

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### EPIDEMIC ENCEPHALITIS WITH SEVERE INVOLVEMENT OF THE SPINAL CORD.

THE following case, which appears to be one of epidemic encephalitis in which the spinal cord was seriously affected, is of sufficient rarity to be worth recording.

A married woman, aged 31, was admitted into Addenbrooke's Hospital on November 26th, 1923, for loss of sensation and paralysis of the trunk and lower limbs.

*History of Illness.*—The patient was confined on November 9th, 1923, and the child was born without medical assistance. Four days later her bladder became distended, and it had since required daily catheterization. On November 16th she noticed "pins and needles" sensations in her toes; these sensations seemed to pass upwards as far as the level of the breasts, and were followed during the next few days by loss of all sensation from there downwards. At the same time she also had shooting pains at the back of the neck, across the shoulders, and down the upper limbs. During the following days she began to lose power of movement, first in the toes, then in the whole of the lower limbs, and for the last three days she has been unable to move the latter. Two weeks before admission she began to see double, and this has continued intermittently. For about a week she has been very drowsy, being unable to keep awake even when friends came to see her.

*Previous History.*—The family and previous history were of no special importance; she had had four children. Her health had generally been good except for "bilious attacks" and constipation, but six weeks previously she had had an attack of jaundice.

*Condition on Admission.*—She was an intelligent woman, with good complexion and nutrition. Her pupils were normal in size and movement, and ptosis and strabismus were absent. Movements of the eyes from side to side caused pain and slight nystagmus; occasionally diplopia was present. Her hearing was good. The muscles of the face, jaw, and tongue were normal. She complained of pain and stinging at the back of the neck and down both upper limbs; sensation over these areas was otherwise normal. There was a slight loss of power in both forearms, as shown by a weakened grip; the reflexes were increased, but there was no obvious wasting. From about the level of the third rib downwards, over both trunk and lower limbs, there was complete loss of sensation to touch, pain, and changes of temperature. Joint and muscle sense and vibration sense were all absent. There was a small ulcer over the hepatic region from the burn of a hot bottle, and a blister on the big toe from sitting too near the fire, neither being felt at the time; there was a bed sore over the sacrum. The epigastric and abdominal reflexes were absent. The lower limbs were completely paralysed; the knee-jerks and ankle-jerks were absent and the plantar reflexes were extensor. The abdomen was distended and the bowels constipated. The bladder was distended and void of sensation; the urine was acid, specific gravity 1020, and it contained a little albumin and pus. The movements of the chest were diminished, but the heart and lungs were normal. The temperature was 102.8°, pulse 124, respirations 26.

#### *Course of the Illness.*

On November 28th the patient was very drowsy and fell asleep while being washed. The left knee-jerk was just perceptible. On November 30th lumbar puncture was performed and cerebrospinal fluid removed under increased pressure; it was very faintly opalescent; leucocytes 150 per c.mm., lymphocytes 90 per cent., polymorphs 10 per cent. On culture it was sterile (Dr. W. H. Whittle). Wassermann reaction negative.

On December 1st both knee-jerks very slightly present. Tapping the calf muscles caused extensor response at the ankle-joint. Temperature normal. Two days later she complained of "jumps" in the lower limbs. Right knee-jerk only present; plantar reflexes absent; diplopia less. Could use hands better and feed herself.

By December 12th the temperature, which had fallen since her admission, began to rise again, and was then 103°; this was due to a *B. coli* infection of the urinary tract. For the next two months the patient had a high temperature and was extremely ill, and for several months afterwards she had periodical attacks of pyrexia, with sweating, vomiting, and increased pyuria.

On December 17th she had cramps and pins and needles sensation in the lower limbs; phlebitis of left thigh. On December 28th she was very drowsy in the daytime. Plantar reflexes extensor. The bed sore over the sacrum had become very large.

On January 14th, 1924, sensation was present as low as the tenth dorsal spine. On February 1st the lower limbs were wasted; knee-jerks absent; plantar reflexes extensor. On February 25th the movements of the lower limbs were improving; cramps were occasionally present.

On March 24th the left lower limb was sensitive to touch. Two days later she passed urine normally, the ulcer was healed, and the bowels acted normally. There was occasional incontinence of urine. Abdominal reflexes absent; knee-jerks present, ankle-jerks present; plantar reflexes extensor. She could move both lower limbs. Sensation to touch was present all over the trunk and limbs.

By October 3rd the knee-jerks had increased; plantar reflexes extensor; there was no ankle clonus. On December 15th she could raise both lower limbs off the bed and bend the knees. By January 16th, 1925, she could stand if steadied, and could distin-

guish hot and cold, sharpness and bluntness, over the lower limbs. On February 10th she could walk, if supported in maintaining her balance. Two months later she walked better, but balance remained poor; she had control over bowel and bladder.

Recently the patient wrote to say that she was still slowly improving. She could walk a little with a stick and work about the house, but still had some stiffness and cramps in the legs.

My thanks are due to Professor A. J. Hall, who kindly saw the patient and suggested publication, and to Ward Sister Jones, to whose unwearied attention the patient largely owes her recovery.

JOHN ALDREN WRIGHT, M.D., M.R.C.P.,

Cambridge.

Physician to Addenbrooke's Hospital.

#### MANGANESE IN FURUNCULOSIS.

THE dramatic results often obtained by the use of intramuscular injections of collosol manganese in furunculosis are well enough known, but far less frequently is this preparation given by the mouth. Among children, particularly infants, it is obviously desirable to use the oral method if equally effective. A particular case recently under my care exhibits, I think, a rapid and successful result.

A female child developed, at the age of about 12 months, several boils in the region of the buttocks, with no evident focus of infection. Originally breast-fed, weaning on sound lines had been successful; no alimentary disturbance had occurred, nor was there any reason to suspect any degree of constipation. The teeth were somewhat late in development, but there was no evidence then, or later, of rachitic or other disease. The urine was normal and contained no sugar. Various modifications of diet, bearing in mind especially the question of an underlying disorder of carbohydrate metabolism, were of no avail; local applications were equally ineffective, and for a period of six months crops of boils increased both in numbers and in severity on the buttocks and lumbar region, causing much pain, fretfulness, and irritability.

At the age of 18 months, at a time when several boils, one particularly large, were developing, treatment by collosol manganese was tried, beginning with a dose of 4 minims three times daily in water after food. Within three days the development of these boils was evidently arrested, with hastened absorption of earlier ones. After three days, the dose was increased to 5 minims thrice a day for a similar period; at the end of that time the boils had entirely disappeared, and much of the long-standing induration, the result of repeated crops of boils, had also disappeared. The dose was increased to 6 minims thrice a day for three days, and then to 7 minims for a further three days. At the end of this period—that is, after twelve days' treatment—the area appeared completely normal with the exception of a few bluish patches, the result of some twenty or more old-standing and long-persisting boils. The manganese was then stopped, collosol ferromalt being given in half-drachm doses twice daily after food; this also was well tolerated by the child.

Throughout the treatment no digestive disturbance arose. The general condition improved steadily and fretfulness and irritability ceased. It would seem, therefore, that in the oral administration of this preparation we have a valuable means with which to combat cases such as this, in which no error of diet or of general hygiene seems to have been responsible.

MAURICE L. YOUNG, M.A., M.B., M.R.C.S.

St. Albans.

