

disease, Dr. Levitt suggested that local excision after irradiation might give a more satisfactory result. With regard to post-operative irradiation, if it was agreed that the selective sensitiveness of the carcinoma cells over the normal cells was proportional to their vital activity, then post-operative irradiation for prophylactic purposes was contraindicated altogether, because any malignant cells which were left after complete operation were in a sort of hibernating condition. They did not commence to grow for quite a time afterwards, perhaps as long as two or three years. In the bulk of cases he thought that pre-operative radiation was preferable to post-operative.

Dr. R. E. ROBERTS (Liverpool) said that the treatment of malignant disease was one of the most depressing occupations anyone could undertake. In any large hospital the x-ray department was the dumping-ground for all the surgical inoperabilities. It might be hoped that life was being lengthened, but it was a question whether it was not rather a case of prolonging death. No one could foretell exactly what response would be forthcoming from treatment. It was most disappointing when good curative or perfect prophylactic results followed operation that the patient should die after twelve or eighteen months from secondaries. The speaker thought that those secondaries must have been present from the time of the operation. The question of voltage was a very difficult one, but he thought that Professor Hayes had hit the nail on the head when he stated that for each type of malignant disease there was an optimum voltage; some cases responded best to high voltage and others to medium. The type of treatment had to be gauged by the general condition of the patient. In Liverpool a good deal had been done in the treatment of malignant disease by injections of lead, and in the treatment of several of those cases subsequently by x rays he had found that the lead injections apparently assisted the x-ray action, the patients doing better than those who were subjected to x rays without having had the lead treatment; there was a more intense secondary radiation.

The PRESIDENT (Dr. Woodburn Morison) asked what it was they were attempting to do when they irradiated breast carcinoma. If they were trying to destroy every individual cell in the breast they were committed to what was physically an impossibility. This could be easily demonstrated from the standpoint of pure physics. It would be found that calcification had taken place in some areas approximating quite unchanged cancer cells. From the physical point of view they could never accomplish in that way the pure destruction of a breast carcinoma. Dr. Barclay had mentioned two patients, one of whom, treated with deep therapy, had improved at first but died within six months, and the other, treated superficially, had lived much longer; but his comparisons were not complete. He should have taken an untreated patient and observed how long life lasted. He wondered what would be the general average duration of life if a case of cancer were left entirely alone, and how it would compare with the duration in cases in which operative followed by radiological treatment had been applied.

Dr. FINZI, in reply, said that he believed it to be correct that every tumour had an optimum wave-length at which the treatment would do more harm to the carcinoma with less harm to the surrounding tissues than at any other wave-length. So far as he had gone, it seemed to him that with the pushing up of the voltage better results were obtained in carcinoma, and he still thought the optimum wave-length had not been reached, because it was at present above the range which tubes would stand. Dr. Barclay had suggested that the immediate results were good and the ultimate results bad; the speaker thought that this was simply because the right technique had not yet been worked out. He denied that he was an indiscriminating optimist with regard to radiation treatment of breast cancer; he was an optimist in the case of localized breast carcinoma, but the trouble was that they did not get cases like that to treat. In the cases described in his paper as having been treated with radium needles the results had been so satisfactory that at present the surgeon had refused to remove the breast because he could not feel

anything at all. Thus there could be no actual proof that in these cases the carcinoma cells had disappeared, but it was known that in the cervix every carcinoma cell could be made to disappear; that had been shown by others, using either radium or x rays. He rather thought that that was the objective in breast carcinoma. As to massive doses for prophylaxis, he would retain his view; he believed in the hibernating cell, and that it was ready to grow. Dr. Roberts had asked whether any good at all was being done; but the older radiologists had seen patients who had remained well for five to ten years after treatment. He regarded the skin erythema as necessary because the dose which produced it was about the optimum for eradicating carcinomatous disease—he would not use the term “carcinomatous cells.” Some had maintained that carcinoma started as a generalized disease with a localized manifestation; Dr. Finzi did not believe that the disease originated in the blood or tissues generally, but that it started locally and subsequently became general; otherwise, how could any disease at all be treated? He did not now get burns in the lung, because he had improved his technique. The goal of their attempts was to destroy all evidence of disease, and so to treat the patient that no carcinoma cells would develop. It was possible that there might remain encysted hibernating carcinoma cells in the tissues, but so long as these did not develop all was well.

#### *The Section of Radiology.*

At the conclusion of the meeting Dr. L. A. Rowden (Leeds) made a protest against the confinement of the Section proceedings to one day only of the Annual Meeting; Dr. A. E. Barclay associated himself with the protest, which the President of the Section promised should be conveyed to headquarters.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CHRONIC FIBROUS EPIPLOITIS.

THE publication by Mr. R. Charles B. Maunsell, in your issue of June 11th (p. 1051), of his article on chronic fibrous epiploitis, prompts me to record a case which presents many similar features.

