

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CONVULSIONS CAUSED BY PITUITARY EXTRACT AFTER LABOUR.

THE following extraordinary reaction to a therapeutic dose of pituitary extract merits a short description, as such an event does not seem to have been recorded before.

The patient was a fat multipara, aged 40, who had suffered from atypical diabetes for some seven years and had been treated with insulin during her last pregnancy. On September 16th, 1927, a stillborn foetus weighing 12½ lb. was delivered after a difficult forceps operation, the cause of death being haemorrhage from a tear in the tentorium cerebelli.

Insulin was stopped after labour, without sugar or acetone appearing in the urine.

Four days after delivery the uterus was lax, and 10 units of pituitary extract (1 c.cm. pituitrin) were given intramuscularly at 11.20 a.m., and produced a very alarming condition which had at one time the appearance of being fatal. At 11.30 the patient complained of faintness. At 11.40 she felt sick and retched but did not vomit anything. Beads of sweat covered her face, which was ashy white. She asked urgently for the bedpan and began to pass a liquid motion, when she collapsed forward as she was being held on the pan. Her head drooped, the eyes were closed, she breathed heavily and seemed quite unconscious. She was laid flat in bed and then became stiff all over like the tonic stage of epilepsy, and the firmly clenched jaws had to be propped open to prevent her biting her tongue severely. The breathing was heavy, stertorous, and obstructed, and her colour, which had been white, became blue and cyanosed. At 11.50 the pulse rate was 140 and the systolic blood pressure 70 mm., as far as could be made out. She began to recover consciousness, and at noon scratched her head and stomach fiercely and asked what was the matter with her. For a few moments muscular twitchings occurred and were especially violent in the jaws and hands. She was very confused mentally and asked for her husband, whom she appeared to think was just outside, and for the baby which had been stillborn four days previously. At 12.5 p.m. the pulse rate was 120 and she complained of headache and itching and trembling all over. She was very restless, afraid she was going to die, and wanted to sleep but could not. At 12.30 the bowels were opened and she complained that she could not see. She slept for short snatches, and at 1.15 said that she could see better but felt very cold; the pulse was 120. At 2 she vomited three times, but her mind was becoming clearer. By 4 o'clock her mentality was quite normal and the pulse rate 116. At 6 p.m. the blood pressure had risen to 96/52, which is her usual pressure. Two hours and a half after the dose of pituitrin the blood sugar was raised to 0.186 per cent., although no food was given; she passed a considerable amount of sugar that evening and traces for the next few days, whereas she had been sugar-free before this attack. She felt quite well on the day after the attack.

So far as we are aware there is no record of such a severe attack after pituitrin, although pallor, dizziness, and colic are common enough. The course of this patient's diabetes (which will be published later) suggests a hyperactive pituitary, and the bitemporal constriction of the fields of vision suggests the same thing, although no definite acromegalic symptoms are present. The severity of the symptoms experienced after the pituitrin may therefore be due to an overactive pituitary gland.

R. D. LAWRENCE, M.D., M.R.C.P.,  
M. P. SHACKLE, B.A.

London, W.1.

#### INVERSION OF THE UTERUS.

IN view of the case of uterine inversion reported by Dr. J. C. Fotheringham in the JOURNAL of August 27th (p. 350) it may be of interest to record details of a patient I attended for the same condition.

A woman, aged 22, sent for me to attend her at her first confinement on July 20th, 1927. With the aid of forceps I delivered her of a normal healthy female child.

The placenta appeared somewhat adherent, so I allowed forty minutes to elapse before making final efforts to express it; it came away without undue pressure, but when I attempted to separate it by torsion I found the inverted body of the uterus in my hands. I peeled the placenta from the endometrium and examined the latter; the surface appeared plum coloured and of a velvety consistence with a few oozing points of blood here and there, but no excessive bleeding. After the nurse had irrigated the exposed surface with saline solution I endeavoured to reduce the inversion but failed. Since the patient showed signs of collapse I made no further efforts except ordering hot saline douches night and morning and general stimulating diet. Ten days later under a general anaesthetic I reduced the inversion by taxis, which took about fifteen minutes. The patient made an uneventful recovery, and is now perfectly well.

There was very little haemorrhage in this case, but the evidence of shock and collapse at the time decided me to hold my hand till a later date; this was justified by the result.

Hove, Sussex.

J. G. HAYES, L.R.C.P. and S.I.

#### COMPOUND FRACTURE OF THE HUMERUS: SPONTANEOUS REPAIR.

THE following case is of interest on account of the unusually good result which followed such primitive treatment of the fractured arm.

An East African (Swahili) boy, aged about 14, applied for treatment at the native hospital, Dar-es-Salaam, Tanganyika Territory, in 1926, complaining of "the bone of the arm" (right).

The history given was of a fall from a tree "several months before"; owing to the usual native inability to reckon lapse of time this was the nearest estimate of the period which could be obtained. As a result of the fall the right upper arm was broken at about its middle, and bone protruded from a wound. The patient stated that he himself tied a stick to the injured arm, and that he kept the stick on for about two months. He then removed the stick, and found that he had some movement of the arm, but the bone still protruded. His power of movement of the arm continued to improve, but the bone did not go away, so he came to a white doctor for treatment.

Briefly, on examination there was seen some slight wasting of most of the muscles of the right arm compared with the left, and some outward bowing of the upper arm. At a point about the junction of the middle and lower third of the upper arm, and just external to the lower part of the biceps muscle was protruding a jagged piece of bone about three-quarters of an inch long, surrounded at its base by scar tissue, which appeared healed and clean. On seizing the projecting bone only slight movement of it could be effected. The right humerus seemed intact, and the movements of the right arm were only slightly limited compared with those of the left. There was no pain or tenderness, and no shortening could be made out on measurement. There was no evidence of nerve involvement.

A skiagram showed that the humerus was intact, with outward bowing and some thickening at what was presumably the old site of fracture. There was a detached fragment leading from this point downwards and outwards, and ending outside the flesh shadow, with some periostitis at its base. With simple expectant treatment the fragment was eventually withdrawn with forceps, and the resulting sinus healed quickly.



