done in such cases to prevent the occurrence of embolism by letting the patient sit up in bed at a very early stage, by encouraging him to turn from side to side and to move his legs and arms (unless actually the seat of operation). Such treatment prevented stasis of blood in the larger veins and the dangerous formation of large passive clots, which in turn led to embolism.

He could not remember having had more than one fatal case of embolism after this class of operation. This was the case of a woman operated upon for varicose veins and who had, erroneously, been kept in bed much too long. She died quite suddenly of embolism as she was leaving the hospital. Another contributory cause of embolism, especially after pelvic operations, was, in his opinion, the blind transfixion of tissues with ligatures. Ligatures passed in this way could easily be made inadvertently to transfix pathologically enlarged veins, and, without causing noticeable haemorrhage, create a focus for the subsequent formation of a clot, thus leading to embolism.

Mr. Harold Burrows (Portsmouth) referred to two cases in which pulmonary embolism followed thrombosis of varicose veins in the calf of the leg. In both instances the patients had been treated by splinting and absolute immobility, and the occurrence of fatal embolism in these conditions seemed to lend support to the suggestion that strain played a part in the causation of the thrombosis.

Sir Cuthbert Wallace (London) thought that Professor Glynn had rendered great service in bringing forward the question of the part played by pulmonary thrombosis apart from embolism. As regards embolism, this was only a catastrophe in the course of a fairly common disease—namely, systemic thrombosis. If a proper perspective was to be got, all cases of thrombosis must be tabulated and the number of dislodgements of the clot enumerated. In addition, the investigation must not be confined to surgeons but must be carried out by all branches of the profession, so that all cases of thrombosis and embolism would be put on record.

Professor G. E. Gask (London) stated that the action of the Council in choosing this subject had been justified. It had produced a most valuable discussion of an obscure condition. He gathered that the surgeons were of the opinion that sepsis would not explain all the cases, and the pathologists were of a different opinion. He complimented Professor Glynn, who had introduced a mass of new and original work of the greatest value.

Mr. Lockhart-Mummery, replying, said he had not meant to suggest that sepsis might not be a cause of thrombosis, but that it was not an essential cause. One speaker had argued that in a large number of cases there was evidence of a slight rise in temperature to 99° or 100° previous to the onset of a pulmonary embolism, and had considered that this was evidence of sepsis. Mr. Lockhart-Mummery did not agree, since it was a well known fact that thrombosis itself was almost invariably associated with a slight rise of temperature. Even haematomata caused rise of temperature, and it was not, therefore, safe to argue that in such circumstances a rise of temperature indicated sepsis. Even when definite evidence of sepsis was present it did not necessarily follow that thrombosis was due to the sepsis. On the other hand, in quite a considerable number of cases of thrombosis there was no evidence of any kind of sepsis. He would like to congratulate Professor Glynn on his paper, in which he had undoubtedly proved that primary pulmonary thrombosis did occur and was an important factor. This was a valuable contribution to their knowledge of this difficult subject. If surgeons all over the country would make a point of carefully recording all cases of pulmonary embolism, with careful records of the microscopical and macroscopical findings, it would be a great help in elucidating the problem. With regard to treatment, he was pleased to see that there was a general agreement that constrained positions on the operating table and lack of movement after operations were important contributing factors in producing pulmonary embolism.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

FATAL FOOD POISONING DUE TO BACILLUS SUIPESTIFER B.

The following notes of a fatal case of bacterial food poisoning seem worthy of record.

On June 8th, 1924, a man, aged 43, had for breakfast a pork chop and bacon, for dinner some pig's tongue, beef, and potatoes, and for tea some cake and bread-and-butter. The same evening he had a drinking bout, during the course of which he is believed to have eaten some periwinkles, favoured in the Black Country as a reputed preventive of alcoholic intoxication. On June 9th he remained in bed; he did not eat anything, but drank a bottle of beer and some tap water; during the afternoon he complained of slight diarrhoea. On the next day the diarrhoea got steadily worse and he occasionally vomited. By noon on June 11th the patient was seriously ill with slight abdominal pain and constant purging; some abdominal distension was present; the temperature was subnormal, and the pulse rate a little over 90. The motions were yellowish and slimy, but no blood was seen in them. On the following morning he got up and had a wash; he then returned to bed, was very restless all day, and complained of severe tenesmus and constant purging; his mental condition, however, was quite clear. At 9.30 p.m. he was *in extremis*, and at 10.15 he died.

At the necropsy signs of septicaemia were present. The small and large intestines were acutely congested, fatty degeneration was present in the liver, and cloudy swelling in the spleen and kidneys. At the base of the left lung there was a small patch of pneumonia. Samples from the heart blood, gall bladder, spleen, and small and large intestines were sent to the laboratory for investigation, and Dr. Herbert Henry isolated from all the specimens the *Bacillus suipestifer* B.

The *Bacillus suipestifer* (*aertryck*), or the hog cholera bacillus, occurs in the intestines of normal pigs, and may cause meat poisoning. Pork and preparations made from it become infected by contamination with infected pig's excreta. The bacillus may also be found in mutton and beef. Meat from healthy animals which has been in contact with that from diseased animals may become infected. It has been noted that the bacteria or their toxins may be distributed unevenly in the meat eaten, so that one person consuming the meat may be made very ill while others eating it escape infection. The disease varies much in severity; fatal results are uncommon. Children, old people, and debilitated persons are the most vulnerable. In this case the public health officials made careful inquiry, but were unable to obtain any remnants of food for examination as it had all been eaten. No other cases of illness occurred in the house.

West Bromwich. Dudley Gill, M.B., Ch.B., D.P.H.

