

instances the amount of ether used was considerably less than would otherwise have been necessary. In vaginal and urethral operations, and in bone operations, which included two amputations through the thigh, no ether was required. In most of the hernia cases gas and oxygen alone was employed. In seven cases the breathing was shallow, including three in which morphine (grain 1/6) was given, the usual dose of soneryl being diminished by 0.15 gram. In the remaining 143 patients there was no obvious depression of respiration, such as usually occurs after nembutal (3 grains) and morphine (1/6 grain). Consequently the induction of anaesthesia following the administration of soneryl was more rapid than after nembutal and morphine; the signs of anaesthesia were not affected.

Recovery from the anaesthetic occurred in most cases after two or three hours. After being awake for an hour or two the patient usually slept for the next six to twelve hours, and on waking up had no recollection of having been awake previously. In eighty cases the average time that elapsed before recovery was two and a half hours; the longest recovery period was twelve hours, following a long abdominal operation. With nitrous-oxide-oxygen anaesthesia recovery was particularly rapid. Restlessness during recovery was noticed in some patients. In fifty consecutive cases the recovery was observed carefully, and in five of these the patients were noisy or excited. In all these instances the operation had been over one hour in length, and the restlessness was controlled by morphine or omnopon. Injection of morphine or omnopon is effective, and is indicated after long anaesthesia with nitrous oxide, oxygen, and ether. In 130 cases there was no vomiting after the anaesthetic; it occurred in twenty cases, but was not excessive. Memory was abolished, except for outstanding events. With those patients who were asleep on arrival at the theatre nothing was remembered subsequent to the swallowing of the capsules. Those who were drowsy but not actually sleeping at the time anaesthesia was induced remembered being lifted out of bed, and also remembered the mask being applied to the face, but their condition was one of calm rather than of apprehension at the time of induction.

The urine was examined on the day following the administration of soneryl in most of the cases in order to determine the presence or absence of bile pigments or albumin, as these abnormal constituents are said to appear occasionally after the administration of barbiturates. In no case was either detected.

COMPLICATIONS

Complications and sequelae were considered in the same order as in Boyd's investigation of nembutal (*St. Bartholomew's Hospital Reports*, lxxv). (1) Restlessness supervened in about 10 per cent. of cases. It occurred after prolonged anaesthesia in which ether was used. In such cases morphine (grain 1/6) should be given if the patient is at all noisy or restless on recovery; otherwise morphine is unnecessary. Restlessness was the most common complication observed. (2) There were no cases of post-operative pulmonary disease in this series. During February and March, 1933, fifty cases in which soneryl was given were compared with fifty cases in which only atropine was given, the types of operation being similar in both series. In the latter group there were five cases of bronchitis, in each instance following an abdominal operation. It is likely that the smaller amount of ether required in the soneryl group was responsible for the absence of post-operative bronchitis, as many patients, including those in whom bronchitis occurred in the control series, had suffered from influenza in the recent epidemic.

(3) There were no instances of excessive vomiting. (4) Cutaneous eruptions were not observed. (5) Headache was complained of in two cases, but it was not severe. (6) Amnesia has never been prolonged, and is not so marked as after nembutal. (7) Definite giddiness occurred in four cases. In most of the cases drowsiness persisted during the next day.

CONCLUSIONS

1. Sodium soneryl is a reliable basal narcotic, producing sleep or drowsiness in 95 per cent. of cases when administered by mouth one hour before the induction of general anaesthesia.

2. The optimum dose varies from 0.6 to 0.9 gram, according to the patient's weight.

3. Depression of respiration is produced in a few instances, and restlessness occurs in 10 per cent. of cases. Respiration is depressed far less than by a combination of nembutal (grains 3) with morphine (grain 1/6), and the therapeutic effect desired can be obtained with a much less toxic dosage. No other toxic effects have been observed.

4. Sodium soneryl has not been administered in cases of (a) senility, (b) pulmonary disease, (c) renal impairment, or (d) arteriosclerosis.

The author wishes to express his indebtedness to Mr. A. M. Boyd, at whose suggestion this investigation was undertaken, and to Mr. H. E. G. Boyle, whose advice and guidance made the investigation possible.

Memoranda MEDICAL, SURGICAL, OBSTETRICAL

NOTE ON AN OUTBREAK OF PUERPERAL SEPSIS IN A MATERNITY HOSPITAL

The last serious outbreak of puerperal sepsis in the Glasgow Royal Maternity and Women's Hospital occurred between January and March a few years ago. The findings of an investigation into the cause are thought to be of general interest and to be suitable for publication. The outbreak would appear to be attributable to tonsillitis in one of the house-surgeons.

The hospital was divided into two units, each of which had two house-surgeons. The outbreak was confined to one unit, whose house-surgeons we will call A and B; B was the affected one. The first three months, October to December, of B's residence were compared with the second three months, January to March. The cases were also divided according to whether they were handled by A or B.

