tears at the inner canthus though the patients are quite satisfied. No case is included in the above figures in which operation has been performed less than six months.

J. S. Fraser, who has had a large experience of this operation, gives 73.4 per cent. cures, and this, I think, is the experience of all those who have essayed the procedure on any large scale. The operation should not be attempted in the presence of acute dacryocystitis. External incision and drainage must first be established and the inflammatory condition allowed to settle down. A slit canaliculus does not preclude a perfect result.

Conclusion.

It would appear from the present investigation that the incidence of nasal abnormalities, deformities, and diseases, in cases of established lacrymal obstruction, is a rarity. The failure in relieving the lacrymal obstruction following the rectification of such nasal lesions as were found, with the exception of suppurative ethmoiditis, which is in itself rare, seems to preclude them as etiological factors in lacrymal obstruction. The absence of a history of nasal trouble in the majority of cases, as also the rarity of the incidence of nasal disease, would seem to render the nasal origin of lacrymal obstruction "non-proven." That there is a nasal cause would seem to be undoubted, but its exact pathology and incidence still needs further investigation.

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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

INTRATRACHEAL INJECTION OF LIPIODOL: GENERALIZED IODIDE ERUPTION: DEATH.

Lipiodol consists of iodine dissolved in poppy oil, and gives a very dense shadow under *x* rays. It is considered a safe medium for injecting into the spinal canal, for intratracheal injection, and for injection into the uterine cavity and Fallopian tubes.[1] Its use has now become so widespread that any untoward effects have a general interest.

L. W., a commercial traveller, aged 40, had two attacks of pneumonia, the last in February, 1926. A nervous breakdown, with loss of memory, followed the removal of many teeth immediately after this last attack. In October, 1926, he was in a nursing home at Margate for chest trouble for three months. He was admitted to the London Hospital on March 6th, 1927, for a pustular and papular eruption, which had lasted since injections of antipneumococcal vaccines in 1926. The palms and soles had "peeled twice" since, and he had been taking an arsenical medicine regularly.

He was a grey-haired, worried-looking man, with a short, frequent cough and greenish morning expectoration. The pulse was 88 to 96 and regular; there was no fever; the urine was natural; the systolic blood pressure was 140 mm. of mercury; the chest was symmetrical and resonant to percussion, with a coarse "bronchitis rub" on the left side. Heart, abdomen, and central nervous system presented nothing abnormal. There were numerous scattered purulent follicles in the beard area, and small scattered pustules in the hair of the lower abdomen and pubic region. The skin of the whole body was dry and slightly rough. The nails were curved over a little at their tips.

On March 11th a physician reported: "Physical signs are suggestive of an old arrested fibrous lesion of slight extent at both apices, but more in the left than in the right. This seems to be borne out by radiological examination. Investigation by *x* rays after lipiodol injection would be useful."

The patient was seen by an aural specialist on March 14th on account of vertigo: no aural cause was seen; there was slight catarrhal otitis only. The septum and turbinals had been operated on in Germany.

On March 31st an injection of 20 c.cm. of lipiodol was given by the intratracheal route, and an *x*-ray plate of the lungs taken.

Laboratory investigations showed that the blood cholesterol was 100.4 mg. per cent. The Wassermann reaction was negative, and tubercle bacilli absent from the sputum (three investigations). Pus from an abscess of the abdominal wall yielded *Staphylococcus aureus*. Blood culture (May 7th) was negative. Cultures of vesicles on forearms (May 3rd) were all sterile.

The temperature had been very irregular, and had risen to 101° by April 9th. On April 19th great numbers of small boils were appearing over the trunk and limbs. The voice was very hoarse and the cough more frequent and severe. On May 6th both forearms were covered with vesicles. Three days later the general condition was definitely worse; he was very weak, clear mentally, complaining of no pain, unable to cough with any force. He showed umbilicated drying vesicles all over the trunk, face, and limbs. On the legs many small scabs had come away, leaving raw granulating areas. Several who saw the patient during the last three days were suspicious of variola. No contact cases of variola developed. The vesicular fluid did not give any colour with starch paper. No iodides were found in the urine.

The patient died from bronchitis and heart failure on the evening of May 10th. No *post-mortem* examination was permitted.

During his stay in hospital the patient had been treated by epilation doses of *x* rays, barbitone for sleeplessness, varied by chloretone and local dressings.

This patient began to go downhill very definitely after the intratracheal injection of lipiodol. The eruption was one of the recognized types of rash that may follow the absorption of iodides.

W. J. O'Donovan, O.B.E., M.D.,
Physician in charge of Skin Department, London Hospital.

[1] Vilvandre, G.: "Diagnostic use of Lipiodol," *London Hospital Gazette*, 1927, xxx, No. 4, p. 86.

PALPABLE GALL STONES IN AN UNDISTENDED GALL BLADDER.

The following case is of interest inasmuch as I have never before seen a case or heard one demonstrated where gall stones in an undistended gall bladder were palpable through the abdominal wall.

A man, aged 46, consulted me in May, 1927, for an attack of pain in the upper abdomen. It was not extreme nor definitely of a colicky type, but was described more as a soreness.

The patient gave a history of repeated attacks of similar pain at intervals during the previous five years. The first, in 1922, was accompanied by a rigor and by vomiting, but on subsequent occasions there had been no vomiting. The only physical sign present was tenderness on pressure in the epigastrium and in the right and left iliac fossae; nothing in the nature of a lump could be felt on his first visit.

On July 14th he again presented himself as he had another attack of pain. On examination a hard spherical lump, which seemed the size of a large marble, was felt some two inches below the tip of the ninth right costal cartilage; it could be pushed about freely within the radius of about two and a half inches, and pressure on it caused definite uneasiness.

