

9. Aged 9½. "In May, 1924, had chorea with a mitral murmur, and in October, 1924, the murmur was still present." Complains of pain over the heart. Dislikes milk, but is fond of vinegar. Tonsils and glands enlarged; nodule on right shin; slight mitral murmur. Cardioscope 1-4.

10. Aged 13. "In March, 1925, had a mitral murmur." Dislikes milk, but is fond of sour things. Gums puffy; marked mitral murmur. Cardioscope 1-.

11. Aged 11. Stated to have "had anaemia in 1921 and chorea in 1924 with a coarse first heart sound. In February, 1925, heart normal." Takes no milk. Bites nails; gums puffy; no murmur. Cardioscope 1-4.

12. Aged 9. Had chorea in February, 1925. Dislikes milk; gets poor food. Wassermann reaction positive. Tonsils enlarged; adenoids present; keratitis; no murmur. Cardioscope 1-4.

13. Aged 12. Is stated to have had chorea in November, 1923, with enlarged tonsils and sinus arrhythmia, and in March, 1924, chorea with mitral murmur. In October, 1924, the murmur was still present. Takes no milk, but is fond of vinegar. The heart is enlarged with a mitral murmur. Cardioscope 1-.

14. Aged 13. Is subject to colds; food bad; hopeless mother; another child has chorea. The thyroid is enlarged. Murmur all over the cardiac area. Cardioscope 1-4.

15. Aged 11. In April, 1925, had slight chorea. Dislikes milk. Is always restless; has growing pains; bites nails; gums puffy; no murmur. Cardioscope 1-.

16. Aged 14. In December, 1923, had operation for right mastoid disease. Dislikes milk. Gets pallid when excited; gums bleed; fond of vinegar; no murmur. Cardioscope 1-4.

17. Aged 12. Does not like milk; fond of vinegar, and "will empty the bottle." Has slight tremors; gums puffy; marked mitral murmur. Cardioscope 1-.

18. Aged 12. Takes no milk. Has chorea; gums inflamed; tonsils enlarged; bites nails; no murmur. Cardioscope 1-4.

19. Aged 15. Had otorrhoea in 1921 and rheumatic fever in 1924. Takes no milk, but is fond of pickles and vinegar. Bites nails; heart enlarged; mitral murmur. Cardioscope 1-4.

20. Aged 12. Easily fatigued. Dislikes milk, fond of pickles and vinegar. Heart impulse diffused. Cardioscope 1-.

21. Aged 13. Has been "lackadaisical all her life." Does not like milk; is fond of pickles. Complains of pains over abdomen; bites nails; mitral murmur. Cardioscope 1-4.

22. Aged 11. Mother says "she always wants to sit over the fire and is a terror for vinegar." Gums puffy; poor pulse. Cardioscope 1-.

23. Aged 11. Had rheumatic fever in 1923. Gets pains in joints when it rains. Takes no milk; is fond of sour things. Tonsils and thyroid enlarged. Gums puffy; bites nails; mitral murmur. Cardioscope 1-.

24. Aged 13. Is weak and languid; faints when the hair is done. Takes no milk; is fond of vinegar. First heart sound rough. Cardioscope 1-4.

25. Aged 12. Had growing pains; very fond of meat. Gums puffy; bites nails; mitral murmur. Cardioscope 1-4.

26. Aged 13. Takes no milk. Has choreic movements. Gums pyorrhoeic; mitral murmur. Cardioscope 1-4.

27. Aged 12. Takes no milk; is fond of sauce and acid things. Has chorea; bites nails; tonsils enlarged; gums inflamed; marked mitral murmur. Cardioscope 1-.

28. Aged 15. Had chorea two years ago. Takes no milk; is fond of vinegar. Bites nails; gums puffy; mitral murmur. Cardioscope 1-4.

29. Aged 13. Sister of Case 28. Takes no milk; is fond of vinegar. Has chorea; gums puffy; bites nails; mitral murmur. Cardioscope 1-4.

These two sisters (28 and 29) have one other sister who is very strong. She, however, is fond of milk and does not touch vinegar.

30. Aged 11. Had rheumatic fever six months ago. Takes no milk; is fond of vinegar. Bites nails; mitral murmur. Cardioscope 1-.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### A CASE OF GAS GANGRENE IN LABOUR.

I WAS engaged to attend the confinement of a woman, aged 35, who had given birth seven years previously to a normal male child.

I examined the patient at seven months' gestation and found a vertex presentation and nothing abnormal. About two weeks before full term (December 3rd, 1923) I was sent for on account of pain in the right side of the abdomen. I was told that foetal movements had not been felt for about two weeks. The presentation was transverse. No foetal movements or heart sounds were obtained; there were no signs of labour. External version was tried, but failed. Quinine was given by the mouth, but no other attempt at induction of labour was thought advisable. On December 12th labour came on normally; the pains were slow.

