

and was an ideal companion. He was a man of wide experience and a sound administrator. Like his distinguished father, he was a good epidemiologist, and was generally very successful in investigating the origin of outbreaks of disease in various parts of Wales. He conducted several inquiries into health problems in Wales, and by his tact and courtesy was able to influence local authorities to carry out many much-needed improvements. In course of time he became a favourite with members and officials of local authorities, who learnt to appreciate his judgement and wise recommendations. Dr. Bruce Low's premature death is a great loss, not only to his colleagues in the Welsh Board of Health, but to the public health service generally.

## The Services

### DIRECTOR R.A.F. MEDICAL SERVICES

Air Commodore Alfred William Iredell, Principal Medical Officer at the Royal Air Force Headquarters, Inland Area, has been appointed to be Director of R.A.F. Medical Services at the Air Ministry from March 1st, in place of Air Vice-Marshal John McIntyre, who retires from the R.A.F. on that date.

### DEATHS IN THE SERVICES

Lieut.-Colonel Benjamin Frazier Hamilton, R.A.M.C. (ret.), died in London on January 10th, aged 79. He was born on April 18th, 1855, was educated at St. George's, and took the M.R.C.S. in 1878, and the L.R.C.P. Lond. in 1882. Entering the Army as surgeon on January 31st, 1885, he became major after twelve years' service, and retired on January 31st, 1905. After his retirement he was employed at Topsham, Devon, in 1905, and at Lancaster in 1911. When the war of 1914-18 began he rejoined from August 5th, 1914, and was given a brevet lieutenant-colonelcy from June 3rd, 1919. He also served in a campaign against the Yonnice tribe on the West Coast of Africa in 1887-8, and received the African medal with the clasp. His surname was originally Zimmerman; he changed it to Hamilton at the end of the war. At the Annual Meeting of the British Medical Association held at Exeter in 1907 he was secretary of the Naval and Military Section.

## Universities and Colleges

### NATIONAL UNIVERSITY OF IRELAND

At a meeting of the Senate on January 17th, with the Chancellor, Mr. Eamon de Valéra, in the chair, the reports of the examiners upon the medical and dental examinations, December, 1934, were considered, and passes, honours, etc., awarded.

The Senate appointed the following representatives: Professor J. B. Butler, M.B., B.Ch., B.A.O., tercentenary celebrations of the National Museum of Natural History, Paris; Professor T. Walsh, M.D., Royal Sanitary Institute Congress, Bournemouth; Professor J. Sperrin-Johnson, M.B., Commonwealth Botanical Congress, London; Professor W. D. O'Kelly, M.D., Royal Institute of Public Health Congress, Harrogate.

Dr. J. F. O'Carroll was appointed a member of the governing body of the University College, Dublin.

### BRITISH POST-GRADUATE MEDICAL SCHOOL

The undermentioned appointments of medical staff have been made by the governing body of the British Post-Graduate School at Hammersmith. *Obstetrician and Gynaecologist*: Geoffrey William Theobald, M.D., M.R.C.P., F.R.C.S., F.C.O.G.; *First Assistant, Department of Medicine (Neurological)*: Edward Graeme Robertson, M.D., M.R.C.P.; *House-Physicians*: Wilfred Ingram Card, M.D., M.R.C.P., Norman Vogelsang Birrell, M.B., Ch.B., D.P.H., Thomas Russell Cumming Fraser, M.B., Ch.B.; *Gynaecological House-Surgeon*: Maurice Alexander Robertson, M.B., Ch.B.; *House-Surgeons*: Murray Thomson Greig, M.B., Ch.B., B.Sc., Joseph Ellis Ellison, M.B., B.Ch., B.A.O.

The following gifts have been made to the Library of the School: by the proprietors of the *Lancet*, bound volumes of the *Lancet* from the year 1823; by Dr. T. Clifford of Stalybridge, *Medical Annals* from 1893; by Mr. J. Levin Payne, Guy's Hospital, *Proceedings of the Royal Society of Medicine* (twenty-five volumes).

## Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

### THE HOUSING BILL

The House of Commons, which reassembles on January 28th, will devote January 30th and 31st to a second reading debate on the Government's Housing Bill. The intervening days are appropriately allotted to consideration of the votes for the Unemployment Assistance Board, for the Depressed Areas Fund, and for grants to local authorities in depressed areas. Appropriately, because the Housing Bill, besides creating employment over a long term of years, is presented as a national policy for reconstructing the outworn urban areas in which unemployment is rife, and for terminating the overcrowding so often associated with it.

The objects of the Housing Bill are to establish a legal definition of overcrowding, to place on housing authorities an obligation for rehousing inhabitants in excess of that definition, to initiate a survey of the housing accommodation in England and Wales, and to secure the rebuilding, according to prearranged general plans, of the antiquated or unsuitable "cores" of English cities and towns, in so far as that last purpose is not effected by the Slum Clearance Act. A similar Bill has been introduced for Scotland. Operated in conjunction with the slum clearance powers of 1930, the new Bills would bring about, over a period of twenty or thirty years, the replanning and reconstruction of those decayed or merely dingy inner areas which modern urban communities have inherited from the seventeenth, eighteenth, and early nineteenth centuries. The Bills now awaiting discussion would impose a duty of redevelopment upon the local authorities in urban areas with more than 50,000 population. These authorities would have to furnish Whitehall with redevelopment plans, showing the proposed new or wider streets, proposed open spaces, and the areas to be used for housing the working classes. To ensure that these workers have a chance of new quarters on or near the old sites, Parliament is asked to approve subsidies so adjusted as to encourage the provision of flats in central districts. Whitehall has decided that the policy of municipal suburbs laid out with cottages and gardens has failed to help the overcrowded and lower-paid workers of the great cities and the industrial towns. Besides clearance and redevelopment of sites, the new Housing Bill for England authorizes the acquisition of old houses for reconditioning, and also gives local authorities power to approve replanning or reconditioning by a private owner. Property, not being slums, which is acquired by an authority for clearance is to be paid for, and adjustments are made about compensation for property in slums. Local authorities will have a duty to ensure in advance alternative accommodation for the surplus families cleared from overcrowded houses or removed under clearance schemes. The Bill also offers inducement for replacement or reconditioning of houses in rural areas by local authorities.

### ANNUAL RETURNS ON OVERCROWDING

Medical officers of health in London or of boroughs and urban and rural districts elsewhere in England and Wales, will have the duty of furnishing annually to the Ministry of Health particulars of overcrowding, and of any houses where overcrowding had been abated but which had again become overcrowded. A house is to be deemed to be overcrowded if any two persons over 10 years of age of opposite sexes, not living as husband and wife, must sleep in the same room, or if the proportion of persons to rooms exceeds that set out in a schedule of the Bill. Where a house consists of one room, two inmates are to be permitted. Infants under a year old will not be counted, and a child under 10 years counts one-half. For two rooms the permitted number will be three persons; for three rooms, five; for four rooms, seven and one-half; and for five rooms or more, ten persons, with an additional two for each room in excess of five. These proportions apply where the rooms each are 110 square feet or more

in floor space. For a room between 90 and 110 square feet, one and one-half persons are allowed; between 70 and 90 square feet, one; between 50 and 70 square feet, one-half; and for any room below 50 square feet, *nil*. Local authorities may give temporary licence for more dwellers in a house, and in specially difficult areas the Minister may modify the standards for a prescribed period. Landlords will have a statutory duty to inform a local authority of overcrowding. Overcrowding by a tenant will be a punishable offence.

#### MUNICIPAL AUTHORITIES AND THE BILL

In such matters the Ministry of Health is to have the advice of a Central Housing Advisory Committee. Though the Government has not adopted the proposal that housing should be transferred from municipal bodies to a National Housing Trust, the Bill provides that local authorities may trust any housing association with the work of rehousing or of reconditioning under the Act. The Minister may, for five years, make a grant towards the expenses of a central housing association. Housing authorities can also transfer to permanent housing management commissions the management, control, and maintenance of working-class houses erected under any of the Housing Acts or under this Bill. The hope is thereby to remove the management of housing estates from the field of local politics, and to encourage professional management.