A Chinese boy, aged 10, was brought to me with symptoms of intestinal obstruction of three days' duration. A large, hard, tender mass occupied the lower portion of the abdomen, and extended from just above the umbilicus to the symphysis pubis.

The abdomen was explored by a right paramedian incision below the umbilicus. On opening the peritoneal cavity a dense, tough membrane was found spread out in front of the abdominal viscera, in a manner very similar to that described by Mr. Maunsell. This membrane was divided in the line of the peritoneal incision, thus exposing the intestines; about two feet of small bowel were found to be gangrenous. Strong septa, similar in structure to the membrane lying in front of the viscera, passed backwards from it to the posterior abdominal wall, thus dividing the abdominal cavity into a series of loculi and binding down and constricting the intestines. One of these septa had, by obstructing the upper part of the ileum, resulted in the gangrenous condition of the two feet of gut immediately below it. The septa and adhesions were divided sufficiently to free healthy bowel above and below the gangrenous portion, preparatory to resection. At this point, however, the patient suddenly collapsed; a Paul's tube was inserted into the ileum proximal to the gangrenous portion, and the patient was returned to the ward. Subcutaneous saline injections, and the administration of glucose solution by the mouth and rectum, resulted in so great an improvement that, although by no means optimistic as to the chances of ultimate recovery, I opened the abdomen again through the original incision on the third day following the first operation. It was found that the gangrenous portion of intestine had walled itself off from the rest of the abdominal cavity, occupying a loculus of which the walls were largely formed by the adventitious membrane. The afferent and efferent healthy gut passed through the walls of this loculus to join with the gangrenous portion. The gangrenous intestine was resected, the cut ends closed, and side-to-side anastomosis was performed. Unfortunately, however, the extensive nature of the resection proved too much for the patient in his debilitated condition, and he died a short time after the completion of the operation.

Microscopical examination of a piece of membrane removed for section showed that it was composed of fibrous tissue, upon which were superimposed the changes of acute inflammation. These changes, which were secondary to the gangrenous condition of the intestine, prevented any conclusions being reached as to the intimate structure of the fibrous membrane. The thickness of the membrane was approximately  $\frac{1}{4}$  mm.

I think that the points of similarity between this case and that described by Mr. Maunsell are sufficient to allow of their being considered as examples of the same pathological condition. In both there was present an adventitious membrane of similar characteristics, specialized portions of which were causing intestinal obstruction. It is perhaps suggestive that Mr. Maunsell's patient, a European, should previously have suffered from bowel disease of a type very prevalent in the tropics.

Shanghai. A. C. MACONIE, M.B.Lond., F.R.C.S.Eng.

#### DEATH AFTER ANAESTHESIA: STATUS LYMPHATICUS.

THE following case, having some instructive and extraordinary features, is, I think, worth recording.

A boy, aged 7, with well marked signs and symptoms of enlarged tonsils and adenoids was operated upon. He had the usual pre-operative preparation—namely, an aperient the night before and no food before operation. Anaesthesia was induced with a mixture of C. and E. (1:3) followed by pure ether, and was not remarkable in any way; the operation was successfully performed and there was no excessive haemorrhage. The patient had sufficiently recovered from the anaesthesia to cry out after the operation was concluded, and he afterwards sat up and talked to the nurse in charge. An hour after operation he suddenly turned a "nasty" colour, and when seen, immediately, by the house-surgeon was rather of a blotchy purple blue, but not generally cyanosed. He was pulseless and respiration had ceased. The usual remedies were tried—namely, artificial respiration, camphor oil, etc.; cardiac massage, intracardiac and adrenaline injections were not used—without any response.

*Necropsy.*—The body was of average size and conformation and of average weight. It showed, generally, a blotchy purple discoloration, very much like ordinary *post-mortem* staining. The heart was empty; the lungs were not congested and were well aerated. There was a small amount of blood-stained fluid in the trachea, but no clot. No sign of embolism was noted. The liver appeared normal. There were no petechiae anywhere. The thymus, triangular in shape, covered the palm of an average hand ( $2\frac{3}{4} \times 2\frac{1}{2} \times \frac{1}{2}$  in.). There was general enlargement of mesenteric glands, several being the size of an average walnut. The cervical glands were appreciably enlarged, but not matted or showing obvious signs of inflammation. The cause of death was given as "status lymphaticus."

The length of time before death after anaesthesia, and the lack of incident in the induction of anaesthesia, seem so extraordinary as to merit record, and the whole sequence of events, particularly the sudden and simultaneous cessation of all the vital functions, suggest the cause as being a vagotonic action due to hypersecretion of the thymus gland.

York.

J. ACOMB, M.B. B.S.Lond.

#### CHOLECYSTITIS WITH ASSOCIATED PANCREATITIS.

THE following details of a case in which cholecystitis was associated with pancreatitis seem to be worthy of record.

