

under exactly the same conditions as were used for the pregnant women. The other control figures are from the report of L. D. Cripps. The observations were made on different groups of women of varying ages; none, however, are strictly comparable in age

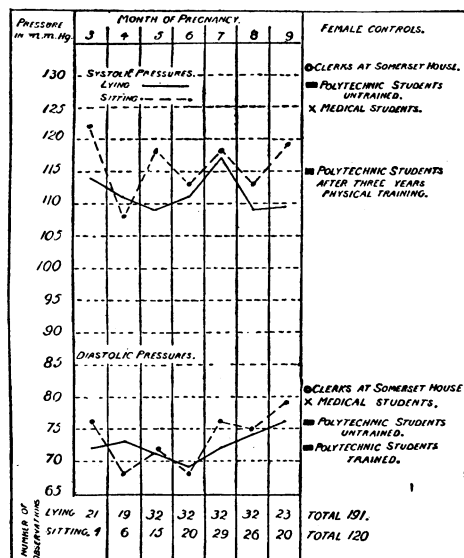


CHART VI.—Blood pressures—sitting and lying.

and mode of life with the working-class housewife who forms the majority of my cases. The actual range of systolic readings is not shown on the chart, but in 191 cases of pregnancy a record above 140 mm. of mercury was made only four times, and records above 130 mm. only ten times.

The fact that these higher readings are so exceptional reaffirms what has been stated by many observers, that a high systolic pressure in pregnancy calls for very careful investigation to exclude toxæmia. A record of the pressure should be made in the early months as a routine, or a high normal pressure may give rise to anxiety if discovered only in the later months. A patient, aged 29, had a systolic pressure of 150 mm. of mercury in the fourth month, and 140 mm. in the ninth month. Intervening records were rather lower. She was apparently quite healthy and had a normal confinement. The diastolic pressure curve rises in the ninth month, though not above the limit of normal control figures. A larger series of cases needs to be studied to establish this finding.

Conclusion.

I have put before you in a condensed form some results which have been obtained from the examination of a series of normal pregnant women. These results show for the most part a high degree of "normality" in the adjustments of the circulation. One may say that the rate of the pulse, whether lying, sitting, or standing, is normal, and that the response to change of position is normal, though in the eighth month there is a slowing of the pulse rate when sitting as compared with lying, which may be associated with the position of the uterus and pressure on the diaphragm.

The exercise test is well performed throughout, but the return of the pulse to the resting rate after the exercise is slower in the earlier months; this may mean that the efficiency is less, but in other tests it appears that the fourth month is a period when the heart is more easily excited to a rapid rate than later in pregnancy.

Blood pressures show no tendency to rise with the advance of pregnancy and are indeed throughout on the low side of normal.

The application of the knowledge gained by physiological tests is obviously important to the better understanding and treatment of pathological conditions. It is with this goal in view that the present investigation is being carried on and that I have ventured to bring this preliminary report to you to-day.

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- 2 Fellner, O. O.: *Monats. Geb. u. Gyn.*, 1913, xxxvii.
- 3 Pardee, H. E. B.: *Amer. Journ. Obstet. and Gyn.*, 1922, iii, 670.
- 4 Weiss, R.: *Klin. Woch.*, 1924, iii, 106.
- 5 Mackenzie, Sir J.: *Heart Disease and Pregnancy*.
- 6 Hunt, G. H., and Pembrey, M. S.: *Guy's Hosp. Reports*, 1921, lxxi, 415; *Ibid.*, 1922, lxxii, 367.

DISCUSSION.

Mr. R. H. PARAMORE (Rugby) said the pulse rate and blood pressure in different periods of pregnancy were determined by many factors. Of these, the volume of the blood and the possibly changing volume of the blood (which might explain in part the low non-protein nitrogen content of the blood in normal pregnancy) was important. The speaker believed the heart hypertrophied in pregnancy. The foetus had its own circulation, and the foetal heart determined (to a large extent) that circulation; but the maternal peripheral resistance was increased by the placenta. It was an error to suppose that the maternal peripheral resistance was caused only by the (maternal) arterioles. In the state of attention (in the non-pregnant) there was an increased blood flow through the brain; this was conditioned by a tightening up of all the muscles of the body. This increased muscular tonicity caused a greater difficulty of the blood flow through the muscles (by constricting the muscular capillaries), and a greater difficulty of blood flow through the capillaries permeating the abdominal visceral mass, which was more compressed by the tightening up of the abdominal wall muscles and thoracic diaphragm. Thus a higher aortic pressure resulted, and a greater blood flow through the brain. The peripheral resistance was caused, not only by the arterioles, but considerably or to a large extent by compression of capillaries. In pregnancy the capillary resistance in the abdomen, in many cases, was increased: the superficies of the abdominal wall had become much greater, and the tonicity of the abdominal wall muscles so augmented that separation of the recti occurred. A distinction between the condition of affairs affecting the circulation in primigravidae and in pregnant multiparae had not been made, but it was important. In the brief moments left for discussion it was impossible either to criticize or augment the argument, but the subject was essential to an understanding of the metabolic state of the individual in pregnancy.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE NON-LUETIC ARGYLL ROBERTSON PUPIL.

I HAVE previously reported seven cases of Argyll Robertson pupil which had distinctive features, and in particular were not associated with syphilis.¹ The characters were:

1. That they were inactive to light stimulus, whether direct or consensual.
2. They reacted slowly with convergence.
3. Five of the seven cases were unioocular.
4. Accommodation was intact in every case.
5. They dilated fully with mydriatics.
6. The knee-jerks were present in every case.
7. In none was there evidence of parasympathetic or any other general nervous disease even after so long as thirteen, thirty-six, and forty years in three cases.

It seemed probable that some at least of these cases were congenital.

Kinnier Wilson,² in his excellent articles on the Argyll Robertson pupil, points out that the phenomenon is seen apart from syphilis, as in epidemic encephalitis and insular sclerosis; but makes no reference to cases of this group which seem to be quite unassociated with any diseased condition. They are uncommon, and it seems worth while adding the following case to the previous seven.

