

GENERAL DISCUSSION.

Dr. PETER MACDONALD (York) stated that he had had a special opportunity of observing this condition, as a near relative had a partial thyroidectomy performed, leading to damage of the nerves of the glottis. She had had several attacks of laryngeal spasm each year, during sleep as a rule. One vocal cord was paralysed. A manœuvre which seemed to help was a knee-elbow position, with depression of the mandible, an endeavour being made at the same time to phonate the sound "aa."

The PRESIDENT said that the general practitioner saw these cases, not the consultant. Tracheotomy might actually be called for. He mentioned a case in which introduction of an endoscope gave rise to spasm of the larynx and diaphragm. He quoted Sir Felix Semon's advice to the patient to hold his breath while twenty was counted and then to take short rapid nasal breaths.

Dr. WILLIAM HILL (London) quoted two cases, one a syphilitic who died in hospital without operation, while the other died, as laryngotomy was being performed, from heart failure.

Mr. A. J. WRIGHT (Bristol) spoke on the occurrence of laryngeal spasm in whooping-cough in adults, and quoted a case which occurred in an old lady.

Dr. DAN MCKENZIE (London) said the cause of the condition had to be diagnosed in a few seconds. He agreed that the lingual tonsil was a common origin for the reflex.

Mr. SOMERVILLE HASTINGS (London) said that because it was rarely fatal, medical men were apt to feel too safe about laryngeal spasm. He recorded a case in which, locomotor ataxy being present, he performed tracheotomy and saved the patient.

Mr. E. D. D. DAVIS (London) quoted a case of spasm of the larynx following passage of an antral cannula.

Mr. MARK HOVELL (London) referred to Morell Mackenzie's account of spasm; gastro-intestinal derangements, he said, were a large factor, which was most common among children of the poor. It led to enlargement of the lingual tonsil, which was the most prominent cause of glottic spasm.

Dr. DAVIDSON (Queensland) quoted a case following an operation for tonsils and adenoids, which was cured by tracheotomy and artificial respiration.

Sir STCLAIR THOMSON, in reply, said that he was not averse to tracheotomy; he had ordered its performance often in tabetic cases. In regard to Mr. Mark Hovell's remarks, he always read Morell Mackenzie, and he agreed about gastro-intestinal trouble; the lingual tonsil certainly, in his opinion, deserved attention. Male children more commonly had laryngismus stridulus. The glossopharyngeal nerve was very important as a starting-point for a spasm. Sometimes artificial respiration was necessary after a successful tracheotomy.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

ANTE-PARTUM HAEMORRHAGE DUE TO PLACENTA
PRAEVIA, ASSOCIATED WITH ALBUMINURIA
AND ECLAMPSIA.

THE following case of placenta praevia associated with albuminuria, which is the second I have had, is perhaps worth recording, because when ante-partum haemorrhage is associated with albuminuria it is usual to regard the haemorrhage as of the accidental type. When, however, two cases like this occur in the practice of one medical man within two years, it seems probable that the association of placenta praevia and albuminuria is not uncommon, and that the usual inference that ante-partum haemorrhage with albuminuria means that the bleeding is of the accidental type is not always a safe one to make. The point has an important bearing on treatment because, although this particular case recovered under expectant methods, the mother would have been spared a recurrence of haemorrhage and probably would have recovered more rapidly from the albuminuria if labour had been induced, as is usual in cases of placenta praevia.

A married woman, aged 35, had two children; the first died in infancy, and the second when six weeks old developed snuffles and was cured by antisyphilitic remedies. On April 18th, 1923, I received an urgent summons to visit the woman, and on arrival found that she had had a smart uterine haemorrhage, over a pint of blood having been lost. She was about six months pregnant. Haemorrhage had ceased. Her pulse was rapid and thready, the rate 120 per minute. She was pale and restless, and complained of pain in her back; she had no headache and no vomiting.

