

largely the analysis of antibody effects, and, while the study of antibodies had been of unique biological interest, the problem of antibodies had tended to obscure the main question—the nature of resistance; apart from antitoxin, and, in certain instances, bacteriolysin, it was difficult to believe that antibodies constituted the mechanism of acquired immunity. Antibodies would appear to be only the manifest result of the reaction of the tissues to foreign proteins. In few instances could natural immunity be attributed to antibodies. The two states, natural and acquired immunity, might represent the same biological adaptation. The study of antibodies had revealed the most extraordinary anomalies—for example, the “natural antibodies,” which seemed to occur without biological rhyme or reason. Antibody effects could be paralleled by agents which had no relationship to immunity. Haemolytic immune-body might be replaced by colloidal silicic acid. Pronounced complement fixation occurred as a result of the interaction between certain animal serums and such agents as dilute alcohol, peptone, amino-acids, cholesterol suspensions, watery extracts of tissue, and the lipid suspensions used in the Wassermann test, substances which were not antigenic in the immunological sense. On the other hand, phagocytosis constituted an undoubted mechanism of resistance, but antimicrobial resistance must be a dual—or perhaps plural—mechanism; not only was the parasite disposed of like other foreign bodies, but its toxic products must be inactivated. It might be supposed that bacteria, deprived of their toxins, were like inert foreign bodies, and became an easy prey to phagocytes. It was well known that serum principles rendered bacteria susceptible to phagocytosis; these so-called opsonins might be antitoxic or detoxicating principles. Thus, the essential feature of immunity might be the function of tolerance—using the term in its widest sense—to the toxic products of micro-organisms. In some cases this tolerance was due to a

specific serum antitoxin; in others a similar principle might remain concealed from immunological analysis as a sessile product of the tissues. Until more was known of the intrinsic reactions of cells to poisonous agents the nature of tissue tolerance must remain obscure. It had always appeared remarkable that, while a serum antitoxin was developed in response to exotoxin, the supposed endotoxins produced, as a rule, no such response, and that, while the exotoxins reproduced experimentally the actual disease associated with the natural infection, the endotoxins produced no specific effects. This raised the question as to whether these endotoxin preparations constituted the essential offensive agency of the organism from which they were obtained. In the case of certain organisms the true toxin might not be formed in culture, and, if immunity to such organisms was antitoxic, present methods of analysis would fail to demonstrate the existence of such defensive agency. On this hypothesis it would be difficult to explain the facts of antityphoid immunity, where immunization with dead cultures produced a solid immunity. It was conceivable that a specific toxin was formed in culture but, owing to instability, was unrecognizable in the usual preparations, and yet, on the analogy of toxoid, was capable of inciting antitoxin production. Immunity in such cases might in reality be antitoxic, though antitoxin was undemonstrable by present methods. The researches of Besredka and his co-workers had shown that a purely tissue resistance might be acquired, and that a solid immunity might occur in the absence of recognizable micro-organisms and their toxins it is probable that antibodies. By the further study of local tissue antagonism better understanding of immunity would be reached, and the great desideratum at the present time, was a more exact knowledge of the toxic mechanism of those organisms which failed to produce in culture a specific diffusible toxin.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

DESENSITIZATION BY PEPTONE BEFORE LAPAROTOMY.

A RUN of cases of pneumonia after operation in the hospital at Melton Mowbray some few years back set one thinking about the probable cause of this condition.

The cases followed abdominal sections, especially those involving the upper abdomen, as is usually observed to be the case. Is it not thought that excessive handling of the bowels will predispose to this sequel of laparotomies, and if this be so, what is the relation between this act and the onset of a lung condition?

Seeking among the cases of ordinary medical practice for lung conditions of sudden onset not, probably, due to microbial infections of the respiratory system, one notices asthma, acute pulmonary oedema, and massive lung collapse. Might not the “pneumonia” which follows these operations be initiated by a lung change brought about by an influence similar to that which occurs in these medical cases? These cases are probably anaphylactic in origin, and the protein shock comes from the intestine.

It occurred to me, therefore, that it would be wise to try the effect of desensitizing patients with peptone before the operation. To this end I gave 0.3 gram of peptone in 2 c.cm. of normal saline fourteen hours before the anaesthetic was given. The results were so encouraging that we have now adopted this treatment, in all abdominal sections in which there is time for such preparation, as a routine in our practice. No case which has had peptone has developed pneumonia. There has been no other change in our methods.

I venture to make this preliminary report in case any other hospital may care to try this method.

MONTAGUE DIXON, M.D., B.Sc.Lond.,
Honorary Medical Officer, War Memorial Hospital,
Melton Mowbray.

UNUSUAL DEVELOPMENTAL ABNORMALITIES.

THE combination of the two developmental abnormalities observed in the following case is uncommon.

I was called by a midwife to see an infant which was not normal. The mother was a healthy woman of 35 years. By her first husband she had three normal daughters; no miscarriages. This was her first pregnancy after her second marriage, also her first male child.

The abnormality proved to be epispadias. The penis was represented solely by the glans, a flattened organ about five-eighths of an inch across, grooved upon its upper surface. This groove led back into the urethral orifice, which was of considerable size, from which the urethra passed backwards. The glans penis could be pulled downwards a little, but normally tended to close the urethral orifice. A certain small amount of corpora cavernosa penis could be felt beneath the skin of the scrotum, below the glans. The scrotum was well developed and contained two testicles, apparently normal. The anus was absent and meconium was observed to pass from the urethral orifice. There was a small depression in the skin, but there was no fullness then or later to suggest that the rectum was anywhere near.