Table I shows that in the first three months the notifiable pyrexia rates and death rates for the cases of both A and B were approximately the same, but that in the second three months B had a much higher notifiable pyrexia rate and a very much higher death rate. The death rate on the total cases for the second three months was approximately three times the death rate for the first three months.

TABLE I

	October-December			January-March		
	Total Cases	Notifiable Pyrexia	Deaths	Total Cases	Notifiable Pyrexia	Deaths
H.-S. "A" ...	204	21 or 10.3 %	2 or 0.98 %	179	18 or 10.0 %	2 or 1.12 %
H.-S. "B" ...	207	20 or 9.7 %	2 or 0.97 %	238	39 or 16.4 %	10 or 4.2 %
Total deaths ...		4 or 0.97 %			12 or 2.9 %	

In Table II the deaths are shown according to the date of delivery. They were all clinically septicaemias, and it is interesting to note that five of the deaths in B's cases in the second three months occurred within three weeks.

TABLE II

	October to December													January to March													
Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
H-S. "A"			
H-S. "B"

As the great proportion of fatal puerperal septicaemias is due to the *Streptococcus haemolyticus* from the throats of the attendants, and as a recent investigation (Baird and Hart, unpublished) into all cases of puerperal sepsis occurring in the Glasgow Royal Maternity and Women's Hospital showed that the unit where masking was most rigorously insisted upon had the least number of cases of streptococcal septicaemia, it may be suggested that this type of outbreak of sepsis can largely be avoided by thorough masking.

In addition to the assistance offered by Professor Munro Kerr, my thanks are particularly due to Dr. Dugald Baird and Dr. D. M. Hart for the help they have given me in this investigation.

MALCOLM D. BLACK, M.B., Ch.B.,
House-surgeon, Glasgow Royal Maternity
and Women's Hospital.

PLEURAL SHOCK DURING ROUTINE ARTIFICIAL PNEUMOTHORAX REFILL

One of us has, during his six years here, done about 3,500 refills, including inductions, and has experienced four definite frights. The first was on the occasion of his first induction, when the girl patient became very pale and then cyanosed. Although the pneumothorax needle was withdrawn, on reintroducing it a satisfactory pneumothorax was induced, and no further trouble was ever experienced. The second case was published in the *British Medical Journal* of April 28th, 1928, under the heading "Diagnosis of Pleural Shock from Cocaine Poisoning." (The article was sent to Sir William Willcox, who definitely said it was a case of cocaine poisoning, and kindly said he might be quoted as saying so.) The third was in a well-established case. Here the woman complained of a bitter taste in the mouth, became cyanosed, and then could not speak: she recovered very quickly. The needle was, of course, withdrawn at once, and the refills were continued a few days after. A brief account of the fourth case may be of interest.

A pharmaceutical chemist's assistant, aged 28, was admitted to the Winsley Sanatorium on November 18th, 1932. He had never been strong, and the term "marasmic" describes his history extremely well. His private doctor, Dr. Bourke Cuppage of Bath, tells me that to his knowledge the patient had never had any fits of any sort. On August 18th he had gone to the Bath Tuberculosis Dispensary to see Dr. Heslop on account of a dry cough. Pneumonia developed fourteen days later on the left side, and then a month afterwards a right-sided pleurisy. On admission we found right-sided disease, and some on the left, confirmed by the x-ray screen. The temperature fluctuated between 97.6° and 99° F.; pulse was 96 to 100; there was very little sputum, but tubercle bacilli were found in it. On January 16th, 1933, the temperature shot up to 103°, and on the 23rd we induced a right-sided artificial pneumothorax and obtained a reasonable collapse. On March 13th he was having a routine refill after being screened. After the usual 2½ per cent. novocain injection had been given, and after we had waited about three

minutes, the artificial pneumothorax needle was inserted. A reading was not obtained at once, and the operator pierced the lung—as shown by the appearance of some blood-stained sputum after the fit—before getting a -6 -3 reading. We then proceeded to put some air in. Suddenly the patient said, "I am going," and became very ill, with livid face, profuse perspiration, staring eyes, and loss of consciousness. The pulse was full and rapid, the breathing short and jerky, and the face very flushed on the right side. This lasted for about fifteen minutes, when he regained consciousness. The patient stated that before going off he felt "pins and needles" on the right side of his face. He has made a complete recovery, and is bitterly disappointed that we are not going on with the artificial pneumothorax treatment.

The differential diagnosis would appear to be pleural shock or gas embolus, as we are informed that novocain is not likely to produce poisoning. The condition seemed unlikely to be a hysterical fit, but we should appreciate help in the diagnosis from neurologists and from tuberculosis specialists with much more experience than we have.

