

(b) lobectomy, which in selected cases carries a mortality of between 8 and 10 per cent.

CONCLUSION

The object of this paper is to point out that, when collapse therapy is applied to cases of bronchiectasis, it must be appreciated that such therapy may exclude the possibility of a subsequent lobectomy, should it become necessary.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

HERNIA OF THE LUNG

This condition, although rare, is nevertheless of sufficient clinical interest to justify recording the details of a case which came under my notice. Most surgical textbooks give little more than a passing reference to the subject.

CASE HISTORY

A miner, aged 30, was injured while at work in the pit on January 28th, 1929, being struck heavily on the back by a loaded "tub." He was admitted to the General Infirmary at Leeds under the care of Mr. J. F. Dobson soon after the accident. He was found to have a fracture of the body of the right scapula, fractures of the second, third, and fourth right ribs in the antero-lateral wall of the thorax, and a considerable subcutaneous tearing of the fibres of the overlying pectoralis major. He was treated by the application of strapping, and was discharged to the care of his panel doctor ten days later. Soon after his arrival home he had what was described as an attack of acute bronchitis.

He was next seen in May, 1930, in the out-patient department, complaining of persistent pains and grating sensations over the right side of the chest, together with a spasmodic, unproductive cough. On examination there were harsh rhonchi and pleural friction sounds at the right base. X-ray examination of the chest showed malunited fractures of the second, third, and fourth ribs on the right side; the lungs were clear save for some increase in the root-shadows. In July, 1930, he was noticed to have a definite defect in the right chest wall and pectoralis major just above and to the outer side of the right nipple; the defect measured about three and a half inches in its vertical diameter and two and a half inches transversely. Through this defect a soft, crepitant mass appeared on deep inspiration, and, to a greater degree, on coughing; this was obviously a hernia of the lung. A corset with a pad to fit the defect was supplied.

Early in 1931 the man was given light work in the lamp-room at the colliery; he carried on this work satisfactorily for about two or three months, but subsequently he said he was unable to do any kind of work. In November, 1932, he was seen again; the corset controlled the hernia satisfactorily, but he complained of much spasmodic cough and shortness of breath. The hernia was no larger than when it was first seen, and there was no other abnormality to be detected in the chest on physical examination. X-ray examination of the chest showed nothing abnormal save the malunited fractures of the ribs.

COMMENTARY

Aetiology.—Hernia of the lung, or pneumatocele, may be of congenital or acquired type. The congenital herniae occur at the site of developmental defects in the thoracic parietes, and usually are incompatible with life. The acquired herniae may be of traumatic origin, or may follow some pathological process in the chest wall, or may even arise spontaneously. Most commonly they are of traumatic origin, following such injuries as stab and gunshot wounds which damage intercostal muscles or nerves, or the ribs themselves; some follow non-union or malunion of fractured ribs. The traumatic type of hernia

may appear soon after injury, or, in what Morel-Lavallée¹ termed the "consecutive" type, the hernia appears some considerable time after the injury, presumably on account of the yielding of scar tissue. Spontaneous hernia of the lungs occurs in such people as glass-blowers and wind-instrument players; it has also been recorded as occurring during labour. While traumatic cases may arise at any situation in the chest wall, spontaneous herniae usually are found anteriorly near the sternum, where the external intercostal muscle is replaced by membrane. At the corresponding place posteriorly the weak area is guarded by the mass of erector spinae, although Wightman² recorded a case of spontaneous pneumatocele in a trombone player beneath the trapezius and erector spinae, about one and a half inches to the right of the seventh dorsal spine. Sometimes the hernia protrudes into the neck through a defect in Sibson's fascia, and rarely into the abdomen through a defect in the diaphragm. Pathological causes include caries of the ribs, empyema necessitatis, lung abscesses, and the extensive operations of Estlander and Scheede, but such herniae are very uncommon. Most pulmonary herniae occur in males, usually under the age of 45.

Prognosis.—Inflammatory changes may lead to the formation of adhesions between the sac and its contents, with resulting irreducibility; strangulation is rare, and spontaneous cure practically never occurs.