LYMPHATICOSTOMY IN PERITONITIS.*

Normal physiological processes do not occur in disease, and this fact dominated the experimental work which laid the foundation for the operation of lymphaticostomy. The disease was set up first and the processes actually occurring in the disease studied. The findings were that septic absorption in peritonitis occurs to a lethal degree through the lymphatics to the thoracic duct. This absorption is from the peritoneal cavity and the lumen of the bowel through the lymphatics proper and the lacteals. There is a suction force on the thoracic duct, due to the venous blood passing the opening of the duct, similar to that created by the Sprengel pump, *plus* a negative pressure which may be present—and probably is always present in peritonitis—in the large veins near the heart. This suction increases with the rapidity of the heart beat, and with the dehydration of the blood, which tends to produce a greater negative pressure in the large veins. This would help to explain the beneficial action of large quantities of saline and the giving of morphine by which the blood vessels are kept filled and the heart action slowed.

In lymphaticostomy the ligation cuts off this suction, and when the duct is opened there is a flow of lymph. The duct does not become distended when ligated, and the lymph flow is less than one would expect from observing the flow through the duct before ligating and opening. The duct

* Slightly curtailed for publication.

is transparent, and, according to the character of the fluid, one sees a translucent or a milky white cord when lymph or chyle is flowing, and to the experienced eye it is unmistakable. In peritonitis, however, the fluid may be bloody and the duct may resemble a vein, and must then be distinguished by its position. In the experiments, I noted that the introduction of tap water into the intestine through a duodenal tube produced an immediate rapid increase in the flow of lymph from the opened duct, and that the lymph became less coagulable. While ordinarily the giving of fluids by mouth in peritonitis will increase the absorption, when lymphaticostomy has been done it is safe to give them, thus ensuring a steady flow of lymph and a washing away of the toxins.

I have had the opportunity of performing the operation in only one case since that reported in March, 1923.[1]

The operation was done on April 21st, 1924, on a boy aged 10 years, who was referred to me by Dr. A. I. Willinsky of Toronto. He had opened the abdomen after the boy had been ill four days, and found a ruptured appendix and diffuse peritonitis. He removed the appendix, and drained the abdomen and the ileum close to the caecum. When I saw the boy, a day later, he was clearly going downhill. Gas and oxygen were given and the duct drained. The flow was profuse for forty-eight hours, lessened on the third day, and had ceased by the fifth. The flow of lymph on opening the duct obscured a view of the opening, so that I had to use a piece of silkworm gut, which was passed about an inch down the duct. A rubber tube was then threaded over the silkworm gut down to the duct and wrapped round with a little plain gauze. Mackenzie's silver cannula, which he describes in the British Medical Journal of June 21st, 1924 (p. 1114), might well be used, provided the lymph was not too highly coagulable. The tube and silkworm gut were removed on the second day and the gauze on the third. The boy made a good recovery, and his family physician states that he is now in good health.

Five cases have been recorded in the literature, of which four were successful. All the cases were apparently hopeless. Edwards[2] operated successfully under local anaesthesia in a woman suffering from puerperal peritonitis. Cooke[3] reported the first case of peritonitis secondary to appendicitis which was successful. The case of "ruptured intestine" reported by Mitchell[4] was unsuccessful.

The difficulty of finding the duct in the cadaver is due to the fact that the duct is collapsed and in that condition resembles fibrous tissue. It is more difficult to find in the dog than in man.

The indications for the operation are not yet clear. It is not an easy matter to say when the patient is experiencing a continual septic absorption which is going to prove fatal, and surgeons are not unanimous in accepting the theory that most of the post-operative symptoms considered to be complications are due to that absorption. Septic absorption in peritonitis leads to increasing distension, obstipation, vomiting, and that peculiar combination of subnormal temperature, rapid pulse and respirations, and mental acuteness which renders the patient aware of the impending end.

In secondary peritonitis such as the case which Cooke described, the operation is definitely indicated as an adjunct to dealing with the condition locally. It may be necessary in certain cases to submit the patient to the two procedures simultaneously. In all cases of secondary peritonitis when only the abdominal operation has been done in the first instance, lymphaticostomy is indicated when in the post-operative course the patient shows symptoms of a continuation of the absorption, and it is highly desirable that the operation be not delayed until the measure could not carry any hope of recovery. It is indicated in those cases of primary peritonitis, especially the pneumococcic, in which the diagnosis is clearly established. When the diagnosis is doubtful the abdomen should be opened first in order to verify the condition.

I believe that with good judgement in election and skill in the performance lymphaticostomy will lower the mortality rate in diffuse peritonitis by saving those to whom relief could not otherwise come.

W. A. Costain, M.B.,
Department of Surgery, University of Toronto.

References.

[1] Costain: *Surg., Gynecol., and Obstet.*, March, 1923, p. 365. [2] Edwards: Ibid., February, 1924, p. 256. [3] Cooke: British Medical Journal, June 14th, 1924, p. 1038. [4] Mitchell: Ibid., July 5th, 1924, p. 56.

Reports of Societies.

UTERINE BACKWARD DISPLACEMENTS.

A meeting of the North of England Obstetrical and Gynaecological Society was held at Liverpool on October 17th, the President, Professor A. Donald (Manchester), in the chair.

The President opened a discussion on the treatment of mobile backward displacements of the uterus. After referring to the significance of backward displacement, he drew attention to the difference of opinion amongst writers on the subject, and gave an account of the beginning of the passive congestion theory. Passing then to the later explanations of various modern writers, he cited the objections to the congestion theory, and emphasized the point that retroversion was not the cause of endometritis or chronic metritis. There was some difficulty in explaining the effects sometimes produced by a pessary. As a result of investigating the symptoms he concluded that complications were generally the only things that mattered in cases of retroversion. The complications were disordered uterine function, increased weight, prolapse, and adhesions. None of these complications were produced by retroversion. In a small proportion of cases an apparently simple retroversion caused local pelvic discomfort, and even a certain unexplained effect on the nervous system. The treatment of retroversion was nearly always the treatment of complications. More than 90 per cent. of all the patients sought relief from symptoms which were common to all cases of endometritis and chronic metritis, and for these curetting was nearly always advisable. A series of cases in which curetting had been the only treatment was recorded. Mechanical treatment included pessaries and fixation or suspension operations. Pessaries seemed to be of use as a temporary measure in cases of sterility and early pregnancy, and very occasionally in uncomplicated retroversion. There were far too many operations for fixing and suspending the uterus: the great majority were unnecessary, and many of them were harmful.