A married woman, aged 37, complained that in general her left pupil did not vary in size; she said, however, that occasionally it became very large so that the eye looked like a glass eye, and at other times it became very small, and at either such time her sight was misty.

The right eye was normal in every respect. The left pupil was quite inactive to light stimulus, whether direct or consensual, it reacted slowly with convergence, accommodation was intact, the acuity was 6/6, the fundus was normal, the pupil dilated fully with mydriatics, the knee-jerks were present, and she was perfectly normal and healthy in every way.

¹ *Trans. Ophth. Soc. U.K.*, 1924, xlv, 38, and *Medical Ophthalmology*, second edition, p. 135.

² *Journ. of Neurol. and Psychopath.*, 1921, ii, 1.

There was no evidence of acquired or congenital syphilis. She knew that the condition of the pupil had been present for six years at least, and was prepared to believe that it had been present longer than this; she felt sure, however, that it had not been so all her life.

A point of considerable interest was that her sister, two years younger, had a similar pupil, which she knew had been present for a number of years. I have not previously come across a case in which there seemed to be a familial tendency.

London, W.I.

R. FOSTER MOORE, F.R.C.S.

TREATMENT OF SPRUE WITH CALCIUM LACTATE AND PARATHYROID EXTRACT.

THE results obtained in this case of sprue treated with parathyroid and calcium lactate are, I think, sufficiently good to be placed on record.

An Englishman, born in London, went to the East for the first time early in 1920, as purser in a line of ships running between Calcutta, Madras, Bombay, and Durban. Apart from a few months in England, in the spring of 1922, he remained in this part of the world until the end of 1923, when he returned to England. While at home in 1922 he stated that he suffered for nearly two months from chronic diarrhoea, for which he was treated without relief. On questioning him about his illness nothing suggestive of sprue was elicited. During his service as purser practically the whole of his time was spent on shipboard; except for an occasional day or so he did not live on shore at any time. At the end of November, 1924, he came to East Africa, and resided first at Mombasa and then at Dar es Salaam.

On April 7th he was admitted to the European Hospital, Dar es Salaam. During the previous four weeks he had been suffering from chronic diarrhoea, passing five to seven stools daily. He had been feeling generally unwell for a week, and only able to do his work as a clerk in a shipping firm with an effort. The diarrhoea commenced about 3 or 4 a.m.; it was unaccompanied by any abdominal pain or discomfort, or by any soreness of the mouth or tongue; it had almost ceased by midday. The patient looked ill, sallow, and thin. He weighed 7 st. 12 lb., his normal weight being stated as about 9 st. The stools were typical of sprue, being loose, pale, copious, sour-smelling, and frothy. There was no involvement of the tongue or the buccal mucous membrane.

On the next day, after a preliminary purge of castor oil, a twelve-day course of treatment was commenced, tablets of 1/10 grain parathyroid extract being given each night, and 10 grains of calcium lactate three times a day. The patient during this treatment was kept in bed and put on a milk diet. Improvement in the character and number of the stools was rapid and steadily maintained. From April 13th onwards he never passed more than two stools in the twenty-four hours, and these began to be formed on April 15th—that is, seven days after starting treatment. On April 19th small amounts of solid food began to be introduced into the dietary. On April 23rd a severe attack of subtertian malaria developed, which, although yielding readily to quinine treatment, considerably retarded his convalescence; no return of the diarrhoea occurred. On May 1st soft, formed stools, containing a little faecal colouring matter, were being passed. On May 25th he was discharged from hospital and sent for a short sea voyage, his weight then being 8 st. 2½ lb. On his return his general condition was much improved; he looked and felt well, and his weight was 8 st. 7 lb. On August 10th he returned to work at Mombasa, and was enjoying good health, having had no return of diarrhoea, although the stools were still paler than normal; his weight was 8 st. 6½ lb. It was unfortunate that I could not obtain any estimation of the calcium content of the blood.

I wish to thank Dr. J. O. Shircore, Director of Medical Services, Tanganyika Territory, for permission to report the case.

C. F. SHELTON, M.D., B.S.,
D.T.M. and H.Lond.,
European Hospital, Dar es Salaam.

THE TYPHOID BACILLUS RECOVERED FROM GALL STONES.

THE following case presents certain features of interest from the pathological and bacteriological points of view.

A woman, aged 79 years, in whom cachexia and gradually deepening jaundice was followed by death, was found *post mortem* to have a large tumour growth occupying the region of the gall bladder, with numerous secondary growths throughout the liver substance. Embedded in the substance of the primary growth were about a dozen small faceted gall stones, greenish-black externally.

Bacteriological Examination.

Two of these selected at random were cut with aseptic precautions. The cut surfaces were rubbed with a sterile platinum loop, which had previously been charged with a drop of condensation water from a sterile agar slope, and a slope culture was made. Numerous colonies were present on the slope after twenty-four hours' incubation; these were rubbed off with a platinum loop, and successive streaks were made on a plate of MacConkey's medium (lactose taurocholate neutral red agar). After a further period of twenty-four hours' incubation, numerous

small pale colonies were present on the plate; four of these were subcultured in broth, and were found to be Gram-negative, motile bacilli, which ultimately gave the fermentation reactions characteristic of *B. typhosus*. A further subculture, tested by Dreyer's technique with standard *B. typhosus* antiserum issued by the Oxford Laboratories, agglutinated up to a serum dilution of 1 in 1,000. The identity of the organism may, therefore, be held to be established.

Cultures from both large and small bowels taken at the *post-mortem* examination were negative. There was no definite scarring from ulceration in either bowel. The tumour was an adeno-carcinoma.

The only intestinal trouble recorded in this patient's case was an attack of "mild dysentery" in 1911. Apparently no bacteriological investigations were carried out then, but it is significant that she suffered afterwards from transient attacks of jaundice.

The association of gall stones with typhoid fever has long been known,¹ and *B. typhosus* has on several occasions been isolated from the interior of gall stones as in this case.

We are, I think, justified in concluding that the sequence of events in this patient was (a) typhoid fever, (b) gall stones, (c) carcinoma of the gall bladder.