JAMES D. MACFIE, M.D., Ch.B.,
Senior Resident M.O.

WILLIAM FITZGERALD LYLE, M.D.,
Winsley Sanatorium, Bath. Assistant Resident M.O.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

PUNJAB BRANCH

Evolution of Public Health in the Punjab

At the annual meeting of the Punjab Branch of the British Medical Association on March 5th the newly elected president, Dr. K. A. RAHMAN, assistant director of public health in that province, delivered an address on the way in which the public health services in the Punjab had developed from the earliest days until the present.

Dr. Rahman said that the Punjab comprised an area of 97,280 square miles; its population at the last census in 1931 was estimated at a little over 23 millions, of which 13 millions were male. The first appearance of preventive medicine in it was traceable to the appointment of a superintendent-general of vaccination shortly after the annexation of the province. This was followed by the appointment of a sanitary commissioner in 1868. Twelve years later the two departments were amalgamated, area deputy sanitary commissioners being appointed who were also concerned with vaccination. In 1890 a Sanitary Board was created to advise the Government with regard to the execution of sanitary works for local bodies. In 1897-8 bubonic plague first occurred in the province, and the deputy sanitary commissioner was detailed to act as plague medical officer in addition to his original duties, but subsequently a separate department was created, and placed under the Inspector-General of Civil Hospitals. Twelve years later the province was visited by an epidemic of malaria of extreme severity; this led to the appointment under the Inspector-General of a chief malaria medical officer in charge of the Punjab Malaria Depot. Thus, up to that time, the conduct of public health services was almost entirely concentrated at the headquarters of the Government, apart from the vaccination staff and the temporary staff engaged in combating plague. Medical officers of health were, however, functioning at Lahore and Amritsar, and in 1905 the Government of India appointed one for Simla, but it was not until 1915 that the municipal committees of Lahore, Amritsar, Multan, Rawalpindi, Sialkot, Ludhiana, and Jullundur were required to employ medical officers of health and at least two qualified sanitary inspectors each, while twenty-nine other such committees were required to employ at least one qualified sanitary inspector. Courses for the training of these inspectors were inaugurated, and a system of compulsory certification was established.

of Grace of the Order of St. John of Jerusalem. During the war Dr. Griffiths was county director of the British Red Cross Society, and among his manifold duties as such organized the whole of the transport of wounded soldiers from Bristol and Avonmouth. He held several public appointments in Bristol, and was for twenty years medical officer to Queen Victoria Convalescent Home. Apart from his medical career Dr. Griffiths was a man of wide interests, and, in addition to being a member of the Arts Committee of Bristol University, was one of the founders of the Clifton Arts Club, subsequently becoming its chairman. He was appointed Deputy Lieutenant for the County of Gloucestershire, from which he resigned this year owing to ill-health. A well-known figure in Bristol, Dr. Griffiths will be greatly missed by all with whom he came in contact, and the memory of his kindness and care will be cherished in many homes.

With the death of Dr. I. W. JOHNSON of Bury, Lancs, on May 5th, there has passed away a greatly respected member of our profession, who was for many years a staunch supporter of the British Medical Association. Isaac Wellwood Johnson was born in 1865, and received his medical education in the University of Dalhousie and at Surgeons' Hall, Edinburgh. He graduated M.D., C.M. Dalhousie in 1891, and in the following year obtained the diplomas of L.R.C.P., L.R.C.S. Ed., and the L.R.F.P.S. Glas. In 1910 he was admitted a Fellow of the Royal College of Surgeons of Edinburgh. At Bury his interest in the social and medical spheres of the community was extensive. He was for many years surgeon to Bury Infirmary, and later was appointed honorary consulting surgeon. He was chairman of the Health Committee and a member of the Education Committee of the local council, and was created J.P. Until his retirement from medical practice last year Dr. Johnson was an active worker in the British Medical Association. He served as a Representative from 1912 to 1930, and was on the Council during most of the years between 1916 and 1929. He was a member of the Hospitals Committee from 1919 to 1922, of the Dominions Committee in 1920, 1921, and 1929, and of the Central Ethical Committee in 1926, 1927, and 1929. He also served on the Ministry of Health Joint Advisory Committee with reference to discipline procedure from 1929 to 1932. After his retirement he went to live at Southport.