Professor Henry Briggs considered that a student, ignorant of all gynaecology, including its nomenclature, would naturally classify the backwardly displaced uterus within the pouch of Douglas as a hernia, and would aim at strengthening the deep portion of the pelvic floor and rectifying the position of the uterus. The earlier the effort the better the prospect of the radical cure of a hernia. There were still gaps in the foreground of the picture of obstetrical progress. It was, for example, more than singular to have to acknowledge that the best use of a 3-in. or 3¼-in. ring pessary in the treatment of the retroflexed gravid uterus was advocated twenty-four years ago by the late Sir William Sinclair (*Trans. Obstet. Soc.*, 1900); even to-day this advance was not to be found in obstetrical textbooks. Professor Briggs had not the least doubt that the pessary and frequent urinary catheterism in their gentle and persistent effect totally outclassed manual reposition.

Dr. G. W. FitzGerald (Manchester) agreed that all retrodisplaced uteri did not require treatment, and that symptoms accompanying the displacement were not necessarily due to it. The important matter was to determine which treatment would give the best results. If the curette could show results equal to those of abdominal section, then the minor treatment was to be preferred. He curetted all cases in which symptoms were present, and only rarely found more radical treatment necessary.

Dr. J. E. Gemmell (Liverpool) agreed with Professor Donald that simple retroversion in single women was symptomless in the majority of cases. In parous women, however, he thought that this displacement was in itself capable of producing a definite train of symptoms. He believed that there was a world of difference between an organ that had developed in a particular position of version and one that acquired such a position: the one was in its proper physiological place, the other had acquired a pathological displacement. The vessels of the former had been congenitally adapted to meet the requirements of the retroverted uterus, and could do so smoothly and without

a library and museum, and to organize exhibitions of apparatus; (*g*) to establish charitable and benevolent funds for the benefit of persons engaged in radiology and physiotherapy.

Equipment of the Institute.

The property in Welbeck Street includes the old church of the Russian Embassy, which has now been adapted to serve as a lecture hall. Heating apparatus has been installed, and a special lining has been applied to the walls so as to improve the acoustics. A smaller lecture room has been equipped with desks and accommodation for the Mackenzie Davidson memorial reference library. Another room has been fitted with apparatus for demonstration purposes, and part of the extensive cellars will be available for individual research work. The problems of diagnostic technique and the physics concerned in radiology provide also opportunities for research. Examples of improvements in apparatus will also be exhibited as they are devised. With a view to establishing the possibility of comparing the results of different workers it is hoped that some form of standard technique may eventually be adopted. Developing tanks have been installed in a small room, and an ingenious arrangement provides for the exclusion of light even when the door is open. A handsomely decorated room on the ground floor is available for committee meetings and meetings of affiliated societies. In memory of Sir Archibald Reid a reference collection of radiograms is being established; this was a matter in which he took very great interest during his life. Radiograms of normal conditions, as well as of such diseased conditions as osteomyelitis, tuberculosis, and bone growths, will be carefully collected, and duplicate sets will be prepared for the use of medical schools or individual lecturers where facilities exist for their demonstration. Lantern slides of these radiograms will also be prepared, and will be available for loan. These lantern slides will be of great value in radiological teaching in medical schools, and it is probable that a syllabus of lectures will eventually be drawn up. The Institute also will be able to provide medical post-graduate courses and classes for the makers of radiological apparatus and their assistants.

It is proposed to hold an International Congress of Radiology at the house of the Institute in the summer of 1925, when it is suggested that four days should be employed in discussions, and subsequent visits should be arranged to provincial centres. It is hoped that an international committee may result from the congress, and that a permanent nucleus for international collaboration on radiology and kindred subjects will be so initiated.

An appeal has just been issued on behalf of the British Institute of Radiology asking for a sum of £6,000 to pay off the bank loan of £2,000 and to provide a nucleus for further development. Donations are invited to the general foundation fund or for the Reid memorial collection. The subscription for membership of the Institute, including receipt of the *British Journal of Radiology*, is 3 guineas annually, and there is a fee of 1 guinea payable on entrance; the subscription for life membership is £30; associates pay 10s. 6d. on entrance and £1 11s. 6d. annually.

THE GENERAL ELECTION.

Medical Members of the New Parliament.

The following five medical men who were members of the last Parliament have been re-elected to the House of Commons at the recent general election:

Dr. Walter E. Elliot, M.C. (C.), Glasgow, Kelvingrove.
Dr. F. E. Fremantle, O.B.E. (C.), St. Albans.
Dr. L. Haden Guest (Lab.), Southwark North.
Professor Thomas Sinclair (C.), Queen's University, Belfast. Returned unopposed.
Dr. J. H. Williams (Lab.), Llanelly.

New Members.

The following six members of the medical profession have also been elected, two of whom have already sat as members of the House of Commons:

Sir Henry Jackson (C.), Wandsworth Central.
Dr. E. Graham Little (Ind.), University of London.
Sir Richard Luce, K.C.M.G. (C.), Derby.
Dr. A. Salter (Lab.), Bermondsey West.

Dr. Salter was elected for Bermondsey West at the November, 1922, election, but was unsuccessful in the 1923 election.

Dr. Thomas Drummond Shiels, M.C. (Lab.), Edinburgh East.
Dr. T. Watts (C.), Manchester, Withington.

Dr. Watts was elected for the Withington Division of Manchester in November, 1922, but was defeated at the 1923 election.

The Scottish Universities.