The photograph is of the case shortly after it was first seen. Such a good functional result after such crude treatment must be very exceptional, and it is an interesting conjecture as to what could have been the original bone injury.

C. R. STEEL, M.R.C.S., L.R.C.P.,  
D.T.M. and H.Lond.,  
Medical Officer, Tanganyika Territory, East Africa.

#### THE "RISING TEST" FOR ACUTE ABDOMEN.

FOR the last two years I have been using a test, both in private and hospital practice, which has proved exceedingly useful—more especially in those borderline cases (chiefly cases of appendicitis, where one might reasonably be persuaded to put off operation, perhaps until the next day or so.

The "rising test" consists in the patient putting both hands down by the side of the thighs and then raising himself in bed by means of the abdominal muscles. This produces pain immediately, and the patient fails to raise himself or complains of pain in doing so. This test will prove positive when there is little or no tenderness in the abdomen. In my hands it has frequently proved the presence of acute abdomen, and is often the decisive factor in doing an immediate operation. The test is a sign of an acute abdominal condition, not necessarily appendicitis, and applies equally well in any acute abdomen.

The rising test has been tried by a physician in a large teaching hospital, who writes to me that it is working well.

C. L. GRANVILLE CHAPMAN, F.R.C.S.I.,  
Surgeon, Grimsby and District Hospital.

### CONGENITAL OCCLUSION OF THE SMALL INTESTINE.

THE following case resembles in some respects that described by Dr. B. Shea in the *BRITISH MEDICAL JOURNAL* of September 24th (p. 549).

A male child, the seventh in the family, was born in December, 1926. He was well nourished and weighed 8 lb. He passed no meconium, but some greenish mucus, and the anus admitted the little finger. At first he took the breast well, but on the third day he began to vomit about half an hour after feeds, first bile-stained fluid and later faecal material. This continued, with increasing distension of the abdomen, till he died on the sixth day.

At the necropsy it was found that the distended upper coils of the small intestine ended in a bulbous part. There was about an inch of mesentery, with a tiny cord attached to its free border, then another much smaller bulb continuous with the lower six inches of ileum. The caecum and other parts of the large intestine were present, and rotated perfectly, but they were very small in size. There was an intussusception of the ileum, probably agonal, as it was not inflamed, about an inch below the occlusion, and an inch and a half in length.

The mother had been treated for syphilis during previous pregnancies, but her Wassermann reaction was negative. Several small lymph glands in the mesentery, near the occlusion, were examined for spirochaetes by Dobell's method, but none were found.

Tunbridge Wells.

SIDNEY E. CROSKERY, M.B., Ch.B.

## Reports of Societies.

### THE FUTURE OF RADIOLOGY.

At the first sessional meeting of the Section of Electrotherapeutics of the Royal Society of Medicine, on October 21st, Sir HENRY GAUVAIN delivered his presidential address, and three short communications were made by distinguished visitors from the United States, Denmark, and Switzerland respectively, who had been elected corresponding members of the Section.

Sir Henry Gauvain said that he took his election to be an indication that the Section regarded the science of electrotherapy as embracing the whole range of electromagnetic vibrations in their application to the relief of human suffering. It was no exaggeration to claim that no branch of medicine could record such rapid advance of recent years. A century ago few could have conceived that by submitting the subject to forces impalpable, invisible, and intangible the inner secrets of the human structure could be clearly revealed, malignant growths dispersed, and rickety bones restored to normal. Though it was not yet to be explained how these and other effects were produced, they were so readily and certainly achieved that they had ceased to be surprising. Whither would these forces lead? It was right to give rein to the imagination if, as in this event, the imagination sprang from a foundation of facts already familiar. It would be alluring to discuss the possible future developments of electrotherapeutics, but there were present in the Section three distinguished visitors from other countries who would indicate some recent advances for which they were responsible. He would make only one personal observation. It appeared to him that the advance which electrotherapeutics was making in all its applications was so rapid and important, so pregnant with possibilities, that not only was the employment of highly expert practitioners called for in this branch of scientific medicine, but it was imperative that all medical practitioners should have a certain clear knowledge of the principles and practice of electrotherapeutics. The time had come when all medical students should have systematic instruction in these methods. The status of the radiologist on the staffs of teaching hospitals should be improved. The advent of a diploma in radiology was to be welcomed, but it was not enough. It might encourage more specialization in this branch of medicine, and that was a good thing, but what was more needed was a larger general knowledge amongst medical men of the significance and importance of the subject. The electrotherapist should have equal rank with the physician and surgeon. Not only should he have his department, which should not be considered a subordinate depart-

ment to any other, but he should have his own wards, beds, and teaching facilities. The interests of patients demanded that the proper recognition of this branch of medicine should not be further delayed.

### Radiological Methods in Diagnosis of Pulmonary Tuberculosis.

Dr. H. K. DUNHAM (professor of electrotherapeutics, University of Cincinnati), who addressed himself to the subject of radiological methods in the diagnosis of pulmonary tuberculosis, said that the radiologist, if he hoped to help the clinician in medicine, must translate for him x-ray densities into pathology. To do this it was necessary to use the stereoscopic method, by which alone it was possible to make useful study of the shadows with their pathological significance. In the single plate some of the subtler variations of density as between different areas were apt to be lost. Dr. Dunham exhibited a large number of radiograms of chest conditions, and pointed out the markings which showed the stage and condition of the tuberculosis. A number of the examples were included to illustrate what he called the fan indicating tuberculosis producing exudate. It was, he thought, too common in the United States for radiologists, while anxious to ensure that their radiological methods were sufficiently perfected to detect the earliest signs of tuberculosis, to fail to realize, what he thought was the greatest value of x rays in this connexion, that the x-ray method enabled the physician to exercise care and control over the whole progress of the case. He also begged radiologists not to try to do too much; they should concentrate on giving the clinician some definite information relating perhaps only to a small fact, rather than make a guess at something on which their methods did not enable them definitely to pronounce. Locked up in the x-ray plate was pathology. The x-ray pictures must be translated back into pathology, and the clinician must translate back into pathology his physical signs. Without this, the work on the chest would be lost to a large extent.