The death took place on May 11th, at Penmaenmawr, North Wales, of Dr. HUGH MORETON ROBERTS, after a prolonged illness borne with fortitude, at the age of 54. Graduating M.B., Ch.B. at Edinburgh University in 1901, he proceeded to M.D., which he obtained with distinction in 1905. After serving as house-surgeon at the Carnarvonshire and Anglesey Infirmary, he settled at Penmaenmawr, joining Dr. Williams in partnership, and after the latter's retirement he was joined by Dr. R. Salter Ellis. His death has left a gap in the medical profession of the Principality, where he was held in high esteem by his colleagues. He had the reputation of being an able physician, kind and considerate with his patients, and endeared himself to all classes. He was a member of the British Medical Association, and kept himself up to date with recent medical literature. In public matters he took much interest, and had been a member of the urban district council for many years, having also occupied the chair. He was founder and trustee of the Young Men's Memorial Institute Mutual Society, and was interested in other beneficent organizations. Of a literary turn of mind, being a voluminous reader and an able speaker, he was much in request at social gatherings and public functions. He took a keen interest in Masonry, and had attained high honours in the Provincial Grand Lodge of North Wales. The funeral was one of the largest ever seen in the district, over a thousand people being present, showing the universal respect in which he was held. After an impressive service in the chapel, the large company of mourners and general public proceeded to the cemetery, where the last rites were performed by the vicar, followed by the Masonic ritual, each member from various lodges in the province passing in procession round the grave and dropping a sprig of acacia on the coffin.

Dr. LENNARD STOKES, the famous international Rugby footballer, died at Hurstbourne Tarrant, near Andover, on May 3rd, after many months of indifferent health. He was born at Blackheath in February, 1856, and after school days at Bath studied medicine at Guy's Hospital, becoming M.R.C.S. in 1881 and L.R.C.P. in 1882. He began to play for Blackheath Football Club when he was 17, and under his captaincy the club steadily grew in reputation; it was he who was responsible for its acquiring the Rectory Field, on which many international matches were played in those days. Between 1875 and 1881 Stokes played regularly for England against Scotland and Ireland, and for England in the first match against Wales in 1881. After qualification he served as house-surgeon and resident obstetrical officer at Guy's, and then began general practice at Blackheath. He was for many years honorary surgeon to St. John's Hospital, Lewisham. In 1921 he went to practise in Hampshire.

We regret to announce the death of Dr. DAVID C. DOUGLAS of Hamilton at the age of 57. After graduating M.B., Ch.B. at Glasgow University in 1900 he spent a short period as an assistant in Manchester prior to settling in Hamilton. An able clinician, he had an extensive practice, and enjoyed in a high degree the confidence of his patients and the esteem of his fellow practitioners. He was a member of the Hamilton Panel Committee and acted for a period as its chairman. Dr. Douglas took a great interest in sport, and in his earlier days was a keen tennis player. His garden, however, was his particular pride and joy, and in its cultivation he found pleasure and relaxation from his arduous professional duties. He contracted a severe attack of influenza at the beginning of the year from which he never fully recovered, and his death was the result of an acute development of a dormant heart affection. He is succeeded in the practice by his eldest son.

Dr. ARTHUR SPENCER EDWARDS, who recently died at the age of 68, had been in general practice in Halling, near Rochester, Kent, for the previous thirty-four years. He received his medical education in Edinburgh, where he graduated M.B., C.M. in 1889. He was medical officer and public vaccinator for the Halling and Cuxton District, and honorary surgeon to the local fire brigade. A man of very wide interests, Dr. Edwards took an active part in the general life of the local community. He was a member of the Halling Parish Church Council, the Maidstone Numismatic Society, the Geographical Society, and the Rochester Naturalists' Society. In Freemasonry he was a Past Master of the Solway Lodge, Aspatria, Cumberland, and a member of the Gundulph Lodge, Rochester. He had been a member of the British Medical Association for twenty-two years. He is succeeded by his son, Dr. J. C. Spencer Edwards.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

It is proposed to confer the degree of Doctor of Science, *honoris causa*, on Sir Frederick Gowland Hopkins, D.Sc., F.R.C.P., Dunn Professor of Biochemistry, and President of the Royal Society.

The Raymond Horton-Smith Prize for 1931-2 has been awarded to J. E. Semple, M.D., Corpus Christi, for his thesis on "Chronic Otitis Media Suppurativa, with a Comparison between several Methods of Treatment." *Proxima accessit*.—H. L. Wilson, M.D., Emmanuel, for his thesis on "The Treatment of the Voluntary Boarder."

The General Board has recommended to the Senate that a readership in physiology be established from October 1st, 1933, and that the first holder of the post be F. R. Winton, M.D., of Clare College, at present university lecturer in physiology.

In March, 1932, the General Board, as the result of representations made to it by the Syndicate on Medical Courses and Examinations, appointed a committee to inquire into the establishment of the department of anatomy. This committee came to the conclusion that there was a convincing case for an immediate addition of at least one university lecturer and one university demonstrator to the permanent staff of the

department. The cost of establishing the additional posts is estimated at about £880 a year. The General Board makes a recommendation, in accordance with the committee's findings, that the additional posts be established as from October 1st, 1933, and the Financial Board offers no objection.

At a congregation held on May 12th the following medical degrees were conferred:

M.B., B.Chir.—A. M. Cunningham, A. W. Franklin, J. H. Hall.
M.B.—G. G. Mowat, W. W. Sargent.

