was put to bed at 8.30 p.m., complained of feeling tired, and went to sleep. At 1.15 a.m. on December 25th his mother noticed that he was breathing heavily, and he died at 1.45 a.m.

Post-Mortem Findings

At the necropsy, performed on December 27th, the boy appeared well nourished. The colour of the lips, gums, and conjunctivae was little paler than normal. Petechiae were present in the skin of the neck, chest, and abdomen. Numerous small circular bruises, of varying ages, were present on the arms, thighs, and legs. No bruise suggestive of being caused by a cane was found. There was no bruise on the head. The lymphatic glands of the neck, axillae, and groins were palpable, but not prominent.

Petechiae were present in the peritoneum, omentum, and visceral pleurae. The stomach contained blood-stained mucus. The mucous membrane presented innumerable petechial haemorrhages. The liver appeared enlarged and pale. The spleen was almost three times the size of a normal spleen, and, on section, firm. The Malpighian bodies could not be discerned. The convolutions of the left cerebral hemisphere were flattened. The left temporal and occipital lobes were the seat of an extensive haemorrhage, which had ruptured into the lateral ventricle, and had spread to the third and right lateral ventricles. The thymus was bi-lobed and weighed 85 grams. The tonsils, the mediastinal mesenteric and pre-aortic lymph glands, and Peyer's patches were enlarged. The other organs appeared normal.

Histology

Films made from the blood of the right auricle showed enormous numbers of lymphocytes. It is impossible to give even an approximate estimate, but in comparison with other cases the number of lymphocytes present would appear to be more than 150,000 per c.mm. The vast majority of the cells were of the small type, large lymphocytes being comparatively few. The boy had been dead for fifty-eight hours, and most of the cell bodies had undergone degeneration and partial solution, but even in some of the polymorphs, which were extremely scarce, the cell bodies were intact. Many nuclei, especially those of the larger lymphocytes, had undergone partial karyolysis.

In addition to the presence of well-marked periportal lymphomata there was considerable lymphatic infiltration throughout the lobules of the liver. Sections of the kidney showed aggregations of lymphocytes, with marked diffuse infiltration throughout the organ. The structure of the thymus, spleen, and lymph glands was indistinguishable, being obliterated by the lymphatic hyperplasia. In the case of the lymph glands, lymphocytes had invaded the capsule and infiltrated the surrounding tissues.

COMMENTARY

The blood films and sections point to the diagnosis of chronic lymphatic leukaemia, and support the view held by many that even in children these cases are often not seen until late in the disease. For how long the boy would have continued to attend school and take part in rough-and-tumble games if the most unusual complication—cerebral haemorrhage—had not occurred, it is impossible to say. But it is a fact that he did attend school up to a few days before his death with the disease well advanced, and was apparently healthy and vigorous up to December 19th, or even later.

The almost complete absence of symptoms was a remarkable feature. The only symptom was vomiting, due most probably to the cerebral haemorrhage ; but he vomited only six times in six days, and on one of these days did not vomit at all. The vomiting did not appear to be cerebral in type, but had a direct relation to food ; this was definite on two occasions—December 19th and 24th—and probably also on the 20th and 21st, when, according to his mother, he " vomited," but " attended school." Presumably this vomiting occurred after breakfast and before school time. Many cases of leukaemia bruise very readily, and the presence of so many bruises on the legs and arms suggests that the case was of that type. The unobserving mother, her attention focused on the boy only when he vomited, ascribed the bruises to maltreatment. Fortunately for the master concerned she was specific in her charge—" he was caned across the buttocks." This statement was corroborated. If, on the other hand, a general charge of maltreatment, including, say, a smack on the head or " rough handling " in any degree, had been preferred, the master would in all probability have been confronted with an indictment for felony. The difficulties of the defence to a charge of manslaughter in such a case are, from a medical standpoint, obvious.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

RECURRENCE OF PAPILLOMA OF THE BLADDER TWENTY-FIVE YEARS AFTER OPERATION

In May, 1907, a man aged 30 years was sent to me at the Royal Victoria Hospital, Belfast, suffering from haematuria. On cystoscopy, a villous growth composed of a large number of tentacles could be seen at the left side of the internal urethral orifice. The growth did not involve the trigone. The bladder was somewhat trabeculated. A portion of the growth was washed out by catheter, and a microscopical examination showed the typical appearance of a simple papilloma.

On July 4th, 1907, the bladder was opened suprapubically, and a villous tumour about the size of a horse-chestnut was removed from its wall a little to the left of the internal meatus. The tumour was sessile, and was dissected out with an elliptical area of surrounding mucous membrane. The resulting wound in the mucous membrane was closed with catgut sutures. Convalescence was uneventful, and I heard nothing of the patient till he presented himself on January 9th, 1933, with a recurrence of haematuria. He states that since his operation he had no urinary symptoms whatever until January 3rd, 1933, when he noticed dark-red blood, with clots, in his urine. Cystoscopy showed a typical sessile papilloma, about the size of a hazel-nut, medial to, and posterior to, the left ureteral orifice. A minute baby papilloma was seen just medial to the main mass. Both of these growths were apparently simple. The bladder wall elsewhere was healthy except for slight trabeculation. The papillomata were destroyed by fulguration.

I have called this a recurrence, but it may be a new development and quite unconnected with the growth I removed from this man's bladder twenty-five and a half years ago. The first operation was performed before the discovery by Beer of the value of diathermy in these cases.

Belfast. ANDREW FULLERTON.

NECATOR SUILLUS AS A HUMAN INFECTION

The occurrence in the pig of hookworms, designated *Necator suillus* by Ackert and Payne in 1923, has given rise to several attempts to infect pigs experimentally with the closely related human species, *Necator americanus*. Although with one exception (cf. Goodey, 1923) such attempts have not been quite conclusive, the general belief is that the pig is not a suitable host for *N. americanus*, and therefore not an important factor in the spread of hookworm disease. I attempted the converse of these experiments—namely, the production of a human infection with *N. suillus*—in Trinidad during the summer of 1932, with a positive result.