#### QUININE POISONING.

A MARRIED woman, aged 28, thinking she was pregnant, procured 60 grains of quinine sulphate in powder from a chemist, dissolved it in hot whisky and water, and swallowed the whole at 10 p.m. She was alone in the house, and at 11 p.m. her neighbours were awakened by her shouting.

For an hour afterwards she was delirious, and had to be held down in her bed. When I saw her, at 1.30 a.m. next day, she was unconscious and in a state of extreme collapse, so much so that I thought death was imminent. However, an enema of hot coffee, a hypodermic of strychnine and digitaline, and hot bottles rapidly produced improvement. At 2.30 she was conscious, but quite deaf; she complained of intense headache, and said she could see nothing. Subsequently she vomited copiously, and afterwards improved steadily.

Thirty-six hours after taking the drug she was walking about, doing her work, and apparently quite well.

The drug appeared to act as a depressant to the respiratory and cardiac systems. I am in doubt as to the amount which may be taken with impunity, but the rapid elimination of the drug is well illustrated by this case.

Stony Stratford.

H. GOOCH, M.B.

POISONING BY TOBACCO APPLIED TO  
THE SKIN.

THE cases of tobacco poisoning recently recorded in the JOURNAL remind me of a reference to the condition which is of some historical interest.

Foville (*Influence des Vêtements sur nos Organes*, Paris, 1834) describes the French military headgear of his time as specially tight, heavy, and unventilated. He adds that soldiers were accustomed to carry their tobacco inside their caps, and that symptoms of narcotism often resulted. One can understand that a mass of presumably strong tobacco, confined between an unventilated shako and a moist, overheated scalp, would have much the same effect as the *toscani* in the axilla described by Dr. Deacon (July 10th, p. 61).

JOHN RITCHIE,  
M.O.H. Dumfriesshire.

## Reports of Societies.

## CONCEALED ACCIDENTAL HAEMORRHAGE.

At a meeting of the Edinburgh Obstetrical Society held on June 9th, with the President, Dr. R. W. JOHNSTONE, in the chair, papers were read by Dr. J. HEWITT and Dr. SAMUEL J. CAMERON (Glasgow) on concealed accidental haemorrhage; Dr. Hewitt described the condition of the uterine wall in these cases and Dr. Cameron discussed the rational treatment, based on Dr. Hewitt's findings.

Dr. HEWITT said that the question of the clinical condition of the uterine wall could best be approached by a brief consideration of the common explanation of the retention of blood within the uterus. He agreed with Gordon Ley that such suggested causes as the non-dilatation of the cervix, adhesion of the membranes around the os, pressure on the lower uterine segment by the presenting part, or rupture of the haemorrhage into the amniotic sac, were inadequate and erroneous. In addition to the objections raised by Ley, Dr. Hewitt quoted Barnes with reference to the supposed adhesion of the membranes, and added the personal observation that in many cases the blood clot was entirely retroplacental. Even when bleeding extended beyond the placental margin, the blood often travelled upwards towards the fundus, and thus never even reached the lower segment. In view of the inadequacy of these theories it was not surprising that the view arose that the blood was retained, because the uterus was unable to expel it, the uterine muscle being described as "inert," "atonic," or "paralytic." Dr. Hewitt's view was that the uterus was temporarily unable to undergo rhythmic contractions, because it was already in a state of sustained and painful tetanic contractions. The basis for this belief emerged from consideration of the question why the foetal parts could not be palpated in cases of concealed accidental haemorrhage. That rigidity of the parietes was not responsible was shown by the fact that palpation still yielded negative results when the patient was deeply anaesthetized, and even after the abdomen had been opened in the course of a Caesarean section on these cases. Intervention of placenta and blood clot occurred in some cases, but in others where palpation had been negative the placenta would often be found on the posterior wall during manual exploration of the uterus in the course of Caesarean section or at a necropsy. He drew attention to the hard, tender, well defined uterus as being incompatible with the description "atonic," and added that in concealed haemorrhage the membranes were tense—a circumstance which could not occur in an inert organ. He referred to the view of FitzGibbon that the apparent increase in size of the uterus resulted from forward projection of the organ, due to its tonic state, but he admitted that in most cases the amount of intrauterine haemorrhage also contributed to the increased size. Sir James Mackenzie's dictum, that a hollow muscular organ might be distended indefinitely without producing pain until a contraction was started, was quoted in support of the speaker's view that the uterus was in a state of tonic contraction.

Dr. CAMERON said it was most important to realize that in concealed accidental haemorrhage the patient's life was endangered more by shock than by haemorrhage. The amount of blood lost in a fatal case was often much less than that lost by patients with placenta praevia who survived. In respect to the relative importance of shock and haemorrhage there was a close similarity between concealed accidental haemorrhage and acute inversion of the uterus. If bleeding was considered to be the more important factor, Caesarean section should be performed on every occasion, but with this Dr. Cameron did not agree: perhaps the most generally practised method of treatment consisted in packing the vagina. It was claimed that an efficient vaginal plug arrested the flow of blood through the uterine arteries, but he did not believe that it was possible by any method short of actual ligature or clamp to arrest or perceptibly diminish the flow of blood through these vessels. Moreover, a liberal blood supply still reached the uterus by the ovarian arteries, which during pregnancy were not much smaller than the uterine, and which, with the latter, formed an unstricted "utero-ovarian loop" on the margins of the uterus, between the aorta above and the internal iliac artery below. Dr. Cameron demonstrated this point by an x-ray photograph of an injected specimen. In treating cases of concealed accidental haemorrhage the patient should be guarded from shock by administering large and repeated doses of morphine during the acute stage. When this stage had passed, but not before, labour pains were stimulated by pituitary extract. If the patient did not improve after morphine had been given he performed Caesarean section, because in his experience one of two events had occurred—a recurrence of bleeding, or rupture of the uterus. So far he had never been compelled to remove the uterus on account of atony. He did not perform vaginal Caesarean section because: (1) the shock was not less than that associated with abdominal Caesarean section; (2) it was impossible to inspect the uterus for rupture; (3) haemorrhage was less easily controlled; and (4) towards the end of pregnancy extraction of the child might prove difficult.

## Reviews.

## A FRENCH TREATISE ON INSULIN.

In his volume, *L'Insuline*,<sup>1</sup> Dr. ÉMILE AUBERTIN of Bordeaux presents to French readers a comprehensive survey of insulin in all its bearings. He has not only collected information from a vast number of published sources, but he has been able to add to this the results of his own and Professor MAURIAC's experimental researches and clinical experience. Thus his book ranks as a monograph of first importance in the literature of insulin. The medical profession in France seems to have been handicapped at the outset by the high cost of insulin, the production of which in that country is a State monopoly. For reasons which Dr. Aubertin's book discloses there is no widespread acquaintance in France with the use of insulin in the treatment of diabetes. His work should prove of the greatest value in instructing the medical profession in the administration of insulin, and possibly in creating a public demand in France that the supply of insulin shall be made cheaper and more generally available there.

The book is divided into three sections. The first section deals with the history of the discovery of insulin, its preparation and physico-chemical properties. In the second section the various effects of the administration of insulin are admirably described. This section includes an account of much original work carried out by the author. His observations on the utilization of blood sugar by the tissues are of great interest. He states, for instance, that the sugar diminishes during the passage of blood through the organs of a diabetic just as in those of a normal subject, and that insulin injection does not increase the sugar loss in the diabetic. Yet he admits, of course, that the utilization of the sugar which the blood loses is profoundly influenced in some way as yet unexplained by

<sup>1</sup> *L'Insuline*. Par Dr. Émile Aubertin. Préface du Professeur agrégé P. Mauriac. Paris: Gaston Doin et Cie. 1926. (Roy. 8vo, pp. 490; 23 figures. 45 fr. net.)

gram to be taken, while in certain forms of sinusitis it remains in the antrum for several days.

