

THE EVOLUTION OF ANAESTHESIA.

Dr. S. R. WILSON (Manchester) prefaced a lantern lecture on the evolution of anaesthesia by emphasizing the great need that existed for improvement in the administration of anaesthetics for dental surgery, especially when the latter was carried out in the patient's home or in the surgery of the dental practitioner, where an operating theatre was not available. Preliminary preparation of the patient was not habitually possible. The surgeon was working against time, and there must be no risk of life to the patient either from the operation or the anaesthetic. Recovery must be rapid, and the patient, if not already there, able to go home in a short time. The case was complicated by the fact that the area of operation was common both to the surgeon and the anaesthetist. It had also to be borne in mind that suddenly and without warning the dentist might be faced with a situation of such difficulty as would require, if a general surgeon were dealing with the case, an anaesthetic lasting as long as two hours.

He noticed that a committee was now sitting to investigate the impurities in nitrous oxide gas as commercially provided, and the effects of these impurities on the patient. He would like to draw attention to a paper, published as far back as 1914, on this very subject by two Manchester dental surgeons, Hart and Minshall, which was full of information that had been practically ignored by the profession. The reports of the committee so far published were emptier of information than that of the two investigators he cited. However, the way of the pioneer was proverbially a hard one, and in his own experience twenty years had passed before the authorities awoke to the fact that there was need for a committee of investigation into the question of mule-spinner's cancer, a condition he had described when a house-surgeon.

There were three periods in the evolution of anaesthesia. The first, or pre-anaesthetic period, dated from 850 B.C. to A.D. 1776. The second, or "dawn of anaesthesia," dated from A.D. 1776 to 1844-46; while the third, or period of anaesthesia proper, dated from 1846 to the present day. Homer or Melisagenes, the blind poet of Chios, flourished in Greece circa 850 B.C., and the first reference to anaesthesia proper occurs in the *Odyssey*, the anaesthetist being Helen of Troy, who placed a drug in the wine whereof the soldiers drank. From this they might learn the lesson of pre-anaesthetic medication. Why had there been so much discussion on preliminary medication? Pavlov's work might eventually lead to the clarification of their ideas on this subject. Contrary to the usually accepted ideas, bromides act by brain stimulation and not by brain depression, and in the speaker's opinion caffeine would probably prove to be the drug they had been looking for all these years. Strychnine acted like caffeine. Orpheus was the first example of one who managed his patients by psychological methods, whereas when Elijah restored to life the widow's son he applied the excellent method used in anaesthetic overdose, and one which the speaker had employed with success on several occasions—oral insufflation by means of a tube, at the same time compressing the nostrils. This method could be employed at almost any place where surgical operations were done, as no elaborate apparatus was necessary, since all that was required was a couple of feet of rubber tubing, which was practically always at hand. Galen, who flourished between A.D. 130 and 200, and who for a thousand years supplied Europe with all that Europe knew of medicine, was practically silent on the subject of anaesthesia. He merely stated that mandrake had the power of paralysing sensation and motion. On the other hand, Dubartas (1544-1590) gave a perfect picture of anaesthesia in one of his poems. The speaker, when a youth, had a very poor opinion of poets as a race, but in his comparative old age he was being converted into thinking that, after all, they might have some use, and he almost admitted that he was able even to see beauty in some of their compositions. Shakespeare, in *Cymbeline*, Act i, Scene 6, depicted the queen, the wife of Cymbeline, in consultation with one Cornelius, a physician. She was a lady of racy language, who reminded him of the duchess who

hitherto had not taken part in the conversation. She says:

"Having thus far proceeded,
(Unless thou thinkest me dev'lish,) is't not meet
That I did amplify my judgement in
Other conclusions? I will try the forces
Of these thy compounds on such creatures as
We count not worth the hanging, (but none human,)
To try the vigour of them, and apply
Allayments to their act; and by them gather
Their several virtues and effects."

Cornelius was, however, doubtful of the bona fides of the lady, and, after receiving his congé, said in an aside:

"I do not like her. She doth think she has
Strange lingering poisons: I do know her spirit,
And will not trust one of her malice with
A drug of such damn'd nature. Those she has
Will stupefy and dull the sense awhile;
Which first, perchance, she'll prove on cats and dogs,
Then afterwards up higher: but there is
No danger in what show of death it makes,
More than the locking up the spirits a time,
To be more fresh, reviving."

Here, then, they had an excellent definition of what an anaesthetic should be, and moreover the true spirit of scientific research, dependent on experiments on animals.

