

Local News

FRANCE

[FROM OUR CORRESPONDENT IN PARIS]

Jubilee of the Pasteur Institute

On Wednesday, March 15, the fifty-year jubilee of the Pasteur Institute in Paris was celebrated in the presence of the President of the French Republic and the world of science, represented not only by the most distinguished leaders of the medical profession in France, but also by many scientists from other countries. It will be remembered that the French Academy of Sciences took the initiative more than fifty years ago in opening a national subscription for the erection of an institute in which Pasteur could work and inspire his many followers. On November 14, 1888, the new institute was inaugurated by the President of the Republic, Sadi Carnot. On Pasteur's death in 1895 Duclaux, the father of biological chemistry, took charge of the Pasteur Institute with Roux. Only a few years later Duclaux inaugurated the new chemical laboratories in the grounds of the Pasteur Institute. A little later a hospital for infectious diseases was erected within the precincts of the Pasteur Institute. Meanwhile, only a few miles away, the annex at Garches, at first little more than stables for horses yielding diphtheria antitoxin, was coming into prominence chiefly on account of Ramon and his work on diphtheria antitoxin. Last, but by no means least, come the tuberculosis laboratories established in the Pasteur Institute under the inspiration of Calmette and in large part devoted to B.C.G. research and preparation. The memorial ceremony held on March 15 was presided over by M. Marc Rucart, the Minister of Public Health, who spoke of the Pasteur Institute as a body fighting for the widening of the frontiers of life. After this address, which had been preceded by short speeches from several other leaders in the scientific world, M. Lebrun proceeded to the tombs of Pasteur and Roux, also within the grounds of the Pasteur Institute, and to an inspection of the rooms which Pasteur occupied within the Institute and which, without any change, now serve as a shrine and a museum.

Professor Leriche and the Collège de France

Only about a couple of years ago the title of René Leriche to that of the greatest living French surgeon was endorsed by his election to the chair of medicine of the Collège de France, founded as long ago as 1529 by François I. Since then the occupants of this chair have included some of the most distinguished names in the history of medicine—Laënnec, Claude Bernard, d'Arsonval, Charles Nicolle, to mention only a few. Leriche came to Paris to lecture but not to live: naturally, for he had made Strasbourg a surgical Mecca to which medical and surgical pilgrims flocked from the ends of the earth. Had hospital facilities worthy of such a pioneer been provided in Paris he might possibly have been tempted away from his old love. Or he might have been willing to continue his lectures in Paris and his practical work in Strasbourg, the one supplementing rather than supplanting the other, had all concerned appreciated fully the importance of his contributions in both cities. The upshot of the conflict of claims on Leriche has been his abandonment this year of his now famous Collège de France lectures. A great pity.

In Defence of Compulsory Diphtheria Immunization

The meeting recently convoked at the Pasteur Institute by the Société de Médecine Publique on the subject of immunization against diphtheria was addressed by a succession of distinguished medical speakers, among whom

was Surgeon General Dopter, who traced the behaviour of diphtheria in the French Army since the beginning of 1930. At this stage diphtheria in several regiments in France and Algeria was proving refractory to prophylactic measures hitherto in fashion—the tracking down of definite and abortive cases, the isolation of the sick, the search after and isolation of carriers, disinfection, and so on. It was then that Surgeon General Dopter took the initiative in combining typhoid immunization with diphtheria immunization according to the associated method of Ramon and Zoeller. At first only the Schick-positive recruits were thus treated, three injections being given at intervals of twenty-one and fifteen days respectively. Older soldiers served as controls, and the comparison between the two groups was so strikingly in favour of diphtheria immunization that in December, 1931, it was made compulsory in the Army under certain well-defined conditions. As the diphtheria morbidity declined these conditions were modified so as to favour the more general application of this measure, and in August, 1936, immunization became obligatory for the whole Army and without a preliminary Schick test being required. Among the 163,000 soldiers thus immunized between the beginning of 1930 and October, 1936, the diphtheria rate was only 0.82 per 1,000, whereas the corresponding figure was 9.65 for the 112,000 soldiers who were not immunized. Surgeon General Dopter also said that while the diphtheria morbidity in the Army of the East in 1933 was 10.1 per 1,000, it was only 0.6 in 1937.