Dr. Darwall Smith saw the patient with me and performed internal version and pulled down a leg. The foetal head was found to be soft, the skin was peeling off, and the smell of the child was very offensive.

On December 13th the baby was born after great difficulty, owing to the fact that its abdomen was very much distended with gas. Its general condition was very disorganized. There was some post-partum haemorrhage.

For the next few days the mother got on quite satisfactorily, but on December 16th she began to complain of pains in the left

buttock and a small red patch was found at mid-day. At 8 p.m. on the same day it had spread, and I opened where I expected to find pus, but gas was obtained; a drainage tube was put well into the buttock. The inflammation spread very rapidly. Dr. Darwall Smith ordered quinine injections and suggested that the case had become one for a general surgeon. Mr. C. Frankau was called in on December 17th and removed the whole of the gluteal muscles on the right side. The patient died about two hours later.

The bacteriological report upon material from the buttock was: "Films showed large numbers of streptococci and Gram-positive spore-bearing bacilli. By aerobic cultivation both streptococci and the spore-bearing bacillus have been obtained. The later organism is highly pleomorphic; it has a marked tendency to variability on staining with Gram's method, and has a centrally placed spore. It gives rise to profuse gas formation in the cultures, and is strictly anaerobic. The organism is one of the gas gangrene type and is a member of either the *perfringens* or the malignant oedema group; its identity is not yet certain."

The question is: How did the patient become infected three to four weeks before full term? The only clue I can offer is that her husband had been badly wounded in France during the war and that some clothes had harboured the spores of these organisms.

Harrow.

HAROLD E. THORN, M.B., B.S.

### GENERAL PARALYSIS ASSOCIATED WITH BENIGN TERTIAN MALARIA.

THE unusual combination of diseases in the following case would seem to render publication desirable.

A retired ship's carpenter, aged 39, was admitted to the Kent County Mental Hospital on January 18th, 1926, with the signs and symptoms of general paralysis, and a history of malaria and heat-stroke. The blood and cerebro-spinal fluid were both reported completely positive to the Wassermann test. The patient was confused, quite disorientated, dirty in habits, with pronounced hallucinations, and very restless. By the beginning of April he had quieted down sufficiently for a course of Stürcke treatment to be begun, but before the fourth injection could be given he had again become very restless and troublesome, and the treatment had to be abandoned. There was then little change in his condition until August 1st, when he had two bouts of fever of 103° with one day intervening, when his temperature was subnormal. The blood was examined and benign tertian malarial parasites were found to be present. Fifteen typical rigors followed, with one or two atypical ones, and, as there was no improvement in his mental condition, quinine treatment was commenced. On September 6th the patient died, having previously developed retention of urine and multiple syphilitic sores.

The interest in this case would appear to lie in the fact that the patient had malaria of long standing and that general paralysis developed in spite of this; a further severe relapse of malaria in no way hindered the progress of the cerebral condition to a fatal termination.

I am indebted to Dr. Abdy Collins, medical superintendent, Chartham, for permission to publish the notes of this case.

GEOFFREY T. BAKER, M.C.,  
L.M.S.S.A. and D.P.M.

Kent County Mental Hospital.

### FUNCTIONAL HAEMOGLOBINURIA.

IN view of the interest recently taken in functional albuminuria, the following case appears to be worth recording.

An officer, aged 19, who had recently arrived in Malta and who was not in good training, took part in a cross-country race on April 9th. A short distance from the winning-post he collapsed, and remained unconscious for over an hour.

I saw him in hospital the following morning. Apart from a headache and a sense of general weariness, he stated that he felt quite fit. His pulse was regular and not increased in rate, and there was no evidence of enlargement of the heart, nor were any adventitious sounds or alterations of rhythm detected. The only physical signs of disease which he presented were a slight rise of temperature and well marked haemoglobinuria.

He was kept at rest, and by April 12th the urine was normal in colour, but still contained albumin. By April 15th the albuminuria had completely disappeared, and did not recur after he was allowed to leave his bed and walk about. He was readmitted to hospital in July for typhoid fever, but on this occasion repeated examinations of the urine failed to reveal albumin.

It seems reasonable to assume that the haemoglobinuria in this case was induced by the excessive exertion and was merely a more advanced stage of functional albuminuria. Probably the same fatigue products which so affected his blood and kidneys were also responsible for the unconsciousness which overcame him at the end of the race, rather than that the latter symptom was the result of cardiac overstrain.

C. M. FINNY, F.R.C.S.,  
Major R.A.M.C.

Malta.

## A CASE OF MIKULICZ'S DISEASE.

I WAS greatly interested in the account of two cases of Mikulicz's disease in the *BRITISH MEDICAL JOURNAL* (October 2nd, p. 586), and wish to report an instance of what appears to be the same disease, which came under my notice during the past six months.

