

mislead them far more. They should be treated as such and discarded. In the differential diagnosis of small-pox there are no more fertile sources of error."

Twenty-one years have run by since those words were penned—years constantly spent in consultations upon the numerous remarkable examples of cases simulating small-pox which a metropolitan area and its neighbourhood can show, drawn as they are from a population of about 8,000,000 persons of all grades, classes and races; and this experience has emphasized the general truth of the above mentioned comment. That comment applies in fact to all six of the above-mentioned points. There is this much to be said by way of modification: in proportion as the newer criteria are coming to be known as being more reliable, so less is now heard than formerly of shottiness and the rest.

Once more it must be said that there is no royal road, no beaten track, no measuring tape or touchstone, which will infallibly rescue the perplexed. Any case under review should be cross-examined, so to speak, on four main points: (1) What is the distribution, general and local? (2) What is the degree of prostration? (3) What is the depth of the lesions in the skin? (4) What is the rate and manner of maturation of the lesions?

The whole of the evidence must then be summed up and the verdict given accordingly.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

DYSTOCIA DUE TO SHORTENING OF UMBILICAL CORD.

THIS interesting complication of labour occurred in a case in Belfast Union Maternity Hospital. The patient, a primipara, was admitted to hospital at full term. The foetus was in first vertex presentation, but the head was very freely movable above the brim. As she was a small woman contracted pelvis was suspected, but the pelvic measurements were found to be normal and no obstruction of any kind could be found, nor did the head seem abnormally large. The only thing noticed out of the ordinary was a very distinct funicular soufflé.

Labour came on next day, and after the cervix was fully dilated the head still remained at the brim. My house-surgeon applied forceps tentatively, and at first could not get the head to advance materially. Suddenly a loud snap took place, which was heard by nurses at the side of the bed, and after that the head advanced easily enough, a little bleeding taking place continuously. On delivery the cord was found to be twisted round the neck of the child, and was completely torn through about three inches from the umbilicus. The child of course was stillborn, but the mother made a normal recovery.

Evidently the foetus was suspended in the liquor amnii by the shortened cord, which prevented the head from engaging or advancing after labour started. The placenta followed the foetus very quickly, and there was no *post-partum* haemorrhage.

It is rather interesting to consider what would be the proper procedure in such circumstances. Obviously a living child could not be delivered as a vertex presentation. I should think to introduce the hand right into the uterus might make the diagnosis clear and decide whether version would give sufficient length of cord. This would have to be long enough to reach from the placenta to the vulva or thereabouts in a breech. In the case I have described I do not think version would have given sufficient length of cord. Brickner, who has carefully studied the subject, states that delivery cannot occur in such circumstances unless one of the following accidents occurs: separation of the placenta, inversion of the uterus, umbilical hernia of the foetus, or rupture of the cord—the last two being of infrequent occurrence. I should think it might be possible to free one of the loops with the hand in the uterus, or Caesarean section would give the greatest certainty of a living child if one were sure of the condition.

JOHN MCLIESH,

Medical Officer, Belfast Union Maternity Hospital.

Reviews.

THE SURGICAL DYSPEPSIAS.

OF the making of books on abdominal surgery there appears to be no end. A short while ago Mr. Sherren published his lectures to students at the London Hospital on the surgery of the stomach and duodenum, and a very excellent little book it was. Now Mr. WALTON, from the same hospital, has brought out a large book on the *Surgical Dyspepsias*.¹ And this, too, is a good book, and well planned. Included in it are not only diseases of the stomach and the duodenum, but also those of the biliary passages, liver, and pancreas, with an account of visceroptosis to round it all off. The title is a challenging one, challenging criticism as well as interest. For not all of these conditions are truly or essentially dyspepsias, nor are they all essentially surgical. But the title has one thing in its favour: it suggests that the author has considered the clinical side of his subject, and has written something more than a book on operative surgery. As a fact, Mr. Walton has been at very great pains to furnish as clear a picture as he can of the various affections of the upper abdomen as met with in practice. And he has skilfully used histories of actual cases to show, as it were, what these conditions look like in their natural state.

Mr. Walton has his own views as to the meanings of symptoms. He emphasizes the importance of the clinical history and the relative lack of importance of the physical examination in the diagnosis of ulcers of the stomach and duodenum. This is an important point, though not, of course, an original observation. It is the most probable explanation of the omissions in diagnosis made by the so-called (and often actually) busy practitioner, who has no time to listen to his patients' often meandering account of their ailments. There is no doubt whatever that in order to be a good and trustworthy diagnostician of abdominal diseases, the practitioner must be a patient listener, ready to seize on important facts which are usually not realized as important by the patient and as frequently clouded over with unimportant detail. The days of the old aphorism, "Eyes first and much, hands next and little, tongue not at all," are as dead as Queen Anne. Major surgery to-day deals less with lumps and tumours obvious to the eye than ever. Nor, we think, should too much reliance be placed on our new eye, the x rays. The corroborative value of the opaque meal is great, but it is a gross error to base one's diagnosis, positive or negative, preponderatingly upon it.