The dawn of anaesthesia commenced with Priestley, who, destined for the Church, renounced the idea and became a scientist. Possibly the emanations from a neighbouring brewery had something to do with the trend of his researches and led him to the discovery of nitrous oxide and other gases, for he was born near a brewery. Priestley was, however, apparently unaware of the anaesthetic properties of his discovery, and it was left to Sir Humphry Davy to suggest that the gas might be used to lessen the pains of surgery. The suggestion, however, lay buried in his works, and it was not until Henry Hill Hickman (1800-29) devoted his short life to researches into carbon dioxide gas, nitrous oxide gas, and asphyxia that Davy's suggestion was carried into practice. The inborn opposition of the profession as a whole to any novelty was as strong in those days as in any other period of the history of medicine, and Hickman's discoveries were neglected and almost laughed at. He went to Paris, where he was met with a little more sympathy, and a committee of the Academy of Medicine there was appointed by the King to inquire into his discoveries and to report thereon. But nothing further ever came of this second attempt of Hickman, and he died a few years later a disappointed man. Crawford Long took up the tale, and it is a remarkable fact that it was his good fortune to lead a placid and happy life and to enjoy a contented old age. On the other hand, Horace Wells and William Morton both passed through a short, stormy, embittered career, and in fact it would appear as though the pursuit of anaesthesia by the pioneer workers in that art was dogged by a malignant and malevolently implacable fate, which eventually impelled those in search of the relief of pain during surgical operations to end their careers by a self-inflicted death, after a life of intolerable distress and disappointment.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

VACCINE THERAPY IN A CASE OF ACTINOMYCOSIS FOLLOWING EXTRACTION OF A TOOTH.

This case is of unusual interest, since on the one hand the intelligent observation of the patient led to the diagnosis, and on the other hand her intolerance of iodides led me to the use of vaccine therapy. I have also waited two years in case there should be any recurrence of the disease.

Miss P. L., aged 17, had her second left lower molar tooth extracted in July, 1924. She went on her holidays, during which period an abscess formed in the tissues around the region of the extracted tooth; this was treated by poultices and other fomentations, but as soon as the abscess had drained itself and healed this was followed by a further abscess formation and rupture of its contents. There being no cessation of these abscesses the patient consulted me in September, 1924, two months after the commencement of her trouble. I found a dusky red area, triangular in shape, the base of the triangle being below the

left lower mandible, about three inches in extent; the apex of the triangle extended to the lower border of the left malar bone. Within the left cheek I felt a hard mass about the size of a shilling, which I attributed to a metastatic pyaemic deposit.

During the following month I made periodically free incisions into the abscess-forming area, so as to allow for efficient drainage. On October 31st the patient noticed some small "grains" upon the dressing which she was about to discard, and brought it straight to me for examination. On examining the granules under the microscope the usual filamentous network of the *Streptothrix actinomyces* was revealed. I sent a specimen to Dr. White, the district infirmary pathologist, who confirmed the diagnosis.

The diagnosis thus confirmed, the patient was put upon potassium iodide, but unfortunately, after a month of gradually increasing doses, she became intolerant of the drug, and was looking ill and losing weight. I therefore resorted to vaccine treatment. Messrs. Parke Davis supplied me with a vaccine containing 100 million actinomycosis fragments per c.cm. Intramuscular injections were given as follows: November 10th, 1924, 0.25 c.cm.; November 17th, 0.5 c.cm.; November 24th, 0.75 c.cm.; December 1st, 1 c.cm. Up to this period great improvement took place, but after the 1 c.cm. injection the affected area became very dusky in colour, the surrounding tissues were very much thickened and infiltrated, and there was every appearance of a further abscess formation; the patient herself was feeling far from well.

Presuming this to be due to some reaction taking place, I reduced the dose to 0.3 c.cm. of the vaccine, and kept to this dose weekly, from December 8th, 1924, to June 11th, 1925, with very satisfactory results—abscess formation ceased and the whole inflammatory area cleared up. At the present time the patient has regained her health and weight, and at the seat of the lesion there are some small scars, which in time will become scarcely perceptible.

It appears that the nidus of infection was in the cavity of the carious tooth. The case illustrates the importance of examining microscopically the pus of obstinate abscesses and sinuses after tooth extraction, and indicates that on the diagnosis being made, early treatment by vaccine therapy should be resorted to, especially when the patient shows iodide intolerance.

Ashton-under-Lyne.

W. ROSSELL JUDD,
M.R.C.S., L.R.C.P.

SUBARACHNOID HAEMORRHAGE AS THE FIRST EFFECT OF A CEREBRAL TUMOUR.

THE following case of cerebral tumour with unusual symptoms seems of sufficient interest to be placed on record.

A man, aged 39, was admitted to the General Hospital, Birmingham, under Dr. Stanley Barnes on July 23rd, 1926. He had a long syphilitic history, having first contracted the disease in 1918. He was treated at the venereal clinic of the General Hospital over the whole period of seven years. The Wassermann reaction of the blood had been negative from 1922, and he had attended once or twice a year since for examination. For some weeks previous to admission he had suffered from intermittent attacks of giddiness and headaches, the headaches usually being preceded by a smell of burnt milk.

On admission he was only partly conscious and had a total paralysis of the left arm and leg. Lumbar puncture was performed and the cerebro-spinal fluid was found to be uniformly mixed with blood. The Wassermann reaction, both of the cerebro-spinal fluid and of the blood, was reported to be negative in each case. He recovered consciousness the following day and then had a severe headache in the right frontal region, which caused him to keep his right eye closed. No abnormality of the optic discs was found except some venous engorgement of the left.

