

the small intestine, their belief being that the colic angle beyond the distal limb is held in position by a "retention band" which blends with the mesenchyme surrounding the superior mesenteric artery; this tissue grows less rapidly than the caudal end of the body.

The immediate result of the return of the colon after the proximal intestinal limb is that it lies in front of the coils of small intestine, with the caecum wedged in from behind between these coils and the liver, the caecum being the last to return. That is to say, at about the tenth week of development the return of the umbilical coils and the rotation of the gut occur as parts of one process. Now, if we suppose that in the specimen being described the distal limb returned first and then the proximal limb afterwards, the result found at birth would be produced. For, in this case, the last portion to return (the small intestine) would lie in front of the transverse colon, which would have already taken up its position. Such a reversion of the order of return leading to malrotation could conceivably occur if the proximal limb were anchored in position, and I suggest that such an anchorage may have been produced by the presence of a cystic diverticulum of the small intestine. In this case we must suppose that the pathological development of the enteric diverticulum must have occurred before the tenth week, so that the return of the distal limb was more easily accomplished than the proximal. After its return to the abdomen the cyst enlarged sufficiently to interfere with the normal peristalsis of the neighbouring bowel, so leading to partial obstruction with consequent malnutrition of the child and ultimately to death.

In conclusion it is a pleasure to express my thanks to Dr. R. N. Gibson and Dr. Sinclair, who furnished the specimen, and to Professor D. A. Welsh, who provided the pathological report, which has been included with the foregoing description, and on which some of the conclusions have been based.

## REFERENCES.

<sup>1</sup> BRITISH MEDICAL JOURNAL, 1910, vol. 1, p. 376. <sup>2</sup> American Journal of Anatomy, vol. vii, 1907-8, p. 505. <sup>3</sup> Telling and Gruner: British Journal of Surgery, vol. iv, 1916-17, p. 468. <sup>4</sup> Op. cit., pp. 463-470. <sup>5</sup> Journ. Anat., vol. 1, 1915-16, p. 75. <sup>6</sup> Op. cit., p. 93.

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

## TWO CASES OF ACUTE LYMPHATIC LEUKAEMIA.

THE following account of two cases of acute lymphatic leukaemia in infants seems of sufficient interest to warrant publication.

## CASE I.

The first case was that of a female aged 3 years, who had been healthy until three weeks before admission, when her parents noticed that she was paler than usual. She was admitted on December 30th, 1921, and died the same night with symptoms of cardiac failure.

*Post-mortem Examination.*—Cadaver pale. Purpuric spots on legs and chest. No superficial glandular enlargement. Purpuric spots on pericardium and pleurae. Heart pale and flabby. Thymus normal. No enlargement of mediastinal glands. Mesenteric glands markedly enlarged. Spleen slightly enlarged. Liver and kidneys large and pale. Bone marrow of femur pink in colour.

*Blood Film.*—A film was taken on admission and showed lymphocytes 89 per cent., myelocytes 5 per cent., polymorphonuclears 3 per cent., transitionals 1 per cent., large mononuclears 2 per cent. The small lymphocytes predominated—76 per cent. to 24 per cent. of the large variety. Anisocytosis was marked and normoblasts and megaloblasts frequent.

*Histology.*—Sections showed the usual lymphatic infiltration in all the organs. The bone marrow of the femur appears devoid of fat and consisted chiefly of lymphocytes and red corpuscles.

## CASE II.

The second case was that of a male aged 2½ years. A month before admission the cervical lymph glands were noticed to be enlarged. The child was admitted on August 1st, 1922, with acute angina, and died the same night.

*Post-mortem Examination.*—All the lymphatic tissues were enlarged. Superficial glands of neck, axillae, and groins, tonsils, thymus, mediastinal and mesenteric glands very much enlarged. Peyer's patches prominent. Liver and kidneys enlarged and pale. Spleen very little enlarged. Purpuric spots on pericardium.

*Blood Film.*—This showed lymphocytes 99 per cent., of which the small variety numbered 82 per cent. and the large 17 per cent.

*Sections.*—All the organs showed lymphocytic infiltration.

The points of interest are: (1) the ages—3 and 2½ years; (2) the fact that one patient was a female; (3) in one case the

lymphatic tissue enlargement was confined entirely to the abdominal glands, while in the other all the lymph glands in the body were involved.

W. E. COOKE, M.D., F.R.C.P.E., D.P.H.,  
Hon. Pathologist and Bacteriologist, Royal Albert Edward  
Infirmary, Wigan.

## CASE OF SPLENO-MEDULLARY LEUKAEMIA.

THE following case is of interest on account of the acute onset and of the marked improvement in the general condition which followed treatment by x rays, the removal of a source of sepsis, the use of an autogenous vaccine, and the exhibition of arsenic internally.

A married woman, aged 33, was admitted to the Leicester Royal Infirmary on March 23rd, 1922. She gave a history of ill health for a period of six weeks, complaining of weakness, giddiness, headache, and vomiting, with severe pain in the left hypochondrium. She had been losing flesh for three weeks.