In order to make a pure culture of infective larvae of *N. suillus*, numbers of the adult worms were collected from

pigs slaughtered at the abattoir in Port-of-Spain, and eggs obtained from the female worms were cultured to the infective larval stage in a medium of sterilized pig's faeces and soil. The infection was induced cutaneously, the larvae being applied to the forearm in drops of water which were allowed to evaporate. Eleven separate applications were made, the majority during August, and averaged about eighty larvae each. The first was given on July 29th, and the last early in September. The number of larvae which entered the skin, as indicated by the inflammatory lesions at the points of entry, was estimated at about sixty. Hookworm eggs were first noted in the faeces on September 21st, fifty-four days after the first application, and continued to be passed during the following four months, at the end of which time three necators, two females and one male, were evacuated after treatment with oil of chenopodium. These worms were identified as *N. suillus*.

It may be concluded from this experiment that *N. suillus* is a potential human parasite, and by virtue of the close association of pigs and human beings in some tropical countries this may be assumed to be an occasional, if hitherto unrecorded, natural infection in man. Owing to the close resemblance between *N. suillus* and *N. americanus*, such infections might easily be overlooked, for *N. suillus* is readily mistaken, by naked-eye examination alone, for an incompletely grown *N.. americanus*. Microscopical examination of all suspected specimens would be necessary in order to estimate the incidence of *N. suillus* in human beings. The low infection rate, as indicated by this experiment, would appear to suggest, however, that *N. suillus* is not a frequent occurrence in man, and that it is probably to be regarded only as an occasional human infection.

J. J. C. BUCKLEY,
Wandsworth Research Scholar of the London School of Hygiene and Tropical Medicine, Trinidad.

ACUTE YELLOW ATROPHY OF THE LIVER FOLLOWING TREATMENT WITH QUINOPHAN

Although treatment with atophan and quinophan is by no means a recent development, acute yellow atrophy of the liver following its exhibition is fortunately uncommon. Reah (*Lancet*, 1932, ii, 504) mentioned thirty-five cases of this complication, eighteen of which were fatal, and in this series of fatal cases the doses of atophan given before toxic symptoms appeared varied from several thousand grains to 60. Although the dose of quinophan given in the case recorded below exceeds his minimum dose, the rarity of the condition and the small doses carefully given over a long time seem to make this case worthy of record, especially when one considers that these synthetic quinoline derivatives are readily purchased on demand in many chemists' shops.

Case History.—The patient, a woman aged 48, had suffered over a long period with chronic rheumatoid arthritis, affecting principally the small joints of the hands and feet, but also involving the knees and elbows. This disease prevented her from working, and even sometimes from getting about. She had had many different treatments, but none had produced more than temporary relief. In October, 1932, her medical attendant decided to try the effect of quinophan, and she was given twelve tablets of this drug of 5 grains each. These she was directed to take as follows: two tablets daily for three days, one tablet daily for three days, omit altogether for a week, and then take the remaining tablets, one daily. With each dose she had a large drink of water. During this use of the drug she felt slight nausea, which passed off on completing the course, and the arthritic symptoms were much improved. In December, 1932, her pains had become worse again, and a second course of quinophan was started. This was given in the same amount and doses as before, with no immediate ill-effect. During December she complained of slight indigestion and nausea, and one week later vomiting commenced, but was slight at first. On January 4th, 1933, she was first noticed to be jaundiced, but not feeling really ill she did not visit her doctor until January 7th. At this time a serious view was not taken of the case, and general treatment was prescribed. On January 10th, however, the jaundice was deeper, the vomiting had become intractable, and her mental condition was impaired. She was admitted to St. George's Hospital on January 11th in a semi-comatose condition. On admission she was deeply jaundiced, and physical examination revealed only a mild degree of mitral stenosis, some ascites, and an extensor plantar response. She was able to take fluids well for a few hours, and did not vomit during this time. A few hours after admission she rapidly became stuporose, and died in hyperpyrexia fourteen hours later in spite of intravenous infusions of glucose and alkali. Her pulmonary condition before death was suggestive of pulmonary oedema, but this reacted well to injections of atropine.

Post-mortem Findings.—There was an extreme degree of atrophy of the liver (weight 24 ounces), showing typical necrotic and haemorrhagic areas. The peritoneal cavity contained 2 to 3 pints of straw-coloured fluid. Most striking also was the presence of innumerable petechial haemorrhages in the omentum and mesentery, and beneath the parietal peritoneum. In both lungs there was a considerable degree of oedema, with basal collapse, and there were also many subpleural petechiae. The heart showed early mitral stenosis, with petechiae beneath both pericardial layers, also a few subendocardial petechiae. The brain showed no haemorrhages, but these were present in the fat throughout the body, in the skeletal muscles, and beneath the gastro-intestinal mucosa, but the latter showed no signs of necrosis such as might have been caused by an irritant poison.

This case is particularly interesting from the point of view of the doses and time intervals, and also of the extremely rapid progress of toxaemia. This rapid effect of the drug was presumably due entirely to idiosyncrasy of the patient, as there was no history suggestive of any previous hepatic damage or insufficiency, while the cardiac lesion did not appear severe enough to have produced alterations in the liver.

I am indebted to Dr. Anthony Feiling, under whose care this patient was while in St. George's Hospital, and to Dr. John Taylor, who made the post-mortem examination, for permission to publish this case.

HERBERT C. WADGE, L.R.C.P., M.R.C.S.,
House-physician, St. George's Hospital.

Reports of Societies

DIABETES

At a meeting of the London Jewish Hospital Medical Society, held at Stepney Green on March 9th, with the president, Mr. HAROLD KISCH, in the chair, a symposium on diabetes took place.