I can certainly endorse Dr. McKelvie's opinion that the method is of value.—I am, etc.,

Birmingham, July 12th.

A. LOWNDES YATES.

### COAL AND HYGIENE.

SIR,—At first sight the relationship between medicine and coal may not be very apparent, but looked at more closely the study of coal and its constituents becomes interesting, especially from the point of view of preventive medicine. An average sample of British bituminous coal yields by carbonization 7.5 per cent. of tar,  $2\frac{1}{2}$  gallons of refined benzol per ton, about 3,500 cubic feet per ton of a rich gas having a calorific value of 800 British thermal units, and a 75 per cent. residue of a superior form of coke.

In the near future the tar, benzol, and gas will be first extracted from the raw coal, and the residue, which is a form of coke, produced by the low-temperature carbonization process, very superior in quality to the ordinary gas coke now supplied, will be used for heating purposes, domestic fires, etc. As a result the pollution of the air of our great cities by smoke, tar, ammonia, etc., will almost cease, and the health and well-being of the inhabitants will be greatly improved. It behoves all medical men, but more particularly medical officers of health, to urge upon local authorities the adoption of means to bring about this desired result. Incidentally, it may be stated that the value of coal is much increased when the raw coal is treated as stated above.—I am, etc.,

Sheffield, June 25th.

E. B. HAZLETON, M.D., M.Ch.

### ST. KILDA.

SIR,—Your leader on St. Kilda to me is most interesting, as I visited the island in 1886, and on the run out picked up two women who had been on the mainland for their confinements; from them I obtained information. The cause of the infantile mortality was doubtful. Some considered it was the irritation of the fulmar oil; but these women and others considered it was due to a local ointment applied to the navel cord. I obtained some fulmar oil, and used it at home on the navels of kittens, puppies, and rabbits, with negative results. I was unable to get any of the local ointment—it seemed a secret; but as I learned that the children died from sloughing round the cord area I considered that the ointment might contain arsenic; but I never had any opportunity of ascertaining whether there was any arsenic in the soil.

They were a sturdy people, the men idle, the women doing nearly all the work. A medical man had not been there for some years; nearly all the young women wished to get to the mainland. We brought back a man with malignant rectal trouble; he died in Glasgow.

They make a most wonderful cloth in St. Kilda. I bought some for a shooting suit, and it lasted for years, but smelt of fulmar. They possess a pack of dogs which scratch out the birds' eggs, and have sheep with four horns, from which they pluck the wool instead of shearing. This collecting of the wool seems an annual rite or feast; the elders take the maidens from isle to isle. There was great religious dissatisfaction caused by the minister, who spun out the services to some eight hours each Sunday; he seemed ruled by his housekeeper. The chapel bell was an old Armada one.—I am, etc.,

Folkestone, July 12th.

P. BROOME GILES.

## The Services.

### INDIAN MEDICAL SERVICE.

THE revised terms and conditions of service of medical officers in the Royal Navy, Royal Air Force, and Royal Army Medical Corps, issued in accordance with recommendations of the Inter-departmental Committee on the Medical Branches of the Fighting Services, were published in our issue of July 3rd (p. 41).

Revised regulations for the appointment of candidates to commissions in the Indian Medical Service have now been issued by the India Office, together with a separate notice

on the subject of special recruitment. As reorganization of the medical services in India is now under consideration, candidates are notified that these regulations are subject to amendment accordingly.

The notice headed "Special Recruitment 1926" appears to differ little from the advertisement by the India Office which appeared in the advertising pages of the *BRITISH MEDICAL JOURNAL* in March, 1925, except in regard to overseas allowances and gratuities. An increase of 50 rupees per mensem in the overseas allowance has been granted to all officers after six years' service, except in the case of captains in their twelfth year of service, who receive an increase of 100 rupees per mensem. As regards gratuities, £1,000 will now be given after six instead of five years' service as heretofore, and there is a new provision for a gratuity of £2,500 after twelve years' service.

### NORTH PERSIAN FORCES MEMORIAL MEDAL.

THE War Office announces that Dr. W. Corner, O.B.E., Iraq Health Service, has been awarded the North Persian Forces Memorial Medal for the year 1925, for his paper "Malaria in the Kirkuk Division of Northern Mesopotamia during 1923," published in the *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 1925, vol. 19, Nos. 1 and 2, pp. 41-69.

This is the third award of the medal, which, in accordance with the terms of the trust deed of the memorial fund, is awarded annually for the best paper on tropical medicine or hygiene published in any journal during the preceding twelve months by any medical officer of under twelve years' service, of the Royal Navy, Royal Army Medical Corps, Royal Air Force, Indian Medical Service, or of the Colonial Medical Service, provided the memorial committee considers that any of the papers published has attained a standard of merit justifying an award.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examinations indicated:

FINAL B.M., B.Ch.—C. P. Blacker, J. C. K. Chilcott, A. V. Clemmey, G. H. Crisp, C. R. Croft, H. E. Cuthbert, J. N. C. Ford, E. L. Fothergill, K. A. Hamilton, W. H. Hudson, T. C. Hunt, J. H. Kennedy, D. Lurie, P. Morton, D. I. Rees, F. J. Sale, J. de la M. Savage, T. H. Sellors, R. W. A. Simmons, G. F. Thorold, O. R. Tisdall, W. R. Wood, Margaret N. Jackson, Constance I. Pattullo, Rosa S. Wordsworth. (*Forensic Medicine and Hygiene*): H. W. Allen, C. Charleson, P. F. Cluver, G. H. Crisp, H. E. Cuthbert, W. N. Dickenson, C. L. Harding, R. C. Hodges, W. H. Hudson, J. H. Kennedy, D. Lurie, P. C. Mallam, P. Morton, Oddie, J. S. Rake, T. H. Sellors, Rosaleen L. Graves, Olivia H. Lister. (*Pathology*): H. W. Allen, J. A. Brown, E. N. Butler, H. E. Cuthbert, J. A. Eddy, J. H. Ferguson, W. B. Fiddian-Green, C. L. Harding, R. E. Havard, R. A. Haythornthwaite, R. C. Hodges, G. L. M. Inkster, A. P. Kingsley, R. G. Macbeth, H. E. Mansell, A. E. Porritt, J. W. Fugh, J. S. Rake, C. R. Salkeld, E. M. Wright, Olivia H. Lister, Nancy B. Ockenden. (*Materia Medica*): W. H. Brown, E. N. Butler, J. A. Eddy, W. B. Fiddian-Green, H. P. Gilding, C. E. Greene, A. Guiridham, R. S. Harrison, E. Harvey, F. Hawking, K. N. Irvine, R. G. Macbeth, Q. St. L. Myles, R. L. P. Peregrine, A. E. Porritt, L. T. Ride, E. H. Rink, W. J. Walter, R. C. W. Whitting, Ruth Sandeman, Joyce Wright.

### UNIVERSITY OF LONDON.

#### The Bloomsbury Site.

THE Senate on June 23rd authorized the Co-ordination and Developments Committee to approach the Duke of Bedford to ascertain whether and on what terms he would be prepared to negotiate the sale or lease of the land in Malet Street now occupied by the University, or of other land for the institutions connected with the University now on the Bloomsbury site.