ENGLAND AND WALES

Hospital Developments at Leeds

At the annual general meeting of the governors of the General Infirmary at Leeds details of a three-years plan of development were outlined. The chairman of the board of management said that plans for the extra accommodation of staff had been prepared and two new theatres had been built and equipped. The cost of these developments would be about £30,000. During 1938 new departments had been opened and equipped and theatres and sterilization plant had been reconditioned, with the result that the year had seen the highest expenditure in the history of the infirmary. The annual report recorded that much progress had taken place in schemes made possible by the completion of the special appeal for £250,000. Building of the new out-patients' department and the pay-bed block was progressing—the latter was expected to be in commission by the end of the year—and the new x-ray department was also nearing completion. The necessary equipment would cost nearly £10,000. The whole of the electrical installation was to be renewed at a cost of £1,000, and twin theatres for the pay-bed block were to be built at a cost of about £7,000.

Presentation to a Northumbrian Doctor

A presentation of an illuminated address, a book containing the names of the several hundred subscribers, and a cheque for £112 was made recently to Dr. R. A. Welsh at Felton, Northumberland, on his retirement after forty-seven years' practice in that district. The presentation was made at a meeting in the village hall, which was crowded out with old patients, neighbours, and medical colleagues, some of them having come from a considerable distance. Mention was made of the fact that Dr. Welsh came to Felton in the 'nineties, where he succeeded to the practice of Dr. Hedley, whose daughter he married, and that he was now being succeeded by his son; for five generations this country practice has remained in a family, and the house in which Dr. Welsh has lived has been a doctor's house for two hundred years. Many tributes were paid in the course of the meeting to this representative of the best type of country practitioner, and the address read:

"... During forty-seven years amongst us you have shown the utmost tactfulness, skill, and concern for all who have been in need of your ministrations. This testimonial is a symbol of your unselfish and devoted work amongst us, and we pray that your honourably earned retirement may be blessed with long life and happiness." In thanking his friends, of whom he said he never knew he had so many, Dr. Welsh remarked that it was incomprehensible to him that he should be rewarded for having spent a happy life amongst them as a doctor for nearly half a century. He accepted the gifts not merely as a recognition of any services of his own but as a compliment and tribute to the medical profession. As a family doctor he had always tried also to be a family friend to his patients, and looking at the kindly faces before him he felt he must have succeeded. Dr. Welsh, who joined the British Medical Association as far back as 1893, has represented his Division at most of the Annual Representative Meetings since 1920. He has also been a well-known figure at the Panel Conferences, and served for several years on the Rural Practitioners Subcommittee of the Insurance Acts Committee. In his retirement he has gone to live at Gosforth, near Newcastle, where the good wishes of his many friends in the Association will follow him.

Correspondence

Stilboestrol

SIR,—The relative inexpensiveness of the new synthetic oestrogen stilboestrol, together with the commercial publicity which has hailed its advent, will undoubtedly result in its employment by many doctors hitherto inexperienced in oestrin therapy. Stilboestrol has been stated to be approximately two and a half times as active as a similar weight of oestrone. My clinical experience is in agreement with such an estimate. In spite of this the commercial literature recommends the daily oral administration of between 0.5 and 2 mg. for the treatment of climacteric disturbances, a dose which would be roughly equivalent to 1.25 to 5 mg. of oestrone by mouth (12,500 to 50,000 international units).

Now, in spite of a minority opinion to the contrary, there can be little doubt that the prolonged administration of oestrogens may in time exert an inhibitory effect upon the adenohypophysis. This effect is seldom noticed in the so-called "pyknic" constitution—that is to say, in the sthenic, extroverted individual who has always enjoyed robust health and physical vigour and whose weight and blood pressure tend to rise at the climacteric. Such individuals would appear to be capable of tolerating relatively large amounts of oestrogens over indefinite periods with benefit. But with the leptosome or subpituitary type of individual it is a very different story. The clinical recognition of such types in the fifth decade is often a matter of difficulty, since not all of them exhibit the characteristic expression or the infantile or eunuchoid proportions, particularly when the latter have been masked by the effects of repeated pregnancies. One has often to be guided by their past health—a history of "anaemia," lethargy, or nervous breakdowns in earlier life; the late onset of the catamenia or other menstrual indications, such as epimenorrhoea; the presence of visceroptosis; sensitivity to the cold or circulatory disturbances. At times it is the physique of the daughters that may first suggest the maternal constitution. To such individuals, according to their degree, the climacteric is either just

another setback in a train of ill-health or the incident which finally exposes their basic physical weakness. It would almost seem that the withdrawal of the little ovarian activity that may have existed is followed by an involution rather than a hyperplasia of the pituitary basophil cells. In the severer forms of this leptosome or subpituitary state oestrin treatment is of little or no value, but in all such types it must be employed with the greatest caution for fear of producing effects which are compatible with pituitary inhibition. In the past few months I have seen a number of cases, two of them my own, where such effects have undoubtedly been produced by the daily oral administration of 1 mg. of stilboestrol. The symptoms so occasioned may vary from an accentuation of physical lethargy, with backache, headache, and vomiting, to a profound degree of nervous and physical prostration, sometimes associated with cachexia and melancholic tendencies. Such symptoms are not specific for stilboestrol, for in the past I have observed their occurrence following the administration of both testosterone and oestrone. In the elderly and senile they have been produced by doses of oestrone as small as 0.3 mg. daily by mouth. These effects, if recognized early, will usually disappear in three or four weeks after treatment is discontinued.