The history revealed that her last menstrual period was in September, 1922, but the definite date in that month could not be obtained. Examination per vaginam showed the cervical canal quite closed and, with the exception that a clot was found in the vagina and was not disturbed, the examination was negative. She was placed in the supine position and left, since bleeding had stopped, with instructions to send immediately should bleeding recur. Since I live at only a short distance away, I thought this quite a safe procedure. I saw her again on the afternoon of the same day and found her comfortable.

At 3 p.m. on the next day I received a message to visit her without delay, and on arrival I was told by the nurse that the patient had fainted. As soon as I commenced to interrogate her, she said she again felt faint, and she developed a slight but unmistakable convulsion of epileptic type, which lasted only a few seconds. In a short space of time she had two more convulsions of a similar nature; these were definitely eclamptic fits. I injected morphine, grain 1/4, and took a catheter specimen of

urine, which on examination was found to be loaded with albumin. I then prescribed magnesium sulphate, 5j every four hours, and ordered her to have copious draughts of water and barley water frequently; she also had a mixture of potassium citrate with spiritus aetheris nitrosi. At this time she was passing about a pint of urine in the twenty-four hours.

Next day she had no more convulsions and no further bleeding; she said she felt much improved. On the following day (Sunday) her condition was the same. On the Monday she was visited during the morning and her condition was found to be satisfactory. About 3 p.m. on the same day, however, I was called to her and found on arrival that she had had another smart haemorrhage. She was in a condition of collapse. On examination per vaginam the os could just admit the tip of the index finger; no placenta was felt.

A diagnosis of ante-partum haemorrhage of the accidental type due to toxæmia was then made, and the patient was strongly advised to go into hospital with a view to terminating the pregnancy. This she persistently refused to do. Mr. Carlton Oldfield then saw her in consultation with me on the following day and confirmed the diagnosis. From this time her temperature ranged between 101° and 103°, and the pulse rate remained at about 136, and markedly dicrotic. There was no further bleeding and very little pain, but urine was very scanty and the skin very dry. Her condition was most unsatisfactory and I began to despair of her life. On the Saturday, however, Dr. Alderton, with whom I am a partner, saw her in consultation with me. He confirmed the previous diagnosis and was also unable to make out any placenta praevia. Upon his suggestion I put the patient on tinctura jaborandi, m̄ every three hours, and also continued to give magnesium sulphate every four hours. In the evening, at 8.30, I visited her and not only found the skin moist, but discovered her to be literally bathed in perspiration and evidently responding to the treatment by jaborandi. Her temperature was now normal, but the pulse rate was the same and her mind was still confused at intervals.

From this time onwards the temperature was mostly normal or subnormal, and on two occasions only was raised to 100°. Urine was copious, between one and two quarts daily. The pulse rate gradually came down to 112, and then remained at about 100 to 110. A month later, on May 26th, I went for a holiday and left the patient under the care of Dr. Alderton. On the night of May 29th, at 11 o'clock, he was urgently summoned, and on arrival he found that there had been severe haemorrhage. On examination the os was found to be dilated to half an inch, and a central placenta praevia was found to be presenting. The placenta was quickly stripped, a leg brought down and delivery completed in about a quarter of an hour. The child, judged to be at the eighth month, a female, was alive, and both have since done well. I examined a catheter specimen of urine on June 21st, and found only a trace of albumin. The mother is now up and about.

LIONEL W. BRADSHAW, L.R.C.S., L.R.C.P. Edin.
Barnoldswick, near Colne, Lancashire.

ACUTE INTUSSUSCEPTION IN AN INFANT: RESECTION: RECOVERY.

ON June 19th, 1923, I was called out by Dr. Garner of Birkenhead to see a small patient of his. The infant was a girl, three months old, who until the present illness had been in excellent health.

On the previous day there had been a sudden attack of abdominal colic, intermittent in type, accompanied by screaming, which some hours later was followed by the passing of a small amount of blood per rectum. The colic continued, and later much blood was passed. The colic ceased and the child became quiet, but as the haemorrhage continued the parents became alarmed and during the night called in their doctor. The infant was now very quiet, and as it was still losing blood he plugged the rectum. He saw the child again later, when it looked very ill; the haemorrhage had stopped, but it had been vomiting at intervals during the early morning. When we saw the child about 9.30 a.m. the eyes were sunken, the face blanched, and it took notice of neither parents nor strangers. The screaming had long since stopped, and it was abnormally quiet. Abdominal and rectal examination revealed a large tumour in the left flank. Intussusception was diagnosed and immediate operation advised.