#### Committees.

Sir Holburt Waring, M.S., F.R.C.S., has been appointed chairman of the Finance Committee, and Sir Wilmot Herringham, K.C.M.G., M.D., chairman of the Committee of Members of the Senate.

#### Brown Animal Sanatory Institution.

THE annual report of the Superintendent of the Brown Animal Sanatory Institution for 1925 records that the number of animals brought to the institution during the year was 3,837. The five lectures required to be given under the will of the late Mr. Brown were delivered by the Superintendent at the Royal College of Surgeons of England in December, 1925, and dealt with the physiological and pathological activities and functions of bacteria. Experiments by several workers of other institutions had been carried out in the laboratories on subjects including human, bovine, and avian tubercle bacilli and gall-stone experiments. The Superintendent had continued his work on the ultramicroscopic virus for the Medical Research Council. He had also worked on the transmissible bacterial lysis and had come to the conclusion that the lysis might act on dead bacteria if living ones of the same variety were present. The report states that Dr. Gratia of the Pasteur Institute, Brussels, having carried out similar experiments, believed that the dead bacteria were autolysed by the living ones, but the result of experiments at the institution did not support the view that autolysis were entirely the cause of the dead bacteria being dissolved. Investigations in several other

directions had also been carried out and others were being continued. Some specimens from the hospital had also been examined for diagnosis. Mr. Twort's appointment as superintendent of the institution has been continued for one year from June 1st, 1926.

#### Fellowship and Prize.

Applications for the William Julius Mickle Fellowship, of the value of at least £200, must reach the Principal Officer of the University by October 1st, 1926. It is awarded annually to the man or woman resident in London and a graduate of the University who has, in the opinion of the Senate, done most to advance medical art or science within the preceding five years, and has therein shown conspicuous merit. Further particulars can be obtained on application.

Provided there be a candidate of sufficient merit a Paul Philip Reitlinger Prize of £30 will be awarded on December 3rd, 1926, for the best essay embodying the result of some research work on a medical subject carried out by the candidate. Essays must reach the University by October 1st. Regulations for the award of the prize may be obtained on application to the Academic Registrar.

#### VICTORIA UNIVERSITY OF MANCHESTER.

MR. HARRY PLATT, M.D., M.S., F.R.C.S., has been appointed honorary Clinical Lecturer in Orthopaedics in the University.

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—\*† Kathleen Sheehan, † Florence Whitrow, J. K. Anderson, F. Appleton, Florence M. Blades, G. Bridge, J. F. Calhoun, Marguerite E. Cliff, T. K. Clifford, J. Crowther, Harriet M. Dick, Margaret Dyson, A. Fleming, I. H. Freedlander, C. F. Garfit, E. St. G. Gilmore, F. S. Hawkins, † Fanny Howe, T. J. Kay, H. B. Kilroe, J. H. Kitson, † C. T. Mills, G. S. de W. Moll, R. Pendlebury, Marjorie Reekie, C. D. Roff, M. Sheehan, Olive de la W. Turner, W. C. D. Walmsley, E. J. Warburton, J. T. Whitley. (Forensic Medicine and Hygiene and Preventive Medicine): Lillie M. Burton, J. Parness, Mary I. Prentice. (Hygiene and Preventive Medicine): P. Bester, R. H. Blackburn, G. W. Jones, B. R. Sandiford, W. S. Slater, G. R. Walker. (Obstetrics and Surgery): R. H. Barnes, Helen G. M. Bennett, S. Bernstein, J. W. Brooks, Louie J. Burton, J. F. Calhoun, H. V. Crabtree, Harriet M. Dick, Margaret Dyson, R. Edmondson, Margaret Egan, E. Firth, I. H. Freedlander, J. S. Goller, E. Heard, Fanny Howe, E. P. Johnson, J. H. Kitson, G. Metcalfe, G. L. Normington, R. H. Poyser, I. M. Preston, Marjorie Reekie, Nora Ridehalgh, C. D. Roff, R. F. Sheppard, D. Starr, Florence V. Stephen, C. E. Sykes, R. T. Wimmer. (Obstetrics): L. Rosenthal.

D.P.H.—Gladys F. A. McLean.

DIPLOMA IN BACTERIOLOGY.—A. F. Abbassi, M. A. Omar.

\* First class honours.

† Distinction in medicine.

‡ Second class honours.

§ Distinction in forensic medicine.

#### UNIVERSITY OF SHEFFIELD.

The University Council at its meeting on July 9th appointed Dr. Denton Guest, at present assistant bacteriologist, to the combined post of demonstrator in pathology and assistant pathologist to the Royal Infirmary.

The following candidates have been approved at the examinations indicated:

M.D.—Annie Clark.

FINAL M.B., CH.B.—J. H. Blakelock, J. H. Fairclough, A. Isaac, J. D. Young.

#### UNIVERSITY OF LIVERPOOL.

MR. H. C. W. NUTTALL, F.R.C.S., has been appointed to the lectureship in surgical applied anatomy.

#### UNIVERSITY OF ST. ANDREWS.

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—Margaret E. Anderson, Mary J. B. Anderson, R. E. Anderson, Jean Baxter, Elizabeth D. H. Craig, D. Cree, J. B. Douglas, Veronica M. Hannigan, J. Kelman, C. A. Lindsay, R. S. MacArthur, B. A. McCubbin, F. C. Osgood, A. F. R. Pooler, J. D. Robertson, Bema Rosen, B. Shanker, T. Thornton, D. D. Watson, Harriet E. Wishart.

#### UNIVERSITY OF ABERDEEN.

At the graduation ceremony held on July 9th the following degrees were conferred:

M.D.—\*J. Fiddes, †W. Buchan, †J. S. Taylor, W. J. Gill, C. Shearer. M.B., CH.B.—C. Anderson, J. G. Bremner, C. H. Cave, †H. D. Christie, C. C. Connochie, J. Coutis, A. N. Forsyth, J. W. Foster, J. L. Gamble, D. J. T. Glennie, Evelyn Goldie, J. R. W. Hay, R. W. Hendry, †W. J. Hogg, B. A. M. Humphrey, F. Hunter, G. P. Middleton, A. Paterson, Catherine Peat, Margaret S. M. Reid, C. E. Saunders, A. D. Sinclair, J. I. Smith, †G. Stephen, A. J. W. Wilkins, A. Wood.

\* Awarded highest honours for thesis.

† Awarded honours for thesis.

‡ Completed final medical professional examination with distinction.

The following prizes have been awarded in the Faculty of Medicine:

Struthers Medal and Prize in Anatomy: T. J. C. MacDonald. Lizars Medal in Anatomy: G. A. G. Mitchell. John Murray Medal and Scholarship (awarded to the most distinguished graduate in Medicine (M.B. and Ch.B., of the year 1925-1926) and the Lyon Prize (awarded to the most distinguished graduate in Medicine of the year 1925-1926): T. E. Anderson. Dr. Thurnfield Award (for the best thesis for the degree of Doctor of Medicine of the year 1925-1926): J. Fiddes. Straits Settlements Gold Medal (awarded for the best thesis submitted for the degree of M.D. or D.Sc. on a Tropical Medicine subject): M. M. Cruickshank.

#### UNIVERSITY OF GLASGOW.

At the congregation held on July 2nd the degrees of M.B., Ch.B. (with commendation) were conferred on Eric G. Oastler.