In the past the relatively high cost of these preparations was to some extent a safeguard against overdosage. Such a safeguard now no longer exists. The more that one sees of the climacteric the more one appreciates the complexity of the problems involved and the difficulties that beset its treatment. Certainly with oestrogenic substances it is true to say that familiarity breeds respect. There can be little doubt that stilboestrol possesses great possibilities. In the interests of patients, doctors, and manufacturers, however, I would counsel caution in its employment until more clinical information becomes available.—I am, etc.,

Manchester, March 13.

H. R. DONALD.

Hormones for Undescended Testis

SIR,—Dr. G. R. Peberdy's letter in the *Journal* of March 18 (p. 588) illustrates the lack of concern with which many regard something that would worry me considerably—namely, redness, swelling, and pain in the testis after hormone treatment for "maldescent." We have very little knowledge, for obvious reasons, of what the effects of this treatment are on the testis of man. But consider what they are on the testis of the rat, the experimental animal on which most of this work is founded.

1. There is a hypertrophy of the interstitial tissue, with consequent increase in weight.
2. There is an accompanying degeneration of the spermatogenic cells, possibly due to pressure from the interstitial hypertrophy. I should be inclined to put down the pain and swelling in the human to a process not very unlike orchitic mumps.
3. There is an interference with fertility; the animals which have been treated do not mate.¹
4. If treatment is continued there is an atrophy of the testis as a whole, which ends up smaller than that of untreated controls. I have seen several human testes in which I strongly suspect that this process has occurred.

Then consider two points touching the human experimental animal:

1. The percentage of descents after hormone treatment is the same as the percentage of spontaneous descents. In other words, all that can be gained is an acceleration of a normal process.

¹ Engle, E. T. *Sex and the Internal Secretions*. Edited by Edgar Allen, London, 1932.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At the Congregation held on March 17 the Senate resolved to confer the degree of Doctor of Science, *honoris causa*, upon Sir Henry Hallett Dale, C.B.E., M.D., F.R.S., honorary Fellow of Trinity College, Director of the National Institute for Medical Research.

The following medical degrees were conferred:

M.CHIR.—D. M. McGavin.

M.B., B.CHIR.—*F. A. Simmonds, E. K. Gardner, A. M. Thomas, J. D. Wade.

M.B.—R. H. Dale, A. C. Fraser.

* By proxy.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on March 6, with the president, Dr. John Henderson, in the chair, the following were admitted Fellows of Faculty:

Theodore Crawford, M.B., Ch.B., Tom McEwan, M.B., Ch.B., George Lightbody Montgomery, M.B., Ch.B., Lakshman Nandkeolyar, M.B., Ch.B., D.T.M. and H.

The Services

DEATHS IN THE SERVICES

Lieutenant-Colonel HUGH GREANY, Madras Medical Service (ret.), died at Wokingham, Berkshire, on March 5, a few days before his eightieth birthday. He was born on March 28, 1859, the son of John Greany of Mallow, Cork, and was educated at Queen's College, Cork, and took the M.D. and M.Ch. of the Royal University of Ireland in 1879. He entered the Indian Medical Service as surgeon on October 1, 1881, became lieutenant-colonel after twenty years' service, and retired, with an extra compensation pension, on April 27, 1912. He spent his whole service in military employ, and served in the China War of 1900, receiving the medal with a clasp. He rejoined for service in the war of 1914-18, serving in the hospital ship *Syria*; in the York Place Indian Hospital at Brighton from its opening in December, 1914, to its closure on December 31, 1915; and afterwards in various other posts. He was a younger brother of the late Major-General J. P. Greany of the Bombay Medical Service. He leaves a widow and two children. He had been a member of the British Medical Association for fifty-eight years.

