from scrapings of the anal-perianal region, using mycological methods of cultivation, fungi of the genera Epidermophyton and Trichophyton—namely, *Epidermophyton cruris* Castellani 1905 (= *E. inguinalis* Sabouraud 1907) in 5 cases; *E. rubrum* Castellani 1909 in 2 cases; a Trichophyton not yet classified in one case. The condition may be compared to the well known pruritus interdigitalis pedum, which is due to the localization in the skin of the toes of fungi of the genera Epidermophyton and Trichophyton. These fungi remain in a dormant condition for years, and apart from the pruritus they give rise to scarcely any other clinical symptom; as a rule there is no sign pointing to a ringworm condition, but a slight desquamation may be present and occasionally fissures. A somewhat similar process takes place apparently in the anal-perianal region. Fungi of the genera Epidermophyton and Trichophyton are capable of localizing themselves there, giving rise to practically no objective symptoms, although on close examination not rarely small red infiltrated patches may be seen, and occasionally an eczematous dermatitis due to scratching may develop. None of my 8 cases presented acute symptoms of dhobie itch (tinea cruris, tinea inguinalis) of the inguinal region, but 6 gave a history of having suffered from it years previously. Two of the positive cases were suffering also from pruritus interdigitalis pedum; and in both cases *Epidermophyton cruris* was isolated from the scrapings of the skin of the toes.

In my experience pruritus ani of mycotic origin has no tendency to spontaneous cure. The fungus remains in the perianal region indefinitely, practically dormant, but giving rise to severe pruritus which may stop completely for certain periods of time.

Treatment.—I have found that silver nitrate is often very efficacious (arg. nitr. gr. xv to spir. aether. nitr. ʒj), but it should be used with great care. An ointment containing one or two grains of chrysarobin to the ounce is sometimes very effective. This, too, should be used with great care. Tincture of iodine may also be used. I have found a potassium permanganate lotion (gr. xxx to the ounce) useful, and also an ointment containing salicylic acid and sulphur (gr. x of each to 1 oz. of vaseline). When an eczematous dermatitis due to scratching is present, it is better first to use a soothing lotion such as lead lotion, and then when the acute symptoms of dermatitis have disappeared the antimycotic treatment should be started.

DISCUSSION.

Dr. CAWADIAS (Athens) said that he thought that not only in the tropics but in Europe also many more cases of fungus diseases could be found if they were looked for. Diagnosis was made principally by means of culture; it was not possible to find fungi in routine examination. Most cases were mistaken for tuberculosis or syphilis; an illustration of this was the finding of many cases of sporotrichosis and other mycoses in Paris during systematic research following the work of De Beurmann and Jougerot. An interesting point was the rôle of fungi in some cases of chronic ulcerative colitis met with in Greece. In one case monilia was the causative agent.

Dr. HASWELL WILSON pointed out that streptothrices and fungi were a much commoner cause of suppuration than had been generally recognized. He asked Dr. Castellani for information regarding the nature of the lesions of fungal infection in the kidney in rabbits, and the effects of vaccine therapy in human cases of infection due to fungi.

Dr. DUKES asked Dr. Castellani if he regarded the biological method he had described for the identification of sugars as an accurate one. He pointed out that profound changes took place when sugars were heated in the presence of peptone, leading often to the production of fermentable substances from which the organism could produce gas, though without action on the original carbohydrate. He suggested that the method had serious limitations since it was generally recognized that gas production was the most variable of an organism's attributes. In his opinion the method might have merit in determining the purity of a sugar provided careful precautions were taken against the changes incident on sterilization.

Dr. MACKEDDIE (Melbourne) sought information on the apparently successful treatment of fungoid conditions of the skin by vaccines. The lung nodules in rabbit's lung after intravenous injection of the fungus was stated by Dr. Castellani to be almost identical with tuberculous nodes, giant cells, etc.—it must be a very disconcerting result. He stated that fungoid pathological conditions must be much more common than they had any idea of—colonic, pulmonic, and skin.

Dr. MACKENZIE WALLIS (London) referred to the three points raised by Dr. Castellani, and which he advocated as a means of differentiation as to whether the fungus was parasitic or saprophytic. He cited examples where these points applied. In his opinion the study of fungi in disease should receive more general recognition, especially as diseases due to this cause appeared to be much commoner than was supposed.

Dr. Castellani's Reply.

In his reply Dr. CASTELLANI stated that though fungal diseases were commoner in the tropics they were not rare in this country, being found frequently in patients who had never been abroad. With regard to colitis, the present tendency was to regard such a disease as sprue to be caused by a dietary deficiency, but the frothy character of the stools was caused by a monilia which might or might not be the cause of the disease. To Professor Wilson he replied that not much structural change was found in the infected kidneys of rabbits, the lesions being caused by a blockage of the glomeruli and tubules by the fungus. In a general way the results of vaccine therapy were disappointing, but in cases of infection with nocardia, actinomycosis, and streptothrix the results were often satisfactory. To Dr. Dukes he replied that the sugar and peptone must certainly not be autoclaved together, and recommended filtration of the sugar solution to ensure sterility. He was of the opinion that the method might be of value clinically in the identification of excreted carbohydrate. To Dr. Mackenzie Wallis he replied that though vaccine treatment was often disappointing, good results could be obtained by large doses of potassium iodide: 30 grains of potassium iodide should be mixed with 30 grains of sodium bicarbonate, and glycerin or syrup added to prevent the formation of a precipitate. Such treatment gave remarkably consistent results.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

HAEMORRHAGIC PANCREATITIS IN A BOY.