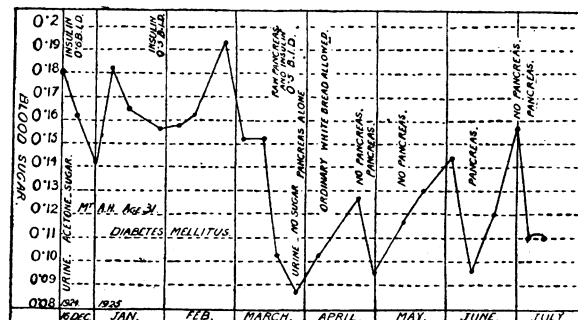
I am indebted to Dr. C. F. Bainbridge, deputy medical superintendent, for permission to publish these notes.

JOHN M. HENDERSON, M.B., Ch.B.Glas.,
Pathologist, Devon Mental Hospital, Exminster.

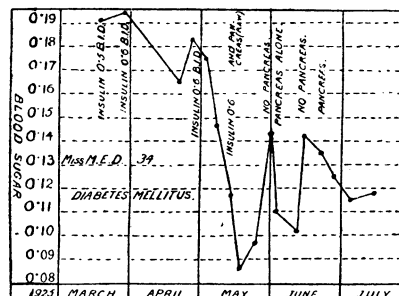
RAW PANCREAS BY MOUTH COMPARED WITH INSULIN.

I HAVE noticed the controversy going on between Mr. R. D. Lawrence (June 13th, 1925, p. 1108) and others with reference to the efficiency of raw pancreas by mouth, and perhaps the following charts, which I believe are self-explanatory, will help to clear up the matter.

The first patient, A. H., aged 31, a felt-hat maker, was sent into hospital practically comatose; he has now gained 10 lb. in weight and returned to work, using no insulin, only raw pancreas.



The second patient, Miss M. E. D., aged 34, has had pulmonary tuberculosis for at least six years, and only recently had symptoms of diabetes mellitus. She has greatly improved, has gained 6 lb., and feels well. She is taking pancreas, using 0.25 c.cm. insulin daily when pancreas is not available.



The cases, I believe, are more interesting because of the relative youth of the patients. The pancreas is prepared by first putting it in brine for two days and then mincing with any raw greens—lettuce, cress, etc. The patients assure me that they have become quite accustomed to the mixture, of which they take a tablespoonful before each meal. Neither patient is now on a strict diet. I have to thank the pathologist at the Preston Royal Infirmary for taking the blood sugars.

Preston.

J. BERNSTEN.

¹ See among others, Osler, *Principles and Practice of Medicine*, p. 560.

VACCINATION AND SMALL-POX ON THE WITWATERSRAND.

THE experience of the Witwatersrand, including Johannesburg, during the 1905-6 small-pox epidemic produced striking and compelling mass evidence of the preventive value of vaccination, the publication of which has hitherto been overlooked. The Europeans, and especially the "coloured" (Malays, Indians, and half-castes), were very indifferently protected by vaccination, which was not then compulsory amongst them; the native workers (but not their women and children) were compulsorily vaccinated.

Chinese miners, who possess no racial immunity against small-pox, had been vaccinated at the ports of embarkation, and any unsuccessful or doubtful "takers" were vaccinated again at Durban.

The following are the official figures:

	Population.	Small-pox Cases. ⁴	Proportion of Cases to Population.
Europeans ¹	116,670	149	1 in 783
Coloured ¹	14,357	35	1 in 410
Natives Males, 160,000 ² Females, 8,611 ²	168,611	28	1 in 6,021
Chinese ³	46,772	Nil	Nil

¹ Census, 1904. ² Native Affairs Department return. ³ Chamber of Mines. ⁴ Medical Officer of Health's records.

The fact that not one single case occurred amongst the 46,772 well vaccinated Chinese who worked alongside the Europeans and natives is notably significant.

Again (as shown by the Government mining engineer's return), at the Village Main Reef Mine the white workers numbered some 308 and were mostly indifferently vaccinated: the natives averaged 2,233 and were well vaccinated. Ten cases occurred amongst the 308 white men, but none amongst the 2,233 natives who worked with them.

CHARLES PORTER, M.D., Hon.LL.D., D.P.H.,
Medical Officer of Health, Johannesburg.

Reports of Societies.

EARLY TREATMENT OF MENTAL DISORDERS.

A JOINT meeting of the Section of Psychiatry of the Royal Society of Medicine and the Medical Section of the British Psychological Society was held on October 28th, under the chairmanship of Dr. R. H. COLE, to discuss the early treatment of mental disorders.

Physical Factors.

SIR MAURICE CRAIG said that in mental disorder physical factors were as important as psychological factors, if not more important, and at present it was the physical factors which were again being emphasized in psychological medicine. Long experience had taught him the primary importance of disturbed emotion, but he had also learned that there was something which prepared the way for abnormal emotional activity—namely, a general hypersensitivity of the organism. This affected both mental and physical reactions, and brought about fatigue, whereupon the organism became subject to toxic influences. There were cases in which emotional shock seemed to be the only exciting factor in mental disturbance, but in the majority of instances the severity of the symptoms would largely depend upon the preceding sensitivity of the nervous system. With regard to psycho-analysis, it was increasingly evident that the teaching of Freud was more valuable as a factor in education than as a basis for treatment. He was aware that many persons had had their symptoms relieved by psycho-analytical methods of treatment, but the question was whether the majority of these persons would not have derived the same relief from other methods, with less expenditure of time. He had long been in doubt whether repressions and forgotten conflicts were as impor-