### Treatment of Pulmonary Tuberculosis by Modern Methods.

Dr. J. GRAVESEN (medical superintendent, Vejlefjord Sanatorium, Denmark) also showed a number of lantern slides illustrating some recent results in the treatment of tuberculosis. He dealt with the effect of artificial pneumothorax and sanocrysin; both had reduced the number of failures in tuberculosis treatment, and had greatly shortened the period. The reason why such different opinions were expressed with regard to the chemotherapy of tuberculosis was that the good effect of the agent was not to be expected in all tuberculosis cases, but only in those where there was exudation or fresh spread. The sanocrysin specific treatment covered those cases in which the affection was of an exudative character. Artificial pneumothorax covered just those cases in which sanocrysin failed; it was useful where there was fibrosis of the lungs of a chronic type, which did not react well to the ordinary sanocrysin regime. From the x-ray picture the best indications could be obtained for choice of treatment in tuberculosis. A number of the lecturer's lantern slides illustrated the good effects of both these treatments in selected cases. In some instances both treatments had been applied to the same case—collapse therapy to the one lung, and sanocrysin to the other. He also urged close co-operation between the radiologist and those engaged in the treatment of tuberculosis, so that a qualitative diagnosis might be reached with the greatest sureness.

### X Rays in the Treatment of Breast Cancer.

The last of the three visitors to speak was Professor HANS ISELIN (Basle University), who referred to the use of x rays after operation for cancer of the breast; he had used the method in the Basle University Clinic since 1906. He first treated cases of inoperable carcinoma, then operable recurrences and metastases, and finally carried out after-treatment on operated cases. The radiation was applied as soon as possible after operation, one Sabouraud dose being given through from 1 to 3 mm. of aluminium. Of twelve patients irradiated as far back as 1918, seven were

Cameron, of the Excise department, Knockando, Elgin, and educated at Edinburgh, where he graduated as M.D. in 1863, also taking the L.R.C.S.Ed. in the same year. He entered the I.M.S. as assistant surgeon on March 31st, 1866, passing first into Netley, became surgeon major on March 31st, 1878, and retired on August 9th, 1891. His whole service was passed in civil employment in the province of Bengal, where he was civil surgeon successively of Backerganj, Champarun, Rajshahi, and Midnapur. He leaves a widow.

## Medico-Legal.

### AN OSTEOPATH'S CLAIM FOR FEES.

IN the BRITISH MEDICAL JOURNAL of March 5th (p. 448) a short report was given of the action brought by Mr. E. L. Macnaghten of Weymouth Street, London, in the Bloomsbury County Court, claiming £30 9s. for osteopathic treatment rendered by him to the wife of the defendant, Mr. C. H. Douglas. The defendant pleaded that the plaintiff's diagnosis of the case was entirely wrong, that the treatment given was unnecessary and unsuitable, and also relied upon the provisions of Section 32 of the Medical Act, 1858:

"No person shall be entitled to recover any charge in any court of law for any medical or surgical advice, attendance, or for the performance of any operation, or for any medicine which he shall have both prescribed and applied, unless he shall prove upon the trial that he is registered under this Act."

Deputy Judge Stoker held that as the plaintiff was not a registered medical practitioner he could not recover fees for advice and treatment, and entered judgement for the defendant, with costs. The plaintiff appealed to the King's Bench Division, and the hearing was reported in the JOURNAL of May 21st (p. 940). Their lordships, Acton and Talbot, JJ., ordered a new trial on the ground that they were bound by the decision of Horridge and Shearman, JJ., in the case *Hall v. Trotter*, that an osteopath was entitled to recover fees for treatment rendered.

The action was tried anew in the Bloomsbury County Court by Judge Hill Kelly on October 19th. The plaintiff was represented by Mr. A. C. Jackson; and the defendant by Mr. Malcolm Hilbery and Mr. Laporte Payne, instructed by Messrs. Blewitt and Son.

The plaintiff described his treatment of Mrs. Douglas and the findings upon which this treatment was based. It appeared that he had found evidence of suppuration in the antrum, approximation of the first and second cervical vertebrae, displacement of the coccyx, and half an inch of shortening of one leg. His treatment included movement of the cervical vertebrae, reduction per rectum of the displaced coccyx, and administration of ultra-violet rays. In cross-examination he was understood to say that he did not know the dosage of ultra-violet rays, and agreed that osteopathic treatment was worthless if the suffering could not be relieved by moving bones.

Sir Herbert Waterhouse, consulting surgeon to Charing Cross Hospital, who gave evidence on behalf of the defendant, said that the movement of bones in this case could have had no effect whatever on the antrum. He had examined Mrs. Douglas and found each antrum perfectly normal by transillumination, and there was no evidence of previous antral disease. It was quite impossible to move a dorsal or lumbar vertebra, and very dangerous to attempt to move a cervical vertebra. Clinical and x-ray examination showed the spine to be normal. The coccyx could not have been moved by the plaintiff without an anaesthetic on account of the intense pain that would have been caused. There was no evidence of any shortening of one leg, and, speaking generally, Sir Herbert Waterhouse expressed the opinion that Mrs. Douglas had had nothing the matter with her calling for special treatment.

Mr. Frank Romer, M.R.C.S., who said he had specialized in what was known as manipulative surgery, expressed the opinion that the bones stated to have been moved by the plaintiff could not be moved. He concurred in the evidence given by Sir Herbert Waterhouse.

Dr. W. J. C. Keats of Wanstead, who also agreed with what Sir Herbert Waterhouse had said, stated that he had been Mrs. Douglas's regular medical attendant and had examined her in May last year. He thought the osteopathic treatment she had been receiving was wholly useless and that she had derived no benefit from it.