A YOUTH aged 17 was sent in to the King Edward VII Hospital, Windsor, by Dr. Hornibrook of Gerrard's Cross, on account of a sudden attack of acute abdominal pain, which had come on four hours previously. His history gave little information, being only an account of vague epigastric discomfort for a few days.

Incision showed great oedema of the peritoneum of the lesser sac, but no fat necrosis. The pancreas was large, swollen, and infiltrated with blood clot. An incision was made into it and a swab taken for bacteriological examination. The gall bladder was dilated, and on being opened was found to contain thin faecal-smelling pus. The bladder was drained, but the boy died two days after operation. The culture from the pancreas and from the gall bladder yielded *B. coli.*

Pathological Notes by Dr. Elgood.

There was some loose blood and serum in the abdominal cavity but no visceral inflammation and no peritonitis. The pancreas was greatly swollen and softer in consistence than normal; it was dark purple in colour, with thin strands of lighter colour. Section shows that this condition is not uniform, for while at the tail the consistence is softer than normal, but not greatly so, there is obviously a good deal of blood in its interstices, and as the

head is approached the redness and softness increase, till the tissue is almost diffluent in places. The cystic duct was dissected down, and at the commencement of the common duct a probe was passed down to the duodenum. Though this traversed the duodenum, it apparently did so by accident, for closer examination suggested that the duct itself was blocked actually when in the walls of the duodenum, the block being caused by a chain of small gall stones (the largest the size of a pea) which were readily apparent under the mucous membrane. The pancreatic duct was observed close up to the obstruction, but the entrance of the main duct into the duodenum could not be satisfactorily made out.

J. O. SKEVINGTON, K.C.V.O., F.R.C.S.,
Surgeon, King Edward VII Hospital,
Windsor.

HEAT-STROKE: HYPERPYREXIA: RECOVERY.

THE following report of a case of heat-stroke which occurred in my practice in the country, with no cottage hospital or motor ambulance in the district, is of interest, and may be of assistance to any practitioner similarly placed who has not seen such a case.

On July 12th, about 1 p.m., whilst on my rounds, I was called urgently to see a farm labourer, aged 67, who had collapsed on his way home from his work in the fields about a quarter of an hour earlier, and had been carried to his cottage in an unconscious and what appeared a dying condition.

I found him lying on a couch absolutely unconscious, with a grey, ashen face; the breathing was shallow and irregular; the pupils were pin-point and fixed, and conjunctival reflex was lost. His body skin was dead white and mottled. The mouth and tongue were dry and hard. The temperature in the rectum was 109° F. His pulse was rapid, irregular, and bounding. He looked as if he would die at any moment.

I had him stripped and placed on an improvised bed. I sent his employer, the farmer, in his motor car to the nearest town, six miles away, for ice. Meanwhile, I had him sponged and douched with cold water and gave him a high enema of a quart of cold water. This was partly returned, but after ten minutes his bowel commenced to act, and with the assistance of massage along the colon a large quantity of faecal matter was evacuated. On arrival of the ice, some half-hour or so later, I had him rubbed down with blocks of ice, a block of ice placed behind the neck, and an ice-bag, improvised out of a sheep's stomach, placed on his head. An interesting detail was that we had to wait for a sheep to be killed to get this improvisation; but this was available by 2 p.m. from the local slaughter-house, where they were on the point of killing at the time.

The village nurse then gave him a high enema of ice water, and this was continued (washing out the rectum with three or four quarts of ice water) for over half an hour. By this time the rectal temperature had dropped to 100° F., and the patient showed signs of improvement, though he was still unconscious; the conjunctival reflex had returned and his breathing had become loud and stertorous. A quarter of an hour later the temperature was 97° F. and the patient showed signs of collapsing; his muscles were twitching and his pulse had become very feeble.

I then gave him a hypodermic injection of strychnine sulphate gr. 1/60, digitalin gr. 1/100, and had him transferred back to the couch and wrapped in blankets, with hot-water bottles placed to his feet and legs. The shivering rapidly ceased and he lay quiet but unconscious; his pulse steadily improved. The mottling of the skin, too, soon disappeared, and the temperature rose to 99° F. By this time it was 3.45 p.m. I left him with instructions to sponge with ice again if the temperature in the rectum rose above 103° F.

I saw him again at 7.15 p.m. and found him still unconscious, breathing quietly but irregularly, with a fast, weak pulse. I again gave him a hypodermic as before, and his pulse gradually improved. The temperature had risen to 101° F., but was not increasing. At 9 p.m. I had him carried from the cottage to a shelter near by that had been used by a tuberculous patient in the adjoining cottage.

At 9.15 p.m. he was given a few drops of brandy between his lips, and this, with the cool night air, seemed to revive him, and he suddenly regained partial consciousness and was able to swallow a little iced water. He tried to speak but could only stammer, and then was violently sick, vomiting up dark, bile-stained fluid. After this he seemed better, and was able to understand signs. No further treatment was considered necessary then and the village nurse sat up with him during the night. When I saw him at 11 a.m. the following day he seemed to have almost completely recovered and had slept well. His face, which even late the night before had been grey and cyanotic, was then flushed red and he was able to talk easily and had no pain. The temperature was normal. During July 13th he was able to take some barley water and weak tea, and was given a diaphoretic mixture. He vomited several times during this day; the conjunctivae were slightly yellow.

On July 14th he complained of severe headache; the temperature was normal, pulse 74 and good, but the vomiting had continued. I then gave him castor oil ʒ ss. in brandy, which had a very good result. On July 15th, except for some giddiness, he was quite normal.