On admission she was thin and pale, with a dry, furred tongue, bad pyorrhoea, and a spleen enlarged to two inches below the umbilicus and one inch beyond the mid-line (Fig. 1, a). There was no liver or glandular enlargement and no tenderness of the long bones. The optic discs were normal. Her pulse was small and rapid, and she was very ill indeed. On March 23rd a blood count showed: red cells, 3,333,000; leucocytes, 53,125; haemoglobin, 40 per cent. Smears were crowded with myelocytes and normoblasts. A small faintly Gram-positive diplococcus was obtained from a blood culture, but unfortunately it was found impossible to subculture the organism. The pathologist remarked that the blood picture was typical of spleno-medullary leukaemia. At that time the temperature ranged between 99° and 103° (Fig. 2, a), with an evening rise, and the pulse was 120 to 140.

The first x-ray exposure was given on April 6th. It consisted of one pastille dose to the spleen and long bones. This was repeated twice a week. During the first week the temperature fell to normal in the morning and never rose above 100° in the evening

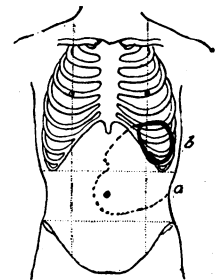


FIG. 1.—Size of spleen—(a) on admission, (b) on discharge.

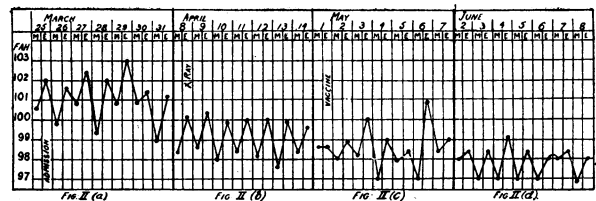


FIG. 2.—Portions of temperature chart showing character of the variations under treatment.

(Fig. 2, b). On April 19th her lower incisors, canines, and upper and lower molars and premolars were removed under nitrous oxide. Cultures from tooth fangs contained streptococci, diphtheroid bacilli, and *Micrococcus catarrhalis*, and an autogenous vaccine was prepared. On April 29th the first dose of vaccine was given; this was repeated every fifth day until eight injections had been given. The temperature became more irregular, but rarely rose above 99° (Fig. 2, c). A slight reaction occasionally followed the injection of the vaccine. On May 5th the blood count was: red cells 3,300,000; leucocytes 23,000; haemoglobin 50 per cent. Myelocytes and one normoblast were found.

From June 2nd the temperature rarely rose above normal (Fig. 2, d) and the pulse was slower though somewhat irregular. During the whole of the time she was in hospital she was taking arsenic by the mouth. From the beginning of the x-ray treatment the spleen steadily diminished in size, and when she left the hospital it could not be felt below the costal margin. The patient was quite well, had no pain nor discomfort, and the blood count on June 21st was: red cells, 3,066,000; leucocytes, 5,625; haemoglobin 50 per cent. Myelocytes were still present but they were extremely few. No other abnormal cells were found.

I wish to thank Dr. Crosby, physician to the Leicester Royal Infirmary, under whose care the case was, for permission to publish these notes.

A. DOROTHY POCOCK, M.B., B.S.,  
House-Physician, Leicester Royal Infirmary.

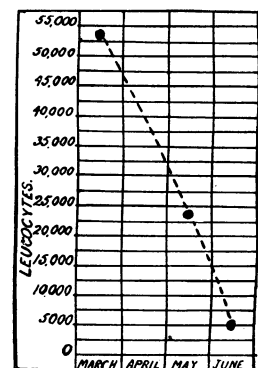


FIG. 3.

sentences do not greatly advance the public good? Hence the comparative tameness of my later letter which you did publish.

Let us hope that Mr. Lloyd George—and Mr. Bottomley—will in time be equally fortunate. But of course allowances will have to be made for them. They have not the advantage—as I have had—of the kindly guidance of an experienced medical editor, free, gratis, and for nothing! Pressure of work doubtless must excuse Mr. Lloyd George if through neglect of his duty to Gilbert and Sullivan he has as yet not learnt that it is “*calm deliberation*” that “*disentangles every knot*.” A stinging style creates a stormy atmosphere which makes calm deliberation impossible, whether in medical journals or elsewhere.

This, however, is digressing. My letter was never intended, as your correspondent hints, to discredit the fact, the beautiful fact, that disinfectants do disinfect. Are we for that reason to shut our eyes to the fact, the ugly fact, that calomel cream can never cleanse the dirty mind of a single sensual sinner? Your correspondent's other assertions must be left to others who are better able to deal with them.

Your correspondent “G.”'s criticism (October 14th, p. 706) is suggestive and very much to the point. He inquires whether I realize all that “a universally applied habit of unselfish thinking, practised every day in every way” would lead to. He sees that it would involve the reconstruction of society. Most certainly neither I nor anyone else realizes all that it would lead to. For example, how many see that it would also lead to as great a renaissance of science, art, and literature as the world has ever witnessed? For in these things the best and finest work is never inspired by a selfish motive. To what do we owe our knowledge of the fact that disinfectants do disinfect? Is it not the outcome of many an hour of patient, unselfish thinking done for our benefit by Lister and Pasteur?—I am, etc.,

Sheffield, Oct. 23rd.