For the next fortnight his condition seemed to improve; the paralysis cleared completely. About a week after admission there appeared the first signs of an exudate on the left optic disc. A month after admission he began to lose ground rapidly; he became more drowsy, the headache was worse, he was incontinent, and the optic discs both showed increased oedema and swelling, with numerous haemorrhages and complete filling in of the physiological cup. Further Wassermann tests of both cerebro-spinal fluid and blood were negative.

He died seven weeks after admission, and at the autopsy a tumour about the size of a Tangerine orange was found in the left temporo-sphenoidal lobe; there was a small aperture in the under surface of the tumour through which blood-stained serous fluid was still escaping into the subarachnoid space. Around this aperture there was a yellow clot from which the haemoglobin had been absorbed. The tumour was a gliosarcoma into which a haemorrhage had occurred.

It is thus clear that the slight early symptoms of headache and giddiness were coincident with the development of the tumour; that the first notable sign (unconsciousness and left hemiplegia) was due to haemorrhage into the tumour and rupture into the subarachnoid space near the apex of the temporo-sphenoidal lobe. The syphilitic infection had presumably no relation.

Birmingham.

R. C. L. BURGESS.

Reports of Societies.

TREATMENT OF CARCINOMA OF THE OESOPHAGUS.

At a meeting of the Section of Surgery of the Royal Society of Medicine on November 3rd, Mr. V. WARREN LOW (President) in the chair, the subject for discussion was the treatment of carcinoma of the oesophagus.

Surgical Treatment.

Mr. F. J. STEWARD, in opening, dealt first with palliative treatment. Since the outstanding symptom was dysphagia, due to mechanical obstruction by the growth, all forms of palliative treatment were necessarily directed towards the relief of this symptom. With this end in view the lumen of the stricture might be either enlarged by dilatation with bougies, or maintained of a size sufficient for the passage of fluids by tubes of various kinds, or increased by the destruction of the growth forming the wall of the stricture by diathermy or by radium. For many years now he had not used a tube of any kind for a case of carcinoma of the oesophagus; he had always advised gastrostomy. A Witzel's gastrostomy, if performed as soon as the diagnosis was made, was quite easy to manage after the first fortnight, so that the patient or his friends were able to administer the feeds without difficulty or discomfort and could soon learn to guard against leakage. He knew that gastrostomy for cancer of the oesophagus had a bad record and a high mortality. This was the result of the operation being done too late, and often as a placebo for a moribund patient after other treatment had failed. He pleaded for its early performance as a treatment *per se*. Perhaps the most definite advantage of gastrostomy lay in the fact that it was a source of real comfort to the patient and his friends as soon as they realized that it was a sure guarantee against death from starvation. This was more than could be promised when the stricture was treated directly, whether by tube or diathermy or radium. The consequent cessation of irritative symptoms resulted in a quite unexpected lengthening of the period of survival. Two of his patients had lived for five years, and there might be others.

Mr. Steward next turned to curative treatment. Radium had been disappointing in so far as actual cure was concerned. That radium could destroy the carcinoma of the oesophagus was certain, for ulcers and tumours that had been seen through the oesophagoscope, and had been proved by histological examination to be carcinomatous, had completely disappeared after treatment with radium. But this complete disappearance resulted in only a small proportion of the cases treated, and even in these the disease, with very few exceptions, reappeared sooner or later. With regard to the future of radium treatment, to his mind the hope of improved results depended upon earlier diagnosis, more exact knowledge of the extent of the disease, and more powerful dosage. Next he discussed the question of the excision of a portion of the oesophagus as a method of curative treatment. The factors which had led to failure were: (1) rapidly fatal infection of pleura or mediastinum or both; (2) such straitness of the oesophagus that there was no slack when it was mobilized, while on the other hand it retracted longitudinally in section; (3) the peculiar structure of the oesophagus, in particular the absence of a serous coat, and the softness of its walls, which in consequence would not hold sutures at all well; (4) the great difficulty in reconstruction of the oesophagus after resection for carcinoma and for cicatricial stenosis. He believed that only three cases were recorded in which patients had recovered from an operation for removal of a carcinoma of the oesophagus; the first was recorded by Torek in 1913, the second by Lilienthal, and the third by Eggers. The study of these three cases led him to the conclusion that it would be justifiable to attempt operation in cases in which the growth appeared to be small, localized to the oesophagus, and devoid of complications, provided that the patient was in good general condition and free from visceral disease. He had explored an oesophageal carcinoma with a view to removal on three occasions, the

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

PARLIAMENT reassembled on November 9th, and the House of Commons commenced the Report stage of the Electricity Bill, which was expected to last most of the week. Replying to Mr. Clynes, Mr. Baldwin gave a long list of bills which the Government hopes to carry into law before the session ends. Among these were the Housing of Rural Workers Bill, Mental Deficiency Bill, Prisons (Scotland) Bill, London University Bill, Judicial Proceedings Bill, Lead Paint Bill, Legitimacy Bill, Smoke Abatement Bill, Coroners Amendment Bill, and Births and Deaths Registration Bill. The Prime Minister added that no progress would be attempted this session with the Factories Bill.