In spite of the fact that the history was somewhat suggestive of cholelithiasis, or at any rate cholecystitis, I felt that the lump, by very reason of its case of palpation, hardness, and mobility, could hardly be the gall bladder.

A barium meal having revealed no abnormality of the stomach or duodenum, laparotomy was advised to ascertain and deal with the cause of the repeated attacks of pain. The patient was admitted to Swansea General Hospital, where he was kept under observation for a week. On admission the presence of the lump was confirmed by Mr. C. L. Isaac and his house-surgeon, Mr. A. H. Holmes. Three days later it could not be found, but two days subsequently it was again felt in its original position and of its original size, hardness, and mobility.

Laparotomy was performed on July 25th by Mr. C. L. Isaac, who, on opening the abdomen, immediately found and demonstrated the gall bladder, undistended, not obviously inflamed, freely movable, and full of stones. Cholecystectomy was performed and the patient made a good convalescence.

Although of lean build, the patient was not wasted and his abdominal muscles were quite well developed.

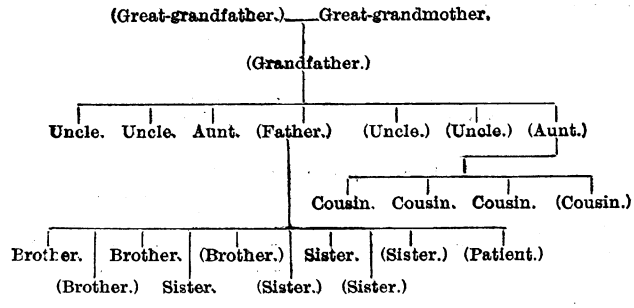
Swansea. F. H. Kingston Knight.

HEREDITARY DEFORMITY OF THE FINGERS.

The recently reported case of this condition prompts me to record one somewhat similar with which I came in contact a few weeks ago. In my case the feature on which I wish to lay stress is the fact that the deformity has been transmitted through both male and female members of the family; it also differs anatomically from that already published.

A girl, aged 6 years, said by the mother to be a 6½ months' child, exhibited the following deformity. Each finger consisted of only two phalanges, the proximal ones being of average length, but the distal shorter than the normal. The latter had rudimentary nails, which did not extend to the ends of the fingers. The thumbs had each only one phalanx bearing a shortened nail similar to the fingers. The child's feet showed no abnormality, though her sister, aged 10, had slight webbing of the toes. One of her brothers, aged 14, had no nails on the second and third digits; an adult brother with this deformity suffered little or no disability in earning his livelihood as a labourer.

The following table demonstrates the incidence of this abnormality in other relatives, those thus afflicted being in brackets.



Inquiry from the mother as to the supposed cause of this deformity in the first instance elicits the following "old wives' tale," which she relates with apparent conviction. The great-great-grandmother, when she was young, lied about an apple which she had plucked from a tree, whereupon her parents threatened her with the curse that her children later on would be born with deformed hands.

Some painstaking investigations on a scientific basis into the initial etiological factors in these cases of hereditary deformities in general might, if successful, result in a very valuable addition to our knowledge of eugenics. It might, for instance, be possible even to discover some correlation between the strength or nature of the stimulus causing the initial variation from the normal and the number of generations it would take for all trace of the deformity to disappear completely from the series.

E R. W. Gilmore, M.B.,
Assistant School Medical Officer, Salford.

DOUBLE TUBAL PREGNANCY WITH EARLY RUPTURE.

The seeming rarity of double tubal pregnancy leads me to believe that the following details of a case would be of general interest.

On August 31st a small, pallid, ill nourished married woman, aged 32, was admitted to the Birkenhead General Hospital, complaining of pain in the lower abdomen, accompanied by nausea, weakness, and a brownish vaginal discharge containing some blood, which had begun with the first onset of pain. She had enjoyed previous good health, with the exception of an attack of pneumonia in 1916. She had married in 1913, and her first child, born in 1915, is alive and well, as is her second child, which was born in 1918. In 1920 she became pregnant again, and in the sixth month a sharp haemorrhage followed three or four days after a fall. This ceased and the child was born in due course, but was puny and ailing, and died seven months later. Her health was good subsequently until the beginning of June this year, when she had a sudden transient attack of pain in the right lower abdominal quadrant; on the next day this returned, and there was a third attack three days later. Acute pain on the other side followed after some days, and during all this period she had a brownish blood-stained vaginal discharge. Up to the time of admission to hospital menstruation was said to have been regular, though it may be that there was misinterpretation of accidental haemorrhage. On the day following her admission pain and resistance were evident in both pelvic regions, with some abdominal distension, and a brownish blood-stained fluid passed from the external os. Bimanual examination disclosed a tender elastic swelling in both fornices, continuous with the uterus and extending to the pouch of Douglas; ruptured tubal pregnancy was suspected, and a laparotomy was ordered.

On September 2nd the abdomen was opened by central incision and the pelvis was found to be full of fluid and coagulated blood. Both tubes had ruptured posteriorly, and in the effused blood were two escaped ova, about the size of large walnuts, one on either side, with roughened villous surfaces. The tubes were removed, an abdominal toilet was performed, and the wound was closed. After a rise of one and a half degrees of temperature on the second and third days recovery was uninterrupted.

The only similar case that I have been able to discover was one that was published in the *Journal of the American Medical Association* for June 26th, 1926 (p. 1979), by Dr. F. E. Clow. The clinical history resembled that of my case, but the termination was fatal, owing to an intercurrent attack of pneumonia. I hope the publication of these details may elicit the views of others with wider experience.

