

supply was poor. From the fifteenth century onwards society was passing gradually from the agricultural to the industrial stage. The growth of trade led to the growth of towns, and owing to the widening of the area from which food supplies could be drawn these became more secure. Improvements were possible with production for market rather than for subsistence, and large quantities of green vegetables were grown. All these things tended to decrease scurvy and rickets and to increase general resistance to disease. Commerce introduced tea and sugar to the national diet; tea probably helped to reduce the consumption of alcohol somewhat, and sugar was decidedly beneficial. Malaria was reduced by the draining of the marshes, undertaken for agricultural reasons, and in the towns there was better scavenging and a better water supply. The provision of hospitals and dispensaries during the eighteenth century also made a vast difference. The latter half of that century saw the beginning of preventive medicine, first in military and naval hygiene, and in this connexion the names of Pringle and Lind should be remembered; later it was extended to the civilian population by Percival and Ferriar of Manchester and Currie of Liverpool. All these men, except Percival, were Scotsmen, and all received part at least of their training in Edinburgh. It was Lind who first laid down the rules for combating typhus. The first experiments among civilians were carried out in Chester, and then the Manchester Board of Health was established in 1795, and the Manchester House of Recovery was founded in 1797. Probably the campaign against typhus was aided by the introduction of cheap cotton clothing and of the iron bedstead, and the reform of the gaols also did something to wipe out the breeding places of typhus.

There was a campaign against small-pox even before Jenner, but the most outstanding improvement was the greater attention to infant and child welfare throughout the whole of western Europe. In the middle of the eighteenth century of those born in London about 75 per cent. died before attaining the age of 5 years. In 1825 the proportion had fallen to 30 per cent. This was mainly due to the better food supply, coupled with the application of elementary rules of cleanliness, fresh air, and rational methods of feeding and clothing. The establishment of maternity hospitals and of lying-in hospitals was very important, because by them knowledge was spread among the masses of the people. In London an extraordinary number of maternity hospitals was established, and there was actually a baby clinic in London in 1815, although it was not so called; in the British Museum there exists a pamphlet given to poor mothers, telling them how to treat their babies. At the British Lying-in Hospital in London during the ten years ending 1758, for every 1,000 deliveries 24 mothers and 66 infants died. In the ten years ending 1798, for every 1,000 deliveries 3.5 mothers and 13 infants died. In 1781 figures were published in the midwifery reports for the Westminster General Dispensary, and for the poor people who were attended in their own homes the maternal mortality rate was only 3.7 per 1,000. From these figures it seems that the end of the eighteenth century had a better record in relation to its knowledge in this matter than we have at the present day. Before 1780 the death rate in nearly all towns exceeded the birth rate. So long as this was true, real urbanization was impossible. But by 1820 the birth rate in most English towns exceeded the death rate, and the towns had improved more than the country. At the end of the nineteenth century, when the study of economic history began, the death rate of the mid-nineteenth century appeared to be appalling, but it was not realized that the figures for that time showed an enormous decrease compared with those of earlier times. The mistake lay in comparing the figures with those for the years that followed, instead of with those for previous years.

The earlier stages of the industrial movement were probably not so bad as they are thought to be, but the increasing urbanization from 1825 onwards was a growing factor of difficulty from the point of view of public health. It may be asked whether this advance in hygiene can be correlated with economic advance, or was it just an accident that when economic advance began hygiene im-

proved? Both movements were essentially parts of one great movement towards a higher civilization. Is it an accident that in India and China agricultural and industrial methods have remained unchanged and at the same time preventive medicine also? The first fruit of the new control of nature by medicine has been the growth of population.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### PREGNANCY UNINTERRUPTED BY SEVERE BURNS AND DOUBLE AMPUTATION.

THE following case seems worthy of record, since the continuation of normal pregnancy in spite of a serious accident followed by grave complications is of some interest.

A woman, aged 21, was admitted to the Royal Sussex County Hospital, Brighton, in the autumn of 1923 following an accident. The motor-cycle combination in which she was a passenger ran head on into a charabanc and the petrol tank of the cycle ignited, severely burning both occupants. The driver died of his burns just after admission, his body being in the typical pugilistic attitude. On admission, one and a half hours after the accident, the condition of the woman was good. Her pulse was about 70, she had no pain, and was able to give information about the accident to the police. She had, however, sustained burns involving the whole surface area of both legs, from the level of the great trochanter down to the soles of the feet, the only parts escaping being a narrow band above each knee, where the garters protected the skin, and the sole of each foot, protected by the shoes. The skin was charred down to the muscles. There was also a compound fracture of the left leg above the ankle. The legs were wrapped in picric acid dressings and kept moistened constantly. The patient was given a gum saline with adrenaline intravenously; 4 pints were administered in the first two hours, and 6 pints of saline were absorbed by the rectum in the following twelve hours. In this way about 16 pints of fluids were retained in the first thirty-six hours. She continued restless, and suffered from insomnia. To relieve the restlessness and induce sleep 1/2 grain of morphine hydrochloride was given hypodermically at intervals of two hours, but repeated doses failed to relieve the insomnia, as also did trivallin, given by the mouth, or rectal ether, the latter being returned. In all, she had an average of 6 grains of morphine a day for five days, but the only effects were slight drowsiness and pin-point pupils.

Her general condition kept constant in this period—that is, the pulse about 120 and temperature up to 100°. The legs were left undisturbed and kept moistened with picric acid, but on the fifth day secondary haemorrhage set in, and under intravenous ether both legs were removed at the level of the great trochanter. Under the anaesthetic she was found to be three months pregnant.

She recovered from the operation with little or no shock, and apart from a local osteomyelitis in the amputation stumps, and pyrexia for six weeks, her general condition improved. Some four months later a secondary operation was performed on the stumps and the bare bone was covered.