A married woman, aged 58, first attended as an out-patient in December, 1926, with a history of recurrent attacks of pain and tenderness in the right hypochondrium accompanied by vomiting, jaundice, and clay-coloured stools; she complained of flatulent dyspepsia aggravated by taking meat. These attacks had been intermittent for a period of five years, during which time glycosuria had coincided with the abdominal pain, disappearing in the intervals. She had had dietetic treatment but no insulin.

On admission to hospital on April 4th, 1927, in addition to the preceding signs and symptoms, she was extremely tender over the gall bladder and there was slight jaundice. She weighed 8 st. 5 lb. The urine contained 2.6 per cent. of sugar and gave a faintly positive reaction with ferric chloride. There was hyperglycaemia, the actual figures of which unfortunately cannot be traced. A diagnosis of cholecystitis with associated pancreatitis was made, and it was decided to operate as soon as the urine could be rendered sugar-free; accordingly insulin was administered in doses of 25 units twice daily, which effectively controlled the glycosuria.

On May 2nd Mr. Clifford Moore removed the gall bladder, which was small and shrunken and contained a few faceted stones; there was definite pancreatitis. The wound healed by first intention, and three weeks later the patient was discharged on a slightly modified diet and twelve units of insulin twice daily.

Three months after the operation she was perfectly well, taking an unrestricted diet, and had increased 2 st. in weight; there was no acidosis, and only an occasional trace of sugar in the urine.

The glycosuria in this case was apparently due to pancreatitis secondary to chronic inflammation of the biliary tract, and, although of five years' duration, cleared up after cholecystectomy.

I am indebted to Dr. Carey Coombs and Mr. Clifford Moore for permission to publish the notes of this case.

Bristol.

PERIS BRINCKMAN, M.B., M.R.C.S.

## Reports of Societies.

### SURGERY IN THE XVIII<sup>TH</sup> AND EARLY XIX<sup>TH</sup> CENTURIES.

THE first meeting of the 155th session of the Medical Society of London was held on October 10th, when Sir HUMPHRY ROLLESTON relinquished the chair and inducted into it the new President, Mr. HERBERT W. CARSON.

Mr. Carson took as the subject of his address from the chair "Surgery in the early days of the Medical Society of London." He began with a sketch of the troubled political and social conditions of the last quarter of the eighteenth century, and said that during the first forty years or so of the Society's existence (from 1773 until Waterloo) England was in a state either of war or of social unrest which seriously affected all scientific pursuits, surgery included. The French Revolution was stated to have put back the progress of surgery in France so materially that France as a consequence lost the premier place in surgery, which before the revolution it had held. An interesting feature of surgical life at this time was the visits paid by surgeons to other countries. Not only did surgeons visit their colleagues abroad, but they expressed very frank opinions on what they saw. Cheselden (1688-1752), who was probably the best known surgeon in Europe in his day, received a deputation from Paris who had come to watch his operation of lateral lithotomy. Benjamin Bell of Edinburgh went on a tour in 1771, for which he asked his father for £150, stating that if he had intended to confine himself to medicine he would have been content to stay in Edinburgh, but as he was going to take up surgery a visit to London and Paris was essential. Another traveller was Astley Cooper, who in early life went to France, Italy, and Germany; and Abernethy at about the same time took a similar tour. Roux, the great French surgeon, in a book containing his observations on surgery in London, could not give greater praise to Charles Bell than to say that he "operated in the French manner." John Cross, visiting Paris in 1815, had many appreciative things to say of French surgeons. He watched Dupuytren operate on strangulated hernia, the operation taking place in the middle of the night, in a crowded ward, where the surgeon was surrounded by a press of students holding candles.

With the increase in the number of hospitals in London as the eighteenth century advanced more facilities were available for students, but teaching made slow progress. Even in 1816 Roux, comparing the opportunities for students in London and in Paris, said that in London the students gave considerable sums for liberty to frequent the hospitals. None of the courses in London was gratuitous, even to those of the students who had the right of frequenting the hospitals where the courses were given, and Roux considered that the College in London was not to be compared with the corresponding Faculty in Paris. The museum in London, he said, was less a museum of anatomy than a collection of natural history, or at all events comparative anatomy. To meet the demands of students the surgeons arranged for private classes. William Hunter founded his school of anatomy in 1770, John Hunter had his own school, and Hewson also founded a very successful school.