The treatment, which I had applied many times in India, seems to have had markedly good results despite the age of the patient and the improvised appliances. I think that had we attempted to remove him to hospital he would have died on the way. It is of supreme importance not to sponge with ice after the temperature drops below 100° F. in the rectum, and when this occurs to prepare against collapse by supporting the heart with digitalis and strychnine and hot-water bottles, and then to watch that the temperature does not again rise above 102° F.

Had the temperature not responded to the ice treatment I should have had recourse to bleeding, and if this failed, as so often it does owing to the viscosity of the blood, I should have given him an intravenous saline if possible. The recorded air temperature on July 12th was 92° F. in the shade, and this with a high reading of the wet bulb thermometer always spells danger from heat-stroke, as the main channel of heat reduction through evaporation of the perspiration is so greatly lessened. I should think, too, that the loaded state of the bowel helped to produce the catastrophe.

W. W. MACNAUGHT, M.B., Ch.B.Glasg.,
Arlesey, Beds. Major, R.A.M.C. Reserve of Officers.

Reports of Societies.

PROBLEMS OF OBSTETRICS AND GYNAECOLOGY.

THE Edinburgh Obstetrical Society held the first meeting of its eighty-fourth session on November 14th, with the President, Dr. LAMOND LACKIE, in the chair. The officials for the current session were appointed, Professor B. P. WATSON being elected president. The retiring president, before vacating the chair, delivered his valedictory address.

Dr. LACKIE thanked the society for the honour done him in electing him to the presidentship two years previously, and acknowledged the support given him by the different officials. He referred to the losses sustained by the society in the death of various members, in particular Sir James Affleck, Sir J. Halliday Croom, Dr. John Craig, and Dr. J. W. Ballantyne. He then proceeded to review the progress made in certain branches of obstetrics and gynaecology during the past twenty-five years.

In spite of the great amount of work done the problem of eclampsia still seemed as far as ever from solution; while this was so the recognition of the value of conservative treatment with a minimum of obstetric interference had led to a diminished mortality. The conclusions to which the discussion on this subject at the congress in Liverpool in 1923 had led were briefly considered. The speaker still regarded veratrone as one of the most valuable therapeutic agents at their disposal.

Going on to speak of Caesarean section, Dr. Lackie said that within recent years the operation had become so safe that there was a risk of its indications becoming too numerous, and he was convinced that it was occasionally undertaken without sufficient justification. Certain indications for Caesarean section were shortly reviewed, special mention being made of its employment in placenta praevia, concealed accidental haemorrhage, and in heart disease. Recent improvements in technique were briefly discussed.

There had been no change of note in the actual mechanical operation of induction of premature labour, but the induction of labour at full time was a commoner operation than formerly. Every case going beyond the expected date of parturition demanded careful investigation; for the induction of labour in such cases pituitrin was of great value and was more often successful than when used at an earlier stage in pregnancy. The danger of indiscriminate use of the drug during labour was pointed out.

Reference was then made to the induction of pneumoperitoneum and the use of x rays, which in America was regarded by some as a valuable aid in the diagnosis of pregnancy. On similar lines radiography had recently been employed in the diagnosis of tubal patency, and had been carried out by Rubin's method of gaseous insufflation of the uterus and tubes. Kennedy had also located the site of occlusion by radiographic examination after filling the

paper proved in practice to be quite the reverse. Dr. STENHOUSE WILLIAMS, of the National Institute for Research in Dairying, urged the need for care in the training of employees, and pointed out that such need would still exist even if pasteurization were generally adopted, and might even become greater. Dr. HARRIETTE CHICK urged the necessity for seeing that milk received only a single pasteurization. Professor H. R. KENWOOD said that the voluminous literature dealing with this subject on the experimental side was most conflicting. The word "pasteurization" was used in different senses by different individuals, and therefore the facts published were not comparable and led to divergent conclusions. No doubt there were also enormous differences in the methods of pasteurization employed, and in the past there had been a good deal of inefficient pasteurization. But he was convinced that the milk supply in this country was getting cleaner every year, and he did not agree that pasteurization would prejudice its continuing improvement. Dr. S. G. MOORE (M.O.H. Huddersfield) felt that the objections to pasteurization were of little weight as compared with the pronouncements of great authorities in its favour. Pasteurization was not a confession of failure, but the recognition of inexorable facts.

The constitution of the Conference did not admit of any resolutions being usefully submitted, but the general impression of those who summed up the day's discussions was that more knowledge is needed as to what actually does take place during the process of pasteurization.

THE GENERAL ELECTION.

THE following is a list of medical candidates at the General Election and of the constituencies in which they are offering themselves so far as we have been able to ascertain. An asterisk indicates that the candidate represented the constituency in the Parliament just dissolved.

Dr. H. B. Bates (U.), Newton, Lancs.
Dr. Ethel Bentham (Lab.), Islington East.
*Sir George A. Berry (U.), Scottish Universities (returned unopposed).
*Dr. W. A. Chapple (L.), Dumfries.
Dr. R. Dunstan (Lab.), Ladywood, Birmingham.
*Dr. W. E. Elliot (U.), Lanark.
*Dr. F. E. Fremantle (U.) St. Albans.
Dr. O. Gleeson (Lab.), Portsmouth North.
Dr. L. Haden Guest (Lab.), Southwark North.
Mr. Somerville Hastings (Lab.), Reading.
Dr. G. B. Hillman (U.), Normanton, Yorkshire.
*Dr. J. E. Molson (U.), Gainsborough.
Dr. H. B. Morgan (Lab.), Camberwell North-West.
Dr. A. G. Newell (L.), South Tottenham.
Lieut.-Colonel A. C. Osburn, D.S.O. (Lab.), Walsall.
Dr. R. L. Ridge (L.), Enfield.
*Sir Sydney Russell-Wells, M.D. (U.), University of London.
*Dr. A. Salter (Lab.), Bermondsey West.
Dr. R. W. Simpson (L.), Newcastle-upon-Tyne North.
Professor Thomas Sinclair, M.D., R.U.I., F.R.C.S. (U.), Queen's University, Belfast (returned unopposed).
Dr. G. E. Spero (L.), Stoke Newington.
*Dr. T. Watts (U.), Withington.
*Dr. J. H. Williams (Lab.), Llanelly.
Lieut.-Colonel T. S. Beauchamp Williams (Lab.), Lambeth, Kennington.
Dr. R. M. Wilson (L.), Saffron Walden.