The defendant (Mr. Douglas) in his evidence said that he informed the plaintiff by letter in June that he had stopped his wife's visits to him because he was not satisfied with the treatment she had been receiving. After two or three visits she seemed to be a little better, but subsequently became worse.

Mrs. Douglas, who also gave evidence, said that she went to plaintiff on the recommendation of a friend to get rid of faceache, and he told her he could make her better. She felt better after two or three visits to him in April, but after that her condition became worse and she stopped going to him because he was doing her no good. She had complained to plaintiff that his treatment was rather drastic and that once she nearly fainted on her return home.

His Honour said that he was satisfied that the treatment given by Mr. Macnaghten to Mrs. Douglas could not have achieved any beneficial results, and he had come to the conclusion that the services rendered by him were wholly useless. He accordingly gave judgement for the defendant, with costs.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

At a congregation held on October 20th the following medical degrees were conferred:

B.M.—C. L. Cope, P. C. Mallam.

### UNIVERSITY OF CAMBRIDGE.

MR. ERNEST CLARKE, C.V.O., formerly an exhibitor of the college and assistant demonstrator of anatomy in the University, has been elected an honorary fellow of Downing College. He graduated M.B.Lond. in 1881, M.D. in 1885, and became F.R.C.S.Eng. in 1894. He is consulting surgeon to the Central London Ophthalmic Hospital, and has been President of the Ophthalmological Section of the Royal Society of Medicine.

The Raymond Horton-Smith Prize for the best M.D. thesis during the past academic year has been awarded to V. B. Wigglesworth, M.A., B.Ch., of Caius; *proxime accessit*, A. E. Roche, M.A., M.D., M.Ch., of Magdalene.

### UNIVERSITY OF EDINBURGH.

At a graduation ceremony on October 22nd the Diploma in Public Health was conferred upon the following:

W. T. de Silva, E. F. Dott, R. A. Macdonald, D. P. MacIver, M.C., J. Macleod, Elizabeth P. M'Whirter.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

At the meeting of the Royal College of Surgeons of Edinburgh held October 19th Dr. Alexander Miles was elected president for the ensuing year, Dr. A. Logan Turner vice-president, and Mr. John William Struthers, F.R.C.S.Ed., secretary and treasurer.

The following twenty-five successful candidates out of ninety-three entered, having passed the requisite examinations, were admitted Fellows:

J. M. Bassett, W. A. Blomfield, W. M. Brown, J. H. Couch, A. F. W. da Costa, H. Dass, G. F. Duggan, Caroline A. Elliott, G. M. Irvine, W. H. G. M. Ling, H. C. Lowry, R. R. Macintosh, I. Macpherson, R. B. Martin, R. S. Melville, A. J. Murray, J. S. Rainage, R. K. Rait, E. J. Ryan, R. V. N. Selvadurai, M. A. Swan, T. E. Stoker, B. M. G. Thomas, J. Troup, J. N. Young.

### UNIVERSITY OF DUBLIN.

#### SCHOOL OF PHYSIC, TRINITY COLLEGE.

The following candidates have been approved at the examination indicated:—

FINAL EXAMINATION.—*Part I, Materia Medica and Therapeutics, Medical Jurisprudence and Hygiene, Pathology and Bacteriology*: M. H. Fridjhon, R. St. J. Lyburn, H. T. Fleming, W. R. Johnston, J. N. U. Russell, J. E. C. Cherry, A. J. Garde, R. M. Wilson, C. R. Harris, R. I. Reid, C. King, J. F. K. MacCarthy-Morrogh, A. H. O'Malley, Anna M. J. McCabe, F. S. Mackenna.

D.P.H.—*Part II, Sanitation, Public Health Administration, Hygiene and Epidemiology, Sanitary Law and Vital Statistics*: Kathleen M. Kennedy, M. Halligan, Sarah M. Coghlan, Brenda M. Young.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

#### Calendar for 1927-28.

THE College Calendar for the current year includes, as usual, a report of the proceedings of Council during the past twelve months. A large part of the matters recorded therein have formed the subject of notes in this column from time to time.

In regard to the primary Fellowship examination it has been decided that no alteration shall be made at present in the subjects of this examination, and that no exemptions of any kind shall be granted. The Council has, however, resolved that it is desirable to send examiners to the Dominions to conduct a primary examination for the Fellowship of the same standard as the examination in this country, on conditions to be hereafter determined, provided that satisfactory arrangements can be made. To this end negotiations with the proper authorities in Canada have been authorized. The fees for admission to the diploma of Fellow have been revised; in future, besides the examination fees, a member will pay 10 guineas on admission, and a non-member 30 guineas. Under the authority given by the recently granted Supplemental Charter the Court of Examiners has been increased from ten members to twelve.

In the period under review 60 diplomas of Fellowship were issued, including one to a medical woman; 700 diplomas of Membership, including 117 to women; and 139 licences in dental surgery, including 12 to women. The following diplomas were granted jointly with the Royal College of Physicians: Public Health, 53; Tropical Medicine and Hygiene, 49; Ophthalmic Medicine and Surgery, 40; Psychological Medicine, 22; Laryngology and Otology, 19.

The subject of the Jacksonian Prize for 1928 is the surgical treatment of pulmonary tuberculosis. The prize for 1926 was awarded to Mr. E. Miles Atkinson.

Mr. G. Buckton Browne has given a sum of £5,000, the interest from which is to be expended in providing an annual dinner on the College premises for Fellows and Members and such others as

the President and Council may wish to invite, at least half the guests invited to be Members of the College.

The report on the work of the Museum records that the greatly extended odontological collection was opened by the President on May 23rd; Sir Berkeley Moynihan's speech was published in full in our issue of May 28th, p. 978. In January, on the initiative of the President, a large party of medical students from Leeds spent a day examining the contents of the Museum, and the hope is expressed that students of other provincial universities and medical schools may be induced to follow this example. During the year rapid progress has been made in the laborious work of preparing a new descriptive catalogue.