Mr. Walton describes well the symptomatology of acute and chronic ulceration of the stomach and duodenum. It is interesting to see the author attacking again the question of acute ulcers, which have fallen into surgical disrepute. Indeed, in one sense Mr. Walton drives another nail into their coffin by stating it as his belief that such ulcers rarely perforate, and that the acute perforations are usually of chronic ulcers. He produces some evidence which gives this view a look of truth, but we cannot quite accept it, for the duodenum at least. He states that all except one of his cases of perforated duodenal ulcer gave a history of previous dyspepsia. His experience in this matter must differ from that of other surgeons. He is no believer in Hale-White's gastrostaxis, and many will agree. He is a believer in the frequent derivation of malignant ulcers from chronic. This is still rather a faith than a demonstrable fact; there is much parallel fact and little direct demonstration. W. C. McCarty, who is as it were the high-priest of this creed, is an unsatisfactory preacher. A close study of his writings leaves the reader mystified as to his real conclusions. Mr. Walton describes a symptomatology which to his mind denotes the malignant degeneration of a previously chronic and benign gastric ulcer. This must at present be accepted with reserve.

The operations on the stomach are very well described and illustrated. The sketches of the various manoeuvres associated with the great names of gastric surgery are very clear and valuable. The author naturally has a predilection for the operation which he has helped to popularize—wedge-

¹ *A Textbook of Surgical Dyspepsias*. By A. J. Walton, M.S., M.B., B.Sc.Lond., F.R.C.S.Eng. London: Edward Arnold and Co. 1923. (Med. 8vo, pp. 728; 272 figures, 2 coloured plates. 42s. net.)

experience resembles that of my colleague, Dr. Dyer Sharp: I have never seen a case of carcinoma, or of sarcoma. Some of the medical men in the coastal regions of Nigeria encounter carcinoma occasionally; but chiefly among natives who have been in contact with the European, some of whose dietetic and other domestic practices they have copied—indulging, for example, in the consumption of tinned stuffs, and not impeccable tinned stuffs always; when they encounter it among indigenous natives from the interior it will generally be found that these are more or less exiles and almost inevitably denationalized to a greater or less degree.

It must, however, be remembered that the experience of the average observer is largely restricted to the inhabitants of European settlements—townships and Government stations; this means that many millions of natives inhabiting an area covering that of more than the British Islands thrice told (with a European medical personnel not exceeding that of a second-rate English provincial town) are not brought under anything which can be called systematic medical observation at all. On the face of it, one would naturally expect to find carcinoma commoner among natives outside of than among those within their proper habitat; but experience does not always conform to natural expectation; this points to the fact that cancer research, which does not include Nigeria (particularly Northern Nigeria), is far from being comprehensive.

Syphilis and many of the sequelae thereof are rife in Nigeria; and there must be few parts of the world in which the consumption of uncooked food and drink is more general. The wide dissemination of "idiopathic" abscesses sometimes impresses the observer with the feeling that molecular death may replace cellular anarchy among the indigenous natives of Northern Nigeria. But the pathology of Nigeria (like her natural resources) has only been scratched so far.—I am, etc.,

Edinburgh, July 16th.

M. CAMERON BLAIR,
West African Medical Staff.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following awards have been made:

Radcliffe Scholarship in Pharmacology.—The Radcliffe Scholarship in Pharmacology has been awarded to R. B. Bourdillon, sometime Fellow of University College.

Thodore Williams Scholarships.—In Physiology: O. A. Beadle, New College. In Human Anatomy: J. S. Jerome, Christ Church. In Pathology: G. P. Wright, Exeter College.

UNIVERSITY OF CAMBRIDGE.

AT a congregation held on July 12th the following medical degrees were conferred:

M.D.—J. H. Pendered, F. S. Adams, R. French.

M.B., B.Ch.—A. L. Crookford, W. Edwards, J. A. Struthers, H. L. Garson, D. J. Batterham, V. Wilkinson, A. P. Saint, L. E. H. Whitby.

M.B.—R. S. Corbett, W. R. Carling.

B.Ch.—R. N. B. Wilson, E. B. Brooke, G. K. Cooper, J. Russell, J. M. Scott.