W. R. Dalzell, M.B., C.M.
Birkenhead General Hospital.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

OXFORD DIVISION.

Cardiac Dyspnoea.

The sixth meeting of the year of the Oxford Division was held at the Radcliffe Infirmary on October 25th, when Dr. Collier, sen., took the chair, and Professor F. R. Fraser read a paper on some aspects of cardiac dyspnoea.

Professor Fraser said that dyspnoea was a very common symptom in patients with heart failure, several different types being known. In mitral stenosis it was severe and accompanied by orthopnoea and cyanosis in comparatively early stages of failure, while in aortic valve disease and myocardial degeneration comparable severity of dyspnoea with orthopnoea and cyanosis was found only in the late stages of failure. The cyanosis of mitral stenosis in the early stages of failure was of a brighter and redder colour than that in the late stages of myocardial degeneration, which was of a more leaden hue. The respirations in cardiac failure were shallow and rapid, and quite unlike the slow deep breathing of uraemia or diabetic coma. Periodic breathing was found in older patients with arterial disease and myocardial degeneration, and was not common in congestive failure. Paroxysmal dyspnoea occurred usually at night; it might prove fatal. Dyspnoea was a subjective phenomenon, and was due essentially to the individual becoming aware of the respiratory movements. This consciousness which caused distress might result from an increase in the respiratory movements or from a diminished efficiency of the apparatus so that normal ventilation could not be carried out without the individual becoming conscious of it. Both factors might enter into the production of dyspnoea, and there would then be both increased ventilation or hyperpnoea, and diminished efficiency of the pulmonary apparatus. In investigating the cause of dyspnoea these factors must be considered separately, and a search be made first for possible causes of hyperpnoea. In older patients there were frequently complicating factors such as pulmonary or renal disturbances, and simple cardiac dyspnoea could be best studied in the younger patients with mitral stenosis and auricular fibrillation, who were severely dyspnoeic even when at rest in bed. A study of the arterial blood in such patients had shown that there was an absence of such factors as insufficient oxygenation, excess of carbon dioxide, or raised hydrogen-ion concentration in the blood supplied to the respiratory centre to account for the increased respiratory activity. On the other hand, the arterial blood manifested the results of over-ventilation of the lungs with washing out of carbon dioxide, and indicated the presence of some stimulus to overaction at the centre which was independent of the quality of the arterial blood. When lung complications were present there might be carbon dioxide retention and inefficient oxygenation of the arterial blood, and when the patients were near death or in very severe failure there might be a raised hydrogen-ion concentration in the arterial blood from renal disturbances which would act as additional stimuli to the centre. It appeared probable that in heart failure the minute volume of the circulation was reduced, which would cause anoxaemia at the respiratory centre even when the arterial blood was fully oxygenated; evidence was given in support of the view that this was the fundamental cause of increased breathing in cardiac dyspnoea. The slow circulation in mitral stenosis and in the late congestive failure in myocardial degeneration resulted also in a lowered vital capacity, so that the pulmonary apparatus was not so able to meet the demands of the centre for increased ventilation, and consciousness of respiratory effort or dyspnoea resulted. Orthopnoea could be explained by the lowering of the vital capacity in the prone position, and the shallow and rapid type of breathing by the limitation to the depth of breathing caused by the pulmonary congestion. The explanation offered for cardiac dyspnoea would account for the different incidence of orthopnoea and cyanosis in the various types of failure. Anoxaemia at the centre was the essential cause of periodic breathing; this

represented the Branch on the Council of the Association without a break from 1914 to 1927. Dr. Darling was a member of the Irish Committee from 1909 to 1911, and from 1923 to 1927; of the Finance and Executive Sub-committee of that committee from 1923 to 1924; he was a member also of the Insurance Acts Committee from 1920 to 1922. At the Annual Meeting of the Association in Belfast in 1909 he was vice-president of the Section of Obstetrics and Gynaecology. He had also held office as president of the Ulster Medical Society.

In addition to his deservedly high standing in the medical profession Dr. Darling won the respect and affection of all who came in close contact with him. He will be sadly missed by his patients and the inhabitants of Lurgan, and his loss will be deeply felt by his colleagues in the medical profession throughout the North of Ireland and on the Council of the British Medical Association. He was twice married.

Dr. ALFRED COX (Medical Secretary of the British Medical Association) writes: With Darling disappears one of my oldest friends in the Association and one who for many years embodied the work and influence of the Association in Ireland as few other men did. To Darling it was that we naturally turned for information about what was going on in Ulster; he was the man who was just as naturally asked to do anything we wanted doing in Ulster, and we were always certain that he would not fail us. He was a splendid influence in promoting medical unity, and he did as much as any man to prove that there was no line of demarcation in Ireland between members of the medical profession, whatever the political situation might be. His genial disposition and obvious sincerity made him a general favourite in the Council and the Representative Meeting, members of which bodies will join with their colleagues in Ireland in mourning the loss of a good man.

JONATHAN DALGLIESH, M.R.C.S., L.S.A.,

Newcastle-on-Tyne.

BY the death on November 9th of Dr. Jonathan Dalgliesh Newcastle-on-Tyne lost her oldest medical practitioner. He was born in North Shields on February 2nd, 1839, and although he had outlived all his professional contemporaries there are still members of many families in the city to whom he had rendered kindly services, and by whom his memory is cherished. A student of the Newcastle College of Medicine, he completed his medical curriculum in London. Returning to the northern metropolis he became assistant to Dr. Raine, a well known and popular medical practitioner in his day, who was surgeon to the North Eastern Railway Company. Dr. Dalgliesh commenced practice on his own account in Westgate Road, then a residential street; he gradually built up a large connexion and subsequently removed to West Parade, where he lived until 1901. During these years he led an extremely active life. He was one of the fast disappearing type of the "good old family doctor"; guide, and friend, as well as medical adviser. On January 1st, 1864, Dr. Dalgliesh was appointed a district medical officer under the guardians, a position which he held until June 24th, 1901, when he retired with a pension after thirty-seven years of Poor Law service. He was one of the first six medical men to become a public vaccinator for the city in 1872, a year after the second Public Vaccination Act became law. The first Act was passed in 1867, and although there is no record of the fact it is more than likely in the intervening period he discharged such duties as this Act required.