The library report states that the librarian is now engaged upon the compilation of a catalogue of all the manuscripts in the library, including many bearing on the history of the Museum and College at large. The "Lives of the Fellows" have been kept up to date.

Notice is given that the annual meeting of Fellows and Members will be held at the College, Lincoln's Inn Fields, on Thursday, November 17th, at 3 o'clock, when the Council's report will be presented.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

##### *Election of Officers and Fellows.*

At the annual stated meeting of the President and Fellows, held on St. Luke's Day, Tuesday, October 18th, the following candidates nominated on July 1st were duly elected Fellows of the College: Geoffrey Bewley, M.D. Dubl. (1925), M.R.C.P.I. (1926); Charles Greer, M.R.C.P.I. (1911); Jiwan Ram Maleri, M.R.C.P.I. (1925); James Sinclair Quin, M.D. Dubl. (1925), M.R.C.P.I. (1925).

Dr. William Arthur Winter, M.D. Dubl., D.P.H., was elected President of the College in succession to Professor T. H. Wilson.

The following Fellows were elected Censors of the College: Medicine: Dr. Callaghan, Dr. Syngé. Medical Jurisprudence and Hygiene: Dr. Bigger. Midwifery: Dr. Solomons.

The President appointed Dr. Solomons a Vice-President of the College.

The election of officers resulted as follows: *Representative on the General Medical Council:* Sir John Moore. *Treasurer:* Dr. Bewley. *Registrar:* Dr. Kirkpatrick. *Librarian:* Mr. R. Phelps. Dr. John Speares was elected Deputy for the King's Professor of Materia Medica and Pharmacy to act as Physician at Sir Patrick Dun's Hospital.

As representatives of the College on the Committee of Management under the Conjoint Examination Scheme the following Fellows were elected: Dr. Walter Smith, Sir John Moore, Dr. Kirkpatrick.

##### *Annual Dinner.*

In the evening the annual St. Luke's Day dinner was held, when the newly elected president was in the chair. A large number of guests were entertained, including the Chief Justice, the Provost of Trinity College, the Presidents of the Royal College of Surgeons in Ireland, of the Royal Academy of Medicine, of the Incorporated Law Society, of the Royal Hibernian Academy, of the Royal Society of Architects, and of the Chamber of Commerce, as well as the Dean of St. Patrick's, the Very Rev. Father Finlay, and the Archdeacon of Dublin. A telegram of salutation was sent to the Royal College of Physicians of London and duly acknowledged.

#### CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

**FINAL EXAMINATION.**—Out of 105 candidates entered the following have passed: M. M. Wright, F. A. Luttner, T. Lotter, M. A. H. Gohar, K. R. Bati, G. D. Roche, M. M. Farghaly, K. R. Trembath, P. M'K. Logan, S. Jurawan, T. B. Dobson, S. K. Ponniah, R. C. Adhikari, J. B. T. Isbister, G. M. Johnson, C. D. C. Golding, A. A. Hase, S. Sivalingam, R. Kandiah, S. Kanagalingam, I. Gurland, E. A. Bulankulame, A. W. Green, B. D. Rao, W. Campbell, A. C. Lovett, Campbell, W. Jackson, J. W. A. McGuinness, A. S. Gordon, T. A. W. Wilson, W. T. A. Pearce, T. C. Yan, G. W. Milledge, W. Ainslie, A. B. Xuma.

The following have passed in the subjects indicated:

**Medicine:** E. S. R. Menon, M. B. Ramjohn, A. B. Anderson, H. F. N. Slane, R. G. Paranyape, B. J. Ess, S. Chelliah, V. Sinnatamby, J. E. Felix. **Surgery:** D. A. Herd, F. H. E. J. Masilamani, M. Klar, W. Wallace. **Midwifery:** D. A. Herd, C. A. Munro, Agnes Donaldson, E. S. R. Menon, S. S. Nagi, A. B. Anderson, H. F. W. Slane, S. Chelliah, J. M. Chittambam, H. M. C. de Silva, G. R. Gardner. **Medical Jurisprudence and Public Health:** G. Henderson, N. J. W. Smith, M. I. Mullen, E. L. Fraser, A. J. de Villiers, R. G. Paranyape, G. W. Campbell, M. Lessnoff, W. Kelly.

#### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

**SURGERY.**—R. P. Charles, H. J. Harcourt, B. D. Jain, D. I. Jones, T. M. Joseph, L. M. Sanders. **MEDICINE.**—J. D. Evans, G. Furniss, S. Goldman, F. G. Hardaker, A. W. Lassowsky, J. D. Ritchie, G. C. Rhys-Jones, S. Slotar. **FORENSIC MEDICINE.**—H. B. Blaker, J. D. Evans, T. M. Joseph, J. D. Ritchie, B. Rosenzvit, A. E. Vawser, L. Wasef. **MIDWIFERY.**—G. E. Bent, H. B. Blaker, H. M. Feldman, D. I. Jones, A. A. Leibovitch, H. T. Rylance, V. R. Smith.

The diploma of the Society was granted to Messrs. R. P. Charles, J. D. Evans, S. Goldman, F. G. Hardaker, B. D. Jain, G. C. Rhys-Jones, J. D. Ritchie, B. Rosenzvit, S. Slotar, and V. R. Smith.

## Obituary.

**DR. DAVID RUTHERFORD ADAMS**, physician to the Whitecliff Tuberculosis Hospital, Torquay, and pathologist to the Torbay Hospital, died of pneumonia in a nursing home in Torquay on October 17th at the early age of 40. He graduated M.B., Ch.B. Glasg. in 1910, and M.D. with commendation four years later. He had held resident appointments in the Glasgow Royal Infirmary and in the City Fever Hospitals, and had been engaged for a time in pathological work in the Western Asylums Research Institute. After a period as assistant surgeon to the Kilmarnock Infirmary, Ayrshire, he held a commission in the R.A.M.C., and served on the Salonika and Italian fronts. On his return from the war he began practice in Torquay, first in partnership with Dr. Ambrose Spong and later with Dr. D. G. Riddell; his professional ability and social gifts rendered him very popular. He is survived by a widow and four children.