In the House of Lords on the same day the Earl of Plymouth, replying to Lord Astor, said the new Factories Bill did not give special measures of protection to juveniles between 14 and 18 years of age in occupations not at present regulated by Statute. He did not think the bill could be amended to include them. Legislation on the matter would be premature until the conditions and hours of labour of young persons employed in factories had been settled.

University of London Site.—In reply to a question by Sir W. Davidson as to grants promised to the University of London, the Chancellor of the Exchequer said that he had promised in June that the Government would be prepared, within certain financial limits, to ask Parliament to make provision for improved accommodation for the University of London, subject to the approval by the Treasury of plans to be formulated by the Senate. The offer was not limited to a South Kensington or a Bloomsbury site. [The action of the Senate is mentioned below.]

Inspection of Dairy Farms.—In reply to a question on November 9th, the Parliamentary Secretary to the Ministry of Health said that fresh legislation to amend the Milk and Dairies (Consolidation) Act, 1915, was not contemplated. The proposal that all medical officers in any urban district to which milk was supplied should have the right to inspect the farm from which such supplies came would therefore not at present be considered. In reply to another question, he said that the Ministry saw no reason for exempting from the requirements of the Order farmers who sold milk only to farm workers and their families.

Notes in Brief.

The Secretary for India has recently sanctioned a scheme which will provide certain passage facilities for Indian officers of the Indian Medical Service who desire to study in this country.

In reply to a question as to the increase of imports of condensed machine-skimmed milk, Sir Kingsley Wood said that the regulations required every tin of such milk to be labelled "Machine-skimmed" and "Unfit for babies."

The question whether the addition of certain chemical substances to flour, with the object of modifying its baking properties, was objectionable on grounds of health and what restrictions, if any, should be placed on it, has been referred to a Departmental Committee.

Universities and Colleges.

UNIVERSITY OF LONDON.

DR. R. D. LAWRENCE has been recognized as a teacher of chemical pathology at King's College. Dr. Percy Stocks, University Reader in Medical Statistics at University College, has been admitted to the Faculties of Medicine and Science.

The University medal in Branch VI (Tropical Medicine) of the M.D. examination for internal and external students, July, 1926, has been awarded to Richard M. Morris, B.Sc., of the London Hospital and the London School of Tropical Medicine. A grant of £150 from the Thomas Smythe Hughes Fund has been made to Miss Kathleen Chevassut, B.Sc., to defray the cost of apparatus in connexion with her research on glycolysis in cerebro-spinal fluid.

The examinations will commence on April 19th and June 28th, 1927, for fourteen medical entrance scholarships and exhibitions of an aggregate value of £1,513 tenable in the Faculty of Medical Sciences of University and King's Colleges, and in the medical schools of King's College Hospital, University College Hospital, the London Hospital, and the London (Royal Free Hospital) School of Medicine for Women. Full particulars and entry forms may be obtained from the Secretary of the Board, Mr. S. C. Ranner, M.A., the Medical School, King's College Hospital, Denmark Hill, S.E.5.

Subject to the consent of the Chancellor of the Exchequer to proposals put forward by the University, the Senate has authorized definite negotiations with the Duke of Bedford for the purchase of part of the Bloomsbury site.

UNIVERSITY OF CAMBRIDGE.

H. W. FLOREY, M.B. Adelaide, has been elected to an official Fellowship at Gonville and Caius College for his physiological researches. After graduating in medicine at the University of Adelaide in 1920 he entered Magdalen College, Oxford, as a Rhodes

Scholar. In 1924 he became a member of Caius College on election as John Lucas Walker student in pathology, and in 1925 he was elected to a Rockefeller Research Fellowship.

UNIVERSITY OF BIRMINGHAM.

THE Council of the University of Birmingham has decided to ask the Court to confer the title of Emeritus Professor on Professor O. J. Kauffmann, M.D., Joint Professor of Medicine in the University from 1913 to 1926.

Dr. T. L. Hardy, Assistant Physician to the General Hospital, has been appointed assistant to the chair of medicine; and Dr. C. C. W. Maguire, Physician for Out-patients at Queen's Hospital, has been appointed honorary demonstrator in the department of anatomy.

NATIONAL UNIVERSITY OF IRELAND.

THE following degrees were conferred at a meeting held in University College, Cork, on November 2nd:

M.D.—M. Whelton.

M.CH.—J. Kiely.

M.B., B.Ch., B.A.O.—J. F. Carr, E. Egan, Annie A. O'Connor, M. Ahern, A. Callaghan, T. F. Crowley, D. Duggan, D. McCarthy, D. F. McCarthy, J. L. MacSweeney, D. Mahony, F. D. Murphy, M. A. Neville, D. O'Connell, M. O'Donnell, J. O'Driscoll, D. J. O'Sullivan, E. T. O'Sullivan, J. M. Quinlan, T. Richardson, J. Roche, E. J. M. Scanlan, J. Scott.