Sir Henry Craik, K.C.B., has been re-elected unopposed as one of the representatives of the Scottish Universities. A further note on the medical candidates appears in this week's SUPPLEMENT.

THE Great Western Railway has printed a small handbook on spas and inland resorts on its system. Particulars are given of Bath, Cheltenham, Church Stretton, Droitwich, Leamington, and Malvern; Torquay also is described and Weymouth, where the Nottington spa waters have again been made available. The spas of Central Wales from Builth to Llanwrtyd are mentioned, and there are many illustrations.

England and Wales.

OPENING OF NEWCASTLE MATERNITY HOSPITAL.

THE official opening by H.R.H. Princess Mary, Viscountess Lascelles, of the Newcastle-on-Tyne Maternity Hospital, took place on Saturday afternoon, November 24th. Her Royal Highness was received at the hospital gate by Lord and Lady Armstrong and the matron, and after hearing an address by the Duke of Northumberland declared the hospital open for the reception of patients. Dr. R. P. Ranken Lyle (honorary consulting obstetrician) then asked Lord Armstrong, as president of the institution, to accept a portrait of Sir James Y. Simpson, which was unveiled by Princess Mary, and Sir Thomas Oliver (honorary consulting physician) proposed a vote of thanks to the Duke of Northumberland for presiding. The various wards and other departments of the hospital were inspected and afterwards a nurses' carnival was held. The souvenir programme gives a concise account of the history of the institution and of the new building, from the pen of Dr. Ranken Lyle. The maternity hospital was founded by Act of Parliament on October 1st, 1760, in Rosemary Lane, where it was carried on for sixty-five years as an in-patient hospital, admitting on an average fifty patients a year. In 1819 a donation by Dr. Thomas Elliot formed the nucleus of a fund which enabled the governors to erect the building in New Bridge Street opened in 1826. An existing charity for attending patients in their own homes was amalgamated some years later with the maternity hospital and the name of the institution was altered to "The Lying-in Hospital and Out-Door Charity for Poor Married Women." Last year the number of indoor patients was 1,126, and 1,170 patients were attended at their own homes; the nursing staff numbered 36. By that time the accommodation had become quite inadequate for the number of patients seeking treatment, and the committee of management approached the Newcastle Corporation, which purchased the industrial schools site in City Road, and gave a portion of this land for a period of thirty years to the trustees. Reconstruction of portions of these buildings began last March and the institution was transferred from New Bridge Street to Jubilee Road in September. The present hospital consists of buildings surrounding three sides of a large quadrangle, with land available for future extensions. The site is centrally placed among the homes of the patients, and when the reconstruction work is finished the present buildings will provide a maternity hospital containing 90 beds for patients, 40 bedrooms for nurses, and ample accommodation for the domestic staff. There are separate quarters for the resident medical officers and students, and a large lecture hall. When finished the institution will be the largest maternity hospital in Great Britain. It consists of a series of units, compactly arranged. The maternity portion and the out-patient and pre-maternity departments are placed on the ground floor.

SMALL-POX PREVALENCE.

The Registrar-General's Return of Births and Deaths in England and Wales for the third quarter of the year has recently been issued. It shows for boroughs, urban and rural districts with populations over 10,000, and port sanitary districts, the number of cases of small-pox notified in the thirteen weeks ended September 29th. The total was 662. In the first half of the year the total was 1,225, so that instead of diminution there has been a tendency towards increase. In the whole of 1922 the cases were 973, so that with three months still to go, that figure has already been nearly doubled. And 1922 itself had a much greater number of cases than the immediately preceding five years. In 1917 there were only 7 notifications; in 1918, 63; in 1919, 311; in 1920, 280; and in 1921, 336. Reverting to the cases in the third quarter of the present year, the London administrative area had 11 cases; Derby 45; Durham 4; Gloucester county borough 355, the rest of Gloucestershire 43; Middlesex 5; Nottingham 121, of which 56 were in Kirkby-in-Ashfield Urban District, and 37 in Warsop Urban District; the North Riding of Yorkshire 11, all in Middlesbrough; the

GARDEN CITY SANITATION.