HERBERT CAIGER.

SIR,—During and just after the war I lectured on venereal disease to about 500,000 of our troops, including a fair number of colonial and overseas soldiers, both as units and in cadet training schools. Whenever I spoke to them I always appealed to their patriotism and put it up to them how much better they would be employed pumping lead into the Hun rather than lying in hospital and having “606” pumped into them. Practically on every occasion these words were greeted with acclamation and enthusiasm. I wish to protest most strongly against the imputation conveyed in Miss Ettie Rout's letter in your last issue (p. 777) that numbers of men deliberately allowed themselves to be infected with this disease to escape the firing line. I am not denying that among all the millions of men under arms there may have been an infinitesimal number who took this course in an attempt to save their skins; but from my experience, based on an enormous number of talks outside lectures with soldiers from all parts of the empire, I am absolutely certain that this particular cause of infection was practically negligible. I write this letter because I am very jealous of the fair fame of our soldiers.—I am, etc.,

London, Oct. 23rd.

E. B. TURNER.

#### ANIMAL EXPERIMENTS.

SIR,—You have published a letter from Dr. W. W. Keen, of Philadelphia, U.S.A., which directly challenges the “consistency” of our President, Dr. Hadwen, who is in America. I trust that you will not allow this challenge, obviously based on error, to remain uncorrected. Dr. Keen asserts that Dr. Hadwen “advocates” the law under which experiments on animals are performed in this country. That is false. He also states that Dr. Hadwen gives “unconscious advocacy” to the use of antiseptics by his supposed approval of the law. Dr. Hadwen does not advocate antiseptics, consciously or unconsciously. Like most advanced surgeons, he believes in *asepsis*, of which Lawson Tait, Granville Bantock, and Sir William Savory were pioneers, practising it in defiance of *antiseptics*, then fashionable.

Errors similar to Dr. Keen's are bound to be made by anybody who hastily concludes that “Mr. Coleridge and Dr. Hadwen” advocate the same things. Mr. Coleridge—who is the director of a society one-third the size of that to which Dr. Hadwen devotes purely voluntary service—“directs” his society by a policy totally opposed to ours.

I take the opportunity of Dr. Hadwen's absence to state their relative positions, which ought to be known within the medical profession, although much misunderstood without.—I am, etc.,

B. E. KIDD,

Secretary, British Union for Abolition of Vivisection.

London, S.W., Oct. 23rd.

#### POST-GRADUATE COURSES.

SIR,—I was glad to read your article on post-graduate courses (October 7th, p. 650). Any scheme which adds to the facilities for obtaining such instruction will, I am convinced, be of very great interest to a great number of us. But there are many of us who, having gone into practice in the near provinces, view with horror our gradual separation from the scientific, our gradual deterioration, fancied or real, into the “cold on the liver,” “sick headache” type of diagnostician. Yet it is difficult for many of us to prevent this.

We are hard up, we have to work to keep our local tradesmen prosperous. We come home too tired or too slack to read. We cannot afford to spend a week or a fortnight away from our work. In other words, it is very difficult for us provincials to avail ourselves of the existing facilities, and we have none here. Our local hospitals are closed corporations, and do not teach. For the life of me I cannot see why. We have clinical meetings from time to time and enjoy them, but they do not follow the lines of a post-graduate course, and some of us, tied up in the afternoon, cannot attend even these.

I am certain something ought to be done for us, and my suggestions are as follows:

1. That every local general hospital be made a centre for post-graduate courses. Lectures and demonstrations to be given once a week in the evenings, the most suitable time being 5 to 6. Or
2. That post-graduate classes be held once a fortnight in London on some special subject, necessarily in the evening, say from 6 to 7, or, if this is not feasible, in the afternoons.
3. That these courses be free, or as nearly free as possible.

The advantages to be accrued are obvious; I should be glad to hear the opinions of other “provincials.”—I am, etc.,

October 14th.

“AMBITIOUS.”

### Universities and Colleges.

#### UNIVERSITY OF CAMBRIDGE.

THE following candidates have satisfied the examiners in both parts of the Examination indicated:

D.P.H.—Marjorie Back, Muriel J. Brown, J. G. Campbell, J. Davidson, R. A. Forsyth, A. W. Gaye, Beryl Grieve, J. G. F. Hosken, E. S. Macphie, D. R. Mehta, D. E. Morley, Edith M. Neilson, Sybil M. Nuttall, G. P. N. Richardson, T. E. Roberts, H. A. Ross, G. M. Sanderson, H. E. Seiler, W. A. Werden, J. Young.

\* Distinguished in the principles of Hygiene.

† Distinguished in the application of Sanitary Science.