In the later years of the past century he conducted a mission in Surgeons' Hall on Sunday evenings. He retired temporarily to Harrogate, where five months afterwards his wife died, and he returned to Newcastle; he established a medical mission in Shieldfield, one of the crowded working-class districts, which he carried on single-handed for eleven years. While warmly interested in mission work he was not only a keen Biblical student and an example of the application of the tenets of the New Testament to daily life, but equally a close student of medicine, even in his declining years. He bought and read the newest editions of standard books on medicine, so that his library was kept up to date until the last few years, when he began to suffer from cataract; this was a great blow, for he loved books. Unfortunately the blow was further embittered by great loss of hearing. These deprivations he bore with fortitude and patience, an example to all who came into contact with him and an illustration of the triumph of the faith which sustained him. A friend to all and an enemy of none, his funeral, in Old Lomond Cemetery on November 12th, where he was buried beside the remains of his wife, was attended by the civic dignitaries and members of the public bodies of the city, and a few of his old medical friends and patients.

One of his sons, an ophthalmic surgeon, died in Sunderland in 1910. Of the four sons who survive him Dr. John Dalgliesh is a medical practitioner in Sutton, Surrey; one, Mr. Robert Stanley Dalgliesh, had just closed his year of office as a much appreciated sheriff of Newcastle on the day his father died; one son lives in Yorkshire, and the other in New Zealand. Three married daughters survive him. T. O.

SIR PETER O'CONNELL, M.D., M.CH.,

Consulting Surgeon, Mater Infirmorum Hospital, Belfast.

THERE was universal regret when it became known in Belfast that Sir Peter R. O'Connell had passed away on September 24th at Marseilles, where he had gone on holiday. Peter O'Connell, who was born in co. Cavan, went to Belfast when a young man in 1883, after graduating M.D., M.Ch., R.U.I., and post-graduate study in Dublin, London, and the Continent. His reputation had preceded him, and the nucleus of the present Mater Infirmorum Hospital was founded by him in association with a few colleagues. There he laboured hard, and as a result the present hospital was opened in 1900 with 200 beds. He was then appointed senior surgeon. In this sphere he had ample scope for his work, and soon his operative skill and highly valued opinion brought him patients from all over Ulster. Though busily engaged in practice, he found time for writing on various subjects, and became interested in societies for the improvement of the people. He was prominent as a speaker, and was elected an alderman of the city of Belfast. In the corporation he took a keen interest in public health, technical, and education matters. He was elected High Sheriff of the city in 1907 by men who differed from him both in religion and politics, but who recognized his great ability, and he was created a Knight Bachelor in 1908. He was also a deputy lieutenant for the city. He was a member of the commission which inquired into university education in Ireland and brought about the establishment of the National and Queen's Universities; he was appointed a senator of the latter, and acted as lecturer and examiner in surgery. He was elected president of the Ulster Medical Society in 1910-11. He retired some half-dozen years ago, and went to reside in the neighbourhood of Dublin. A colleague writes: In the Mater we shall miss his genial presence, his candid advice, his sallies of wit, and his professional skill; but his name and fame are writ large in its history, where he laboured for nearly forty years, and future generations will learn the deep debt they owe to "Sir Peter." To his widow, Lady O'Connell, daughter of Edward Hughes, J.P., we tender our most sincere sympathy, and pray that time may assuage the great loss she has sustained.

The following well known foreign medical men have recently died: Professor MAX VON GRUBER, for many years director of the Institute of Hygiene at Munich, and later president of the Bavarian Academy of Sciences, aged 75; Dr. OTTO ROTH, formerly professor of hygiene and bacteriology at Zürich, aged 75; Dr. JEAN LOUIS PREVOST, formerly professor of physiology at Geneva, aged 87; Geh. MAX REICHERT, one of the oldest specialist in oto-rhino-laryngology, aged 82; and Dr. KIRMISSON, formerly professor of the surgery of children and orthopaedics at the Paris Faculty of Medicine, and surgeon to the Hôpital des Enfants Malades, Paris.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on November 12th the following medical degrees were conferred:

M.B., B.Chir.—J. L. Warner.
M.B.—W. H. Craib.

UNIVERSITY OF BIRMINGHAM.

The following prize medals awarded for the past session were distributed at the meeting of the Faculty of Medicine, held on November 11th, by the Vice-Chancellor and Principal (Dr. C. Grant Robertson): *Arthur Foxwell Memorial Medal* (Gold Medal awarded on Clinical Medicine, Final M.B., Ch.B. Examination); Marjorie V. Martin. *Sampson Gamaee Memorial Medal for Surgery* (Gold Medal awarded at Final M.B., Ch.B. Examination): K. P. Fooks. *Prizes awarded by the University Clinical Board:* Senior Medical Prize (Gold Medal), Frances M. Stockdale; Senior Surgical Prize (Gold Medal), V. Goldman; Midwifery Prize (Gold Medal), R. Anderson; Junior Medical Prize (Silver Medal), J. W. Notley; Junior Surgical Prize (Silver Medal), Beatrice M. Willmott.

UNIVERSITY OF GLASGOW.