## Medical News

The annual dinner of the Hunterian Society, to commemorate the 207th anniversary of the birth of John Hunter, will be held at the May Fair Hotel, Berkeley Square, W., on Thursday, February 14th, at 7.30 p.m.

Professor D. Fraser Harris will give a lantern lecture on "The Influence of Italy on England" at the Princess Elizabeth of York Hospital for Children, Shadwell, E., on Thursday, January 31st, at 8.45 p.m. Visitors will be welcome.

Dr. R. H. Ing will deliver a course of six public lectures on "The Chemical Structure of Drugs in Relation to their Physiological Action" at University College, Gower Street, W.C., on Mondays at 5 p.m. from February 11th to March 18th. Admission free, without ticket.

A course of four lectures on "Some Present-day Methods of Treatment" will be given at the Liverpool Psychiatric Clinic, 56, Bedford Street North, Liverpool, on Thursdays at 5 p.m. from February 7th to 28th. The fee for the course is 10s. (single lectures, 3s. 6d.), and written application for tickets should be addressed to the lecture secretary at the clinic.

A course of lectures and demonstrations on venereal diseases commenced at the Salford Municipal Clinic, 155, Regent Road, Salford, on January 8th, and will be continued on Mondays and Thursdays at 3.30 p.m. until April 1st inclusive.

A lecture on the theory and practice of contraception will be given to medical students and practitioners by Dr. Gladys Cox on February 8th, at 6 p.m., at the Walworth Women's Welfare Centre, 153A, East Street, S.E.17. Demonstrations will be given on February 15th and 22nd at 6 p.m. and 7 p.m. Those attending are asked to bring rubber gloves. To cover expenses of lecture and demonstration a fee of 5s. is charged. Tickets admitting to the lecture are to be applied for in advance.

The winter post-graduate session at the Hampstead General and North-West London Hospital recommenced on January 23rd and will be continued on Wednesdays until March 27th inclusive. All lectures begin at 4 p.m., with the exception of the one on March 13th, which is at 4.30 p.m.

A special course of post-graduate instruction in neurology, arranged by the University of Durham College of Medicine, opened at the Royal Victoria Infirmary, Newcastle-upon-Tyne, on January 17th, and will be con-

tinued on Thursdays at 3 p.m. to March 21st inclusive. Classes for clinical instruction in medicine and surgery, or lecture demonstrations, opened on January 20th, and will be held every Sunday at 10.30 a.m. to March 24th inclusive. All medical practitioners are invited to attend these classes, for which there is no fee, and particulars will be given week by week in the diary column of our *Supplement*.

At a meeting of the Section of Laryngology of the Royal Society of Medicine on Friday, February 1st, at 5 p.m., Dr. Ferris Smith of Grand Rapids, U.S.A., will open a discussion on "Treatment of Chronic Infection of the Nasal Accessory Sinuses." Other speakers will include Mr. T. B. Layton, Mr. H. G. Bedford Russell, Mr. C. Gill-Carey, Mr. G. H. Howells, Mr. Walter Howarth, and Mr. P. Watson-Williams. Cases will be shown.

A meeting of the Food Group of the Society of Chemical Industry will be held at the London School of Hygiene and Tropical Medicine, Keppel Street, W.C., on Wednesday, February 13th, at 8 p.m., when Dr. H. B. Cronshaw will open a discussion on "Training of the Food Technologist."

The Fellowship of Medicine announces that a lecture on constipation will be given at 11, Chandos Street, W., on February 1st, at 4.15 p.m.; the lecture on February 8th will be on diarrhoea. At the Wellcome Museum of Medical Science on January 31st, at 3 p.m., a demonstration will be given of examples of Bright's disease; and on February 7th on syphilis. On January 31st, at 8.30 p.m., sound-films on rehabilitation methods of treatment and training of the physically handicapped will be shown by Dr. H. H. Kessler of Newark, New Jersey, at the Western Electric Company's Theatre, Bush House, Aldwych, W.C. Admission to these films by ticket only. Special courses include: medicine and surgery, at the Southend General Hospital, on February 2nd and 3rd; physiotherapy, at the St. John Clinic and Institute of Physical Medicine, on February 9th and 10th; chest diseases, at the Brompton Hospital, February 11th to 16th; gynaecology, at the Chelsea Hospital for Women, February 11th to 23rd; and an M.R.C.P. evening course, at the National Temperance Hospital, Tuesday and Thursday evenings at 8 p.m. Details can be obtained from the Fellowship, 1, Wimpole Street, W.1.