tant as the Freudian school supposed; emotional reactions, in his opinion, were much more likely to bring about mental disorder. No one method of psychotherapeutic treatment could be regarded as all-sufficing. He went on to speak of the many conditions on the physical side which called for treatment in relation to mental disturbance. It was a matter of common experience that mental disturbances resulted from toxæmia, but the very striking effects which might follow from what appeared to be quite insignificant toxic causes were only beginning to be appreciated. To employ purely psychotherapeutic methods in a toxic condition was to waste time, and perhaps to endanger the life of the patient. Of recent years there had been overwhelming evidence of the toxic effects on the nervous system of the organism which gave rise to encephalitis lethargica. Again, there were persons who had an idiosyncrasy with regard to certain foodstuffs; he had seen epileptic fits and mental confusion follow the ingestion of eggs, and three cases of delirium supervene upon a meal of mushrooms. The part played by the endocrine glands had also to be kept in mind. Finally, he touched upon sleeplessness. Some persons were much more intolerant of lack of sleep than others; indeed, there were individuals who became definitely insane within a few days if sleep was not obtained. Sleeplessness was not treated in a systematic way. Owing to undue timidity, hypnotics were withheld. The chief objection to hypnotics was the fear of inducing a habit, but experience had taught him to be much more afraid of the effects of sleeplessness than of the almost negligible danger of addiction. It was continually being urged that this or that drug should be added to the Dangerous Drugs list, either because of the danger of addiction, or because the drug might be used for self-destruction. Some medical men thought of sleeplessness only in terms of bromides. Bromides were liable, however, to damage the lining of the stomach, and in large doses often led to great confusion of mind. He had not infrequently been called in to consider the certification of a patient whose most urgent symptoms had resulted from the administration of bromides. Of course, more especially in small doses, these drugs had a role of great value in medicine, but their value in sleeplessness was much more doubtful. The drugs of the barbitone group had come in for a good deal of criticism, but in his practice dial and medinal were the drugs which he had found to give the best results in sleeplessness.

Psychological Factors.

DR. WILLIAM BROWN agreed that in all mental disorder there was a physical disturbance, however slight, and in the treatment of such disorder it was obviously necessary as far as possible to deal with that physical disturbance directly. Experience showed that a great deal of mental disturbance which might become permanent followed upon infections. A disturbance of the endocrine glands also had a pronounced reaction on the functions of the nervous system. Infection and toxic absorption seemed to react primarily upon the thyroid gland, and through it influenced the nervous system, and so the mind. Fatigue and physical exhaustion might be factors in mental trouble, and these should be dealt with on the physical side by prescribing rest. At present, however, there seemed to be little danger of these physical factors in mental disorder being underestimated; the danger was on the other side—that medical men should neglect the psychological avenue of approach. In many forms of mental disorder the causal factor was more directly psychological, and in most cases there was an interaction of mental and physical factors. So far as the physical factors could be demonstrated they should be dealt with along the appropriate physical lines, but on the mental side the disturbance should be dealt with on psychological lines, and that was where the real problem of mental disorder came in. The distinction between so-called functional disturbance and organic or structural change was important. It might be assumed that in nervous illness in which there was organic or structural change mere correction of function would be inadequate, but the difficulty of such a view was that a disturbance of function could hardly be conceived without involving some disturbance of structure. All that could be said was that if a disease was predominantly functional it was specially amenable to psychological treatment which had the effect of altering function

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE Special Board for Medicine has appointed Dr. L. Cobbett, Sir F. G. Hopkins, and Mr. G. E. Wherry as members of the M.D. Degree Committee for the present academic year.

Professor H. R. Dean, M.D., has been elected to fill one of the two vacancies on the Council of the University Senate.

At a congregation held on October 30th the following medical degrees were conferred:

M.D.—G. H. Oriel.
M.B., B.Chir.—J. H. Francis, R. Cove-Smith, H. J. H. Hendley,
L. C. Walker, J. A. W. Robertson.
M.B.—J. Russell.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly comitia of the Royal College of Physicians of London was held on October 29th, at 5 p.m., when the President, Sir Humphry Rolleston, Bt., was in the chair.

Members.

The following candidates were admitted Members, having passed the necessary examinations:

Wm. Fielding Addey, M.B., Harold Gilbee Anderson, M.B., Tridib Nath Bandgopadhyay, M.B., Ambuj Nath Bose, M.B.E., M.B., I.M.S., Reginald Thomas Brain, M.B., Oscar Brenner, M.D., Frederick John Henry Campbell, M.D., Weldon Dalrymple Champneys, M.B., Samuel Harold Cookson, M.D., Gerard John Crawford, M.D., Thomas Howard Crozier, M.D., Cyril Lloyd Elgood, M.B., Rowland Beattie Fawkes, L.R.C.P., Louis Forman, M.B., William Innes Gerrard, M.D., Paul Currey Gibson, M.D., Francis Henry Knethell Green, L.R.C.P., Geoffrey Haddfield, M.D., Frederick Wood Hamilton, M.D., Richard Anderson Hickling, M.B., Ronald Epey Lane, M.B., Edward Bertram Marsh, M.C., M.B., James Maxwell, M.B., Alan Aird Moncrieff, M.B., Benjamin Brantford Morgan, M.D., Milroy Aserappa Paul, L.R.C.P., Wilfred Percy Henry She don, M.D., John Forest Smith, L.R.C.P., Norman William Snell, M.B., Frederick Henry Wickham Tozer, M.B.Lond., Francis Cyril Oliphant Valentine, L.R.C.P., Richard Herbert Wade, M.D., George Frederick Walker, M.D., Adam White, M.D.

Licences.