In trying to form a picture of the surgical work of the period it must be remembered that the surgeons suffered from two great handicaps—the absence of anaesthetics, and the absence of means for preventing sepsis. It followed that the scope of operations was limited by the speed factor, and that the great majority of the operations done to-day would have been impossible, not only because of the need for haste, but because of the inevitable infection. Some attempt was made, by compressing the sciatic and crural nerves by means of a clamp, to numb sensation for an amputation, but this was given up. There were long arguments as to the right time to amputate. On the whole, surgeons were agreed that to amputate in spreading gangrene was fatal. Lithotomy was a great test of the surgeon's skill, and in most of the books of the period the operation was described in the minutest detail. Operations

student in Canada, but finding this unsatisfactory he returned at the age of 19 with a desire to enter the medical profession. He obtained the M.B. degree at Edinburgh in 1895 and proceeded M.D. in 1898. His health proving unequal to the strain of general practice, he took service in the following year under the Foreign Office and became a medical officer for the Uganda Protectorate. He got no further than Nandi, where he lay for two months dangerously ill with malaria. He was invalided and then transferred to Kenya, where he spent four years of pioneer work in an unsettled country. From Kenya he went to Somaliland as senior medical officer, and remained there till 1916, through the troubled years of the "Mad Mullah's" activities. He received the Somaliland medal for services during military operations, especially for attending and rescuing Colonel Summers when wounded. His administrative work was highly praised, and he did much towards starting hospitals and training native attendants. In 1916 he was invalided, and shortly afterwards joined the R.A.M.C. as a temporary lieutenant; he worked in the Lord Derby Hospital, Warrington, and afterwards at Ripon. From 1918 to 1925 he took temporary duty as a neurological expert, chiefly on pensions boards in London. In May of this year his health finally broke down. He leaves three sons, of whom Dr. M. Y. Paget is a member of the medical profession.

Dr. THOMAS O'KELLY of Chipping Norton, who died on September 25th, at the age of 70, received his medical education in Dublin and Queen's College, Galway. He graduated M.D. of the Queen's University of Ireland in 1879, and obtained the diplomas L.R.C.S.Ed. and L.M. in 1883. He was medical officer and public vaccinator in the Chipping Norton Union, and in addition carried on a large country practice. For many years Dr. O'Kelly took a prominent part in the work of the Oxford Division of the British Medical Association. He was a member of the Oxford and District Branch Council from 1892 to 1894, and of the Oxford and Reading Branch Council from 1913 to 1922. He was also chairman of the Oxford Division in 1914, and vice-chairman of this Division from 1915 to 1921. Dr. William Collier, who was President of the Association when it met at Oxford in 1904, writes: The late Dr. O'Kelly joined the Oxford Branch of the British Medical Association soon after its institution in 1885, and proved himself one of its most enthusiastic supporters; he very rarely missed a meeting of the Branch and took an active share in the discussions. No general practitioner ever went to greater trouble to keep up with advances of medicine, as year by year he spent a portion of his holiday visiting the hospitals in London and learning what he could. Needless to say he built up a large and widespread practice in the neighbourhood of Chipping Norton, and was much esteemed and respected by his neighbours, both rich and poor. He gave freely of his best to all. A somewhat long and painful illness was borne with great courage and cheerfulness, and his loss to the neighbourhood is very great.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

At a congregation held on October 15th the following medical degrees were conferred:

M.D.—J. C. N. Harris,\* L. P. Lockhart.  
M.B., B.Chir.—H. J. Burrows, N. H. R. Hatfield, G. P. Chandler, M. S. Dewhurst.  
M.B.—A. C. Copley.

\* By proxy.

The following candidates have been approved at the examination indicated:

D.P.H. AND HY.—Part II: L. A. P. Anderson, H. M. Ayres, A. Gilbert, H. M. Osman, M. H. M. Rasab, K. N. Segal, G. Shehata, H. Singh, Mary Y. McA. Stevenson, H. C. Wilkinson.

### UNIVERSITY OF LONDON.

#### UNIVERSITY COLLEGE.

THREE lectures on the history of medicine will be given at University College Hospital Medical School by Dr. Charles Singer on syphilis (November 7th), influenza (November 14th), typhoid

fever (November 21st). The lectures, which will be given at 4.15 p.m. on each day, will be illustrated by lantern slides, and are open to all medical students of the University of London.

#### UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL.

The annual dinner of past and present students of University College Hospital was held at the Hotel Cecil on October 14th. Sir George Blacker presided over a large gathering. In the course of his report on the past year the dean, Dr. A. M. H. Gray, mentioned that the centenary of the Medical Faculty of University College fell in 1928. With its new obstetric and aural hospitals University College Hospital now possessed 500 beds, and in the matter of buildings and equipment was second to no hospital in London. Among the investigations carried out in the Medical School during the past year he mentioned the synthesis of thyroxin by Dr. Harrington, a notable achievement in biochemistry. In concluding he referred to the severe loss the hospital had recently sustained in the deaths of its chairman and vice-chairman, Sir Ernest Hatch and Lord Oranmore and Browne.

#### VICTORIA UNIVERSITY OF MANCHESTER.

THE Lancashire County Council has increased its annual grant to the University from £4,000 to £5,000, in addition to the supplementary grant made by them for extramural work.

The Cheshire County Council has renewed its annual grant of £1,000.