At the congregation on November 12th the degrees of M.B., Ch.B. were conferred upon Eric Dow, and that of B.Sc. in Pure Science on Martha Cleland, M.B.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

The following officers have been elected for the ensuing year: *President:* Dr. G. H. Edington. *Visitor:* Dr. John F. Fergus. *Honorary Treasurer:* Mr. J. H. MacDonald. *Honorary Librarian:* Dr. E. H. L. Oliphant. *Representative on the General Medical Council:* Dr. James A. Adams. Councillors: The above-named office bearers, *ex-officio*, together with Dr. John Henderson, Dr. H. L. G. Leask, Mr. R. Barclay Ness, Dr. T. K. Monro, Dr. W. G. Dun, Mr. J. Forbes Webster, Dr. J. M. Munro Kerr, Mr. Thomas Kay, Mr. John Patrick, and Mr. R. M. Buchanan.

S. A. M. Sepher (Hong-Kong) has been admitted (after examination) as a Fellow of Faculty.

At the general meeting of the Faculty on November 7th Dr. G. H. Edington, the new president, was invested with a badge of office, presented by his predecessor, Mr. R. M. Buchanan.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council meeting was held on November 10th, when the President, Sir Berkeley Moynihan, was in the chair.

Diplomas.

Diplomas of Membership were granted to 178 candidates.

Examiner.

Mr. Herbert Tilley was appointed to examine for the Diploma in Laryngology and Otology in December, in place of Mr. A. H. Cheatle, resigned.

International Congress of Military Medicine and Pharmacy.

Sir Anthony Bowlby was nominated to serve on the organizing committee of the fifth International Congress of Military Medicine and Pharmacy, to be held in London from May 6th to 11th, 1929.

Members and Direct Representation.

In reference to the resolution carried at the last annual meeting of Fellows and Members, the following resolution was unanimously adopted:

"That in view of the result of the recent postal vote of the Fellows the Council is not prepared to take steps at the present time for altering the constitution of the College so as to give Members of the College direct representation on the Council."

Retirement of Mr. Hallett.

The following resolution was passed:

"On the occasion of the retirement of Mr. Frederic G. Hallett from the offices of Secretary to the Conjoint Examining Board and Director of Examinations in the Royal College of Surgeons, the Council desire to place on record their high appreciation of his services and the very warm regard which they entertain for him personally. Mr. Hallett's powers of organization, his long experience in all matters relating to examinations, and his exceptional knowledge of regulations for medical education in this and other countries have been of great advantage to the College, and have given his services a special value and caused them to be held in the highest regard. The Council are fully conscious of the ability and zeal with which Mr. Hallett has carried out his duties during the long period of fifty years, and they trust that health and happiness may enable him to enjoy in his retirement the rest which he has earned so well. His unfailing courtesy and readiness to help will not be forgotten by those who have had the pleasure of being associated with him in the control and management of the affairs of the College, and the Council assure him that he carries with him their best wishes for his welfare in years to come."

Medico-Legal.

BRITISH MEDICAL ASSOCIATION *v.* ALBERT PARTON AND PARTONS LIMITED.

Motion for Infringement of Copyright: Perpetual Injunction Granted.

In the High Court of Justice, Chancery Division, before Mr. Justice Romer, on November 16th, the British Medical Association applied for an injunction to restrain Albert Parton and Partons Limited, of New Cross Road, London, from publishing or distributing a pamphlet which, they alleged, infringed their copyright.

Mr. C. A. Bennett, K.C., and Mr. H. C. Dickens were counsel for the British Medical Association, instructed by Messrs. Hempson. Mr. Parton conducted his own case.

Mr. Bennett said that the copyright which the plaintiffs, the British Medical Association, declared to be infringed, was in two of their publications, *Secret Remedies* and *More Secret Remedies*, and the infringement was in a pamphlet published by the defendants called *The Greatest Exposure of Modern Times: Patent Medicines (so called), What they cost and what they contain, as exposed by the British Medical Association.* When the case came previously before the court his lordship suggested to Mr. Parton that he should consult solicitors. He had done so, and at the beginning of last week the British Medical Association received a letter from the solicitors stating that they had gone into this matter with the defendants. Mr. Parton, as was to be gathered from his previous statement in court, was contending that under Section 10 of the Copyright Act, 1911, proceedings for infringement of copyright had to be taken within three years of infringement. He had been advised, however, that his offence was a continuing one, and in these circumstances defendant had expressed his willingness to attend at the adjourned hearing of the motion, that day, and to raise no further objection. He was also prepared, in order to avoid expense, to agree that the motion should be considered as the trial of the action. The British Medical Association was quite willing to put an end to the matter on these terms. There were, however, two defendants, Mr. Parton and a limited company, of which he was the principal director and a substantial holder of the shares, and neither he nor the company had as yet "entered an appearance."

His lordship said that all he could do was to grant an injunction until the trial. In the meantime, the two defendants agreeing, that motion could be treated as the trial, and the injunction made perpetual during copyright. He understood that the Association did not ask for damages.

Counsel said that his clients did not ask for damages, but they did ask that defendants should deliver up on oath all copies of the pamphlet in their possession or power, and all printed sheets and type used for their production. He thought he was entitled to ask for that, also the costs of the motion.

His lordship agreed, and, addressing Mr. Parton, said that no doubt he had heard what counsel had said. Defendants had not what was called "entered an appearance." No doubt Mr. Parton for himself, if not for his company, could enter an appearance that day by attending before the learned registrar, giving his consent to the terms mentioned, and then no further costs would be incurred.

Mr. Parton said that he would do this.