A married woman, aged 28, came for advice on account of "her face swelling up." This, she said, commenced about three months after her third confinement, which was normal in every way. At this time she presented the appearance of chronic Bright's disease, and was treated for this; at no time had she any albumin or casts in the urine. About fourteen days later she began to complain of swelling in the parotid area on the left side of the face; the swelling was uniform, more flattened than prominent, firm and hard, and extended from the middle of the cheek to the external auditory meatus. The temperature and pulse were normal, and in other respects she felt perfectly well. In three days a similar swelling in the corresponding area of the opposite side occurred. She later developed iritis in both eyes, for which she was treated in York County Hospital. No definite cause for this could be found. There was no history of venereal infection; the Wassermann reaction was negative. A week later, when seen at home, she complained of a hard lump under the chin and excessive dryness of the mouth. The left submaxillary gland was found to be enlarged to about the size of a pigeon's egg, was of dense consistency, and slightly movable; a day or two later the corresponding gland on the right side also began to swell in a similar way. The lacrymal glands were not affected, though there was some definite swelling about the lower eyelids; no other glands could be felt. She also lost considerably in weight. Several drugs were tried without any effect; she has latterly been having iodine, both by the mouth and as an external application. The parotids are now nearly normal in size, and the submaxillaries, especially that on the left side, somewhat smaller than they were; salivation is also returning, though slowly.

I think that this case, in spite of the fact that there was no definite swelling of the lacrymal glands, is very similar to the original one reported by Mikulicz in 1892.

I wish to thank Dr. J. C. Lyth of York for permission to publish this case.

York.

G. B. EGERTON, M.C., M.B., B.S.

## Reports of Societies.

## "BEFORE AND AFTER OPERATION."

ANNUAL ORATION OF THE MEDICAL SOCIETY OF LONDON BY  
SIR BERKELEY MOYNIHAN.

THE annual oration of the Medical Society of London (postponed from May on account of the general strike) was delivered by Sir BERKELEY MOYNIHAN, P.R.C.S., on October 11th. Sir HUMPHRY ROLLESTON, who on the same occasion was inducted into the chair of the society, presided.

The title of the oration, "Before and after operation," indicates not at all the breadth and eloquence of a deliverance which should long be remembered in the history of medicine. Sir Berkeley Moynihan began by declaring that the distinguishing feature of the intellectual life of the last half-century had been the advance of science. The progress in this respect had been revolutionary. New ideas were expressed in so new a language, and new methods had demanded so new a vocabulary that to the scientist of fifty years ago much of the literature of to-day would be almost unintelligible. The advance had taken place in every department of scientific activity. In some directions it had been stupendous, almost passing belief. Nor was the wonder of it lessened when compared or contrasted with what had been accomplished in other spheres of intellectual work. In painting, sculpture, architecture, and literature, the immediate interests had perhaps been altered, and the methods changed, but when the men who were engaged in these pursuits compared their own ideas and achievements with those of days gone by they were left in a condition of profound and reverent humility. In craftsmanship alone nothing more exquisite had ever been fashioned by human hands than the works which had been concealed for three thousand years in a tomb of Tutankhamen.

*The Pathology of the Living.*

In applied science nothing greater had been done than the progress of surgery since the days of Lister. Lister had been the greatest material benefactor the human race had ever known. He had said it once in Lister's lifetime—and he was interested to learn from Sir Rickman Godlee that nothing gave Lister greater pleasure than to hear it—that Lister had saved more lives than all the wars of all the ages had thrown away. Among the great adventures and the new enterprises which resulted from Lister's work were two things which changed the face of surgery. In the first place there was the possibility of recognizing in an earlier stage than had ever before been accessible the phases of disease at their very beginning. No relevant inquiry into the earliest conditions of disease had ever been possible before Lister's day. In consequence of Lister's work it was possible to see, during the lifetime of the patient, the stages of his disease, and to correlate those stages with structural alterations in a way that could not have been done before; and when operations were, occasionally, fatal it was possible to compare the conditions found on the *post-mortem* table with those which had been discovered during the conduct of the operation. This subjected the surgeon almost at once to a certain amount of derision because the conditions which he had described as being present during the lifetime of the individual did not seem to tally with the conditions found *post-mortem*, and, as they all knew, it was only the *post-mortem* pathology which appeared then to have any validity. It was in consequence of a repetition of such criticisms from pathologists that he coined as a measure of self-protection the title "Pathology of the living," to show that there was a condition present during the lifetime of the patient with which the surgeon was acquainted, and which to him was a matter of supreme importance, different from the condition which existed after death. The lineaments of a man's face changed when he died, and the conditions inside him changed at least to an equal degree. He thought it was a pity that their transatlantic friends should have twisted the phrase into "living pathology," which was not the same thing.