Dr. R. B. Wild, who has recently retired from the Leech Chair of Materia Medica and Therapeutics, has presented £250 for the endowment of a prize in pharmacology.

Professor J. S. B. Stopford has been appointed the representative of the University on the General Medical Council.

The following appointments have been made: Assistant lecturer in bacteriology, Mr. C. A. McGaughey, M.R.C.V.S.; demonstrator in bacteriology, Mr. E. St. G. Gilmore, B.Sc., M.B., Ch.B. Manch.; demonstrator in pathology, Mr. H. L. Sheehan, M.B., Ch.B. Manch.

#### UNIVERSITY OF GLASGOW.

THE following degrees were conferred on October 17th:

D.Sc.—John Glaister, M.D.  
M.D.—Amy M. Fleming, \*Georgina Murdoch, A. M'A. Scott.  
\* With honours.

The degrees of M.B., Ch.B. were also conferred upon the successful candidates whose names were published in our issue of October 8th (p. 666).

The Brunton memorial prize awarded to the most distinguished graduate in medicine for 1927 has been gained by W. A. Mackey.

The West of Scotland R.A.M.C. memorial prize for the candidate with the highest aggregate marks in medicine, surgery, and midwifery in the final M.B., Ch.B. examination held during 1927 has been awarded to Margaret W. Thomas.

#### UNIVERSITY OF WALES.

THE following candidates have been approved at the examination indicated:

D.P.H.—Part I: C. J. Donelan, Nancy K. Gibbs, Dilys Jones. Part II: C. W. Anderson, J. D'A. Champney, C. J. Donelan, Nancy K. Gibbs, Dilys Jones, E. M. Jones.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council meeting was held on October 13th, when the President, Sir Berkeley Moynihan, was in the chair.

#### Annual Report.

The annual report of the Council was approved and will be placed before the Fellows and Members at the annual meeting on Thursday, November 17th.

#### Direct Representation of Members on the Council.

The Committee on the Annual Report of the Council reported that it had examined the answers received in reply to the circular addressed by the Council to the Fellows with the object of eliciting their opinion regarding the direct representation of Members of the College upon the Council. Circulars were issued to 1850 Fellows, and 1080 replies were received. The question asked was, "In your opinion is it desirable that Members of the College should have direct representation upon the Council?" 846 Fellows voted "No" and 234 (including 6 conditional answers) voted "Yes"; majority against, 612.

#### Lectures.

Sir H. J. Waring was appointed to deliver the next Hunterian Oration. The Braishaw Lecture will be delivered by Sir Cuthbert Wallace on November 10th, at 5 p.m., on "Enlarged prostate: a review." The Thomas Vicary Lecture will be delivered by Dr. George Parker on November 3rd, at 5 p.m., on "The early development of hospitals."

#### Bicentenary of John Hunter.

It was decided to celebrate the bicentenary of the birth of John Hunter on February 14th, 1928.

#### Honorary Curator.

Mr. C. J. S. Thompson, formerly curator of the Wellcome Historical Medical Museum, was asked to act as honorary curator

of the historical section of the museum (including surgical instruments and appliances) in succession to the late Mr. Alban Dorau, or the ensuing year.

#### Gilbert Blane Gold Medal.

The Sir Gilbert Blane Gold Medal has been awarded to Surgeon Lieut.-Commander Allan Watt McKorie, M.B., B.N. Promotion Examination, 1927.

#### The Late Mr. Thelwall Thomas.

A vote of condolence was passed on the death of Mr. William Thelwall Thomas, M.B.E., Member of the Council. The vacancy in the Council thus occasioned will be filled up at the election of members of the Council in July, 1928.

#### Advancement of Gynaecology and Obstetrics in New Zealand.

Leave of absence was granted to Mr. Victor Bonney to assist in the inauguration of a new society in New Zealand for the advancement of gynaecology and obstetrics. Mr. Bonney was asked to convey the best wishes of the Council of the College to the Medical Association of New Zealand for their continued prosperity and for the success of the new section to be formed.

#### CONJOINT BOARD IN SCOTLAND.

THE following candidates have been admitted Diplomates in Public Health:

H. Suhrawardy, W. B. Moore, A. E. W. McLachlan, J. O. Hamilton, Jeannie Kean, C. K. Robertson, J. Douglas, A. McFarlane, A. Gardiner.

Eleanor B. Bone has passed Part I of the D.P.H. examination.

### The Services.

Surgeon Commander H. E. Y. White, C.V.O., O.B.E., has been appointed to H.M. Yacht *Victoria and Albert*. He entered the service in July, 1913, and after serving throughout the war was appointed to H.M.S. *Renown* in 1919, in which ship he did duty during the Prince of Wales's world tour. He was for two years in charge of the sick quarters at the Royal Naval College, Dartmouth. He again attended upon the Prince of Wales during his South African tour in 1925 in H.M.S. *Repulse*. After serving as principal medical officer of H.M.S. *Queen Elizabeth* he was appointed to H.M.S. *Renown*, in which the Duke and Duchess of York made their recent world tour.