In opening, Dr. OTTO LEYTON said that it was his duty to indicate the directions which discussion should traverse rather than to record his own observations, experiences, and conclusions. He emphasized the fact that hyperglycaemic glycosuria was not necessarily diabetes mellitus, and discussed very briefly five methods of making a diagnosis in mild cases without symptoms. The treatment he advocated was insulin as soon as an undoubted diagnosis had been arrived at, along with a diet suited to the individual. He considered it a medical impertinence to dictate to the patient the proportions of carbohydrate, protein, and fat in his diet, and that it should rather depend upon the idiosyncrasies of the individual. Most cases demanded at least 150 grams of carbohydrate, and many might receive much more with benefit. The doses of insulin should be adequate to keep the sugar content of the blood between 0.08 and 0.15 per cent. If the patient rested his pancreas in that manner and did not stimulate it by taking alcohol he ran a good chance of being able to cease taking insulin after a few years. As regards the effect of infections upon the action of

ONE HUNDRED AND FIRST ANNUAL MEETING
of the
British Medical Association
DUBLIN, 1933

THE one hundred and first Annual Meeting of the British Medical Association will be held in Dublin this summer under the presidency of Dr. T. Gillman Moorhead, Regius Professor of Physic, Trinity College, who will deliver his address to the Association on the afternoon of Tuesday, July 25th. The sectional meetings for scientific and clinical work will be held, as usual, on the three following days, the morning sessions being given up to discussions and the reading of papers, and the afternoon to demonstrations. The Annual Representative Meeting for the transaction of medico-political business will begin on the previous Friday, July 21st. The list of officers of the sixteen Scientific Sections and the subjects for discussion was published in the SUPPLEMENT *of April 15th. Other details of the arrangements for the Annual Meeting will be given in later issues. We publish below the second of a series of descriptive articles on Dublin and its medical institutions. A preliminary note appeared in our issue of December 3rd, 1932 (p. 1026), and an article on the History of Dublin on March 18th, 1933 (p. 476).*

THE DUBLIN OF TO-DAY

BY WILLIAM DOOLIN, M.B., F.R.C.S.I.

To those who have not yet made her acquaintance Dublin is but the name of a city whence emanate countless thousands of sweepstakes tickets, barrels of Guinness's stout, and endless matter for futile political argument. But upon those strangers who, in the phrase of the mediaeval annalist, have been "vomited up out of the sea on to the shores of Eireann," the city and its associations have ever exerted a most potent charm. Dublin has known many conquerors, but she has in turn conquered them all. Gael, Dane, Norman, and Englishman have left their mark upon the city. But that centuries-long story has been outlined in a previous article in these columns; here we shall attempt to give a brief impression of what modern Dublin has to offer by way of interest and attraction to the visitor in July of 1933.

Of the several ways of reaching Dublin from England — half a dozen at least—there is one we would most insistently recommend to the visitor. First impressions count for much, and the approach to Dublin by the mail-boat from Holyhead on a late July afternoon is an impression likely to remain long in the fortunate traveller's memory. For even the most timid of sailors the sea journey is a short one—less than three hours from port to port—and in July the Irish sea is never uncivil to visitors! As the boat enters Dublin Bay, which is bounded by the wooded headlands of Howth and Killiney, those on deck get their first glimpse of the city; almost at the water's edge, it nestles beneath a range of encircling hills. The ship's prow presses on towards Dun Laoghaire—the King's Town—where the outflung piers of the harbour seem in the slanting rays of the sun as a pair of white arms stretching out to greet the stranger about to enter Ireland of the Welcomes. There are other routes, by rail from Rosslare in the south or from Belfast in the north: the visitor may also come by the same route overnight, or enter Liffey's mouth in the morning from Liverpool; but for him who comes with pleasurable anticipation of a week's visit to the city, such anticipation will be heightened by approaching Dublin by the route I have recommended.

FIG. 1.—BANK OF IRELAND AND TRINITY COLLEGE.

Dun Laoghaire, the chief harbour of Leinster, lies some seven miles south of the city. A pleasant drive through the outskirts leads the visitor by tree-lined roads past the suburban dwellings of Dublin's more prosperous citizens, past colleges and the spacious premises of the Royal Dublin Society—scene of how many brilliant Horse Shows—into the heart of a modernized eighteenth century city. For its outward appearance and general conformation, as well as for much that is beautiful in the interior decoration of its public buildings, the Dublin of to-day has to thank the town-planners and builders of an earlier Irish Parliament, whose activities were brought to a standstill by the passing of the Act of Union. Dubliners owe a debt of civic gratitude to the vision and determination of John Beresford—the family name has the knack of cropping up periodically in both Irish and English history—who for thirty years held the post of Commissioner of the Revenues in Grattan's Parliament. In the earlier years of that Parliament Dublin was still the walled mediaeval town of the days of Charles II. Two memorials of the Restoration era flourish in Dublin to-day: they are the chief recreation grounds of the citizens—the Phoenix Park, a Viceregal gift, and St. Stephen's Green, the creation of the municipality. Another Stuart memorial is the Royal Hospital at Kilmainham, built on the site of the ancient hospital of the Knights of St. John. Of all the public buildings in which Dubliners take just pride, this hospital alone (save for the two Cathedrals of Christ Church and St. Patrick) existed in the seventeenth century.