D.P.H.—M. Harris-O'Connor, E. T. Callanan, W. J. O'Donovan.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the College was held on November 2nd, when the President, Dr. George M. Robertson, was in the chair.

Dr. L. S. P. Davidson and Dr. W. E. Foggie took their seats as Fellows of the College. Dr. R. G. Gordon (Bath), Dr. J. R. Drever (Edinburgh), Dr. A. L. S. Tuke, M.C. (Dunfermline), and Dr. J. F. Christie (Aberdeen) were elected Fellows of the College.

The Hill Pattison-Struthers bursaries in anatomy and physiology and in clinical medicine were awarded to H. G. Somerville and H. B. Martin respectively. The Wood bursary was awarded to J. P. Collier.

The licence of David William Anderson, which had been suspended on May 5th, 1925, was restored.

At an extraordinary meeting of the College held on the same date the licences of Edalji Jamshedji Treasurvala, Bombay, and Kaikhushru Edalji Master, Bombay, were suspended *sine die*.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly business meeting of the College, held on Friday, November 5th, the following candidate, having passed the necessary examination, was duly admitted a Member of the College: Shafik Abd-El-Malek Fam, M.R.C.S.Eng., L.R.C.P.Lond.

The Services.

TERRITORIAL DECORATION.

THE Territorial Decoration has been awarded to the following officers of the Royal Army Medical Corps, Territorial Army: Majors William Cooper Gunn, Robert Harvey, and Frederic Edwin Hubert Keogh.

NO. 14 STATIONARY HOSPITAL.

THE seventh annual dinner of the medical officers of No. 14 Stationary Hospital will be held on Friday, December 10th, at the Trocadero Restaurant, Piccadilly, at 7.45 p.m. Lieut.-Colonel J. R. Harper, C.B.E., will be in the chair. The price of the dinner will be 15s. (exclusive of wines). The honorary secretary is Dr. H. L. Tidy, 39, Devonshire Place, W.1.

DEATHS IN THE SERVICES.

Lieut.-Colonel Thomas James Paul Holmes, R.A.M.C.(ret.), died at Hove on October 21st, aged 81. He was born on October 23rd, 1844, the son of the Rev. J. P. Holmes, rector of Gallen, King's County, and was educated at Trinity College, Dublin, where he graduated M.B. in 1866, taking also the L.R.C.S.I. in the same year. He entered the army as assistant surgeon on April 1st, 1867, attained the rank of brigade surgeon lieutenant-colonel on May 3rd, 1893, and retired on April 7th, 1897. After his retirement he was employed at Kingston from 1897 to 1902.

Major William Wallace Boyce, D.S.O., R.A.M.C., died suddenly in London on October 31st, aged 43. He was educated in Dublin in the school of the Royal College of Surgeons, and took the L.R.C.S.I. and L.R.C.P.I. in 1905. He entered the R.A.M.C. as lieutenant on July 30th, 1906, and reached the rank of major on January 28th, 1919. He served throughout the recent great war, was thrice mentioned in dispatches, and received the D.S.O. on March 8th, 1919.

Captain George Cuthbert Robinson, R.A.M.C., died in a nursing home, from illness the result of active service, on October 18th, aged 33. He was born on December 21st, 1892, the son of Surgeon Lieut.-Colonel G. S. Robinson, Scots Guards, and was educated at St. Thomas's Hospital, taking the M.R.C.S. and L.R.C.P.Lond. in 1916. He joined the R.A.M.C. as a temporary lieutenant on February 8th, 1916, took a permanent commission from January 1st, 1917, became temporary captain, after a year's service, on February 8th, 1917, and was confirmed in that rank from August 8th, 1919. He served throughout the war from 1916 on.

Dr. JOSEPH CANTLEY, who died suddenly on October 23rd, at his residence in Manchester, received his medical education at Trinity College, Dublin. He obtained the L.R.C.P., L.R.C.S.Ed., the L.R.F.P.S.Glasg., and L.M. in 1890, and the L.M. of the Rotunda Hospital, Dublin. Dr. Cantley had practised at Higher Crumpsall, Manchester, for more than thirty years, and was a well known figure at medical meetings, where his independent outlook was always much appreciated. He had been a member of the Lancashire and Cheshire Branch Council of the British Medical Association since 1915, and was chairman in that year. Since 1919 he had been vice-chairman of the Branch, and also a member of the Representative Body. He leaves a widow and four children.

Dr. CONSTANCE MURIEL MARRAT (*née* Willis), who died of pneumonia at Woking on October 10th, in her thirtieth year, received her medical education at the London (Royal Free Hospital) School of Medicine for Women and St. Mary's Hospital. In 1921 she graduated M.B., B.S.Lond., and obtained the diplomas M.R.C.S., L.R.C.P. She held the posts of obstetric officer and resident anaesthetist successively at St. Mary's Hospital. Her career was then interrupted by a long illness, but in 1924 she became assistant resident medical officer at Nayland Sanatorium for six months, and subsequently at Dagenham Sanatorium for more than a year. In 1925 she married, and shortly after was appointed deputy assistant medical officer of health at Woking, where her sympathy and skill with the mothers and children quickly increased the attendance at the clinics. She was a member of the British Medical Association. A colleague writes: Dr. Marrat had a wide circle of friends, who will miss her ever-ready interest and sympathy on all matters, small and great. She was keen, neat, and methodical; had she lived she would undoubtedly have built up a good general practice in Woking.