Licences to practise were granted to the following 211 candidates:

A. R. Adderley, R. D. Aiyar, V. M. Albuquerque, C. R. Alderson, R. B. Alston, R. C. Amies, *Leah Appell, H. K. Ashworth, A. A. Atkins, D. G. Balakirsky, C. V. N. Balry, W. A. Ball, K. Bandaly, J. V. Bannehr, T. F. Barlow, J. M. Bassett, J. E. Beal, A. D. Bellios, H. S. Bell, W. T. E. Blackmore, *Kathleen Blake, V. H. Brink, J. M. Brodick, G. P. Brooks, W. Buckley, *Margaret A. L. Buckner, *Olive K. Burnett, *Isabella M. G. Butler, J. P. Carpenter, *Fanny L. Catlle, B. T. Chadwick, W. S. Chapman, *Dorothy A. Chown, L. M. Clark, C. D. Coatswell, R. Collins, A. N. Coomara-amry, P. F. S. Court, *Anne A. Craig, P. E. J. Cutting, A. J. Daly, A. C. Dalzell, S. W. Davies, G. Dietrich, J. Dockray, W. H. Dowell, *Muriel E. Drew, J. J. F. Dunn, *Dorothy Durance, J. Y. Eccles, N. L. Edwards, A. Elliott, *Norah A. M. Empson, *Brenda H. English, I. A. Evans, O. F. Farndon, R. R. Fells, S. J. Firth, P. H. Flockton, A. C. Gairdner, S. E. Gawthrop, H. Geary, J. F. E. Gillam, B. M. C. Gilsenan, G. N. Golden, J. G. Goodman, M. Gottfried, E. P. Gough, *Phyllis M. Grainger, H. W. Greenwood, *Margaret H. Greg, G. J. Gre erson, J. C. P. Grey, H. R. Griffin, *Sarah P. M. Griffiths, T. A. Griffiths, W. S. Grove, L. J. Haydon, A. B. Hewlett, J. D. Hindley-Smith, J. C. Hoag, D. P. Holmes, L. Holmes, T. K. Homer, J. P. Huins, *Ruth T. Hurnard, D. S. Jackson, I. A. Jackson, *Isabel E. S. James, R. Jones, *Adele A. Kahan, M. E. Lampard, I. Landon, D. M. Lang, C. G. Le Coultard, A. H. Levers, H. M. Levy, S. Levy-Simpson, R. Lewthwaite, D. W. E. Lloyd, *Mary C. Luff, *Joan L. Lush, J. D. S. McGeech, H. W. S. Mackenzie, W. K. McKinstry, S. B. Malik, *Margaret C. Malone, C. Marian, R. Marnham, R. G. Mathews, R. G. Mathews, *Mary A. Monro, D. G. Morgan, *Clara Mendelssohn, R. D. Milford, *Mary K. V. ead, J. A. A. Meikelburg, *Gertrude M. E. Morgan, W. S. Morgan, G. C. Morris, *Una F. M. Morton, W. Murphy, R. G. Netherly, F. M. Newham, H. A. Nicholls, G. A. H. Norman, D. W. C. Northfield, H. E. Nourse, *Eileen A. Nugent, T. C. Oakley, M. Odess, D. Oliver, C. J. S. O'Malley, A. Orliansky, *S. G. Pandit, C. F. Parry, F. P. Parsons, G. Paterson, H. L. Peake, L. V. Pearson, B. Perchman, J. D. L. Perera, D. Plum, C. G. E. Plumstead, F. H. Pratt, J. D. Procter, W. E. H. Quennell, R. L. Quilliam, R. J. Rankin, J. D. Rear, L. J. Richards, K. E. R. Robertson, P. H. Rossier, C. J. Rozario, E. J. Rubra, N. L. Russell, I. J. Sachs, K. G. Salmon, J. N. Sankey, *Ethel M. Sargent, A. G. Schroeder, C. R. Selous Jones, E. M. Shackel, J. W. Shackie, *Sara C. A. Sharp, J. Silverstone, T. St. J. H. Silvester, H. Simmonds, G. Simon, E. M. Smith, K. S. Smith, R. E. Smith, E. Sorabjee, J. Spencer, A. L. Stephen, I. H. K. Stevens, *Gertrude H. C. Stinson, *Mary Stirk, R. G. Strouts, B. R. Sworn, C. C. Tafts, G. K. Taylor, S. P. Taylor, *Elizabeth L. Taylor-Jones, G. A. J. Teasdale, E. J. E. Topham, *Mary C. Tugman, A. B. W. Van Zyl, W. A. Vickers, D. Vidofski, J. Viljoen, R. J. Vince, D. C. Virmani, I. N. Vitenson, *Florence M. Wallen, W. F. Waudby-Smith, J. K. G. Way, R. Wear, *Elizabeth M. Weideman, P. Weiner, A. S. Wesson, *Joyce E. M. White, J. D. V. Wijeyaratne, D. P. Williams, T. I. Williams, H. L. Wilson, H. F. Wilson, F. G. Winterton, J. T. Woodhead, A. T. Worthington, E. W. C. Woutersz.

* Under the Medical Act, 1876.

Dr. J. A. Nixon of Bristol was appointed an Examiner in Medicine, to serve until July, 1927, in the place of Dr. J. W. Russell (Birmingham), deceased.

A report was received from the President of the College, who had attended the International Prison Congress as delegate.

The alterations in the by-laws relating to the examinations for the Membership were read a second time and passed. Copies of the revised regulations can be obtained from the Registrar; and a general indication of the changes will be found in a paragraph printed in the JOURNAL this week at page 860.

A letter from Dr. Daniel O'Connell Finigan, asking that the Membership which he resigned in 1912 might be restored to him, was read a second time. The application was granted.

Dr. R. A. Young was re-elected a member of the committee of management, and a report of a formal nature was received from the committee.

The President announced the award of the Streatfeild Scholarship to Norman Leslie Capener, F.R.C.S., whose subject of research is "The comparative anatomy and function of the prostate gland"; of the Jenks Scholarship for 1925 to Oliver Ives, of Guy's Hospital Medical School, and formerly of Epsom College; and, by the University of Edinburgh, of the Murchison Scholarship for 1925 to Miss Sidney Elizabeth Crokery.

After some other College business of formal character, the President dissolved the comitia.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At the annual meeting of Fellows and Members to be held at the College on Thursday, November 19th, at 3 p.m., a resolution will be moved on behalf of the Society of Members of the Royal College of Surgeons of England, reaffirming the desirability of admitting Members to direct representation upon the Council of the College, and requesting the Council (now about to apply to the Privy Council for a supplementary charter) to avail itself of this opportunity to insert a provision therein for some representation of Members, as such, upon the Council. The resolution will be moved by Dr. L. Haden Guest, M.P., and supported by Dr. J. O'Donovan, Mr. M. J. Smyth, F.R.C.S., and Mr. F. Lawson Dodd.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

SURGERY.—R. F. Ashkeny, A. O. Dreosti, C. L. Froehlich, E. J. Newman, M. Pettigrew, M. V. Roberts, G. E. Rowan, P. B. Skeels, J. Tarshish, M. E. G. Wilkinson, H. J. F. Wood.