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—Part I, *Physics and Electrotechnics*: H. O. Gunewardene, R. Hayes, H. K. G. Hodgson. Part II, *Radiology and Electrotechnics*: N. M. Bodas, L. R. G. de Glanville, M. Frizell, H. O. Gunewardene, W. H. Hastings, R. Hayes, M. D. Joshi, Anna T. Kellock, G. J. Luyt, Margaret J. Moir, Jessie E. Sheret, S. B. Warden, E. V. Whitby.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

THE following awards in the Faculty of Medical Sciences have been made at University College:

Buckhill Scholarship (1922): R. L. Midgley. *Medical Entrance Exhibitions (1922)*: E. H. Madge and V. Freeman. *Sharpey Scholarship*: A. S. Parkes. *Cluff Prize*: G. F. H. McCormick. *Schafer Prize*: Dr. Katherine Coward. *Gold Medal for Anatomy (Senior Class)*: G. F. H. McCormick. *Silver Medal for Anatomy (Junior Class)*: H. Awrounin. *Gold Medal for Physiology (Senior Class)*: G. F. H. McCormick. *Silver Medal for Organic and Applied Chemistry (General Course)*: R. M. Sargent. *Silver Medal for Pharmacology (General Course)*: Beatrice G. Smith.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.

The following awards have been made:

Burnay Yeo Scholarships: G. F. Taylor, M. E. Lamped, J. W. Thornton, J. A. Eyles. *Epsom College Scholarship*: R. P. Ross. *Senior Scholarship*: W. P. H. Sheldon. *Jelf Medal*: F. Brockington.

Tanner Prize for Obstetric Medicine: W. P. H. Sheldon. *Todd Prize and Medal for Clinical Medicine*: F. Brockington. *Class Prizes: Diseases of Children*: W. P. H. Sheldon; *Orthopaedic Surgery*: W. P. H. Sheldon; *Medicine*: R. Cove-Smith; *Surgery*: H. C. Edwards; *Obstetric Medicine*: F. Brockington; *Pathology*: C. E. Newman; *Forensic Medicine*: M. A. Paul; *Hygiene*: L. H. Savin; *Psychological Medicine*: M. A. Paul.

UNIVERSITY OF DURHAM.

At the Convocation held on June 27th the following degrees were conferred:

M.D.—T. H. Bates, S. Worthington.

M.B., B.S.—W. O. Rubidge, J. C. Yeoman.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B. (Old Regulations): Greta Lowe, L. Magenstern, L. Morris, G. T. Robinson, G. B. Stenhouse, G. Talbot. (*New Regulations*): A. Brown, W. B. Bacon, H. A. Barlow, B. Bowman, I. A. J. E. Cave, H. A. Coleman, G. Crompton, N. L. Edwards, W. E. Fildes, W. A. J. Fleming, E. J. Foulds, A. Allen Glenn, H. Marjorie A. Grant, Evelyn M. Holmes, K. H. Jackson, A. M. Jones, H. M. Levy, M. Parkes, D. Ramage, H. G. C. Sharp, Margaret Simcock, W. Smith, W. G. Southern, L. J. Wits. *Obstetrics and Surgery*: W. Broadhurst, Madge E. Heywood, Bertha Kahn, A. C. Kelly, W. B. McKelvie, Gladys F. A. McLean, Marjorie M. O'Dea, R. W. Parker, W. M. Roberts, Marjorie Robinson, Kate B. Scott, Agnes Seaton, Marjorie Thompson, Sarah Walker, Jane M. Wilde, Marjorie Youatt. *Obstetrics*: C. N. A'dred, V. F. Lambert, T. Pierson. *Forensic Medicine*: Bessie E. Cook, R. W. Fairbrother, T. Pierson. *Hygiene and Preventive Medicine*: C. N. A'dred, Bessie E. Cook, R. W. Fairbrother, T. Pierson, H. F. Shaw, R. Slater. *Surgery*: J. F. Bromley.

* First Class Honours.

† Second Class Honours.

‡ Distinction in Obstetrics.

§ Distinction in Forensic Medicine.

¶ Distinction in Hygiene and Preventive Medicine.

UNIVERSITY OF LEEDS.

AT a congregation of the university held on July 13th the honorary degree of Doctor of Science was conferred upon Dr. W. J. Mayo of Rochester, Minnesota.

The Dean of the Faculty of Medicine, Professor J. K. Jamieson, in the course of the oration in which he presented Dr. Mayo, said:

"The remarkable institution called the Mayo Clinic in Rochester, U.S.A., emanates from the brains of the Mayo family, father and sons. Even were it permissible to describe it in a degree oration that could not be done in the Latin or English forms in use in our universities; it would require the happy amoebic pseudopodia of ancient Greek or the still developing collateral anastomoses of the American language to give a true idea of the development of the institution. It stands now as a monument of organizing ability founded on the sure rock of tireless work carried on with faith and enthusiasm. As there is nothing new under the sun one desires to seek its prototype in history. If there be a prototype it is in the Temple of Aesculapius at Kos. We do not know that this ever contained more than the spirit of a genius, and the Mayo Clinic fortunately possesses the body as well; but imagination allows us to draw a picture illustrating the resemblance. Were some catastrophe to dismember civilization it is quite possible that Rochester would become the second Kos. Therein we might find the buildings tenanted by priests clad in white vestments and masks performing a ritual reminiscent of the surgery of the early twentieth century, and receiving from the faithful tithes of the flocks and herds and corn and oil and—may we say—wine. The creation and development of an organism which is a fountain of progress in surgery flowing all over the world is surely good reason for our desire to honour its director; but here in this room we are not the whole congregation. We are surrounded by the faces of the unforgotten dead, who require of us that we accord no honour to success unless that success has been attained with due regard to certain ancient principles which are still the glory of the profession.