#### UNIVERSITY OF DUBLIN.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

The following candidates have been approved at the examination indicated:

FINAL M.B. (Part I, *Materia Medica and Therapeutics; Medical Jurisprudence and Hygiene; Pathology and Bacteriology*).—\*T. J. Millin, \*C. P. Martin, W. J. E. Jessop, D. F. Walsh, H. R. F. Tweedy, G. W. F. Pratt, T. J. O'Reilly, R. F. W. K. Allen, F. O. W. A. Mahon-Daly, J. Sayers, H. S. North, A. J. Burden, S. B. Dalrymple. (Part II, *Medicine*).—\*G. T. L. Archer, \*V. St. G. Vaughan, R. E. Hadden, H. A. Brittain, J. F. MacMahon, Annette K. Wood-Martin, J. J. O'Dwyer, A. N. B. Odber, D. Bluet, Stella C. Ross, A. Sachs, H. M. Nevin, G. E. Dodds, L. B. Somerville-Large, Gladys L. Craig, H. Nelson, G. S. Gardner, V. G. Horan, R. C. S. Warrington, D. A. O'C. Quinlan. (Surgery).—\*H. O. Clarke, T. J. W. Keown, R. E. Hadden, E. E. Satchwell, J. G. T. Sancier, Silver M. E. Deane-Oliver, D. St. C. Mackenzie, G. V. A. Griffith, H. A. Brittain, Henrietta Armstrong, T. F. M. Woods, J. Craig, R. H. Mitchell, G. S. Gardner, Margaret H. Donaldson, Nancie N. Lowther, Evelyn E. Connolly, D. Bluet, G. R. L. Jordan, J. Quigley, S. Smyth, G. E. Dodds, E. H. Hall, H. A. Ferguson, Isabelle K. McNeilly, E. E. Malone, M. L. McCauley, C. H. Wilson, Kathleen I. Purdy, J. G. McDowell, R. T. P. Tweedy. (Midwifery).—\*R. B. Woods, \*S. Behr, \*R. A. Q. O'Meara, \*W. F. Knobel, E. P. N. M. Early, E. G. Montgomery, J. A. K. Fitzgerald, Evelyn E. Connolly, M. A. W. Roberts, C. de W. McIntire, R. W. T. H. Stewart, G. S. Smyth, G. O. Taylor, E. A. Ellis, H. Nelson. D.P.H. (Part I, *Bacteriology and Parasitology; Chemistry; Physics, Meteorology, and Climatology*).—Pauline K. O'Flanagan. (Part II, *Hygiene and Sanitation (including Sanitary Construction); Public Health Administration; Epidemiology and Infectious Diseases; Sanitary Law and Vital Statistics*): Anna J. O'Reilly, Mary B. Quinn.

\* Passed on high marks.

#### QUEEN'S UNIVERSITY, BELFAST.

The summer graduation ceremony in connexion with Queen's University was held in the Assembly Hall, Belfast, on July 9th, under the presidency of the Vice-Chancellor, Dr. R. W. Livingstone. The following were among the degrees and diplomas conferred:

M.D.—\*Alfreda H. Baker, \*T. H. Bingham, \*W. G. Frackleton, \*J. A. L. Johnston, \*J. S. Loughridge, R. N. McKinsty, H. H. Stewart, J. M. Wilson, J. B. Adams.

M.B., B.Ch., B.A.O.—†R. Abbott, †R. A. G. Hamilton, †A. McNeilly, †H. McNeilly, †L. C. Mayne, †W. A. Scott, J. Ballantine, Charlotte C. Beatty, Susan Beatty, J. Boyd, T. W. Boyd, G. R. Carruth, T. H. Duncan, E. Evans, H. Flack, J. H. Gorman, D. Gray, H. G. K. Haddick, J. Hinds, E. D. Hoosey, J. A. F. Huston, J. Hutchieson, R. H. D. Laverty, C. F. Lynch, Emily S. Lytle, H. W. McCann, J. McGowan, E. McKernan, W. W. M. McKinnay, E. H. C. Maguire, J. M. Mitchell, B. D. Monson, W. J. Nicholl, Anna B. Park, C. J. Patel, I. J. Patel, W. H. Patterson, M. A. Rea, S. B. Rea, D. S. Redmond, W. E. Reynolds, E. A. Rice, C. M. C. Ross, Kathleen E. V. Stephenson, T. L. Stockdale, J. Swan, H. A. Warnock, O. Watson, W. S. Watson, A. L. Weir.

D.P.H.—T. H. Bingham, Annie E. M. Calvert, Winifred M. Copeland, W. J. Hutchinson, J. V. Lucy, Moya A. N. McAfee, Claire M. McGuckin, W. F. T. M'Math, Evelyn F. Magee, Vera G. M. Menary, F. W. Moffitt, Anna Watson.

\* With commendation.

† Second class honours.

The Queen's University Women Graduates' Association subsequently entertained the newly graduated women students at a reception held in the Examination Hall of the University. Mrs. R. N. McNeill, M.B., who acted as hostess, delivered an address, in the course of which she extended a warm welcome to the new women graduates, and heartily congratulated them on their recent successes.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council meeting was held on July 8th, when the President, Sir John Bland-Sutton, Bt., was in the chair.

#### Elections to Council.

The President stated that at a meeting of Fellows on July 1st to elect four Fellows into the Council Mr. Hey Groves was re-elected and Mr. Vincent Warren Low, C.B., Mr. Victor Bonney, and Mr. George Gray Turner were elected. These four Fellows were introduced and took their seats in the Council. Mr. Low becomes substitute member of Council for Mr. Sherren until July, 1933, and Mr. Bonney becomes substitute member of Council for Sir Charles Ballance until July, 1930.

#### The late Sir Henry Morris.

A vote of condolence on the death of Sir Henry Morris, Bt., past President and past member of the Council and of the Court of Examiners, was passed.

#### Conjoint Examining Board Committee.

Mr. G. E. Gask was elected a member of the Committee of Management of the Conjoint Examining Board in the vacancy occasioned by the resignation of Mr. W. G. Spencer.

#### Election of Officers.

The following were elected for the ensuing year:

President: Sir Berkeley Moynihan, Bt.  
Vice-Presidents: Sir Cuthbert Wallace and Mr. F. J. Stewart.  
Physiological Curator: Mr. N. H. Burne.  
Pathological Curator: Mr. C. F. Beadles.  
Honorary Curator of the Odontological Collection: Sir Frank Colyer.

*Lecturers.*

The following were elected to give lectures during the ensuing year:

*Hunterian Professors.*—Sir Arthur Keith: Six lectures on recent researches carried out in the Museum. Vincent Zachary Cope: One lecture on shock and collapse in acute abdominal disease. James Ernest Helme Roberts: One lecture on the diagnosis and treatment of intrathoracic tumours. Ernest Marshall Cowell, D.S.O.: One lecture on recent advances in the surgery of hernia. Arthur Hughes Southam: One lecture on the pathology and treatment of the retained testes in childhood. Bernard Warren Williams: One lecture on the importance of toxæmia due to anaerobic organisms in intestinal obstruction and peritonitis. John Howell Evans: One lecture on testicular tumours of congenital origin.

*Arris and Gale Lecturers.*—Ralph St. Leger Brockman: One lecture on the cause of toxæmia and death in acute obstruction. Hildred Carlill: One lecture on the simulation of surgical affections by hysteria. Alfred Piney: One lecture on hyperplasia and neoplasia in lymphatic tissue.

*Erasmus Wilson Lectureship.*—Clement Edward Shattock: Six demonstrations on pathology.