Medical News.

THE next session of the General Medical Council will commence on Tuesday, November 23rd; the President, Sir Donald MacAlister, Bt., K.C.B., M.D., will take the chair at 2 p.m. and give an address. The Council will continue to sit from day to day until the termination of its business.

THE annual dinner of the Medico-Legal Society will be held at the Holborn Restaurant, London, on Friday, December 10th, at 7.15 o'clock, with the President, Lord Justice Atkin, in the chair. At the meeting of the society to be held at 11, Chandos Street, Cavendish Square, W., on Thursday, December 2nd, at 8.30 p.m., a communication will be made by Professor Harvey Littlejohn and Dr. Douglas Kerr on "Monoxide poisoning—its increasing medico-legal importance." Discussion will follow.

THE Glasgow University Club, London, will dine at the Trocadero Restaurant, Piccadilly, on Friday, December 3rd, at 7.30 precisely. The Lord Rector, the Right Hon. Sir Auston Chamberlain, K.G., will preside, and the Lord Chief Justice will be one of the guests. Any Glasgow University men who, though not members of the club, desire to attend are requested to write to the Honorary Secretaries, 62, Harley House, N.W.1.

THE half-yearly dinner of the Aberdeen University Club, London, will be held at Kettner's Restaurant, 29, Church Street, W.1, on Thursday, November 25th. There will be a reception at 7 p.m., and Professor William Bulloch will take the chair at 7.30 p.m. The price of the dinner, exclusive of wine, will be 10s., and Dr. W. A. Milligan (11, Upper Brook Street, W.1) will be glad to hear from any graduate (lady or gentleman) wishing to attend. Guests may be invited.

AT the meeting of the Post-Graduate Hostel to be held at the Imperial Hotel, Russell Square, W.C.1, on Tuesday, November 16th, Professor C. A. Pannett, F.R.C.S., will lecture on the treatment of gastric and duodenal ulcers, and on Friday, November 19th, Dr. Maule Hall will speak on the practitioner and the public health man. The meetings commence at 9 p.m.; dinner is served at 8 p.m. (price 5s.), and coffee and biscuits at 10 p.m. (price 6d.)

MR. V. Z. COPE will lecture for the Fellowship of Medicine on acute intestinal obstruction at the house of the Medical Society of London, 11, Chandos Street, W., on November 18th, at 5 p.m. On November 19th, at 1 p.m., Mr. Charles Goulden will give a clinical demonstration in ophthalmology at the Royal London Ophthalmic Hospital, and on the same day,

at 2 p.m., Mr. Clifford Morson will give a demonstration in surgery at St. Peter's Hospital. The lecture and the two demonstrations are open to members of the medical profession without fee. From November 15th to December 4th the Royal Waterloo Hospital will hold a course in medicine, surgery, and gynaecology, with special reference to endocrine deficiency, diseases of the blood, thyroid, respiratory diseases, cardiac affections, and rheumatism. St. John's Hospital will hold a four weeks' course in dermatology, commencing on November 15th; there will be clinical instruction and two lectures a week; for those desirous of studying the pathology a series of practical demonstrations will be arranged. At St. Mark's Hospital there will be a comprehensive course in diseases of the rectum from November 22nd for one week. Starting on November 22nd and continuing for four weeks there will be a late afternoon course in neurology at the West End Hospital, 73, Welbeck Street. The London Temperance Hospital will undertake a general practitioners' course (4.30 to 6 p.m.) from November 29th to December 11th. Courses in obstetrics can be provided at Queen Charlotte's Hospital and the City of London Maternity Hospital; practical courses in anaesthetics can also be arranged; and personal applications may be made to the Fellowship of Medicine for clinical assistantships at the Samaritan Hospital for Women. Copies of all syllabuses and of the general course programme may be obtained from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

DR. A. BROWN KELLY of Glasgow will deliver the Semon Lecture in the Robert Barnes Hall, 1, Wimpole Street, London, on Thursday, December 2nd, at 5 p.m. His subject is "Nervous affections of the oesophagus."

THE Geoffrey E. Duveen lectures in otology will be given this year by Mr. Richard Lake, F.R.C.S., at University College Hospital Medical School. The first lecture (on the mastoid operation) will be delivered on Tuesday, November 23rd, and the second (on otitic intracranial abscesses) on Tuesday, December 7th. The lectures, which are open to all qualified practitioners and to medical students, will be given at 5 p.m. on each day.

