

As to whether it is a case of true identity or not, Wiechowski obtained no definite evidence, according to his letter to me. Assuming identity, scientific logic would present only two possibilities:

Either, in spite of assurance to the contrary, without my knowledge and against my will, the guanidine preparation known as synthalin is added to glukhorment. In that case, we should be dealing with at least a gross breach of trust in relation to myself and to the public. According to the assurance repeated to me a few days ago, on the word of honour of the responsible chemist, at no time, either earlier or recently, has synthalin been mixed with glukhorment.

Or, the remarkable fact would be presented that from the pancreas, together with other products of decomposition, a substance chemically and pharmacologically at least very similar to synthalin can be obtained—a fact which would be of great importance for the study of intermediary metabolism. I recall in this connexion that I indicated in advance, as a possibility, the formation, together with numerous other decomposition products, of a guanidine derivative of great activity, exceeding that of synthalin.

You will see that I speak quite openly. Given the identity of the two active chemical substances present in synthalin tablets and in glukhorment tablets, the decision between these two possibilities must not be a matter of impression. These are questions for experimental investigation, of which, on my part also, there shall be no lack.

We need add but little to Professor von Noorden's frank statement. This publication of our own findings is made at his explicit request, and may be regarded as a contribution to the experimental investigation which he himself indicates as imperative. The details of the work done in Professor Wiechowski's laboratory have appeared since we communicated with Professor von Noorden, and learned from him of this other investigation of glukhorment.² Dr. Langecker's evidence of the chemical identity or close chemical similarity with synthalin is much less convincing

than that which we have been able to obtain. The physiological comparisons made in Prague are, on the other hand, more thorough than those which we thought it necessary to make. The conclusions are practically the same as our own.

Our evidence, of course, provides no means of discriminating between the two possibilities which Professor von Noorden mentions. If a substance, so different in structure as synthalin from any hitherto known to occur in the body, were produced by tryptic digestion of pancreatic tissue, the fact would obviously have an interest far beyond that of the immediate question concerning the nature of the active constituents of glukhorment. The point of practical importance, and the one which imposes upon us the necessity of publication, is that glukhorment cannot be regarded as free from synthalin, or similar guanidine derivatives. On the contrary, it contains either synthalin or a substance so closely allied as to be indistinguishable without prolonged investigation; and it contains this substance in sufficient quantity to play an important part in whatever therapeutic or other actions the preparation may possess.

It should, perhaps, be added that we are not in a position here to discuss the therapeutic value of glukhorment as such, or the possibility that the action of a substance like synthalin might be modified by the presence of the known constituents of a pancreatic digest. Our concern is to ensure that the physician, in charge of a patient who has shown intolerance to synthalin, should not be led to administer glukhorment by the mistaken supposition that it contains no synthalin or similar substance.

REFERENCES.

¹ *Klin. Woch.*, 1927, No. 22, p. 1041. ² "Der wirksame Bestandteil des Glukhorments," Hedwig Langecker, *Klin. Woch.*, 1927, No. 47, pp. 2238, 2239.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

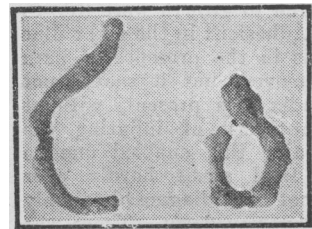
GALL-STONE FORMATION.

The following is rather an unusual case and worth reporting.

An unmarried woman, aged 30, a cook, was operated on in hospital in 1924 for gall stones. The stones were removed and the bladder was drained. During the last year she had recurrent attacks of colic. In September, 1927, I was called, and found her in a definite attack of colic. When this had subsided I operated and removed the gall bladder. On opening it after the operation I found two stones inside, which had formed round the purse-string suture inserted at the first operation, the suture running through the whole length of the stone.

Eastbourne.

E. WILSON HALL, F.R.C.S.Ed.



PREGNANCY COMPLICATED BY MITRAL STENOSIS.

The following details of a case of pregnancy, associated with mitral stenosis and terminating fatally, appear to be worthy of record.

A woman, aged 26, who had had a normal pregnancy and labour eighteen months previously, was admitted to hospital six and a half months pregnant with malaise which had lasted for some weeks. She had had rheumatic fever as a child, and, on admission, was found to have mitral stenosis without any signs of failure of compensation. The temperature, pulse, and respirations were raised; there was some abdominal tenderness, especially over the gall-bladder region, in the left iliac fossa, and in both renal angles. The spleen was doubtfully palpable; the urine negative. On the following day her condition was obviously worse, slight albuminuria had appeared and there was oedema of the

feet and back; the renal tenderness was less, and repeated examination of the lungs revealed nothing pathological. On two occasions she had syncopal attacks and nearly died; three days after admission, therefore, labour was induced by means of a prostatic catheter, no anaesthetic being employed. Delivery followed normally within six hours; a live and healthy foetus was born, but died a few hours later owing to prematurity. During the twenty-four hours following delivery the patient's condition was very much better, apart from an irritating cough which prevented sleep until heroin was given, when she had a good night. On the following morning the temperature had dropped to 96°, the patient felt better and complained only of slight nausea. At mid-day she had haematemesis, quickly followed by the passage of a quantity of blood from the rectum; two hours later she died.