One month before labour she had typical facial erysipelas, but recovered. The pregnancy was unaffected by this sequence of events, and some six months after the accident she was delivered of a healthy child. At the time of the accident the patient was expected to succumb from the effects of her burns, but neither this nor the shock of a double amputation had any effect on the course of the pregnancy.

I am indebted to Mr. A. G. Bate, surgeon to the Royal Sussex County Hospital, for permission to publish the case.

N. ASHERSON, B.S., F.R.C.S. Eng.,  
Late Senior Resident Medical Officer, Royal Sussex  
County Hospital, Brighton.

#### FOREIGN BODY REMOVED FROM THE EAR.

THE case described by Dr. C. J. L. Wells in the *BRITISH MEDICAL JOURNAL* of October 8th (p. 637) of a foreign body removed from the ear after thirty-three years reminds me of one seen some years ago.

A woman, aged 40, complained of slight earache in the right ear. She said that she had never previously had any pain, but that she had always been completely deaf in the right ear, so much so that as a schoolgirl she had always had a special seat at the front of the class, and could only hear at the left side.

I removed a large plug of cotton-wool embedded in wax. The membrane was perfectly normal, and at once the patient was able to hear a watch held about thirty inches away.

It must be very unusual for such an amount of deafness to be put up with for so many years without any attempt being made to find out the cause.

London, W.I.

ELEANOR LOWRY, M.B., B.S.

### ABNORMAL DEVELOPMENT OF BLADDER IN A NEWLY BORN INFANT.

THE details of the pregnancy and confinement of the mother of the infant whose case is recorded below I have been unable to obtain, except that it apparently was a normal nine months' pregnancy. The abnormality, however, is a very unusual one.

Externally the abdomen was an enormous size; there was no trace of an anal opening; male external genital organs were present. The fluid which had caused the distension of the abdomen was lost during the confinement and six pints of fluid were required to redistend it to its original condition, so that a photograph might be taken. On opening the abdomen an enormous cyst was found to occupy the pelvic, right and left lumbar, and subphrenic regions. A kind of diverticulum passed upwards, behind and to the right of the coils of intestine, which were smaller than normal for a full-term infant. The lower end of the large intestine was greatly dilated with meconium, and it was adherent to the upper and back portion of the left side of the cyst; the gut, however, had no opening into it, but ended blindly. The right kidney could not be distinguished, but its position below the suprarenal gland was indicated by some thickened tissue at the upper end of an enormously dilated ureter. There was a greatly dilated left hydronephrosis with only a small amount of kidney tissue persisting. Its ureter was enormously dilated like that of the right side, and the two ureters passed downwards intramurally in the wall of the cyst. The interior of the cyst presented the appearance of a distended and greatly hypertrophied bladder, marked by numerous diverticula and ridges due to the hypertrophy of the underlying muscle. The ureters opened by two exceedingly small orifices which were by no means easy to find. The lower or pelvic portion of the cyst was perfectly smooth, and there was no trace of an opening from it to represent a urethra. The testes were smaller than normal and lay on the lower part of the dorsal surface of the cyst. They were connected to it by short, well developed vasa deferentia which crossed transversely and opened into a shallow diverticulum of the cyst. There were no seminal vesicles present.

It would appear that this "cyst" was an enormously distended cloaca, and the shallow diverticulum—which was smooth and had a wall thinner than the rest of the "cyst" and into which the vasa deferentia opened—that part of the urogenital sinus which should normally form the prostatic portion of the urethra.

The condition of the bladder in this case is most unusual, and I have been unable to trace any similar case recorded. It would appear to be caused by the absence of any outlet from it for the flow of urine, and as there was such an enormous accumulation of urine present it raises the interesting question as to the period when the kidneys begin to secrete.

RICHARD H. HUNTER, M.D., M.Ch.

Department of Anatomy, Queen's  
University, Belfast.

## Reports of Societies.

### LEGAL PERILS OF THE DOCTOR.

At the meeting of the Hunterian Society, held at Cutlers' Hall in the City of London on November 7th, a discussion took place on "The legal perils of the doctor." Mr. MORTIMER WOLFF presided, and among those present was Mr. Justice McCaigie, but he took no part in the discussion.

Dr. JAMES NEAL (general secretary of the Medical Defence Union) said that the doctor, in addition to the legal obligations of the ordinary citizen, had certain obligations imposed upon him under a number of statutes, and certain others by the traditions of his profession and the Warning Notices of the General Medical Council. It was strange that the teaching of law should have no place in the medical curriculum, in view of the many respects in which a doctor was open to legal action. A doctor was always at the mercy of an hysterical or insane patient, and very often, in order to avoid publicity, he was tempted to settle by the payment of money a claim which ought never to have been made. A patient was entitled to recover damages for negligence—fortunately not for failure to cure—and negligence was a vague, indefinable thing, not governed by statute, although the subject of judicial rulings from time to time; it was a matter of fact rather than of law, and therefore a matter for a jury. Although the bench had displayed a tolerant, even a lenient, attitude

towards the medical profession, it was by no means certain that a jury would take the same view. Turning to certification, Dr. Neal said that this bristled with perils. Every medical man should take scrupulous care to certify only to such facts as were within his personal knowledge. With regard to the British Medical Association's proposal for strengthening Section 330 of the Lunacy Act by the appointment of assessors to sit with the judge, he did not know to what extent this would serve to protect the certifying doctor, and there would still remain the danger that action might be taken against the doctor on the ground that the statements in the certificate were a libel on the patient. Some similar protection to that accorded to a witness in a court of law should be granted, though he would not desire such protection to be made absolute and thereby to screen the doctor who had acted carelessly or in bad faith. Dr. Neal deplored the fact that medical men who had successfully resisted in the courts allegations against their professional competence or care should be mulcted in large costs owing to the fact that the plaintiff had proved to be a man of straw.