This study of the pathology of the living led not only to a complete revision of old knowledge, it added new knowledge day by day to that which had been accumulated in the past. Let them take, for example, the subject of gastric ulcer and read what Mathew Baillie and others had written, and it would be found that while their writings were perfectly accurate in pathology they had no clinical relevance at all. When the surgeon came along and pointed out that gastric ulcer was a rare disease, not at all the disease which had been described for generations in the textbooks by physicians, it was regarded as almost too good to be true. The first of the conditions, therefore, which resulted from this study of the pathology of the living was a recognition of the much earlier phases of disease, and following upon this was the recognition of the interaction of diseases and of organs one upon another. It was learned that all ulcers in the stomach and duodenum were secondary; that there was an interrelation between the appendix, the gall bladder, and the pancreas, probably through the lymphatic system; much also was learned about the action of the spleen, and so forth.

*Surgery the Instrument of Research.*

Surgery was still, in the orator's judgement, the strongest weapon in the hands of the physician. It was the greatest instrument of research. But it was so little regarded as an instrument of research that even to-day less homage than was due to the surgeon was paid to him. Clinical research, which was the most arduous of all, demanded infinite patience, insight, intellectual integrity, and the power of generalization from a number of observed facts. When experiments were conducted upon animals in the laboratory, with far less anxiety, with no really arduous responsibility, with no clinical responsibility at all at stake, those experiments, brought to fruition, were rewarded with the highest honour which a scientific body in this country could bestow; but when man in all his

## Obituary.

**JAMES BARRY BALL, M.D., F.R.C.P.,**

Consulting Physician, Throat, Nose and Ear Department,  
West London Hospital.

DR. JAMES BARRY BALL, who died at his residence at Abingdon, Berks, on October 2nd, aged 77, was born in Ireland in 1849, and received his medical education at University College, London. He obtained the diplomas of M.R.C.S. Eng. in 1870, and M.R.C.P. Lond. in 1885, and was elected F.R.C.P. in 1907. He graduated M.B. Lond. in 1871, proceeding M.D. in the following year.

He first entered general practice in Brixton, but in 1885 was appointed assistant physician to the West London Hospital. Two years later he was given charge of the throat and nose department, and of the ear department when that was added later. In 1905 he was appointed consulting physician and a member of the board of management. His other appointments included those of consulting physician to the Hospital of SS. John and Elizabeth, lecturer in diseases of the nose, throat, and ear to the West London Post-Graduate College, and examiner in laryngology and otology to the Royal Army Medical College. He was the author of a *Handbook of Diseases of the Nose and Pharynx*, and contributed articles to *Quain's Dictionary of Medicine* and to the *Transactions of the West London Medico-Chirurgical Society*. Dr. Ball was at one time a member of the British Medical Association, and in 1907 was a Vice-President of the Section of Laryngology, Otology, and Rhinology at the Annual Meeting of the Association at Exeter. He was much liked during his long period of practice in London, both by his brother specialists and by other members of the profession with whom he came in contact. Though his manner was always conciliatory, he held the opinions at which he arrived with tenacity and did not hesitate to express them when called upon. He leaves a widow and one daughter.

DR. CHARLES GEORGE MACLAGAN, who died recently, was born in 1860, and was educated at Berwick Grammar School and Edinburgh University, where he graduated M.B., C.M. in 1883. Until his father's death he was associated with him in his practice in Berwick-on-Tweed, and later continued it by himself. He held the appointment of medical officer of health for Berwick, and was also an Admiralty surgeon. He had been surgeon captain in the Volunteers; during the late war he was chairman of the military tribunal; he was also chairman of the Berwick Infirmary during the whole war period. In addition to his medical work he took an active part in public life, being elected to the Berwick Town Council in 1897 and raised to the bench of aldermen in 1909. He held the post of sheriff in 1903, and was mayor in 1908, 1921, and 1922. He was appointed a justice of the peace in 1914, was chairman of the Berwick Education Board, and later a member of the Education Committee of Northumberland, serving also on the county Panel Committee. For many years he was an active supporter of the British Medical Association. He held the post of president of the North of England Branch in 1888 and in 1923; he was chairman of the North Northumberland Division in 1916, and representative on the Branch Council from 1905 to 1919.

DR. LOUIS ESTEVAN GREEN DE WOOLFSON, who died on September 11th, received his medical education at St. Thomas's Hospital and in Paris, and obtained the L.S.A. in 1881, and L.R.F.P.S. Glas. and L.M. in 1883. After conducting a large practice in Shrewsbury he moved to Swansea, and later to London. At one time or another he held the appointments of assistant surgeon to the Shropshire Eye, Ear, and Throat Hospital, medical officer of health for Wednesfield, surgeon in charge of the ear, nose, and throat department in the Queen's Hospital for Children, and surgeon to the ear, nose, and throat clinic, Hockley. He was an examiner for the St. John Ambulance Association, and ambulance surgeon to the G.W. and L.N.W.