During the following days the infant had several attacks of cyanosis, but no cardiac abnormality was revealed by auscultation. It lived for sixteen days. During the first four days it passed faecal matter by the urethra on two occasions. Thereafter there was no faecal discharge. Micturition appeared to be continuous.

The epispadias was of the degree most frequently met with. As far as could be ascertained, the urethra passed below the pubic symphysis. The rectal condition can only be guessed at. The most likely termination of the bowel was by passing into the urethra at the lower end of the verumontanum, immediately below the openings of the vasa deferentia, although it may have ended anywhere along the urethra or the bladder. The proctodeal invagination was definite but slight.

The mother raised the question of treatment. The only immediate operative procedure would have been the production of an artificial anus by means of colostomy. It was quite certain that the bowel was too far from the perineum to be brought down without a long and tedious operation, probably involving both perineal and abdominal approach. If the child survived the operation of colostomy it would be left with incontinence of urine and incontinence of faeces, the latter occurring at a site above the urethra. This would make infection of the bladder, and

so the kidneys, fairly certain, and lead to an early death from pyelitis or some such cause.

With either of the deformities alone the baby might have survived—many persons having undergone colostomy enjoy good health, and I have seen a man of 33 with epispadias, the urethral orifice being among the pubic hair, suffering with his first attack of pyelitis—but the two deformities together were incompatible with life.

The attacks of cyanosis make it probable that the heart was also maldeveloped. No treatment was attempted, and the infant died of obstruction of the bowel. During the last few days the distension of the abdomen was so great that it appeared to be about to burst; over it coursed many distended veins. After death the contents of the stomach ran from the mouth. No *post-mortem* examination was made.

A. K. THOMAS, M.B.Lond.,
M.R.C.S.Eng.

Retford, Notts.

APPARENT INFECTIVITY OF CANCER.

THE following cases appear to be somewhat similar to those reported by Dr. J. MacLeod (October 1st, p. 594).

A married woman, aged 52, first consulted me in February, 1924, complaining of metrorrhagia of three months' duration. She was found to be suffering from inoperable cancer of the cervix. A portion was removed, and when submitted to microscopical examination was found to be of the squamous type. She died in August, 1927. Three months after she first saw me her husband (aged 53) came to me. I found him to be suffering from cancer of the glans penis of nine months' duration. He was operated upon and the penis amputated. The growth was found to be a squamous epithelioma. He is still living, and there has been no recurrence in the wound or glands. The husband informed me that sexual intercourse had been continued until about six months before his wife came to see me. At the same time, he stated that he had had the sore on his penis for over a year previous to his coming to see me.

These cases suggest that the husband may have implanted cancer on to the wife's cervix. On the other hand, the whole incident may be a coincidence.

Preston.

J. BERNSTIEN.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

CITY DIVISION.

A WELL attended general meeting of the City Division of the British Medical Association was held at the Metropolitan Hospital on November 1st, with Dr. PHILIP HAMILL in the chair, when Dr. W. LANGDON BROWN read a paper on the modern aspects of nephritis.

Nephritis.

Dr. Langdon Brown said that nephritis in general was now recognized as due to some toxic or infective cause. Chill did not cause it, but only exacerbated a chronic lesion already present. "Functional" albuminuria did not predispose to nephritis. If the kidney was overwhelmed by a toxin, as in toxæmic kidney, there was a necrosis affecting the convoluted tubules chiefly, the loops of Henle to a less extent, and the glomeruli not at all. The kidney permitted the escape of proteins, diastase, and perhaps sugar from the blood, but did not retain nitrogen. Death or complete recovery was the rule. If the toxic process was rather less severe, typical acute nephritis resulted, in which the glomeruli shared. If it was much less severe there was a chronic nephritis in which the interstitial tissue suffered more than the tubules. Even in the most chronic form of interstitial nephritis there was some inflammatory reaction. The general conclusion was that the more intense the infection was the more the secreting epithelium suffered: the more chronic it was the more the vessels were affected. Since the glomeruli were vascular tufts they were specially involved. Generally the toxin reached the kidney by the blood stream. If in addition to the toxin the actual infecting organisms were present in the kidney, as in the multiple emboli of infective endocarditis, a number of foci of small-celled infiltration resulted, each of which started an island of nephritis, constituting focal embolic nephritis. Sometimes, especially after tonsillitis, boils, carbuncles, and staphylococcal infections generally, the perinephric tissue was first involved, a metastatic inflammation which