SIR,—Dr. Hindhede's contention in the lecture an account of which was published last week (p. 996) is to the effect that the sanitary engineer keeps us in bondage and will not allow us to dispose of sewage in a remunerative way. This is interesting, and I hope you will allow me to reply. In theory Dr. Hindhede may be right, but in practice his plan is difficult to carry out. Dr. Hindhede does not seem to understand that there is only one "Garden City" at present in existence (by name Letchworth), though another (Welwyn) is just starting. Letchworth is an industrial town which has a population of 13,000 people. The people have nearly all come from other towns, been used to town life and amenities, and their object in living in Letchworth is to carry on industry under tolerable conditions for health and enjoyment. The houses all have gardens in the town, and these gardens are mostly cultivated and produce large quantities of vegetables and fruit. During the war the potatoes produced in Letchworth were a real addition to the food of the town. We have found that too large a garden is not a blessing to industrial workers. It would soon be an offence to public health to have a town like this without a proper sewage system. In the early days one or two people in the "town" area tried a "Poore" system of disposal, but they soon had to give it up. On the "agricultural" belt surrounding the town it is possible to do without sewage, but even then we find that smallholders wish to avail themselves of the town system if they can get on to it. My experience is that even in country villages the people dislike cesspools, and though the dry earth closet system is the ideal it needs constant supervision. If, on the other hand, town dwellers are to live in the country—and the crying need of to-day is for the people to get out of the big cities into the country—the services of the sanitary engineer will be necessary.

The Garden City is not a cranky idea, as Dr. Hindhede might lead one to suppose, but is a very sound practical solution for much of our social trouble of to-day.—I am, etc.,

NORMAN MACFADYEN.

Letchworth, Hertfordshire, Nov. 21st.

Obituary.

ARCHIBALD SLOAN, M.B., F.R.F.P.S.G.,
Glasgow.

THE late Dr. Archibald Sloan began his career as a teacher, but after a few years turned to the study of medicine. He graduated at Glasgow University, and some years later was elected a Fellow of the Royal Faculty of Physicians and Surgeons of Glasgow. He was a member for many years of the British Medical Association. My own acquaintance with him began when I was a medical student, and in the intervening years I saw very much of him and his work. He always endeavoured to look at questions from the viewpoint of "the other man." He was generous to a fault, sparing neither time nor money nor strength in his efforts to benefit others, or to assist those who were in pecuniary need. He had a remarkably fine intuition of clinical facts, and his resourcefulness at the bedside was singularly conspicuous. He was always interested in youth. He rejoiced in demonstrating "a case" to his young medical friends. He began practice in a crowded industrial locality, and though he was far from robust the amount of work he accomplished was extraordinary. He was exceedingly well known in that neighbourhood, and his professional brethren frequently sought his advice. For a few years he was casualty surgeon to the police. Later he became outdoor physician, and latterly assistant physician, to the Glasgow Maternity Hospital. He was also for several years dispensary physician to Anderson College Dispensary, later known as the Central Dispensary.

As his professional status became confirmed, Dr. Sloan retired from these posts, and began once more to interest himself in educational matters. He became a member of the Glasgow School Board, and devoted much time to the subject of physical training. Later on he was appointed medical officer to the students under the Glasgow Provincial Committee. In this position his ripe clinical experience was of great value, not only to the students, but also to "The Department."

In every position he occupied he endeavoured to benefit the moral as well as the physical welfare of those who came under his professional care. In some few cases, when disagreeable things were said to him (as they are to all of us), he would assume an expression of such complete stolidity and impenetrability that his detractors were baffled. At other times he would speak and act in such a way that it seemed to his friends as if he deliberately wished to be misunderstood. For the clerical profession he had much sympathy, and his professional services were freely and generously bestowed on many, not only in his own well loved denomination, but in all. It was characteristic of him that in his last illness, when nearly too ill to speak, he inquired anxiously for the welfare of a patient whom he had visited four days or so earlier. To a most unusual degree he retained the affection and confidence of his patients, and some of those whom he had visited in the early days of his practice remained on his "list" to the very end. In the closing months of his life it became more abundantly evident that his guiding principles were deep-seated and far-reaching. He was indeed a man who lived and died in the exercise of humble Christian faith.

My own debt of gratitude to him is very great, so great that I cannot attempt to describe it. Professionally he taught me much, and in very many other ways I owe him more than I can express.

JOHN RITCHIE, M.B.

Universities and Colleges.

UNIVERSITY OF LONDON.

AT a meeting of the Senate held on November 21st, Mr. W. E. Le Gros Clark, F.R.C.S., was appointed as from January 1st, 1924, to the newly instituted Readership in Anatomy at St. Bartholomew's Hospital Medical College. Mr. Le Gros Clark, who was a student at St. Thomas's Hospital, served with the R.A.M.C. during 1918-19, and during 1919-20 he was demonstrator in anatomy at St. Thomas's Hospital. Since 1920 he has been Principal Medical Officer at Sarawak, Borneo. He has published papers on ancient Eskimo skulls and on the Pacchionian bodies.

The D.Sc. degree in embryology was conferred on Miss Margaret Tribe, of University and King's Colleges, for a thesis entitled "The Development of the Hepatic Venous System and the Postcaval Vein in the Marsupialia."

It was resolved that the Physiological Laboratory Library should be kept together as part of the University Library and be developed in connexion therewith as a memorial to the late Professor A. D. Waller.

The following candidates have been approved at the examination for the Diploma in Psychological Medicine, with special knowledge of Psychiatry:

B. W. Brown, H. E. Brown, Isabel F. King, T. Lindsay, J. Wall.

NATIONAL UNIVERSITY OF IRELAND.

THE following candidates have been approved at the examinations indicated:

M.B., B.Ch., B.A.O.—*J. J. O'Reilly, †G. F. Duggan, †T. Prendergast, †P. J. Kerley, †J. Faul, Annie G. Brereton, J. Callaghan, M. J. Canty, D. M. Clune, E. J. Collins, Jessie N. Cooke, W. J. Coyne, H. J. Croghan, P. G. Dooley, Honoria J. Doyle, A. B. J. Dungan, M. Farrell, E. S. Foley, Elizabeth M. Foley, B. Gallagher, T. Glynn, C. Godfrey, G. J. Hanly, J. F. Harington, P. J. J. Hughes, G. J. Joyce, J. S. J. Joyce, P. E. Keogh, W. J. Kerrigan, T. J. Lynch, Kathleen G. McColgan, Mary J. McEvoy, Sarah A. McGee, F. McKernan, E. McManus, J. M. McNamara, T. W. Moran, Mary M. O'Flanagan, Cecilia Phillips, L. D'A. Quigley, Mary B. Quinn, Mary Ryan, Teresa M. Scott, T. Stokes, Anne Sullivan.