Railway services. Dr. de Woolfson was a member of the Royal Institute of Wales and the Royal Sanitary Institution of Great Britain. During the war he was medical officer in charge of a recruiting area in the Southern Command. He was also a casualty surgeon to St. Paul's Skin Hospital, London, and acted as consultant for candidates for the priesthood for the Roman Catholic Church in Spain. He was an accomplished linguist, and spoke fluently English, French, German, Italian, and Spanish.

DR. JOSEPH PATRICK FRENGLEY, who died at Wellington, New Zealand, on August 1st, was born in Ireland in 1873, and received his medical education at the Catholic University, Dublin, where he graduated M.B., B.Ch., B.A.O., in 1895, proceeding M.D. in 1899. He obtained the diploma F.R.C.S.I. in 1899, and two years later the D.P.H. of both London and Dublin. In 1902 he was appointed district health officer at Nelson, and was thus one of the pioneers of the public health service in New Zealand. After holding similar posts at Auckland and Wellington, as well as being senior health officer for the combined districts of Wellington, Hawkes Bay, Marlborough, and Nelson, he became deputy chief health officer in 1913, and four years later received the additional appointment of deputy inspector-general of hospitals. After the passing of the Health Act in 1920, Dr. Frengley held the post of deputy director-general of health in New Zealand, but in consequence of prolonged ill health he subsequently undertook the less arduous duties of director of the division of food and drugs in the health department. He took an active interest in the scientific side of medicine, and was an examiner for Otago University. He was one of the first advocates of a municipal milk supply for the city of Wellington. He leaves a family of one daughter and three sons, two of whom are members of the medical profession in New Zealand.

The following well known foreign medical men have recently died: Dr. GEORGES THIBIERGE, the Paris dermatologist; Dr. O. W. MADELUNG, formerly professor of surgery at Strasbourg, aged 80; Dr. ADOLF LESSER, emeritus professor of medical jurisprudence at Breslau, aged 75; Dr. F. B. HOFMANN, professor of physiology at Berlin University, aged 55; Dr. OSCAR BLOCH, emeritus professor of surgery at the University of Copenhagen, aged 79; Dr. EDWARD BRONSON, a New York dermatologist and author of an essay on the sensation of itching, published in the New Sydenham Society's publications, aged 83; and Dr. ALESSANDRO CAMUSSO, professor of obstetrics and gynaecology at Cordoba.

## The Services.

### DEATHS IN THE SERVICES.

MAJOR WILLIAM EDWARD MARSHALL, M.C., R.A.M.C., died on September 24th, of gastritis, at Khartoum, aged 45, within ten days of taking up the post of principal medical officer of the Sudan Defence Force. He was the second son of the late David Marshall, county clerk of Perthshire, and was educated at University College, Dundee, St. George's Hospital, and Edinburgh University, where he graduated M.B. and Ch.B. in 1902; he took the D.P.H. at St. Andrews in 1906. After filling the posts of house-surgeon of Perth Royal Infirmary, resident medical officer of Dundee District Asylum, and assistant bacteriologist at the Lister Institute of Preventive Medicine, he entered the R.A.M.C. as a lieutenant on August 1st, 1908, received a brevet majority on June 3rd, 1918, and became major on August 1st, 1920. He had previously served in the Egyptian Army from October, 1909, to December, 1913, and from 1919 to 1922, and before his return to the Sudan was deputy assistant director of pathology at the Royal Victoria Hospital, Netley. He served throughout the recent great war, was twice mentioned in dispatches, in the *London Gazette* of November 14th, 1916, and September 17th, 1917, and received the Military Cross in November, 1916.

Major Ernest Cyril Phelan, D.S.O., M.C., R.A.M.C., died on August 17th, aged 45, while serving with the British force of occupation on the Rhine. He was born on February 16th, 1881, and was educated at Trinity College, Dublin, where he graduated as M.B., B.Ch., and B.A.O., in 1906. Entering the R.A.M.C. as lieutenant on July 30th, 1906, he became major after twelve years' service. He served in the recent great war, when he was twice mentioned in dispatches, in the *London Gazette* of February

17th, 1915, and December 24th, 1917, and received two decorations—the Military Cross on February 18th, 1915 (when he was one of the earliest recipients of that order, founded on January 1st, 1915), and the D.S.O. on January 1st, 1918.

Major Harold Stewart Dickson, R.A.M.C., died of pneumonia in the nursing home at Srinagar, Kashmir, on August 31st, aged 46. He was born on April 16th, 1880, and was educated at Bart's, taking the M.R.C.S. and L.R.C.P. Lond. in 1905. He entered the R.A.M.C. in July, 1909, received a brevet majority in June, 1919, and became major less than two months afterwards—on July 27th, 1919. He was placed on temporary half-pay, on account of ill health, on January 7th, 1921, but rejoined within a year. He served in the war of 1914-18, gaining his brevet as major.