Lieutenant-Colonel JIRVAN SINGH BAWA, C.I.E., Bengal Medical Service (ret.), died in India in December, 1938, aged 75. He was born on May 1, 1863, and was educated at Punjab University, where he qualified as L.M.S. in 1885, and at St. Thomas's Hospital, taking the M.R.C.S., L.R.C.P. in 1889. He entered the Indian Medical Service as surgeon on January 31, 1891, became lieutenant-colonel after twenty years' service, and retired on May 1, 1920. He went into civil employ in Burma in 1896, and in April, 1900, became superintendent of the Central Jail at Insein, inspector-general of jails in Eastern Bengal and Assam in 1910, and in 1912 obtained the same post in Bihar and Orissa. On January 1, 1918, he received the C.I.E. After retirement in 1921 he was appointed Director-General of the medical, sanitary, and jails department in the State of Hyderabad.

Major ALBERT JOSEPH CULHANE, I.M.S., died at sea on February 14 at the early age of 44. The son of the late James Culhane of Rathgar, Co. Dublin, he was educated in Dublin, London, and Bruges. Entering Sandhurst in 1914, he was posted to the South Staffordshire Regiment in 1915. At the battle of Passchendaele he was seriously wounded and gassed. In 1922 he resigned his commission and took up the study of medicine at the University College, Dublin, and qualified in 1927. He entered the I.M.S. the same year, and was posted to Abbotabad, and later Dharmasala. He returned in 1929 for the senior officers' course at Millbank and was promoted major in 1929. After postgraduate work in London

and Vienna he returned to India and was posted to the North-West Frontier. In 1932 he was selected for civil employment, and was posted as civil surgeon, Benares. There he found work that was really congenial. He threw himself into the medical work of a large district and the improvement of the headquarters hospital. During his four years at Benares he proved himself a capable administrator and laid the foundations of his reputation in surgery. Culhane was a man who was solely interested in the welfare of his patients. He commanded the respect and admiration of his staff and inspired them to follow his example. From Benares he was selected to officiate at Lucknow for six months, and then proceeded on leave. He started postgraduate work on leave, but had to give it up on medical advice and spent the remainder of his leave in the South of France. On return to India he was posted civil surgeon, Naini Tal, and had been there for two years when, on January 18, he suddenly collapsed after his morning's work at the hospital. Less than a month later he died from carcinoma of the lung. Although he knew that he was seriously ill and suffered a great deal of pain, he carried on work with courage and determination till he fell in his tracks. Culhane was one of the most popular officers in the Service, who lived up to the highest ideals of his profession, and by his skill and devotion to duty inspired all who came in contact with him.

Medical News

The House of the British Medical Association, including the Library, will be closed for the Easter holiday from 5 p.m. on Thursday, April 6, to 9 a.m. on Tuesday, April 11 (Library, 10 a.m.).

The annual banquet of the Ophthalmological Society of the United Kingdom will be held at the Langham Hotel on Thursday, April 20, at 7.45 p.m.

The annual meeting of the Society for the Study of Inebriety will be held at 11, Chandos Street, W., on Tuesday, April 11, at 4 p.m., when Dr. Desmond Curran will open a discussion on "Some Present-day Problems regarding Alcohol and Drug Addiction."

The Duchess of Gloucester will open the new building of the Charterhouse Rheumatism Clinic in Weymouth Street, W., on March 29, which has been established at a cost of £33,000, including a gift of £5,000 from Lord Nuffield.

The Local Medical and Panel Committee for the County of London will move its offices on March 27 from 17, Russell Square, W.C.1, to Tavistock House (South), Tavistock Square, W.C.1. On and from that date the Committee's telephone number will be Euston 2584.

The Charing Cross Hospital Students' Ball will be held at Grosvenor House, Park Lane, W., on Friday, April 21, from 9 p.m. to 2 a.m. Tickets (£1 1s.) from the honorary ball secretary, 62, Chandos Place, W.C.2.

The General Assembly of the International Association for Prevention of Blindness will be held in London, on April 19, at 2.30 p.m., at the House of the Royal Society of Medicine, 1, Wimpole Street, during the Congress of the Ophthalmological Society of the United Kingdom. After the opening address by Dr. P. Bailliart, chairman of the International Association for Prevention of Blindness, there will be a discussion on the application of the Cr  d   method for the prevention of ophthalmia neonatorum in various countries. The opening report by Dr. A. H. H. Sinclair (Edinburgh) will be followed by reports from Dr. R. P. Wilson (Egypt), Professor F. Terrien (France), Professor von Szily (Germany), Dr. J. D. M. Cardell (Great Britain), Professor L. Maggiore (Italy), Dr. Conrad Berens (United States), and Professor Dr. A. Vasquez Barri  re (Uruguay). Persons who wish to take part in the discussion after the opening reports have been presented are requested to send in their names to the secretariat of the International Association for Prevention of Blindness, 66, Bd. Saint-Michel, Paris, 6e, not later than April 10, together with the title and a brief summary of their communication.