The polling for the combined Scottish Universities (three seats) will not close till 10 a.m. on Tuesday next. At the last election two Conservatives and one Liberal were returned unopposed—namely, Sir Henry Craik, K.C.B., and Sir George Berry, F.R.C.S.Ed. (Conservatives), and Mr. D. M. Cowan (Liberal). It is to be hoped that all medical practitioners who have votes in this constituency will take their part in the election, for which there are several new candidates. Sir George Berry is the only medical man standing, but it will be remembered that Sir Henry Craik is an honorary member of the British Medical Association and a valued friend of Medicine in Parliament.

Unsuccessful Candidates.

The following four medical men who sat in the last Parliament were defeated at the polls—namely: Dr. W. A. Chapple (L.), Dumfriesshire, who represented Stirlingshire from 1910-18 and Dumfriesshire since 1922; Mr. Somerville Hastings (Lab.) was elected in 1923 to represent Reading; Dr. G. E. Spero (L.), Stoke Newington, who, after being an unsuccessful candidate at Leicester in the 1922 contest, was elected to represent Stoke Newington in 1923; Lieut.-Colonel T. S. Beauchamp Williams (Lab.), Kennington, who was elected in 1923 to represent the Kennington Division of Lambeth.

The following members of the profession were also unsuccessful. Several of them had previously represented or contested either the same or other constituencies.

The Right Hon. C. Addison (Lab.), Hammersmith South.
Dr. Ethel Bentham (Lab.), Islington East.
Sir John Rose Bradford (C.), University of London.
Dr. F. G. Bushnell (Lab.), University of London.
Dr. Stella Churchill (Lab.), Hackney North.
Dr. R. Dunstan (Communist), Birmingham West.
Dr. O. Gleeson (Lab.), Portsmouth North.
Dr. J. J. Lynch (Ind.), Walsall.
Dr. I. H. MacIver (Lab.), Argyllshire.
Dr. R. O. Moon (L.), Oxford.
Dr. H. B. Morgan (Lab.), Camberwell North-West.
Dr. Joseph Robinson (Lab.), Stretford.
Dr. Laura Sandeman (C.), Aberdeen North.

Polling Figures.

The following are the polling figures at all the contested elections in which there were medical candidates on October 29th. The names of the medical representatives are printed in italics, and an asterisk denotes that the candidate sat in the last Parliament.

Glasgow, Kelvingrove:	
**Dr. Walter E. Elliot, M.C.* (C.)	18,924
T. Kerr (Lab.)	12,844
Conservative majority	6,080
St. Albans:	
**Dr. F. E. Fremantle* (C.)	18,004
Frank Herbert (Lab.)	8,682
Conservative majority	9,322
Southwark North:	
**Dr. L. Haden Guest* (Lab.)	8,115
E. A. Strauss (L.)	7,085
J. J. Llewellin (C.)	3,305
Labour majority	1,030
Wandsworth Central:	
Sir H. Jackson (C.)	13,234
C. Latham (Lab.)	8,235
Conservative majority	4,999
University of London:	
Dr. E. Graham Little (Ind.)	3,202
Sir J. Rose Bradford (C.)	2,813
Professor A. F. Pollard (L.)	1,539
Dr. F. G. Bushnell (Lab.)	1,087
Independent majority	389

DERBY:
*Right Hon. J. H. Thomas (Lab.) ... 27,423
Sir Richard Luce (C.) ... 25,425
*W. R. Raynes (Lab.) ... 25,172
Mrs. E. J. Hulse (C.) ... 21,700
J. H. Stewart (L.) ... 7,083
Labour majority ... 2,251
Conservative majority ... 253

BERMONDSEY WEST:
Dr. A. Salter (Lab.) ... 11,578
*Rev. R. M. Kedward (L.) ... 8,676
Labour majority ... 2,902

EDINBURGH EAST:
Dr. T. Drummond Shiels (Lab.) ... 9,330
C. Milne (C.) ... 6,105
*J. M. Hogge (L.) ... 5,625
Labour majority ... 3,225

MANCHESTER, WITHINGTON:
Dr. T. Watts (C.) ... 13,633
*E. D. Simon (L.) ... 10,435
E. Whiteley (Lab.) ... 2,467
K. Burke (Ind.) ... 236
Conservative majority ... 3,198

LLANELLY:
**Dr. J. H. Williams* (Lab.) ... 20,516
R. T. Evans (L.) ... 18,257
Labour majority ... 2,259

HAMMERSMITH SOUTH:
*Right Hon. Sir William Bull (C.) ... 12,679
Right Hon. C. Addison (Lab.) ... 8,804
E. Welton (L.) ... 1,393
Conservative majority ... 3,875

ISLINGTON EAST:
Major R. Tasker (C.) ... 14,174
Dr. Ethel Bentham (Lab.) ... 10,280
*A. S. Comyns Carr (L.) ... 7,406
Conservative majority ... 3,894

DUMFRIESSHIRE:
General J. Charteris (C.) ... 12,718
**Dr. W. A. Chapple* (L.) ... 8,472
Mrs. A. Dollan (Lab.) ... 6,342
Conservative majority ... 4,246

HACKNEY NORTH:
Captain A. Hudson (C.) ... 11,975
*J. H. Harris (L.) ... 7,181
Dr. Stella Churchill (Lab.) ... 6,097
Conservative majority ... 4,794

BIRMINGHAM WEST:
*Right Hon. Austen Chamberlain (C.) ... 14,801
Dr. R. Dunstan (Communist) ... 7,158
Conservative majority ... 7,643

PORTSMOUTH NORTH:
*Major Sir Bertram Falle (C.) ... 17,597
Dr. O. Gleeson (Lab.) ... 10,279
Conservative majority ... 7,318

READING:
H. G. Williams (C.) ... 21,338
**Mr. Somerville Hastings* (Lab.) ... 18,337
Conservative majority ... 3,001