Treatment.—This must depend on the type of hernia and the cause. A hernia through a gap in Sibson's fascia is probably best treated conservatively; Chorel³ treated one such hernia by means of a pad and bandage. In cases of hernia through the bony chest wall treatment of the cause, such as caries of a rib, may result in cure. In traumatic and spontaneous cases palliative treatment may suffice; this involves the fitting of a corset with an obturator to fit the defect in the chest wall. It may also be necessary in such cases to modify the patient's occupation, although the disability when following occupational injuries sometimes diminishes in a remarkable fashion when the claim for compensation has been settled. Operative treatment should be directed in the first place to the treatment of any pathological process in the chest wall. Cure has been reported in cases of cervical pneumatocele after packing the hernial sac with iodoform gauze. Simple excision after ligation of the sac has been performed on several occasions. Montgomery and Lutz⁴ turned an osteochondral flap upwards from the fifth rib on a periosteal hinge to close a gap in the fourth intercostal space in a case of pneumatocele following a stab wound; this operation resulted in cure, and for herniae through the bony parts of the thoracic parietes this type of repair seems to be the most practicable.

The case recorded above is clearly of the consecutive type; eighteen months elapsed between the date of the accident and the appearance of the hernia. As a result of the chronic cough the scar tissue in the chest wall and pectoralis major yielded, allowing the hernia to appear. As far as the treatment is concerned the defect in the chest wall is rather large for satisfactory closure by means of an osteochondral flap; the hernia is controlled adequately and comfortably by the corset.

I am indebted to Mr. J. F. Dobson for permission to publish this case.

A. B. PAIN, Ch.M. Leeds, F.R.C.S.,
Surgical Tutor, University of Leeds,
and Surgical Registrar, General
Infirmary, Leeds.

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- ¹ Morel-Lavallée: *Bull. et Mém. Soc. Chir. de Paris*, 1845-47, i, 75.
- ² Wightman, C. F.: *British Medical Journal*, 1898, i, 365.
- ³ Chorel, Professor: *Lancet*, 1889, i, 1002.
- ⁴ Montgomery, J. G., and Lutz, H.: *Ann. of Surg.*, 1925, lxxxii, 220.

HAEMATURIA IN CHILDHOOD ASSOCIATED WITH ACUTE MASTOIDITIS

Mr. E. Carew-Shaw's note on the above subject (*Journal*, October 28th, 1933, p. 780) prompts me to record a somewhat similar case.

A. P., aged 6 years, first seen in the out-patient department of the Birmingham Children's Hospital in August, 1933, gave a history of pain in left ear for three weeks, and discharge from the left meatus for two weeks. On examination there was found to be a profuse discharge from the left meatus and also definite mastoid tenderness. The temperature was 99.6° F. A diagnosis of acute mastoiditis was made and the child admitted to hospital. The usual routine examination of the urine prior to operation was carried out, and definite haematuria was discovered (no previous history of this). The child was kept under observation for twenty-four hours, and it was then decided to operate. The haematuria and mastoid tenderness were still present, although the temperature was not quite so high as on admission. A Schwartz mastoid operation was performed, and within forty-eight hours there was a definite improvement in the urinary condition. Within five days the haematuria had completely disappeared. The child's condition was very satisfactory when he was discharged from hospital five weeks after admission.

This case confirms Mr. Carew-Shaw's conclusions that the haematuria was secondary to the mastoiditis, and that the presence of haematuria associated with mastoiditis is a very definite indication for early operation.

I am very much indebted to F. D. Marsh, F.R.C.S., for his courtesy in allowing me to report this case.

LAURA L. BATEMAN,
Resident Surgical Officer, The Children's
Hospital, Birmingham.

Reports of Societies

CONGENITAL AORTIC STENOSIS

At a meeting of the Section of Anatomy and Physiology of the Royal Academy of Medicine in Ireland, held on December 15th, 1933, with the president, Dr. W. J. JESSOP, in the chair, Professor A. FRANCIS DIXON showed the heart of an infant in which there was considerable stenosis of the aorta proximal to its connexion with the ductus arteriosus. The ductus arteriosus was small and contracted. The right atrium was very large and the right ventricle formed by far the greater part of the heart. There was no interventricular communication, and the foramen ovale was small. The left atrium and the left ventricle were both very small. The right and left atrio-ventricular valves were normal. Macroscopically the stenosis appeared to be due to endarteritis. The specimen was obtained from a case which had been under the care of Dr. Collis.