SOME HISTORICAL BUILDINGS

In its essential architectural features, in almost all that attracts the eye of the observant visitor, the Dublin of to-day is fundamentally the creation of the closing years of Grattan's Parliament. That Parliament erected at its own cost the great façade of Trinity College facing Parliament House (now the Bank of Ireland) across College Green. It is here we would have our visitor come for a second unforgettable impression of our city. Let him stroll by moonlight down from Grafton Street past the Provost's House to seek the *coup d'œil* made by the front of the Bank with the corner angle of Trinity College at the conjunction of College Street and Westmoreland Street. There he may feast his eyes on a Whistler-like nocturne in stone. He is at the heart and centre of the city (Fig. 1). From here, under Beresford's direction, the Commissioners of Grattan's day drove great streets north, west, and south. The Liffey was spanned by Carlisle (now O'Connell) Bridge, linking up Westmoreland Street with Sackville (now O'Connell) Street; the latter (150 feet wide) has been aptly described as "one of the four finest streets in Europe" (Fig. 2). Westwards, Dame Street (so called from an ancient mill dam near the old Eastern Gate), leading from College Green to Dublin Castle, was widened; Grafton Street and Dawson Street were opened up to connect the town with the "Green Park of St. Stephen" to the south, then rapidly growing fashionable as a residential centre for the aristocracy of the day. In the years preceding the Act of Union, Dublin society followed the lead of the Duke of Leinster and moved to the south side of the river. The Duke's building, Leinster House, is to-day the seat of the Legislature of the Irish Free State. Its erection was speedily followed by that of many others in the neighbouring "squares." Dublin's leading hotel, the Shelbourne, on the north side of St. Stephen's Green, stands on the site of the former residence of Sir William Petty, master of the Down Survey; it took its name from Sir William's son, who became Earl of Shelbourne. Across the Green lived the notorious "Buck" Whaley, whose residence became in 1854 the seat of Newman's University College, forerunner of the present National University. On the east side, St. Vincent's Hospital was then the residence of the Earls of Meath and Westmeath, while Henry Grattan, leader of the Parliament, lived next door. For the lake and gardens that beautify "The Green," to-day Dublin is indebted to a benefactor of a more recent generation—Lord Ardilaun, head of the well-known house of Guinness. The two large squares nearby—Merrion and Fitzwilliam Squares, now in the main the professional quarter of the city—owe their origin to the wave of fashion which followed the erection of Leinster House; the passing of the Act of Union led to the dispersal of their first aristocratic occupants. For nearly a century past Merrion Square has been the "fashionable" medical centre. Of the many medical luminaries whose work made the Dublin school of medicine renowned in the latter half of the nineteenth century we would allude in passing to Sir Philip Crampton—whose monument now stands on the site of the old Danish "Steyne," the oldest landmark in Dublin—to Sir William Wilde, to Graves, Stokes, Corrigan, and a host of others. At Mornington House (now the offices of the Irish Land Commission), in the short street that links both Green and Square, tradition has it that the "Iron Duke" first saw the light.

FIG. 2.—O'CONNELL STREET, DUBLIN.

FIG. 3.—CUSTOMS HOUSE, DUBLIN.

The Houses of Parliament were left untenanted by the passing of the Act of Union (1800); two years later they

were sold to the Bank of Ireland for less than half their original cost. The splendid Ionic colonnade that faces College Green occupies three sides of a square ; the central portico is surmounted by figures carved by Edwin Smyth, a Dublin sculptor, which represent Hibernia, flanked by Fidelity and Commerce. The present entrances are at either end of the portico ; formerly a central door led directly to the House of Commons, through a great hall, the Court of Requests, now the cash office of the Bank. The original House of Commons was removed in the structural changes which followed the Bank's acquisition of the building. The House of Lords, however, has been but little altered, and is now known as the Court of Proprietors, or Board Room. The original tables and chairs are still in use, and the walls are hung with two fine tapestries (Baillie, 1733) representing the Battle of the Boyne and the Siege of Derry.

The stamp of one man's genius—James Gandon, a Londoner, grandson of a Huguenot refugee—is on the chief architectural glories of the city. Brought over originally by Beresford to build the Customs House (Fig. 3), he also designed the Courts of Justice and the building of King's Inns. His, also, is the east front of the Parliament House, facing Westmoreland Street, the one-time entry to the House of Lords. By the irony of history both the Customs House and the Four Courts, Dublin's finest architectural monuments, were heavily damaged in recent " troubled " times. Happily the original plans were still extant, and these two magnificent buildings on the river have been wholly restored to their pristine grandeur ; the interiors have benefited materially by the restoration. The General Post Office in O'Connell Street, which was entirely demolished in 1916, and which has only recently been restored, was not erected till early in the nineteenth century.

Space precludes further detailed account of this era in the city's development. The discriminating visitor, however, should make an effort to visit some of the private mansions built during that period and now devoted to public uses. First of these is Leinster House, now the seat of both Dail and Senate. Next in importance is Charlemont House (1773) in Parnell (Rutland) Square, till recently the office of the Registrar-General and now restored more in accordance with its builder's original intention ; as the Municipal Art Gallery it will house the Lane Collection, hitherto lodged in Harcourt Street. Close by is Belvedere House, built in 1775 ; it is now a Jesuit College. The Fathers maintain the Venus Drawing Room and the Diana and Apollo Rooms as such rooms ought to be maintained ; with their Venetian stucco work and Bossi mantelpieces they are perfect examples of eighteenth century work in Dublin, and well repay a visit. The magnificent Powerscourt House (1771) was at one time the Government Stamp Office, and is now a wholesale drapery establishment. *Eheu fugaces !*

Thus the main lines of Dublin's development were laid down under the aegis of a native Parliament. While the abolition of that Parliament meant a heavy loss of social prestige to the city, the civic spirit awakened by its activities persisted, and through the ensuing century sought in many ways to increase the social comfort of the city. The municipal directors established the policing of the streets, introduced gas lighting, and an excellent water supply ; private enterprise was responsible for the inauguration of a steam-packet service between Dublin and Holyhead, and later for an admirable tramway service. With the passing of the Emancipation Act came most of Dublin's parish churches. The nineteenth century saw the addition of many public buildings, notably the General Post Office and the Royal College of Surgeons in Ireland, and the erection of the majority of the city hospitals. Very complete systems of main drainage and of electric lighting were later installed, and the Phoenix Park was enriched with one of the finest zoological gardens in Europe. (The last act of the dying Parliament in 1798–9 had been a vote for the establishment of the Botanic Gardens at Glasnevin). Phoenix Park, on the north-west boundary of the city, has a total extent of more than twice that of the united areas of Hyde Park and Regent's Park in London. It is an unrivalled recreation ground for Dublin's citizens and visitors of every class. It possesses a racecourse and polo grounds, and is the headquarters of many cricket and football clubs. Its name, corrupted from the Irish *Fionn-uisge* (clear waters), came from a spring in what are to-day the Zoological Gardens ; the corruption has been perpetuated by a monument erected by Lord Chesterfield in 1747, depicting the classical myth. This monument had to be displaced from its site in 1929 to permit of the holding of the motor races for the Irish Grand Prix in that and subsequent years. As the visitor drives along the two-mile " straight " of the track, which is the main road through the Park, he will catch glimpses through the trees of the Zoo, of the People's Gardens, and of many handsome " lodges," now occupied by members of the Diplomatic Corps in Dublin. The great obelisk was erected by private subscription in celebration of the victories of Wellington.