UNIVERSITY OF MANCHESTER

Dr. W. R. Addis and Dr. C. P. Brentnall have been appointed clinical lecturers in the Department of Obstetrics and Gynaecology.

UNIVERSITY OF SHEFFIELD

Dr. George Albert Clark has been appointed to the chair of physiology in succession to Professor J. B. Leathes, F.R.S.

QUEEN'S UNIVERSITY OF BELFAST

Musgrave Research Studentships of £200, one studentship being primarily allotted to each of the subjects pathology, biology, chemistry, physics, and physiology, may be awarded to British subjects, graduates of at least one year's standing in a university of the British Empire. Each studentship is held for one year, and may be continued for a second. Applications must be made by June 15th.

The Senate of the University has resolved to confer the degree of D.Sc., *honoris causa*, on Sir Walter Morley Fletcher, K.B.E., M.D., F.R.S., secretary of the Medical Research Council.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A meeting of the Council of the Royal College of Surgeons of England was held on May 11th, when the President, Sir Holburt Waring, was in the chair.

Diplomas in Gynaecology and Obstetrics were granted, jointly with the Royal College of Physicians, to H. Sobhi and N. J. Thanavala.

Diplomas of Membership were granted to 167 candidates who had passed the Final Examination in Medicine, Surgery, and Midwifery of the Examining Board in England. (The lists of the successful candidates were printed in the report of the meeting of the Royal College of Physicians of London in our issues of May 6th, p. 808, and May 13th, p. 852.)

The Services

DEATHS IN THE SERVICES

Lieut.-Colonel Malachi O'Dwyer, Bengal Medical Service (ret.), died in London on April 21st, aged 76. He was born in Tipperary on July 15th, 1856, the son of the late John O'Dwyer of Barronstown, Tipperary, and was educated at Trinity College, Dublin, where he was a medical exhibitioner, and graduated B.A., M.B., and B.Ch. in 1877, and at the Meath and St. Mark's Hospitals, Dublin. Entering the I.M.S. as surgeon on September 30th, 1878, he became lieutenant-colonel after twenty years' service, and retired on November 30th, 1898. He served in the Afghan war of 1878-9, and received the medal. He was a brother of Sir Michael O'Dwyer, K.C.S.I., late Governor of the Punjab. During the war he was engaged on telegraphic and intelligence work under the War Office. He leaves a son, who is serving in the Royal Engineers at Aldershot, and an unmarried daughter.

Major John Henderson Brannigan, R.A.M.C. (ret.), died at Englefield Green on April 21st, aged 74. He was born on December 28th, 1857, was educated at Queen's College, Belfast, and at Edinburgh and Glasgow Universities, and took the L.R.C.P. and S.Ed. in 1879. Entering the R.A.M.C. as surgeon on August 1st, 1885, he became surgeon major on August 1st, 1897, and retired on August 1st, 1905. He served on the North-West Frontier of India, in the Zhob campaign of 1890, and in the campaign of 1897-8, in the Mohmand Field Force (medal with clasp); and in the South African war of 1899-1902, including the battle of Colenso (wounded), and relief of Ladysmith; operations in the Transvaal, including the actions at Belfast and Lydenberg (Queen's medal with four clasps, and King's medal with two clasps). After retirement, he rejoined for duty in the war of 1914-18, from February 6th, 1915, when he was in charge of the military hospital at Lichfield. He leaves a widow and two married daughters.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons has this week considered the Finance Bill and has passed the Rent Restriction Bill through report stage and third reading. The Exchange Equalization Bill was read a third time and certain import duties confirmed.

The Private Legislation Procedure (Scotland) Bill was read a second time by the House of Commons on May 11th. Sir GODFREY COLLINS explained that its purpose was to widen the scope of the system of inquiry in Scotland on draft Provisional Orders, followed by a Confirming Bill in Parliament.

A scheme for regulating the marketing of milk in Scotland was approved by the House of Commons on May 11th.

The House of Commons read the Solicitors Bill a third time on May 11th. This Bill proposes that all solicitors should keep separate accounts for their clients' money.

The Parliamentary Medical Committee met on May 11th and received a deputation, consisting of Dr. David Lees, Dr. E. T. Burke, Dr. D. Nabarro, and Dr. Drummond Shiels, from the British Social Hygiene Council. The deputation adduced statistics and experience at clinics bearing on the problem of congenitally diseased children who are withdrawn from treatment while still uncured. A discussion followed.

In the House of Lords on May 16th the Protection of Animals Bill was read a third time and passed.

The text has been issued of the Local Government Bill, which consolidates, with amendments, the enactments relating to authorities for local government in England and Wales, which was introduced in the House of Lords by the Lord Chancellor on May 2nd.