THE following members of the medical profession are among the mayors elected in England and Wales on November 9th: Dr. E. Collingwood Andrews (Hampstead), Dr. H. J. Campbell (Dartmouth) re-elected, Dr. Douglas E. Finlay (Gloucester), Dr. W. E. St. L. Finny (Kingston), Sir Thomas E. Flitcroft (Bolton), Dr. J. R. Leeson (Twickenham), D. H. Malins (Warwick), Dr. J. H. Nixon (Chippenham), Dr. R. S. Pearson (Lambeth), Mr. Ransom Pickard (Exeter).

DR. DAVID SHANNON, J.P., lecturer in clinical obstetrics in the University of Glasgow, has been appointed a deputy lieutenant of the county of the city of Glasgow.

DR. CHARLES JAMES MARSH, who was honorary surgeon to the Yeovil Hospital from 1880 to 1926, since when he has served it as honorary secretary and treasurer, was honoured on November 3rd by the unveiling in the hospital of a bronze bust of himself. Dr. Marsh was a member of the executive committee of the West Dorset Division of the British Medical Association from 1908 to 1916 and again from 1919 to 1922. He was a member of the Dorset and West Hants Branch Council in 1908 and from 1917 to 1919, and president of the Branch in 1910. He has been a member of the Representative Body since 1923.

A MEMORIAL to Sir Richard Douglas Powell, Bt., M.D., a former President of the Royal College of Physicians of London and physician in ordinary to the King, was dedicated recently by the Bishop of Buckingham at Cheddington Parish Church. The memorial has been given by Lady Powell; it consists of a silver cross and altar candlesticks.

A STAINED glass window, erected in the chapel of the Holloway Sanatorium, Virginia Water, to the memory of the late Dr. W. D. Moore, for twenty-seven years medical superintendent of the institution, was unveiled by Sir Lindsay Smith, chairman of the Board of Management, on October 30th. The dedication service was performed by the Bishop of Guildford.

A BRONZE bas-relief in honour of the late Professor Weill, the eminent paediatrist, has recently been unveiled at the Hôpital de la Charité, Lyons, when speeches were delivered by the ex-Premier, M. Herriot, and Weill's successor, Professor Mouriquand.

ON All Souls' Day (November 2nd) His Highness Maharaja Sir Chandra Shumsher Jung of Nepal had a wreath placed on the grave of Dr. A. C. Inman in Père la Chaise Cemetery, Paris, "in grateful recollection of skilful help and faithful friendship." Dr. Inman was pathologist to Brompton Hospital, and died last July.

THE French Ambassador in London has informed His Majesty's Government that the centenary of Laënnec will be celebrated in Paris on December 13th, 14th, and 15th next, and that Professor Chauffard, of the Academy of Medicine in Paris, is in charge of the arrangements.

SIR HUMPHRY ROLLESTON, Bt., Regius Professor of Physic, University of Cambridge, has been elected as the representative of the University on the General Medical Council for five years, in place of Dr. W. L. H. Duckworth, resigned. Sir Humphry Rolleston has been the representative of the Royal College of Physicians of London upon the Council since November, 1922.

AT the recent Clinical Congress in Montreal of the American College of Surgeons honorary fellowships were conferred on Professor Robert Alessandria of Rome, Professor Archibald Young of Glasgow, Sir Ewen Maclean of Cardiff, Professor L. E. Barnett of Dunedin, New Zealand, and Professors John Fraser and David Wilkie of Edinburgh.

THE Board of Trade gives notice that representations have been made to it under Section 10 (5) of the Finance Act, 1926, regarding the following articles: Amidopyrin, barbitone, cocaine, cocaine hydrochloride, guaiacol carbonate, hydroquinone, methyl sulphonol, oxalic acid, phenacetin, phenazone, piperazine, salol, sulphonol. Section 10 (5) of the Finance Act, 1926, is as follows: "The Treasury may by order exempt from the duty imposed by Section 1 of the Safeguarding of Industries Act, 1921, as amended by this Act, for such period as may be specified in the order, any article in respect of which the Board of Trade are satisfied on a representation made by a consumer of that article that the article is not made in any part of His Majesty's Dominions in quantities which are substantial having regard to the consumption of that article for the time being in the United Kingdom, and that there is no reasonable probability that the article will within a reasonable period be made in His Majesty's Dominions in such substantial quantities." Any person desiring to communicate with the Board of Trade with respect to the above-mentioned applications should do so by letter addressed to the Principal Assistant Secretary, Industries and Manufactures Department, Board of Trade, Great George Street, S.W.1, within two months from the date of this notice (October 27th).

THE British Social Hygiene Council (Carteret House, S.W.1) has published in one volume the proceedings of the Imperial Social Hygiene Congress, which was held at the British Empire Exhibition at Wembley in October, 1925. Opening addresses were given by the Right Hon. L. S. Amery, M.P., and by representatives of some of the Dominions. Discussion followed on venereal disease in the navy, army, India, the mercantile marine, the self-governing Dominions, and the Colonies and Protectorates. A paper by Dr. Kathleen Vaughan contained some lurid evidence on the organization of prostitution in Kashmir; and a good deal of discussion took place on the need of protection for sailors in seaport towns. The report of the proceedings furnishes a large amount of information for those interested in venereal disease.