#### Diploma in Hygiene.

The first examination for the Diploma in Hygiene, recently established by the University for foreign medical graduates, was held this month. The following candidate satisfied the examiners in both parts of the examination (with distinction in the principles of hygiene): Chung Hsin Han.

#### UNIVERSITY OF LONDON.

A COURSE of eight lectures on the “Histology of the nervous system” will be given by Dr. C. Da Fano at King's College (Strand) on Wednesdays, October 25th, November 1st, 8th, 15th, 22nd, and 29th, December 6th and 13th, at 4.30 p.m. Attendance at this course is recognized in connexion with the B.Sc. (Honours) degree in Physiology. Admission is free without ticket.

#### SCHOOL OF HYGIENE.

At a meeting of the Senate held on Wednesday, October 18th, the Vice-Chancellor (Mr. H. J. Waring, M.S., F.R.C.S.) being in the chair, a communication was received from the Minister of Health forwarding draft heads of agreement with reference to the School of Hygiene which is to be established as a school of the University under the donation of two million dollars made for the purpose by the Rockefeller Foundation. The agreement provides for the erection of suitable buildings on a site in Bloomsbury and the constitution of a board of management and a court of governors for the control and administration of the school. Resolutions were adopted expressing the concurrence of the University in the proposed scheme and the very great satisfaction with which the Senate learnt of the munificent contribution of the Rockefeller Foundation and of the intentions of H.M. Government with regard to the maintenance of the school.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary Comitia of the Royal College of Physicians of London was held on Thursday, October 19th, at 5 p.m., the President, Sir Humphry Rolleston, being in the chair.

The modification of By-law CLXXXVIII, passed for the first time at the last Comitia, was now passed for the second time. In consequence of this the by-law now reads as follows:

"No Fellow of the College shall be engaged in trade, or dispense medicines, or make any engagement with a pharmacist or any other person for the supply of medicines, or practise medicine or surgery in partnership, by deed or otherwise; or be a party to the transfer of patients or of the goodwill of a practice to or from himself for a pecuniary consideration."

The former text of this by-law was:

"No Fellow or Member of the College shall be engaged in trade or dispense medicines, or make any engagement with a chemist for the supply of medicines, or practise medicine or surgery in partnership, by deed or otherwise; or be a party to the transfer of patients or of the goodwill of a practice to or from himself for a pecuniary consideration."

(Words omitted or altered are printed in italics.)

The following resolution was passed for the first time:

"That By-law CXIV, which relates to candidates for the Membership, be repealed."

This by-law reads as follows:

"No candidate shall be admitted to examination who is engaged in trade; or who dispenses medicine, or makes any engagement with a chemist for the supply of medicines; or who practises medicine or surgery in partnership, so long as that partnership continues."

The following resolution was passed:

"That subject to the provisions of By-law CXC it is undesirable that any Fellow or Member of the College shall have any financial interest (whether direct or indirect) in any company or institution having for its object the treatment of disease for profit, other than the receipt by him from such company or institution of (1) a fixed salary, or (2) fees, for such services as he may render to such company or institution in his capacity of medical practitioner."

This is intended to replace the resolution passed by the College on October 25th, 1888—namely:

"That it is undesirable that any Fellow or Member of the College should be officially connected with any company having for its object the treatment of disease for profit."

The President then dissolved the Comitia.

## UNIVERSITY OF EDINBURGH.

AT the graduation ceremony on October 21st the following medical degrees and diplomas were conferred:

M.B., Ch.B.—J. W. Anderson, F. Booth.  
D.P.H.—Jean Murray.

## UNIVERSITY OF ABERDEEN.

THE Alexander Anderson Scholarship in Medicine, tenable for two years, has been awarded to Robert Cruikshank, M.B., Ch.B.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

*Calendar for 1922-23.*

THE *Calendar*<sup>1</sup> of the Royal College of Surgeons of England for the current year has lately been published, and contains the usual information arranged upon the customary plan. The report of proceedings of Council shows that 52 diplomas of Fellowship (including 3 to women) were issued during 1921-22, and 394 diplomas of Membership (including 91 to women). The diploma of Fellowship by examination (with ophthalmology) was granted for the first time. The licence in Dental Surgery was issued to 194 persons (including 4 women), and the following are the numbers of diplomas granted jointly with the Royal College of Physicians: Public Health, 69; Tropical Medicine and Hygiene, 58; Ophthalmic Medicine and Surgery, 25; Psychological Medicine, 24. Mr. Charles Brook, of Lincoln, and Mr. William Cowles, of Manchester (members of twenty years' standing), were admitted to the Fellowship without examination. The subject of the Jacksonian Prize Essay for the year 1923 is "The pathology and treatment of malignant disease of the testicle."

Reference is made in the report to the fact that the annual meeting of Fellows and Members summoned last year did not take place as the required quorum was not obtained. A report is presented on the irregular meeting held on that occasion after the President's withdrawal, and attention is called to Section XVII of the By-laws under which those holding an unauthorized meeting render themselves liable to suspension from privileges or removal from being a Fellow or Member.