The operation was carried out through the usual incision. A large intussusception was found extending into the pelvic colon, which was easily reducible as far as the splenic flexure. Reduction then was very difficult, and after a further two inches or so had been dealt with became impossible. On making further attempts to effect reduction the bowel wall commenced to split. I decided to resect the whole remaining mass and perform a lateral anastomosis. This resection included the last six inches of ileum, the caecum, ascending colon, and about half the transverse colon. On examining the specimen afterwards the intussusception was seen to be a double one; the last one and a half inches of ileum had projected through the ileo-caecal valve, and the remainder of the intussusception was made up of caecum and colon, with the ileo-caecal valve and this projection as its apex. The terminal portion of ileum, the caecum, and part of the ascending colon were gangrenous. This child made an uneventful recovery, left hospital fourteen days after operation, and is now perfectly well.

The case is most instructive on account of its rapid progress; careful inquiry elicited the fact that the condition had barely lasted twenty-four hours from onset to operation.

Liverpool.

W. A. THOMPSON, M.Ch., F.R.C.S.

LARGE PLEURAL EFFUSION.

It would be interesting to know what amount of fluid has been drawn from the pleura on the left side, as lately I have had under treatment a man, aged 36, who helped his father, a farmer, and called me in at the end of May owing to cough and breathlessness. He had been ailing since January or February with a cold and cough. He put it down to the cold and wet weather, and worked more or less all the time.

When I saw him his expression was anxious, and he was suffering from shallow breathing and slight cough. The temperature was normal, and the pulse 76, small and regular. I found the heart beating under the right nipple and dullness all over the left thoracic cavity. He was tapped, and one and a half pints drawn off. As the needle got blocked no more was taken then. Four days afterwards, in the cottage hospital, he was again tapped, and six pints measured drawn off.

After the operation he acknowledged he felt a bit better; no doubt he did. To have seven and a half pints of serum in the left thoracic cavity and to be able to get about and do any work seems impossible. At the present time he is gently getting about and helping with the milking. His complexion is much improved, and he eats and sleeps well. The heart has gone back to the left side; breath sounds are feeble; cavity tympanitic and voice sounds heard everywhere.

Is my case a unique one in the quantity of fluid evacuated? The prognosis in such a case is interesting; at present all is going well, and with the Buxton atmosphere we hope for the best.

Buxton.

J. McOSCAR, M.R.C.S., L.R.C.P.Lond.

Rebiefus.

THE ACTION OF ALCOHOL ON MAN.

IN writing *The Action of Alcohol on Man*¹ the aim of Professor E. H. STARLING has been to give an impartial account of the effects of alcohol on man in language intelligible to the general public. In the main portion of the book Professor Starling describes the pharmacological actions of alcohol; he then discusses the influence of alcohol on the community, and finally sums up his conclusions in a chapter of sixteen pages. The last third of the book consists of three appendices; in the first Dr. ROBERT HUTCHISON describes the use of alcohol as a medicine, in the second Sir FREDERICK W. MOTT gives an account of the relation between alcohol and insanity, and in the third Professor RAYMOND PEARL of Johns Hopkins University, Baltimore, analyses the statistical evidence as to the influence of alcohol on the duration of life.

The account given by Professor Starling of the pharmacological actions of alcohol is a lucid and impartial exposition of a highly complex problem. He describes the action of alcohol on each system of the body in turn, and begins each chapter with a clear and concise account of the physiology of the system described. The main facts regarding the action of alcohol are set forth, and the author not only states the chief experimental results obtained but also points out what these results really prove concerning the influence of alcohol in ordinary life.