Earl RUSSELL said that he had been in the habit of looking on the doctor as the high priest of civilization, in control of the actions and liberties of the people. But the doctor had not got the protection accorded to the high priest, nor had he the sacrosanct character attaching to the *tribuni plebis* in Roman times; he remained a citizen to be "shot at." No society of medical men would desire that doctors should be exempt from penalty if they had been reckless or negligent in the treatment of their patients. The simple rule that medical men should follow was honestly to do their best for every patient with the utmost skill at their command. He did not see how any adequate training in law could be introduced into the already overcrowded medical curriculum, as Dr. Neal seemed to desire, and a partial knowledge of law might be worse than ignorance in leading men astray. Nor did he understand a suggestion by Dr. Neal that doctors should be exempted from the payment of costs in actions in which they had been successful but in which the other party had proved to be a person of no substance. That was a misfortune from which many litigants, not doctors alone, suffered. Lawyers could not consider a question merely from the point of view of one class of the community. He did not know on what grounds doctors were to be made an exception, nor from what source the costs were to come. As to certificates, the immunity given to a viva voce witness in the law courts, which was granted in the interests of the administration of justice, could scarcely be extended to the certifying doctor. There were undoubtedly cases in which doctors were casual in these matters, sometimes reckless, occasionally, it might be, not bona fide, and no one wished to protect a medical man from the consequences of his action in such cases, so that there could not be complete immunity. He was not surprised that doctors were rather afraid of certifying at the present time, but the legal members of the Royal Commission on Lunacy were unable to devise anything better than appeared in the report. As for the suggestion that there should be medical assessors, he did not quite know what such persons were to do. Owing to old historical traditions naval assessors sat with the judge in admiralty actions, but that was the only case in which the judge was supposed to be unable to understand evidence and to need someone to interpret it for him. A strong case would have to be made out for any extension of that practice, and if medical assessors, why not assessors in other cases involving special conditions of skill?

Sir HERBERT WATERHOUSE said that as president of the Medical Defence Union he had known actions which lacked all substance to be brought against doctors, and yet the solicitors for the plaintiff never failed to get medical men to go into the witness box to testify against a professional colleague. Nor were the medical men who gave evidence under such circumstances obscure members of the profession; frequently they were leading members. Often the evidence they gave would never be recognized by their professional colleagues if those colleagues were on the jury. He instanced a case against a medical practitioner, which he and other medical witnesses who gave evidence on

wise after the event; what happened might well have been a pure accident. He was satisfied that the surgeon was not responsible for the negligence, if negligence there were, on the part of the nurse. It was common ground that the nurse was to be paid by the patient, and in his lordship's opinion she was not the servant or agent of the operating surgeon. He thought it was the nurse's duty to see to the hot-water bottles, and he saw no evidence at all of negligence on Mr. Sinclair's part. It was a far-fetched suggestion, for which his lordship found no support in the evidence, to argue that the surgeon should have satisfied himself that there was no hot-water bottle in a position likely to cause injury to the patient. He held, therefore, that there was no case for the jury to consider. Even if the case had gone to the jury and they had decided in the plaintiff's favour, he would in law have entered judgement for the defendant.

Judgement was entered for the defendant both on the claim and counterclaim, with costs. Mr. Sinclair's defence was undertaken by Messrs. Hempson, instructed by the Medical Defence Union.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

#### FORMATION OF A MEDICAL GRADUATES' SOCIETY.

STEPS have been taken within the last few months to bring the University of London into line with some of the older universities by the formation of a society of medical graduates of the University. It is proposed that the society shall have no political activities, and that its objects shall be: (1) To bring medical graduates of the University of London into closer touch with their University and with one another; (2) to keep in touch with overseas medical graduates of the University.

An inaugural dinner for the formation of the society and the appointment of an organizing committee will be held at the Langham Hotel, Portland Place, W.1, on November 25th, at 7.30 p.m. Sir StClair Thomson has kindly consented to preside, and already some seventy-five graduates representative of the medical schools in London and the provinces have signified their intention to be present on the occasion, when full details of the proposal will be laid before the gathering.

All medical graduates of the University are eligible for membership of the society, and those who desire to become members and attend the inaugural dinner are asked to write to the acting honorary secretaries, Miss Dorothy C. Hare, C.B.E., M.D., or Charles A. H. Franklin, M.D. (at 124, Harley Street, W.1). All applications for the dinner must be received not later than November 21st.

A cheque for the amount of the dinner ticket (10s. 6d., exclusive of wines) and drawn to the Acting Honorary Treasurer, University of London Medical Graduates' Society, should be forwarded at the time of the application.

The following have been recognized as teachers of the University in the subjects indicated at the London School of Medicine for Women: Dr. L. S. T. Burrell and Mr. R. W. N. Hobhouse (medicine); Mr. P. Jenner Verrall (surgery—orthopaedic surgery).

The Vice-Chancellor has appointed Mr. G. T. Mulally as fifth Associate Examiner in Surgery, to act, if required, in place of Mr. E. Rock Carling, resigned, and Dr. R. Donaldson as Associate Examiner in Pathology, in the place of Professor Adrian Stokes, deceased.

The Imperial Chemical Industries has given £50 towards the establishment of the proposed Chair of Dietetics.

Sir William J. Collins has been nominated as a member of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board.