**DR. JOHN RUDD LEESON**, mayor of Twickenham, died on October 23rd, in his 74th year. He received his medical education at St. Thomas's and Edinburgh, and also studied in Vienna and Berlin. As a student he worked in Lister's wards in the Edinburgh Royal Infirmary, and his book, *Lister as I Knew Him*, was reviewed in our columns on April 16th, 1927 (p. 728). He obtained the M.R.C.S. Eng. in 1875, and graduated M.B., C.M. Ed. in the following year, proceeding M.D. in 1882. He had held the appointments of senior consulting physician to the St. John's Hospital, Twickenham, and consulting physician to the Metropolitan and City Police Orphanage. He was a divisional surgeon of the St. John Ambulance Brigade, and a Fellow of the Royal Astronomical, Royal Microscopical, Geological, and Linnean Societies. Dr. Leeson retired from active medical work several years ago, and since then had devoted his life to public work in Twickenham, becoming its first mayor when this town was incorporated as a borough last year. He was a Justice of the Peace for the county of Middlesex.

## Medical News.

THE following appointments made to the staff of the London School of Hygiene and Tropical Medicine took effect on October 1st: Mr. Reginald Lovell, M.R.C.V.S., to be research assistant in comparative pathology; Mrs. M. M. Smith, M.A., to be demonstrator in bacteriology; Miss H. M. Woods, F.S.S., to be assistant lecturer in the division of epidemiology and vital statistics. Mr. W. Rees Wright, M.Sc., has been appointed to a temporary research post, to continue Dr. P. A. Buxton's investigations on the biology of stegomyia.

As already announced, a dinner to celebrate the incorporation of the British Institute of Radiology with the Röntgen Society will be held at the Hotel Great Central, Marylebone Road, on Friday, November 18th, with Sir Humphry Rolleston in the chair. As was made quite clear in a paragraph published on October 15th (p. 697) the two societies have amalgamated on equal terms. The present officers of the British Institute of Radiology whose names were mentioned in the paragraph are retiring, and will be replaced by officers to be elected at a general meeting on November 17th of members of the new society formed by the amalgamation.

THE Woolwich and District War Memorial Hospital at Shooters' Hill will be formally opened on Wednesday next, November 2nd, at 2.45 p.m., by H.R.H. the Duke of York, who will be accompanied by the Duchess of York. A preliminary account of the new buildings appeared in our issue of May 14th, p. 892.

THE National Association for the Prevention of Infant Mortality and for the Welfare of Infancy has arranged a course of lectures on the hygiene of married life and parenthood (for married people only) to be given in the Lecture Hall, Carnegie House, 117, Piccadilly, on Wednesdays from November 2nd to December 7th, at 8.30 p.m. The subjects and lecturers are as follows: Physiology of the reproductive organs, Professor Winifred Cullis; hygiene of pregnancy—from the mother's and the father's points of view, Lady Barrett; how a new life begins and what it owes to its ancestry, Dr. J. S. Fairbairn; contraception, Dr. Eric

Pritchard; the effect of discipline on mental development, Dr. C. W. Kimmins; sterility, by Professor Louise McIlroy. Fees: 7s. 6d. for the course for one person, or 10s. 6d. for husband and wife; 1s. 6d. for a single lecture. Tickets may be had from the secretary of the Association, 117, Piccadilly, W.1.

THE Fellowship of Medicine announces that Mr. Lawrence Abel will deliver a lecture on points in the diagnosis and treatment of pyuria at the Medical Society, 11, Chandos Street, Cavendish Square, on October 31st, at 5 p.m. On the same afternoon Dr. Donald Paterson will give a medical demonstration at the Great Ormond Street Hospital at 2.30 p.m., and Mr. Bright Banister a surgical demonstration at the Chelsea Hospital for Women at 2 p.m. The lecture and demonstrations are free to medical practitioners. Two courses begin on October 31st; one, lasting four weeks, will be held at the London Lock Hospital, and the other, a late afternoon course for general practitioners, will continue at the Hampstead General Hospital for two weeks. From November 7th to 12th the Hospital for Diseases of the Chest, Brompton, will provide a comprehensive course, and there will be a clinical course at St. Peter's Hospital from November 14th to 26th, with a series of lectures on diseases of the urinary tract. From November 14th to December 3rd a course in medicine, surgery, and gynaecology will be held at the Royal Waterloo Hospital. From November 21st to December 17th the West End Hospital for Nervous Diseases will give a series of clinical demonstrations upon selected cases in the out-patient department in Welbeck Street daily at 5 p.m., and there will be a course for general practitioners at the London Temperance Hospital during the two weeks following November 21st, from 4.30 to 6 p.m. A course in proctology at St. Mark's Hospital will extend from November 28th to December 3rd. Copies of syllabuses of these courses and of the *Post-graduate Medical Journal* are obtainable from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

A COURSE of post-graduate lectures at Ancoats Hospital, Manchester, opened on Thursday last, when Mr. H. E. Hughes discussed the early diagnosis of intestinal obstruction. On November 10th he will deal with gall stones, and on November 24th with the diagnosis and treatment of common ailments of the rectum. On November 3rd Dr. Kletz will discuss diarrhoea, and on November 17th the medical treatment of peptic ulcer. The lectures, which begin at 4.15 p.m., are open without fee to medical practitioners and senior students; tea will be served at 3.45 p.m.

DURING November a series of lecture-demonstrations will be given twice a week, at 4.30 p.m., at the West London Hospital Post-Graduate College, free to medical practitioners. On November 1st Dr. Sydney Owen will deal with infant feeding, and on the 8th with the heart in childhood; on November 4th Mr. Neil Sinclair will speak on gall stones, and on the 16th Dr. G. B. Dowling will discuss the preservation of a youthful skin. Mr. Tyrrell Gray will give two lectures on gastric and duodenal ulcer, the first being on the 17th and the second on the 24th. On November 22nd Dr. Scott Pinchin will speak on cardiac irregularities, and on the 30th Dr. Carter Braine will consider the therapeutic application of x rays. A staff consultation will be held on November 11th, at 5 p.m., in the massage department.