THE International Labour Office has issued six further pamphlets, Nos. 46-51, dealing with acid burns, air of work rooms, dangers arising out of working in alabaster and alcoholic intoxication, anguillulosis, diseases due to the preparation of ethyl alcohol, and injuries by fluorine and hydrofluoric acid. When the series of pamphlets is complete, they will be published by the International Labour Office in a bound volume.

THE St. Andrew's Ambulance Association in Scotland has found its headquarters too small. An appeal made early this year for £30,000 to cover the cost of new premises has already brought in about half that amount. The main feature of the association's work is its motor ambulance service for the transport of cases of accident and illness. During the last year 27,410 calls were made upon the ambulance waggons, and of these cases 13,677 were conveyed in the Glasgow area alone. The patients conveyed to hospitals and other places since the formation of the association number 391,969.

THE first number of the students' journal of the Welsh National Medical School, entitled *The Leech*, contains articles on the importance of anatomy by Professor David Hepburn, on thyrotoxicosis by Mr. Lambert Rogers, on biochemistry and modern medicine by Mr. J. Pryde, lecturer in chemical physiology, and articles of clinical and general interest. An appeal is inserted on behalf of the Cardiff Royal Infirmary, the financial position of which has been seriously affected by the coal dispute.

THE November issue of *The Prescriber* is devoted to rheumatic diseases, with special reference to the economic aspect. The subjects treated include fibrositis, osteoarthritis, rheumatic heart disease, the relation of goitre to rheumatism, the treatment of chronic rheumatic diseases, and spa treatment. The journal may be obtained from the editorial publishing offices, 6, South Charlotte Street, Edinburgh, price 3s. 6d., post free.

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.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the BRITISH MEDICAL JOURNAL must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the JOURNAL, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBERS of the British Medical Association and the BRITISH MEDICAL JOURNAL are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology Westcent, London.*

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

MEDICAL SECRETARY, *Medisecra Westcent, London.*

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 4737 Dublin), and of the Scottish Office, 6, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

QUERIES AND ANSWERS.

"MEDICAL MAYOR" asks for advice in the treatment of a girl, aged 3 years, infested with *Taenia solium*.

BEDS FOR PAYING PATIENTS IN SMALL HOSPITALS.

DR. C. R. DYKES (Buckhurst Hill, Essex) asks for information with regard to country hospitals, with from thirty to fifty beds, providing accommodation for some private patients.

WARTS AND EGGS.

WE have received the following replies to Dr. Leonard Williams's question in the JOURNAL of October 22nd (p. 763). Dr. J. M. MACPHAIL (Middlesbrough) writes: It was a common belief in West Argylshire that warts could be caused by washing the hands in the water already used for the boiling of eggs, and in many parts of the East of Scotland and in Yorkshire they refuse such water to wash dishes or use in any way.

DR. A. MACMANUS (Rusholme, Manchester) writes: The belief in the association of warts with freshly boiled eggs is fairly common. Some persons will not touch the shell of a warm egg, but use a napkin when transferring it to an egg cup.

THE PLACENTA AFTER PITUITARY EXTRACT.

"R. E." wishes to raise the question with which the following note concludes: After a prolonged second stage in a primipara, aged 27 years, 1 c.cm. of pituitary extract was given and delivery by forceps was then immediately effected. The third stage lasted three and a half hours, presumably owing to the uterus going into tonic contraction. The puerperium was normal. Should the placenta have been manually removed after an hour, according to most orthodox teaching?

CHILBLAINS.

DR. ERNEST A. MILNER (Kington, Herefordshire) writes: If "C.P.J." will give calcium chloride 10 grains thrice a day instead of the lactate—which is an unreliable salt—and parathyroid 1/4 grain once or twice daily, I think he will find the chilblains can be kept at bay.

DR. H. V. CANTOR writes: It may be advisable to try a method advocated by Leonard Mitchell in the *Medical Journal of Australia*, October 2nd, p. 449, which should be consulted for details; the treatment may be summarized thus: The hands may be treated by firmly fitting rubber gloves worn at night; the toes by a cuff of a rubber glove worn around the foot or by a thin piece of sponge rubber held in place by a piece of sticking plaster. The pressure must be firm.

DR. NORMAN HODGSON (Newcastle-on-Tyne) states that he has had good results in the treatment of chilblains from the following mixture, to be taken for three days during frosty weather: Calc. carb. 66 grains, acid. lact. conc. (sp. gr. 1.21) 144 min., aq. menth. pip. ad 12 oz.; 1 oz. thrice daily.

DR. MARY G. CARDWELL (Oldham) writes to suggest the following regime: The patient, sitting in a warm room, has two bowls, one of hot water, the other of cold, into which the hands or feet, as the case may be, are plunged alternately, care being taken to finish up with hot water. The part is then rubbed with a warm rough towel and afterwards with olive oil. This should be done twice daily and should be begun in early autumn. "Success depends on the conscientious carrying out of the treatment combined with vigorous friction. Cod-liver oil and malt is a useful adjunct."