Counsel said that there was one other matter. This was only a motion for infringement of copyright, but defendant had been addressing meetings at which he had tried to sell the remedies in circumstances which suggested that he was acting under the auspices of the British Medical Association. Counsel only desired to say that if he continued to do this it might be necessary to take other proceedings to stop him. The British Medical Association had no connexion with him at all.

Mr. Parton said that on his new flag, which he had used during the last three months, he had made no mention of the British Medical Association.

His lordship said that Mr. Parton would be well advised to cease to make any reference to the British Medical Association, and especially not to suggest that he had any connexion with them. His lordship then, subject to Mr. Parton and his company "entering an appearance," granted the perpetual injunction asked for, with delivery up of copies of the pamphlet, and costs against the defendants.

A CONSULTANT'S FEE.

At the West London County Court, on November 14th, before His Honour Deputy Judge Ralph Thomas, Sir Thomas Horder, Bt., M.D., was sued by Mr. Robert Sidney Provis, described as a "consultant in blood diseases," of West Kensington, for the return of five guineas, a consultation fee. Sir Thomas Horder

prescription for medicine for insured persons in Glasgow during August last—the latest month for which figures were available—was 13.41d. The Minister of Health has received from the Glamorgan Insurance Committee a letter protesting against Wales being ignored in the composition of the Pharmaceutical Distribution Committee. The committee, he stated, was constituted on the same lines as the Medical Distribution Committee, which has never contained any separate representation of the Welsh Insurance Committees. The two committees are already sufficiently large, and the Minister sees no necessity to increase them.

Extensions of Voluntary Hospitals.—In an answer to Mr. T. Williams on November 10th Mr. Chamberlain again said that he could not recommend any grant from public funds towards the cost of extensions of voluntary hospitals. Since the Onslow Commission reported a considerable number of new beds had been provided or were in course of provision.

Small-pox.—Sir Kingsley Wood, on November 14th, informed Dr. Vernon Davies that the numbers of cases of small-pox notified in August, September, and October were 564, 505, and 795 respectively. The total number of notifications from January 2nd last to November 5th inclusive, was 12,729. These figures were subject to revision. Sir J. Gilmour also told Dr. Davies that the numbers of cases of small-pox notified in Scotland during August, September, and October, 1927, were 5, 2, and nil respectively. The total number of cases of small-pox notified in Scotland from January 1st, 1927, to November 5th, 1927, was 166.

Baths at Poor Law Institutions.—Mr. Chamberlain, on November 14th, said his attention had been drawn to the remarks of the coroner at an inquest at Hammersmith regarding the death of a woman through drowning in a bath full of water at a hospital, she having taken a bath against instructions. He said the importance of having keys to all hot water taps in the bathrooms of Poor Law institutions had for many years been emphasized by the central authority. Such keys had now been fitted at this institution.

Proposed Medical Mission to China.—On November 14th Earl Winterton informed Mr. Thurtle that a proposed medical mission to China had been discouraged by the Indian Government because a grant of facilities for British subjects to serve as non-combatants with one or other of the contesting factions in the civil war in China would have been construed as a departure by the Government from its attitude of strict impartiality. The Government had advised British subjects to withdraw from the interior of China, in order to avoid embarrassing incidents, and it could not allow a party of British subjects to proceed to parts of China where such incidents were most likely.

Foot-and-Mouth Disease.—Mr. Guinness, replying on November 15th to Lord Apsley, said that the departmental committee which reported on foot-and-mouth disease in 1922 and 1925 expressed the view that the virus might be introduced from abroad through two classes of channels: (*a*) uncontrollable, such as the movement of birds and air-borne infection, and (*b*) controllable, such as the movement of human beings, importation of animals, feeding stuffs, packing materials, fodder, and meat. To prevent the introduction of disease through these agencies a number of Orders were in force, such as that prohibiting the import of hay and straw from countries in which foot-and-mouth disease was prevalent, and of fresh carcasses from the Continent. Other Orders were designed to prevent the spread of infection once it had occurred in this country.

Medical Inspector of Mines and Quarries.—On November 15th Colonel Lane-Fox, replying to Mr. Lunn, said that Dr. S. W. Fisher had been appointed medical inspector of mines and quarries. Since his demobilization in 1919 Dr. Fisher had practised in a colliery district in South Wales, where he had obtained general experience of mining conditions and of the treatment of mining accidents and disease. He had taken special interest in silicosis and nystagmus, in which he had carried out research work, and in beat-hand, beat-knee, and beat-elbow.

Notes in Brief.

Mr. Chamberlain told Sir Nicholas Grattan-Doyle on November 10th that he had no power to curtail the activities of birth control societies and similar agencies.

Mr. Chamberlain told Mr. Bromley on November 10th that he was communicating with the Lancashire County Council about the future use for tuberculous patients of the Luneside Sanatorium, Lancaster, in which three patients had lost their lives recently by the flooding of the institution. There was no suggestion that all reasonable precautions had not been taken.

In reply to a question Mr. Chamberlain said, on November 10th, that he was advised there was no danger that tuberculosis could be communicated to man by the consumption of fish. He did not propose to have investigations made with a view to prohibiting such sales.

Major Tryon states that no general instructions have been issued that the treatment allowances of men suffering from tuberculosis in consequence of war service should be withdrawn. The circumstances of each patient are considered in consultation with the responsible medical officer. The special difficulties which had arisen over such cases in the Ilford district were being investigated. The Minister of Health had considered the resolution passed by the Plymouth Insurance Committee urging the Government to enable and require local authorities dealing with tuberculosis—or groups of them—to formulate schemes for village settlements where suitable ex-sanatorium patients and their families could be housed and appropriate remunerative employment provided under medical supervision on the lines adopted at the Cambridgeshire tuberculosis colony at Papworth. There were three village settlements in existence, and a fourth was under consideration. Fuller experience of the results in these cases must be awaited before attempting such widespread and costly developments as the question suggested.