THE Prince of Wales opened the new extension of the Boscombe Branch of the Royal Victoria and West Hants Hospital on October 19th. He named the new ward, which has been specially adapted for sunshine treatment, as the Prince of Wales's Ward.

THE annual dinner of the Chelsea Clinical Society was held on October 25th; Dr. L. D. Bailey, M.C., the president, took the chair, and there was a good attendance of members. The toast of "The Society" was proposed by Alderman J. E. Jefferson Hogg, ex-mayor of Chelsea, and the president, in acknowledging it, referred to the flourishing state of this fraternity, which was now in its twenty-ninth year. The membership was 158, and the standard of interest of the meetings was well maintained. The toast of "Kindred Societies" was proposed by Dr. F. J. McCann in a humorous speech, and Mr. Mortimer Woolf, president of the Hunterian Society, replied. Mr. Ivor Back added to his reputation in a witty speech, proposing the health of "The Guests," replies being made by Sir William Orpen, R.A., who showed that brevity could be the soul of wit; Mr. Leonard Huxley, LL.D.; Mr. J. Hugh Edwards, M.P., who indicated, with many sly jests and epigrams, the value of the medical profession to the nation as a whole; and the Hon. Alan Hogg, who spoke of the part played by medical practitioners in building up the Empire overseas. The toast of "The President" was proposed by Dr. Ernest Young, and in his reply Dr. Bailey referred to the valuable work of the officers of the society, including the treasurer, Dr. K. E. Eckenstein, who replied succinctly and effectively.

THE annual dinner of the London Hospital was held at the Trocadero Restaurant on October 20th, when more than 200 old members and guests were present. The chairman, Dr. Angus Kennedy, proposing the toast of "The hospital," referred to the excellence of the training, the remarkable spirit of self-reliance which it encouraged, and the devotion to its memory of all its old students. He regretted that the hospital no longer opened its doors to women students. Dr. Russell Andrews, proposing the health of the chairman, mentioned that Dr. Kennedy's grandfather, father, son, and daughter had all graduated from the London Hospital. He referred to the number of instances in which several generations had passed through the medical school, which afforded sure testimony of their appreciation of the training there.

THE annual autumn meeting of the Society for the Propagation of the Gospel in Foreign Parts was held at the Central Hall, Westminster, on October 25th. The speakers, who dealt principally with medical missions, included the Bishops of London and Woolwich, Dr. D. S. Bryan Brown of the Mosse Memorial Hospital in North China, and Miss B. E. Corbett, a member of the medical mission in Malacca, Straits Settlements.

THE Ministry of Health has issued new regulations replacing the Public Health (pneumonia, malaria, dysentery, etc.) Regulations, 1919, which provide for the notification and treatment of certain infectious diseases. Malaria and dysentery, as well as acute primary pneumonia or acute influenzal pneumonia, must be notified in the prescribed form irrespective of previous notification. Special provision is made for cases in which malaria has been used for therapeutic purposes; such cases occurring in an institution need not be notified, but if the medical practitioner is of opinion that the patient may be regarded as liable to relapses of malaria at the time he is discharged from the institution notification must be sent to the M.O.H. for the district in which the patient proposes to reside. The fee for a notification is, for a private patient, 2s. 6d., for a case occurring in the practice of the medical officer of any public body or institution, 1s.

DR. D. W. SAMWAYS (Topsham, Devon) wishes again this year to direct attention to the fact that professional men whose means are limited requiring a change are received into the Home of Rest at Mentone at the charge of 30s. a week for board and lodging. The committee are prepared to give special consideration to the cases of those unable to pay this amount. The stay of each person is limited to three months. The home, which is open from November 1st to May 1st, is a philanthropic undertaking intended to help professional men who break down temporarily, and is therefore useful to medical practitioners of small means, or their professional patients in like case. Applications should be made to the lady superintendent, Miss Goldee, or to the honorary physicians, Dr. Stanley Rendall or Dr. Samways, at Mentone, Alpes Maritimes, France.

THE Central Council for Health Education is publishing a monthly periodical entitled *Better Health*, with a view to providing instruction in health matters for the public. The November issue contains an article by Sir George Newman on the relation of food to health, and other subjects dealt with include the care of milk in the home, the relation of air and ventilation to health, and the work of the Public Health Department. This publication is well and simply written, and should be of great value in spreading information about the prevention of disease. The annual subscription is 1s. 6d., post free, and copies may be obtained from the Society of Medical Officers of Health, 36/38, Whitefriars Street, E.C.4.

DR. RICHARD ARTHUR of Sydney, who is Minister of Health in the New South Wales Government formed by Mr. Bavin, following the resignation of Mr. Lang, the Labour Premier, studied medicine at the University of Edinburgh, where he took the degrees of M.B., C.M. in 1888 and M.D. in 1891; he is also M.A. of St. Andrews. He is a member of the Legislative Assembly of New South Wales and a member of long standing of the New South Wales Branch of the British Medical Association; he is surgeon to the Ear and Throat Department of the Sydney Hospital.

UNDER the title *Sale of Food and Drugs Acts* a pamphlet has been issued by H.M. Stationery Office, at the price of 1s. 6d., containing extracts from the Annual Report of the Ministry of Health for 1926-27 relating to this subject, together with an abstract of Reports of Public Analysts for the year 1926. The Ministry's Report from which these are taken was noticed in our issue of September 24th (p. 558).

As a large number of applications are received at the Frederick Andrew Convalescent Home, The Manor House, West Malling, Kent, from persons who are ineligible, we are asked to remind possible applicants that the three weeks' free convalescence can only be given after definite acute illness to ladies of better education, who are earning their living in professional or analogous occupations.



