

the beginning, and since doing so he had had far less trouble from wind pain and distension.

He agreed with the other speakers that while the injection treatment for piles was useful, and had a very definite place in the treatment of this complaint, it should not be looked upon as a substitute for operation. It was really only a good and useful form of palliative treatment. Recurrence of the piles after injection was the rule rather than the exception, but there would always be a certain number of cases where operation was for some reason or other contraindicated, and in which the patient could be given relief by injection. Injection was a treatment requiring a good deal of practice and a certain amount of skill, and, except in skilled hands, was liable to be followed by complications which were no less serious than those following operation.

Sir CHARLES GORDON-WATSON, in reply, expressed gratification that the meeting had, on the whole, expressed agreement with his views. With regard to Dr. Hirschman's statement that the American proctologists had abandoned carbolic acid for quinine and urea hydrochloride as the best substance for injection, he would mention that they had made experiments at St. Mark's with a view to ascertaining the best compound for that purpose, and carbolic acid had given the best results. He did not believe in transfixion of the piles before removal. He thought that in cases in which transfixion was used there was danger of pulmonary embolism. He thought that the American practice of allowing the patients to get up three to seven days after an operation for haemorrhoids, performed under local anaesthesia, was to a certain extent dangerous, for it was from the sixth to the tenth day after the operation that there was a certain liability to secondary haemorrhage. Sooner or later a surgeon who allowed his patients to get up so early would have an unpleasant experience.

Mr. D. P. D. WILKIE also referred to the excellence of the discussion, and said that he was particularly interested in the use of sodium bicarbonate instead of soap for enemata, and that he would certainly try it. He said that he would try the method mentioned by one speaker of giving liquid paraffin to open the bowels after operation in one large dose instead of several small doses, as being less likely to upset digestion. With regard to spinal anaesthesia, he had been effectually deterred from using it, except in very special cases, by seeing in Bier's clinic (and Bier had had an experience of spinal anaesthesia amounting to thousands of cases) an unfortunate patient who had been submitted to spinal anaesthesia nine months previously and had been paraplegic ever since.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

IONIZATION IN SUPPURATIVE OTITIS MEDIA.

No doubt the recent discussions on ionization, at the Royal Society of Medicine and the annual meeting of the British Medical Association, will lead many to try this method of treatment. I can foresee what may often happen. A case of otorrhoea turns up. The patient is laid on the couch. The ear is cleaned and a warm 0.25 per cent. solution of zinc sulphate is poured into the meatus. The positive electrode is inserted and a current of $2\frac{1}{2}$ milliamperes is turned on for ten or twelve minutes. Next day the ear is cleaner, but the day after it is discharging just as usual. Another case is tried with much the same result, and perhaps one or two more. Then the conclusion is arrived at that ionization is no good. Next time the subject comes up for discussion the above experience is related and a vote cast for the "nays." In the hypothetical cases just related no fair trial of the treatment has been made.

It cannot be too emphatically pointed out that this treatment is suitable only for certain cases of tympanic sepsis. The surgeon must always bear in mind that the zinc ions sterilize only in the area with which the solution is in contact. If the solution does not reach all the infected area all labour is in vain.

The first essential, then, is diagnosis. All cases of

chronic mastoiditis must be excluded. In cases secondary to oral and pharyngeal sepsis the primary cause must first be treated. The opening in the membrane must be adequate. The perforation must be of sufficient size to admit a cannula through which the middle ear can be washed out with zinc solution. Polypi in the middle ear are not an absolute contraindication. An effort may be made to get rid of them if they are small and there are no signs of chronic mastoiditis, but until the polypi have been got rid of the case is not suitable for ionization. Cases of cholesteatoma form another doubtful class. If the cholesteatomatous debris can be washed out by intratympanic irrigation, and if the cholesteatoma has not spread to the mastoid cells, ionization will improve the condition.

In suitable cases the results of ionization are often almost magical. Over a year ago a girl of 21 was attending the Central London Throat Hospital; her otorrhoea had been continuous since childhood. For nearly a year she had been treated by others and myself at the hospital with the usual antiseptic methods. Her case was eminently suitable for ionization—a large perforation, no polyp, clean mouth and throat, and no signs of septic absorption, such as headaches, giddiness, etc. I ionized her with the usual ritual. Next day the ear was dry and has remained dry ever since. Even one case like this compels one to welcome ionization. Several other cases yielded equally good results. Some relapsed. All the cases which did not conform to the above postulates of suitability were unaffected by the treatment. My personal experience is that ionization is a most valuable form of treatment, but I would impress on those about to try it that they are doomed to failure unless they try it on suitable cases.