spread through the lymphatics into the kidney. This was the type of nephritis in which pain in the back was most common. Again, the infection might spread upwards from the lower urinary tract, though here too, as Kenneth Walker had shown, it was mainly, if not exclusively, through the lymphatics of the ureter that the infection reached the kidney. Of late the tendency had been towards a secretory rather than an anatomical classification. This was an advantage, since the anatomical basis could only be decided after death, when the opportunity for treatment had passed. Broadly speaking, apart from substances like alcohol or acetone, which merely diffused through the kidney, the organ might excrete two classes of substances: (1) those which could be of use to the body—water, salt, sugar, bile—and (2) those which were merely waste products—urea and allied nitrogenous bodies. To the former the kidney presented a threshold which had to be passed before the substances began to be excreted; in this way was prevented their drainage out of the body. For the latter no such barrier was needed. In hydræmic nephritis only the excretion of the former group was affected, particularly water and salt. Urea might be normally excreted, and it would not be retained in the blood. Chlorides were retained and oedema was marked, but there was little evidence of cardio-vascular change. In azotaemic nephritis there was a gross failure of the concentrating power of the kidney, and since the great work of the kidney in concentration was seen in relation to nitrogenous waste products, and since also urea was the most abundant of these, there would be not only a fall of this substance in the urine, but a rise of it in the blood. The cardio-vascular changes tended to be very marked. As interstitial changes, which were chiefly associated with azotaemia, proceeded more slowly than the parenchymatous, which were chiefly associated with hydræmia, the development of the former gradually altered the picture, producing mixed types. If there was oedema other than cardiac oedema, together with nitrogen retention, it must be an example of a mixed type. The treatment of each type was then considered, and the causation of renal dropsy was discussed. The mode of action of diuretics, and their limitations in the treatment of nephritis, hot-air baths, and decapsulation were briefly considered. The value of von Noorden's fruit juice and sugar diet in nitrogen retention was emphasized, as was the futility of attempts to lower blood pressure directly in this condition. Finally, the significance of the different symptoms of uraemia was detailed.

After a keen discussion the meeting terminated with a hearty vote of thanks to Dr. Langdon Brown for his most instructive and interesting paper.

Reports of Societies.

RÖNTGEN SOCIETY AND BRITISH INSTITUTE OF RADIOLOGY.

INAUGURAL MEETING.

THE inaugural meeting to celebrate the amalgamation of the Röntgen Society and the British Institute of Radiology, the first part of which, in the shape of Sir Humphry Rolleston's presidential address, was reported in the last issue (p. 951), was continued on November 18th, when a physics meeting was held in the morning and a medical meeting in the afternoon.

X-ray and Radium Protection.

At the physics meeting, over which Sir WILLIAM BRAGG presided, Dr. G. W. C. KAYE said that it was estimated that well over one hundred of the earlier workers in *x* rays had succumbed to their injuries. Protective measures had now been adopted in many countries, in general following the lines recommended by the Protection Committee in England, which sat under Sir Humphry Rolleston's chairmanship. In at least one country, Austria, they had been given legal force. The National Physical Laboratory, which had tested hospital installations, had found a progressive improvement in the efficiency of the systems adopted and in the protective value of the materials—lead, glass, and

matter which had been under the consideration of my colleagues without informing them of my intention, and that I, as secretary of the Committee, had failed to make arrangements which the Committee had desired should be made. In reply I have to say that this subject has never come before the Parliamentary Medical Committee; that I, in common with a large majority of my colleagues, had no knowledge of the suggested deputation, and I do not know when or how the suggestion was made.

Upon the eve of the autumn recess in July last, in conversation upon the McCardie judgement with a couple of barrister friends of mine in the House, one of them suggested to me that I should introduce a bill, under the ten minutes rule, which would make such a judgement impossible for the future, and both promised me their support, and assured me that the lawyers would make no objection. I prepared the bill during the recess in consultation with a barrister friend who is skilled in Parliamentary draftsmanship, and I presented my motion for its introduction upon the day after Parliament reassembled.

There was no opportunity of consulting the Parliamentary Medical Committee had I wished to do so, for we have not yet met this session. Opposition to my bill was not to be anticipated from the medical members, in view of the overwhelming desire of the medical profession, as evidenced by the medical press, for a change in the law relating to medical evidence. I consequently concentrated my attention on winning the assent of legal members of the House to the principle of my bill; for opposition, if any, was to be anticipated from the lawyers more particularly, and the final draft of my bill is the result of consultation with several leading counsel in the House.

Two members of the Parliamentary Medical Committee are backing my bill; many more would have done so had the number permitted by the rules of the House not been so restricted. Your note, I submit, suggests some sense of grievance against my action which, I am assured, does not reflect the predominant feeling of the Committee.—I am, etc.,

House of Commons, Nov. 22nd.

E. GRAHAM LITTLE.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND ITS MEMBERS.

SIR,—The impression left on my mind after the thirty-ninth annual meeting of the Fellows and Members of the Royal College of Surgeons of England on November 17th was one of progress having been made since last year's meeting. Previous presidents, to cover a weak defence, resorted to the guillotine method. There was none of that this time. The President gave a patient hearing, and appeared to me to be impressed by the fact that there was greater strength on our side than he had anticipated. One thing now seems impossible for the President to withhold—namely, a postcard plebiscite of the Members as to their aspect regarding this important question. The two excellent speeches by Mr. Lawson Dick, F.R.C.S., and Dr. Stella Churchill laid the matter before the Council with a clarity hardly ever before reached, moderately and reasonably expressed. The new President of the Royal College of Surgeons has now a unique chance of directing the Council to a wider aspect of the case than has hitherto been done.

As a Member of the College I have pride in our splendid institution. The museum is one of the first of its kind in the world, and the library is invaluable. We cannot but be lost in admiration at the way all is managed, and also at the never-failing courtesy of the curator, Sir Arthur Keith. One thing, and one thing alone, is lacking. It is the wish of the Members that they may be permitted, in the humblest manner, to participate in the advancement of a centre of such useful and noble activity that this great institution, by combined research and professional unity, may become even greater still.—I am, etc.,

London, N., Nov. 19th.