The following international post-graduate courses have been arranged for 1935 by the Berlin Academy for Medical Post-Graduate Training: internal medicine, with special regard to gastro-intestinal ailments, March 4th to 9th—fee, RM. 40; disturbances of metabolism and of the glands of internal secretion, March 11th to 16th—fee, RM. 40, or, if taken with the earlier course, RM. 60; practical progress of x-ray diagnosis and therapy, particularly for internal ailments, March 18th to 24th—fee, RM. 70; special course in urology, March 25th to 30th—fee, RM. 70; occupation and sickness, with special consideration of expert opinion, April 1st to 8th—fee, RM. 40; special course for surgeons, April 29th to May 4th—fee, RM. 70; special courses in all branches of medicine, with bedside and laboratory practice, are held every month—fee, RM. 50 to 80 for eight lessons of two hours each. Programmes and further particulars are obtainable from the Academy, Berlin, N.W.7, Robert-Koch-Platz 7 (Kaiserin Friedrich-Haus). Foreign doctors receive a 25 per cent. reduction of fare on the German railways (Reichsbahn). By using "registered marks" they can reduce the cost of sojourn, but for this purpose their home bank should be consulted before departing for the trip.

The council of the Medical Society for the Study of Venereal Diseases offers an honorarium of £25 for the best critical review dealing with any of the venereal diseases considered from any angle. The selected review becomes the property of the council, which will be at liberty to publish in the *British Journal of Venereal Diseases* any paper other than the one for which the prize is awarded. Contributions of about 6,000 words should be typewritten on one side of the paper only, with a quarter of a page as a margin, and sent to the honorary secretary, "M.S.S.V.D.," 43, Queen Anne Street, London, W.1, before July 31st, 1935.

On January 15th the authorities of the Barnsley Isolation Hospital inspected the Medical Centre at British Industries House in London, and selected the complete equipment of a new eight-bed ward and operating theatre for the new block of their hospital. Before the visit a list of the 850 requirements of the hospital was prepared in order that those responsible for the Medical Centre could assemble a selection.

Dr. W. H. Woods of Mount Brydges, Ontario, has forwarded a copy of an article by him, which appeared in the *Canadian Journal of Medicine and Surgery* for November, 1934; it describes some human bones, and in particular a skull, which were found twenty years ago in a gravel pit at Delaware. The skull is that of an Indian male, and the claim is made that this is the first skull of great antiquity ever found in Canada. It has been presented to the University of Western Ontario, London, Canada, together with the correspondence with experts concerning it.

The following medical men were elected to the council of the Royal Microscopical Society at the annual meeting on January 16th. As vice-president, Professor D. M. Blair; as an honorary secretary, Dr. R. T. Hewlett; as members of the council, Dr. A. S. Burgess and Dr. G. M. Findlay; as honorary editor, Dr. Findlay. Professor Frank Balfour Browne was re-elected president.

Dr. Eleanor Soltan has been appointed a justice of the peace for the county of Suffolk.

## 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.

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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

### Colotomy Belt

"M." would be grateful for any help he may receive for a patient who is greatly troubled following an operation for colotomy owing to the pressure of the rubber ring of the cup causing an excessive prolapse of the bowel with subsequent irritation. Because of this effect the patient has been meantime forced to resort to the constant use of soft bandages and wool. Is there any alternative fitting known for such a case?

### Wine for Prostatic Case

Dr. G. M. WILCOCKSON (Guildford), replying to the inquiry by "Medico" (January 12th, p. 91), suggests that white "Valdepeñas," a light, dry Spanish wine at 2s. 6d. a bottle, would answer the purpose. The importers are A. Sordo Lopez and Son, 15, George Street, Manchester Square, W.1.