*Arnott Demonstratorship.*—Sir Arthur Keith: Six demonstrations on the contents of the Museum.

*Lister Medal.*

At a meeting of the Lister Medal Committee on June 3rd last the Lister medal for distinguished contributions to surgical science, with the honorarium of £500, was awarded to Professor A. F. von Eiselsberg of Vienna. In compliance with the conditions of the trust, Professor von Eiselsberg will give an address at the Royal College of Surgeons at some date in 1927 convenient to the President and Council.

*The Museum.*

It was decided that the Museum be closed during August as well as during September, and for such part of July as may be found necessary in order to facilitate repairs and redecoration.

Diplomas were granted jointly with the Royal College of Physicians to 6 candidates in psychological medicine and to 11 candidates in laryngology and otology. Licences in dental surgery were granted to 68 candidates.

*Primary Fellowship Examination.*

A report from the Board of Examiners in Anatomy for the Fellowship was read, stating that at the examination concluded on June 17th, 129 candidates were examined, of whom the following 42 were approved and 87 rejected:

F. G. Allan, N. Attygalle, T. S. M. Barnett, J. R. J. Beddard, J. B. Blaikley, R. K. Bowes, P. D. Braddon, M. N. Chatterjee, S. M. Cohen, R. A. S. Cory, D. M. B. Evans, A. C. Fisher, R. R. Fitzgerald, H. N. W. Harley, C. P. Hines, D. J. Jones, C. A. Keele, A. M. Lazarus, S. I. Levy, Hilda M. Linford, J. E. Morton, Keren Isabel Parkes, R. J. Parry, A. R. D. Pattison, I. Preiskel, K. H. Pridie, F. T. Ridley, H. R. Rishworth, S. Shalaby, A. E. Smith, T. R. Stevens, R. C. Taylor, J. H. Thompson, S. A. McC. Thompson, W. E. Tucker, J. H. M. Walker, H. S. Waters, N. L. White, P. Wiles, Beatrice M. Willmott, Margaret D. Wright, S. Zuckerman.

**Medical Notes in Parliament.**

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons this week debated Estimates for the Ministry of Health, Ministry of Transport, and the Post Office, discussed a motion relating to the business interests of Ministers, and further considered the Finance Bill on Report. The discussion on the Ministry of Health Vote was marked by a general concentration on health subjects, such as has previously been lacking in discussions about this department. The report of the Select Committee on Nursing Homes was due for publication during the week, but had not been issued at the time we went to press.

**The Ministry of Health Vote.**

In the House of Commons, on July 13th, the vote for the salaries of the Ministry of Health was discussed.

Mr. Neville Chamberlain (Minister of Health) said that cancer was increasing at an alarming rate. Last year, in this country, 1,336 deaths from cancer occurred per million, which was equivalent to the death of 50,000 persons. It had been estimated that out of every seven persons in this country who reached the age of 30 one would die of cancer. It was important that the public should be educated so that the disease could be treated in its early stages. The significance of the discovery of Dr. Gye and Mr. Barnard was that cancer was due to a virus which entered the body from outside, but which did not produce cancer until and unless it was associated in the body with some other factor, the nature of which had not yet been clearly ascertained.

The right hon. gentleman proceeded to direct the attention of local authorities to the experiment which was being carried out at Papworth by Dr. Varrier-Jones in regard to the treatment of tuberculosis. There was here an opportunity for a big progressive local authority to start a settlement of its own on Papworth lines.

Small-pox was rapidly increasing in this country. The number of cases were as follows: In 1922, 973; 1923, 2,500; 1924, 3,800; 1925, 5,300; and in the first six months of this year, 5,500 cases.

This increase must be regarded without a great deal of anxiety. It was true that the disease was occurring in a very mild form, but in the past this mild form had coexisted with a deadly form. If this were to reappear, those who fulminated against vaccination would rush to the vaccination officer. Vaccination against small-pox was regarded with prejudice by a large number of people; the vaccination laws were framed a good many years ago, and knowledge had increased and widened since then. At present there were seventy different diseases for which vaccination was practised to secure immunity. Small-pox was the only instance in regard to which compulsion was applied. It might be that the very fact that this particular disease was picked out and separated from the others for this exceptional legislative treatment had served to inflame the fanatical feelings against it, which had led to so large a proportion of our population going without vaccination. At any rate, he had recently set up a committee, under the chairmanship of Sir Humphry Rolleston, to investigate the whole subject, and he was content for the present to await the report and any recommendations which it might make on the subject.

A good deal of alarm had been created by the very distressing after-effects of lethargic encephalitis. It was unfortunate that as matters stood at present there was considerable difficulty in providing proper treatment. The legal definition of mental deficiency would not cover such cases; certification for lunacy was inappropriate. That was engaging his very serious attention, and it might be that he would have proposals to make to Parliament before very long to meet it. It was reassuring to know that the disease appeared to be on the wane. The number of cases, which had been 5,039 in 1924, came down to 2,635 in 1925. It was justifiable to draw the conclusion that this complaint, which appeared so suddenly and developed so rapidly, had reached its maximum and was now passing away, and that soon it would become, not a matter which could be neglected indeed, but one which would no longer give serious concern and anxiety.

Sir M. Macnaghten referred to a letter from the Ministry of Health to the Edmonton District Council, which, he said, placed an absolute prohibition on a doctor in a maternity centre giving advice or information to a woman on the subject of birth control. The letter stated that while a doctor could not give the advice himself, he might refer the woman for advice to a private practitioner or to a hospital. In default of compliance with the instruction, the grant would be withdrawn. Obviously, he said, maternity centres ought not to be converted into birth control clinics, but all that was asked was that in the case of a poor woman a doctor should be in a position to give this advice and information.

Dr. Fremantle said that statements had been published with regard to the starvation of the children of the miners, but he had seen no evidence in support of those assertions. On the other hand, evidence from medical clinics and welfare centres went to show that the health of the children was better now than before the strike. Dealing with the question of deaths in childbirth, Dr. Fremantle said that the report on public health for 1924 contained very serious figures, showing how unprogressive had been the treatment of that question. Although there had been a considerable reduction in maternal mortality, it had not been in proportion to the reduction in infantile mortality. There had, indeed, been an actual increase in the mortality of mothers in childbirth. There was great room for an increase in the number of beds in maternity homes, especially in view of the lack of proper accommodation in working-class homes. Maternity homes should be regarded, not as permanent institutions, but as make-shifts, until proper accommodation for maternity cases was provided in all homes. Another question of great importance was the supply of clean milk. Again, there was no provision for the supervision of health in coal mines. They heard of certain diseases among the men which were exceedingly troublesome. The Ministry of Health ought to take up the attitude, more and more, of being responsible for the health of the people in every department, and of knowing what health conditions were all over the country.