The financial report states that the income of the College, exclusive of that from trust funds, amounted to £39,815, or £1,852 more than the previous year, and that the total expenditure in respect of revenue was £33,251, or £1,594 higher than in the

previous year. The balance of the revenue account amounted to £6,563. The valuation of investments at June 24th last showed a considerable improvement. The Conservator's report has already been noticed, but we may recall that under the agreed terms of trust the Council of the College becomes responsible for the housing display, completion, upkeep, and cataloguing of the Army Medical War Collection, spoken of in previous reports under the title of "War Office Collection." The collection thus added forms an intrinsic part of the College museum, but the contents are at the disposal, for teaching purposes, of professors at the Royal Army Medical College, Millbank. When complete, it is estimated that the Army Medical War Collection will comprise 2,000 wet specimens and 500 dry specimens, besides drawings, radiograms, photographs, models, and casts. Before the end of the present year it is hoped to furnish the new quarters with cases stands, and begin the installation of the collection in the new accommodation under construction. During the present year Lieut.-Colonel R. H. Elliott has made an addition of great value to the Museum by his collection of eyes showing the lesions which may result from the operation employed by native practitioners in the treatment of cataract. The report on the library states that the *Lives of Fellows* compiled or written by the librarian, Mr. Victor G. Plar, amounts now to 2,451; they are being fully indexed. The period covered is from 1843 to the present time.

## ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

AT the meeting of the Royal College of Surgeons of Edinburgh, held on October 18th, Sir David Wallace, C.M.G., was re-elected President for the ensuing year; Dr. George Mackay, Vice-President; and Mr. Alexander Miles, Secretary and Treasurer.

The following 19 successful candidates out of 62 entered, having passed the requisite examinations, have been admitted Fellows:

P. M. Brodie, W. A. Brown, D. Buchanan, J. T. Carson, J. S. M. Connell, J. Daneel, E. L. Ferguson, H. L. H. Greer, C. R. R. Huxtable, Marjorie M. Jefferson, I. B. Jose, L. C. E. Lindon, G. A. Petrie, E. D. Pullon, B. S. Simpson, H. V. Tilak, V. N. Whitmore, J. L. Will, Ethel D. Willis.

Dr. Kandappah Rajah, having passed the requisite examination, has been admitted a Licentiate of the Royal College of Surgeons of Edinburgh.

## ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

AT the Annual Stated Meeting of the President and Fellows, held on St. Luke's Day, October 18th, the following Members of the College were elected Fellows: Leonard Abrahamson, M.D. Univ. Dubl.; Joseph Warwick Biggar, M.D. Univ. Dubl.; Charles Dickson, M.B., R.U.I., M.D. Queen's Univ. Belfast.

The following officers for the coming year were elected:—President: Michael Francis Cox, Hon. M.D., R.U.I. Censors: Sir William J. Thompson, M.D. Univ. Dubl.; William Joseph Dargan, M.D., R.U.I.; John Speares, M.D. Univ. Dubl.; Richard Edward Tottenham, M.D. Univ. Dubl. Representatives of the College on the Committee of Management under the Conjoint Examination Scheme: Dr. Walter Smith, Sir John Moore, Dr. T. P. C. Kirkpatrick. Representative on the General Medical Council: Sir John Moore, M.D. Treasurer: Henry T. Bewley, M.D. Registrar: T. Percy C. Kirkpatrick, M.D. Librarian: Mr. R. G. J. Phelps. The President appointed Sir William J. Thompson to act as Vice-President of the College.

Additional examiners to take the place of an absent censor or examiner, examiners for the licence in midwifery, supplemental examiners under the conjoint scheme with the Royal College of Surgeons in Ireland, examiners for the Conjoint Diploma in Public Health, examiners for the membership, and the various collegiate committees were appointed. So also were the following examiners for the Conjoint Preliminary Examination:—In Languages: E. H. Alton, Fellow of Trinity College, Dublin. In Mathematics: Reginald A. P. Rogers, Fellow of Trinity College, Dublin. In Irish: Edward J. Gwynn, Fellow of Trinity College, Dublin.

The annual report of the library committee, recommending the publication of correspondence between Archbishop and Sir Patrick Dun, first president of the King and Queen's College of Physicians in Ireland, A.D. 1692, was adopted.

THE Denver city council (Colorado, U.S.A.) has set aside 20,000 dollars as a contribution from the city to the University of Colorado Medical School and Hospital, the establishment of which was made possible by donations from the Rockefeller and Carnegie Foundations.

A SANITARY conference of the South American Republics will be held in Montevideo in January, 1923. Among the subjects to be discussed will be the medical curriculum, and the best means of furthering scientific interchange in South America.

By the will of Dr. W. S. Halsted (of whom an obituary notice appeared in our issue of October 7th, p. 663), the residue of his estate, valued approximately at 100,000 dollars, is left to the Johns Hopkins University, subject to the payment annually to his widow of 5 per cent. of the value of the legacy. The bequest is to be devoted to research in medicine, preferably in surgery, and is not to be used for buildings. The university is given the right to sell at its discretion any portion of the residue and to reinvest the proceeds.