"I will therefore say that every new fact uncovered and every new idea conceived in Rochester has been freely and promptly communicated to the profession, and the whole surgical world have been free students of the Mayo Clinic; that the inheritance of an ancient obligation has been faithfully accepted and the afflicted poor have a generous share in the benefits of the institution; that success and praise have in no way misguided the workers in their quest for perfection. Emerson has said that if a man can do something, even the making of a mousetrap, better than anyone else, no matter where he hides himself, the world will make a beaten path to his door. Mayo has proved this true, but it is not only as the promoter of a colossal enterprise and as a distinguished figure in surgical research but as a true man, modest, charitable, and humane, that in the name of this congregation I present to you William Mayo for the degree of Doctor of Science."

The degree was conferred by the Vice-Chancellor, Sir Michael E. Sadler, K.C.S.I.

UNIVERSITY OF ABERDEEN.

AT the graduation ceremony on July 11th the following degrees were conferred:

M.D.—D. W. Berry, J. S. Anderson, A. Topping, Dorothy E. Bryant,

A. G. Fowler, Louise Tomory.

M.B., CH.B.—A. W. Downie, H. D. Downie, A. Lyall, A. G.

Badenoch, W. H. Harris, Charlotte S. Hendry, W. Laing.

G. M. Anderson, Margaret J. Anderson, J. Burnett, Janet F. M. Burnett, C. W. M. Cameron, Catherine J. Clark, J. Clarke, P. G. Currid, R. Davidson, D. Dean, Elizabeth A. Dunbar, Mary Esslemont, E. C. Gordon, M. McK. Gunn, Eleanor M. Henderson, J. S. Hutchison, A. J. Ironside, E. J. Jolly, B. W. MacDonald, F. MacLean, Florence J. Malcolm, J. C. Milne, H. W. Mulligan, R. G. Munro, F. R. Mutch, J. H. Peters, Margaret J. Rennet, E. R. Sorley, J. S. Taylor, Lily M. Watt, F. L. Webster, Mabel Wilson, Maude Wilson.

D.P.H.—Isobel C. Brown, Evelina I. Corbett, T. J. Davidson, G. L. Duncan, Ethel E. M. Gray, Elizabeth G. McCurrach, N. M. MacLennan, A. E. Reid, H. E. Smith, Christina Stuart, A. Topping, Alice M. Watt.

* First Class Honours.

† Passed Final Professional Examination with much distinction.

‡ Second Class Honours.

§ Passed Final Professional Examination with distinction.

UNIVERSITY OF SHEFFIELD.

THE University Council has appointed Mr. Denton Guest, M.B., Ch.B., to the post of Assistant Bacteriologist.

NATIONAL UNIVERSITY OF IRELAND.

At the meeting of the Senate on July 6th Dr. Denis J. Coffey, Pro-Vice-Chancellor, was appointed as Representative of the University on the General Medical Council.

Dr. William M. Crofton, University Lecturer in Special Pathology in University College, Dublin, whose tenure of office was about to expire in accordance with the statutes, was reappointed.

The results of the recent summer examinations were considered and passes, honours, etc., were awarded in connexion therewith.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following were approved at the examination of the London School of Tropical Medicine, held at the termination of the seventy-second session (April to July, 1923):

E. Peterson (Duncan Medal), *A. R. Baldwin, *F. McCallum, *E. Pampana, *A. Salama, R. S. Aiyar, M. M. Khan, W. J. E. Phillips, J. L. Rebello, A. N. Kingsbury, F. R. Thornton, J. W. F. Albuquerque, N. B. Sethi, A. J. Keevil, D. J. Valentine, A. N. Thomas, L. S. Chatterji, K. K. Shenai, W. Simmons, H. Sheinbloom, M. R. Goverdhan, S. W. Hardikar, H. Morrison, G. Gollerkeri, K. S. Thakur, C. McIver, E. C. Cousins, G. W. S. de Saram, J. G. Dunlea, B. W. Dakers, J. R. Chandhri, A. M. MacRae, P. Couacaud, K. T. Thajani, J. B. S. Baxter, L. Ray, M. K. Gopala-Pillai, K. Singh, E. Sutcliffe.

*With distinction.

The Services.

DEATHS IN THE SERVICES.