Dr. W. R. COLLIS said he had seen this baby about five hours after it was born. The child had had a syncopal attack. There was no obvious murmur, and it was difficult to make out whether the heart was enlarged, what had actually caused the attack, and whether it was a case of congenital heart disease. A diagnosis of congenital heart disease was made, and in twenty-four hours' time the child had another attack, and was admitted to hospital, where she died on the third day after admission. While in hospital she had attacks of "blueness," and became cyanosed, but in between the attacks she was a very good colour. It was interesting to note that, from the clinical point of view, there were two types of stenosis of the aorta, one in which the stenosis was proximal to the ductus arteriosus and the other in which it was distal to it.

The PRESIDENT said that it was very difficult to account for the attacks of "blueness" in this case. He wondered if there was any question of spasm of the pulmonary vessel which would account for them.

Reviews

"YEAR BOOK OF RADIOLOGY"

The *Year Book of Radiology, 1933*, by CHARLES A. WATERS and IRA I. KAPLAN, is assured of a warm welcome from the radiologists in this country. The first edition was published in 1932, and was an immediate success. It gave a concise yet complete account of all the principal advances in radiology that had occurred during the preceding fifteen years. It is not to be inferred, however, that the 1933 *Year Book* is merely a revised edition, for, although the design is similar, the work has been brought up to date, and a much more extensive investigation and abstracting of foreign literature undertaken. In order to make full use of the new edition it must be read in conjunction with the 1932 *Year Book*. It does, however, contain so much new material that by itself it will prove an invaluable addition to the library of all radiologists.

The work is divided into two parts: I, Radiological Diagnosis; II, Radiotherapeutics. In regard to the first, there are some who think that the limit of possibilities in radiological diagnosis has been reached, but each year there is something new to record in both technique and diagnosis. In the compilation of this book the radiological literature of all countries has been searched and abstracts made of all the important papers. The references are accurately given, so that when desired the original papers may be consulted. It is, of course, impossible to do more than indicate the main features of the work. All the systems of the body are dealt with, the osseous system being especially well done. Abstracts of papers dealing with bone changes in diseases of the endocrine glands, with xanthomatosis and other rare diseases of bone, will be found in this section. The illustrations are numerous, and placed in close relationship to the text—which is very helpful to the reader. Other chapters which deal with technique, history, teaching, and medico-legal matters are of great interest.

The second part of the *Year Book* opens with a general discussion on radiological physiology, biology, and physics, the views of many readers being given regarding the action of x rays and radium on living cells. The general considerations in radiotherapy are clearly stated, and a large section is devoted to the radiotherapeutic treatment of cancer. Abstracts of papers dealing with the relation of dosage to gene mutation rates are of great interest, and many papers give critical analyses of the results of radiotherapy. All the methods of irradiation are referred to, many of the papers laying particular stress on the underlying physical principles on which these methods are based. There is no doubt that, apart from malignant diseases, irradiation is being called for in an ever-increasing number of ailments. The reader will find the latest information, abstracted from the literature, of all nations, assembled in the various sections into which Part II is divided. Some of these sections will be of particular interest to specialists other than radiologists—for example, radiation in dermatology, in ophthalmology, in mouth, nose, ear, and throat, in gynaecology, in neurology, and in genito-urinary conditions. One section which should appeal to all is that dealing with injuries in radiation therapy.