WALSALL:
W. Preston (C.) ... 15,168
*Pat Collins (L.) ... 12,734
Captain L. Small (Lab.) ... 11,474
Dr. J. J. Lynch (Ind.) ... 622
Conservative majority ... 2,434

ARGYLLSHIRE:
F. A. Macquisten (C.) ... 9,240
*Right Hon. Sir W. Sutherland (L.) ... 6,211
Dr. I. H. MacIver (Lab.) ... 4,532
Conservative majority ... 3,029

OXFORD:
*R. C. Bourne (C.) ... 12,196
Dr. R. O. Moon (L.) ... 6,836
F. Ludlow (Lab.) ... 2,260
Conservative majority ... 5,360

CAMBERWELL NORTH-WEST:
E. T. Campbell (C.) ... 9,626
Dr. H. B. Morgan (Lab.) ... 9,432
*Right Hon. T. J. Macnamara (L.) ... 5,138
Conservative majority ... 194

STRETFORD, LANCS:
*Sir T. Robinson (L.) ... 20,826
Dr. Joseph Robinson (Lab.) ... 11,520
Liberal majority ... 9,306

ABERDEEN NORTH:
*F. Rose (Lab.) ... 13,249
Dr. Laura Sandeman (C.) ... 8,545
Labour majority ... 4,704

STOKE NEWINGTON:
H. G. Jones (C.) ... 10,688
**Dr. G. E. Spero* (L.) ... 4,758
L. Silkin (Lab.) ... 3,420
Conservative majority ... 5,930

LAMBETH, KENNINGTON:
George Harvey (C.) ... 14,898
**Lieut.-Colonel T. S. Beachamp Williams* (Lab.) ... 11,572
Conservative majority ... 3,326

England and Wales.

RABIES IN ENGLAND AND WALES.

ON July 12th, 1919 (p. 50), we referred to the issue by the Ministry of Health of a revised memorandum on the procedure to be adopted in the case of a person bitten by a dog suspected of being rabid. The Minister of Health has now stated that in view of the disappearance of this disease in England and Wales, no case having occurred since December, 1921, he has decided that special arrangements for antirabic treatment are no longer necessary. A further revision of the memorandum with regard to treatment has therefore been issued, and it is announced that arrangements may still be made with Professor Dudgeon (Department of Pathology, St. Thomas's Hospital, S.E.1) for antirabic treatment with carbolized vaccine prepared at the Ministry's laboratory. The cost of the treatment and other expenses must be borne by the patient or by local sanitary authorities. The centres for treatment at Plymouth, Cardiff, Birmingham, Manchester, and Newcastle-upon-Tyne have accordingly been closed. In the revised edition there is no other radical change, as compared with the earlier memorandum, and the concluding paragraph repeats the injunction to use all possible expedition in following the procedure laid down.

FINANCE OF LONDON HOSPITALS.

Under the direction of the Hospital Economy Committee of King Edward's Hospital Fund for London, a statistical report has been published based on the accounts of 116 hospitals and on returns made to the Fund. General particulars of the work and accommodation in these hospitals are given, and their incomes and ordinary expenditures are analysed so that the cost of working in respect of the more controllable items of expenditure can be estimated. The tables which deal with working costs will assist hospital managers in controlling expenditure and in avoiding increases in cost which are not associated with increase in the quantity or quality of the work. The expenditure in each hospital is compared with the expenditure in other hospitals and with the average of those hospitals with which it is most comparable. Increases common to all hospitals can thus be distinguished from those peculiar to any particular institution. Hospital managers may in this way find out whether at their own hospitals the cost appears to be unduly high, and, if so, in what departments the cause of the excess is present. They can thus reduce it wherever it cannot be justified, and so carry out one of the recommendations of Lord Cave's committee for the re-establishment of the finances of the voluntary hospital system. In a general review of hospital work it is stated that between 1921 and 1923 there was an increase in the available beds of 360, but a decrease in the average occupied beds of 130, leaving a net increase in 1923 over 1913 of 1,200 available beds, and 330 average occupied beds. This contrast is due to several causes, the chief of which was that six hospitals, aggregating 542 beds, were entirely closed to in-patients during 1923 for periods ranging from three to ten months. Between 1921 and 1923 there was an increase of 3,600 new patients, resulting in a net increase in 1923 over 1913 of 22,600. The patient rate per bed also increased: in 1913 it was 14.3; in 1921, 15.5; in 1922, 15.6; and in 1923, 16. This increased rate of work may be stated in another way—namely, that the average duration of stay for each patient fell from 25.5 days in 1913 to 23.5 in 1921, and 22.8 in 1923. The income of these 116 hospitals apart from special distributions—as, for instance, emergency grants from the King's Fund and from the National Relief Fund—increased from £2,415,000 in 1922 to £2,857,000 in 1923. An outstanding feature of this last year was the large total of legacies, which aggregated £473,000; of this £247,000 came from a single source. Discounting such factors, however, it may be stated that since 1920 the income of the hospitals from normal sources shows a steady increase. The hospital expenditure in 1923 was £2,630,000, an increase of £40,000 over 1922, but representing a considerable drop since 1913,

Professor AUGUSTE BROCA died on October 2nd, a few hours before the publication of his last work, *La Tuberculose chirurgicale*. He was born in 1859, the son of the late Professor Paul Broca, founder of the modern surgery of the brain. After a distinguished medical career, during which he specialized in the surgery of children, Auguste Broca entered the French Faculty of Medicine in 1913, first as professor of operative surgery, and, later, as professor of topographical anatomy. After the war he was appointed to the chair of surgery of children and orthopaedics. Professor Broca's more important works include *La chirurgie infantile*, issued in 1914, *La chirurgie de guerre et d'après guerre*, in 1921, and his posthumous publication on surgical tuberculosis.

Dr. EUGÈNE ROCHARD, a well known Paris surgeon and member of the Académie de Médecine, has recently died, at the age of 71.