### Painful Insulin Injections

"R. J. C." asks for suggestions for mitigating the pain of daily insulin injections given to a girl of 11 years by her mother.

### Treatment of Scarlatinal Nephritis

Dr. A. V. LÈCHE (Fever Hospital, Axbridge, Somerset) writes: During the past month I have had two grave cases of scarlet fever in boys of 8 and 12. They had nephritis, with blood and albumin in the urine. Both developed severe convulsions and coma, with incontinence of urine and faeces, with rapid pulse and respirations, and with rise of temperature. Death in each case seemed inevitable. I ordered rectal injections of warm normal saline solution every four hours. The result in each case was extraordinary. In thirty hours both patients were talking clearly and taking nourishment, and both continue to improve, with less albuminuria. One is sitting up in the ward for short periods, and the other, a very delicate lad, is gaining daily. After the third day the injections were given every six hours for two days, then every eight hours for two days, and finally twice daily for another three. The treatment is so simple and the results so dramatic that I am curious to know if it is a usual treatment in these cases.

### Open Suprapubic Wound

Mr. B. G. S. BELAS (Middlesbrough) writes in reply to the question by "Inquirer" (January 19th, p. 137) about open suprapubic wound following prostatectomy in a patient who also had a large diverticulum: I fear that unless this latter condition has also been successfully dealt with then the urine will remain grossly infected and the wound will fail to close. Assuming, however, that the diverticulum has been excised and that the bladder is clean, then the cause will probably be some slight obstruction between the verumontanum and the re-formed bladder neck, which can be verified by urethroscopy and dealt with by diathermy used in conjunction with either the McCarthy or the Canny Ryall resectoscope.

### White and Brown Sugar

Mr. H. C. S. DE WHALLEY, F.I.C. (chief chemist, Tate and Lyle, Ltd., London, E.), writes: In your issue of November 17th, 1934, "A. F. S." (Co. Mayo) makes some remarks on white and brown sugar, and asks what is the difference between them. In the following week's issue there is a reply from a correspondent (London, S.W.) which is incorrect. The composition of raw brown sugar is not as Nature made it. It does not contain vitamins, fats, or other carbohydrates, excepting cellulose in the form of cane fibres. Nature is not to be blamed for the content of sand, clay, and dirt that is generally present in raw brown sugars that have not been specially prepared for direct consumption and are yet exposed for sale. Insects, bacteria, and sugar lice are often to be found in these sugars. The salts which are present are not of the composition found in the cane, but may vary considerably. Lime used in defecation remains combined with any organic acidity, either original or produced by bacterial activity in the juice during manufacture. Sulphur dioxide combined as sulphites is often present as a remnant of purification operations in the factory. Of the total salts contained, 50 per cent. are sometimes insoluble in water, and of composition showing them to be valueless to the digestive system. Refined white sugar contains 99.95 per cent. sucrose, brown sugar 95 to 97 per cent. Refined white sugar is pure sucrose, whether derived from sugar cane or sugar beet, and its origin cannot be determined by any difference in composition or properties. Sucrose does not contain mineral salts, but, if taken as a part of a mixed diet, there should be no deficiency in minerals. As regards irritant effects of sucrose on skin, etc., it is stated in many reliable textbooks that in olden days, when grocers handled the raw brown sugar, which contained sugar acari or lice, these burrowed their way into the skin, caused irritation, and scratching followed, which led to skin troubles. Refined white sugar, being entirely free from these acari, cannot have the same effect. In British refineries the refined sugar is untouched by hand, and packed mainly in hygienic cartons, rendering handling unnecessary by the grocer, so that the sugar cannot be contaminated by dirt or dust. Sucrose is hydrolysed quickly to glucose (dextrose, not starch glucose) and fructose as the first part of digestion, and the presence of about 1½ per cent. of these already converted sugars in raw brown sugar, together with a little—very little—of the original salts present in the sugar cane, does not have any noticeable effect on digestion, so that sucrose is digested as quickly as brown sugar.