ON the occasion of the international conference on rabies, recently held in Paris, an international society for microbiology was founded, with Professor Jules Bordet of Brussels as president, and Professor Rudolf Kraus of Vienna, Drs. Dujarric de la Rivière and Plötz of Paris as secretaries.

THE annual report for 1926 of Earl Haig's British Legion Appeal Fund includes an account of the British Legion Sanatorium and Settlement at Aylesford, Kent. On March 1st, 1927, there were 142 patients in the sanatorium, and nearly 200 passed through the treatment centre in 1926. The report, which contains detailed information about the organization and results of the sixth annual Poppy Day appeal, may be obtained from the British Legion Appeals Department, 26, Eccleston Square, S.W.1.

POST-GRADUATE courses on diseases of the heart and circulation will be held in Vienna, from November 28th to December 10th. Further information may be obtained from Dr. A. Kronfeld, Porzellangasse 22, Vienna IX.

THE Scottish Board of Health has issued as separate reprints the chapters in the annual report of the Board for 1926 relating to (a) encephalitis lethargica, (b) ultra-violet ray therapy, and (c) Schick and Dick tests in diphtheria and scarlet fever. The reprints have been issued at the nominal price of 2d. each, or post free, 2½d. Copies can be obtained through any bookseller, or direct from H.M. Stationery Office, 120, George Street, Edinburgh. The annual report was noticed in our columns of July 9th and 16th, and August 6th.

## 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, Aitiology 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: 24361 Edinburgh).

## QUERIES AND ANSWERS.

### CANCER AND DIABETES.

"C. H. S." asks for experiences of the occurrence of carcinoma or other malignant disease in patients suffering from diabetes.

### PETIT MAL.

"COUNTRY G.P." asks for references to recent literature regarding petit mal, and especially as to possible causation by toxic conditions.

### INCOME TAX.

#### Liability of Colonial Medical Officer.

"J. J. B. E." is in the Colonial Service and visits the United Kingdom at intervals of from two to two and a half years, but never stays here six months in any one financial year. He has recently acquired the house in which his parents reside and would like to know to what end are directed some questions which he has received from the authorities as to his liability to income tax as a resident in this country.

Residence is a difficult question, which it is impossible to deal with adequately in a brief answer. The points on which the authorities are seeking information appear to be those which might establish that "J. J. B. E.'s" ownership of the house and the financial arrangements between himself and his parents are

such that he has a place of abode in the United Kingdom to which he returns periodically to an extent sufficient to justify the inference that it is one of his places of residence. If that inference is correct then he would be liable to British income tax on that part of his earnings which he receives in this country.

#### Loss Due to Coal Strike.

"L. R." has been assessed for many years in respect of the earnings of a colliery practice. For the year to April, 1927, he has been assessed on the usual basis of the three previous years, but owing to the strike his expenses exceeded his gross earnings by £75. The inspector of taxes agreed to the deduction of the loss of £75 from the 1926-27 assessment, but says that otherwise it must stand.

That is in accordance with the law, which does not provide for an adjustment of the assessment in such circumstances unless the "average" period or part of it was during a predecessor's tenure of the practice. In fact, but for the change in the basis of assessment from the three years' average to the previous year, "L. R." would have been chargeable for 1927-28 on from £1,300 to £1,400. If "L. R.'s" earnings return to the former level he will not suffer loss in the long run, though obviously for the time being he has to bear the hardship of finding tax to meet a charge quite out of accord with his earnings for the actual year.

#### Arrears of Liability.

"J. C. G." paid tax in 1921, but has received no assessment since. How far back can the authorities now go, and can he claim an allowance for his housekeeper.

Assessments can now be made for the year commencing April 5th, 1921, and subsequent years. The housekeeper allowance can be claimed only in the special circumstances, looking after children, etc., set out in the notes accompanying the forms of return.

## LETTERS, NOTES, ETC.

### MENSTRUAL "UNCLEANLINESS."

DR. ROBERT HUTCHISON (London, W.) writes: I am grateful to your correspondents who have replied to the inquiry I made under the above heading. I have also received many private letters on the subject from doctors all over the country which show that the "superstition" referred to is very widespread amongst all classes, and there seems to be no doubt that it has its origin in a "taboo" which dates back long before Biblical times. Several correspondents have directed my attention to the paper by Macht and Lubin, to which Dr. Feldman refers, and which describes the results of the only attempt I have heard of to investigate the subject on scientific lines. I have not yet had time to study the paper myself, but I confess that it would require very strong evidence to convince me that the touch of a menstruating woman can excite decomposition in foods. Meanwhile, I would suggest that the subject is a suitable one for investigation by some of the women members of our profession, for the belief in this "uncleanliness" is evidently real enough to lead to a great deal of practical inconvenience.

### BINOCULAR VISION.

DR. KENNETH R. SMITH, whose book on *Binocular Vision* was reviewed in our issue of September 24th (p. 552), writes to explain that his "exerciser for squint" is not intended to be used only with reading matter. He prefers an ordinary pack of cards, which are placed three in a row in the stand. The child sees the centre card with both eyes, the card on the left with one eye, and the one on the right with the other eye. He prefers playing cards to reading matter or pictures.

### MINISTRY OF HEALTH REPORT ON SCARLET FEVER.

#### A Correction.

DR. ALLAN C. PARSONS, Ministry of Health, writes: I have to thank Dr. J. A. Milne for drawing attention to an error on page 9 of the recently issued report of the Ministry of Health on scarlet fever. Carbolic lotion 10 per cent. is there referred to, instead of carbolic oil, as it should have been written and is written on other pages which described the technique of the Milne treatment, as introduced by his father, the late Dr. Robert Milne.

#### A DISCLAIMER.

DR. A. J. D. CAMERON (Northampton) wishes to dissociate himself from any responsibility for an article in the *Westminster Gazette* of October 14th, headed "Rejuvenation by Fasting," in which his name was mentioned.

## VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 35, 36, 37, 40, and 41 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 38 and 39.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 179.