Dr. Vernon Davies said that it was true that for the last fifty years there had been a very happy and steady decrease in tuberculosis, except in the war years 1913 to 1918, when for temporary reasons there was an increase. But, despite that decrease, consumption still took a terrible toll of the younger people. He proceeded to review the machinery which existed at the Ministry of Health for dealing with the disease, and paid a tribute to the work of the panel doctor, who was the first link in the system of treatment. The Ministry had added to the panel doctor tuberculosis officers, who were expert in the diagnosis and treatment of consumption. To get the full benefit of sanatorium treatment the cases must be taken early. The great want was for village settlements, and the Minister of Health ought to give a lead in this matter. The Ministry should divide cases of tuberculosis into two groups—those that could be cured and those which were too far advanced. Sanatoriums should be kept absolutely for the curable cases, and the unfortunate people who could not be cured should be removed from their homes to the Poor Law hospitals. His visit to M. Spahlinger had convinced him that he had made out a *prima-facie* case for his treatment. M. Spahlinger was a wonderfully clever scientist and was working on strictly scientific lines, without the slightest desire for money. But a difficulty was found in tying him down to any definite legal agreement. Now he had no money at all, having spent £80,000 in his experiments for the good of humanity, and he was living from hand to mouth by taking odd patients who gave a subscription or donation to his institution. The one essential thing for M. Spahlinger was to be able to produce his serum and enlarge his laboratory and stock. He (Dr. Davies) appealed to the Minister of Health to vote a certain sum, say £50,000 or £100,000, to M. Spahlinger for the purposes of his research work.



A man of strong personality, Neil Maclay impressed all by the painstaking care, thoroughness, and dogged perseverance which he displayed in all his activities, whether in his practice or recreation; he manifested also great personal sympathy with those whom he attended professionally. His work was always quietly performed, and he seldom came into public prominence. During the later years of the war he was laid aside for many months with illness, borne with fortitude and patience; this occurred at a critical time in his career as a specialist. He has died in the heyday of active and prosperous practice at an early age. To say that he will be missed is merely banal; the profession is the poorer for the loss of such a man. For those who were privileged to know him intimately there is a gap which cannot be filled, the loss of a friend of ripe experience and knowledge of the world who was always ready to help and advise. He leaves a widow and one son, who is studying medicine. G. H.

Lieut.-Colonel WILLIAM HOTSON CADGE, I.M.S.(ret.), died at Lowestoft on July 9th, where he had lived since the end of the great war. He was the second son of Mr. Christopher Goulder Cadge, and was born at Loddon on August 11th, 1853. His uncle was the celebrated surgeon William Cadge of Norwich, and in many ways the nephew resembled his distinguished relative, particularly in his very high sense of duty, his unassuming personality, and his generous nature. He was educated at Norwich Grammar School, under Dr. Jessup, and spent a year at the Norfolk and Norwich Hospital before going up to St. George's Hospital. He obtained the diplomas of L.R.C.P. and M.R.C.S. in 1875, and entered the I.M.S. Though posted to the Civil Branch, he volunteered for the Afghan war in 1879, and received the Afghan medals. At Quetta he distinguished himself by the efficient evacuation of the wounded, and as a result was ordered to join Lord Roberts's forces at Kabul, but was not able to get beyond Jumrood Fort in the Khyber Pass, where he found scope for his energy in attending to the large number of sick men of a victorious army, victims of dysentery, rheumatism, and fever. He himself went down with rheumatic fever and was invalided home. He returned to India to take charge of the Lucknow Jail, and when operating on a case of stone poisoned his hand, and was after a very serious illness again invalided home. He returned to take charge of Agra Jail, and then became civil surgeon successively at Fategarh, Aligarh, Fyzabad, Bareilly, and Nainital. During this period he showed great skill as an operating surgeon, particularly in cataract, lithotomy, and lithotomy. During the great famine he enhanced his reputation, and was on the staff of the Lieutenant Governor, from whom he received a personal letter of thanks. Retiring from the I.M.S. on account of failing health he lived for a time at Lowestoft, where his uncle had also retired. But idleness was irksome, and he obtained the post of medical officer to the Mutford and Lothingland Board of Guardians, where he earned the reputation of an efficient and painstaking officer. During the great war, in spite of his age, he insisted on service, and was appointed to the Ranelagh Hospital at Ipswich, which he largely equipped out of his own means, provided extra nourishment and stimulants for the men, and refused any remuneration for his services. He worked incessantly without regard for his health from 1915 to 1918 at this post, and finally retired with the thanks of his commanding officer, receiving the decoration of O.B.E. for his services. In spite of his failing health Colonel Cadge took a great interest in local affairs; he served on the board of the Lowestoft Hospital, which was the richer for his generosity. He was a keen sportsman, and up to last year a good shot. He was endeared to a large circle of friends by his courteous and lovable nature, his loyalty to his friends, his great kindness and humility, which, perhaps, was a barrier to the high place he could have obtained if he had ever desired fame and high position. His generosity was great, and few knew the extent of his benefactions, both to institutions and individuals. He married in 1882 Miss Flora Summers, whom he leaves to mourn his loss. Our sympathy and condolences are with the widow and relatives.

We regret to record the death of Dr. W. F. R. CASTLE, on July 1st, at the age of 34. His school was Wellington, where he was distinguished as an athlete. Thence he went up to Trinity College, Cambridge, and in 1913 entered the London Hospital. At the outbreak of war he became a surgeon probationer in the navy, and in 1916 obtained the diploma L.M.S.S.A.Lond.; he was then promoted surgeon, and served in the North Sea and the Baltic, winning the Distinguished Service Cross in connexion with the Archangel expedition. In 1920 he graduated M.B., B.Ch.Cantab., proceeding M.D. in 1923, and in the following year obtained the M.R.C.P.Lond. After holding the posts of house-surgeon, house-physician, senior casualty officer, and anaesthetist at the London Hospital, and clinical assistant to the St. John's Hospital for Diseases of the Skin, he was appointed physician in charge of the skin departments of the Queen's Hospital for Children, the West End Hospital for Nervous Diseases, and the Kensington, Fulham, and Chelsea General Hospital. He contributed numerous articles on dermatological subjects to medical periodicals, including one on fur dermatitis to the BRITISH MEDICAL JOURNAL in 1924. His outstanding clinical skill, together with his kind, cheery nature, won for him great popularity, and his untimely death has brought grief to his many friends.

## Medical News.

THE Rogers prize, of the value of 150 guineas, for the best essay on the subject of "The treatment of the sick poor and the preservation of the health of the poor" has been awarded by the trustees (Sir John Rose Bradford, President of the Royal College of Physicians, and Dr. T. Vincent Dickinson, Master of the Society of Apothecaries) to Mr. Hugh J. McCurich, M.S., M.B., F.R.C.S. Numerous essays, many of them of considerable merit, were received from different parts of the country and from as far afield as India and South Africa.

THE annual meeting of the Poor Law Medical Officers' Association will be held on Thursday, July 22nd, at 3.15 p.m., in the guardians' board room, Shakespeare Street, Nottingham. The chair will be taken by the president, Sir Arthur Newsholme, K.C.B., M.D., F.R.C.P.; after the formal business Dr. A. L. Baly, superintendent of the Lambeth Hospital, will read a paper on the Poor Law hospital, its past, present, and future. All Poor Law medical officers are cordially invited to be present.

THE Italian Government cinema film on malaria was exhibited on July 12th, by the Baron Bernardo Quaranta di San Severino, at the Royal Army Medical College, Millbank. Dr. Andrew Balfour, Director of the London School of Hygiene and Tropical Medicine, introducing the lecturer, referred to the value of the Baron's work during the war and subsequently in establishing and strengthening the friendly relations between Italy and Great Britain. The film dealt comprehensively with the whole field of malaria prophylaxis and treatment in the past and present. Diagrammatic illustrations of the processes of the infection of the mosquito and the life-history of the malarial parasite were associated with detailed descriptions of the preparation of quinine and its distribution throughout Italy, and the different processes of drainage and destruction of the mosquito larvae. The lecturer explained the extensive nature of the antimalarial legislation in Italy, and gave illustrations of the value of the work that is being done. Malaria, he said, is gradually disappearing from the world and will soon become an almost unknown disease wherever this systematic treatment is adopted. The lecture had been originally intended for students of the London School of Hygiene and Tropical Medicine, but it was felt that the importance of the subject and the particular interest of the film called for its exhibition to a larger audience, and Sir Holburt Waring, in moving a vote of thanks to the lecturer, emphasized this point.

