

respirations had ceased, and the pupils were widely dilated. Other medical aid was summoned and artificial respiration continued for three-quarters of an hour without avail.

A *post-mortem* examination was conducted by Dr. Pilkington the following day, and, except for a mass of caseous tuberculous glands in the mesentery, all the organs were healthy. There was no evidence in the pharynx, glottis, or larynx that the boy had recently suffered from diphtheria. The left ventricle of the heart was contracted and empty; the right ventricle was flaccid and contained dark fluid blood.

The boy's parents are healthy, and from his previous history it appears that, except for susceptibility to bronchial colds during the winter, he enjoyed good health.

I may, perhaps, add that at the *post-mortem* examination the stomach was found to contain about half a pint of undigested food. The injection was made at 10 a.m. and the last meal (breakfast), consisting of bacon, bread-and-butter, and tea, was taken at 8.30 a.m.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CALCIUM CHLORIDE AS A HAEMOSTATIC.

RECENTLY a man, aged 25, consulted me for enlargement of the right tonsil. The organ was the size of an ordinary walnut, and removal was advised. He elected to have this done at once, and also decided against a local or general anaesthetic. The tonsil was easily removed by a spade guillotine; bleeding was slight, and the man walked away a few minutes afterwards. An hour later I was hastily summoned, and found him somewhat blanched, throwing up blood clot every few seconds, and with a pail before him which must have contained a pint of blood at least. Attempts to localize the bleeding spot by examination only caused more violent retching and gagging with more bleeding, and for the same reason spraying with a styptic also failed. The bleeding was venous, and an attempt to arrest by digital pressure failed for the same reason as the other measures. At last I injected into his gluteal muscle a hypodermic syringe of a 1 in 4 solution of calcium chloride, following this with a similar injection into the other gluteus. The amount of the salt injected was 8 to 10 grains. The effect was striking; the bleeding ceased in a minute and a half and did not recur. He passed the night in a half-sitting posture on the couch, and no subsequent recurrence took place.

A week afterwards he came up with a slight but persistent return of the venous oozing, which was at once arrested by injecting 4 grains of calcium chloride into the gluteus as before; it did not recur.

It is to Dr. Grove of St. Ives, Cambridgeshire, that I am indebted for the knowledge of this measure; indeed, many local practitioners will remember the valuable paper he read some years ago, at a meeting of the Cambridge Medical Society, on the uses of calcium chloride in practice.

Histon, Cambs.

L. GWILLIM DAVIES, M.D. Cantab.

ACUTE SUFFOCATIVE CATARRH.

THE case recorded by Dr. C. O. Jones (October 11th, p. 466) recalls two cases which I saw within a couple of years in a working-class practice in Scotland. The first was in a woman of 30 years, who was seven months pregnant. The history was that, after washing down the outside stair leading to her house about 9 p.m., she was attacked with sudden breathlessness and was with difficulty able to ascend the stair. A neighbour assisted her into bed and sent for me. When I arrived she was half reclining on her right side and gasping for breath as if she had a very severe attack of asthma. A quantity of pink froth was coming from her mouth; I calculated that from beginning to end she brought up about a pint. The whole chest was full of râles; the pulse was rapid and feeble. She died within an hour of the onset of the attack. Her family doctor informed me that, with the exception of an attack of pleurisy some years before, she had always enjoyed good health.

The second case was in a man aged 28. The attack came on while he was asleep. There was the same dyspnoea as in the first case, and a large quantity of froth was brought up, but it had not a pink colour. There was a history of chronic chest trouble which I took to be

tuberculous, but the râles all over the chest prevented my being able to locate it. I sent the man into hospital at once, but he died within a few hours of the onset of the attack.

Birmingham.

ROBERT ANDERSON, M.D.

Reports of Societies.

TUBERCULOSIS AND LIFE ASSURANCE.

At a meeting of the Assurance Medical Society held on November 5th, with the President, Dr. F. PARKES WEBER, in the chair, Dr. OTTO MAY read a paper on some aspects of the tuberculosis problem in life assurance, namely, (i) the significance of a tuberculous family history; (ii) the question of "contact-infection"; (iii) the assurance of individuals with a personal history of tuberculosis. Under the first head he dealt with the universal experience that tuberculosis "runs in families." The frequency with which three, four, or even more members of a family died of this infection was far greater than could be accounted for by any fortuitous incidence of the disease. But the explanation was still a matter of debate.