### UNIVERSITY OF CAMBRIDGE.

SIR FREDERICK GOWLAND HOPKINS, F.R.S., professor of biochemistry, Dr. Louis Cobbett, and Mr. G. E. Wherry, M.Chir., have been appointed by the Board of the Faculty of Medicine to serve on the M.D. Committee until September, 1928.

### NATIONAL UNIVERSITY OF IRELAND.

THE adjourned yearly meeting of Senate was held on November 4th. The following awards were made:—Travelling Studentships: Natural Science, J. J. O. Buckley; Anatomy, E. Keenan; the Dr. Henry Hutchinson Stewart Medical Scholarship in Physiology, T. J. Cunningham.

The Senate decided that a travelling studentship in physiology should be offered for competition in 1928.

The Senate further decided that a special final medical examination should be held in January, 1928, provided that 70 candidates enter and pay a special entry fee of £5 before December 1st.

The Senate also decided that the Dr. Henry Hutchinson Stewart scholarships in arts, in medicine, and in mental and nervous diseases should be offered for competition in 1928.

The following candidates have been approved at the examinations indicated:

M.D.—M. J. O'Connor, J. O'Shea.  
M.B., B.Ch., B.A.O.—\*W. J. Roche, \*J. A. Timoney, \*H. R. Clein, \*G. P. Costello, \*J. R. Murphy, W. C. Burke, A. Burns, F. J. Carney, Anne M. C. Chauvire, J. Cribbin, G. F. Cullon, E. F. Drum, A. A. Dunlevy, F. H. Eardley, J. A. Fisher, W. Heron, T. J. Kirby,

J. J. MacAndrews, J. McCambridge, V. McDonnell, J. F. McGovern, J. M. McGrath, P. J. McNally, B. Maguire, D. Murphy, Nora Murphy, W. P. A. Murphy, T. F. O'Carroll, M. O'Connor, J. G. O'Donnell, M. R. O'Hanlon, K. O'Loughlin-Doherty, J. H. O'Neill, M. J. O'Sullivan, T. H. Quinn, P. E. Sweeney, M. Wadron. Exempted from further examination in Part I (Medicine and Pathology)—D. J. Geraghty. Exempted from further examination in Part II (Surgery, Ophthalmology, and Midwifery)—J. P. Bourke, J. H. Burns, F. Carroll, P. J. Daly, Agnes Glover, J. D. Grant, F. A. McDonald, M. A. McDwyer, J. F. S. McLaughlin, T. S. McManus, L. Murphy, J. G. O'Reilly, M. T. O'Reilly, J. M. J. Ryan, M. G. Walsh. Exempted from further examination in Pathology—J. H. Burns, Catherine E. Cunningham, M. Dillon, Agnes Glover, M. A. McDwyer, T. S. McManus, M. G. Walsh.

#### \* Second Class Honours.

D.P.H.—Josephine (Mrs.) Clarke, D. H. Catter, J. J. Coyne, P. J. Delaney, M.B., J. Duffy, B.A.O., J. Hannan, Bridget Lyons Eveleen J. O'Brien, Teresa M. Scott, Uni. (Mrs.) Walsh. Part I—Honora Casey. Second Class Honours in Part II—J. Duffy, M.B., B.Ch., B.A.O., J. Hannan, M.B., B.Ch., B.A.O., J. J. Coyne, B.A., M.B., B.Ch., B.A.O., P. J. Delaney, M.B., B.Ch., H. A. O.

#### † Second Class Honours in Part II.

DIPLOMA IN MENTAL DISEASES.—P. J. Cassin.

### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

THE following successful candidates were admitted on November 4th: Members and Licentiate: R. C. Cummins, C. H. Carruthers, R. E. Steen. Licentiate in Midwifery: C. H. Carruthers.

## Obituary.

### H. P. CHOLMELEY, M.A., M.D. Oxon.,

Formerly Assistant Editor of the *Lancet*.

IT is with much regret that we have to record the death, on October 30th, at the age of 68, of Dr. H. P. Cholmeley, who was for many years a member of the editorial staff of the *Lancet*. His scholarly writings on the history of medicine and many other subjects were highly appreciated by all who value good taste, wide learning, and careful literary workmanship.

Henry Patrick Cholmeley was the only son of a medical officer in the East India Company's service who died when he was an infant. From Eton he went to Magdalen College, Oxford, with the reputation of a sound classical scholar, and after graduating in arts began the study of medicine, which he continued at St. Bartholomew's Hospital. He took the M.A. and M.B. degrees and the diploma of M.R.C.S. in 1886, and proceeded M.D. in 1904. Among the early appointments held by him were those of house-surgeon at St. Bartholomew's, resident medical officer at the Victoria Hospital for Children, medical registrar at the North-West London Hospital, and honorary physician to the Kensington Dispensary. Then after some years of general practice in Kensington he joined the indoor editorial staff of the *Lancet* in 1895, and began the happy association with that journal which was only broken by his death. Of his work there interesting glimpses are given in the memoir, to appear in to-day's issue, from which we are allowed to quote:

"At the *Lancet* his work, both within and without the office, was untiring and of a very varied nature. For the duties of a sub-editor he had a great distaste and, indeed, he was quite unfitted for them. There soon became no question of expecting him to prepare contributions for the press in any orderly way, or to conform closely to any official pattern. But he was a first-class judge of literature, general and medical, and in both fields his range of reading had been catholic, while his power of recalling what he had read and where he had read it was remarkable, especially as his references were drawn from such varied sources. Not a facile writer, his leading articles and editorial communications were produced with difficulty, and seldom gave satisfaction to his fastidiousness, but his accuracy was unfailing, his approach to a subject was logical, and the ideals that he put forward were always lofty yet never priggish. As a reviewer he was generous to all writers save the pretentious and those who simulated a scholarship or culture which they did not possess. Many of his notices of books took the form of little essays on the subject matter, in which he would give reasons for his judgements, a procedure which would sometimes lead to letters from the writers to their unknown critic, seeking further information. This would usually occur when the work was one of medical history, in which he was deeply read, as his own contribution to this branch of study shows. For Cholmeley's work, *John of Gaddesden*, is a model of what contributions to the long story of healing should be."