T. B. JOBSON, M.D.,

Surgeon to the Ear, Nose and Throat Department,
Royal Surrey County Hospital, Guildford.

TREATMENT OF ASTHMA.

I HAVE now treated thirty cases of asthma and asthma-like seizures with subcutaneous injections of the patients' own blood. My attention was drawn to this method of treatment by the account of somewhat similar treatment used in cases of migraine.

A 10 c.cm. serum syringe, having a needle with a somewhat large bore, is filled with boiling liquid paraffin and emptied, leaving a film of paraffin on the glass and needle. A large-bore intravenous needle is used to draw from 5 to 10 c.cm. of the patient's blood, according to the weight of the person treated, direct into the syringe with the piston removed and the needle in place; the syringe should be about blood temperature. The piston is replaced, air is expelled, and the blood is injected subcutaneously into the patient's back towards the inner side of the lower angle of the shoulder blade.

The cases treated were examples of asthma and of asthmatical seizures occurring in bronchitis, acute and chronic. Of nineteen cases of asthma (seven in Europeans and twelve in natives), five were cured and fourteen improved. Two instances of asthmatic attacks in acute bronchitis and six in chronic bronchitis were improved. Of three cases of asthmatic attacks in Europeans occurring in chronic bronchitis of a severe type following influenza, one was cured and two improved.

The apparently cured cases were those watched over three months without a relapse or any discomfort. The improved cases, all but one, had the same history—a complete cessation of asthmatic spasm for a time, varying from a week to two or three months. Bronchitis seemed to be improved but not cured by the treatment. Of the improved cases, twelve have had a second injection, two have had three injections; in these I gave half the amount given originally; all but one of these have been at once relieved.

The one exception among asthmatic attacks in bronchitis following influenza was a young woman whose bronchitis had lasted for over two years, and had reduced her to a wretched condition; she was thin, listless, sleepless, with a hard cough and slight sputum occasionally tinged with blood. Every few weeks she would have violent asthmatic attacks lasting for four or five days. She was tested for tuberculosis repeatedly, and by many different men, without result. After the first injection given for the asthma, and during an attack, the asthma ceased, and the bronchitis almost disappeared, but returned as badly as ever on the eighth day. I repeated the injection, which only seemed to make the condition worse, and a further

injection proved useless. This case cleared up under intravenous injections of electro-argol.

Of course this is only a preparatory excursion; it will take time to consolidate the treatment and classify the cases in which it will be of use, lasting or temporary.

Eshowe, Zululand, South Africa.

G. H. WILDISH, M.B.

Rebuelus.

PULMONARY TUBERCULOSIS.

ALTHOUGH SIR JAMES FOWLER more than once insists that his *Pulmonary Tuberculosis*¹ is intended for students who are either still at a medical school or are engaged in the practice of the profession, no one, even the critics—who by a famous definition may be supposed to have retired on account of failure—can read this retrospective volume, brightened by many personal sidelights and *obiter dicta*, without pleasure and benefit. During his professional life Sir James has not only seen, but taken an active part in, many changes that have come over our conceptions of pulmonary tuberculosis; his advocacy of this name in the place of "phthisis" and of the abandonment of "the stages of phthisis," his demonstration of the march of the tuberculous infection, and the part he took in the nineties in the introduction of sanatorium treatment into this country, entitle him to speak with authority and not as do the scribes. Many medical men have wondered why a second edition of Fowler and Godlee's *Diseases of the Lungs* (1898) never appeared; to some extent the desire for a new edition is now satisfied by the present volume with its riper experience, appropriately dedicated to "Rickman John Godlee, a Master of the medico-chirurgical Art."

His review of the history of tubercle and pulmonary tuberculosis is noteworthy for the unearthing of William Stark's (1740-1770) work, which, hitherto almost entirely neglected except by Professor William Bulloch, should by right have gained for him much of the credit ascribed to Laënnec, for he anticipated that great Frenchman by forty-eight years in the conception of "the unity of phthisis"; though he appears to have performed no more than ten necropsies on cases of pulmonary tuberculosis, he was an incomparable observer, and very possibly was the first to describe aneurysms on the branches of the pulmonary artery. There is also an appreciative sketch of the life of William Budd of North Tawton, with a reproduction of his far-seeing "Memorandum on the Nature and Propagation of Phthisis," which he kept back for ten years, in order to be sure of his ground. Sir James Fowler's opinion about the influence of heredity in pulmonary tuberculosis is to the effect that the problem is so surrounded with difficulties in the collection of accurate data that the attempt to form a scientific estimate is doomed to failure. A welcome feature, though unusual in such authoritative treatises, is the solution of a debatable point by an imaginary dialogue, as in that between the pathologist and the tubercle bacillus on the reasons why tuberculosis begins near the apex and more often in the left lung, and in that on some practical questions in connexion with the spread of infection.