The Dublin of to-day, grown from the palmy days of the eighteenth century, has assumed the cosmopolitan atmosphere of the modern European capital. The " dear old dirty Dublin " of our childhood's days is wholly a thing of the past. Her streets are wide, well kept, and superbly lighted ; in her electric tramway and omnibus services she possesses a system of internal communications unsurpassed in any European city. Her population, which was 170,000 in 1805 and 289,000 in 1901, is 416,000 to-day. She still has her beautiful old buildings, and has added to them many modern ones of beauty and interest. Her surroundings, in charm and variety of scenery as well as in accessibility, are unequalled by those of any English city. Within half an hour's drive from any point in the city the visitor may reach the bold cliff walks of Howth or Bray, the intervening coastal bay of Killiney, and the pastural loveliness of Lucan (along an exquisite drive by the river). Those who would seek further variety have at their disposal a wide choice of drives through the wooded glens and wild defiles of the Dublin mountains ; while north and west stretch the great plain and pastures of Meath and Kildare.

What other " diversions " have we to offer him? In Dun Laoghaire Harbour there are yacht clubs, and among Dublin's medicos are some with no small skill in sail. If he golfs he will be brought to Portmarnock or Dollymount, pronounced by Darwin and Duncan as the equal of Prince's or Hythe. As for theatres, he can listen to the Irish Players every night of the week in their own Abbey home. If he is artistically inclined Dublin has a wealth of things to entertain him. With but little money to buy great works of art, Dublin's contribution to the arts within the past century has been mainly literary. Yet in the museums and galleries the city has not a few treasures to display. Chief among them are her own treasures of Celtic art: the Cross of Cong, the Tara Brooch, and the Ardagh Chalice at the National Museum are miracles of design and workmanship, excelled only by the beautiful intricacies of the Book of Kells in the library of Trinity College. At the National Gallery the visitor can feast his eyes on Rembrandt, Titian, El Greco, Goya, before crossing the city to see what the " moderns " are doing at Parnell Square.

A parliamentary writer of the eighteenth century, impressed by its numerous architectural beauties, reported that " there never was so splendid a metropolis in so poor a country." The splendour is a little mellowed now by age, and the poverty of the country has been largely replaced by modest comfort, but Dublin has remained ever conscious of her distinction and quality as a capital city. Once the capital of a colony, she has become the capital of national Ireland. A city of contrasts, to the inquiring visitor she presents a fascinating study—that of a capital in evolution. He will find her as fair as her welcome.

[The photographs accompanying this article are reproduced by the courtesy of the Irish Tourist Association.]

The centenary of the association of the medical practitioners of the Seine Department, founded by Dr. Orfila, dean of the Paris Medical Faculty, on May 6th, 1833, will be celebrated this year.

Dr. R. W. CRAIG writes:

The death of Dr. Drever will be greatly regretted in all parts of Scotland. He was a well-known personality, and medical men throughout the length and breadth of the country will greatly regret the loss of a wise counsellor and friend. Quiet and unassuming by nature, his sterling qualities impressed themselves on one the better one knew him. He had a wide experience in various spheres before he was appointed as Scottish Medical Secretary. This stood him in good stead in the varied duties that have to be dealt with in the Scottish Office.

Drever was the fortunate possessor of an orderly, logical, and relevant mind. His advice was greatly valued. He was never in a hurry. He never spoke without thinking. In conversation with him one was sometimes tempted to think that he took a long time to give an opinion, but one soon came to recognize that this was largely the reason that his advice was so useful and his judgement so sound. He had a most retentive memory, and, whilst endowed with the capacity of taking the broad view on any question, he was also able to deal efficiently with the details, and visualize the repercussions which any new developments involved. In taking leave of the Scottish Committee he wrote: "It is a great trust that is placed in the hands of the committee, and I trust that wise counsels will always prevail." As his successor in office I have had special opportunity of appreciating the value of his work for the Association and for the medical services in Scotland. I shall greatly miss his friendly advice and help.

[The photograph reproduced is by E. Holford Debenham, Edinburgh.]

W. H. MARTINDALE, PH.D., F.C.S.

Editor of the *Extra Pharmacopoeia*

As briefly announced in our last issue, W. Harrison Martindale died at his home in Brondesbury on April 8th, aged 58. The son of William Martindale, who founded the pharmaceutical business in New Cavendish Street in 1873, he was educated at University College, and at Marburg University under Professor E. Schmidt. The thesis for his Ph.D. degree was on "Researches on Corydaline," which was read before the Philosophical Faculty of the university in 1898. Subsequent communications by him to various journals included papers on salvarsan (1911—in conjunction with Dr. W. Wynn Westcott), on digitalis assay, lactic acid bacilli, organic arsenic compounds, essential oils in relation to antiseptic powers, atomic weights, basic quinine and other alkaloidal injections, emetine preparations, and on the treatment of amoebic dysentery—the last two in conjunction with Dr. J. Graham Willmore in 1926. Dr. Martindale took over the business on his father's death in 1902. Soon afterwards he transferred the wholesale and manufacturing departments to large premises at the back of the old shop, and from his laboratory there went forth during the ensuing years a constant stream of new chemical and pharmaceutical preparations, many of them introduced at the suggestion of medical friends. He was one of the first to realize the value of issuing liquids for injection in the form of sealed ampoules, and installed his own glass-blowing department.

Dr. Martindale's life-work was the *Extra Pharmacopoeia*. After the death of his father he carried on the work through eight editions in collaboration with Dr. Wynn Westcott, until the latter died in 1925, and since then with occasional assistance from medical friends. Few except those intimately connected with the book can have any conception of the immense labour entailed in revising it for each new edition. The unremitting work at high pressure necessary to the production of volume i of the twentieth edition, which appeared last September, was in large measure responsible for the breakdown in health which followed its publication. In the light of his subsequent fatal illness there is a tragic ring in the closing words of the preface: "The writer hopes that some of the information embodied in this edition may prove helpful to suffering humanity in regaining and retaining—to borrow the phrase of an old friend—that priceless blessing—good health." As we said in the review published on October 29th, there are few books that have maintained so great a popularity among members of our profession as the *Extra Pharmacopoeia*, and we assured its editor that the profession appreciated very highly the result of his labours. We would like to add here that on innumerable occasions W. H. Martindale, and his father before him, gave ready help to the Editorial Department of the *British Medical Journal*, in answering queries from readers and supplying information on matters pharmaceutical and pharmacological. The ready good nature with which he drew upon his vast store of accurate knowledge will long be remembered gratefully in this office.