Even if an inherited "predisposition," or "lack of resistance," were accepted, it must not be assumed that each individual of a tuberculous family was specially susceptible to this disease. For this reason we must guard against the assumption that a tuberculous family history necessarily rendered the proposer an impaired life, acceptable only at special rates. The question was one for decision by the actuary rather than the medical man. Some light was thrown on this problem by an investigation by Rusher and Kenchington, with the assistance of the late Dr. E. M. Light.¹

They investigated the mortality in a group of some 80,000 proposers with a family history of tuberculosis, the total experience comprising 622,462 policy-years, with an average observation period for each proposer of nearly eight years. The data were grouped in various ways, according to age at entry, sex, nature of insurance (whole life and endowment), and details of family history—whether the tuberculous deaths were in lineals (father and mother), collaterals (brothers and sisters), or lineals and collaterals.

The results, expressed in ratios of actual to expected deaths, varied considerably in different groups, but the chief findings might be roughly summarized as follows:

1. The mortality experienced in the early years of assurance was heavy, especially for young ages at entry. In other words, the effect of a definite tuberculous family history shows itself mainly in the younger ages at entry and the early years of assurance.

2. After the first five years of assurance the excess mortality is less marked, especially in the case of endowment assurances, in which it comes well within normal limits. The latter fact suggests the importance of "selection" by the assured—of the "bad life" more or less consciously choosing a whole-life assurance rather than an endowment.

3. As regards the relative importance of lineals and collaterals in this respect, the authors "have no hesitation in expressing the opinion that at least as much attention—if not more—must be given to a history of tuberculosis among brothers and sisters as amongst parents."

4. The degree of tuberculous family history is of much less importance than the age at entry, and may, in fact, be said to have no practical value for assurance purposes over age 35 at entry.

In 1914 appeared an elaborate medico actuarial investigation, embodying the combined experience of the leading American companies with regard to various classes of special risks. The findings with regard to tuberculous family history were particularly interesting, as in most of the groups, in addition to the age at entry, the weight, and in some cases the height, were taken into account.

The logical conclusion from these data was that, in estimating the importance of a positive family history of tuberculosis, two additional factors must always be taken into account: (1) age at entry, (2) weight and build.

In proposers under 35 the risk should be treated as increased unless all other circumstances were unimpeachable—weight (not below good average), occupation, habits, and past history (freedom from any suspicion of tuberculous disease). If any one of these factors was unfavourable in a proposer under 35, a considerable debt should be placed on the policy; if two factors, for example, weight and occupation, were unfavourable, the

¹ *Journal of the Institute of Actuaries*, 1913.

For many years, and up to the date of his becoming surgeon to the Western Infirmary, he conducted a large general practice in the west end of Glasgow, and gained by so doing what is, maybe, the best foundation in experience for the operating surgeon—that is, the early and intimate knowledge of the emergency cases which, for success in their treatment, demand the most prompt interference; thus it is that we find his most valuable teaching in connexion with such acute abdominal conditions as intestinal obstruction, intussusception, appendicitis, rupture of the hollow viscera, and twisted ovarian pedicle. He possessed in a high degree the clear perception and power of deduction which constitute the basis of correct diagnosis, and he had the clinical instinct which is the outcome of intimate and careful observation. He was a good operator, careful, deliberate, and courageous, for no accident upset him, and no difficult proceeding daunted him, for he had the knowledge and experience which casts out fear. The surgeon that could write as he did that excision of the Gasserian ganglion was “exceedingly safe and easy of performance” was gifted with manipulative skill and spirit of a high order. He was an excellent and popular teacher and a kindly and conscientious examiner.

One of his hospital colleagues who knew him well writes thus: “Renton was certainly one of the kindest men I ever met; his consideration for the poor, the distressed, and those who had fallen by the way was constant, and no one has any idea how much gratuitous work he did.” This from his colleague, while the writer, as his oldest friend, finds in the words of Carlyle, written of John Stirling, a summation worthy of Renton's character: “True above all things we call him; a man of perfect veracity in thought, word, and deed—there was no guile or baseness anywhere found in him—transparent as crystal; he could not hide anything sinister if such there had been to hide: A more perfectly transparent soul I have never known.”

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

GENERAL COUNCIL.