CORRECTION.—In the notice of Mr. Robinson's death published last week at page 837, the Christian name should be Edmund, not Thomas.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

AT a congregation held on October 31st the following medical degrees were conferred:

M.B., B.CH.—D. E. Cuffey, A. G. Story.
M.B.—G. K. Thornton.

UNIVERSITY OF LONDON.

SIR CUTHBERT WALLACE, K.C.M.G., C.B., has been elected Dean of the Faculty of Medicine.

Three lectures on the history of medicine will be delivered by Dr. Charles Singer at University College Hospital Medical School on Thursdays, November 20th, 27th, and December 4th, at 4.15 p.m. The first lecture will deal with recent light on the origin of syphilis, the second with the beginning of anatomical study, and the third with the scientific work of Robert Koch. The lectures are open to all medical students.

UNIVERSITY OF DURHAM.

AT a convocation held on October 29th the following medical degrees were conferred:

M.D. (Practitioners).—Ralph E. Drake-Brockman.
M.B., B.S.—F. W. Marshall.

UNIVERSITY OF DUBLIN.

THE Board of Trinity College has appointed Mr. James Edmond Hogan to be Lecturer in Dental Surgery and Pathology in the School of Physic, Dublin University, in the place of the late Dr. Arthur W. W. Baker.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly comitia of the Royal College of Physicians of London was held on October 30th, the chair being taken by the President, Sir Humphry Rolleston.

Membership.

The following were admitted to the Membership, having passed the required examination:

Stanley Batchelor, *M.C.*, M.D.Lond., L.R.C.P., Davis Evan Bedford, M.B.Lond., L.R.C.P., Jyotish Chandra De, M.B.Calcutta, L.R.C.P., William Devereux Forrest, M.B.Durh., L.R.C.P., Malcolm Kennedy Gray, M.B.New Zealand, Anis Salama, L.R.C.P., Kenneth James Langlands Scott, M.D.New Zealand, Terence Watson Turner, L.R.C.P.

Licences.

Licences to practise Physic were granted to the following 245 candidates, who had passed the necessary examinations and had conformed to the by-laws and regulations:

C. H. Ackroyd, F. N. Adams, *Iris I. G. Adams, C. Adamson, B. Adlington, G. L. Alexander, A. J. Amor, S. M. Anderson, T. F. Anderson, L. V. Angel, H. Aukland, *Georgette Bachrach, J. M. Bailey, H. C. J. Ball, G. W. Bamber, L. J. Barford, *Alison E. M. Barnaby, C. F. J. Baron, R. McG. Barron, S. A. Beards, L. F. Beccle, A. E. Beith, P. C. Bennison, S. Berman, E. H. J. Berry, A. G. Bewes, H. E. Blake, R. H. Boggon, A. J. S. L. Boyd, W. H. Bradfield, J. H. Broadhead, G. C. W. Brown, E. Buchler, G. H. Buncombe, N. F. C. Burgess, M. Byala, A. Canard, T. E. Cawthorne, P. F. Chandler, W. T. R. Chapman, F. W. Charman, K. R. Chaudhri, W. J. B. Chidlow, *Florence C. Churcher, S. Cieman, T. A. Clarke, E. E. Claxton, I. Cohen, W. R. F. Collis, W. S. C. Copeman, J. W. E. Cory, A. B. Cowley, B. W. Cross, B. Crosthwaite, W. I. Daggett, A. A. Dalby, A. F. C. Davey, D. Davies, D. J. Davies, E. W. P. Davies, Kathleen Davies, L. F. Davies, F. M. Deighton, G. W. S. de Jersey, P. H. Diemer, J. M. Dobie, W. A. Drake, C. S. Drawmer, J. Dreadon, W. A. D. Drummond, G. D. Drury, H. A. Dunlop, J. D. Durance, S. F. Durrans, D. F. Durward, H. C. Edmunds, J. T. R. Edwards, *Josephine O. Ellen, J. B. Ellison, *Marguerite Elman, H. G. English, A. J. Enzer, J. A. Evans, J. P. Evans, *Sarah Evans, W. Evans, W. G. Evans, N. J. Everard, S. Abd-El-Malek Fam, W. J. C. Fenton, F. E. Fox, D. Frost, G. A. Fulton, J. H. Gaddum, H. C. Gage, J. A. Galletly, J. Gaughan, M. Geaney, N. T. Glynn, S. Goldstein, *Minnie Gosden, B. Green, F. G. Greenwood, *Elsie C. Griffin, H. F. Griffiths, J. I. Griffiths, J. F. Hamber, A. C. Hampson, C. L. Harding, H. E. Hargreaves, *Iris M. Harmer, W. E. H ath, *Margaret R. Herford, W. A. Hervey, A. H. Heyworth, F. Hoffstein, J. G. Hume, W. E. Hunter, D. S. Huskisson, H. V. Ingram, *Adèle H. Jacob, H. N. James, *Beatrice Jervis-White-Jervis, H. A. Johnson, R. S. Johnson, I. L. Johnstone, *Enid M. Jones, F. M. L. Jones, J. D. Jones, R. D. Jones, R. M. Jones, *Doris E. Joscelyne, W. E. Joseph, H. Joules, C. J. Jowett, R. P. S. Kelman, C. E. Kelmister, A. J. King, G. King, J. F. L. King, F. H. K. Knight, *Marjorie E. Knowles, *Nancy T. Lancaster, R. L. Lancaster, S. W. Lane, *Mary K. Lawlor, C. H. Lee, *Nora Leesmith, J. Leitch, T. C. Lewis, E. I. Liberman, K. S. Lim, D. T. Lloyd, E. O. Lloyd, W. E. Lock, G. K. Loveday, M. F. B. Lynch, L. H. Macdonald, H. B. Macevoy, D. M. Mackay, R. R. Mackenzie, H. Macmachlan, R. B. McVicker, J. L. B. Marais, G. R. Marcano, D. P. Marks, F. Marsh, F. Martyn, *Gertrude M. Mayhall, J. D. Mills, F. G. Mogg, *Frances C. Nicklin, C. T. Norris, T. J. O'Donnell, G. C. B. Oliver, L. E. Owen, W. B. Owen, M. Y. Paget, T. B. Pahlajani, A. E. G. Parry, *Sybil de Haut Rey Pattison, Milroy A. Paul, C. E. Pearson, *Annie Pichaimuthu, P. J. J. Pienaar, J. E. Piercy, B. Pollard, F. D. S. Poole, *Beatrice M. Powell, C. V. Powell, L. N. Pyrah, *Violet A. Quilley, S. Rachmantzik, F. C. Read, S. F. Reynolds, W. Richards, D. Riley, W. G. Roberts, C. H. H. Robertson, A. B. Robinson, W. F. Roper, *Annie E. G. Rowlands, C. Sabhapati, J. H. Saint, F. R. Sandford, H. B. Savage, F. W. Schofield, C. M. Scott, W. G. Sears, J. Sévi, H. R. Shone, J. H. Simpkiss, D. A. Skan, H. Smith, R. F. Smith, L. Spira, *Betty Stainer, R. Stanford, L. Statnigrosch, H. H. Steadman, J. Stein, J. A. F. Storrs, *Grace M. L. Summerhayes, A. Swain, *Victoria W. Symonds, R. C. Tatham, E. W. P. Thomas, G. W. R. Thomson, C. H. C. Touissant, H. Treissman, *Bertha Turner, J. H. M. Walker, J. Wallman, S. E. Walmsley, E. J. Warburton, C. A. Wells, B. G. Wheatley, H. D. E. Whitman, C. H. Wight, G. Wignaraja, E. R. P. Williams, H. K. Williams, F. A. Wilson, *Ellen E. Wirtz.