Universities and Colleges

UNIVERSITY OF OXFORD

THE MAY FELLOWSHIP

A fund, amounting to approximately £11,000, the bequest of the late Miss Alice Mary May, was accepted by Congregation on April 8th. It is to be devoted to the establishment and maintenance of a Fellowship in the University for the provision of assistance in the preparation of candidates for the examination of the degree of Bachelor of Medicine, and to be awarded for knowledge and proficiency in the higher branches of medical and surgical science and research. The duty of the Fellow, in addition to that of providing assistance to B.M. candidates, is to conduct research. The Fellowship is confined to British subjects who are Bachelors of Medicine of the University of Oxford, or who hold an equivalent degree of some other British university, or who are Members of the Royal College of Physicians of London or Fellows of the Royal College of Surgeons of England. The holder, who is to be styled "the May Reader in Medicine," retains office for seven years, and is subject to the jurisdiction of the Visitatorial Board. He must reside within the University for at least six months in each academic year. The Fellowship is tenable with a stipendiary Fellowship at a College or with a University Demonstratorship, but not with both; it is not tenable with a University Readership or Lectureship. The stipend is provisionally fixed at £400 per annum. The first Reader is to hold office only until the first day of the Michaelmas Term, 1935.

UNIVERSITY OF LONDON

The degree of Ph.D. in Biochemistry in the Faculty of Science has been awarded to S. W. Johnson (Lister Institute of Preventive Medicine), and the degree of D.Sc. in Physiology to R. J. Lythgoe (University College).

The regulations for the second examination for medical degrees, Part II, have been amended by the addition of the following after the first paragraph on page 211 of the Red Book, 1932–3, and after the second paragraph on page 256 of the Blue Book, September, 1932:

Candidates who are referred in one subject only at the First Examination for medical degrees in July or December and pass in that subject at the next following First Examination for Medical Degrees will be permitted to proceed to the Second Examination for Medical Degrees, Part II, as though they had completed the First Examination for Medical Degrees in July or December respectively, provided they have completed the prescribed course of study.

Professor M. E. Delafield has been appointed representative at the sixth Imperial Social Hygiene Congress, to be held in London from July 3rd to 7th. The ceremony of presentation for degrees will take place at the Royal Albert Hall on Wednesday, May 10th, at 2.30 p.m. The annual service for members of the University will be held at Westminster Abbey at 5.30 p.m., when the Rev. Canon C. Jenkins will preach. The graduation dinner will take place in the evening at the Drapers' Hall, when the Chancellor will preside.

Mr. Hope Carlton, M.Ch., F.R.C.S., has been appointed Warden of Connaught Hall as from January 1st.

Sir John Rose Bradford, Bt., M.D., and Lord Meston have been re-elected chairman and vice-chairman respectively of the University College Committee for the year 1933–4.

Applications for grants from (1) the Dixon Fund, for assisting scientific investigations, and (2) the Thomas Smythe Hughes and Beaverbrook Medical Research Funds, for assisting original medical research, must be received by May 15th. Particulars from the Academic Registrar.

Studentships

The Geoffrey E. Duveen Travelling Studentship in oto-rhino-laryngology, of the value of £450, will be awarded annually. The tenure shall, in the first instance, be for one year, part of which will be spent in study abroad, in accordance with a scheme approved by the Geoffrey E. Duveen Studentship Board, but it may be extended for one or two years, and during the extended period the student may be allowed to undertake research at the Royal Ear Hospital, or some other laboratory approved for the purpose. Grants for promotion of research in oto-rhino-laryngology, or in any part thereof, may also be made by the Trust Fund. Full particulars can be obtained from the Academic Registrar, South Kensington, S.W.7, and prescribed forms of application must reach him not later than June 12th, together with a statement of the nature of the research proposed and a scheme of study for the approval of the Board.

A University Studentship in Physiology, of the value of £100 for one year, and tenable in a physiological laboratory of the University, will be awarded to a student qualified to undertake research in physiology. Applications must be received by the principal by May 31st, from whom full regulations may be obtained.

London School of Hygiene and Tropical Medicine

The following special lectures will be given in the Public Health Division. April 20th and 21st, at 4 p.m., Dr. B. M. Macewen: maternity and child welfare. April 25th and 26th, at 12 noon, Sir Francis E. Fremantle, M.P.: parliamentary procedure. April 28th, at 4 p.m., Mr. A. T. Pike: town planning. May 5th, 12th, 19th, 26th, and June 2nd, at 3.15 p.m., Dr. E. L. Middleton: industrial hygiene. May 8th and 10th, at 2 p.m., Dr. C. F. White: port work. May 17th, at 3.15 p.m., Dr. R. H. Crowley: child guidance. May 23rd, at 3.15 p.m., Dr. L. P. Lockhart: industrial medicine as a function of public health. May 25th and 29th, at 5 p.m., Dr. C. J. Thomas: physically defective children. May 30th and June 1st, at 5 p.m., Dr. F. C. Shrubsall: mental deficiency. June 2nd, at 2 p.m., Mr. R. R. Hyde: industrial welfare. June 8th, at 2 p.m. and June 9th, at 3 p.m., Sir George Buchanan: international hygiene. June 9th, at 2 p.m., Dr. F. Radcliffe: factory medical work. June 9th, at 5 p.m., Dr. N. Howard Mummery: the practice of industrial medicine.