On the basis of his own and Dr. S. Martin's *post-mortem* experience at the Middlesex Hospital, fortified by Sir John Rose Bradford's recent figures respecting British soldiers in France, Sir James concludes that obsolete lesions in the lungs are found in 9 per cent., and contrasts this with the generally accepted opinion that latent tuberculosis is present in 90 per cent. of human bodies; to explain this wide discrepancy we may point out that one group of figures refers to the lungs and the other to the body as a whole, and that recent observations, such as those of E. L. Opie, show how easily small tuberculous glands along the bronchi may escape detection. The term paratuberculosis is suggested—on the analogy of paratyphoid—for bovine tuberculosis, but as the latter term is now thoroughly established and free from any ambiguity, and as paratuberculosis has been employed in another sense—namely, with a significance like that originally attached to parasymphilitic—the advantage of such a change is problematic. Human tuberculosis is described as "a shadow seen in a

darkened room but not yet clearly recognized in the daylight of the *post-mortem* room"; there is, however, a special chapter on tuberculous disease of the intrathoracic lymphatic glands, though without any mention or criticism of Krönig's areas. The terms "open" and "closed" as applied to tuberculosis are viewed adversely. The vast and therefore difficult subject of chronic pulmonary tuberculosis receives a well-balanced account; Sir James Fowler states that he has not seen a single case of pulmonary tuberculosis in which he could satisfy himself that any good had been done, and he has seen many in which any chance of recovery that they might have possessed has been destroyed by the administration of tuberculin; and of the diagnostic tuberculin tests he remarks that "when reliable the use of these tests is fraught with grave danger, and that when not fraught with grave danger they are unreliable." The chapter on sanatorium treatment, of which a high opinion is expressed, is dedicated to the memory of Otto Walther; and artificial pneumothorax is regarded as the only advance in treatment since the introduction of sanatorium methods as carried out at Nordrach. The last chapter consists of attractive *obiter dicta*, from which we will quote only two: the "lesions of pulmonary tuberculosis do not 'open' and 'close' like a mollusc," and "No fool is ever cured of tuberculosis of the lungs."

In conclusion, this remarkable book is admirable alike for its style and its matter, and though all may not agree with its outspoken opinions there will be few who will not feel that they must read it, and they may be assured that they will do so with advantage.

POLYCYTHAEMIA AND ERYTHRAEMIA.

DR. PARKES WEBER'S exhaustive monograph on *Polycythaemia, Erythrocytosis and Erythraemia (Vaquez-Osler's Disease)*² is an expansion of his critical review of 49 pages in the *Quarterly Journal of Medicine* for October, 1908, and contains a supplement epitomizing fresh literature mostly published since 1908, together with notes on unpublished cases, and, finally, concluding remarks and a note on the terminology; these additions include a paper published in our columns a year ago (October 30th, 1920, p. 658). Polycythaemia rubra, or for short polycythaemia, signifies an increase in the number of the red blood corpuscles, and is divided into two forms, which correspond respectively to leucocytosis and leukaemia in the case of the white blood corpuscles—namely, (1) erythrocytosis, in which the increase of cells is secondary to some definite factor, such as concentration of the blood by diarrhoea, vomiting or sweating, or compensatory as in the polycythaemia of high altitudes, and in cardiac or pulmonary disease with cyanosis; and (2) erythraemia, in which a well-marked persistent relative and absolute increase in the number of red blood corpuscles is due to a primary disorder of the erythroblastic tissue in the red marrow of bone and so analogous to the leucoblastic activity in leukaemia. This is the condition originally described in 1892 by Professor H. Vaquez of Paris and brought more prominently to our notice by the late Sir William Osler in 1903 and 1904. Although the spleen is nearly always enlarged, Dr. Weber considers that the synonym splenomegalic polycythaemia should only be used in a clinical sense—that is to say, as signifying a symptom-group composed of polycythaemia not obviously secondary to blood stasis and of splenomegaly for which no local cause, such as thrombosis of the portal or splenic vein, is suspected, for necropsy may show that the splenic enlargement is due to some definite lesion, such as syphilis or tuberculosis, and the associated polycythaemia may be due to blood stasis, and so not true erythraemia. The cases described by Geisböck as polycythaemia hypertonica appear to Dr. Parkes Weber to be examples of secondary polycythaemia in some way or other intimately connected with high arterial blood pressure. Though he insists at length on the forms of secondary polycythaemia, Dr. Parkes Weber joins issue with Professor A. S. Warthin's contentions that erythraemia is always secondary, and that Ayerza's disease, or cyanosis with secondary polycythaemia due to arteriosclerosis of the pulmonary artery, is usually due to syphilis.