T. WILSON PARRY.

** A report of the annual meeting of Fellows and Members of the College is printed on this page.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ANNUAL MEETING OF FELLOWS AND MEMBERS.

THE annual meeting of the Royal College of Surgeons of England took place on November 17th, with the President (Sir BERKELEY MOYNIHAN, Bt.) in the chair. There was an unusually large attendance of Members, and for the first time ladies were seated in the body of the theatre, instead of in the gallery.

The PRESIDENT, in making some remarks on the annual report of Council, referred to the gift by Mr. Buckston Browne (Fellow) of a sum of £5,000, the interest on which is to be expended on providing an annual dinner on the College premises for Fellows and Members and such others as the President and Council may wish to invite, but at least half the guests are to be Members. He also announced with regret that Mr. F. G. Hallett was retiring from the secretaryship of the Conjoint Examining Board, after fifty years of the most skilful and devoted service in one or other capacity. The number of diplomas of Membership issued during the past year had been 700 (including 117 women), of Fellowship 60 (one woman), and of Licentiatehip in dental surgery 189 (12 women). The number of Membership diplomas continued to be very high; the average before the war was between 200 and 400 a year. He next referred to the action taken by the Council on the resolution of the last annual meeting calling for a postal vote of Fellows and Members on the general principle of admitting Members to direct representation on the Council of the College. A subcommittee was appointed by the Council, an historical abstract distinguished by its accuracy was drawn up, and Fellows were asked to record their opinion whether it was desirable that Members should have such representation; 1,080 replies were received out of 1,850 Fellows who were circularized, 846 voting "No" and 234 "Yes." In view of this result the Council unanimously adopted a resolution that it was not prepared to take steps at the present time for altering the constitution of the College so as to give Members direct representation.

Many questions were put to the chair, including a series of interrogatories by Dr. DELISLE GRAY, designed to elicit how many members of the Council in recent years had been engaged in general practice, exclusively or in combination with consultant work. The PRESIDENT said that there had been several members of the Council, more especially resident in the provinces, who had combined general practice with other work, but very few members of the Council had been men exclusively engaged in general practice. He was able only to mention one name—Mr. Sibley—though other general practitioners had been candidates for the Council, but had not secured election. The President was further asked how the figure of 400, given in the historical abstract as the number of practitioners entirely engaged in consulting surgical work in Great Britain and Ireland, was arrived at. The PRESIDENT replied that at the time of the formation of the Association of Surgeons it was considered that nobody should be entitled to join that association unless he was exclusively engaged in surgical practice, and a circular was sent to members of surgical staffs all over the country asking for such names. The number arrived at by this means was rather below 400. The Member who had raised the question said that an examination of the directory suggested that in London alone there were at least 300 such men, and he thought the number 400 far too small an estimate for the country at large.

Dr. ERNEST E. WARE then moved the usual resolution affirming the desirability of admitting Members to direct representation on the Council, to which was added on this occasion an expression of regret that the Council, in taking a postal vote of the Fellows, should have issued simultaneously a statement of a biased and partisan nature, and should have omitted to elicit the views of the Members at the same time as the Fellows. Dr. Ware said that a similar resolution had been moved in that theatre at thirty-eight previous annual meetings, a remarkable testimony to the Members' long-suffering. That a corporate body with 1,800 Fellows and ten times as many Members should refuse all representation to the latter, although they were its financial stand-by, was an anomaly of the worst kind. He hoped that the Council would even yet reconsider the position. He complained of the historical abstract which was circulated to Fellows with the voting paper; it was nothing less than an attempt to secure a negative vote. Although the Members had met with heartbreaking rebuffs they would persevere. The Society of Members had recently lost the services of that stalwart fighter Dr. Sidney Lawrence, who had retired after eighteen years of fine service, but Dr. Pinto-Leite had taken his place and the work would go forward until eventually the College, discarding ancient precedent, would grant to the Members the franchise and representation they desired.

Mr. LAWSON DICK (Fellow) seconded the resolution, and said that he had been for many years in full sympathy with the Members in their desire for direct representation. The circular

sent out by the Council contained such biased comment that no Fellow receiving it could help coming to the conclusion that the Council was entirely opposed to this change. The Society of Members in its turn naturally circularized the Fellows, so that what was asked for at the last meeting, a simple expression of opinion as to the justice of allowing Members some form of direct representation, was converted into a keen controversy. He was convinced that John Hunter, on the ground of medical education alone, would have deeply sympathized with the wish of the Members. Could it be contended that the Fellows as such were so much better informed than the great body of the Members as to the type of education and examination which was most likely to be helpful to future generations of practitioners who were to occupy the places they at present held? To-day the position of the consultant was better defined and more assured than ever it had been, but at the same time there had been an enormous levelling up of the standard of the profession as a whole, and any such rigid distinction between Fellows and Members as the present mode of election to the Council implied was an anachronism which should be ended. Should the special experience of the Members, who in a very intimate degree were in the confidence of the family life of the nation, be ignored? "Jesse Foot," said John Hunter, "accuses me of not understanding the dead languages; but I could teach him that in the dead body which he never knew in any language, dead or living." With equal truth and less asperity the Members might well say, "We can teach you concerning the living body politic of the nation things you can never know till you have listened to the united voice of your Members, who have the care of the national weal so largely in their hands and the pride of their College so largely in their hearts."