At the statutory half-yearly meeting of the General Council of the University of Edinburgh, which was held on October 31st, several of the matters of business had a bearing upon medicine. Principal Sir Alfred Ewing, the Vice-Chancellor, presided, but during the election of Assessors to the University Court he vacated the chair. On the motion of Professor William Russell, M.D., seconded by Mr. David Wallace, M.B., C.M., Dr. R. McKenzie Johnston was nominated for another term of office, and Dr. J. W. Ballantyne, seconded by Dr. Edwin Bramwell, nominated Sir George Andreas Berry, M.D., LL.D., also for another term of four years' service as Assessor. There being no other nominations these gentlemen were elected Assessors to represent the Council on the University Court. The appointments to the staff of the university formed a long list; the medical ones included the names of three professors (Sir Harold Stiles, Professor Francis Darby Boyd, and Professor Jonathan Campbell Meakins) and of some fourteen or fifteen lecturers in experimental physiology, histology, anatomy, practical pathology, morbid anatomy, clinical surgery, clinical medicine, etc.

Matriculations.

Interesting statistics were given of the matriculation returns as at the seventh day of the session as compared with those in 1913-14 and 1915-16:

	1913-14 (Pre-War Year).	1915-16 (Lowest War Year).	1919-20.	Increase on 1913-14 (Pre- War Year).
Arts	1,005	626	1,170	165
Science	325	113	861	536
Divinity	19	14	44	25
Law	124	17	196	72
Medicine	844	464	1,451	607
Music	15	6	10	-5
Total	2,332	1,240	3,732	1,400

From these it appeared that the most notable increases had been in the Faculties of Medicine and Science, and Dr. Alexander Morgan, the chairman of the Business Committee, stated that the problem of accommodation had thus been raised in a marked form. The total matriculations on the seventh day of the session were over 3,700, and he calculated that before the album was closed they would be more nearly 4,700. Already there were 600 more students in medicine and 500 more in

science than in the last pre-war year (1913-14). The University Court were looking at the need for the provision of additional buildings in a very serious way.

Medical Preliminary Examination.

The Council then discussed the proposal to raise the standard of the Medical Preliminary Examination to that of the Arts or Science one which had come to it in a communication from the University Court of date July 24th. Mr. Robert Dickson, on behalf of the subcommittee and of the Business Committee, moved approval of the proposal. A letter was read from Dr. John Haddon of Denholm, Hawick, suggesting that the council should take a step further and recommend that the Medical Preliminary Examination should be the M.A. degree; thus for Medicine as for Divinity there would be the assurance that a high type of candidate would be secured. The Rev. James Davidson agreed with Dr. Haddon's aspiration, but thought the council should be content in the meantime with the step in the right direction which the University Court was proposing to take. The council then unanimously approved the proposal of the Scottish Universities Entrance Board that the standard of the Medical Preliminary Examination should be the same as that of the Arts or Science Preliminary Examination.

Grants from Town and County Councils.

A long discussion followed on the question whether attempts should be made towards applying for grants for university developments from town and county councils in Scotland, as was being done in England. In the end a motion by Dr. W. A. Tait, recommending the University Court to lay the matter before the town council of Edinburgh, was adopted.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary Comitia of the Royal College of Physicians of London was held on October 30th, the President, Sir Norman Moore, Bt., in the chair.

It was reported that Mr. Jack William Jeffery had been appointed the twenty-seventh Jenks scholar.

The following candidates who had passed the required examinations were admitted Members:

Wm. John Adie, M.B. Edin., Phoebe Mildred Bigland, M.D. Liverp., Frederick George Chandler, M.D. Camb., L.R.C.P., Major Greenwood, L.R.C.P., Isaac Jones, M.D. Melb., Wm. Bernard Knobel, M.D. Camb., L.R.C.P., Fred. Donald Herbert Blois Lawton, M.D. Melb., John Ernest Albert Lynham, M.D. Belfast, Basil Thomas Parsons-Smith, M.D. Lond., L.R.C.P., Wilfred John Pearson, M.B. Oxon., Egerton Llewellyn Pope, M.D. McGill, L.R.C.P., Robert Maurice Ranking, M.D. Camb., L.R.C.P., Frank Arthur Roper, M.B. Camb., L.R.C.P., George Charles Willcocks, M.B. Sydney.

Licences to practise physic were granted to 79 candidates.

On the recommendation of the Committee of Management, the Salford Royal Hospital was added to the list of general hospitals recognized by the Examining Board in England.

