellowship of Medicine and Post-Graduate Medical Association at 11, Chandos Street, Cavendish Square, on practical problems in medicine and surgery, Mr. C. Price Thomas will lecture on empyema on Tuesday, March 7th, at 4 p.m. (The lecture is free to members and associates of the Fellowship.) A debate will take place on March 9th, at 9 p.m., at 11, Chandos Street, on the motion "that immediate operation is indicated in every case of 'acute' appendicitis," when Lord Moynihan, president of the Fellowship, will occupy the chair, and the principal speakers will be Mr. R. M. Vick and Mr. W. H. Ogilvie for the motion, and Mr. V. Zachary Cope and Mr. R. J. McNeill Love against. Members and associates of the Fellowship and their friends are cordially invited. On March 21st, at 8.30 p.m., Mr. R. Lindsay Rea will give a demonstration on the fundus oculi at the West End Hospital for Nervous Diseases, Gloucester Gate, N.W. Forthcoming courses include psychological medicine at the Maudsley Hospital, Denmark Hill, from March 14th to April 7th, neurology at the West End Hospital for Nervous Diseases, 73, Welbeck Street, March 13th to April 8th, and proctology at the Gordon Hospital, Vauxhall Bridge Road, from March 20th to 25th.

The University of Heidelberg has issued a programme of lectures in connexion with the various activities which will be held during the spring and summer of this year. Applications for copies of this programme should be addressed to the secretary, Ruprecht-Karls Universität, Heidelberg, Germany.

The fourth Pan-American Medical Congress will be held at Dallas, Texas, from March 21st to 26th.

The forty-eighth German Balneological Congress will be held at Baden-Baden from April 4th to 8th under the presidency of Professor Dietrich. The chief subjects for discussion will be the importance of diagnosis for spa treatment, and the position of climatology. Further information can be obtained from the general secretary, Dr. Max Hirsch, Derflingerstrasse 7, Berlin, W.35.

Under the designation of the fourteenth "Concilium Ophtalmologicum," an international ophthalmological congress will be held at the Palace Hotel, Madrid, from April 16th to 22nd. Specially reduced terms for residence in this hotel during the congress are obtainable. For further information inquiries should be addressed to the conference secretary, Dr. F. Poyales, Olózaga 3, Madrid.

The following medical tours will take place in the South of France during the Easter period. From April 10th to 18th there will be a tour of the Provence and Riviera districts, during the course of which visits will be paid to Marseilles, Aix-en-Provence, Les Baux, Arles, Cassis, La Ciotat, Hyères, St. Raphaël, and Cannes. From April 16th to 23rd there will be a tour along the Riviera, visiting Cannes, Antibes, Juan-les-Pins, Grasse, Vence, Nice, Mentone, and Monte Carlo. The tours will be under the scientific direction of Professors Imbert and Olmer of the Faculty of Medicine of Marseilles, and Dr. Georges Baudouin of the Institute of Hydrology and Climatology at the Collège de France. Full information as to the cost of the tours may be obtained from the secretary, Société Medicale du Littoral Méditerranéen, 24, Rue Verdi, Nice (A.M.)

Dr. Stephen Jellinek, professor of electro-pathology at Vienna, has been awarded the Barbier prize by the Institut de France.

With reference to the announcement made in the *Journal* of February 18th (p. 284) of the Lady Tata Memorial Scholarships for research in blood diseases, we are now informed that the total number of scholarships has been increased to four, and they are open to candidates from all nations, including India. Nominations in respect of Great Britain and the Dominions will be made by the advisory committee in London to the trustees in Bombay. Applications may be addressed either to Dr. H. S. Patel, c.o. Messrs. Tata Ltd., Capel House, 62, New Broad Street, London, E.C.2; Professor A. Vacha, Calvinstrasse 27, Berlin, N.W.40; or to the Lady Tata Memorial Trustees, c.o. Messrs. Tata Sons Ltd., Bombay House, Bruce Street, Fort, Bombay.

Messrs. J. & A. Churchill announce for early publication *Recent Advances in Radium*, by Drs. Roy Ward and Durden Smith of the Radium Institute, London; *Recent Advances in Sera and Vaccines*, by Drs. A. Fleming and C. F. Petrie; *Recent Advances in Endocrinology*, by Professor A. T. Cameron; and *The Practice of X-Ray Therapy*, by Dr. Hugh Davies.

Die Zeitschrift für Kreislaufforschung, the German-speaking special organ for the pathology, physiology, and clinical study of diseases of the heart and vessels, began its twenty-fifth year on January 1st, 1933. For this reason the co-editor, Professor Ed. Stadler (Plauen), gives in this number a detailed review of twenty-five years of research on the circulation, and points out how necessary the development and improvement of an independent journal became owing to the constantly increasing significance of research in the fight against circulatory diseases. Since the first meeting of the German Society for Research on the Circulation in 1928 this journal has become its official organ. It is published by Theodor Steinkopff, Dresden.

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.**

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QUERIES AND ANSWERS

Models of Orbit

"MANCHESTER" writes: Can any reader inform me where models may be hired to study the anatomy and physiology of the orbit?

An Obscure Parasite

Dr. I. H. MACIVER (Fort William) writes: Dr. D. J. MacLeod, one of H.M. inspectors of schools in Scotland, who is also one of the foremost Celtic authorities of the day, recently got hold of an old Gaelic book dealing with the Highlands and Islands of Scotland. In this book there is a case quoted of a man who had a much swollen cheek, to which was applied a poultice of barley dough. After several hours, when the poultice was removed, "a little worm," half an inch in length and about the thickness