This valuable monograph is a model of critical clinical

¹ *Pulmonary Tuberculosis*. By Sir James Kingston Fowler, K.C.V.O., C.M.G., M.A., M.D., F.R.C.P. London: Macmillan and Co. 1921. (Demy 8vo, pp. 298; 52 illustrations. Price 20s. net.)

² *Polycythaemia, Erythrocytosis and Erythraemia (Vaquez-Osler Disease)*. By F. Parkes Weber, M.A., M.D., F.R.C.P. London: H. K. Lewis and Co., Ltd. 1921. (Cr. 4to, pp. 156; 1 figure. Price. 21s. net.)

SOME FACTORS CONTROLLING THE NORMAL
SUGAR CONTENT OF THE BLOOD.

SIR,—Since our paper bearing the above title was written, in the early part of this year, we have obtained further experimental evidence in support of our argument that the sugar content of the blood is largely dependent upon its reaction, and that the variations in the percentage of sugar following the ingestion of food result from changes in the reaction of the blood produced by the absorption of salts formed from the digestive secretions.

As the carbon dioxide tension of the alveolar air varies inversely as the hydrogen ion content of the blood, and furnishes a very delicate index of changes in its reaction, it occurred to us that a comparison of the carbon dioxide content of the alveolar air and the percentage of sugar in the blood at short intervals for several hours after a test meal would be interesting. Numerous experiments have proved that there is a direct and intimate relation between the two, the carbon dioxide tension falling regularly as the blood sugar rises, and vice versa. Bennett and Dodds (*Brit. Journ. Exp. Path.*, 1921, ii, p. 58) have recently shown that in normal individuals the curve of alveolar carbon dioxide tension after a meal corresponds closely with the curve of secretion of gastric hydrochloric acid, and, since we find that the blood sugar curve moves in exactly opposite directions to the carbon dioxide curve of the alveolar air, it follows that the variations in the sugar content of the blood after a meal are probably also related to the secretion of gastric hydrochloric acid.—We are, etc.,

P. J. CAMMIDGE.

J. A. CAIRNS FORSYTH.

H. A. H. HOWARD.

London, W., Oct. 7th.

* * * The paper by Dr. Cammidge, Mr. Cairns Forsyth and Mr. Howard is printed at p. 586.

Obituary.

CHARLES GIBSON, M.D., J.P.,
Harrogate.

WE regret to record the death of Dr. Charles Gibson, of Harrogate, which took place on October 3rd. Educated at the medical school of the University of Durham, at Newcastle, Dr. Gibson obtained the diplomas of L.R.C.P., L.R.C.S. Edin., and L.S.A. in 1875, and subsequently graduated M.D. Brux. in 1888. He was appointed house-surgeon at Bootle, and thereafter was in practice for some years at Tynemouth. In 1891 he went to Harrogate, where he spent the remainder of his life and built up a large practice as a physician.

Dr. Gibson was for many years physician, and later consulting physician, to the Royal Bath Hospital, Harrogate, and he acted also as physician to a number of other charitable institutions there. Dr. Gibson was for many years a very keen member of the British Medical Association, and was for a time president of the Yorkshire Branch. For a long period he acted as honorary secretary of the Harrogate Division, and he was a regular attendant at the annual meetings of the Association. In 1897 Dr. Gibson wrote some practical notes on Harrogate as a health resort, which were printed in the *BRITISH MEDICAL JOURNAL*. He was a member of the Harrogate Medical Society, secretary for many years of the West Riding Medical Charitable Society, and secretary of the Royal Medical Benevolent Fund. In 1904 he was appointed a Justice of the Peace.

He leaves a widow and two sons, one of whom is in practice at Worthing; a third son was killed at the Dardanelles in 1915.