It should be noted that throughout this work the authors are not expressing their personal opinions, but are putting before the reader carefully compiled abstracts assembled on a definite plan, so that any subject can be readily referred to. There is an excellent index of both subject-matter and authors. The numerous illustrations

¹ *Year Book of Radiology, 1933*. By C. A. Waters and I. I. Kaplan. Chicago: Year Book Publishers Inc. 1933. (Pp. 804; 780 figures. 7 dollars.)

at the hospital! But this, he at once adds, was the only embarrassment he felt, for his fellow residents were most generous in welcoming and making smooth the arrival of these Scotch invaders. What he did feel deeply, with astonishment and a naturally loyal resentment, was what he described as the "colossal apathy," the "monstrous inertia to the force of new ideas," with which the evangel of Listerism was received in London. After the excitement of the first novelty had worn off, the Edinburgh invaders were, so far as their message of healing was concerned, left severely alone. The surgeons of the metropolis did not even trouble to come to King's to listen to the expounding of the principles of antiseptic surgery and study the technique founded on them. Students neglected the Listerian wards, as they were not taught the tips to get them through "the College and Hall" (that is, the College of Surgeons and Apothecaries' Hall, the two usual diplomas of those days). After the crowded class of some three to four hundred students who flocked to his clinical lectures in Edinburgh, Lister felt this neglect in London as "a humiliating experience."

John Stewart succeeded Cheyne as house-surgeon to Lister's wards in 1878. I was then a first-year student, and naturally, as such, had but a slight and distant acquaintance with him. But I remember the courtly kindness with which he dressed (in a cloud of carbolic spray) my hands, which had been wounded when I got a toss over the handle-bars while riding a high, iron-rimmed bicycle of the "penny-farthing" type. It was many years before we met again. It must have been in 1916 or 1917, when, on going into a Canadian hospital at Havre, I unexpectedly recognized in command the same handsome Highlander, though the black beard had become silvery. He remained in France until the end of the war. From that time we had frequent communications, and it was a delight to see him at the Annual Meeting of the British Medical Association in Edinburgh in 1927, and, although for the last time, at Winnipeg in 1930.

It is interesting to anyone to read Stewart's reminiscences of his great master. It was always an encouragement to note how this devoted and affectionate pupil had been strengthened and guided in his lifework by the inspiration which can be imbibed from a great teacher. What he had learned, in Edinburgh and in London, he freely and gladly passed on to others. Canada is fortunate in having had such a worthy son to illustrate, by his life and writings, the influence exerted by one of the great masters on a devoted pupil.

PROFESSOR IRVING CAMERON

Professor GREY TURNER writes:

No notice of the activities of Irving Cameron would be complete without reference to the regularity with which, for many years, he attended the Annual Meetings of the British Medical Association. I always expected to meet him at this annual event, and he was usually to be found in the Surgical Section. I remember so well that it was he who set the ball rolling in that Section at the splendid meeting held in Toronto in 1906. But apart from the meetings of the Association, he was so proud of his Scottish descent that he made it a practice to visit the land of his ancestors each year in order that he might pay his respects to his chieftain, Cameron of Lochiel. His appearance was very characteristic, and his thin, sharply cut features with the goatee beard reminded one of the pictures which used to adorn the pages of Oliver Wendell Holmes's breakfast-table series. In 1930 I called upon him at his own home in Toronto and found him a delightful host. Unfortunately, he was much crippled with some sort of arthritis, and he bitterly regretted that this had prevented him making his customary trip to see his chieftain. But mentally he was as alert as ever, and it was a delight to enjoy his conversation. One of his remarks exhibited that intense loyalty to the Empire which was so characteristic of him. I chanced to mention that I intended to go to Washington, principally because I wanted to take my wife to see Mount Vernon, the home of George Washington. His retort was very striking, for he at once said: "Whatever do you want to go there for? Why, George Washington was a rebel!" He was very

well read and a good classical scholar. Sometimes he spoke at public functions, and while the matter of his speeches was always excellent, his weak voice and rather poor delivery usually ended in his losing the attention of his audience. Irving Cameron was a very lovable man, and I feel sure he will be sadly missed by many friends on both sides of the Atlantic.

The death occurred on December 12th, 1933, of Dr. OSWALD DYKES ROBSON of Somercotes House, Alfreton. Dr. Robson was the son of Dr. William Robson of the Indian Civil Service, and was born in India in 1866. When 4 years of age, however, he was sent to Edinburgh, and travelled by sailing ship round the Cape, the Suez Canal not having been constructed. From George Watson's College he proceeded to Edinburgh University, where he graduated M.A. in 1888, and M.B., C.M. in 1892. After a period as house-surgeon at Leicester Royal Infirmary he purchased a practice at Somercotes, and remained in active work until a few weeks prior to his death. Though he never sought public office, and was never in the limelight, Dr. Robson was universally and deservedly popular with all sections of the community, and not least amongst his own professional colleagues. A member of the Chesterfield Division of the British Medical Association, he took no active part in its work, but could always be relied upon for loyal support whenever the need arose.