In the year ended June, 1927, 117,000,000 gallons of milk were brought into London by the four principal railway companies—an increase of 62 per cent. since 1923. At least 5,000,000 gallons a year are also brought in by road.

The Government of Burma has decided not to reopen the opium registers for Burman customers without a clear mandate from those affected.

The Prime Minister, on November 14th, told Mr. Looker that he was aware of the importance attached by governing bodies of institutions for mental defectives to the Mental Deficiency Bill, 1927, being passed into law at the earliest possible moment. He could not, however, add anything at present to his statement of last week about the prospect of facilities being given for its passage this session.

Medical News.

SIR BERKELEY MOYNIHAN will deliver the Mitchell Banks Memorial Lecture for 1927 in the Medical School of the University of Liverpool on Thursday, November 24th, at 4.30 p.m. The subject of the lecture, which is open to members of the medical profession, is "The gall bladder and its infections."

THE first International Conference on Light and Heat in Medicine and Surgery will be held at the Central Hall, Westminster, S.W., on December 13th to 16th. Among those who will read papers on various aspects of ultra-violet therapy and kindred subjects will be Professor Leonard Hill, Professor I. M. Heilbron, Dr. F. Hernaman-Johnson, Dr. F. Howard Humphris, Dr. H. Stanley Banks, and Dr. E. P. Cumberbatch. Foreign representatives who will read papers will include Dr. Jean Saidman (Paris), Dr. L. G. Dufestel (Paris), and Dr. Franz Nagelschmidt (Berlin). Each paper will be followed by a discussion. Applications for tickets should be made to the *British Journal of Actinotherapy*, 17, Featherstone Buildings, W.C.1.

THE annual reunion dinner of the British Serbian Units Branch of the British Legion and of all friends of Serbia will be held on Saturday, December 3rd, at 7.15, at the Victoria Mansions Restaurant, Victoria Street, Westminster. The president, the Rev. R. G. D. Laffan, will be in the chair. Tickets can be obtained from the honorary secretary, Miss Marx, 24, Melcombe Court, Dorset Square, N.W.1.

MR. A. EDMUNDS will deliver a lecture for the Fellowship of Medicine on practical surgical details at the Medical Society, 11, Chandos Street, on November 21st, at 5 p.m. On November 23rd, at 2.30 p.m., a special demonstration will be given at the Prince of Wales's General Hospital, Tottenham, N.15; on November 14th, at 2 p.m., Mr. Whitchurch Howell will give a surgical demonstration at the Queen's Hospital for Children; and on the same day, at 1 p.m., Mr. Whiting will give a demonstration at the Royal London Ophthalmic Hospital, City Road, E.C.1. The lecture and demonstrations are free to medical practitioners. From November 21st to December 17th there will be a daily series of lecture-demonstrations, illustrated by cases, at the West End Hospital for Nervous Diseases, at 5 p.m. A week's post-graduate course in diseases of the rectum will be held at St. Mark's Hospital from November 28th to December 3rd inclusive. Two afternoon courses begin on December 5th and continue for two weeks: one at the Infants Hospital, under the direction of Dr. Eric Pritchard, will cover all phases of the study of infants' diseases; and the other will be held at the Hospital for Diseases of the Skin, Blackfriars. During January the following courses will be arranged: in medicine, surgery, and the specialties at the Prince of Wales's General Hospital and associated hospitals; in cardiology at the National Hospital for Diseases of the Heart; in diseases of children at the Children's Clinic; and in psychological medicine at the Bethlem Royal Hospital. Syllabuses, tickets, and specimen copies of the *Post-Graduate Medical Journal*, may be obtained from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

A PRACTICAL course in the treatment of skin diseases and syphilis will be held at the Hôpital St. Louis, Paris, from November 28th to December 20th, under the direction of Professor Jeanselme, assisted by Professor Sebileau and the staff of the hospital. The fee is fr. 250. Further information can be obtained from M. Burnier, Pavillon Bazin, Hôpital St. Louis, Paris.

A POST-GRADUATE course in neurology and psychiatry will be held in English, from January 2nd to February 28th, 1928, in Vienna. Further information can be obtained from Dr. E. Spiegel, Falkestrasse 3, Vienna I.

DR. G. ARBOUR STEPHENS has been appointed an alderman of Swansea.

Professor R. B. Wild, who retired in September last from the Leech chair of materia medica and therapeutics in the University of Manchester, was presented on November 11th with his portrait by Francis Dodd, A.R.A., a set of Kipling's works, and an album of gramophone records of Beethoven's Symphony No. 3. The presentation was made by Professor G. R. Murray, on behalf of Professor Wild's past and present colleagues in the Faculty of Medicine, in appreciation of the valuable services he has rendered to the cause of medicine and education in Manchester. In accepting the gifts Professor Wild expressed a desire that the portrait should be given to the University, and the Vice-Chancellor gratefully accepted the offer.

The Minister of Health and the Minister of Agriculture and Fisheries have appointed a Joint Advisory Committee, with Sir Horace Monro, K.C.B., as chairman, to consider and report on the position with regard to the pollution of rivers and streams, and on any legislative, administrative, or other measures which appear to them to be desirable for reducing such pollution. Among the members is Dr. H. M'Lean Wilson, chief inspector of the River Board of the West Riding of Yorkshire. Communications may be addressed to Mr. G. C. North, *M.C.*, one of the secretaries of the Committee, at the Ministry of Health, Whitehall, S.W.1.