BENJAMIN POULTON, M.D., M.R.C.S.,
Adelaide, South Australia.

WE regret to record the death of Dr. Benjamin Poulton, one of the leading Australasian surgeons, and a prominent officer-bearer of the British Medical Association in Australia. Dr. Poulton received his medical education at the University of Melbourne, where he graduated M.B. in 1874; he subsequently took the degree of Ch.B. in 1879, and the M.D. in 1884. He also spent a considerable time in London, working both at St. Bartholomew's and St.

Thomas's Hospitals, and in 1880 he took the diploma of M.R.C.S. Eng. On his return to Australia in 1882 he was appointed a house-surgeon at the Adelaide Hospital, where in time he became an honorary assistant surgeon, and eventually honorary surgeon. In 1890 he was appointed lecturer in surgery at the University of Adelaide, and in 1892 he was elected dean of its faculty of medicine. Dr. Poulton took much interest in the work of the British Medical Association, which he joined in 1882. On his initiative the first Intercolonial Medical Congress was held in Adelaide, in 1887, when he acted as secretary, a post which he again held in 1905, when the congress, now having changed its name to the Australasian Medical Congress, again came to that city. He was honorary secretary of the South Australian Branch of the Association for four years, and in 1909 and again in 1912 he was elected president of the Branch. He retired from most of his professional offices in 1920. He was known as an accurate and keen observer, as a popular teacher for thirty years, and as an excellent surgeon of unfailing industry. He is survived by his widow and three daughters.

COLONEL VALENTINE MATTHEWS, C.B.E., whose death is announced at the age of 66, was educated at St. Paul's School and King's College Hospital. He qualified with the diplomas of L.S.A. in 1878, and M.R.C.S. Eng. in 1880. After a career of some distinction as a medical student he served as house-surgeon and medical registrar at his hospital; subsequently he was senior surgeon to the Westminster General Dispensary, and he practised for thirty-five years in Suffolk Street, Pall Mall, and afterwards at Onslow Square. He was the author of a number of contributions to the medical journals. Colonel Matthews had been a very keen volunteer, and was in command of the London Company R.A.M.C. Volunteers from 1904 to 1908; he was a holder of the Volunteer Decoration. At an age which made active service impracticable, Colonel Matthews was, however, in the early days of the war one of the first to realize the necessity of arranging to meet men returning home on leave from the Continent and to convey them from one railway terminus to another. Before any real organization was completed he was constantly at work during the night in these early days, but it was as an active organizer of the Rest Houses, with their many thousands of beds, and of the Free Buffets in the metropolitan area, that Colonel Matthews will best be known. His genial personality and encouraging presence found a way through difficulties which at times appeared unsurmountable. His services were publicly recognized by the award of the C.B.E. (military). He leaves a widow and one son, who is a medical man in practice at South Kensington. His younger son, who was a lieutenant in the Royal Navy, went down in H.M.S. *Hampshire* during the war.

THE celebrated physiologist, François Franck, professor at the Collège de France, and member of the Académie de Médecine, has recently died at the age of 72.

Universities and Colleges.

UNIVERSITY OF OXFORD.

MR. EDWARD LIDDELL, M.A., B.M., has been elected to a non-official fellowship at Trinity College, for research in physiology.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

A COURSE of eight lectures on nutrition were commenced on October 14th at University College, Gower Street, W.C., by Dr. J. C. Drummond, and will be continued at 4.30 p.m. on succeeding Fridays up to and including December 2nd. Attendance at the course is recognized in connexion with the B.Sc. (Honours) degree in physiology. The lectures are addressed to advanced students of the University and others interested in the subject; admission is free without ticket.

KING'S COLLEGE: DEPARTMENT OF PSYCHOLOGY.

A course of public lectures on psychology and psychotherapy will be delivered by Dr. William Brown, Wilde Reader in Mental Philosophy in the University of Oxford, on Tuesdays, at 5.30 p.m., beginning October 18th. Admission is free without ticket.

UNIVERSITY OF MANCHESTER.

THE following awards have been made:—Kay-Shuttleworth Scholarship: R. Pendlebury. Entrance Scholarships in Medicine: W. Brockbank, C. N. H. Long. Edmund Roscoe Post-Graduate Scholarship: Margaret R. Toynbee. The Sir Clement Roys Memorial Scholarship in Chemistry: J. F. Wilkinson.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS
OF GLASGOW.