Sir James Galloway was reappointed a member of the Committee of Management.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:

SURGERY.—† R. A. D. Bernhardt, * O. H. Brown, *† C. E. G. Busbridge, * N. D. Dunscombe, A. Furniss, *† J. Kershaw, *† J. L. Walker.
MEDICINE.—*† C. E. G. Busbridge, *† de M. C. Cottens, *† J. A. Hart, *† G. K. Reeves, *† E. W. Terry.
FORENSIC MEDICINE.—C. E. G. Busbridge, de M. C. Cottens.
MIDWIFERY.—M. L. Barst, J. E. Barrie, C. E. G. Busbridge, de M. C. Cottens, G. W. Robinson, F. Smith, A. Weinger.

* Section I. † Section II.

The diploma of the Society has been granted to Messrs. C. E. G. Busbridge, J. Kershaw, and J. L. Walker.

The Services.

TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following officers:

R.A.M.C.T.F.—Colonel (temporary Major-General) Sir Robert Jones, K.B.E., C.B. Lieut. Colonels: Richard R. Sleman, V.D., Sir William Thorburn, K.B.E., C.B., C.M.G., Cyril H. Hawkins, C.B.E., D.S.O., (Brevet Colonel) Wilfred Howorth. Major (acting Lieut. Colonel) Thomas Kay, D.S.O. Majors: John G. Martin, Edward C. Stack, William M. Mackay, John B. McBride, Matthew B. Ray, D.S.O., Robert Lindsay, William C. Murray.

R.A.M.C.T.F.R.—Majors Donald G. Campbell and Peter M. Dewar, attached to R.A.M.C.

AUXILIARY ROYAL ARMY MEDICAL CORPS FUNDS.

At the usual quarterly committee meeting on October 31st five grants were made to cases in the Benevolent Branch for Officers, amounting to £350, and sixty-two grants in the Relief Branch for the rank and file, amounting to £2,007 5s.

These funds are for the relief of widows and orphans of commissioned officers and non-commissioned officer and men of

the rank and file of the Royal Army Medical Corps, Special Reserve, Territorial Force and New Armies, and also for the relief of the children of those who have been so severely damaged in the present war that they need help for the education of children. Requests for relief should be addressed to the honorary secretary, at the offices of the funds at 11, Chandos Street, Cavendish Square, W.1.

Lieut.-Colonel Edgar Francis Eardley Baines, I.M.S., has been awarded the Distinguished Service Order for distinguished service in connexion with the defence of Kut-al-Amarah.

Medical News.

SIR SHIRLEY F. MURPHY, K.B.E., F.R.C.S., has been appointed by the Minister of Labour to be deputy chairman of the trade board for the fur trade in Great Britain.

THE centenary dinner of the Hunterian Society will be held on Wednesday, November 12th, at the Trocadero Restaurant, at 7.30 o'clock, with Dr. W. Langdon Brown, the President, in the chair. Ladies will be invited. A special centenary award of the society's medal will be made to Mr. John Adams, F.R.C.S., whose work at the Thavies Inn maternity venereal centre has often been referred to in these columns.

THE members of the London and Country Rambling Society visited the Apothecaries' Hall on November 1st and were shown round by the librarian, who pointed out the many features of interest in the building, erected just after the great fire, and displayed a number of old books, including Gerard's *Herbal* (1633).

AT a complimentary dinner given on October 28th, by the "African World" War Comforts Service to the patients of the South African Military Hospital, Richmond Park, a silver tobacco jar and mirror were presented to the commanding officer, Lieut.-Colonel Sir Edward Thornton, K.B.E., S.A.M.C., and Lady Thornton.

AT a meeting of the Royal Aeronautical Society at the Royal Society of Arts, Adelphi, on Wednesday next, Dr. C. A. Swan will give a lecture on some physical and psychological effects of altitude. The chair will be taken by Sir Arbuthnot Lane at 8 p.m.

A DISCUSSION on the reconstruction of the public health services will be opened by Dr. E. W. Hope, M.O.H. Liverpool, at a meeting of the Royal Sanitary Institute at Bootle, on Friday, November 14th, at 7 p.m.

MR. J. D. ROCKEFELLER has made a further gift of £2,000,000 to the Rockefeller Institute for Medical Research, which he founded in 1901. The institute has already received from its founder successive gifts amounting to £5,500,000 and real estate valued at £500,000. The latest gift will enable research to be conducted in new fields in biology, chemistry, and physics, as well as in medicine itself, and practical problems relating to disease in men and animals to be studied.

THE National University of Ireland has conferred the degree of Master of Science *honoris causa* upon Captain C. J. K. O'Malley, M.C., R.A.M.C.

MR. CAIRNS FORSYTH, Surgeon to the French Hospital, London, has been awarded the Cross of Chevalier of the Legion of Honour for services rendered to France as *médecin chef* of a mobile English hospital attached to the armies of the Argonne and Verdun during the war.