* Under the Medical Act, 1876.

An alteration in By-law 194 was proposed permitting the election of women as Fellows of the College. This was passed for the first time. It will require to pass a second time at a subsequent comitia before becoming operative.

Dr. W. S. A. Griffith drew attention to a paragraph in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of October 4th, 1924, relating to an instruction by the American immigration authorities that persons who desire to emigrate from this country to the United States must be examined by medical practitioners who are members of the British Medical Association. After some discussion, in which Dr. R. A. Bolam who was present, joined, a resolution was passed drawing the attention of the President of the General Medical Council to the injury the proposed arrangement would inflict on medical practitioners in this country who are not members of the Association, and who would be precluded from giving medical certificates even to intending immigrants who were their own patients.

A report was received from Dr. Drewitt concerning the Chelsea Physic Garden. It was directed that this should be entered on the minutes.

The President announced the award by the Royal College of Surgeons of the Jenks Scholarship for 1924 to Mr. Antony R. C. Higham.

A report was received from the Committee of Management in regard to the institutions recognized for the courses of instruction for the several special diplomas.

Sir William Hale-White was reappointed a member of the Committee of Management. Books and other gifts presented to the library during the past quarter were received and the thanks of the College were returned to the donors. After some formal College business had been transacted, the President dissolved the comitia.

CORRECTION.—The announcement published last week (p. 838) of Mr. Michael G. O'Malley's appointment as Professor of Surgery should read University College, Galway, and not Cork, as printed; Professor C. Yelverton Pearson still holds the Professorship of Surgery at University College, Cork.

The Services.

TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following officers of the R.A.M.C.(T.A.): Majors F. W. B. Young, A. Walker, D.S.O., and G. B. Gill, and Captain E. B. Keen.

14TH STATIONARY HOSPITAL DINNER.

THE fifth annual dinner of the medical officers of No. 14 Stationary Hospital will be held on Friday, December 12th, at the Trocadero Restaurant, Piccadilly, at 7.15 for 7.45 p.m. Lieut.-Colonel J. R. Harper, C.B.E., will be in the chair. The price of the dinner is 15s., exclusive of wines. Evening dress or dinner jacket will be worn; miniature medals optional. The honorary secretaries are Lieut.-Colonel H. M. Perry and Dr. H. L. Tidy, 39, Devonshire Place, W.1.

V.A.D. TRAINING IN MILITARY HOSPITALS.

THE War Office announces that arrangements have been made for a short course of annual training in military hospitals for a limited number of Voluntary Aid Detachment nursing members. Instructions as to joining will be issued in each case from the War Office. No pay will be issuable for the period of training, but those attending the course will have board and washing allowance at the rate applicable to members of Queen Alexandra's Imperial Military Nursing Service.

Medical News.

In connexion with the forthcoming election of direct representatives to the General Medical Council, a meeting has been arranged by the Birmingham Branch of the British Medical Association to be held at the Medical Institute, 154, Great Charles Street, Birmingham, on Monday, November 10th, at 4.15 p.m., when Dr. J. A. Macdonald and Sir Jenner Verrall will address their prospective constituents. At a meeting convened by the Lancashire and Cheshire Branch to be held at the Brasenose Club, 94, Mosley Street, Manchester, on Tuesday, November 11th, at 4.15 p.m., Dr. R. A. Bolam and Dr. H. B. Brackenbury will speak. The election address of the four British Medical Association candidates was published in the Supplement of last week (p. 161), together with the first list of supporters; a further list of supporters appears in the Supplement this week.

The next Chadwick public lecture will be on "The rat menace—its true significance and how it can be minimized," by Mr. T. Mark Hovell, F.R.C.S., in the Barnes Hall, Royal Society of Medicine, 1, Wimpole Street, on Monday, November 10th, at 8 p.m.

During November a course in venereal diseases will be held at the London School of Dermatology (St. John's Hospital). At St. Mark's Hospital a two weeks' course in proctology will be held from November 10th to 22nd, and at the Chelsea Hospital for Women a course from Friday, November 21st, to December 6th. At the Royal Waterloo Hospital a course in medicine, surgery, gynaecology, and children's diseases will be given from November 24th to December 12th. Syllabuses of the courses may be obtained from the Secretary of the Fellowship of Medicine, at No. 1, Wimpole Street, W.1.