This book, *John of Gaddesden and the Rosa Medicinæ*, was published in 1912, a few years after its author's health

had obliged him to give up work in a London office and make his home in the country. John of Gaddesden, who is depicted therein as the central figure of fourteenth century medicine in England, compiled his famous treatise the *Rosa Anglica* or *Rosa Medicinæ* in 1314, and the suggestion has been made that he was perhaps the original of Chaucer's "Doctour of Physic" in the Prologue to the *Canterbury Tales*. In writing about him Cholmeley collected everything from mediæval literature that bore on the subject; the book is a storehouse of learning skillfully displayed and a solid contribution to the history of medicine. His many other writings are for the most part scattered anonymously through the volumes of the *Lancet* for the past thirty years, but a few biographies from his pen may be found in the second Supplement to the *Dictionary of National Biography*. Books, flowers, music, and the company of old friends were the things he found best in life, and he had the good fortune to be able to indulge these gentle tastes.

As the editor of the *Lancet* says of him:

"Cholmeley always described himself as a happy man, and the sources of this happiness lay in his own fine character. Much learning left him modest, a truly charitable nature freed him from all bitternesses, he had no jealousies; and his trained mental qualities gave him the power to enjoy beauty in all forms."

These two sentences touch off the man as we knew him, and it only remains to add a word in friendly recollection of a scholar-physician and a colleague of former days whose passing makes one more blank.

N. G. H.

The sudden death of Dr. R. L. ROUTLEDGE of Haydon Bridge, as the result of a motor cycle accident while on his rounds, adds another to the long list of tragedies whereby medical men have lost their lives in the pursuit of their avocation. Dr. Routledge was born at Rockhope in Weardale just fifty-three years ago. He studied medicine at the Newcastle School, and graduated M.B., B.S. in the University of Durham in 1899. For a time he acted as one of the medical officers at the Newcastle Dispensary, and afterwards assisted Dr. Gray of Stanhope in his homeland. About twenty-three years ago he went to Haydon Bridge, where he took over the practice of the late Dr. Callender. Routledge soon became well known and highly respected in South Tynedale, where his practice included a scattered agricultural district. He was medical officer for the district, and took a great interest in everything which concerned its welfare. He was a strong supporter of outdoor sports, and was actively associated with the Haydon Bridge Cricket Club. He was a member of the Church Council up to about three years ago. In politics he was a Conservative. At the outbreak of the great war he joined the 4th Battalion Northumberland Fusiliers (Territorials), and served throughout. He took a great interest in the local branch of the British Legion. Professor Grey Turner writes of him: "Routledge was always cheery and optimistic, but unassuming and very human, content to minister to his patients and to find recreation in his own home circle and in promoting the welfare of his own village. He will be greatly missed and mourned far and wide, and not least in many a lonely homestead, for he was kindness itself to his poorer patients. He leaves a widow and one son, who is studying for his father's profession."

By the death of Dr. ERIC GEORGE ALEXANDER WEMYSS FULTON from lobar pneumonia, at the early age of 27, neurology has lost one of the most promising of its younger followers. The only son of Dr. T. Wemyss Fulton, formerly superintendent of scientific investigations under the Fishery Board for Scotland, and lecturer on the scientific study of fishery problems in the University of Aberdeen, Eric Fulton was educated at Aberdeen Grammar School and University, where he graduated M.B., Ch.B. in 1924. He became clinical assistant to the West End Hospital for Diseases of the Nervous System, London, and later held successively the posts of house-physician, resident medical officer, and in-patient registrar. In 1926 he was appointed resident

medical officer in charge of the post-encephalitis lethargica unit at the Northern Hospital, Winchmore Hill, of the Metropolitan Asylums Board, under the Ministry of Health, a post which he occupied at the time of his death, at the same time retaining his connexion with the West End Hospital for Nervous Diseases by acting as honorary clinical assistant in the out-patient department. At the West End Hospital Dr. Fulton began a series of researches into the comparative diagnostic value of the different physical signs of upper neurone lesions, their significance, and their explanation. In collaboration with Dr. Worster-Drought, he also investigated in turn every method advocated for the treatment of encephalitis lethargica, both during the acute and the chronic stage; this work extended over several years, and Dr. Fulton was still continuing trials of the later methods up to the time of his death. At the Northern Hospital Dr. Fulton devoted himself to the study of the problems involved in cases of post-encephalitis lethargica, and some of the results of his observations are embodied in the reports of the Metropolitan Asylums Board, though much of his work, both at this hospital and the West End Hospital, unfortunately remains unpublished. At the time when he was taken ill he was collaborating with Dr. S. A. Kinnier Wilson, the consulting neurologist to the Board, in the preparation of a paper on certain post-encephalitic phenomena; his keenness probably brought about his death, since, anxious to complete his investigations, he carried on until he collapsed. One year previously he had an attack of broncho-pneumonia, and for some months had not been in good health, yet he declined to take the rest advised. A colleague writes: Of kind and lovable disposition, Fulton endeared himself to all with whom he came in contact, and his loss is sorely felt by patients and professional brethren. Had his life been spared, there is every reason to believe that a brilliant future in neurology lay before him.