MR. P. A. MOLTEÑO and his wife have offered the sum of £30,000 to the University of Cambridge, for the erection and maintenance of a suitable building, to be used as an institute for parasitological research in connexion with the department of Professor G. H. F. Nuttall, M.D., F.R.S., provided that the University finds the site.

THE Secretary of King's College Hospital Medical School, Denmark Hill, London, S.E.5, will be glad to hear from former students living within easy distance of London, who qualified in 1912 or later, and who would like to play in the hospital Rugby football team.

AFTER a hearing of eight days before Mr. Justice Shearman and a special jury the consolidated suits, *Everitt v. Everitt—Everitt v. Everitt* and *Whatley*, terminated on October 31st. Mrs. Everitt sued for a judicial separation from Major Sydney George Everitt, of Knowle Hall, Knowle, on the ground of his alleged cruelty, and Major Everitt petitioned for a divorce on the ground of Mrs. Everitt's alleged adultery with Dr. James Lawson Whatley. The jury found that Major Everitt had not been guilty of legal cruelty, and that neither Mrs. Everitt nor Dr. Whatley had been guilty of adultery. Upon these

findings Mr. Justice Shearman dismissed Mrs. Everitt's petition, and made the usual order for payment of the wife's costs. Major Everitt's petition for divorce was dismissed with costs, and the judge refused the application of Major Everitt's counsel that Dr. Whatley should be deprived of his costs, but directed that the usual order as to payment of costs by the unsuccessful party should be made. Messrs. Hempsons, acting on behalf of the Medical Defence Union, were solicitors for the co-respondent. The case is a striking illustration both of the perils of medical practice and of the value of a powerful defence organization.

IN the recent borough council elections Dr. Henry Dutch was elected for the City of Westminster, and at Burnley Dr. W. F. Munro and Dr. A. C. Gashan headed the poll for their respective wards. No doubt many other medical practitioners have been returned throughout the country.

IN the Edinburgh Sheriff's Court on October 28th Louis Parker Wade was charged that, not being a qualified practitioner, he in his premises 7 and 8, St. Andrew's Street, Edinburgh, did for reward treat a man for venereal disease, give him advice in connexion with the treatment of the disease, and prescribe a remedy. A plea of "not guilty" was tendered, but the charge was found proved after evidence had been given. The sheriff-substitute said that this was the first case which had come before the court and imposed a modified penalty of £25.

AT their last meeting the guardians of the Brentford (Middlesex) Union adopted recommendations which should have the effect of raising the medical and nursing services of their separate infirmary well above the Poor Law level. These recommendations provide for a children's and maternity block, the setting up of an x-ray department, the appointment of visiting specialists, and such an increase in the nursing staff as will permit of the introduction of a forty-eight-hour week. The specialists to be appointed at once will include a physician, a surgeon, a gynaecologist, and a radiographer; other appointments will be made hereafter. It is intended that regular weekly visits shall be paid, so that all new admissions may be seen, and the guardians have agreed to meet travelling expenses at the rate of a guinea a visit. In respect of variety and character, the admissions to the infirmary, which has 412 beds, have in recent years tended to approximate to the general hospital type, and in the new developments the guardians have been guided by hospital practice.

Nature, which has so firmly established its position as the leading journal of general science in this country, celebrates its jubilee this week by the issue of a special number. The first issue appeared on November 4th, 1869, under the editorship of Sir Norman Lockyer, who is now retiring. His successor, Sir R. A. Gregory, has for the jubilee number obtained the assistance of many leading men in this country, and some abroad. Among his contributors are Sir J. J. Thomson (President of the Royal Society), Sir Ernest Rutherford, Professor Soddy, Sir Clifford Allbutt, Professor Bateson, and many others.

Letters, Notes, and Answers.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Articulate, Westrand, London*; telephone, 2631, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.

QUERIES AND ANSWERS.

INCOME TAX.

"H. B." explains that the inspector of taxes refuses to treat as exempt under Section 17 (2) of the Finance Act, 1919, a gratuity received during 1918-19 as M.O. to a V.A.D. hospital under the British Red Cross Society.

* * If the payment in question is a "demobilization payment" the claim would be well founded. Our correspondent does not state whether there are any peculiar features in the case. We suggest that he refer the inspector to the section in question and to the cases of "*Stockham v. Simpson*" and "*Curtis v. Holdsworth*" (not yet reported), under which it has