Pharmacy and Poisons Bill

Examination of the Pharmacy and Poisons Bill, a Government measure, which has already passed the House of Lords, was begun by a select committee of the House of Commons on May 9th. Mr. HACKING was in charge of the Bill for the Government. Clauses 1 to 16 were passed with a few drafting amendments. Amendments proposed by Dr. CLAYTON to secure the use of the term "chemist" by analytical chemists, and by Mr. STEVENSON regarding the representation of Scottish pharmacists on the new Statutory Committee, were resisted by Mr. Hacking as needless, and were negatived. On Clause 17 several amendments were moved to relax the provisions concerning Part II (poisons which may be sold by authorized shopkeepers not being pharmaceutical chemists). Mr. Hacking pointed out that this provision was intended to facilitate the sale of horticultural and agricultural products. Several members pressed for amendments which would authorize the free sale of substances such as ammonia, which are usually sold in the original containers or labelled in accordance with regulations, and are in common use. Mr. GLOSSOP exhibited fireworks, "wireless" batteries, refills for electric torches and for fire extinguishers, and other goods now sold without restriction as evidence that there was free sale of poisonous articles. Mr. HACKING said he did not conceive that the Poisons Board would schedule hair cream merely because it contained a poisonous ingredient. If the Board did so, the Home Secretary or Parliament would reverse the decision.

An amendment moved by Mr. GLOSSOP was defeated, and the committee adjourned till May 11th.

On May 11th consideration of the Pharmacy and Poisons Bill in Standing Committee was completed and the Bill was reported to the House with a few small amendments. During the discussion Mr. HACKING, for the Home Office, said it would be possible under the Bill to label substances "poisonous" instead of "poison." Dr. CLAYTON moved to add words to make sure that a university, school, or other

The idea of planning was entirely congenial to the Government, and every possible advantage would be taken of the information available to the Department.

The motion to go into committee was agreed to.

Insanity and Divorce

The motion for the third reading of the Matrimonial Causes Bill again came before the House of Commons on May 12th. Dr. O'DONOVAN moved the rejection of the Bill and presented further arguments against making incurable insanity for five years a ground of divorce. He said he saw no provision in the Bill whereby a judge would be assisted by any qualified assessor in dealing with the difficulties of medical certification. Medical certificates could mean much or little. He pointed out that a large part of the asylum population was made up of people in a condition of senile decay. The Bill would result in increased pressure on the public authorities to put away senile cases.

A count was called and, there not being forty members in the House, the debate stood adjourned.

Panel Patients' Record Cards.—Sir HILTON YOUNG, replying to Mr. Gledhill on May 8th, said that the cost of printing record cards for use by insurance practitioners during the latest year for which information was available was £1,426. The cost of distribution was negligible, as the cards were usually enclosed with other communications sent out regularly by Insurance Committees to practitioners.

Insurance Benefit in 1932.—On May 8th Sir HILTON YOUNG told Mr. Mabane that the total benefits paid in Great Britain under the National Health Insurance Acts during the calendar year 1932 amounted approximately to £31,850,000.

Increase of Child Marriage in India.—On May 8th Miss RATHBONE asked the Secretary of State for India if he was aware that the census returns, already published for three provinces of India, showed an enormous increase in child marriage since the previous census, especially in Bihar and Orissa. Sir SAMUEL HOARE said the marriage age and the age of consent were constantly under the consideration of the Government of India, and he did not consider it necessary to give any directions on the subject.

Deaths during Anaesthesia in Glasgow.—Sir G. COLLINS, replying on May 9th to Mr. Neil Maclean, said that, according to the Registrar's returns, the number of deaths registered in 1932 as having occurred at the Royal, the Western, and the Victoria Infirmarys, Glasgow, during or following upon the administration of anaesthetics were, respectively, 29, 26, and 6.

High Death Rate in Stockton-on-Tees.—Sir HILTON YOUNG told Mr. Lawson on May 11th that the report of the medical officer of health for Stockton-on-Tees on the death rate for the Mount Pleasant area, which had averaged 33.55 per 1,000 of the population for the last five years, as compared with the death rate for the same period of 10.5 for England and Wales, was still under consideration.

Water Supply.—Replying on May 11th to Mr. Levy, Sir HILTON YOUNG said experience indicated that there was not a sufficient case for further legislative powers to enable him to compel an authority which had an excess in its water supply to make that excess available for, or put it at the service of, other districts where a scarcity existed. Where an authority had a real surplus of water it was usually glad to find customers. Where difficulties occurred he was ready to use his good offices. He was aware of the scarcity of water in the Denby Dale district, and was in communication with the local council. That body was negotiating for a supply of water from the aqueduct of a neighbouring authority. He realized the gravity of epidemics arising out of water which was of doubtful purity.