The following candidates have been approved at the examination indicated:

Academic Diploma in Public Health.—*(Part I)*: N. V. Birrell, W. L. Blakemore, C. E. Caudwell, R. C. Cohen, J. G. Currid, P. G. Currid, Hilda M. Davis, J. D. Dimock, J. C. St. G. Earl, C. L. S. Ferdinands, N. M. Goodman, J. M. Henderson, J. Kemp, Laura H. Macfarlane, N. M. Mian, B. C. Nicholson, B. O'Brien, T. B. Pahlajani, J. G. Paley, G. H. G. Southwell-Sander, J. M. Talati, A. J. Teal, Kathleen C. Vost, G. A. Wilson.

London Hospital Medical College

One of the open entrance scholarships (£100) offered by the London Hospital Medical College has been awarded to B. B. Hickey, University College, Oxford.

UNIVERSITY OF BIRMINGHAM

A course of five William Withering Memorial Lectures on "The Methods of Clinical Genetics" will be given by Professor Lancelot Hogben, D.Sc., in the large theatre of the Medical Faculty Buildings, Edmund Street, on Wednesdays, April 26th, May 3rd, 10th, 17th, and 24th, at 4 p.m. Members of the medical profession are invited to attend.

The Ingleby Lectures, 1933, on "The Fat-soluble Vitamins" will be given on Tuesday, June 27th, and Thursday, June 29th, at 4 p.m., in the Medical Lecture Theatre, by Dr. Alfred F. Hess of New York. Lecture I will deal with vitamin A in relation to nutrition and infection, and Lecture II will appraise the prophylactic measures against rickets.

UNIVERSITY OF GLASGOW

The following candidates have been approved at the examination indicated:

Final M.B., Ch.B.—Mabel S. Ainslie, R. C. Anderson, P. B. Angus, A. K. Boyle, J. A. Brown, W. Brown, T. Bryson, R. Calderwood, A. A. Cameron, J. C. Campbell, J. Cordiner, D. F. Craig, D. C. Dewar, I. N. Dunn, D. B. Faulds, J. Fleming, *G. Forbes, R. Gibson, A. M. Goldie, R. K. Grossart, A. Guthrie, Lily C. Hall, J. C. Henderson, I. Hoppenstein, J. S. Hutchison, R. F. Jamieson, S. R. Jamieson, Alice K. Killin, W. Livingstone, P. J. M'Aloon, J. E. M'Clemont, N. M. Macdonald, R. G. MacGregor, J. M'Intosh, J. MacKenna, D. A. MacKinnon, Mary H. M'Laren, E. R. M'Laughlin, M. M'Lellan, J. L. M'Letchie, D. J. N. M'Nab, R. Neilson, Mary C. Orr, A. Russell, H. R. Shields, J. A. Sweeney, J. G. Thomson, H. Wapshaw, J. Watson, John Watson, J. P. Williamson, Jean D. Wilson, Agnes B. B. Wright.

* With distinction in surgery.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a meeting of the Royal College of Physicians, held on April 10th, Lord Dawson of Penn was re-elected President.

Lord Dawson was appointed to represent the College at the laying of the foundation stone of the new buildings of the University of London in June next; Sir Francis Fremantle to represent the College at the sixth Imperial Social Hygiene Congress; Professor W. W. Jameson at the congress of the Royal Sanitary Institute; and Dr. Rupert Waterhouse on the advisory committee of the British Health Resorts Association.

Diplomas in Ophthalmic Medicine and Surgery were granted, jointly with the Royal College of Surgeons, to the following candidates: A. J. Boase, A. J. Cameron, J. L. Connacher, K. G. Das, L. P. J. Evans, F. S. Flynn, G. S. Forrester, N. C. Ghosh, A. L. Kiow, Djung-Lin Du, C. A. Pittar, V. B. Purvis, S. V. Rao, O. L. F. Senaratne, S. P. Srivastava.

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At its quarterly meeting held in Birmingham on April 4th, with the president, Dr. J. S. Fairbairn, in the chair, the Council appointed Mr. Comyns Berkeley a special treasurer to take charge of the appeal for the Endowment Fund.

The following were admitted to the membership of the College *in absentia*: Alexander Broido (South Africa), Doris Clayton Gordon (New Zealand), Reginald Francis Matters (Australia), Subodh Mitrah and Stephen Alphonsus McSwiney (India).

The following were elected to the membership: Leslie Cecil Lloyd Averill (New Zealand), Keith Duff (London), William Smith O'Loughlin (Romford), Kenneth Wilson (Brisbane).

The annual general meeting of the College was held in the University, Birmingham, on April 5th. The president, Dr. J. S. Fairbairn, was in the chair, and thirty-four Fellows and Members were present.

The president formally admitted to the Fellowship: John Hewitt (Glasgow), John St. George Wilson (Liverpool), and to the Membership: Samuel Saxon Barton (Liverpool), John William H. M. Beattie (London), Jajneswar Chakraverti (India), John Cecil Dowse (Gibraltar), Richard Victor Dowse (Dublin), Wallace Freeborn, John Chassar Moir, William Charles Wallace Nixon, and James Vincent O'Sullivan (London), Robert Watson (Liverpool), Ralph Kuper White (Southsea), Nellie Wilkes (Derby).

The following were elected to the Council to fill the vacancies caused by the statutory retirement in rotation of one-third of the members of the Council, and two "casual" vacancies. *Representative of the Fellows*: Daniel Dougal (Manchester), Thomas Watts Eden (London), Robert William Johnstone (Edinburgh), Charles Gibson Lowry (Belfast), Arthur Leyland Robinson (Liverpool), Thomas George Stevens (London). *Representatives of the Members*: Douglas Miller (Edinburgh), Louis Carnac Rivett (London).

The president briefly outlined the many activities of the College, present and prospective. He also pointed out that the number both of those applying for, and admitted to, the membership had increased by about 50 per cent. during the past year. These applications and admissions were from wide areas of this country and the Dominions, thus proving that the College was not merely an English, but a British college. The president stressed the necessity of maintaining this characteristic.