#### DEATHS IN THE SERVICES.

Lieut.-Colonel Frederick William Wright, D.S.O., Bengal Medical Service (ret.), died at Bournemouth on September 9th, aged 76. He was born on December 7th, 1850, the son of Robert John Wright, land agent, Thorpe, Norfolk, and educated at Edinburgh, where he graduated as M.B. and C.M. in 1872. Entering the I.M.S. as surgeon on July 1st, 1873, he became surgeon lieutenant-colonel after twenty years' service, and retired on December 7th, 1905. His entire service was passed in military employ. He served in the Afghan war of 1873-80, in the actions at Jagdallak and Chihil-dakhteran, in the march under General Roberts from Kabul to Kandahar, in the battle of Kandahar, and in operations against the Maris, receiving the Afghan medal with a clasp, and the special Kabul-Kandahar bronze star; and in the Burma campaign in 1886-88, in the operations of the 2nd and 4th Brigades, when he was mentioned in despatches, in G.G.O. No. 434 of 1887, and received the frontier medal with two clasps, and the D.S.O. from July 1st, 1887; China, 1900, medal; and North-West Frontier of India, Waziristan campaign, 1901-02, medal with clasp. On January 4th, 1919, he was granted a good service pension. In 1914 he married Edith Bella Freeman of Dover.

Major Christopher Martin Ingoldby, R.A.M.C., died at Sekondi, Gold Coast, on June 22nd, aged 39. He received his medical education at the London Hospital, and took the M.R.C.S. and L.R.C.P. Lond. in 1912. He entered the army as lieutenant on January 26th, 1912, attained the rank of major on January 26th, 1924, and was seconded for service in West Africa on October 8th, 1924. He served throughout the recent great war, and was mentioned in despatches in the *London Gazette* of March 12th, 1918.

Surgeon Captain Michael Joseph Laffan, R.N. (ret.) died in Guernsey on August 13th. He was educated at the Catholic University, Dublin, and graduated B.A., M.B., B.Ch., and B.A.O. in the Royal University of Ireland in 1901. After serving as senior resident medical officer in the Mater Misericordiae Hospital, Dublin, he entered the navy, attaining the rank of surgeon commander on November 21st, 1916, and retiring, with an honorary step in rank as surgeon captain, on August 26th, 1926. He served in the recent great war, receiving the medal.

Surgeon Lieut.-Commander John Stephen McGrath, R.N., died recently at Glasnevin, Dublin. He graduated as M.B., Ch.B., and B.A.O. in the National University of Ireland in 1917 and, entering the navy soon afterwards, obtained his rank on May 1st, 1923. He served during the recent great war, receiving the medal.

Lieutenant Anthony Keppel Jackson Finch, R.A.M.C., died at Allahabad on September 5th, aged 25. He was born on June 13th, 1902, the only son of Surgeon Rear-Admiral Finch, R.N., and educated at St. Mary's, taking the M.R.C.S. and L.R.C.P. Lond. in 1925. He took a temporary commission as lieutenant in the R.A.M.C. on October 12th, 1925, and was confirmed in that rank from February 3rd, 1926.

## Medical News.

THE annual dinner of the Royal Society of Medicine will be held on Wednesday, November 16th, at 8 o'clock, at the Hotel Victoria, Northumberland Avenue.

THE annual general meeting of the Medical Sickness Annuity and Life Assurance Society, Ltd., will be held at the offices of the company, 300, High Holborn, W.C.1, on Monday, November 14th, at 4 p.m.

DR. H. C. CAMERON, physician and physician in charge of the department of diseases of children, Guy's Hospital, will deliver the Lloyd Roberts Lecture at St. Mary's Hospitals, Whitworth Street West Branch, Manchester, at 4.15 p.m., on November 1st. The subject is "The child in general practice: a study both of temperament and of disease."

THE Fellowship of Medicine announces that Mr. Herbert Paterson will deliver a lecture, entitled "Surgical Hints," at the Medical Society, 11, Chandos Street, Cavendish Square, on October 24th, at 5 p.m. On the same day, at 2 p.m., Mr. J. B. Hunter will give a surgical clinical demonstration at the Royal Northern Hospital; and on October 25th there will be a medical clinical demonstration at the same hospital by Dr. Bruce Williamson at 3 p.m. Mr. Cunningham will give an ophthalmic clinical demonstration at the Central London Ophthalmic Hospital on October 27th, at 4 p.m. The lecture and the demonstrations are free to medical practitioners without fee. From October 24th to November 5th there will be a special course in ophthalmology at the Royal Eye Hospital every afternoon at 3 p.m. During November there will be the following courses in medicine, surgery, and the specialties at the Hampstead General Hospital, from 4 to 6.30 p.m., October 31st to November 12th; a similar course at the London Temperance Hospital, November 21st to December 3rd; in medicine, surgery, and gynaecology at the Royal Waterloo Hospital, occupying the afternoons and some mornings, November 14th to December 3rd; an all-day course in diseases of the chest at the Brompton Hospital, from November 7th to November 12th; in neurology at the West End Hospital for Nervous Diseases, November 21st to December 17th, daily at 5 p.m.; in proctology at St. Mark's Hospital, from November 28th to December 3rd; an afternoon course in urology at St. Peter's Hospital, November 14th to 26th; and a course in venereal diseases at the London Lock Hospital, October 31st to November 26th, occupying the afternoons and some evenings. Copies of syllabuses are obtainable from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