Dr. STELLA CHURCHILL, the first woman Member of the College to speak in these annual discussions, thought that there was hope in the fact that the Council was not so reactionary as it thought itself; at least it had opened the doors of the College to women, now for some years past. She thought it quite possible that people who lived in the rarefied atmosphere of the Fellowship could not be in touch with the Members. One of the principles of the constitution was "No taxation without representation." What harm could possibly accrue to the Council from having Members' representation?

Dr. REDMOND ROCHE asked what fair-minded man would have thought it possible that the Council, in replying to the resolution of the last annual meeting, would decide to poll, not the 18,000 Members as to whether they desired this representation, but the 1,800 Fellows whose vested interests, it was suggested, were going to be infringed? He showed that history had repeated itself in this matter, that in 1897, when the Council took a vote of its Fellows, a biased circular was issued with the polling cards. The Council, however, had power, as it had acknowledged on one occasion, to initiate action and reform apart from and in spite of the votes of the Fellows. He therefore urged that it should not be taken that the recent vote of the Fellows decided the question. In introducing electoral reform a Government did not take a referendum of the existing electorate, nor even of its party followers. It took its courage in its own hands, and did what it considered right. He hoped the Council would do the same.

Dr. F. W. COLLINGWOOD, Dr. HOWARD STRATFORD, Dr. KINGSFORD, and others all spoke in support of the resolution, which was carried by a very large majority, two Members, one of them a woman, dissenting.

The PRESIDENT said that he would see that the resolution was submitted to the Council at its next meeting. He was sure that he would be supported by other members of the Council present in testifying that the friendly spirit shown in that debate was reciprocated in the Council itself, where the Members had some very good friends and convinced supporters of their cause. He wished that there had not been criticism of the historical abstract, for he believed that there was not a phrase in the abstract which could be controverted. It was as accurate as any human document could possibly be. (Dr. SIDNEY LAWRENCE and others: "We don't agree.")

UNIVERSITY OF CAMBRIDGE.

MR. GEORGE EDWARD WHERRY, M.A., M.Chir., F.R.C.S., university lecturer in surgery, consulting surgeon to Addenbrooke's Hospital, and for many years an examiner in surgery for the third M.B., has been elected an Honorary Fellow of Downing College.

UNIVERSITY OF LONDON.

DR. J. A. BRAXTON HICKS has been appointed as from September 1st to the University readership in pathology, tenable at the Westminster Hospital Medical School.

Sir Wilmot P. Herringham, K.C.M.G., C.B., M.D., F.R.C.P., has been appointed the representative of the University on the Organizing Committee of the International Congress of Military Medicine and Pharmacy, to be held in May, 1929.

Miss M. S. JEVONS, M.B., B.S., has been appointed a governor of Rye Grammar School.

Sir Holburt Waring has been elected chairman of the Brown Animal Sanatory Institution Committee for 1927-28.

Messrs. J. Lyons and Co., Ltd., have made a gift of 250 guineas towards the establishment of the proposed chair of dietetics.

UNIVERSITY OF SHEFFIELD.

THE Council, at its meeting on November 11th, made the following appointments: Percival J. Hay, M.D.Ed., to the post of honorary lecturer in ophthalmology; J. L. Grout, F.R.C.S.Ed., D.M.R.E. Camb., to the post of honorary lecturer in radiology.

VICTORIA UNIVERSITY OF MANCHESTER.

At the meeting of the Court of the Victoria University of Manchester, on November 16th, it was decided on the recommendation of the Senate and Council to confer the title of Professor Emeritus upon Professor R. B. Wild on his retirement from the Leech chair of materia medica and therapeutics.

UNIVERSITY OF LEEDS.

THE Council of the University has appointed Dr. Edwin Holmes to be surgical tutor in the School of Medicine, and Dr. G. Baxter as an honorary clinical tutor in the School of Dentistry.

ST. ANDREWS UNIVERSITY.

DR. ROBERT RICHARDS, lecturer in forensic medicine in the University of Aberdeen, has been appointed to the additional examinership in forensic medicine rendered vacant through the resignation of Professor Matthew Hay.

Medico-Legal.

VENN v. TODESCO AND ELDER.

A THIRD HEARING: VERDICT FOR DEFENDANTS.

THE third hearing of the action of Mrs. Mary C. Venn *or* Thornton Heath, suing as a poor person, against Dr. James M. Todesco, resident superintendent of the Croydon Borough Isolation Hospital, and Dr. G. W. Elder, formerly assistant medical officer at the hospital, for damages for alleged negligence resulting in the death of her husband, Mr. W. E. Venn, notary public, ended with a verdict for the defendant doctors by a special jury in the King's Bench Division of the High Court of Justice, before Horridge, J., on November 17th.

A case has now been disposed of which has occupied nineteen days of judicial time. The first hearing, before Lord Hewart, L.C.J., in June, 1925, occupied five days, and the second hearing, before McCardie, J., in February, 1926, occupied eight days; on each of these occasions the special jury disagreed upon the issue of negligence, which defendants denied. The last hearing occupied six days.

Reports of previous hearings appeared in the *BRITISH MEDICAL JOURNAL* of July 11th, 1925 (pp. 92 and 93); of March 6th, 1926 (pp. 459 and 460); and of May 1st, 1926 (p. 812).

Sir H. Maddocks, K.C., and Mr. B. Mark Goodman appeared for the plaintiff; Mr. A. Neilson, K.C., and Mr. T. Carthew for the defendants.