Foot-and-Mouth Disease.—Dr. ELLIOT stated on May 11th that an inquiry had been held into an outbreak of foot-and-mouth disease on a sewage farm at Kinver, Staffordshire. Circumstances suggested that virus might have been introduced on the farm through the sewage effluent. No definite proof was obtainable. He was conferring with the Minister of Health on whether any action was possible to eliminate the risk of infection from this source.

Notes in Brief

On May 8th Sir HILTON YOUNG told Mr. Mabane that the census material required for the construction of life tables for 1931 was not yet available. Provisional figures showed that the general death rate was 12 per 1,000 of the population of England and Wales in 1932; the infantile mortality rate was 65.

Late applications for pensions which have at any time in past years been recognized by the Ministry of Pensions numbered, up to the end of last March, 2,745, and a further 721 cases were found to require medical or surgical treatment.

The Home Secretary proposes to bring into force on November 1st the Children and Young Persons Act, 1933.

Medical News

The dinner and annual meeting of the University of London Medical Graduates Society was held at the Langham Hotel on May 9th, with the president, Lady Barrett, in the chair. A large number of graduates attended, and the guests of the evening were the Dean of the Faculty of Medicine of the University of London (Dr. A. M. H. Gray) and the Master of the Society of Apothecaries (Dr. Cecil Wall). The president, in outlining the successful social programme which had been carried out in the past year, expressed the hope that many of those London medical graduates who had not yet joined the society would do so in the near future, and urged them to apply for particulars to the honorary secretaries at 11, Chandos Street, W.1.

The Buckston Browne annual banquet of the Harveian Society of London will be held at the Star and Garter Home, Richmond, on Thursday, June 8th, at 7.30 for 8 p.m.

At the Princess Elizabeth of York Hospital for Children, Shadwell, E., on Friday, May 26th, at 8.45 p.m., Sir Henry Gauvain will give a talk (illustrated by lantern slides) on the nature of the work carried on at the Lord Mayor Treloar Cripples' Hospital and College at Alton and Hayling Island. Dr. William Stobie will preside. Visitors are welcomed.

A paper will be read on Tuesday, May 30th, at the British Red Cross Society's Rheumatism Clinic, Peto Place, by Dr. Gilbert Scott, on "Sacro-iliitis: its Relation to Spondylitis and Other Rheumatic Conditions," based on the work done by himself and Dr. Golding. Clinic open for inspection at 7.15 p.m.; paper at 8.15.

The thirty-fourth annual meeting of the Lebanon Hospital for Mental Diseases, near Beirut, Syria, will take place at Friends House, Euston Road, N.W., on Monday, May 22nd, at 3.15 p.m., under the chairmanship of Mr. E. W. G. Masterman, F.R.C.S. The report of the director, Dr. H. Watson Smith, on the work of the hospital during 1932-3 will be presented. The speakers will include Dr. Henry Yellowlees, M. Jean Massip, Mr. Oscar Darton, Mr. D. E. Lowrie, and Miss Florence Barrow. Visitors are specially invited. Tea, 4.30 p.m.

The annual general meeting of the members of the Society for Relief of Widows and Orphans of Medical Men, 11, Chandos Street, W., will be held on Wednesday, May 24th, at 5 p.m.

In addition to the lectures already announced in this column, the Fellowship of Medicine and Post-Graduate Medical Association has arranged a week-end course at the Hospital for Consumption, Brompton, on May 27th and 28th, when all-day instruction in chest diseases will be given. Forthcoming courses include medicine, surgery, and the specialties, June 12th to 24th, at the Prince of Wales's Hospital; week-end courses in clinical surgery at the Royal Albert Dock Hospital, June 10th and 11th; diseases of the chest, at the Victoria Park Hospital, June 12th to 24th; ante-natal treatment at the Royal Free Hospital, June 16th to July 7th (Fridays at 5 p.m.). The arrangements for each week are notified in our Supplement.

A meeting of the Medico-Legal Society will be held at 8.30 p.m. on May 25th at 11, Chandos Street, W., when Mr. W. G. Earengay, K.C., will open a discussion on "The Legal Consequences of Shock."

A post-graduate course, to be held in Strasbourg from June 21st to July 1st inclusive, will deal mainly with modern diagnostic methods and treatment in connexion with medical and surgical tuberculosis and certain affections of the respiratory tract. Lectures will be followed by discussions, clinical examinations, cinematograph demonstrations, and illustrations of the various procedures described. In addition to the special consideration of pulmonary radiography, bronchoscopy, thoracoplasty, and pneumothorax, the lecturers will devote sessions to tuberculous osteitis, arthritis, and laryngitis, mediastinal new growths and adenopathies, and asthma from the otolaryngological standpoint. The fee for the course is 300 francs. Further information can be obtained from Dr. Vaucher, Quai Finkwiller, 8, Strasbourg.