<sup>1</sup> London: Taylor and Francis, 1922. Price 1s.

his room was an index to the mind of its occupant, who, however much pressed by affairs, could always make time to bring his clear and sound judgement to bear upon the problems which were perplexing his officers. In the brief leisure of these strenuous months, at meal times and in travelling, Sir James was the most charming and genial companion, enriching his conversation from the stores of his historical and antiquarian knowledge. He won and held, as such a man could not fail to do, the loyalty and devotion of his staff, all of whom will feel a sense of personal loss in his death.

A largely attended memorial service was held in the Church of St. Martin-in-the-Fields, Trafalgar Square, on Saturday, October 21st. The Rev. H. R. L. Sheppard, assisted by the Rev. A. W. Oxford, M.D., and the Rev. M. Griffiths, officiated. The service included the hymns "O God, our help in ages past," and "Abide with me," and Psalms cxxi and xxiii. After reading the lesson Dr. Oxford gave a short and deeply impressive eulogium, more especially of Sir James Galloway's work for the patients at Charing Cross Hospital. Among those present, besides Lady Galloway and members of the family, were Sir Humphry Rolleston, President of the Royal College of Physicians, Sir William Thorburn, representing the Council and Court of Examiners of the Royal College of Surgeons, Sir Frederick Mott, Sir James Dundas-Grant, Sir Charles Ballance, Sir Herbert Waterhouse, Dr. William Hunter, Sir James Cantlie, Dr. Arnold Chaplin, Dr. J. A. Ormerod, Dr. Raymond Crawford, and Sir James Porter, together with the vice-chairman of Charing Cross Hospital, and many members of the resident staff, nurses and students. The British Medical Association was represented by Dr. N. G. Horner, Assistant-Editor, *BRITISH MEDICAL JOURNAL*, and Dr. A. D. Macpherson, Assistant Medical Secretary.

LIEUT.-COLONEL PATRICK MURPHY, Bombay Medical Service (retired), was killed in the sack of Smyrna by the Turks on September 13th, aged 78. He was educated at Queen's College, Cork, and graduated M.D. and M.Ch. at the Queen's University, Ireland, in 1868. He entered the I.M.S. as assistant surgeon on October 1st, 1869, became surgeon lieutenant-colonel after twenty years' service, and retired on January 17th, 1895. He served in the Egyptian war of 1882, when he was present at the battle of Tel-el-Kebir, and received the medal with a clasp and the Khedive's bronze star.

## The Services.

### INDIAN MEDICAL SERVICE.

#### *The New Director-General.*

THE term of office of the present Director-General of the Indian Medical Service, Major-General Sir William Edwards, K.C.I.E., expires in January next. As his successor has been appointed Colonel Robert Charles Macwatt, C.I.E., the senior colonel on the establishment. Colonel Macwatt was born on January 22nd, 1865, the son of Dr. Robert Charles Macwatt, of Dunse, Berwickshire, so will be 58 when he takes up his new post. He was educated at Edinburgh University, where he graduated M.B. and C.M. in 1886 and B.Sc. in 1897, subsequently taking the F.R.C.S.Eng. in 1911. He entered the I.M.S. as surgeon on October 1st, 1887, became major after twelve and lieutenant-colonel after twenty years' service, and attained the rank of colonel on January 8th, 1918, when he was appointed Inspector-General of Civil Hospitals in the Punjab, the post which he still holds. Almost all his service has been spent in the political department in Rajputana, under the Indian Foreign Office, where he has held the posts of Agency Surgeon successively in Haraoti and Tonk, Kotah, and Jhallawar. In June, 1907, he became Residency Surgeon of the Western Rajputana States, and in November, 1913, of the Eastern Rajputana States; while in September, 1914, he was appointed Chief Medical Officer in Rajputana and Civil Surgeon of Ajmir. He served on the north-west frontier of India in the Hazara campaign of 1888, receiving the frontier medal with a clasp; in the Lushai campaign of 1889 on the north-east frontier (clasp); and again on the north-west frontier in the Hazara and second Miranzai campaigns of 1891, getting a clasp for each. He received the Kaisar-i-Hind medal of the first class on January 1st, 1908, and the C.I.E. on January 1st, 1916, and on March 22nd, 1921, was appointed Honorary Surgeon to the King.

### MEMORIAL TO LIEUT.-COLONEL E. M. WILSON.

THE memorial to the late Lieut.-Colonel E. M. Wilson, C.B., C.M.G., D.S.O., R.A.M.C., will be unveiled on Friday, November 3rd. A short service will be held by the Right Reverend Bishop J. Taylor Smith, C.B., C.V.O., D.D., Chaplain General to the Forces, in the chapel of The Queen Alexandra Military Hospital, Millbank, at 4 p.m. Lieut.-General Sir John Goodwin, K.C.B., C.M.G., D.S.O., K.H.S., Director-General, Army Medical Services, will perform the unveiling ceremony. All ranks of the Royal Army Medical Corps are invited to attend. Dress: Service dress with swords; mourning bands will not be worn.