Colonel John Girvin, Army Medical Staff (retired), died in a nursing home on June 25th, aged 61. He was born at Seaforth, Lancashire, and received his medical education at St. Bartholomew's Hospital. He entered the army as surgeon on July 27th, 1887, and attained the rank of lieutenant-colonel on February 9th, 1912, and became colonel in the great war promotion of March 1st, 1915. He served in the Sudan campaign of 1898, receiving the medal and the Khedive's medal; and in the recent war served as D.D.M.S. in Gallipoli and Egypt. Sir Robert Armstrong-Jones in the course of an appreciation writes: "He came of a well-endowed Scottish family and the racial character of tenacity, caution and commonsense were innate to his nature. Although himself an Anglican, it was probably his paternal Presbyterian sympathies that caused him to regard ceremony with suspicion and to believe that truth and reality dwelt rather in the informal and the simple. He was born in 1861 and was one of a large family of successful brothers and sisters. It may be truly said of him that his mentality had no angles, and apart from the bent of his mind the upbringing he experienced caused him to be tolerant, receptive, and sympathetic. After an apprenticeship at Dorking—an unusual occurrence even in the eighties—he entered St. Bartholomew's Hospital as a student in 1882, where he developed a friendship with Sir D'Arcy Power, Sir William J. Collins and the writer, which lasted a lifetime. Shortly after his first term of service in India he was ordered to Egypt, where he remained for three years during the Egyptian war; after the war he served in Cyprus, where he received the special thanks of the Governor for his voluntary work for the civilians and peasants. Later, he was appointed to the medical charge of the Guards in Wellington Barracks, and for over two years was secretary to Sir A. T. Slogett. He was afterwards sent specially to Sierra Leone on the West Coast of Africa, and later to India, a second time, as senior medical officer at Hyderabad, Scinde. He returned home in 1913 and later helped to form a new hospital for Gallipoli, being there appointed, first, as chief in charge of the advanced base hospital, and secondly, as D.D.M.S. After Gallipoli he again served in Egypt, where he was in charge of the 27th General Hospital. Whilst in India he married Miss L. Smith, whose mother was well known in Poona for her public services. Their only child, a son, educated at Haileybury, was a most promising young officer in the 7th Royal Dublin Fusiliers; he died from wounds received in Salonika—a blow from which Colonel Girvin never recovered, his health gradually failing from that date.

Obituary.

ETTIE SAYER, M.B., B.S.LOND.

PROLONGED ill health, the warnings of which were persistently ignored by one always eager to forget herself, resulted, on July 7th, in the death of Dr. Ettie Sayer in her 48th year. Many societies and institutions, and even more individuals, will mourn the loss of a woman who was always generous with her help and advice—generous, unfortunately, to a degree amounting to self-neglect.

Ettie Sayer was born at Bacton, Norfolk, and received her medical education in London, studying during the early part of the course at University College, and completing it at the Royal Free and Queen Charlotte's Hospitals. She graduated M.B., B.S.Lond., in 1899. Her first house appointment was at the Tunbridge Wells Eye and Ear Hospital. In 1900 she went to South Africa as physician of the Cowley Mission to Mohammedan and Kafir Women, and was later appointed Plague Officer by the Cape Government. During the South African war she worked in the concentration camps, and was also one of the few who visited the lepers on Robben Island.

On her return to England Dr. Sayer was appointed Assistant Medical Officer to the Education Department of the London County Council. She was one of the first women to do such work in the days before full-time officers for medical inspection of school children were appointed. There are so many men and women doing this work, which is now so efficiently organized, that it is not easy to visualize the difficulties which beset a pioneer. Always enthusiastic and zealous, Dr. Sayer accomplished her difficult task with the utmost conscientiousness, and by her personal charm endeared herself to her superior officers and subordinates alike. Dr. Sayer was particularly interested in feeble-minded and morally defective children. She was consulting physician to the National Society for the Welfare of the Feeble Minded, and wrote papers on morally defective school children. She was a Fellow of the Royal Society of Medicine and Honorary Medical Officer to the Society for Distressed Gentlefolk.

Recently Dr. Sayer interested herself in electro-therapeutics and was a Fellow of the American Electro-Therapeutic Society. She wrote papers on the effects of electric currents on blood pressure and compiled a most useful textbook for nurses on medical electricity and light.

GEORGE JOHN MURIEL, M.R.C.S.ENG., J.P.,

Consulting Surgeon, Whitehaven and West Cumberland Infirmary.

WE regret to record the death, in his 81st year, of Dr. George John Muriel, J.P., of Whitehaven. He was born in Ely on September 4th, 1842, and was the youngest son of the late John Muriel, F.R.C.S., D.L., J.P., of that city. The Muriels have practised in Ely and the Eastern Counties for several generations. George John Muriel was educated at Epsom College (being one of the earliest pupils there) and at Guy's Hospital. After acting as assistant at Whitehaven from 1866 to 1868 he began to practise on his own account at Alrewas in Staffordshire. On the death, however, of his former principal at Whitehaven he returned to that place, where he resided for the rest of his life. He was appointed to the honorary staff of the Whitehaven and West Cumberland Infirmary in 1872 and became consulting surgeon in 1900 when he retired from general practice, being succeeded by his second son. He was President of the Border Counties Branch of the British Medical Association in 1898 and the first Chairman of the West Cumberland Division under the new constitution of the Association. To celebrate his long connexion of fifty years with the Whitehaven Infirmary he was presented with his portrait two years ago. The large attendance at the funeral, despite the fact that he had retired from practice so long ago, showed the respect with which he was regarded by all classes in the town and district, and by his medical colleagues, all of whom were present. His wife died two years ago; he has survived by all his family (four sons and three daughters) except one son who died in 1878.