In moving the adoption of the annual report of the Council the honorary secretary, Professor William Fletcher Shaw, referred to the large number of candidates from the Dominions who were training in this country for the Membership. In moving the adoption of the financial report and balance sheet the honorary treasurer, Dr. Eardley Holland explained that, whilst the balance sheet showed that the finances of the College were sound, the necessity for raising an endowment fund must not be overlooked, and he asked for the support of the Fellows and Members in this direction. Many had already subscribed, and he hoped more would find it possible to do so.

Medical News

The attention of readers is called to the fact that the telephone number of the British Medical Association and the *British Medical Journal* has been changed to Euston 2111 (four lines).

At a meeting held in the Mansion House on April 20th, with the Lord Mayor in the chair, a resolution endorsing the selection by the British Empire Red Cross Conference of Florence Nightingale's birthday—May 12th—as Red Cross Day was adopted on the proposal of Sir George Newman, Chief Medical Officer, Ministry of Health.

At the Princess Elizabeth of York Hospital for Children, Shadwell, E., on Wednesday, April 26th, at 8.45 p.m., Mr. T. Pomfret Kilner will give a lantern lecture entitled "Plastic and Reconstructive Surgery." The chair will be taken by Sir Cuthbert Wallace, late surgeon to the hospital.

At the meeting of the Medico-Legal Society on Thursday, April 27th, at 1, Wimpole Street, W., at 8.30 p.m., a paper will be read by Mr. Henry C. Dickens, on "Negligence in Hospitals and its Legal Consequences." Discussion will follow. Guests may be introduced on production of a member's visiting card.

The annual meeting of the Institute of Medical Psychology will be held at the Wharncliffe Rooms, Hotel Great Central, Marylebone Road, N.W.1, on Monday, May 1st, at 12.15 p.m., when Sir Henry Brackenbury will preside. It will be followed by a luncheon at 1 p.m.

At a meeting of the Chelsea Clinical Society, to be held at the Hotel Rembrandt, Thurloe Place, S.W., on Tuesday, April 25th, at 8.30 p.m., Mr. A. Lawrence Abel will open a discussion on the surgery of the autonomic nervous system, with cinematograph demonstration. The meeting will be preceded by dinner (price 5s.) at 7.30 p.m.

The next evening reception by the Royal Society of Medicine will be held at 1, Wimpole Street, on Wednesday, May 17th, when Fellows and their friends will be received in the Library at 8.30 p.m. by the President and Mrs. Warren Low. At 9.15 Dr. R. G. Canti will show his film "The Cultivation of Living Tissue Cells *in vitro*." Admission is by ticket only, obtainable from the secretary.

Dr. W. Fletcher Shaw, professor of clinical obstetrics and gynaecology in the University of Manchester, and honorary secretary of the British College of Obstetricians and Gynaecologists, has accepted the invitation of the American Gynecological Society to be the guest of honour at its annual congress in Washington on May 8th, 9th, and 10th.

A meeting of local authorities in the Merseyside and South-West Lancashire district, held at Liverpool on April 10th, decided to form a regional advisory committee for this area to deal with the smoke problem. As a result of the efforts of the National Smoke Abatement Society, similar advisory committees, which have for their object the more uniform administration of the law relating to the emission of smoke and educational work, including classes for stokers, have already been established in the Midlands, the Manchester district, and London. Dr. W. M. Frazer, medical officer of health for Liverpool, Alderman W. Melland, chairman of the National Smoke Abatement Society, and Mr. Arnold Marsh, secretary of the society, were the chief speakers. It is hoped that as a result of a memorandum addressed by the society to 130 local authorities, similar committees will be set up for Tyneside, Tees-side, North-East Lancashire, and the Potteries.

The first French Congress of Phoniatrics will be held in Paris under the presidency of Dr. Moure, formerly professor of oto-rhino-laryngology at Bordeaux, on May 6th, when MM. Tarneaud and Viela will read a paper on tonsillectomy and singing. Further information can be obtained from the general secretary, 27, Rue de la Grande Armée, Paris 18e.

The next International Congress of Hydrology will be held at Toulouse in October, under the presidency of Dr. Ferreyrolles of La Bourboule.

Lord Horder has accepted the position of honorary consulting editor to the *British Journal of Physical Medicine*. For reasons of health Dr. King Brown has given up the medical editorship, and his duties will be taken over by Dr. W. Kerr Russell in association with Surgeon Rear-Admiral Richard A. Ross.

The opening pages of this month's *Practitioner*, forming half of the issue, are devoted to five papers on anaesthesia.

Dr. Harry Campbell has retired from the editorship of the *Medical Press and Circular*, which he has held for the past fifteen years.

A scheme has been drawn up between the Royal Bath Hospital, Harrogate, and the University of Leeds for the institution of research fellowship in rheumatism as soon as funds are available. The hospital authorities are making themselves responsible for the collection of the necessary sum, and as soon as this has been secured an appointment will be made.

According to the Vancouver correspondent of the *Times* an Act permitting the sterilization of mental defectives under certain conditions has been passed in British Columbia. The consent of the patient, parent, or guardian is necessary before the operation can be performed under the authority of a Supreme Court judge, an alienist, and a social worker, and then only on the patient's release from an institution.

Professor Peter Mühlens, head of the Hamburg Institute for Tropical Hygiene, has been invited to deliver lectures in Hong-Kong, Shanghai, Canton, and Peiping.

Mr. Charles Goulden has been appointed ophthalmic surgeon to the Royal Surgical Aid Society.

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 NUMBER** of the British Medical Association and the *British Medical Journal* is EUSTON 2111 (internal exchange, four lines).

The **TELEGRAPHIC ADDRESSES** are:
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FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*
MEDICAL SECRETARY, *Medisecra Westcent, London.*

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

Injection of Varicose Veins

Dr. GEORGE GILLETT (Edgware) writes: I shall be interested to hear whether any reader has had an experience similar to the following. On February 15th I started a course of injections for varicose veins on a man aged 37 years. I injected 1 c.cm. of collosol sodium morrhuate (5 per cent.) into the great saphenous vein just above the knee. Six days later the patient returned stating that he had had pain up the whole thigh since the injection, and on examination I found the whole varicose vein clotted from about three inches below the knee to within two inches of the fossa ovalis, a distance of about seventeen inches.