Colonel PETER PAGET, A.M.S., T.A., who died on October 17th, in his 63rd year, received his medical education at Guy's Hospital, and obtained the diplomas M.R.C.S.Eng., L.R.C.P.Lond. in 1889. After filling the posts of house-surgeon and house-physician at Guy's Hospital he was appointed resident house-physician to the Royal Leicester Infirmary. He practised at Tenterden, Kent, for many years, and later in Hove, Sussex, until the outbreak of war. He had always been keenly and actively interested in the Territorial division of the R.A.M.C. He was gazetted lieutenant in 1896, captain in 1899, major in 1907, lieutenant-colonel in 1918, and colonel in 1925. On August 4th, 1914, he was attached to the 5th Buffs, and went out to India in October of that year. In 1915 he served in Arabia with the Aden Field Force, going into action with the Aden Movable Column. He returned to India with the 5th Buffs in 1916, and was invalided home with dysentery. After a few months' sick leave he served first as member and then as president of a travelling medical board. About this time he was awarded the Territorial decoration. In 1918 he was appointed officer in charge of the military hospital at Hounslow, and in 1919 of the military hospital, Kingston, returning to the Hounslow military hospital in November, 1919. In January, 1920, he was appointed medical superintendent of the Ministry of Pensions neurological hospital at Shotley Bridge, which post he resigned on being appointed deputy assistant director of medical services to the 42nd (East Lancs) Division for a period of four years. He was later regimental medical officer to the 4th (City of London) Royal Fusiliers from 1923 to 1925, and relinquished this post on his promotion to colonel. He retired, having reached the age limit, on August 4th, 1926. He was engaged in private practice in London up to October 8th last, when he went into a nursing home for a serious operation.

The following well known foreign medical men have recently died: Dr. HENRY MÉRY of Paris, member of the Académie de Médecine, and an eminent paediatrist, aged 64; Dr. ALBERT FLORENCE, honorary professor of pharmacology at the Lyons faculty of medicine; Professor MOSSEL of Heidelberg, who received the Nobel

prize for physiology in 1910; Dr. JOHN GOODRICH CLARK, professor of gynaecology in the University of Pennsylvania, aged 59; Professor RUDOLPH MAGNUS, aged 53, who occupied the chair of pharmacology at Utrecht, and was the author of much valuable work in neurology; Professor KORFF-PETERSEN, director of the Institute of Hygiene at Kiel University, aged 46; Professor PAUL ZWEIFEL, successor of Credé at Leipzig in the chair of gynaecology and obstetrics; Professor NICOLAAS VORHOEVE, who held the chair of roentgenology at Amsterdam; Professor P. KILBURG, a Budapest gynaecologist; Professor ARTURO GUZZONI DEGLI ANCARANI, director of the Obstetrical and Gynaecological Clinic at Modena, aged 69; Dr. ERICH MEYER, professor of internal medicine at Göttingen; Dr. LOUIS LAURENTIE, professor of obstetrics and gynaecology at Beirut, aged 41; and Professor SACHS, a Vienna dermatologist, aged 56.

## Medical Notes in Parliament.

### Parliament Resumes.

PARLIAMENT reassembled on November 8th to finish the business of the 1927 session, and is expected to sit till shortly before Christmas. The first business taken was the Landlord and Tenant Bill, followed by the Unemployment Insurance Bill. The Government hopes to pass into law both the Mental Deficiency Bill and the Nursing Homes Bill, though the opposition to the latter may be serious and the time available is scanty.

On November 8th Colonel Lane-Fox informed Mr. Lunn that one of the candidates for the new post of medical adviser to the Mines Department had been selected and the usual inquiries by the Civil Service Commission were now proceeding. The name would be announced in about ten days.

On November 8th Sir Kingsley Wood informed Dr. Vernon Davies that the question of the necessity of allowing medical men to preserve professional secrecy in the Law Courts with regard to certain diseases was still under consideration.

On November 8th Sir Kingsley Wood told Mr. H. Williams that 104 schemes dealing with slum areas, covering approximately 14,000 houses, had been confirmed.

## The Services.

### HONORARY SURGEONS TO THE KING.

THE following appointments as Honorary Surgeons to the King are announced: Colonel Thomas Kay, D.S.O., T.D., Assistant Director of Medical Services, 52nd (Lowland) Division, Territorial Army, vice Colonel F. H. Westmacott, C.B.E., T.D. (ret.). Colonel Reginald Ernest Bickerton, D.S.O., T.D., Assistant Director of Medical Services, 56th (1st London) Division, Territorial Army, vice Colonel A. D. Sharp, C.B., C.M.G., T.D.

### DEATHS IN THE SERVICES.

LIEUT.-COLONEL ROBERT WATERS, C.B., of White Fort, Tobermore, county Londonderry, died on August 6th, aged 92. He was born at Tobermore, and educated at Queen's College, Belfast, where he was exhibitioner and senior scholar. He graduated M.D. in the Queen's University, Ireland, in 1858, and took the L.R.C.S.Ed. in 1859. He entered the army as assistant surgeon in January, 1860, was promoted to staff surgeon in November, 1869 (a special promotion for his services in a cholera epidemic at Gambia), attained the rank of brigade surgeon in June, 1885, and retired in April, 1890. He served in the Ashanti war of 1873-74, when he was present at the actions at Amoafu and Ordahsu, the destruction of Becquah, and the capture of Kumasi, was mentioned in dispatches in the *London Gazette* of March 6th, 1874, and received the medal with a clasp; and in the Sudan, in the Nile expedition of 1885, first as sanitary officer, later in charge of field hospitals at Korti and Abu Fatmah, was mentioned in dispatches in the *London Gazette* of August 25th, 1885, received the medal with clasp, and the Khedive's bronze star, and was promoted specially to brigade surgeon; thus he twice gained steps by special promotion, though he retired, after thirty years, without having attained to administrative rank. In the old regimental days he served in the 21st Foot, the Royal Scots Fusiliers, and later was seconded for service in West Africa, where he was principal medical officer of the settlements on that coast in 1873. Towards the end of his service he was principal medical officer of the Quetta district in 1888, and of the Sirhind (Ambala) district in 1889-90. He received the C.B. in 1891, and was a J.P. for county Londonderry.