Dr. WALTER LEY PETHYBRIDGE, of Plymouth, who died on June 27th, aged 54, was born at Bodmin and received his medical education at St. Bartholomew's Hospital. He graduated M.B.Lond., with honours in obstetrics, in 1892, and M.D. in the following year; he also took the diplomas of M.R.C.S. and L.R.C.P. in 1892. He went to Plymouth in 1895, and was for nearly twenty years pathologist to the South Devon and Cornwall Hospital; he was also consulting pathologist to the Ear and Throat Hospital, Plymouth, and to the Tavistock and Bodmin Hospitals, and held the appointment of anaesthetist to the Royal Eye Infirmary, Plymouth. He was one of the first in this country to employ Pasteur's method of inoculation against rabies, and during the outbreak of rabies some years ago he undertook the treatment of cases from all parts of the country, at the request of the Local Government Board. During the war Dr. Pethybridge held the rank of Captain R.A.M.C., T.F., and was Director of Pathology for the South-Western Military District. In 1920 he was elected president of the Plymouth Medical Society.

THE death occurred at Taunton on June 27th of Dr. EDWARD LIDDON, in his 93rd year. He was educated at King's College, London, Edinburgh University, and Paris; he took the diplomas of M.R.C.S.Eng. in 1852 and L.S.A. in 1853, and graduated M.D.Edin. with gold medal for thesis, in 1854. At the time of his death he was consulting physician to the Taunton and Somerset Hospital, of which institution he was also an ex-president and the oldest life governor. As a young man Dr. Liddon was house-surgeon to the Bath United Hospital and resident assistant to the Brompton Hospital. He served for many years with the 2nd Volunteer Battalion Somerset Light Infantry, retiring with the rank of Surgeon Lieut.-Colonel. A keen sportsman all his life, he was at one time master of the Taunton Vale Harriers, and hunted with them until he was over 80. Dr. Liddon was a zealous churchman—his brother was the late Canon Liddon—and a generous supporter of every philanthropic organization in his district. He was twice married, and leaves a widow and two sons, one of whom is vicar of Minehead.

Medical News.

THE Duke of Connaught, President of the Royal Society of Arts, last week presented the Albert Medals of the Society, awarded to Sir David Bruce and Sir Ronald Ross "in recognition of the eminent services they have rendered to the economic development of the world by their achievements in biological research and the study of tropical diseases."

A MEETING of the London Association of the Medical Women's Federation was held on July 10th at the South London Hospital for Women. After tea in the grounds of the hospital, those who were unfamiliar with its buildings were taken on a tour of inspection by Miss Maud M. Chadburn, the senior surgeon, who played a prominent part in the foundation of the hospital in 1912 and in the planning of the building of the in-patient department on its present site in 1916. Notable features are the provision of accommodation in small rooms and cubicles for private patients at fees varying from 3 to 6 guineas a week and the wide balconies attached to nearly every ward. A visit was paid by certain members to the theatre, where Miss Eleanor Davies-Colley was operating, and in other departments of the hospital cases and specimens were shown. A business meeting of the association in the hospital board room concluded the proceedings.

DURING the International Exhibition of Hygiene a puerperal fever congress will be held at Strasbourg from August 1st to 4th under the presidency of Professor Bar of Paris. The following papers will be read: (1) Historical sketch of puerperal fever and the importance of Pasteur's discovery, by Dr. Couvelaire of Paris; (2) bacteriology and morbid anatomy of puerperal fever, by Dr. Brouha of Liège; (3) diagnosis and prophylaxis of puerperal fever, by Dr. Hauch of Copenhagen; (4) treatment of puerperal fever, by Dr. Anri of Pavia. The subscription is 40 francs, which includes admission to all parts of the Exhibition of Hygiene. Further information can be obtained from the general secretary, Professor Schickelé, Clinique d'Accouchements, Strasbourg.

THE series of post-graduate lectures at Queen Charlotte's Lying-in Hospital, Marylebone, came to an end on July 19th. A new series will begin in October.

THE foundation stone of the new casualty department of the Royal Northern Hospital, Holloway, was laid by Lady Patricia Ramsay on July 12th. The building is being erected by the Borough of Islington War Memorial to commemorate the supreme sacrifice of those who fell in the great war and the brave deeds of those who survived. The sum raised was about £12,000, and £2,900 more is required to complete the memorial.