H. W. P.

Dr. GEOFFREY FREDERICK DIMMOCK, who died at Harrogate on December 24th, 1933, at the age of 38, had received his medical education at the University of Leeds, where he graduated M.B., Ch.B. in 1926. Before this he had had a long career in the Army. During the war he passed through the Royal Military Academy, and was gazetted lieutenant in the Royal Garrison Artillery. A short time before his death he had taken up flying with a view to obtaining a pilot's certificate. He had also graduated B.Sc. in engineering at the University of Durham. Since qualification he had been practising at Harrogate, where his father, Dr. A. F. Dimmock, is also in practice. He was keenly interested in archaeology, and with Mr. S. Barber took part in the excavations at Knaresborough and Aldborough some years ago. He was a member of the British Medical Association.

The death took place on December 31st, 1933, at Tobermory, Mull, after a short illness, of Dr. DONALD MORISON, one of the best-known practitioners in the West of Scotland. He was born in Mull in 1853, and, taking a medical course at Glasgow University, graduated M.B., C.M. there in 1880. He practised at Beeford, Yorkshire, for thirty years, and then in Mull until his retirement four years ago. He had a wide private practice, and acted as medical officer of health for Tobermory. He was deeply interested in all Celtic affairs, and was one of the founders of the Mull Highland Games. He was enthusiastic also for the maintenance of the Gaelic language.

Universities and Colleges

UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

M.D.—(Branch I, Medicine): F. E. Camps, *E. H. Capel, W. I. Card, V. P. de Zovsa, E. H. Evans, Mary Fraser, B. Halfpenny, †C. H. S. Harris, Alison F. Z. Judd, Nellie I. Lanckenau, K. S. May, R. G. Michelson, N. S. Plummer, W. M. Priest, M. D. Rawkins, C. H. Rogerson, R. Stanford, W. R. Thrower, W. J. Tindall, E. R. Williams. (Branch IV, Midwifery and Diseases of Women): J. D. S. Flew, †Evelyn E. Gourlay, J. F. Hackwood, J. C. Hatrick, Elsie E. A. Ridley, Patricia H. S. Shaw. (Branch V, Hygiene): C. Banks, E. Grundy, Dorothy M. Llewellyn, Laura H. Macfarlane, Dorothy Makepeace, C. M. Ockwell, R. H. Parry, T. A. Seekings. (Branch VI, Tropical Medicine): †D. J. T. Leanage.

* Awarded a mark of distinction.

† University Medal.

The Senate has appointed a special committee to report fully, as a matter of university policy, on the amount and nature of technological study at present carried on in the University, and as to the desirability of instituting a new Faculty of Applied Science or Technology.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Lectures

The course of lectures for 1934 is arranged as follows: January 15th and 17th, Professor W. E. Le Gros Clark, The evolutionary origin of the primates; January 19th, Mr. L. R. Broster, The adreno-genital syndrome; January 22nd, Mr. H. C. Edwards, Diverticula of the duodenum and jejunum; January 24th, Mr. H. C. Edwards, Diverticula of the colon and vermiform appendix; January 26th, Mr. Alan Brews, A clinical research on the radium treatment of carcinoma of the cervix uteri; January 29th, Mr. Arnold Sorsby, Retinal abiotrophy; January 31st, Mr. K. H. Watkins, The bladder function in low spinal injury; February 2nd, Mr. E. G. Muir, Carcinoma of the prostate; February 5th, Mr. A. A. Davis, The presacral nerve: its anatomy, physiology, pathology, and surgery; February 7th, Mr. J. M. Yoffey, The study of lymphoid tissue; February 9th, Mr. Cecil P. G. Wakeley, The surgery of the spinal gland; February 19th, Mr. Denis Browne, Talipes equino-varus; February 21st, Mr. C. Bowdler Henry, Aberrant third molars and their menace; February 23rd, Sir Thomas Dunhill, Diaphragmatic hernia (non-traumatic). The lecture hour is 5 p.m.