AT the meeting of the West Kent Medico-Chirurgical Society to be held on November 11th, at the Miller General Hospital, Greenwich, Dr. Edward Mapother will read a paper on "Co-operation by the profession in the treatment of mental disorder." The Purvis Oration will be delivered on December 9th by Mr. Victor Bonney on "Puerperal sepsis."

IN view of the retirement of Dr. Joseph Priestley on October 31st from the post of medical officer of health for Lambeth, after thirty-two years' service, the Borough Council at its meeting on October 13th adopted a motion recording its great appreciation of his high professional and organizing ability, combined with indefatigable zeal in promoting the health and welfare of the borough—"services which have placed it in the forefront of the large boroughs with regard to efficiency in sanitation and the lessening of the mortality rates." Invitations have been issued by the Mayor and Mayoress of Lambeth (Dr. and Mrs. R. S. Pearson) to a reception at the Town Hall, Brixton Hill, at 4 p.m., on Thursday next, October 27th, when a presentation will be made to Dr. Priestley by his fellow practitioners of Lambeth.

DURING the first thirty-three weeks of 1927 the number of cases of diphtheria in Prussia was 13,632 with 749 deaths, as compared with 12,192 cases with 576 deaths in the corresponding period of 1926.

THE Society of Miniature Rifle Clubs calls attention to the fact that Captain C. Heygate Vernon, the King's prizeman at Bisley last July, has been largely responsible for the inauguration of a miniature rifle club at Bournemouth. Other medical practitioners interested in this pastime include Dr. F. H. Kelly, who is an active member of the Imperial Brighton and Hove Rifle Club, and Dr. W. J. Bethune, who belongs to the Inverness Club. Dr. P. G. Harvey, of Monmouth, presided recently over a meeting of the members of the Monmouth and Chepstow Rifle Clubs, which was convened for the purpose of founding a county rifle association for Monmouthshire. It is suggested that similar rifle clubs might well be started at medical schools under the auspices of this society, and that matches might be arranged between them. Information and assistance may be obtained from the secretary of the Society of Miniature Rifle Clubs, 15, Arundel Street, Strand, W.C.2.

THE Bribery and Secret Commissions Prevention League, of which Lord Lambourne is president, is appealing for members and increased funds; on November 4th the Lord Mayor will preside at a meeting at the Mansion House in celebration of the twenty-first anniversary of its foundation. Bribery, it is said, is still rampant in this country, and more power is desired to counter this disgrace to trade by calling attention to the work of the League and making the law as regards bribery known throughout the land. One of the great successes of the League was known as the canteen case, in which seventeen persons were convicted. As a result of the case the whole canteen system was reorganized. The address of the League is 22, Buckingham Gate, S.W.1.

A MEDICAL tour is being organized by the Société Médicale du Littoral Méditerranéen. It will extend from December 30th, 1927, to January 7th, 1928, and will include Hyères, St. Raphael-Valescure, Grasse, Cannes, Nice, Beaulieu, Monaco, Monte Carlo, Mentone. Full particulars can be obtained from the Federation of the Health Resorts of France, 19A, Tavistock Square, London, W.C.1.

THE September issue of the *Kenya and East African Medical Journal* contains an article on malaria, which is the first of a series of popular accounts of the common diseases of East Africa, with hints on general lines of treatment for those out of reach of immediate medical assistance.

THE fifteenth annual report of the British Dental Hospital illustrates the progress that has been made since its foundation in 1911. Besides the original centre at Camden Road, London, N.W., dental treatment centres are operating at Lewisham Park, Clapham Common, Hammersmith Road, and Holborn. Twelve boroughs have maternity and child welfare and tuberculosis dental clinics, and there is one minor ailment centre at Lewisham. The attendance of patients at the treatment centres during 1926 shows a considerable increase on the figures of the previous year, and many public lectures on oral hygiene are being given.

A SEVERE epidemic of infantile paralysis has recently broken out in Rumania. A large number of cases has also been reported lately in Germany, especially in Saxony.