Professor Emile Sergent will hold a post-graduate course on tuberculosis at the Hôpital de la Charité, Paris, from June 12th to July 8th.

The medical profession was well represented at the Rotary Conference held at Scarborough from May 4th to 9th. About twenty medical Rotarians attended the vocational group meeting on the Saturday, when Dr. Jonas presided, and at which many interesting topics were discussed.

The Committee of Award of the Commonwealth Fund Fellowships has issued a list of appointments to fellowships tenable by British graduates in American universities for the two years beginning September, 1933. These fellowships are offered by the Commonwealth Fund of New York, of which Mr. Edward S. Harkness is president. H. W. Mulligan, M.B., Ch.B., M.D., University of Aberdeen, of the Indian Medical Service, is appointed to a fellowship in medicine at the University of Chicago.

British doctors are being invited to join a party of medical men who will leave this country in September next for a tour of about a fortnight to spas and other resorts in the Dolomite region, on the Lake of Garda, in the Apennines, etc.; the cost of the tour, which will start at Venice and finish at Rome, is about £23. The group will be in charge of an English-speaking Italian doctor, and receptions and entertainments will be arranged by the local authorities at the various resorts. There will be no night travel in Italy, and a special train composed of first-class coaches will be used throughout. Each doctor will have the option of taking his wife, son, or daughter, and special railway tickets will be provided, so that at the conclusion of the tour members will at liberty to visit other parts of Italy at half fare. Details of the arrangements may be had from the manager of the Italian State Tourist Department (E.N.I.T.), 16, Waterloo Place, Regent Street, S.W.1.

The Cambridge University Press announces for early publication a book entitled *The Digestive Tract: A Radiological Study of its Anatomy, Physiology, and Pathology*, by Dr. A. E. Barclay.

The Trade Marks Committee, set up in January last under the chairmanship of Viscount Goschen to consider and report whether any, and if so what, changes in the existing law and practice relating to trade marks are desirable, is continuing its meetings for the purpose of hearing evidence from interested persons and associations. Any who desire to submit further suggestions, or to give evidence, should notify the secretary to the committee, Mr. R. W. Luce, Industrial Property Department, Board of Trade, 25, Southampton Buildings, W.C.2, not later than June 3rd.

The twenty-fifth anniversary of the death of Vittorio Marchi, the neurologist and histologist, was celebrated at the University of Modena—his Alma Mater—on May 13th.

A severe outbreak of small-pox has recently occurred at Alexandria, where 2,149 cases and 443 deaths—a mortality of 26.7 per cent.—have been notified between January 1st and March 4th.

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).

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QUERIES AND ANSWERS

Nirvanol in Chorea

"S O S" asks: What is the present position of the nirvanol treatment of chorea?

** A correspondent who has used nirvanol since it was introduced into this country writes: In many cases of chorea the drug is strikingly successful, but not in all. It is not possible to foresee the failures. The drug does not show its effect until about the twelfth day. A definite reaction with enlarged glands (post-cervical), a rash very like German measles, and other phenomena described in the literature usually appear about the tenth day. The dose is carefully restricted to 0.3 gram for a child of 9 years, and half that dose for a child of 5 years—in each case divided into two doses (halves) given in tablet form by the mouth. The writer does not use it for a mild chorea, believing its use then not called for, but for severe and stubborn cases. Some authorities condemn it, believing it to be dangerous, the chief danger being temporary mental derangement. For this reason it is not advisable to give it to a mentally deficient child with chorea. The drug is stopped when the rash and large glands appear or if there is no reaction on the twelfth day. It is a drug that needs discretion, but the writer has found it very serviceable.

Perpetual Snoring

Dr. M. G. FITZGERALD (Teddington) writes: Would someone be good enough to suggest a remedy for loud snoring, which takes place every night as soon as the patient, a healthy married woman of 30, goes to sleep. It persists all night, and she is quite unconscious of it. There is no apparent lesion of the mouth, tongue, pharynx, larynx, lungs, nose, or ears. Changes of posture, strapping the lips, sedatives, alteration of meals, etc., have all failed. The snoring began two years ago, when her child was 14 days old. I have had to give the husband a sedative, and he can hear the noise all over the house.

Pruritus in Tabes

"BORDERER," asking for information on the following case, writes: A woman, aged 60, with tabes, has shown definite improvement following several courses of treatment. Wassermann reaction of both blood and cerebro-spinal fluid is now negative. Life is miserable from generalized pruritus; the patient cannot bear clothing on the skin. Baths, diets, drugs, sedatives, hormones, etc., are all of no help.

Income Tax

Repayment of Loan by Instalments

"M. B." borrows capital to the extent of £3,000 to buy a practice or share yielding about £2,000 per annum. The security includes an insurance policy, and "M. B." pays back on a seven-year capital basis, at the rate of about £700