On February 13th, at 4 p.m., Sir Cuthbert Wallace will deliver the Hunterian Oration.

Medical News

The Hunterian Lecture will be delivered before the Hunterian Society of London, at the Mansion House, on Monday, January 15th, at 9 p.m., by Dr. Jacques Forestier of Aix-les-Bains, on "Rheumatoid Arthritis and its Treatment by Gold Salts."

The annual meeting of the Royal Microscopical Society will be held at B.M.A. House, Tavistock Square, W.C.1, on Wednesday, January 17th, at 5.30 p.m., when the presidential address will be delivered by Mr. Conrad Beck, C.B.E., on "Some Recent Advances in Microscopy."

At the meeting of the Royal Sanitary Institute in the Town Hall, Wakefield, on January 19th, at 5 p.m., there will be discussions on town and country planning, to be opened by Mr. Percy Morris, and on the prevention and control of infective diseases, to be opened by Dr. Thomas Gibson. Before the meeting there will be visits to a housing estate, an isolation hospital, a council school, a milk pasteurization depot, and to the pathological laboratory of the West Riding County Council.

A discussion on the aetiology of acute rheumatism and chorea in relation to social and environmental factors will take place at a joint meeting of the Sections of Epidemiology, State Medicine, and Diseases in Children of the Royal Society of Medicine (1, Wimpole Street, W.) on Friday, January 26th, at 8 p.m. The openers will be Dr. J. Alison Glover and Dr. W. S. C. Copeman, and Dr. Reginald Miller and Dr. E. C. Warner.

An address entitled "Traditional Morality and Modern Life" will be given before the British Institute of Philosophy by Professor W. G. de Burgh, at University College, Gower Street, W.C., at 8.15 p.m. on Tuesday, January 16th, with Sir Herbert Samuel in the chair. Cards of admission can be obtained from the director of studies, at University Hall, 14, Gordon Square, W.C.1.

A meeting of the Eugenics Society will be held at the Linnean Society's rooms, Burlington House, Piccadilly, W., on Tuesday, January 16th, at 5.15 p.m., when Dr. R. Langdon-Down, Dr. E. Mapother, and Dr. C. P. Blacker will speak on "Safeguards in Eugenic Sterilization," with Sir Humphry Rolleston in the chair.

The annual meeting of the International Society of Medical Hydrology is to be held from Sunday, January 28th, to Friday, February 2nd, inclusive, at Zürich, Davos, and St. Moritz. The president-elect is Professor O. Veraguth of the Faculty of Medicine of Zürich University. The principal subjects for discussion are the thermal bath reaction ("crise thermale") and the physiological and therapeutic effects of high mountain climates. Decisions will be taken concerning the nomenclature and classification of muds, peats, etc., used in physical medicine. The meeting is open to other medical men

and their wives, at a fee of 20s. and 10s. for the lady. Applications to attend should be made immediately on a form to be obtained from the general secretary, I.S.M.H., 109, Kingsway, W.C.2. A party to the frontier, via Dunkirk, is being organized by Thos. Cook and Son, Ltd., and will leave London on January 26th.

The Fellowship of Medicine and Post-Graduate Medical Association (1, Wimpole Street, W.) announces that the first of Dr. Clark-Kennedy's lecture-demonstrations at 11, Chandos Street, W., will be on January 16th, at 2.30 p.m., on the subject of indigestion; the second, on January 23rd, will deal with nervous dyspepsia. Three demonstrations for M.R.C.P. candidates will be given at the same place, as follows: January 16th, at 8 p.m., Dr. Peter Kerley, x-ray films—diseases of the heart and lungs; January 17th, at 4.30 p.m., Dr. Kenneth Harris, electrocardiograms; January 18th, at 4.30 p.m., Dr. Kerley, x-ray films—diseases of the gastro-intestinal tract and bones. Six demonstrations on the interpretation of pyelograms will be given by Dr. Mather Cordiner at 8 p.m. on Tuesdays and Fridays from February 13th to March 2nd.