Lieut.-Colonel Henry William Pierpoint, O.B.E., Indian Medical Service, died on July 28th, aged 48. He received his medical education at Liverpool, taking the M.R.C.S. and L.R.C.P.Lond. in 1902, and subsequently the F.R.C.S. (1905) and the D.P.H. (Cambridge) in 1911. At Liverpool he took the Gee and Holt Fellowships, and served as junior demonstrator of anatomy, as demonstrator of pathology, and as house-surgeon of the Royal Infirmary. He entered the I.M.S. as lieutenant on February 1st, 1906, when he passed in first; he attained the rank of lieutenant-colonel on August 1st, 1925. At the beginning of the war he served on the hospital ship *Syria*, and later in the East, was mentioned in dispatches in the *London Gazette* of June 11th, 1920, and received the O.B.E. on September 9th, 1919. Before the war began in 1914 he served on the Turko-Persian Frontier Commission, and after the war was again stationed in Persia as residency surgeon at Bushire. For the last few years, however, he had been superintendent of the X-ray Institute at Dehra Dun.

## Medical News.

THE Board of Governors has decided that for the future the "Cancer Charity of the Middlesex Hospital" shall be called the "Middlesex Cancer Hospital." The reasons for this change are that the Middlesex Cancer Hospital must be made self-supporting, and, while it will still remain closely associated with the general hospital, it is desirable to recognize the fact that it has become a centre of treatment for cancer patients from the earliest stages of the disease; half the beds are utilized for early cases which will yield to treatment, while the other half are still available for cases which, under present conditions, are judged to be incurable.

THE next session of the General Medical Council will commence on Tuesday, November 22nd: the president, Sir Donald MacAlister, Bt., K.C.B., M.D., will take the chair at 2 p.m. and give an address.

THE Huxley Lecture on "Recent advances in science in relation to medicine and surgery" will be delivered by Sir Archibald Garrod, K.C.M.G., M.D., F.R.S., Regius Professor of Medicine in the University of Oxford, on Thursday, November 24th, at 3 p.m., in the out-patients' hall of Charing Cross Hospital.

DR. HENRY DEVINE, O.B.E., will deliver the Long Fox Memorial Lecture before the University of Bristol on Tuesday, November 29th, at 8.15 p.m. The subject of the lecture is the reality of delusions.

THE Purvis Oration before the West Kent Medico-Chirurgical Society will be given by Mr. Victor Bouney, on Friday, December 9th, the subject being puerperal sepsis.

AT the meeting of the National Institute of Industrial Psychology to be held on Friday, November 25th, at 5.30 p.m., in the Hall of the Royal Society of Arts, 18, John Street, Adelphi, W.C., a number of investigators will describe how psychology enters into the institute's factory investigations. The chair will be taken by the Earl of Balfour, President of the Institute.

AT the annual meeting of the Herefordshire Medical Society, to be held to-day (Saturday, November 12th), at 4.45 p.m., in the Town Hall, Hereford, an address on chronic urinary infection with the *Bacillus coli* will be given by Sir John Thomson-Walker. The annual dinner will be held the same evening at 7.30 in the Green Dragon Hotel, Hereford.

THE annual autumn dinner of the Glasgow University Club, London, will be held at the Trocadero, Piccadilly, on Tuesday, November 29th, at 7.15 for 7.30 precisely. Sir Austen Chamberlain, K.G., the Lord Rector, is to be in the chair and the Attorney-General will be the principal guest. Glasgow University men who, though not members of the club, desire to attend are invited to communicate with the honorary secretaries, 62, Harley House, N.W.1.

THE annual dinner of the London (Royal Free Hospital) School of Medicine for Women will be held at the Savoy Hotel, Strand, W.C.2, on Thursday, December 1st. The chair will be taken by Dr. A. G. Phear, C.B., at 7.30 p.m.

THE annual dinner of the Medico-Legal Society will be held in the Holborn Restaurant, London, on Friday, December 9th, at 7.15 p.m., with the President, Sir William Willcox, in the chair.

THE College of Pestology will hold its annual dinner on November 22nd at the Connaught Rooms, London, when Sir William Bull, M.P., President of the College, will take the chair. Among the guests will be Sir Alfred Fripp and Dr. Leonard Hill, F.R.S.

THE Fellowship of Medicine announces that Mr. T. G. Stevens will give a lecture on the treatment of uterine prolapse on November 14th, at 5 p.m., at the Medical Society, 11, Chandos Street. On November 16th Dr. S. Roodhouse Gloyne will give a demonstration at the Victoria Park Hospital for Diseases of the Heart and Lungs, at 10.30 a.m., on the pathology of tuberculosis, and there will be a demonstration by Mr. Neame at the Royal London Ophthalmic Hospital, City Road, at 1 p.m. On November 17th Mr. Herbert J. Paterson will give a clinical demonstration in surgery at the London Temperance Hospital, Hampstead Road, at 2 p.m. The lecture and demonstrations are free to medical practitioners. A special course in medicine, surgery, and gynaecology begins at the Royal Waterloo Hospital on November 14th, and will last for three weeks and occupy the afternoons and some mornings; on the same date another course commences at St. Peter's Hospital, and will continue each afternoon for a fortnight. From November 21st to December 17th the West End Hospital for Nervous Diseases will hold a series of lecture-demonstrations in neurology, at 5 p.m., and from November 28th to December 3rd there will be a post-graduate course in proctology at St. Mark's Hospital. At the Infants Hospital and at the Blackfriars Hospital for Diseases of the Skin afternoon courses will be held from December 5th and continue to December 17th. Commencing on January 9th there will be a course in medicine, surgery, and the specialties at the Prince of Wales's Hospital, and another in diseases of children at the Children's Clinic. These courses will be followed by one in cardiology at the National Hospital for Diseases of the Heart, and in psychological medicine at the Bethlem Hospital. Syllabuses and tickets for these courses may be obtained from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE third annual dinner of the Isle of Ely Division of the British Medical Association, jointly with the Isle of Ely Local Medical and Panel Committees, was held at March on October 25th. During the evening Dr. G. H. Stephens was presented on behalf of the practitioners of the area with a gold cigarette case on his retirement from practice, and in acknowledgement of his fourteen years' continuous chairmanship of the Local Medical and Panel Committees.