THE third annual dinner of the medical officers of No. 14 Stationary Hospital will be held on Friday, December 8th, at the Trocadero Restaurant, Piccadilly, at 7.15 for 7.45 p.m. Colonel C. R. Evans, D.S.O., will be in the chair. The price of the dinner will be 15s., exclusive of wines. Evening dress or dinner jacket, miniature medals optional. The honorary secretaries are Major H. M. Perry and Dr. H. L. Tidy, 39, Devonshire Place, W.

## Medical News.

THE Board of Trade has appointed Sir Thomas Robinson, M.P., to be chairman of the Dycstuffs Advisory Licensing Committee set up in January, 1921. It has also appointed Mr. R. Waddington, M.P., and Professor G. T. Morgan, F.R.S., to be members of the Committee.

THE annual meeting of Fellows and Members of the Royal College of Surgeons of England will be held at the College, Lincoln's Inn Fields, W.C., on Thursday, November 16th, at 3 p.m.

THE annual series of post-graduate lectures and demonstrations at the Royal Salford and Ancoats Hospital, Manchester, commenced on October 19th. The meetings take place on Thursday in each week, at 4.30 p.m., alternately at the two hospitals, the next—on November 2nd—being at Ancoats Hospital, when Dr. Arnold Renshaw will lecture on diabetes.

LADY CONSTANCE MELVILLE, who died in August last, has by her will bequeathed £4,000 to Dr. H. A. des Voeux, of Buckingham Gate, "in grateful thanks for his untiring help to a very troublesome patient."

THE next session of the Dental Board of the United Kingdom will commence at 2 p.m. on Tuesday, November 14th, when the chairman, the Right Hon. Francis Dyke Acland, M.P., will take the chair and give an address. The Board will continue to sit from day to day until the termination of its business.

THE old students' dinner of St. Thomas's Hospital will be held on Friday, November 10th, at the Princess' Restaurant, Piccadilly, at 7 for 7.30 p.m. The chair will be taken by Sir Charles Sherrington, G.B.E., M.D., President of the Royal Society.

A SHORT course of seven lecture-demonstrations on gastrointestinal affections in children will be given at the Children's Clinic, Western General Dispensary, Cosway Street, near Edgware Road station, on Mondays and Thursdays at 4.45 p.m., from November 2nd to 23rd inclusive. The first lecture, with experimental illustrations, will be given by Professor Sir William Bayliss, followed by six practical demonstrations by Dr. Bernard Myers. The fee for the course is one guinea, tickets for which and copies of the complete syllabus can be obtained from the secretary to the Fellowship of Medicine at 1, Wimpole Street, W.1.

THE British Orthopaedic Association met in London on October 20th, when a number of papers were read. The members dined together that evening at the Langham Hotel. The President, Sir Robert Jones, who was in the chair, after declaring that there were to be no speeches, called on one member of the company after another to speak. One of his victims was M. Calvé and another Dr. Murk Jansen, who promised the association a very cordial welcome from his fellow countrymen when it visits Leyden next spring. On Saturday morning a visit was paid to the Royal College of Surgeons, when Sir Arthur Keith and Mr. Lawford Knaggs gave a demonstration chiefly concerned with deformities and lesions of the bones.

THE late Dr. Henry Edward Langford of Kidderminster, who left estate valued at £16,451, has by his will directed that after some family legacies the residue of his estate on the death of his widow is to go to the Lifeboat Institution to the extent of £5,000, and the remainder, which it is expected will amount to about £7,000, to the Chancellor of the Exchequer towards the expenses of the late war.

IT was announced recently that the Allied Chemical and Dye Corporation of New York has instituted in perpetuity an award of 25,000 dollars annually, to be presented to the chemist in the United States who has contributed most to the benefit of science and the world; the gift is not to be limited to any particular field of chemistry.

THE British Medical Association Council dinner on Wednesday last (the first of its kind) was well attended and in every way successful. The President of the Council, Dr. R. A. Bolam, was in the chair, and the toast of the commonwealth was given by Sir William Macewen, President of the Association. It was acknowledged by Sir Arthur Robinson, Chief Secretary of the Ministry of Health, and Sir Anthony Bowlby, President of the Royal College of Surgeons of England. The health of the ex-President, who was the guest of the evening, was given by Dr. Wallace Henry, Chairman of Representative Meetings, and suitably acknowledged by Dr. David Drummond. The toast of the guests was given by the Chairman and responded to by Mr. E. Shortt, K.C., M.P., and Sir Henry Craik, M.P.; the health of the Chairman was proposed by Sir Jenner Verrall and briefly acknowledged. We propose to publish a more detailed report in our next issue.

DR. HENRY HANSON, who was formerly health officer at Panama, and at one time bacteriologist to the State of Florida, U.S.A., has just completed a successful campaign against yellow fever in Peru, and is now advising as to the reorganization of the public health services of that country with the view of eradicating bubonic plague.