MEDICINE.—M. Bannounah, A. O. Dreosti, A. M. El Mishad, A. L. Evans, C. L. Froehlich, T. H. Harrison, M. Hook, N. H. Ibrahim, F. G. Martin, P. B. P. Mowles, E. J. Newman, E. H. Rampling, F. Reynolds, L. A. Rostant, G. H. Shanley, J. Tarshish.

FORENSIC MEDICINE.—A. F. Brigmen, V. G. Crowley, A. O. Dreosti, A. L. Evans, W. O. H. Evans, N. H. Ibrahim, F. G. Martin, K. G. B. McMahon, F. Reynolds, G. H. Shanley, M. E. G. Wilkinson, F. Winelake, H. J. F. Wood.

MIDWIFERY.—J. H. Clapp, T. K. Clifford, S. W. Cuff, A. O. Dreosti, M. Hook, E. P. Hyde, E. J. Jones, P. H. L. Moore, T. C. Pain, F. Reynolds, J. B. Scarr, H. J. F. Wood.

The diploma of the Society has been granted to Messrs. J. H. Clapp, S. W. Cuff, A. O. Dreosti, A. L. Evans, T. H. Harrison, E. P. Hyde, N. H. Ibrahim, E. J. Newman, F. Reynolds, M. V. Roberts, G. H. Shanley, P. B. Skeels, M. E. G. Wilkinson, F. Winelake, H. J. F. Wood.

Obituary.

GEORGE HAYNES FOSBROKE, M.R.C.S., D.P.H.,

County Medical Officer of Health for Worcestershire.

We regret to announce the death, on October 27th, of Dr. G. H. Fosbroke, at the age of 75, after an illness lasting nearly a year. He died in the house at Bidford-on-Avon in which he himself, his father, and his grandfather had been born.

George Haynes Fosbroke received his medical education at the Westminster Hospital, and obtained the L.S.A. in 1871, the M.R.C.S.Eng. diploma in 1872, and the D.P.H.Camb. in 1875. During his student days he served as a surgeon's assistant in the Franco-German war, and subsequently received the French war medal. The Royal Commission at the end of 1871 led to the establishment of a public health service, the old Poor Law being superseded by the new Local Government Board; medical officers of health were appointed for different parts of the country, and in 1873, after holding house appointments at the Westminster Hospital, Dr. Fosbroke was appointed whole-time medical officer of health to the combined rural and urban districts of Stratford-on-Avon, Evesham, and Alcester. In 1890 he was appointed the first medical officer for the Worcestershire County Council, and, at his death, he was the last surviving county medical officer of those who were originally appointed when these posts were first created. His duties were extended in 1906 by his appointment as chief medical officer to the Worcestershire Education Committee. Dr. Fosbroke published articles in the BRITISH MEDICAL JOURNAL and elsewhere on cancer, the etiology of diphtheria, copper poisoning, the Midwives Act, and on sanitary matters generally. He was summoned as an expert witness before the Royal Commissions on physical deterioration and the metropolitan water supply. He was a Fellow of the Society of Medical Officers of Health, and a member of the Epidemiological Society. He leaves no children, and so ends one of the last branches of

an English country family whose members for nearly 600 years have remained close to their original home.

For the following appreciation we are indebted to Dr. MIDDLETON MARTIN, County M.O.H. for Gloucestershire:

Comparatively young as is the public health service, the time has arrived when it must be expected that the pioneers will have finished their allotted task. Yet when the death of one of them is reported deep regret is felt, and the loss of Dr. G. H. Fosbrooke is by no means the least of those which we now have to deplore. Evidently in his early days he was impressed with the possibilities of preventive medicine, for he was one of the very small number of whole-time officers appointed in 1873 for groups of sanitary districts, which included the late Dr. Francis Bond, in the neighbouring county of Gloucestershire. Dr. Fosbrooke's determination to equip himself fully for his life's work is shown by the fact that in 1875 he sat for the first examination held at Cambridge University for the diploma in public health. The esteem felt for him by his medical colleagues was indicated by his election in 1881 as president of the Birmingham and Midland Association of Medical Officers of Health, which became a branch of the parent society in 1888. There can be little doubt that it was largely as a result of his work and influence that the Worcestershire County Council was one of the first to take advantage of the permissive powers granted by the Local Government Act of 1888 to appoint county medical officers of health; this decision was not reached without considerable opposition, meetings of protest being held in a great number of places in the county. The final result was that the Worcestershire County Council was fortunate enough to secure the services of Dr. Fosbrooke as county medical officer of health in 1890, and with his assistance it became one of the most progressive authorities in promoting public health measures; this appointment he held for thirty-five years. Not only was he successful and happy in his own branch of work, but he had the capacity, not usually possessed by whole-time medical officers of health in those days, of maintaining friendly relations with his colleagues in general practice. This was demonstrated particularly by his election to the presidency of the Worcestershire and Herefordshire Branch of the British Medical Association in 1894. Dr. Fosbrooke's public health work was not restricted to Worcestershire; he acted as adviser to the Gloucestershire County Council from 1900 to 1902, and summarized the public health reports for those years. He was also the representative of the Local Government Board on the London Sanitary Inspectors' Examination Board, and was an examiner for the Royal Sanitary Institute. In 1902 he was largely instrumental in founding the Knightwick Sanatorium for Tuberculosis, which, starting with sixteen beds, became, in 1915, the King Edward VII County Memorial Sanatorium, with eighty-six beds. Of him it may be said generally that there are few men in the public health service who have been more successful in promoting the true aims of preventive medicine, and this in a quiet, unassuming manner which overcame prejudice and encouraged the local authorities of Worcestershire to establish numerous works of water supply and sewerage to the advantage of the population of to-day and of generations to come. While these constructional works will long remain to be memorials of his public health activity, Dr. Fosbrooke realized that preventive medicine had a far wider scope, and in few counties is there a more lively public health atmosphere than that which he was successful in generating in Worcestershire. As a man there were few more welcome in any sphere of life, for Dr. Fosbrooke was a sportsman in the best sense of the word. This was shown by his form of recreation, which was open-air sport; from boyhood to the time of a hunting accident he was a well known follower of three packs of foxhounds, and from 1876 to 1883 he was master and huntsman of the Bidford-on-Avon harriers. Incapacitated for this sport by his accident, game shooting took its place, and, instead of a prolonged annual holiday, days spent in shooting—perhaps the better form of recreation—gave him the change he needed from official work. To younger men in the service he was particularly kind, and many owe him a deep debt of gratitude for his generous help and encouragement.