As the claim of Dr. Dorothy C. Logan to have swum the English Channel was mentioned last week it ought perhaps to be placed on record that she has since withdrawn it, explaining that she perpetrated the hoax in order to show how easy it was to deceive the public in this respect.

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

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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: 24361 Edinburgh).

## QUERIES AND ANSWERS.

### MOTOR CAR ACCIDENTS.

**MR. H. W. BURLEIGH**, secretary and general superintendent of the Hospital for Epilepsy and Paralysis (Maida Vale, London, W.9), asks secretaries of hospitals throughout the country to send him before the end of October statistics as to the number of motor car accidents treated, with, if obtainable, the average length of stay of the patients.

### IONIZATION FOR CATARACT.

**E.H.M.**—With each development of electrical treatment vigorous measures have been taken to ascertain what, if any, effect these means of treatment have upon eye diseases. X rays and high frequency have been tried, and now ionization, which might seem more likely to give beneficial effects, for it is a means of transference of drugs from the superficies into the deeper tissues. The use of ionization has been noticed in the **JOURNAL**, but its effect is doubtful; it is certainly ineffective when cataract formation has advanced to such a degree that there are actual opacities within the lens. These the treatment cannot affect, for they are definite structural alterations. In the early stages of lens disturbance, when bubbles are visible on high magnification, it has been thought that ionization has been beneficial in some cases. But the benefits have been no more than have been secured by simpler means of subconjunctival injections with fluids that promote vigorous local tissue interchange.

### PAIN IN DISSEMINATED SCLEROSIS.

"G. P." has had a patient with disseminated sclerosis under treatment for some six years. Organic arsenic and courses of typhoid and T.A.B. vaccines (intravenously) seem to have much slowed the progress of the disease. During the present year an unusual and most troublesome symptom has developed. Not long after the right lower extremity has been straightened, as in bed, intense "sciatica" pain comes on, especially over the outer aspect of thigh. This is at once relieved by sitting on the side of the bed—that is, apparently by relaxation of the spastic hamstrings. Aspirin, aspirin and phenacetin, allonal, dial, veramon, spasmalgin, pyramidon, spasticine, and many other drugs have been tried without success. Our correspondent asks for suggestions.

### DOGS UNDER CHLOROFORM.

"OSBORNE" writes: I have been informed by a veterinary practitioner that dogs showing failing respiration under chloroform are revived by discontinuing the chloroform and the immediate application on the back of the tongue of two to three drops of Scheele's solution of prussic acid. Is there any parallel to this in the human being?

### POISONING AND HANGING.

**DR. L. A. PARRY** (Hove) asks for information on any of the following points: (1) Date of earliest recorded trial for poisoning in this country. (2) Date of earliest poisoning trial in which medical evidence was given. (3) Date of same in which any analysis of viscera was made. (4) Any other interesting points bearing on above. (5) Date of substitution of drop method of execution in place of strangulation. (6) Is present method of execution by subaural or submental knot?

### INCOME TAX.

#### Practice Sold.

"EX-MEDICUS" sold his practice in May last and has now received an assessment notice on the basis of the amount of his earnings for the year 1926. Is he liable on that amount?

\* \* No. The assessment is in respect of the profits of the practice for the year to April 5th, 1928, and should be divided between "Ex-Medicus" and his successor on a time basis. Thus, suppose he sold his practice to A as from May 17th, 1927, then he is liable on six fifty-seconds of £288—say, £33—before deduction of allowances, and the balance of £255 relates to the period May 17th, 1927, to April 5th, 1928, and is applicable to his successor for the period to April 5th, 1928. We advise our correspondent to write to the inspector of taxes stating the date of sale of the practice and the name of the purchaser, and asking for his notice of assessment to be amended and returned to him. The inspector will presumably take the matter up with the successor, and "Ex-Medicus" will ultimately have a claim to repayment for 1927-28 in respect of the tax deducted from his dividends, etc.

#### Car and Locumtenent Expenses.

"J. D. H." is in partnership and, owing to ill-health, has to provide a locumtenent, and will have to sell his share in the firm. In April of this year he incurred the expense of replacing his car. What relief can he obtain for these expenses?

\* \* The amount of the firm's assessment for 1927-28 is fixed by the profit for 1926-27, and therefore the expenses referred to will not affect the total tax payable by the firm for 1927-28. It is, of course, obvious, however, that they will operate to reduce the assessment for 1928-29, when, in all probability, "J. D. H." will no longer be a partner. It seems to us a matter for adjustment between "J. D. H." and his partner. The gross assessment should be divided between them in accordance with the terms of the partnership arrangement for that year. If for 1927-28 "J. D. H." incurs a special expense which will operate in favour of the firm in future years, there is much to be said for treating at least a part of such expenditure specially—that is, as chargeable to his share of the partnership assessment. Admittedly this will mean that his partner will pay tax for 1927-28 on a greater amount than he receives, but, on the other hand, for 1928-29 the position will be that he will benefit by the deduction