Mr. Maddocks, in his opening, said that in February, 1922, Mr. Venn contracted scarlet fever, and after about a fortnight he suffered great pain in his right thigh, and a swelling appeared. His doctor, Dr. E. G. D. Milsom, diagnosed a deep-seated inflammation which might lead to an abscess and necessitate an operation, and therefore arranged for Mr. Venn to go into Croydon Borough Hospital. Soon after his reception, Mrs. Venn told Dr. Todesco and Dr. Elder what Dr. Milsom had diagnosed, but they both "pooh-poohed" the possibility of an abscess, Dr. Elder saying that Mr. Venn was suffering from rheumatism, and Dr. Todesco expressing the opinion that it was "a case of mind over matter," and that if Mr. Venn would forget his leg it would soon be all right. In April Dr. Veitch Clark, the medical officer of health for the borough, examined Mr. Venn, and ordered his removal to the Croydon General Hospital, where an operation was performed and a large abscess was found, which should have been previously diagnosed at the borough hospital. On June 15th Mr. Venn died from blood poisoning.

Evidence in support of counsel's statement was given.

Mr. Neilson, opening for the defence, said the two defendants were both qualified medical practitioners, but it was suggested that by their carelessness and negligence they had failed to diagnose the presence of the deep-seated abscess from which Mr. Venn suffered. Diagnosis of that particular thing was, from its very nature and position, one of the most difficult problems that a doctor had to solve. No indication had been given on behalf of the plaintiff of when the defendants should have diagnosed the abscess. No one had said that it could have been diagnosed before April, 1922, and that was the first date on which any doctor could reasonably have been expected to diagnose it.

Dr. Todesco, in evidence, said that when he saw Mr. Venn on the day after his admission he did not find any abscess or any deep-seated inflammation. He denied having told Mrs. Venn that her husband was worrying about his leg, and that it was a case of mind over matter.

Dr. Elder, in evidence, said the day after Mr. Venn's admission he asked him whether he could account for the swelling on the

decorative design. He had been asked to receive a deputation to protest against the general prohibition in the Act against the employment of women in painting buildings with lead paint, and to press for legislation for the removal of this prohibition. Seeing, however, that the prohibition was enacted by Parliament, after full discussion, so recently as 1926, and that leave was refused in July last by the House of Commons for the introduction of a bill to remove the prohibition, he was not prepared to re-open the question and could not accede to the request.

Indian Medical Service.—On November 21st Earl Winterton stated, in reply to questions: (1) That at a test held last August in India, to select candidates for permanent commissions in the Indian Medical Service, only those holding an English degree were successful. It was not the case that instructions had been issued by the Secretary for India that those candidates who possessed Indian medical qualifications alone were unfit for permanent commissions in the Indian Medical Service and that an English degree was necessary. Candidates who possessed the necessary qualifications prescribed by the regulations, whether obtained in India or in this country, were selected strictly on their merits. He was not aware of any definite recommendation made by the committee on Indian students on this subject. Every effort was being made to improve the standard of medical teaching in India. (2) That recruitment for the Indian Medical Service was carried out strictly on the ratio of two Europeans to one Indian. This, in present conditions, had the effect of increasing the number of Indians in the Service. All officers drew the same rates of pay, but those of non-Asiatic domicile received certain benefits to compensate for permanent service abroad. The additional expense in the case of the European officer was relatively small.

Notes in Brief.

No horses were used for experiments at the Porton Chemical Warfare Experimental Station during August, September, and October. The Secretary for War considers that experiments with animals are essential at this station.

The area of opium poppies under cultivation in British India in 1926 was 71,057 acres.

The Home Secretary does not favour the introduction of a bill next year to do away with the waiting period of three days in workmen's compensation cases.

In the year ended July 3rd, 1927, £24,900,000 was collected in health insurance contributions, and the total income of the National Health Insurance scheme was £37,100,000. Expenditure in the same period is estimated at £39,300,000.

The Minister of Health does not think that further investigations into the effect on health of the noise from motor traffic would be of advantage.

Medical News.

THE late Dr. Adrian Stokes, Sir William Dunn Professor of Pathology at Guy's Hospital, who died in September last from yellow fever contracted in the course of his researches at Lagos, Nigeria, has left estate of the gross value of £13,511. He bequeathed £4,000 to Geoffrey William Rake of Guy's Hospital, which he hoped might be of assistance to him in carrying on his research work.

THE Right Hon. Neville Chamberlain, M.P., Minister of Health, will open the Redhill Hospital, Edgware, on Monday, December 5th, at 2.30 p.m.

THE Fellowship of Medicine and Post-graduate Medical Association announces that Mr. Chapple will give a lecture entitled "Practical hints in gynaecology and obstetrics," on November 28th, at 5 p.m., at 11, Chandos Street, and Dr. Parkinson will give a clinical demonstration at the National Hospital for Diseases of the Heart, at 2 p.m., on December 2nd; both are open to all members of the medical profession without fee. From November 28th to December 3rd there will be a post-graduate course in proctology at St. Mark's Hospital; fee £3 3s. The West End Hospital for Nervous Diseases is holding a course in neurology, at 5 p.m. each afternoon, until December 17th. The only other special courses this year are both a fortnight in duration, from December 5th to 17th. One will be held at the Infants Hospital, Vincent Square, Westminster, every afternoon from 2.30 p.m.; fee £3 3s. The other, in dermatology, will take place at the Hospital for Diseases of the Skin, Blackfriars, at 2.30 p.m. each day; fee £1 1s. After these two courses there will be a pause until the special courses for 1928 begin on January 9th. There is always, however, a general course of work which continues throughout the year, and which may be started at any time; tickets of admission to the forty London hospitals associated with this course may be obtained for any period from one week to one year. This is quite separate from the special courses, though in certain circumstances it is an advantage to the post-graduate to take both concurrently. All information may be obtained from the Secretary of the Fellowship of Medicine, 1, Wimpole Street.