FOR a quarter of a century the Anglican Sisterhood known as the Community of St. Peter has, among its charitable activities, kept up a home for aged and infirm women needing nursing and care, called St. Peter's Harbour. The home is self-supporting, but is found to be too small to accommodate the many applicants for admission. A public appeal is, therefore, being made—the first for sixty years—for funds to purchase a larger suitable house. Contributions should be sent to the Sister in Charge, St. Peter's Harbour, 10, Greville Place, N.W.6.

A SESSIONAL meeting of the Royal Sanitary Institute will be held at the Town Hall, Wallasey, on Friday and Saturday, November 3rd and 4th. Dr. F. T. H. Wood, M.O.H. Bootle, will open a discussion on "The expenditure of public money on health: why it is worth while." The chair will be taken by Professor H. R. Kenwood, C.M.G., at 7.45 p.m.

MR. MARMADUKE SHEILD, consulting surgeon to St. George's Hospital and, early in his career, house-surgeon to Addenbrooke's Hospital, Cambridge, left the residue of his estate, after paying certain specific legacies and subject to the life interest of his sister, to the medical school of the University of Cambridge, to found a Marmaduke Sheild Scholarship in Human Anatomy, and the balance for the general purposes of the medical school. The value of the net personality was £91,452. Mr. Sheild graduated M.B., B.Ch.Camb. in 1883.

## 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, *Aitiology*, 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: *Bacillus, Dublin*; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

### QUERIES AND ANSWERS.

#### INCOME TAX.

"X. Y." bought a death vacancy practice in December last.

\* \* \* He is chargeable with tax as from the date when he began to be entitled to the receipts, and the executors of the late proprietor are liable up to that date. The assessment for 1922-23 must be made on the average amount of the profits of the three years 1919, 1920, and 1921; but "X. Y." has the right of having that assessment adjusted at the end of the year on his application, provided he can show that the profits have fallen off since

or by reason of his succession to the practice. It should be borne in mind, however, that for that purpose he will have to bring in his full and not merely his cash profits, the latter being an insufficient index of the true income from the practice in his early years.

"T. B." replaced his old Ford car by a new Overland, receiving as much for the former as it had cost him.

\* \* In evidence given by the official witnesses before the Royal Commission on the Income Tax it was stated that where an improvement was effected in connexion with a replacement the proper basis of allowance was the net cost that would have been incurred by the purchase of a similar machine. Consequently in this case "T. B." is entitled to the excess of the price of a Ford as at the date the Overland was purchased (£295) over the amount allowed to him (£155)—that is, £140 net.

#### IS DESQUAMATION AFTER SCARLET FEVER INFECTIVE?

A CORRESPONDENT asks us to answer the question, Is the desquamation of scarlet fever infectious; or, putting it another way, Is the peeling child a danger to the unprotected?

\* \* We are not prepared to give a definite answer to the question, whichever way it be put, and so far as we can ascertain no definite opinion has been expressed by the Ministry of Health, or previously by the Local Government Board. Everybody is agreed that discharges from the nose, throat, or ears may be infective, as also any discharge from a cutaneous lesion, as, for instance, cracked ears; probably the general opinion of public health officers is that desquamation may be disregarded as unimportant from the aspect of infectivity. Some authorities, among whom we may mention Dr. Robert Milne, while holding this view, consider that special precautions should be taken by way of applications to the skin.

### LETTERS, NOTES, ETC.

#### PREVENTION OF VENEREAL DISEASE.

"SENEX" writes: May I ask your readers to consider the position set up by "G.", whose letter you print on page 706? Does he consider that it is the duty of the employer to inquire how much it costs his servant to live? Is the employer to fix the standard of living for his servant? Does he suppose that shareholders receive dividends as shares in profits or as sinking fund? Does he not know that wages must be a first charge on the gross profits—a charge often so heavy that the balance is carried to the wrong side of the profit and loss account? If he thinks that reasonable self-love is inadequate to produce a decent society, will he turn to Bishop Butler's *Analogy*, the greatest work produced by a churchman in a sceptical age; or perhaps the work of Bentham (*Principles of Morals and Legislation*) some fifty years later may serve his turn. Does he himself propose to take from his practice only enough to pay expenses and secure an old-age pension and hand over the rest to some visionary society for assisting those who cannot or will not help themselves?

#### SAMPLES AND RETURNS.

"W." writes: The emphasis laid by the Section of Obstetrics at the Glasgow meeting on the necessity of examining the urine reminds me of the old Scottish doctor's advice to his youthful successor:

*Old Doctor:* And mind this—aye ask your patients to send you a sample of their urine.

*Young Doctor:* Oh! How could I do that in a case of broken leg, for example?

*Old Doctor:* Doesn't matter! Broken leg or broken head, make them send their urine. It's the only chance you'll have of getting your bottles back!

#### VACANCIES.

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

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 167.

### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

|   | £   | s.  | d.     |
|---|-----|-----|--------|
| Six lines and under                         | ... | ... | 0 9 0  |
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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.