Designed on lines corresponding to those of the recent winter exhibitions of Flemish, Dutch, Italian, Persian, and French art, the Royal Academy winter exhibition of 1934, which opened on January 6th, gives a comprehensive view of British art from the tenth to the nineteenth century. It consists of paintings in oil and water-colour, drawings, sculpture, embroideries, tapestries, furniture, silver and other examples of fine craftsmanship, selected with the purpose of showing that the achievements of British artists, in their characteristic aims and excellences, are worthy of comparison with the creations of other countries.

At a meeting of the court of directors of the Society for Relief of Widows and Orphans of Medical Men, held on January 3rd, with Mr. V. Warren Low, president, in the chair, the death of one of the vice-presidents, Dr. F. G. Crookshank, was reported. Two new members were elected. The sum of £1,998 15s. was voted for the payment of the half-yearly grants to the widows and orphans on the funds. This included £141 5s. as special grants to orphans, to enable them to continue either their education or their professional studies. The widow of a member was voted a yearly grant of £60. The total number of widows at present receiving relief is fifty-three. With the purpose of making the society better known and obtaining new members, a new attractive leaflet has been prepared. Membership is open to any registered medical man who at the time of his election is residing within a twenty-mile radius of Charing Cross. Relief is only granted to the necessitous widows and orphans of deceased members of at least three years' standing. Further information, and application forms for membership, may be obtained from the secretary at 11, Chandos Street, Cavendish Square, W.1.

At a meeting of the General Council of King Edward's Hospital Fund for London, held on January 9th at 10, Old Jewry, E.C., it was reported that the Prince of Wales had appointed Mr. Samuel Storey, M.P., to be an additional member of the Voluntary Hospitals (Parliamentary) Committee. On the motion of Lord Somerleyton (in the chair) the resolutions providing for the work of the Fund for 1934 were adopted.

The results of two inquiries into diet and household expenditure have just been published. The first comes from the Newcastle Dispensary and the second from the Economics Research Section of the University of Manchester. From the dietetic standpoint it is interesting to notice that, as pointed out in the report of the B.M.A. Nutrition Committee, when economies have to be made in the purchase of food, the tendency is to replace meat by starchy foods and to increase the consumption of tea, margarine (at the expense of butter), and tinned milk.

The December issue of the *Monatsschrift für Geburtshilfe und Gynäkologie* contains an obituary notice and portrait of Professor August Martin of Berlin, who recently died at the age of 87. He had been editor of the journal for thirty-eight years at the time of his death.

The November supplement of the *Bulletin of the Johns Hopkins Hospital* contains a revised student's check list of texts illustrating the history of medicine, compiled by Fielding H. Garrison.

Amongst the latest contributions to King Edward's Hospital Fund for London is the sum of £1,000, being the annual subscription of His Majesty The King, Patron of the Fund.

Dame Janet Campbell, M.D., M.S., retired at the end of 1933 from her post as senior medical officer for maternity and child welfare at the Ministry of Health, and chief woman medical adviser to the Board of Education.

Dr. William Habgood will retire in March, after twenty-six years' service as medical officer of health for the urban district of Sutton and Cheam.

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. Authors overseas should indicate on MSS. if reprints are required, as proofs are not sent abroad.

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.

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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

Chlorophyll and Crème de Menthe

Surgeon Rear-Admiral CHARLES M. BEADNELL, R.N. (ret.), writes: The late Sir Ray Lankester, F.R.S., in an article, "The Simplest Things," in *Science from an Easy Chair* (published 1910), states that chlorophyll "may be seen in solution in the liqueur known as 'crème de menthe,' being used to give its fine green colour to that preparation." Recently, however, a friend of mine informed me that he examined this liqueur spectroscopically side by side with an ethereal extract of the leaf-green of the nettle, and that whereas the latter showed the characteristic bands in the red of chlorophyll the former did not. Can any of your readers inform me whether the makers of this liqueur have or have not given up chlorophyll as a dye, and, if they have, the nature of the colouring matter now in use?

Convalescent Home

Dr. J. S. McLAREN (Stratford-on-Avon) would be glad to learn of any convalescent home which would take in an elderly gentleman (75 years of age) who is recovering from a nervous breakdown. Not a mental institution, but a home which is not too large, and preferably one with a resident medical officer, and fees about 5 guineas a week.