THE bi-weekly lecture demonstrations arranged for next month by the West London Hospital Post-Graduate College include two by Dr. Harold Pritchard, who on December 6th will deal with diabetes mellitus, and on the 15th with intravenous treatment. On December 7th and 14th Mr. Donald Armour will discuss head injuries.

THE Royal Sanitary Institute is conducting a course of lectures and demonstrations in smoke inspection. The lectures are intended primarily for inspectors who are to be engaged in carrying out the provisions of the Public Health (Smoke Abatement) Act of 1926, which came into operation on July 1st last. The lectures at the Institute's house, 90, Buckingham Palace Road, S.W.1, which are being given on Fridays and Mondays, cover much ground in connexion with fuels, furnaces, chimneys, stoking, and the prevention of smoke. Demonstrations are also available at several works and institutions, including a Metropolitan Asylums Board Hospital. The institute holds examinations in smoke inspection in London and at various provincial centres. The course is open to anyone interested in smoke abatement.

MAJOR TRYON, the Minister of Pensions, speaking at the annual dinner of the Brighton and Sussex Medico-Chirurgical Society on November 19th, emphasized the value and importance of the services rendered to his Department by the medical profession. He said that much pioneer medical work had been performed by and through the Ministry, including the establishment of hospitals for borderline mental cases, before the recommendation of the Royal Commission on Lunacy had been published. With the discovery of insulin special wards were at once set apart in one of the Ministry's hospitals for the immediate provision of this treatment, and, similarly, recent developments in the use of ultra-violet light were applied for the benefit of pensioners. The Ministry had recently sent a surgeon to the Continent to investigate the treatment of varicose veins by nerve surgery. After referring to the Ministry's provision of institutions for particular kinds of treatment, with special reference to mental deficiency and wounds of the skull, brain, and chest, Major Tryon alluded to the high degree of perfection reached in the manufacture of artificial limbs and appliances, and added that at the present time 3,570 beds were still required in hospitals belonging to the Ministry, and treatment was provided for 5,250 out-patients. In regard to the medical work generally Major Tryon said: "The gist of the matter is that whenever and wherever medical science has produced or even hinted at a better way of treatment, a more accurate test in diagnosis, or a new way of regarding any aspect of disease the Ministry has at once inquired, tested and adopted it, if thereby any benefit to the pensioner might accrue. In pursuance of this policy we have kept in close touch with the heads of the medical profession. In 1919 a special committee was appointed, including the Presidents of the Royal College of Physicians and Surgeons, the Secretary of the Medical Research Council, and other clinicians of admitted pre-eminence, to advise the Minister on the most effective way of dealing with his medical problems. At the same time we have everywhere done our utmost to co-operate with the private practitioner and the local hospitals. In short, we have endeavoured to effect what is the ideal combination for public work—a co-operation of the whole-time medical officer, specialist or administrator, with the independent consultant and the general practitioner."

THE autumn dinner of the Irish Medical Schools and Graduates Association was held at the Savoy Hotel on November 17th, when Sir William de Courcy Wheeler presided over a large assembly of members and guests, including Major-General Sir William Hickie, K.C.B. Dr. Lindsay Rea proposed the toast of "The Guests," and Sir William Hickie, in reply, referred to the deeds of Irish regiments during the war, and paid a special tribute to the medical officers. Sir Bruce Bruce-Porter and Dr. William Hill also responded. In replying to the toast of "The President and Association," proposed by Dr. Frederick Spicer, Sir William Wheeler emphasized the importance of keeping Irish medical practitioners together, and congratulated those responsible for the increasing popularity of the association. He referred to the satisfactory establishment of an Irish Medical Council, and to the abolition of the union infirmaries, together with the provision of administrative procedure to protect medical appointments from undue influences. The annual meeting and festival dinner of the association will be held in London on March 17th next. Applications for membership should be sent to the honorary secretary, Dr. F. R. Holmes Meyrick, 59, Kensington Court, W.8.

THE King has appointed Dr. Percy James Kelly (Surgeon-General, British Guiana) to be a member of the Executive Committee of the Colony of British Guiana for a further period.

THE centenary of the birth of the well known chemist Marcellin Berthelot has recently been celebrated in Paris.

THE Central Midwives Board for England and Wales, after an experience of nearly a quarter of a century, in which attacks of pemphigus neonatorum have occurred in the practice of midwives, affecting several children, with a large percentage of fatal results, felt that the verbal description of the affection failed to carry a picture of the disease to those who read it, and that nothing but a coloured drawing was likely to be effectual. It is therefore circulating a pamphlet with such a drawing of the disease to all practising midwives.

THE Ministry of Health has issued to local authorities amended regulations dealing with condensed milk and dried milk. These are designed to secure that in the labelling of such milks greater prominence should be given to the words "unfit for babies," which shall also be printed on the outside of any wrapper enclosing the tins. These regulations come into force on September 1st, 1928, except in so far as they concern importations of condensed milk, when they become effective on May 1st.