## Medico-Legal.

### A DANGEROUS DRUGS PROSECUTION.

At Marlborough Street Police Court, London, on October 8th, Mr. Cancellor, the stipendiary magistrate, heard summonses preferred by the Director of Public Prosecutions against John Kynaston, whose address was given as Langham House, Regent Street, W., for aiding, abetting, counselling, and procuring Rowland Pawsey to attempt to obtain possession of a dangerous drug—powdered opium—contrary to the provisions of the Dangerous Drugs Act, 1920, and, further, under the Medical Act, 1858, with falsely describing himself as a recognized licentiate in medicine and surgery by the use of the description "M.R.C.S., L.R.C.P. Lond."

Mr. Vincent Evans, for the Director of Public Prosecutions, said the defendant treated a Mr. Pawsey for catarrh, and, in furtherance of the treatment, handed him a prescription. At the top of the prescription were the words "Late R.A.M.C., L.R.C.P., M.R.C.S.," and at the bottom the defendant had signed his name, adding, "Lieutenant-Colonel R.A.M.C., retired, M.R.C.S., L.R.C.P. Lond." As a matter of fact in 1922 his name was removed from the *Medical Register* by the General Medical Council, and his name was subsequently removed from the registers of the two Colleges in question.

The defendant objected to being referred to as "Mr. Kynaston," saying he was a retired lieutenant-colonel of the R.A.M.C.

Rowland Pawsey, registrar of marriages, Marylebone, cross-examined by the defendant, said he did not ask the defendant to give him a dangerous drug. The witness was aware that the defendant had had a dispute with the General Medical Council, and gathered further that the defendant was no longer on the *Medical Register*; witness inferred that he had been removed. The defendant had not entered into a conspiracy to "aid, abet, counsel, or procure" the witness to get the drug.

C. Siggers, a chemist of Abbeville Road, said that Mr. Pawsey handed him the prescription. Cross-examined by the defendant, witness said he had no reason to suppose that Mr. Pawsey required the drug for an improper purpose, but, after making inquiries, witness refused to make up the prescription because the defendant's name was not on the *Medical Register*.

The defendant urged that there was no case whatever to go before a jury. On the first summons he elected to go for trial. The hearing was adjourned for further argument.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

THE third examination for medical and surgical degrees will be held from Tuesday, December 14th, to Thursday, December 23rd. Part I (Surgery, Midwifery, and Gynaecology) will begin on December 14th, and Part II (Principles and Practice of Physics, Pathology, and Pharmacology) on December 15th. The M.Chir. examination will be held on December 14th, 17th, and 18th. The names of candidates for the third M.B. examination and for the M.Chir. examination should be sent to the Registry on or before October 26th.

### UNIVERSITY OF SHEFFIELD.

DR. J. H. BLAKELOCK, M.Sc., M.B., Ch.B. Sheffield, has been appointed to the post of assistant bacteriologist.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE annual meeting of Fellows and Members will take place at the College, Lincoln's Inn Fields, on Thursday, November 18th, at 3 p.m.

Copies of the report to be presented can be obtained by any Fellow and Member on application to the Secretary, from whom copies of the agenda (to be issued on or after November 12th) can also be obtained.

### ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE following, after examination, have been admitted as Fellows of the Royal Faculty of Physicians and Surgeons of Glasgow:

A. Barr, A. A. Bell, J. A. Bingham, D. M'K. Black, A. D. Blakely, J. M. Christie, T. H. J. Douglas, A. Garrow, Z. H. Jafri, W. D. MacFarlane, E. G. Mackie, T. K. MacLachlan, W. M'William, G. T. Mowat, W. A. Sewell, H. E. Whittingham, J. M. Young, R. F. Young.

## Medical News.

THE minutes of the evidence taken before the Royal Commission on Lunacy and Mental Disorder have been published in three volumes. The first volume includes the evidence taken between October 7th, 1924, and February 10th, 1925, and the second that between February 24th and December 11th, 1925; these two parts are published at one guinea each net. The third volume contains the index and appendices and is published at 10s. 6d. net. The three volumes may be obtained from H.M. Stationery Office, Adastral House, Kingsway, W.C.2; York Street, Manchester; 1, St. Andrew's Crescent, Cardiff; 120, George Street, Edinburgh; or through any bookseller.

AT the quarterly meeting of the Grand Council of the British Empire Cancer Campaign, on October 12th, the chairman of the Finance Committee, Sir Richard Garton, urged the necessity for a sustained effort to obtain adequate funds to meet the increasing calls for assistance in researches into the cause of cancer. Mr. J. P. Lockhart-Mummery, chairman of the Executive Committee, announced that the visits of the members of the Intelligence Committee to the principal American and Continental cancer research laboratories would shortly terminate, and that reports on the most recent work on cancer outside the British Empire would be submitted to the Grand Council. Lieut.-General Sir John Goodwin reported that additional county committees were being formed in Buckinghamshire, Berkshire, Cornwall, Durham, Hampshire, Lincoln, Norfolk, Nottingham, Sussex, and Surrey. Sir William Milligan and Sir Robert Jones were elected members of the Grand Council, and Professor Leiper was appointed a member of the Scientific Advisory Committee of the Campaign in place of the late Sir William Leishman.