At a meeting of the Royal Faculty of Physicians and Surgeons, held on October 3rd, the following were admitted (after examination) as Fellows of the Faculty: G. B. Brand, J. W. Dalgleish, J. R. C. Gordon, M. A. Keshvalu, J. W. Leitch.

CONJOINT BOARD IN SCOTLAND.

THE following candidates, having passed the requisite examinations, have been admitted Diplomates in Public Health:

A. F. Adamson, Isabella M. M. Aitken, W. R. Clayton-Heslop, E. M. E. Cumming, W. Cunningham, A. Davidson, A. M. Davidson, Jean D. Don, D. Fyfe, Janet Grant, D. C. Lamont, Isabel Macfie, W. McKendrick, Jane S. McPhail, G. Morris, T. D. Murison, E. W. Richards, Helena J. Robertson, R. Sandilands, J. W. Simpson, A. D. Stewart, Mary C. Walker.

THE INSURANCE CAPITATION FEE.

AFTER the conference on October 11th between the Minister of Health and the Insurance Acts Committee, reported in the SUPPLEMENT this week, the Committee met and addressed a letter to the Minister in which it stated that while recognizing the force of the appeal to insurance practitioners to make some sacrifice on patriotic grounds, the Committee is not prepared to ask the Panel Conference to accept, even on those grounds, a reduction of the capitation fee to 9s. 6d. In view of this expression of opinion, the Committee accordingly urges Sir Alfred Mond to reconsider the position. If, the Committee says, he could modify his offer to one of 10s., the Committee on its part is prepared to urge the Conference to accept it. In a circular issued at the close of this week to the Secretaries and Chairmen of Local Medical and Panel Committees and to the representatives appointed to the forthcoming Conference, the Medical Secretary asks these committees not only to meet before the Conference and discuss the position, but to take a referendum of every insurance practitioner in their areas on the two questions: "(a) Are you willing to accept a capitation fee of 10s.?" "(b) Are you prepared to refuse service at a capitation fee of 9s. 6d.?" Should the Minister not be prepared to modify his offer, it is essential that the Panel Conference on October 20th shall know what prospect there is of insurance practitioners throughout the country refusing service at a capitation fee of 9s. 6d. In order that the Conference may be in a position to come to a decision which will represent the wishes of insurance practitioners generally, it is of the utmost importance that their representatives shall come to the Conference prepared with the fullest and latest local information.

Medical News.

THE South-Eastern Union of Scientific Societies is, at the request of the Ministry of Health, continuing its inquiry into the distribution, habits, and breeding places of *Anopheles plumbeus*, a mosquito which it has been shown may become infected with the malarial parasite. Inquiries made by the Union this year show that the species is extensively distributed throughout the south-eastern area of England. In some districts all stages have been found; in others only larvae and imagines; it hibernates as partly grown larvae, mainly in beech, birch, chestnut, and holly tree holes; imagines are found in every season of the year, except winter.

THE first general meeting of the Midland Tuberculosis Subgroup of the Society of Medical Officers of Health will be held at the Anti-Tuberculosis Centre, 44a, Broad Street, Birmingham, on October 22nd, at 3 p.m. All members of the Society of Medical Officers of Health actively engaged in connexion with tuberculosis work are asked to attend. The business includes the confirmation of the proposed rules and the election of officers and committee.

THE Prince of Wales's General Hospital inaugural dinner will be held at the Trocadero Restaurant, Piccadilly Circus, on Thursday, October 27th, at 7.30 for 8 p.m. Past

residents and students of the hospital who have not received a notice can obtain further particulars by writing to Mr. H. W. Carson, 111, Harley Street, W.1.

A POST-GRADUATE course of lectures and demonstrations in the Sheffield hospitals, arranged by the Faculty of Medicine of the University of Sheffield, was commenced at the Sheffield Royal Infirmary on Tuesday last, when Professor Connell dealt with fractures and Professor Mellanby with recent views on diet. The course will be continued on Wednesday and Friday up till and including December 16th.

At the meeting of the Medico-Legal Society, to be held at 11, Chandos Street, W.1, on Tuesday, October 18th, at 8.30 p.m., Mr. W. Valentine Ball, Barrister-at-Law, will read a paper on "Incapacity for work within the meaning of the National Insurance Act, 1911."