UNDER Section 2 of the Lead Paint (Protection against Poisoning) Act, 1926, the employment of women and young persons in painting buildings with lead paint is prohibited as from November 19th, 1927, except in the case of women so employed at the date of the passing of the Act (December 15th, 1926). The section does not, however, apply to (a) persons employed as apprentices under arrangements approved by an Order of the Secretary of State, or (b) women or young persons employed in such special decorative or other work, not of an industrial character, as may be excluded by an Order of the Secretary of State. The Home Secretary has now made an Order covering both points. Copies may be purchased either through any bookseller or directly from H.M. Stationery Office.

DR. VON PIQUET, director of the Children's Clinic, University of Vienna, at a recent meeting in London in connexion with the Save the Children Fund, described the great progress in Vienna in the prevention and treatment of disease in children. It was now becoming clear that those who had been rescued during the famine years after the war would not be crippled for the remainder of their lives, as some had feared, since in most cases an almost normal state of health had been regained. Child welfare institutions had multiplied in Vienna and were doing valuable work, particularly in connexion with tuberculosis. Rickets, which had been very prevalent in Austria in the years after the war, was now being rapidly overcome, and its eradication in the near future was probable.

Letters, Notes, and Answers.

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

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 4737 Dublin), and of the Scottish Office, 6, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

QUERIES AND ANSWERS.

PREVENTION OF SCABIES.

DR. AGNES SAVILL (London, W.) writes: In your issue of November 12th (p. 926) a colleague writes to ask how she can get rid of a recurring scabies infection. She is right in attributing the recurrence to reinfection through the clothes. Especially does the parasite linger in the linings of the cuffs and collars of coats, staff dresses, and woolly jumpers. The only method of sure

disinfection is to send all these garments to the public authorities to deal with as they deal with the clothes of patients who have had infectious fevers. By such means I have never failed to arrest recurring scabies.

COLD HANDS.

"C. R. T." recommends "W. G." to try gauntlets made from sheepskin. He can thoroughly recommend them as warm; they wear much better than anything else he knows and resist wet. He has a pair with the wool inside, skin outside as far as the wrist, while for the gauntlet part the wool is outside; price 17s. 6d.

INCOME TAX.

Expenses of Office.

"C. J. D." was appointed as a half-time medical officer to a local authority, "it being understood that the other half of his time was to be devoted to studying for the Diploma of Public Health." Can he deduct the expenses in connexion with the course from his emoluments?

* * The matter is arguable, but, on the whole, we think the balance is against "C. J. D." What he has to establish is that the expenses of the study were incurred wholly, exclusively, and necessarily in the performance of the duties of his medical officership. Admitting that the study is a condition annexed to the appointment, we think that that is of itself insufficient to support the proposition that the expenses were incurred in the performance of the duties. The fact that the work of the appointment involves only half time is probably a fatal point against the claim.

LETTERS, NOTES, ETC.

MENSTRUAL "UNCLEANLINESS."

DR. ALEX. E. ROCHE (London, W.1) writes: Colonel Giles (BRITISH MEDICAL JOURNAL, November 5th, p. 852) says that he knows by actual experience that hams prepared by menstruating women are uneatable. (1) Are all hams prepared by non-menstruating women eatable? (2) Does uneatable ham cause Colonel Giles to institute gynecological inquiries? (3) Have large numbers of hams prepared by menstruating and non-menstruating women been compared? (4) Does leucorrhoea or gonorrhoea render hams "high"?

"DILATED" HEART.

"M.D., D.P.H." writes: Two recent cases of lads of about the same age were recently brought to my notice as having "dilated" hearts. The pronouncement of a "dilated" heart comes as a shock to parents. One would be passed as a first-class life in any insurance office; the other, after an attack of influenza, had "missed" beats and was stamped as a "dilated" heart due to smoking. The term appears to be loosely used. Dilatation implies a stretching-out—an over-capacity. Hypertrophy does not necessarily exist with dilatation, but is frequently super-added. The two terms in the medical sense are not synonymous. It is doubtful if true "dilatation" occurs in young healthy hearts, though in the young athlete (one of the cases) hypertrophy could exist. The term "dilated," as used by some doctors, should be explained to parents.

A DISCLAIMER.

DR. DOUGLAS GUTHRIE (Edinburgh) writes: Recently my attention was drawn to an advertisement issued by a firm of manufacturing chemists, in which a passage from a paper published by me in the medical press was introduced in such a way as to leave the impression that one of their preparations was recommended by me. I have no knowledge of the preparation advertised, and the use of my name was entirely unauthorized. Following a protest made by me the quotation has been withdrawn from the advertisement, but the company declines to offer any apology for its action.

CADBURY'S.

THE receipt of a package of chocolates and cocoa from Cadbury Brothers Ltd. comes as a reminder that it is only a month to Christmas. We are aware that these goods are manufactured under clean and healthy conditions at Bournville, and we have long been of the opinion that if all the factories and workshops of Britain were organized on similar lines we should have been spared a good deal of the industrial unrest and ill-feeling that have done so much harm to the country. As for these samples of tuck, feeding experiments upon the younger members of our staff have been performed with agreeable results.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 37, 38, 39, 42, and 43 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 40 and 41.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 211.