Under the Workmen's Compensation Act a medical board will probably be appointed shortly to undertake the examinations required by the Refractories Industries (Silicosis) Scheme, and in our advertisement columns to-day there appears an announcement about the two whole-time medical officers who will be required. The board will have its centre at Sheffield, and the senior medical officer appointed must have had not less than ten years' practice in the diagnosis of respiratory diseases, with special experience of silicosis. It is intended to imitate as far as possible the South African scheme and provide opportunities for systematic scientific research.

At the quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland, to be held at 11, Chandos Street, W.1, on November 20th, at 2.30 p.m., Dr. G. de M. Rudolf will read a paper entitled "Malarial treatment of general paralysis: some psychological and physical observations."

The new home for nurses of the Royal Northern Hospital, Holloway, was opened by Princess Louise, Duchess of Argyll, on October 30th. The new building, affording accommodation for 58 nurses, is part of a scheme to provide for 120 nurses, with administrative offices, classrooms, and dining rooms.

The post-graduate lecture at the Royal Dental Hospital of London by Mr. D. P. Gabell, announced for November 19th, has been postponed until January 30th, 1925.

The meeting of the Royal Sanitary Institute at 90, Buckingham Palace Road, S.W.1, on Tuesday, November 18th, at 6 p.m., will be devoted to a discussion on the economic value of the healthy infant and the New Zealand welfare work to the State.

At a meeting of the Pathological Section of the Liverpool Medical Institution on October 30th Professor J. M. Beattie read a paper on the carriage of infection by rats, with special reference to foot-and-mouth disease. From the lymphatic glands of an animal not considered by the Ministry of Agriculture to be infected he had obtained a virus which by inoculation caused lesions of the feet and mouth in rats, and was transferable from one rat to another. In the routine examination to protect the community from plague 55 rats out of 279 examined were found to have lesions of the feet and mouth similar to those produced by this virus, and the frequency varied with the outbreaks of foot-and-mouth disease in the city. A map shown demonstrated clearly that these diseased rats were mostly obtained from sewers leading from the abattoirs, farms, and butchers' shops where the disease was known to have occurred. Other rats from the infected areas showed similar lesions, even gelatinous degeneration of the lungs.

Sir George Wills is making a gift of £50,000 to the Bristol General Hospital, of which he is president, for providing an additional nurses' home and a new out-patient and casualty department.

The annual Armistice Dinner of the Belfast University Services Club will be held in Thompson's Restaurant, Belfast, on Tuesday, November 11th, at 7.15 p.m. At 11 a.m. on Armistice Day wreaths in memory of fallen Queen's men will be placed at the Cenotaph, Whitehall, and at the War Memorial in the University grounds.

The Royal Anthropological Institute announces that the Huxley Memorial Lecture will be delivered this year on Tuesday, November 25th, at 8.30 p.m., in the rooms of the Royal Society, Burlington House, Piccadilly, by Professor Réné Verneau, who has chosen as his subject "La Race de Neanderthal et la Race de Grimaldi: leur rôle dans l'Humanité."

A memorial to Italian doctors who fell in the war was unveiled at Florence on November 1st in the presence of the King and Queen of Italy.

The November issue of the *Traveller in France*, an official publication issued by the Office Français du Tourisme (55, Haymarket, S.W.1), gives an account of the mountain passes in the Alps considered as winter health resorts. Brief descriptions are given of Vernet-les-Bains, Corsica, and Grenoble.

The late Sir Frederick Needham, M.D., formerly a Commissioner of the Board of Control, has left estate of the gross value of £29,381, with net personalty £28,905.

The medical school of Pondicherry in French India, which was founded in 1823 and reorganized in 1863, has granted nineteen medical diplomas during the last ten years. The average yearly number of medical students during this period has been 14.5.

We have received a well illustrated pamphlet on open-air schools in New Zealand—published in Christchurch—by I. G. MacInnes, Dr. N. B. Phillipps assisting in its preparation. The measures for dealing with adverse winds are shown, and an account is given of the progress of this movement since 1904. As the author states, "the open-air school is the logical sequel to the Plunket scheme."

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.* Authors desiring reprints of their articles published in the British Medical Journal are requested to communicate with the Financial Secretary and Business Manager, 429, Strand, W.C.2, on receipt of proof.

All communications with reference to advertisements as well as orders for copies of the Journal should be addressed to the Financial Secretary and Business Manager, 429, Strand, London, W.C.2. Attention to this request will avoid delay. Communications with reference to editorial business should be addressed to the Editor, British Medical Journal, 429, Strand, W.C.2.

Correspondents who wish notice to be taken of their communications should authenticate them with their names—not necessarily for publication.

Communications intended for the current issue should be posted so as to arrive by the first post on Monday or at latest be received not later than Tuesday morning.

The telephone number of the British Medical Association and British Medical Journal is Gerrard 2630 (Internal Exchange). The telegraphic addresses are:

EDITOR of the British Medical Journal, *Aitiology Westrand, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westrand, London.*

MEDICAL SECRETARY, *Mediocra Westrand, London.*

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.

Epileptiform Fits.

"H. C. B." asks for suggestions for the treatment of epileptiform attacks in a little girl aged 5. The attacks sometimes resemble those of grand mal and sometimes those of petit mal; they began at 4 months old. At first and up to a year ago they occurred every two or three weeks, but they are now much more frequent—about every two days. The bromides, borax, belladonna, luminal, dial acetin, and glandular extracts have all been tried, but our correspondent could not satisfy himself that any one of them had any real effect whatever on the fits. Chloral controlled them when as an infant the child was once or twice threatened with status epilepticus. She is backward, but not "mental"; the physical condition is perfect.