DR. H. HAROLD SCOTT, F.R.C.P.Lond., D.T.M. and H.Camb., F.R.S.Ed., has been appointed lecturer on tropical diseases at the Westminster Hospital Medical School. Dr. Scott, who formerly held the appointment of Government bacteriologist, Jamaica, and was afterwards Government bacteriologist and pathologist, Hong-Kong, is now Milner Research Fellow in comparative pathology at the London School of Hygiene and Tropical Medicine and pathologist to the Zoological Society of London.

THE Medical Women's Federation has arranged to hold a garden party during the Annual Meeting of the British Medical Association in Nottingham next week. It will be held, through the kindness of Miss Jessop, in the grounds of The Hermitage, on Thursday, July 22nd, from 3.30 to 6 p.m.

THE proposed post-graduate medical hostel at the Imperial Hotel in Russell Square, London, W.C., to which we referred on July 10th (p. 82), will be opened on Monday, July 26th, when an address on the objects of the hostel will be given by Sir D'Arcy Power at 9.15 p.m., under the chairmanship of Dr. Alfred Cox. Prior to the address there will be a general meeting at 7 and dinner at 8, for which the charge is 5s. Medical practitioners and their friends, including ladies, are cordially invited. Further information may be obtained from Mr. A. P. Bertwistle, F.R.C.S., 4, Spital Square, Bishopsgate, E.1. An announcement of the objects of the hostel appears in our advertisement columns this week.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that on July 19th, at 3 p.m., Mr. Letchworth will give a special demonstration in clinical ophthalmology at the Royal Eye Hospital; this demonstration is open to all members of the medical profession without fee. On the same date there begins an intensive course in medicine, surgery, and the specialties at the Prince of Wales's General Hospital, Tottenham, with daily sessions for a fortnight from 10.30 a.m. to 5.30 p.m. The West End Hospital for Nervous Diseases will hold a course of lectures and clinical demonstrations on the diagnosis and treatment of common diseases of the nervous system from July 19th until August 12th at 5 p.m. daily. All-day courses will be given at the Queen Mary's Hospital for the East End, Stratford, from August 23rd to September 4th, and at the Queen's Hospital for Children, Hackney Road, from August 18th to 28th, the former being an intensive course in medical surgery and the specialties, and the latter in diseases of children. Practical courses in anaesthetics are arranged at any time to suit post-graduates and usually last about three weeks. Weekly practical courses in obstetrics and child welfare are arranged at the City of London Maternity Hospital; personal application must be made at the Fellowship offices. Copies of all syllabuses and of the general course programme may be had on application to the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

ON the occasion of his leaving Ballyjamesduff, co. Cavan, to practise at New Duston, Northampton, Dr. M. J. McQuaid was presented by his friends and patients with an address, a wallet containing Treasury notes, and a silver tea set.

THE extension of the Dental School at Guy's Hospital, opened on July 8th by the Right Hon. F. D. Acland, chairman of the Dental Board, adds to the number of dental chairs and the number of students that can be accommodated. One room is set apart specially for children, another is a denture room reserved exclusively for fitting dentures and appliances, a third is a demonstration room with the latest devices (including movable tiers on which students can stand); another is a clinical room in which special cases are seen by the surgeon on duty. A very large conservation room has been installed, together with a new prosthetic laboratory in which dentures and appliances are constructed, and a large probationary laboratory, accommodating fifty students, for teaching the more mechanical side of dentistry. Altogether between 300 and 400 students can now be accommodated. At the ceremony Mr. Acland was invited to open the extension by the senior dental surgeon, Mr. Montagu F. Hopson, who was the first student at Guy's Dental School when it opened its doors in 1889. Mr. Hopson mentioned that in the first year of the school's history the attendances of patients numbered about 4,000, in 1925 they numbered 88,000. During those thirty-six years more than 2,000 students have been enrolled. Mr. Acland, addressing the company in the physiological theatre before proceeding to unlock the doors of the new building, said that the Dental Board had been able to provide £5,000 towards the £23,000 which represented the cost of the extension with its equipment and fittings. The allocation was from funds the Board received from the dental profession as registration fees; but he wished to remind those present, and especially the students, that a very large proportion of those funds had been provided by men who had never enjoyed the advantage of training in such a place as Guy's Dental School. After the dean of the school, Professor T. B. Johnston, had proposed a vote of thanks to Mr. Acland an adjournment was made to the new building.

THE British Consul-General at Marseilles informs us that the Marseilles British Merchant Seamen's Hospital is now complete and ready to receive patients. It has been renamed Queen Alexandra Memorial Hospital (Marseilles). The building fund is nearly exhausted and, though there is no debt, it is not proposed to open the hospital until a satisfactory balance has been accumulated to meet the initial running

expenses; the committee is appealing, therefore, for a sum of £5,000. The hospital contains sixty beds which will provide accommodation for merchant seamen and also for travellers from the Far East and elsewhere. The Duke and Duchess of York have consented to be patrons of the hospital. Subscriptions should be sent to the honorary treasurer, the Chairman of Barclay's Bank, 54, Lombard Street, E.C.3.

THE Cambridge University Press has recently undertaken to publish *The British Journal of Experimental Biology*. It is the official medium of publication of the Society for Experimental Biology, but its contributors are not limited to members of this society nor to the universities of Great Britain. The editor is Mr. James Gray, of King's College, Cambridge, with the assistance of Dr. Crew, of Edinburgh, and of eight other biologists representative of the different subjects concerned.

THE Ministry of Health has issued a revised list of treatment centres and clinics for venereal diseases in England, Wales, Scotland, and Northern Ireland.

DR. WU LIEN TEH (G. L. Tuck), Director and Chief Medical Officer of the Manchurian Plague Prevention Service and Physician Extraordinary to the President of China, has received from the Imperial University of Tokyo, Japan, the highest medical degree of *higaku-hakushi*, his thesis being "A treatise on pneumonic plague." Dr. Wu already possesses the degrees of M.D. Cantab., LL.D. Hong-Kong, Litt.D. Peking, Sc.D. Shanghai, and C.P.H. Johns Hopkins. The League of Nations is about to publish a book by him on pneumonic plague.

THE cinematograph industry has collected nearly two hundred films on various subjects to present to the leper hospital of Palo Seco, near Balboa, in the Panama zone.

WE are informed by Dr. Barcroft Anderson that Dr. Carl Spengler is now able to produce in the rabbit a rapidly growing cancer tumour in such site on its surface as he may select, using a pure culture obtained from man of the organism he believes to be the cancer micro-organism, and from this cancer again to isolate the micro-organism. The cancer tumour in the selected site is determined by the injection of a drop of turpentine.

## 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 BLUE BAG.

"K." asks what are the grounds of the widespread belief in the "blue bag" as a remedy for the stings of bees and wasps. Is it really effective?

As its efficacy is unquestioned in most domestic circles, there must be some grounds for the belief. That being admitted, the cause of its virtue becomes at once a suitable subject of inquiry and a consideration of its possible modes of action is not out of place. Washing blue consists of the colouring matter known as ultramarine. It is a double silicate of aluminium and sodium containing sulphur, and may be made by fusing together