The deaths of the following foreign members of the profession have recently been announced: Dr. E. Schwartz, honorary surgeon to the Paris hospitals and member of the Académie de Médecine; Dr. Richaud, professor of pharmacology and materia medica in the Paris faculty of medicine; Dr. Ranwez, president of the Belgian Royal Academy of Medicine, and professor at the University of Louvain; Dr. Victor Jacques, honorary professor in the Brussels faculty of medicine, where he had successively lectured on physiology, therapeutics, and pharmacy (aged 72); Professor John Addison Fordyce, a well known dermatologist of New York (aged 67); Dr. Karl Schlösser, professor of ophthalmology at Munich (aged 68); Dr. Juan Cisneros Sevillano, professor of oto-rhino-laryngology in the Madrid faculty of medicine since 1902, and member of the Spanish Royal Academy of Medicine; Dr. Anton Bum, for many years editor of the *Wiener medizinische Presse* and of the *Wiener Klinik* (aged 69), whose book on massage and therapeutic gymnastics passed through several editions.

Medical News.

A SERIES of four lectures on the history of medicine will be given at University College Hospital Medical School by Dr. Charles Singer. The first lecture, on Thursday, November 12th, at 4.15 p.m., will be on influenza; the succeeding lectures, which will be given on the same day of the week and at the same hour, will be on diphtheria, enteric fever, and small-pox.

THE next meeting of the Dental Board of the United Kingdom will be held at 44, Hallam Street, W.1, on Tuesday, November 10th, at 2 p.m., when the chairman will deliver an address and the Board will consider disciplinary and other business.

THE fifth of the present series of lectures arranged by the Fellowship of Medicine will be delivered by Dr. F. J. Poynton, on some points in the diagnosis of tuberculosis in the child, on Monday, November 9th, at 5.30 p.m., in the lecture hall of the Medical Society of London, 11, Chandos Street. All members of the medical profession are welcome. Special courses now in progress are gynaecology at the Chelsea Hospital for Women and venereal diseases at the London Lock Hospital. Dr. Porter Phillips and Dr. Thomas Beaton began a series of eight lecture demonstrations on psychological medicine at the Bethlem Royal Hospital on November 3rd. At the Victoria Park Hospital a two weeks' course in diseases of the chest has been arranged from November 9th to 21st. From November 23rd to December 12th the Royal Waterloo Hospital will hold a course in medicine, surgery, and gynaecology. For the convenience of general practitioners the London Temperance Hospital will give a late afternoon course in general subjects (4.30 to 6 p.m.) from November 23rd to December 4th. A course on diagnosis and treatment of nervous diseases will take place at the West End Hospital (73, Welbeck Street) from November 23rd to December 12th. Copies of each syllabus, and also the general course programme, may be obtained from the Secretary to the Fellowship at 1, Wimpole Street, W.1.

THE Huxley memorial lecture before the Royal Anthropological Institute will be given this year by Sir Arthur J. Evans, F.R.S., at the rooms of the Royal Society, Burlington House, W., on Tuesday, November 24th, at 8.30 p.m. The subject will be early Nilotic, Libyan, and Egyptian relations with Minoan Crete.

THE next meeting of the Royal Commission on Lunacy and Mental Disorder will take place at 1, Whitehall Gardens, S.W., on Tuesday, November 10th, at 10.30 a.m.

SIR DAVID PRIN, F.R.S., formerly director of Kew Gardens, who before he held that office was director of the Botanical Survey of India, will give a lecture on some useful plants of India at an evening meeting of the Pharmaceutical Society of Great Britain, to be held at the society's house (17, Bloomsbury Square, W.C.1) on Tuesday next, November 10th, at 8 o'clock.

A SHORT course of lectures on functional nerve disorder has been arranged at the Tavistock Clinic for Functional Nerve Cases, 51, Tavistock Square, W.C.1. The course will include six lectures by Dr. J. R. Rees on the psychological factor in general practice, to be given on November 16th, 17th, 18th, 23rd, 24th, and 25th, at 4.30 p.m.; four lectures on the endocrines and general metabolism in the psychoneuroses by Dr. W. Langdon Brown on November 19th, 20th, 26th, and 27th, at 4.30 p.m.; and ten lectures by Dr. H. Crichton Miller on the theory and causation of the psychoneuroses,

to be given daily at 5.30 p.m. from November 16th to 20th and November 23rd to 27th. The fees for the combined course are for medical practitioners £2 2s., and for medical students 10s. 6d.

THE International Society of Medical Hydrology will hold, in conjunction with the Section of Balneology and Climatology of the Royal Society of Medicine, a special meeting in the Barnes Hall of the Royal Society of Medicine, 1, Wimpole Street, W.1, on Friday, November 27th, at 10 a.m., to discuss the treatment of rheumatism in industry. The president of the International Society, Dr. Gustave Monod (France), will take the chair, and among those expected to take part in the discussion are Sir George Newman, chief medical officer to the Ministry of Health, Dr. Van Breemen (director of the Institute for Physical Treatment, Amsterdam), Dr. Kerr Pringle (Harrogate), Dr. F. Kornmann (Switzerland), Dr. Buckley (Buxton), Dr. Kahlmeter (Consultant to the Pensions Department, Stockholm), Dr. Louis Blanc (France), Dr. Schmidt (Czecho-Slovakia), and Drs. Otto May, Llewellyn, Ray, and Fortescue Fox.