A Home Office Order, which will come into force on December 1st, requires that suitable washing facilities shall be provided in all factories and workshops in which sugar is used in the processes of icing, creaming, and filling biscuits and wafers. A weekly inspection is also ordered for the detection of early signs of dermatitis of the hands and forearms, and in the event of any such susceptibility being detected arrangements must be made for the person to be transferred to work which will not expose him to contact with sugar.

An inquest was held on November 14th at Poplar on the body of Mr. William Smart Harnett, aged 65, which was found in a dock last week. The medical evidence indicated that the body had apparently been in the water for ten or twelve days, and that death was due to asphyxia from drowning. Mr. Harnett will be remembered as the plaintiff in two prolonged lawsuits against medical men—Harnett *v.* Bond and Adam, and Harnett *v.* Fisher—both of which were fully reported at each stage in these columns. He had been missing from his home for over a fortnight before his body was found. The coroner in his summing up recalled that Mr. Harnett had been certified some time ago as insane; the fact that he was found, as the result of litigation, not to be insane could have had very small bearing on his recent actions; there was evidence that for the past four years or so he had acted perfectly normally. The jury without retiring brought in a verdict of "found drowned."

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.

"L. A." wishes to hear of an institution where a patient could receive "the latest treatment" of locomotor ataxia. There are no mental symptoms. Payment to cover the cost of keep could be made.

Stomach Cough.

A correspondent sends us the following note of his own case: The inquiry by "M.B.Cantab." in your issue of November 5th describes a condition which I have observed for some years, though my case is not, as a rule, so acute. It is hard to understand a condition at once so acute and so quickly relieved, but I suppose that for the individual, at any rate, there is a very small margin between the normal acidity of the end of gastric digestion and an acidity which irritates the stomach wall. When the latter is established the patient is wakened by the discomfort and the pylorus contracts. Gulping of air, which is involuntary, but can be partly restrained by the will, goes on till the stomach is sufficiently distended to provoke violent and painful contraction, reflex coughing, and ultimately vomiting. A very small amount of sodium bicarbonate taken on waking so lowers the acidity and diminishes the irritation that the pylorus relaxes, the contents of the stomach begin to move on, and the passing of flatus, hitherto inhibited, tells the patient that the normal conditions of contraction passing down the bowel are resumed; he goes to sleep almost at once and has no reminders in the morning. The practical treatment, then, is a combination of two or three soda-mint tablets immediately on waking and a cocaine lozenge (such as Glaisyer and Kemp's pastil. menthol co.) slowly sucked. The latter probably stops the cough and greatly diminishes the risk of vomiting.

"J. B. S." writes: "M.B.Cantab." does not say his age, nor how his cough first began. In those disposed to bronchial coughs any undue exposure during the day brings a bill to be met by an attack of coughing in the morning; again, much persistent thinking brings a sensation in the epigastric region, often almost a soreness, and attended by some flatus in the same region. I have arrived at the age when the legs easily get cold—that gives me a cough in the morning, but no irritation in the throat. I find that gentle massage, with gulping, in the epigastric region and gentle pressure, including the neck, of some service. Diet tending to starvation as regards last meal.

Cataract and Ultra-violet Light.

A Medical Correspondent asks whether there is any reason to suppose that treatment of cataract with ultra-violet light is likely to benefit the condition.

*** We referred this question to Mr. Bishop Harman, who has been good enough to send the following reply: Ultra-violet light is injurious to the eyes. The naked arc, if it be focused on the macula, will cause a scotoma or blind spot which may leave permanent damage. Even when not actually focused by the eyes the rays will set up severe conjunctivitis, akin to the snow blindness of the high Alps. The preliminary report of the committee on the Causes and Prevention of Blindness reported at the request of the Minister of Health (Dr. Addison) on an outbreak of eye inflammation that had occurred in film studios. The attacks were due to the use of unfiltered or naked arc light rays. The mercury vapour lamp is milder in action but is capable of producing similar irritation if not screened. Users of ultra-violet ray apparatus need to take special precaution by the use of suitable glasses (not merely tinted, but opaque to the short rays) so as to protect their eyes from damage. It is obvious from these facts that treatment with rays will not benefit cataract. Indeed, there is some evidence that it is liable to cause cataract. Cataract is common in India, where excess of sunlight is found; it is true that food factors have some possible effect, but since the earliest changes are commonly found in the lower half of the lenses it is probable that this selection is the effect of light. When cataract is actually present—that is, when the lens is opaque—no form of treatment will alter the state save operation. It is said that there is a cult of sun-worshippers in India who gaze at the sun for some time each day. One of these came to me as a patient recently. This Indian gentleman assured me that for one hour daily he gazed naked-eyed at the sun. On examination it was found that he had advanced cataract in each eye and his visual acuity was greatly reduced.

Cold Hands.

"A. M." writes: I recommend "W. G.," who suffers from cold hands (Journal, November 12th, p. 905), to try the following device, which formerly, when I used a pedal or motor cycle, I found to be the only means by which I could keep my hands warm in cold weather. Wear a pair of thick woollen gloves, and over these a second pair made on the pattern of seamen's "steering gloves" (with a separate compartment only for the thumb, and all the fingers in one). I used hand-knitted over-gloves, but fur-backed gloves of this pattern are procurable, and would probably be even more effective, and certainly preferable if "W. G." drives his own car. The essential points are that both pairs must be a loose fit and the outer pair must not have separate fingers.

Income Tax.

Emoluments of Appointment.

"J. P. S." is a resident assistant medical officer. The appointment was advertised as carrying a salary of "£550 per annum *plus* unfurnished house . . . valued at £50 per annum." The resolution of the authority making the appointment provides for "an inclusive salary of £600, and that from this salary be