Exempt from further Examination in Part I (Medicine and Pathology).—Catherine M. Barry, W. Belton, J. G. Cooney, A. E. B. Kirby, Winifred M. O'Hanlon.

Exempt from further Examination in Part II (Surgery, Ophthalmology, Midwifery).—Margaret M. Armstrong, Margaret Bergin, C. V. Connolly, T. J. Cronin, Teresa G. Cunningham A. F. Cusack, M. F. Dodd, Mary K. Doherty, M. J. J. Doran, J. A. Flaherty, J. B. Hurley, Anne C. Kehoe, J. F. Kirwan, Annie Mulhern, J. O'Brien, Anne M. O'Dowd, Pauline K. O'Flanagan, P. J. O'Grady, T. E. Pierse, E. L. Sharpe, J. Travers, Nora Wallis.

D.P.H.—Mary J. Farrell, M. A. McInerney.

* First-class honours. † Second-class honours.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.
Annual Meeting of Fellows and Members.

WE have received the following further letter (see page 1009):

Sir,—As mover of the second resolution at the annual meeting of the Royal College of Surgeons of England on November 15th, I should like to be allowed to make a few remarks in connexion with the question of admitting Members to a

seat on the Council. If the Council can be convinced that it is in the interests of the promotion of the art and science of surgery that Members be represented on the Council, the argument would be a very strong one; the legal aspects of the matter or the democratic point of view does not interest them.

When it is remembered that a certain number of Members in the bigger centres do their own surgery, and that practically all the provincial hospitals, except in university towns, are staffed by general practitioners, it will be realized that their interest in the advancement of surgery is probably equal to that of the Council, added to whom we have the Members scattered all over the Empire, who mostly do their own surgical work. All these men have to do their work under more arduous and trying conditions than those on the staff of teaching hospitals, and they know the special difficulties that confront them as general practitioners.

The aim of the College is not only to turn out Fellows, but also to make capable general practitioners—by far the larger number, and equally important from a public point of view—and surely suggestions and recommendations from these men in general practice would be of help to the Council. The Council teach in the medical schools and finally examine the students, but they do not know the end-results of their work, and that can be remedied by giving Members some representation.—I am, etc.,

HOWARD M. STRATFORD,
London, W., Nov. 24th. F.R.C.S.Edin., M.R.C.S.Eng.

SIR,—In the account of the annual meeting of Fellows and Members of the Royal College of Surgeons in last week's issue, the President is reported as "saying" that "he had paid very careful attention to the answer he would give," whereas, what actually happened was that he merely read a previously prepared statement which had no reference whatever to what had transpired at the meeting itself. The President's reply was merely a repetition of the contentions put forward at last year's meeting by the then president, and made no reply to the complete refutations made both by Dr. Nash and Dr. Roche. Your readers should also know that the President's reply was received with chilling silence!

It is truly amazing that the Council of the Royal College of Surgeons cannot even now seen that a co-operation of Members and Fellows in the government of the College would be to the benefit of all concerned.—I am, etc.,

London, W., Nov. 27th. C. E. WALLIS.

The Services.

ROYAL ARMY MEDICAL CORPS.

Examination for Commissions.

AN examination for not fewer than forty commissions in the Royal Army Medical Corps will be held on January 30th next. Applications should be made to the Secretary of the War Office not later than January 20th, and the presence of candidates will be required in London from January 28th. Meanwhile those intending to compete can obtain a full statement of the duties and emoluments of the service on making written application to the Secretary, War Office, Whitehall, London, S.W.1.

Medical News.

A BRONZE tablet in memory of the late Mr. Charles Wray has been erected at the Croydon General Hospital. The tablet, with medallion portrait, is the work of Mr. H. J. Youngman, and bears the following inscription: "To honour the memory of Charles Wray, F.R.C.S.Eng., who for thirty-five years was ophthalmic surgeon to this Hospital. This monument is set up by his patients as a token of love and gratitude."

THE French Minister of Public Instruction has introduced a bill for the purpose of awarding to Madame Curie a pension of Fr. 40,000 per annum, in recognition of her scientific work. It is proposed that the pension shall be conferred on December 28th—the twenty-fifth anniversary of the announcement of the discovery of radium by Madame Curie and her late husband.

A COURSE of five lectures on "The influence of environment on the life of bacteria" will be given by Mr. F. W. Twort, M.R.C.S., L.R.C.P. (Superintendent of the Brown Institution), in the theatre of the Royal College of Surgeons of England, W.C., on December 11th, 13th, 17th, 18th, and 19th, at 4 p.m. Admission is free without ticket.

DR. R. C. FIELD of Roos, near Hull, has been presented by his friends and patients with a mahogany grandfather clock, an album containing the names of the subscribers, and a cheque for the balance of money collected, as a mark of their regard on the occasion of his retirement from practice in Roos and district.

A MEETING of the Metropolitan and Home Counties Maternity and Child Welfare Sub-Group of the Society of Medical Officers of Health will be held at 1, Upper Montague Street, Russell Square, W.C.1, on Friday, December 7th, at 5.30 p.m., when Dr. J. W. Carr will read a paper on signs and symptoms of tuberculosis of the respiratory system in children under five. The meeting is open to all members of the medical profession.