At a meeting of the Central Midwives Board for England and Wales on November 3rd, when Sir Francis Champneys was in the chair, it was decided to inform the London Hospital that the board was unable to accede to the request to suspend in respect of that hospital the rule that the first five patients should be intern cases. It was also resolved that, the University of Birmingham having arranged for the holding of the necessary course of lectures to pupil midwives, no other course in Birmingham would be recognized. The board thanked University College, Leicester, for establishing courses of lectures and approved the scheme submitted. The report on the work of the board for the year ending March 31st, 1927, was approved and will be transmitted to the Ministry of Health.

At the twelfth conference of the National Special Schools' Union at King George's Hall, Tottenham Court Road, on November 25th and 26th, the subjects to be discussed will include the after-care of mentally and physically defective children, and mental deficiency in relation to crime and rheumatism. The honorary secretary of the conference is Miss H. J. Knight, 16C, Trinity Square, S.E.1.

THE Winifred Masterson Burke Relief Foundation at White Plains, U.S.A., owed its origin to a wealthy founder who desired to relieve worthy men and women in times of sickness or misfortune. Opened in 1915, it has now a city house in New York to deal with the admission of patients and with the assistance to be given to them upon discharge, 300 beds at White Plains, and one or two smaller institutions for older boys and coloured patients. The patients for whom convalescent treatment was first provided were suffering from heart disorders. Later attention was given to what is called psycho-neurotic or neuro-psychiatric convalescence, but the 60,000 patients who have been treated since 1915 include convalescents from many diseases, both medical and surgical. The report of the foundation for the two years 1925-27 gives details of the "reconstructive convalescent regimen," the "occupational therapies, graded into wage-work," and the "play cure and psychotherapies" which are carried on in the buildings and their sixty acres of grounds. The length of stay of the patients varies from days to months, with an average of three or four weeks. An interesting experiment has been tried in throwing open athletic fields and lawns to school and community recreations. This entertains the patients and incites them to begin milder forms of exercises. As the daily cost of each patient, including transportation and the admission department, is less than two dollars, it would appear that the administration is economically conducted.

DR. GRAHAM LITTLE, M.P. for London University, has been elected an Honorary Member of the Royal Academy of Medicine of Rome, and a Fellow of the Royal Society of Physicians of Budapest.

LOUGHBOROUGH COLLEGE, Leicestershire, England, invites applications for the award of five open scholarships in the faculty of engineering, each of the value of £75 a year. The scholarships are open to all British subjects resident in any part of the Empire, and are tenable at Loughborough College for the period of the full diploma course. Candidates must be not less than 16 years of age at October 1st, 1928. Further particulars and forms of application (which must be returned not later than April 1st, 1928) may be obtained from the college registrar.

DR. G. N. HENRY, divisional surgeon to the L Division (Lambeth) Metropolitan Police, has retired after thirty-six years' service with the Force.

WE have received the first issue of a monthly journal entitled *Revista oto-neuro-oftalmológica y de cirugía neurológica*, which was published in July at Buenos Aires under the editorship of Drs. J. Lijó Pavia and Dr. Roque Orlando. The issue contains original articles on the photography of the fundus oculi, by Dr. Pavia; hemiplegia in flexion, by Dr. J. M. Obarrio; a post-encephalitic syndrome, by Drs. M. R. Castex, A. F. Camauer, and A. Battro; and circumscribed labyrinthitis, by Drs. J. Basavilbaso and D. Sibbald; abstracts from oto-rhino-laryngological, neurological, and ophthalmological literature, and society intelligence.

PROFESSOR AUGUSTO MURRI of Bologna, who has recently reached his 86th year, has presented sets of thirty-six medical periodicals, including the BRITISH MEDICAL JOURNAL and the *Proceedings of the Royal Society of Medicine*, to the Medico-Chirurgical Society of Bologna.

THE fourth Brazilian Congress of Hygiene will be held at San Salvador in December, when the subjects for discussion will include the epidemiology and prophylaxis of plague, domestic insects, biometry of children and adults, water supply, and prophylaxis of spirochaetosis.

PROFESSOR KERL of Innsbruck has been nominated director of the clinic of venereal diseases at Vienna in succession to Professor Finger.

PROFESSOR PAUL LECÈNE, who occupies the chair of surgical pathology in the Paris Faculty of Medicine, has been nominated an officer of the Legion of Honour.

## Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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## QUERIES AND ANSWERS.

"INTRAMUSCULAR" asks for suggestions as to the best way of keeping syringes and needles, so that they may be ready for immediate use, without continued sterilization by boiling.

"W. G.," who suffers from coldness of the hands, which is not prevented by ordinary fur-lined gloves, asks to be recommended some kind of gloves or other device which will meet his difficulty.