TICKET holders for the annual service of the Guild of St. Luke, at Westminster Abbey, on October 17th, are requested to be at the West Cloister door not later than 6.15 p.m.

THE fiftieth anniversary dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will be held at King Edward VII Rooms, Hotel Victoria, Northumberland Avenue, on Wednesday, November 10th, with Sir Humphry Rolleston, Bt., K.C.B., in the chair. The honorary secretaries are Dr. H. N. Burroughes and Mr. R. M. Vick.

THE annual dinner of past and present students of University College Hospital will be held at the Hotel Cecil, Strand, W.C., on Wednesday, October 27th. Dr. Philip D. Turner, will take the chair at 7.30 p.m. Tickets, price 12s. 6d. (not including wine), may be obtained from the honorary secretaries, Mr. Gwynne Williams, F.R.C.S., and Dr. F. M. R. Walshe, University College Hospital Medical School.

THE old students' dinner of St. Thomas's Hospital will be held at the Hotel Victoria, Northumberland Avenue, London, on Friday, October 29th. Dr. R. Percy Smith will take the chair at 7.30 p.m.

SIR ARTHUR STANLEY will deliver the presidential address at the meeting of the Incorporated Association of Hospital Officers to be held at 28, Bedford Square, W.C.1, on Wednesday, October 27th, at 7 p.m.

A NEW series of post-graduate clinics arranged by the University of Sheffield commences to-day (Friday), October 15th, at 3.30 p.m., when Mr. Brockman lectures on conditions simulating the acute abdomen. The meetings, which take place at the Royal Infirmary, Sheffield, will be continued on succeeding Fridays up to and including Friday, December 17th, at the same hour.

AT the meeting of the Post-Graduate Hostel at the Imperial Hotel, Russell Square, W.C.1, on Tuesday, October 19th, at 9 p.m., Mr. Frank Kidd will open a discussion on pyelonephritis. On Wednesday, October 20th, at 9 p.m., Mr. J. P. Lockhart-Mummery will discuss the prognosis of rectal cancer. All medical practitioners are cordially invited.

THE second of the series of lectures on emergencies in medicine and surgery organized by the Fellowship of Medicine will be delivered by Mr. Joseph Adams on acute appendicitis on October 21st, at 5 p.m., in the lecture hall of the Medical Society, 11, Chandos Street, W., and on the same day a special lecture demonstration on cataract will be given by Mr. A. Caddy at the Royal Westminster Ophthalmic Hospital at 5 p.m. Both lecture and demonstration are open to members of the medical profession without fee. From November 1st to 13th there will be a course for general practitioners at the Hampstead General Hospital in medicine, surgery, and the specialties; and from November 1st throughout the month a course in venereal diseases at the London Lock Hospital. From November 15th to December 4th a course in gynaecology will be held at the Royal Waterloo Hospital; from November 15th to December 11th a course in dermatology, including pathology if desired, at St. John's Hospital; from November 22nd to December 18th a late afternoon course in

neurology at the West End Hospital for Nervous Diseases; from November 29th to December 11th a course in diseases of the chest at the Victoria Park Hospital; from November 22nd to 27th a course in proctology at St. Mark's Hospital; and from November 22nd a course for practitioners at the London Temperance Hospital. Copies of all syllabuses, the General Course Programme of the Fellowship, and its Journal, may be obtained from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

PROFESSOR DR. C. RASCH of Copenhagen will give an address on the effect of light on the skin and skin diseases, at the meeting of the Dermatological Section of the Royal Society of Medicine, 1, Wimpole Street, at 5 p.m., on Thursday, October 21st.

THE annual meeting of the National Association of Insurance Committees will be held at the Hearts of Oak Buildings, Euston Road, N.W.1, on October 21st and 22nd and if necessary October 23rd.

A MATINÉE in aid of the funds of the Tavistock Clinic, the objects of which were described in the Educational Number of September 4th, 1926 (p. 453), will be given, by permission of the Co-optimists, at His Majesty's Theatre on Friday next (October 22nd), at 2.30 p.m. Particulars can be obtained from the Honorary Secretary of the Tavistock Clinic, 51, Tavistock Square, W.C.1.

THE Royal Sanitary Institute will hold its thirty-eighth congress at Hastings next July. The Home Secretary, Sir William Joynson-Hicks, Bt., M.P., will be president. In connexion with it there will be a health exhibition.

UNDER the housing schemes undertaken by the London County Council since the war the number of houses and tenements completed up to the end of September is 14,542 (more than half of them at Becontree), and 4,344 houses and tenements are at present under construction.

AT the September matriculation of the University of London there were 40 successful candidates in the first division and 380 in the second division; 40 took the supplementary certificate in Latin, 5 in mathematics, and one each in Greek, chemistry, mechanics, French, and music.