THE annual report for 1922-23 of the Professional Classes Aid Council (on which the British Medical Association is represented by Dr. G. E. Haslip) shows that the work of the council in assisting in relieving distress among the professional and educated classes and their dependants has been steadily consolidated during the past twelve months. During the year there were 538 new applicants (of whom 149 were refused as being unsatisfactory or not within the scope of the council), and 89 former applicants reapplied (of whom 32 were refused for similar reasons). Fifty families received educational assistance during the year. The question of providing funds is still serious; the expenditure for the year amounted to £7,334, the balance sheet showing a deficit of £2,213.

PROFESSOR LUBARSCH has been appointed director of the Robert Koch Foundation for Combating Tuberculosis in place of the late Professor Orth.

VISCOUNT BURNHAM has accepted the office of Vice-President of the Royal Sanitary Institute, which was founded in 1876, and has for over thirty years maintained a museum of sanitary apparatus. The Institute will hold its thirty-fourth congress and health exhibition at Hull, beginning on July 30th. The Right Hon. T. R. Fereus, High Steward of Hull, will preside, and nearly 500 delegates have been appointed from this country, including those nominated by the Admiralty, the Board of Control, the Office of Works, the War Office, the Ministry of Health, and the Scottish Board of Health. Representatives have also been nominated by foreign and dominion governments, and municipalities, including Bombay, South Australia, New South Wales, Victoria, Brisbane, Perth, New Zealand, Christchurch, Cape Town, Kimberley, South Africa, Czecho-Slovakia, Greece, Mexico, United States of America. Sir Alexander Houston, K.B.E., M.B., will give a lecture on a pure water supply to the congress on Tuesday, July 31st, and on Thursday, August 2nd, Mr. B. Seeborn Rowntree will give a popular lecture on industry and national welfare. There will be four sections: sanitary science, of which Sir William Hamer, M.D., is president; maternity and child welfare, including school hygiene, presided over by Dr. J. R. Kaye; engineering and architecture; and domestic hygiene. There will be seven conferences; one of medical officers of health will have Dr. T. Eustace Hill as chairman, and another on health visitors will be presided over by Professor H. R. Kenwood.

IN reporting on two years' working of the United States Prohibition Act, the Federal Prohibition Commissioner makes special reference to the Treasury decision, first suggested by the American Medical Association, which limits withdrawals of whisky for medicinal use to spirit which has been bottled in bond. In 1920 the total whisky withdrawals amounted to 12,389,529 gallons; in 1921, to 3,243,845 gallons; and in 1922, to 1,819,888 gallons.

DURING the year 1922, 9,935 cases of small-pox occurred in Canada and the United States, of which 495, or 5 per cent., were fatal. In 1921 the mortality was only 1 per cent. In some towns the case mortality during 1922 ranged from 16 to 85 per cent.

A FRENCHMAN accused the English of taking their pleasures seriously. If under "pleasures" games are to be included the accusation had little truth in it until this present generation, which under the pressure of American excellences is studying and playing games with astonishing seriousness. We are informed that this seriousness is now to be extended to mountain climbing. A ten-day course of scientific instruction, theoretical and practical, in mountaineering is, we are told, to be given at the end of July at Klosters, in the Grisons district, Switzerland, at a fee, including board, of 6 guineas. The course is to include first aid in accidents. Full particulars may be had from Gustav Walty, Klosters.

THE house and library of the Royal Society of Medicine, 1, Wimpole Street, W.1, will be closed for cleaning and repairs during the whole of August.

X RAYS, LIMITED (11, Torrington Place, Gower Street, London W.C.1) has issued an album of illustrations of the apparatus it makes. It contains a photograph of a group, including Dr. Coolidge, but this and another portrait hardly justify the title, *Who's Who in X Rays*. The company informs us that in future if the end connexion is required for the Coolidge tube an extra charge of 15s. will be made, making the total £40 15s.

THE KING has granted a Royal Charter of Incorporation to the Royal Westminster Ophthalmic Hospital.

DR. S. GORDON LUKER will give a lecture in the anatomical theatre of the London Hospital Medical College on Tuesday, July 24th, at 4.15 p.m., on a new method of treatment of puerperal sepsis. The lecture is intended for senior students of the hospital and post-graduates, to whom a cordial invitation is given.

THE 19th South African Medical Congress will be held next year in Grahamstown, Cape Province, when the hosts will be the medical practitioners in Grahamstown, Port Elizabeth and Uitenhage. The president of the congress will be Dr. E. G. Dru Drury, of Grahamstown.

THE Lord Mayor of London (Alderman Edward C. Moore) has consented to act as the honorary treasurer of the Endowment Fund of the People's League of Health. Cheques should be sent to him at the Mansion House.

THE Military Hospital, Rochester Row, Westminster, has been closed and the work transferred to the Royal Herbert Hospital, Woolwich.

THE well known physiologist, Professor J. P. Langlois, of Paris, has recently died at the age of 61.