The writing of an approximately accurate account of the simplest physiological subject without assuming any physiological knowledge on the part of the reader is, of course, a very difficult task, but the author has done more than this for he has given an extremely accurate account of a complex pharmacological problem every point in which has been obscured by controversy.

The main conclusions regarding the actions of alcohol are roughly as follows: Alcohol is a food which is absorbed exceptionally rapidly and easily, but its use by the body is hampered by certain important limitations. As regards the drug-like effects of alcohol,

"apart from the results of chronic overindulgence in strong alcoholic fluids, the only action which is significant is its action on the central nervous system. . . . The action of alcohol from beginning to end is essentially depressant. . . . In the first place we can say that it is unsuitable for the highest mental efforts, or during the performance of prolonged muscular feats."

It is held, on the other hand, that in the less strenuous moments of life the mild narcotic action of alcohol may be of considerable service in conducing to repose and assisting digestion by promoting tranquillity. The immoderate use of alcohol is, of course, condemned, and immoderate use is defined as that which diminishes a man's efficiency and powers of performing his normal avocations. The limits of moderation are set at a regular ration of about a glass of wine or beer for lunch, and half a bottle of light wine or three ounces of whisky in the evening. It is considered probable that these amounts can be doubled on occasions without harm, but that the increased quantity will probably diminish a man's efficiency the next day. This account of the pharmacological actions of alcohol is quite unprejudiced and gives a perfectly fair selection of all the main work done on the subject; the chief conclusions would, we believe, be subscribed to by the great majority of those who have studied the question.

The appendix by Sir Frederick W. Mott on alcohol and mental disorders is interesting as he incidentally reveals many errors in asylum statistics; he concludes that "alcohol plays a relatively unimportant part in the production of certified insanity," but points out that all the evidence indicates that a mental deficient is made drunk by extremely small quantities of alcohol, and hence most mental deficient who have access to alcohol get the reputation of drunkards although they may consume very little.

¹*The Action of Alcohol on Man*. By E. H. Starling, R. Hutchison, Sir Frederick W. Mott, and Raymond Pearl. London: Longmans, Green and Co. 1923. (Demy 8vo, pp. vi+291; 5 figures. 12s. 6d. net.)

who lived in Dovedale, was a fishing friend of Izaak Walton. He leaves five children. His eldest son is Sir Michael Sadler, Master of University College, Oxford, and his second, Dr. F. J. Sadler of Barnsley.

The death is announced at Marley, Garmouth, Morayshire, of Dr. WILLIAM GEDDIE, who was for forty-four years a well known medical practitioner at Accrington, Lancashire. He received his medical education at the University of Aberdeen, and graduated M.B., C.M. in 1874 and M.D. in 1886. After a brief period in Rossendale he went to Accrington, where he speedily established an extensive general practice. Devoted to his profession, Dr. Geddie was recognized as a most able practitioner, and the greatest confidence was reposed in him. He held many public appointments, and for more than twenty-five years was police surgeon for the borough. He was a member of the honorary medical staff of the Victoria Hospital, Accrington, from its foundation in 1896, and on his retirement from the active staff he was appointed consulting surgeon. During the war he acted as medical officer to Baxenden Red Cross Hospital. He was an old member of the British Medical Association. Dr. Geddie was twice married, and is survived by his widow and by four sons, two of whom are members of the medical profession.

Dr. JOHN LYELL SMIRTHWAITE-BLACK, who died at Burnley on September 20th, was a native of Fife, and received his medical education at the University of Edinburgh, where he graduated M.B., C.M. in 1881. His father, the late Dr. Black, was a medical practitioner in Burnley, who died in 1886, and the name of Smirthwaite was assumed by Dr. Smirthwaite-Black when he married the widow of the late Dr. Smirthwaite in 1889. He was a member of the Burnley Borough Council for over fourteen years from 1889, but otherwise took little part in public life. He had a cultivated taste in literature, and was devoted to his hobby of rose-growing. He is survived by his widow.