Mental Allergy?

"A. G." (Bath) writes: Allergy in the physical sphere has, I think, rather a remarkable mental or psychic counterpart. Just as some bodies react violently to usually innocuous substances, so some minds seem unable to tolerate the presence of certain harmless objects. I am alluding to the well-known horror which many people suffer from mice, cats, spiders, etc. That this fear is an integral part of the mental make-up, and not the result of superimposed experience, seems to be likely from the harmless nature of the creatures objected to. It would be of interest also to know whether the dread is hereditary. It does not appear

to be confined exclusively to the human species, as I have read of a male chimpanzee at the Zoo, of which it was said that "a mouse reduces him to a state of abject terror and makes him scream like a terrified child." This shuddering dislike seems to be usually aroused by living creatures, but I can remember the unspeakable terror with which, during the first few years of my life, I was filled by cobwebs, and when a little older by the sound of a particular steam saw. It would be interesting to know whether these abnormal sensations occur chiefly in allergic individuals or families, as there is so strange a resemblance between the two conditions.

LETTERS, NOTES, ETC.

New Year Honours: Addendum

The name of Major JOHN GILMOUR, M.C., F.R.C.S.Ed., President of the International Quarantine Board, Egypt, upon whom has been conferred the honour of C.M.G., was omitted from the list of New Year Honours published in our issue of January 6th (p. 30).

Treatment of Scabies

Dr. R. R. CLIPSTEIN (London, E.8), writes: In the *Journal* of January 6th (p. 16) Dr. A. D. Matthews states that he found sulphur ointment and β -naphthol ointment (2½-7½ per cent.) ineffective in a case of severe scabies. Personally I have found the following ointment valuable in this condition: acid. carbol. liq., $\text{m} \times$; sulph. præcip., grains x ; resorcin., grains x ; paraffin. moll., ad ʒi . It invariably relieves itching, and I have never yet observed any unpleasant reaction, even in young children. It appears to be as effective as the Bayer preparation "mitigal," and has the great advantage of being inexpensive.

Advertising by Medical Men in Former Days

Dr. O. B. SHELSWELL (Forest Green, Dorking) writes: Unless my grandfather was over the lines of medical etiquette of his time, of which I think him incapable, advertising by medical men seems to have been resorted to at a considerably later period than that mentioned by your correspondent in the *Journal* of December 30th, 1933, as evidenced by the following. This somewhat florid notice was found at the Bodleian Library, Oxford, in the *Oxford Journal* dated November 26th, 1803: "H. Shelswell respectfully informs his friends and the public in general that he succeeds his Uncle, Mr. Mead, deceased, at Sibford aforesaid, where the practice of Surgery, Midwifery, and Medicine will be carried on with the utmost care and attention—and he hopes to merit the approbation of those he may have the honour of attending by the strictest assiduity and attention in the different branches of the profession and on the most reasonable terms."

A Warning

A correspondent in West London writes: The police have asked me to communicate the following circumstances, in the hope of catching a crook. A man called at my house yesterday and said that he had been out of work, but had at last got it. He was, he said, a joiner by trade, and must first get his tools out (presumably from pawn). Could I give him any work? I said he could make some book shelves for me: this he agreed to do, taking measurements and giving an estimate. He then said he must have £1 for the wood; this I gave him, and never saw him again. The police office to which I applied was at Askew Road, Shepherd's Bush.

Prices of Insulin "A.B."

Messrs. Allen and Hanburys Ltd. and The British Drug Houses Ltd., joint manufacturers of insulin "A.B.," announce a reduction in the prices as from January 11th, as follows: 5 c.cm. phials (100 units), 1s. 10d.; 10 c.cm. phials (200 units), 3s. 6d.; 5 c.cm. phials (200 units), 3s. 6d.; 5 c.cm. phials (400 units), 6s. 9d.

Corrigendum

We are asked to correct a date given in the report of Professor Leyland Robinson's presidential address before the North of England Obstetrical and Gynaecological Society, published last week at page 18. Chapman published his book in 1733 not 1773.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 40, 41, 42, 43, 46, and 47 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 44 and 45.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 15.