THE Harben Lectures at the Royal Institute of Public Health will be given on December 11th, 12th, and 13th by Professor D. Levaditi, M.D., of the Institut Pasteur, Paris. The first lecture will deal with neurotropic virus (encephalitis herpes), the second with neuro-vaccine, and the third with new discoveries in the treatment and prophylaxis of syphilis. All interested are invited to attend these lectures, which will be given at 37, Russell Square, London, W.C.1, at 5 p.m. each day.

A FESTIVAL dinner in aid of the Royal Northern Group of Hospitals was held at the Mansion House, London, on November 21st, under the chairmanship of Admiral of the Fleet Earl Beatty. In proposing the toast of "Success to the Hospital" Lord Beatty mentioned the progress made since its humble origin sixty-seven years ago. The group of hospitals into which it had grown—the Royal Northern Hospital in Holloway, the Royal Chest Hospital in City Road, the Hospital of Recovery at Southgate, and the Beckitt Convalescent Home at Clacton-on-Sea—served a population of more than a million in an area of seventy square miles. Of the 375 beds possessed by the group, 70 had had to be closed owing to a debt of £50,000. The chairman's appeal for generous support for the associated institutions was supported in an eloquent speech by Miss L. M. Faithfull, late Principal of Cheltenham Ladies' College. The Marquess of Northampton (chairman of the hospital), in responding to the toast, expressed thanks to the Lord Mayor for granting the use of the Mansion House, and referred to the forthcoming opening of the new casualty department by the Prince of Wales, president of the group. The health of the Lord Mayor and Corporation was proposed by Sir Philip Sassoon, seconded by the Rev. Basil Bourchier, and acknowledged by the Lord Mayor. The Secretary, Mr. Gilbert G. Panter, then announced that the donations in response to the present appeal amounted to £11,643. A successful evening closed with the health of the Chairman, proposed by Lord Riddell and supported by Mr. G. B. Mower White, emeritus surgeon to the Royal Northern Hospital.

A FESTIVAL dinner in aid of the appeal for funds by the London Jewish Hospital, Stepney, was held at the Connaught Rooms on November 26th under the chairmanship of Sir Humphry Rolleston, K.C.B., President of the Royal College of Physicians of London. About seven hundred were present. After the Royal toasts had been duly honoured and letters of regret read from those who had been prevented from attending, the chairman proposed the toast of the "London Jewish Hospital." He said that the old familiar saying that it was more blessed to give than to receive was very appropriate on the present occasion, for in the past the Jewish Hospital, like any other hospital in London, had given far more medical help and surgical skill than it had received financial consideration. The institution was founded in 1907, and though still in its teens was full of promise and was doing good work. The crowded East End of London was poor in hospital beds; the number of patients seeking admission to the 50 beds was at the rate of 880 per annum, which indicated that the number of beds ought at least to be doubled. A proof that the hospital was unsectarian was afforded by the fact that of the 52,000 out-patient attendances in 1922 no less than 40 per cent. were other than those of the Jewish faith. There were Italian, French, and German hospitals in London, and he saw no reason why there should not be a Jewish hospital. Sir Humphry Rolleston added that he could most emphatically bear testimony to the excellence of the medical, surgical, and nursing staffs, and he hoped that the appeal for funds would meet with generous support. The Very Rev. Dr. M. Gaster, in responding to the toast, said that the doors of the hospital were always open to the sick and suffering without any questions being asked as to their creed. Mr. I. Berliner, who also responded, gave statistics showing the growth of attendances of patients since the opening. The toast of "The Guests" was proposed by the Chief Rabbi, the Very Rev. Dr. J. H. Hertz, and that of the "Medical Profession" by Mr. H. H. Haldin, K.C., the latter being acknowledged by Sir John Bland-Sutton, President of the Royal College of Surgeons of England, and Dr. J. Burnford, senior physician to the hospital. It was announced that the donations received and promised had reached the sum of £3,000.

DR. G. B. GRIFFITHS, Medical Inspector of H.M. Prisons, has been appointed one of the Commissioners under the Prison Act, 1877.

THE annual dinner of the Old Epsomian Club will be held on Thursday evening, December 13th, at 7.30 p.m. The chair will be taken by Mr. W. Æ. Mackay. Further particulars can be obtained from Mr. S. Maynard Smith, F.R.C.S., 49, Wimpole Street, W.1.

A DISCUSSION on the introduction of breeding heifers from Canada if certified free from tuberculosis will take place at a conference of veterinary officials to be held at the Royal Sanitary Institute (90, Buckingham Palace Road, S.W.) at 3 p.m. on Friday, December 14th. It will be opened by Alderman W. Phene Neal, late chairman of the Cattle Markets Committee for the City of London.

AN institute for the study and treatment of cancer has been founded in Madrid by the Spanish Committee for the Study of Cancer under the direction of Dr. Goyanés.

PROFESSOR RECASENS, dean of the Madrid Faculty of Medicine, has been created a Commander of the Legion of Honour.

DR. JULIUS HIRSCHBERG, the well known ophthalmologist and editor of the *Zeitschrift für praktische Augenheilkunde*, celebrated his 80th birthday on September 18th.

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.*

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.

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, *Mediocra 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.

PHYSIOLOGICAL ALBUMINURIA.

"R. B." asks where a good account of so-called physiological albuminuria can be found.