Dr. HAROLD MOWAT, radiologist to the Government of the Federated Malay States, died at Kuala Lumpur, the capital of those States, on August 21st, aged 40. He was educated at Manchester and Edinburgh Universities, and graduated in the latter as M.B. and Ch.B. in 1905, and as M.D. in 1907. After acting as house-surgeon of the Royal Surrey County Hospital at Guildford he took up radiology as a specialty, and had filled the posts of clinical assistant in the x-ray and electricity departments at Charing Cross Hospital, medical officer in charge of the same departments at the Metropolitan Hospital, and radiologist of the Royal Chest Hospital in City Road, London, and of the Hampstead and North-West London Hospital. He took a temporary commission in the R.A.M.C. on November 2nd, 1914, and served as radiologist in No. 17 General Hospital and in No. 12 Indian General Hospital, and also served for some time as surgeon in the Royal Navy. He had only recently taken up his late post.

The Services.

TERRITORIAL DECORATIONS.

THE Territorial Decoration has been conferred upon the following officers of the R.A.M.C. (T.A.) under the terms of the Royal Warrant dated October 13th, 1920: Colonel P. B. Giles, C.B., F.R.C.S., V.D. (ret.); Lieut.-Colonel F. Darlow, Major H. Henry, M.C., and Major J. E. N. Ryan.

DEATHS IN THE SERVICES.

Surgeon Colonel William Thomas Martin, Army Medical Staff (ret.), died at Bournemouth on September 15th, aged 81. He was educated at Queen's College, Galway, where he graduated B.A., gaining the gold medal, in 1859, and M.D. in 1862, both being degrees of the late Queen's University; he took also the L.R.C.S.I. in the latter year. In 1882 he graduated M.A. of the Royal University of Ireland, which had taken the place of the Queen's, and in 1920 received the degrees of M.A. and M.D., *ad eundem*, from Belfast University. He entered the army as assistant surgeon

in 1863, and served under the old regimental system in the 45th Foot, now the Notts and Derby Regiment, or Sherwood Foresters. He attained the rank of surgeon colonel on June 6th, 1893, and retired on September 2nd, 1896. He served in the Abyssinian war of 1867-68, when he was present at the capture of Magdala, was mentioned in dispatches in the *London Gazette* of June 30th, 1868, and received the medal; and in the Burmese war from 1885 to 1887, receiving the Indian Frontier medal with a clasp. In 1876-77 he was surgeon to the Governor of Madras, and afterwards, in 1880-82, was on the staff of the Royal Victoria Hospital and Army Medical School, Netley.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Degree Days.—The remaining degree days in the present term are: Thursday, November 1st, Saturday, November 17th, Thursday, November 29th, and Saturday, December 15th.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on October 13th the following medical degrees were conferred:

M.D.—W. F. R. Castle, H. A. Williams.
M.B., B.Ch.—W. G. Woolrich.
M.B.—A. B. Bratton, E. C. Curwen.
B.Ch.—F. E. Higgins, S. Orchard.

UNIVERSITY OF GLASGOW.

The following degrees were conferred on October 15th:

M.D.—*J. N. Cruickshank, *D. M'Alpine (*in absentia*), †J. M'C. Lang, †Alexandrina M. Maclellan, †C. L. Sutherland, †W. Telfer, K. Falconer, A. Fraser, H. J. Macbride.
M.B., Ch.B.—*B. G. Ives, *D. L. Pow, *A. S. Henderson, †A. Meiklejohn, †Janet M'L. Stewart, †A. M. Girvan, †M. Cohen, †J. M. Henderson, †J. M. K. Fleming, †P. Shannon, †Monica M. Bateman, †J. Gibb, †T. W. Hill, †A. M'Lellan, J. H. Adam, J. R. B. Alexander, S. M. Allan, C. P. Allan, Isabella D. Anderson, M. C. Bain, Margaret A. Barr, O. F. Barr, H. Baxter, J. B. Bell, J. S. Bizzett, J. D. Black, R. Black, O. C. Blair, H. W. Bowyer, Marion C. Boyd, W. Brown (Ardrossan), W. Brown (Glasgow), W. M. Brown, A. Browning, T. W. Buchan, I. M. Burdon, A. B. Burns, J. B. Bushe, Isabella E. Campbell, P. A. Carrie, Evelyn L. Caskey, D. L. Charters, Isobel M. Chisholm, G. Cochran, S. R. Costley, W. Craig, G. M. Currie, Lucie Leon van Dam, A. F. Davidson, Elsie B. Dickinson, J. L. Dunlop, A. N. Fergus, J. Fleming, Anne M. Forrest, J. C. Fotheringham, A. L. Galbraith, E. J. M. Gallagher, J. E. Geddes, E. G. Gerstenberg, J. M. S. Gilbert, J. D. Glaister, A. D. Gowans, Mary J. L. Gracie, G. F. Graham, J. W. Graham, Christina Grant, R. Haddock, A. Hamilton, J. Hamilton, W. H. Hay, D. Henderson, J. Henderson, N. P. Henderson, E. Holmes, W. A. Horne, Jennie C. Hunter, T. M. Hunter, Sara Jacobs, R. J. Jarvie, D. P. K. Jockel, M. Joels, J. M'Q. Johnston, J. S. Kamester, W. Kelm, J. A. Kerr, M. Laidlaw, J. Laurie, Agnes A. Lawson, J. C. Lindsay, Flora Livingstone (Mrs. R. N. MacDonald), A. Logan, M.A., A. Logan, Daisy B. M'Bride, Alexandra M. MacCormick, Agnes M'Creadie, H. M'Corrie, A. W. M'Culloch, Eileen M. M. MacDonald, Isobel C. MacDonald, S. R. M'Dougall, A. M'Glashan, Cecilla M'Guinness, D. G. S. Mackay, Mary L. M'Kay, T. S. M'Kean, Euphemia D. Mackenzie, J. C. H. M'Kenzie, P. L. M'Kinlay, W. W. Mackinlay, J. M'Laren, Margaret B. M'Lellan, A. M. Macleod, Catherine M. Macleod, M. Macleod, N. MacLeod, N. C. Macleod, Grace M'Lintock, Margaret J. M'Pherson, May Marshall, Margaret M. U. Martin, R. D. Martin, E. E. Miller, D. M. Mitchell, J. J. Mitchell, Marjorie H. Mitchell, G. Montgomery, A. Morrish, Leah Morris, J. G. Munro, M. Murchison, T. J. Murray, R. Naftalin, Gertrude M. Neale, T. C. H. Neil, J. Ordansky, M. Orr, G. A. Pollock, T. G. Rankine, L. Reid, Margaret G. Reid, Annabella Rennie, J. Rennie, S. Revels, Kathleen M. Riddle, H. Rinn, D. Robertson, W. M. Robertson, Florence M. Robinson, Alice Rosenblatt, A. W. Ross, A. Russell, Georgina Russell, J. M. Selater, A. C. Scott, S. C. Scouller, N. S. Setten, W. C. Sharp, H. J. Sheppard, A. Sheridan, J. S. I. Skottowe, C. C. I. Slorach, R. McD. Smellie, Elizabeth C. Smith, M.A., Mary S. Smith, Olive M. Somerville, S. M. Steel, Enid G. Stevenson, L. Stevenson, Mary Y. M.A. Stevenson, W. L. Stewart, Margaret E. Stobo, A. J. Struthers, G. Struthers, Nora Surtees, A. Sutherland, W. D. Sutherland, W. S. Syme, Annie V. Taylor, W. M. P. Taylor, T. Tennent, D. F. S. Thomson, J. Masterton Thomson, J. Meason Thomson, M. L. M. Thomson, Ann W. Turnbull, A. B. Waddell, J. Walker, R. Walker, H. C. Wallace, J. A. Waterman, J. N. Watson, W. H. Watson, W. T. Westwood, J. Wilkie, Anne C. Wilson, H. E. C. Wilson, W. B. Wilson, J. Wingate, Margaret E. Wylie, J. S. Young, Jean L. Young.