At a meeting of the Dutch Section of the International Society of the History of Medicine at Gorinchem on October 18th, in connexion with the congress to be held at Leyden in 1927, an executive committee was formed with Dr. J. G. de Lint of the Hague as president, and Drs. J. E. Kroon of Leyden and J. B. F. van Gils of the Hague as secretaries.

THE annual Sheffield medical dinner will be held in the Royal Victoria Hotel at 7.30 p.m. on Thursday, November 12th. Applications for tickets (12s. 6d.) should be made to the Honorary Secretary, Dr. J. Eric Stacey, 2, Durham Road, Sheffield.

THE Aberdeen University Club, London, will hold its biannual dinner at the Criterion Restaurant, Piccadilly, at 7.30 p.m., on Thursday, November 19th. Professor H. M. Macdonald will be in the chair, and the guest of the evening will be Sir Humphry Rolleston, Bt., President of the Royal College of Physicians of London. Any graduate, past or present, wishing to attend the dinner or join the club should communicate with Dr. Milligan, 11, Upper Brook Street, W.1.

THE Royal Dental Hospital School of Dental Surgery will give an "At Home," which medical men are invited to attend, at the hospital (32, Leicester Square, W.C.2) on Saturday, November 21st, from 2 to 5 p.m. The annual dinner of the staff will take place the same evening.

THE annual dinner of the British Serbian Units Branch of the British Legion will be held on December 10th, with Sir James Purves-Stewart, K.C.M.G., M.D., in the chair. All who worked for the Serbians and their friends are invited. Tickets, price 7s. 6d., may be obtained from Mr. H. B. Ives, Oxford House, Junction Road, N.19.

DR. FRANCIS HARE asks us to correct the announcement, supplied to us by the Norwood Sanatorium, Limited, and published last week (p. 821). He has, he says, resigned his connexion with the Norwood Sanatorium, not owing to ill health, for his health is excellent, but only that he may open a similar institution at Chislehurst.

DR. W. JAMES SUSMAN has been unanimously adopted as Mayor for the borough of Henley-on-Thames for the ensuing year.

THE appointment of Sir William Job Collins, K.C.V.O., to be Vice-Lieutenant of the County of London has been approved by the King.

DR. JAMES FERGUSON LEES, Director-General of Public Health, Ministry of Interior of the Government of Egypt, has been granted by the King licence and authority to wear the insignia of the second class of the Order of Ismail conferred upon him by the King of Egypt in recognition of valuable services rendered.

THE Sanitation supplements of the *Tropical Diseases Bulletin* ended with the issue of October 30th. It is announced that the publication of a monthly *Bulletin of Hygiene* will begin in January, 1926; this periodical will review the literature of public health and preventive medicine of the English-speaking world; the annual subscription will be 21s., post free, payable in advance to the Tropical Diseases Bureau, 23, Endsleigh Gardens, N.W.1.

A RECENT report issued by the Nobel Prize Committee arranges in the following order the countries which have been recipients of the prize from 1921 to 1924: Germany 26 times, France 21, Great Britain 14, America 9, Sweden 7, Denmark and Holland 6 times each, Switzerland 5, Austria, Belgium, Norway, and Italy 4 times each, Spain 3, Poland 2, Russia and India once.

WE have received the first issue, dated October 1st, of *Forschungen und Fortschritte*, a fortnightly journal published in Berlin, which is to be devoted to recent progress in German science and technique, including the relations of German science with that of other countries.

THE Tokyo municipality has decided to build six new hospitals with isolation wards for infectious cases, since at present considerable delay occurs in the transfer of these patients to the only isolation hospital existing in Tokyo. All the buildings will be reinforced concrete, three stories high, with a basement, and with gardens on the roofs. It is proposed to establish three new hospitals in Tokyo and elsewhere for the benefit of employees in the department of communications. The temporary building to replace the Yokohama General Hospital, which was destroyed in the earthquake of 1923, has been completed, and the hospital committee hopes to have sufficient funds in hand by the end of the year to begin the reconstruction of the permanent building.

THE Moscow Public Health Office has recently issued a German version of a report for the six months October, 1924, to March, 1925. This contains a brief survey of its activities, which include the establishment of dispensaries and sanatoriums for combating tuberculosis, venereal diseases, and drug-taking, the inauguration of infant welfare centres and maternity homes, the improvement of workmen's dwellings, the prevention and treatment of the common infectious diseases, especially scarlet fever, diphtheria, and malaria, and the provision of sanatoriums for tuberculosis.

MESSRS. W. HEFFER AND SONS, LTD., Cambridge, announce for early publication *The Nature of Tumour Formation: The Erasmus Wilson Lectures, 1925*, by Dr. W. G. Nicholson, reader in morbid histology in the University of London, and lecturer in clinical microscopy, Guy's Hospital Medical School.

PROFESSOR KARL JOSEPH EBERTH, who discovered the typhoid bacillus in 1880, has recently celebrated his 90th birthday.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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QUERIES AND ANSWERS.

THE PROPHYLACTIC VALUE OF QUININE IN MALARIA.
"G. M." writes: It has been stated by different observers that quinine is of no value as a preventive of malaria, its failure being attributed in some cases to the relative insolubility of the tablets used. I should be glad to know whether quinine is still generally accepted as a prophylactic, and if so, what is the most suitable preparation and what the dosage to employ.

* * The statement that quinine is of no value as a preventive of malaria is largely based on experimental work—that sporozoites are not destroyed by the drug. In practice, however, it is found efficacious, and a vast majority of old residents in the tropics vouch for this. It is true that tablets can be hammered without being broken, and that they can also be collected from the faeces unaffected by passage through the alimentary canal. This is due to the coating of sugar, stearates, etc., which becomes very hard in the tropics. For effective prophylaxis the quinine must, obviously, be taken in an absorbable form, as liquid or powder, or, if in tablets, these should be uncoated and not too compressed. Five grains daily is the dose usually employed, and, though some take only two grains, the former is safer. The bishydrochloride, being the most soluble, is the best salt to use.