A PORTABLE x-ray equipment has been designed in the research department, Woolwich, for the examination of aeroplanes. The details and drawings are published in "R.D. Report No. 68" by H.M. Stationery Office, with illustrations and working drawings, and may be of interest to medical radiologists.

DR. A. J. MARTIN, on his departure from Bloxwich, where he practised for thirty-two years, has been presented by his friends and patients with a bookcase, a clock, and a gold cigarette case.

A TABLET to the memory of the late Dr. Claude B. Ker placed in the entrance hall of the Edinburgh City Hospital, Colinton, was unveiled recently by Lady Sleigh. The memorial, which is of marble and bronze, bears in relief a portrait of Dr. Ker and an inscription recording that he was superintendent of the hospital from 1897 to 1925.

OWING to the further generosity of Mr. George Buckston Browne, the sum of £1,000 has been added to the Memorial Prize Fund of the Harveian Society of London which bears his name. The council of the society will therefore be able to give more valuable prizes for successful essays.

THE 15th Rumanian Congress of Oto-rhino-laryngology will be held at Bucarest, under the presidency of Dr. A. Costiniu, on October 24th and 25th, when the following subjects will be discussed: adenoids in their endocrine aspects, introduced by Koleszar, Vasiliu, and Tatarsky; deaf-mutism in Rumania, introduced by Darabau. Further information can be obtained from the general secretary, Dr. Mayersohn, 81, Calea Musilov, Bucarest.

COURSES of lectures in German are arranged by the University of Vienna throughout the year in connexion with post-graduate medical instruction. Special international courses are to be held in February, June, September, and November, each lasting a fortnight, and dealing with the recent work in various specialties. Syllabuses of both these courses may be obtained, free of charge, from the Kirs Bureau of the Vienna Faculty of Medicine, Schloßelgasse 22, Vienna VIII.

DR. CLAUD SCHILLING, professor at the Robert Koch Institute for Infectious Diseases, Berlin, has been appointed a member of the Malaria Commission of the League of Nations.

THE present epidemic of typhoid fever in Hanover is attributed to infection of one of the three waterworks supplying the town. Up to September 17th 1,504 patients, of whom 42 have died, have been admitted to hospitals, but the number of cases nursed at home is not yet known. A severe epidemic of typhoid fever has broken out also at Tokyo, 3,500 cases having been notified in a few days.

A MUNICIPAL institute of electro-radiology has been founded by the city of Paris at 37, Boulevard St. Marcel, with Dr. Zimmern as director. The indigent inhabitants of Paris and the Seine department will be treated free, and other patients will be required to pay fees according to the scale fixed by the municipal council.

A SYMPATHETIC obituary notice of the late Dr. John Thomson appears in the October issue of the *Archives de médecine des enfants* written by the editor, Dr. Jules Comby.

In the four weeks ending August 14th there were 457 deaths due to automobile accidents in 78 large cities in the United States.

DR. MAURICE ROCH, professor of clinical medicine, has been appointed dean of the medical faculty at Geneva.

THE École d'Anthropologie de Paris will celebrate the fiftieth anniversary of its foundation on November 3rd.

## 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.

### LEUCOPLAKIA.

"B. A." asks for suggestions for the treatment of leucoplakia, in a case with no suspicion of syphilitic origin.

### ADRENALINE AND GLYCOSURIA.

"I." asks: What is the nature of the glycosuria produced by the administration of adrenaline, and is its continued administration likely to produce or predispose to diabetes?

### RECURRENT BOILS.

"W. L. C." (Torquay) asks for suggestions for the treatment of a woman, aged 32, who has been suffering from boils for the last eight years, never being free from them for more than two months. She is of good physique; catamenia and bowels regular; no sugar or albumin. The following remedies have been tried: Extraction of teeth for pyorrhoea, vaccines, calcium, yeast, injections of manganese, and stannoxyl—and in desperation, charlatan medicines.

### THE "STRANGE FEVER" OF 1558.

DR. W. JOHNSON SMYTH (Bournemouth) writes: In Dr. Sydney Carter's *History of the English Church and the Reformation* (Longmans, Green and Co.) it is recorded on page 185 that towards the close of Queen Mary's reign, in 1558, no fewer than thirteen bishops and numbers of clergy were carried off by a fever raging at the time. It would be interesting to know if our medical historians can enlighten us as to the nature of this fever—presumably it was a pandemic of some kind. Was it influenza or ague?

\* \* According to Creighton's *History of Epidemics in Britain*, 1555-58 was a sickly period for all Europe, the diseases being of the types of dysentery, typhus, and influenza. On the Continent 1557 was remarkable for a widely prevalent "pestiferous and contagious sickness." In England "strange agues and fevers" prevailed that year, and with greater severity in 1558, carrying off many of the wealthiest men. The widespread sickness of 1557-58 has been commonly grouped under "influenza," but in using this term Creighton adds that it is "at best a generic