John Stirling Young, M.A., B.Sc., M.B., Ch.B., who graduated on April 21st, 1923, gains the Brunton Memorial Prize of £10, awarded to the most distinguished graduate in medicine of the year.

* With honours. † With commendation.

UNIVERSITY OF ST. ANDREWS.

DURING the ceremonies connected with the installation of Mr. Rudyard Kipling as Lord Rector of St. Andrews University last week the honorary degree of LL.D. was conferred upon Sir John Bland-Sutton, President of the Royal College of Surgeons of England, and consulting surgeon to the Middlesex Hospital.

At the graduation ceremony held on October 5th the Vice-Chancellor, Principal Irvine, inducted Professor Adam Patrick to the Chair of Medicine, and Professor John Read to the Chair of Chemistry. The following medical degrees were conferred:

M.B., Ch.B.—M. K. Afridi, C. B. Baxter, T. F. Black, N. T. Brown, W. F. Doryard, E. Douglas, A. A. Finnigan, J. R. Graham, L. A. M. Johnston, J. A. G. Keddle, G. D. Laing, J. P. Laird, V. R. Lindsay, F. M'Lagan, J. R. Murray, N. Nelson, P. C. Robertson, J. D. Saggart, J. O. Stephen, G. J. Sturrock.

Medical News.

THE annual dinner of the past and present students of the Manchester School will be held at the Grand Hotel, Aytoun Street, on Thursday, November 8th, at 7.30 p.m. Tickets, price 15s. 6d., may be obtained from the honorary secretary, Dinner Committee, Medical School.

THE annual dinner of the London branch of the Association of Alumni of the University of Bristol will take place at Pagani's Restaurant on Friday, November 9th, at 7.30 p.m. The price of the dinner is 8s. 6d., exclusive of wine. Further particulars can be obtained from Dr. E. Casson, Holloway Sanatorium, Virginia Water, Surrey.

THE first of the Chadwick public lectures for this session will be given at the house of the Medical Society of London (11, Chandos Street, Cavendish Square, W.) on Monday, October 29th, at 5.15 p.m., by Dr. C. Killick Millard, who will speak on the disposal of the dead. A course of three lectures at 8 p.m. on Fridays in November, beginning on November 9th, will be given by Major Harry Barnes, V.P.R.I.B.A., on hygiene and architecture. In December Dr. A. K. Chalmers (M.O.H. Glasgow) will give two lectures in London on housing standards, the first at the Goldsmiths' College Lecture Hall, New Cross, on Monday, December 3rd, at 8 p.m., and the second on Wednesday, December 5th, at 5.30 p.m. at the Kensington Town Hall.

THE Cremation Society of England has arranged a conference of cremation authorities to be held by invitation of the Lord Mayor of Liverpool at the Town Hall, Liverpool, at 3 o'clock, on Thursday, October 25th. The chair will be occupied by Mr. H. T. Herring, O.B.E., M.B. Among the subjects for discussion are cremation propaganda; the question of forming a federation of cremation authorities; and the issue of certificates during lifetime for subsequent cremation at death.

THE Chelsea Hospital for Women has received from its senior surgeon, Mr. Arthur E. Giles, a donation of £100 towards the fund required for building its nurses' home. When completed, forty-five more beds will be available for patients.

At a special penal meeting of the Central Midwives Board for England and Wales held on October 11th, with Sir Francis Champneys in the chair, two midwives against whom charges were heard were struck off the roll. The business dealt with by the Standing Committee included approval as lecturers of Drs. Elizabeth L. Ashby, Howard English, and Robert Park. Approval as teacher was granted to one midwife, and subject to conditions to four others. The next meeting of the Board is to be held on November 15th.