UNDER the auspices of the Fellowship of Medicine a course of twelve lectures on gastro-intestinal affections in children will be given at the children's clinic, Western General Dispensary, Marylebone Road (next door to Edgware Road metropolitan station), on Mondays and Thursdays, at 4.45 p.m., commencing on October 17th. The fee for the course is one guinea and a half to members of the Fellowship, or two guineas to non-members; tickets can be obtained from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

DR. WILLIAM F. R. BURGESS, O.B.E., has been elected Master of the Society of Apothecaries.

ETHER was first used for a surgical operation on October 16th, 1846, and the seventy-fifth anniversary will be celebrated at the Massachusetts General Hospital on October 18th, in association with the centenary of the hospital.

ACCORDING to the *Boston Medical and Surgical Journal* the death rate in the United States from tuberculosis of the lungs was 20.7 per cent. lower in the first three months of 1921 than in the corresponding period of 1920.

AT the annual dinner of the Society of Medical Officers of Health, to be held at the Café Royal, Regent Street, on Friday, October 21st, the speakers will include Sir Alfred Mond, Minister of Health, the new President (Dr. W. J. Howarth), the retiring President (Dr. F. E. Fremantle, M.P.), Sir George Newman, the Bishop of London, the Attorney-General, Lord Burnham, and the President of the Royal Society. Application for tickets (15s. each) should be made to the Executive Secretary, 1, Upper Montague Street, Russell Square, W.C.1.

THE late Mr. J. C. Pipe, of Ipswich, has bequeathed £1,000 each to the East Suffolk and Ipswich Hospital and St. Bartholomew's Hospital, London. The residue of the estate, after payment of certain other bequests, goes to his brother for life, and reverts subsequently to certain charities including the two hospitals.

THE hospital founded at San Remo by German physicians in 1912 for medical diseases, excluding infectious disorders and tuberculosis, has been purchased by Italian capitalists for three million lire. Professor Giovanni Galli has been appointed director.

ACCORDING to the *East African Standard* of August 31st a Government measure, the Medical Practitioners and Dentists Bill, came under the consideration of the Legislative Council of Kenya in August. This bill apparently dealt with the subject of granting licences to (partially trained) subassistant surgeons of a certain standing, but by one vote an amendment was passed that licences should be granted to European assistant surgeons only. The Government accordingly withdrew the whole bill.

THE University of Maryland has made tentative plans for medical extension work by establishing health clinics in the smaller towns, where medical practitioners may see demonstrations of new ideas in medical and surgical practice, and receive instruction in certain special subjects. This work will be carried on by co-operation between the United States Public Health Service and the Johns Hopkins Medical School.

A COURSE, we are informed, has recently been held at Frankfort-on-Maine to instruct the wives of medical practitioners how to do the book-keeping for their husbands.

THE Countess Brassey formally opened the Bruce-Porter Convalescent Home at Folkestone on September 24th. The home is a branch of Dr. Barnardo's homes, and is intended as a convalescent home for destitute boys and girls. It has been presented by Mr. Howard Williams, and named after Sir H. E. Bruce-Porter, K.B.E., C.M.G., M.D., in commemoration of his work for the wounded in the great war.

THE mortality among children under 1 year in the famine area in Russia is stated to be 75 per cent. As the result of an investigation made by the Bolshevik authorities 112,582 cases of cholera have been found in thirty departments.

THERE will take place at the same time at Naples—namely, from October 25th to 28th—the twenty-seventh Congress of the Italian Society of Internal Medicine, the twenty-eighth Congress of the Italian Society of Surgery, the twelfth Congress of the Italian Society of Orthopaedics, and a meeting of the Italian Committee of the Internal Society of Urology (to reconstitute an Italian Society of Urology).

MESSRS. DUNCAN, FLOCKHART AND CO. inform us that in future all preparations issued by them containing any of the medicaments affected by the regulations made under the Dangerous Drugs Act, 1920, will be fully labelled to this effect. The firm has prepared a card summarizing the salient points of the regulations. It will be sent to any member of the medical profession, and may be useful as a reminder to those who have studied the article published in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of August 27th.

PROFESSOR LÉON FREDERICQ is to be presented with a medallion in recognition of his distinguished services as professor of physiology for fifty years in the University of Liège; the presentation will take place in November, when his son will begin to occupy the chair which Professor Léon Fredericq has held so long.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

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—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand W.C.2, on receipt of proof.

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, *Articology*, Westrand, London; telephone, 2630, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, Westrand, London; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Medisecra*, Westrand, London; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bactilus*, Dublin; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate*, Edinburgh; telephone, 4361, Central).

LETTERS, NOTES, ETC.

DEGREES AND DIPLOMAS.