THE United States Public Health Service has declared the port of New Orleans to have been completely free from any trace of bubonic plague for the past two years, and will now entirely withdraw its staff; a test of 200,000 rats caught in that period revealed no trace of infection. Precautionary work in rat eradication and tests will in future be undertaken by the city board of health.

DR. GELLÉ, a well-known French pioneer in otology, and one of the founders of the Société Française d'Oto-rhino-laryngologie, has recently died at the age of 80.

Letters, Notes, and Answers.

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.

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.

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, Westminster, London*; telephone, 2630, Gerrard.

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

3. MEDICAL SECRETARY, *Mediscera, Westminster, 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.

"J. D." asks for advice in the treatment of an old lady who suffers from intense burning of the feet at night, so severe as to prevent sleep. Many remedies—mostly external—have been tried in vain. She has a cardiac lesion, and the loss of sleep is a serious factor.

LETTERS, NOTES, ETC.

DEVICES FOR INVALID COMFORT.

SIR CHARLES BROWN, M.D., of Preston, who is nearly 87 years of age and has been all but confined to his dining-room (where he sleeps) for the past eighteen months, has devised a combination of two chairs with simple accessories, which invalids should find useful. The chief item in the combination is an American rocking chair, which can be fixed at different levels by a wedge; with it may be employed a companion chair which, with a flat cushion made to fit its seat and a hot-water bottle, makes a comfortable bed for the heels; a pulling-up cord controls the position of the hot-water bottle. The bedclothes are fixed to the back of the companion chair and are arranged somewhat in the form of a tube or sleeping bag. A simple table for meals completes the outfit.

TEETH AND SUGAR.

MR. C. N. PEACOCK, L.D.S. (Bedford), writes to suggest that practically all decay of children's teeth is to be laid to the charge of "so-called sugary foods": he inquires what daily amount of sugar should be included in a well-balanced diet for a child. Our correspondent points out that raw flour, tragacanth, and glucose which sticks to the teeth, are used in the manufacture of sweets. The child who eats them coats his teeth with an ideal paste for the production of dental caries. The suggestion is that the Sale of Food and Drugs Acts might be amended, but we are inclined to think that education of the parents both on this point and on the amount of sugar a child needs in its daily diet (it may be none is needed) would be more effective. It is a matter that might well be discussed at congresses of child welfare.

THE CAUSATION OF CANCER.

DR. A. S. DUTTON (London) writes: The circumstance that friction by the clothes of a chimney-sweep, when of a rough corduroy type or of other materials, during their employment most of each day doubtless considerably enhances the irritating effect of soot, and that the irritation by the latter is more or less constant, appears to account largely for cancer of the scrotum in man, and afford reasons for its non-production by the rubbing in of soot in rabbits, rats, and mice, as referred to in Dr. A. Leitch's article in the BRITISH MEDICAL JOURNAL of July 7th (p. 1). Apart from the effect of clothes, a reason for the scrotum being the site of cancer in sweeps and not other parts of the body may be that the scrotal rugae afford an especially favourable site for the lodgement of soot, which—although washing takes place, unless this is effected to the extent of full immersion in water and also the vigorous use of soap—tends to accumulate to a certain extent among them in some cases without being at any time wholly removed, and therefore forming a practically constant source of irritation. The wearing of suitable overalls which prevent soot reaching the scrotum would apparently prevent the occurrence of sweeps' cancer. Similarly, if tar, pitch, and paraffin were prevented from reaching the scrotum of workers in these industries by suitable protective material, cancer of this structure occasioned by them should be eliminated.

BREEDING RATS FOR FEEDING EXPERIMENTS.

IN order to maintain a collection of rats suitable for dietary experiments considerable wisdom has to be shown in the selection of the stock and precautions taken against parasite and bacterial infections. Professor V. H. Mottram and his co-workers have described in a recent article (the *Biochemical Journal*, vol. xvii, No. 2, 1923) the method they adopt; this report will be of value to those engaged in similar work, and certain of their conclusions are of general biological interest. They have found that the best stock is obtained by intensive inbreeding from one or more pairs of adult animals which have been obtained from a good source when quite young and kept on a good diet under strict observation. There is no evidence that there is any danger in inbreeding when the original stock is good—in fact, it is of advantage in stabilizing the stock and limiting variations. The mixed stock from dealers is often infected with disease which may not betray itself early in life and is almost impossible to eradicate. Probably most of the failure in rat breeding is due to housing; in order to avoid such diseases as pneumonia the animals should be housed at a temperature of 65° F., with no more than 5° variation in either direction. There is no justification for the widespread belief that rats will not thrive in metal cages; they are easier to clean and they have been used by these workers for rearing generation after generation from birth to adult life. The stock should be fed on diets containing bread and milk and kitchen scraps with a high percentage of protein and fat, and the mothers should receive during lactation liberal supplies of bread and milk.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 27, 30, 31, and 33 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 28 and 29.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 32.

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, W.C.2, 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 *postes restants* letters addressed either in initials or numbers.