FOR attempting to obtain 30s. from a Liverpool medical practitioner by false pretences, Charles Ferguson, alias Merilees, aged 75, of no fixed abode, was sentenced by the Liverpool stipendiary, on October 5th, to three months' imprisonment in the second division. Dr. W. M. Scott of Liverpool said that the prisoner came to him in the first instance with the story that he was a medical man who was in straitened circumstances, and he had given him money to the amount of £3. On September 21st the prisoner said he could obtain for witness a F.R.C.S. diploma, for which the sum of 5 guineas would have to be paid. He added that 200 honorary diplomas were being distributed, and he had been offered one which he could dispose of to witness. The prisoner said that he wanted only 30s. that night to send away as registration fee. Dr. Scott informed the police, who thereupon arrested the man.

THE Paris, Lyons, and Mediterranean Railway Company announces that from November 4th next a through express will run daily between Calais and Vintimille in connexion with the 11 o'clock service from London (Victoria). The Office Français du Tourisme (56, Haymarket, London, S.W.1) is prepared to advise intending visitors to the Riviera as to trains and generally on the choice of a resort.

THE Institute of Physics, acting in co-operation with the National Physical Laboratory, has established a *Journal of Scientific Instruments*. Its purpose is to describe methods of measurement and the construction and use of instruments used in all branches of scientific and technical work. It will be published on the 15th of each month. The annual subscription, which may be sent to the Institute of Physics, 10, Essex Street, London, W.C.2, is 30s. The scope of the new periodical may be judged by some of the contents of the October number, the first to appear. Among the papers it contains is one on the measurement of true height by aneroid; another is on two new methods of measuring the internal diameters of transparent tubes; and in a third Mr. C. V. Boys, F.R.S., describes a general purpose recording drum.

PASSAGES in the annual report of the Ministry of Health for 1922-23, dealing with the Food and Drugs Act, have been published, together with abstracts of reports of public analysts for 1922, in a pamphlet (H.M. Stationery Office) which can be obtained through any bookseller, price 1s. 6d.

THE October number of *The World's Children*, a quarterly journal of child care and protection "considered from an international viewpoint," contains articles by the Right Hon. Edward Wood, M.P., President of the Board of Education, Sir Robert Baden-Powell, Major Leonard Darwin, and others. The price of the journal is 1s. net, and it is published at 30, Mortimer Street, W.1.

THE annual report of the National Council for the Unmarried Mother and her Child shows that this organization has had a year of useful and successful work. The Bastardy Bill, which it promoted, passed through both Houses of Parliament, and considerable progress was made with its Legitimacy Bill. The number of individual cases considered was 610; the policy of the Council is not to give doles in these cases but to assist the unmarried mother in meeting her difficulties and in supporting herself and her child. The address of the Council is Carnegie House, 117, Piccadilly, London, W.1.

DR. C. A. T. RUMPEL, director of the Barmbeck Hospital, Hamburg, who gave his name to the Rumpel-Leede sign in scarlet fever, died recently at the age of 62.

Letters, Notes, and Answers.

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

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.

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, *Mediscera 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.

"E. H. W." would be grateful for any information with regard to the treatment of cataract by the use of colour therapy.

"E." asks how a patient with a colotomy wound can give himself an enema and attend to himself subsequently without help. He finds that the enema ensures comfort and freedom from discharge for twenty-four hours, but that the help of a nurse is required every morning. He is thus prevented from going from home.

ASTHMA IN CHILDHOOD.

"J. G. B." asks for advice in the treatment of a girl, aged 5, with some evidence of an asthmatic family history, who suffers every five or six days from an acute dyspnoeic attack with rapid, shallow breathing, sucking in of the chest wall, and signs in the chest which to the ordinary observer appear like acute bronchitis. The onset of these attacks is rapid, and the symptoms and signs clear up as quickly as they come on.

** The recurrent attacks of what appears to be asthma in a child with an asthmatic family history strongly suggest hypersensitiveness to some foreign protein, such as cat, dog, horse dandruff, or some article of food. Systematic testing by skin reactions would be the best way of determining the agent responsible for the attacks and so its elimination. Reference might be made for guidance in this respect to recent works on asthma, or to the discussion on this subject in the BRITISH MEDICAL JOURNAL, 1921, ii, 235 et seq. Short of this, careful scrutiny of the surroundings and experimental elimination of possible asthma-exciting articles of diet might throw light on the causation.