*** Hilton Fagge (*Principles and Practice of Medicine*, edited by Pye-Smith, 1886, vol. ii, pp. 436-438) gives the history of the recognition of physiological albuminuria from 1878. Pavy (*Lancet*, 1886, i, 437, March 6th) described cyclical albuminuria; hence it has been called Pavy's "disease." Dr. W. Collier (BRITISH MEDICAL JOURNAL, 1907, i, January 5th) gave an interesting account of "Functional albuminuria in athletes," based on much experience among rowing men at Oxford. Dr. Parkes Weber (BRITISH MEDICAL JOURNAL, 1921, i, 79, January 15th) has recently given an instructive account of orthostatic and postural albuminuria. Samuel West, in the course of his Lettsomian lectures at the Medical Society of London, 1899, devoted much attention to albuminuria in apparently healthy persons (*Trans. Medical Society of London*, 1899, xxii, pp. 136-152) with much statistical matter. These lectures were also published in book form, *On Granular Kidney and Physiological Albuminuria* (1900. London: Henry J. Glaister).

PREMATURE BALDNESS.

"M." asks for information as to the modern treatment of alopecia simplex (premature baldness) with special reference to electric or light treatment. Is pilocarpine (he asks) any good, and in what doses?

*** It is not easy to answer this question since the subject is large and has many aspects. Briefly, however, avoiding the larger issues, the present position may be summed up in the following way. The term "premature baldness"—which has not precisely the same meaning as alopecia simplex—includes three states: seborrhoeic, pityriasic, and true premature baldness. In the first two a definite abnormal condition of the scalp can be observed apart from the fall of hair—either an inflammatory seborrhoea, or the condition named pityriasis or dandruff. Where these conditions are found hope may be entertained of improvement by the use of local applications such as resorcin lotions, tar pomades, and by washing at regular intervals with, for example, Hebra's spirit soap. In true premature baldness, on the other hand, it is often the case that no abnormal condition of the scalp can be detected; the tendency is often familial, and where this hereditary disposition to loss of hair exists apart from local disease of the scalp the prognosis is very bad. There is a progressive fall of hair usually resulting in the characteristic baldness over the vertex and forehead. Even in this condition it is worth while attempting to retard the loss of hair by treatment. The methods employed have as a common basis the production of an increased vascularity to the scalp, such as by stimulating applications (ammonia, cantharides, and the like), by high frequency, or by direct massage. These remedies, especially cantharides, are not without harmful effects if used incautiously, and cantharides has even been accused of causing nephritis. Pilocarpine is of dubious value. It is not perhaps outside the scope of the present inquiry to include within the group the forms of alopecia following general diseases such as acute infections, syphilis, and cancer, leukaemia, tuberculosis, etc. Their treatment resolves itself into treatment of the causal disorder, but even in such circumstances local applications are not without benefit in accelerating the regrowth of hair.

SPIRIT IN HAIR WASHES.

"I. B. M.," noting that prescriptions for hair washes given in books on dermatology contain a large proportion of rectified spirit, asks whether there is any suitable cheaper substitute, and whether methylated spirit would be safe. He also asks whether the purplish tint now given to methylated spirit would stain the scalp or affect the colour of the hair.

*** The Board of Customs and Excise does not permit the use of methylated spirit in the preparation of prescriptions. The point as to staining, therefore, does not arise. The position is explained in Martindale's *Extra Pharmacopoeia*, seventeenth edition, vol. ii (p. 121). A possible substitute for rectified spirit is propyl alcohol; its bactericidal action is about equal to that of ethyl alcohol, but normal propyl alcohol is considerably more toxic and is unsuitable for the preparation of tinctures and the like. There is a note upon the subject in the *Pharmaceutical Journal* of February 3rd, 1923 (p. 87). There are two isomeric propyl alcohols: normal propyl alcohol is one of the constituents of fusel oil, from which it is prepared by fractional distillation; isopropyl alcohol, or dimethylcarbinol, differs slightly in physical characters. As imported from America, where it is a by-product in the petroleum and natural gas industry, it contains 91 to 92 per cent. alcohol, and is a colourless liquid. Its odour differs from that of rectified spirit, but is not unpleasant, as is that of normal propyl alcohol. Isopropyl alcohol may be used externally for hand disinfection, either alone or containing green soap in solution. A lotion containing 30 to 50 per cent. in water has been used for the treatment of acne or seborrhoea.

LETTERS, NOTES, ETC.

THE TREATMENT OF HAEMORRHOIDS BY INTERSTITIAL INJECTIONS.

DR. T. M. KENDALL (Newport, Isle of Wight) writes: I have been interested in the communications of Dr. Dunbar (November 3rd, p. 808) and Mr. Morley (November 10th, p. 901), as I have used the same treatment as Dr. Dunbar with great success for some years. I, however, employ a stronger solution (15 per cent. carbolic acid in liquor hamamelidis); I have also used glycerine along with carbolic acid and witch-hazel, but I much prefer to leave it out. Recently I have been using high frequency currents with success and great freedom from pain. I still use the injection in most cases and have never had a failure. I agree with Mr. Morley that it is not through causing thrombosis we have success.

HISTORY OF ST. GEORGE'S HOSPITAL.

MR. J. M. CHURCHFIELD, Secretary-Superintendent of St. George's Hospital, writes: With reference to the article on the history of this hospital, printed in the BRITISH MEDICAL JOURNAL of November 24th (p. 991), the remark is made that the document referred to appears to have been hitherto unknown to the present authorities of St. George's. I am desired to inform you, however, that a copy of this document will be found in the *History of St. George's Hospital*, Part I, written and published in 1910 by Dr. G. C. Peachey.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 37, 40, 41, and 42 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 38 and 39.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 259.