"TRIPLE QUALIFICATION" writes: In the article on the profession of medicine in the Educational Number of the BRITISH MEDICAL JOURNAL of September 3rd the writer frankly recognizes the inferior position in which a holder of licences or diplomas may remain in comparison with those who possess a university degree. In this he but voices the popular sentiment of the profession, and more so those responsible for the disposal of medical appointments. That this is a general feeling and attitude cannot be denied. It is all very well to bring forth official statements as to diplomas and licences being recognized as on an equality with university degrees; but let a man with a diploma and one with a degree try for the same post and let but these facts of their training become known—the want of the degree is all but damning in most cases. In the face of such evidence how can the faculty go on philosophically discussing equalities when there are no equalities? The universities have quietly taken over the use of college hospitals and college teachers and college lecture halls which they are continuing to use, and in return for this they have given us nothing but an empty honour; such a state cannot continue. To warn the future student to enter the medical profession only by university training and university degree is to discourage all future attendance at colleges which the faculty have recognized on an equal basis with the university training. The problem is vital and must be faced. If the faculty is clean-handed and sincere, let them grant the colleges the right of

conferring degrees. There is only needed a change of names—degree for licence, degree for diploma: that for the present student and the future students. But they must also render justice to the great army of college-trained men who have already passed through, and are at present carrying on practice. Many of these with giant practices and splendid records behind them are smarting daily under the social injustice and "their position is indeed unfortunate." To them, too, the opportunity of retrieving must be given—a one-portal system, or some system able to give them that recognition which years of success and personal endeavour have failed to give them.

FACILITIES FOR MEDICAL MOTORISTS.

THE proprietors of Maude's Motor Mart, 103, Great Portland Street, W.1, are developing some interesting proposals which may be of service to medical practitioners. All motor cars require occasional overhauling and repair; but the work of a doctor is so continuous that unless he keeps two cars, or is prepared to forego the pleasure and comfort of a car during his holidays, he is compelled to find other means of conveyance, often for some weeks in each year. At Maude's Motor Mart the medical man can hire a small car and drive it himself, while being responsible, not for ordinary wear and tear, but only for such damage as is usually covered by his own insurance policy. The cost of hiring is about ten guineas a week, with substantial reduction if in the meantime the hiring-out firm does the repairs to the doctor's own car. This proposal offers a convenience to medical practitioners which we have long thought to be required. Again, the proprietors of this motor mart, in offering for sale Albert cars, are allowing prospective purchasers to hire a demonstration car of that make at a charge of four guineas for twenty-four hours, so that by driving himself the prospective buyer may ascertain whether the car will suit his requirements instead of being at the mercy of an expert tuner-up engaged in showing forth the merits of his wares. Finally, facilities are given for extended payments, so that the purchaser may spread the cost of a new car over two years on moderate terms. Enterprise of this nature shows that the motor business is beginning to assume a reasonable attitude wherein the comfort and convenience of motorists is the first consideration.

VERDANT VERSE.

"J. G. M." (South Africa) writes: I send the following verses, based on the first few lines of the first paragraph of the first article in the first number of the BRITISH MEDICAL JOURNAL for 1921, dated the first of January: "Abdominal pain in a child must always be a source of anxiety to the doctor. It may mean so little or so much. It may be due to nothing worse than an attack of acute indigestion, set up by a green apple; or it may indicate an attack of acute peritonitis set up by a green and gangrenous appendix. It is a matter, therefore, which craves wary walking in diagnosis."

O, stay me not, the Muse hath cast
Her spell upon me, for at last
I find the cause of belly pain
Is varied—that at least is plain.

Now, children's tummies oft contain
The elemental seeds of pain;
For apples green, so hard and sour,
Cause ructions there at midnight hour.

But these can eas'ly be allayed
By Castor Oil, a bribe being paid
Of cash, or jam, or trivial toy;
Don't let green apples you annoy.

A young appendix, green with age
Of suppuration's latest stage,
'Tis gangrene green,—Oh, dearie me,
Here's something worth a largish fee.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 33, 34, 35, 38, 39, and 40 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 36, 37, and 38.

THE appointments of certifying factory surgeons at Finedon (Northampton) and Purfleet (Essex) are vacant.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Six lines and under	0	9	0
Each additional line	0	1	6
Whole single column (three columns to page)	7	10	0
Half single column	3	15	0
Half page	10	0	0
Whole page	20	0	0

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Tuesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *poste restante* letters addressed either in initials or numbers.