At the necropsy all organs showed chronic venous congestion; there were large vegetations on the heart valves, especially the mitral, but no signs of emboli anywhere. At the junction of the middle and lower thirds of the oesophagus a small ruptured vein was found, without evidence of varicosity. About one inch of clot was drawn out from the vein and was found to be a *post-mortem* clot and not thrombus.

I am indebted to Dr. Statham and Dr. Herapath for permission to publish this case.

L. B. PHILLIPS, M.B., Ch.B.,
Resident Obstetric Officer, Bristol Royal Infirmary.

AN EARLY CYSTOSCOPIC SIGN OF RENAL TUBERCULOSIS.

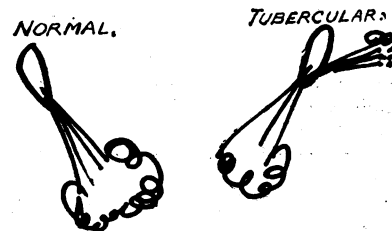
The following is a sign occasionally seen with a cystoscope before the bladder picture becomes typical.

The sign may be described as a rebound of the coloured urine on the pathological side (methylene blue or indigo-carmin being used). The accompanying diagram explains it. The rebound is caused by the

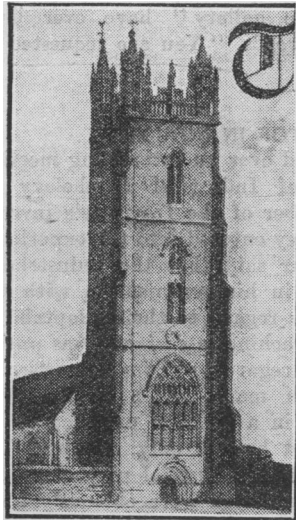
stream impinging on the lower edge of the ureter opening, which is slightly raised, hardened, and thickened.

Liverpool.

FRANK JEANS.



NINETY-SIXTH ANNUAL MEETING of the British Medical Association, CARDIFF, 1928.



TOWER OF ST. JOHN'S CHURCH,
CARDIFF.

THE ninety-sixth Annual Meeting of the British Medical Association will be held in Cardiff next summer under the presidency of Sir Ewen Maclean, M.D., F.R.C.P., Professor of Obstetrics and Gynaecology in the Welsh National School of Medicine, who will deliver his address to the Association on the evening of Tuesday, July 24th. The sectional meetings for scientific and clinical work will be held, as usual, on the three following days, the morning sessions being given up to discussions and the reading of papers, and the afternoons to demonstrations. The Annual Representative Meeting, for the transaction of medico-political business, will begin on the previous Friday, July 20th. The provisional programme for the work of the Scientific Sections is being drawn up by an Arrangements Committee, consisting partly of Cardiff representatives and partly of members appointed by the Council of the Association. The names of the Presidents of Sections are given in a Current Note published in this week's SUPPLEMENT; the full list of officers, together with other details of the arrangements for the Annual Meeting, will appear in later issues. On the last day of the meeting (Saturday, July 28th) there will be excursions to places of interest in the neighbourhood. The Association last met at Cardiff in 1885. We publish below the first of a series of historical and descriptive articles on the city and its medical institutions, written for the occasion by Dr. Donald R. Paterson.

CARDIFF: AN INTRODUCTORY NOTE.

CARDIFF suffers in the mind of strangers from two misconceptions. They generally seem to think, first, that it is an entirely modern and even mushroom town; and, secondly, that it is black with coal dust and coal smoke. As a matter of fact, Cardiff is among the oldest towns in the country, and, at all events for a business town, among the cleanest. The coal measures come to an end about five miles north of the city, and with them the disfigurement of town and country that seem inseparable from industrialism. Cardiff, situated on an alluvial plain, ringed with hills, on the shore of the Bristol Channel under the lee of Penarth headland, is singularly free from coal smoke and coal dust. The coal tips, and with them the coal dust, are away at the docks, which are separated (like Athens from the Piraeus) from the shopping and residential part of the town by a long and, it must be confessed, an unlovely street, only made interesting by its extremely polyglot shop names and signs. Further, Cardiff does not consume much coal for industrial purposes, and the clear atmosphere which it enjoys permits the Portland stone of its public buildings to weather to a silveriness not often seen.

There are few prettier approaches to the centre of a big town than the approach to Cardiff from the west over the river Taff, flowing between public gardens on one bank and Lord Bute's castle and grounds on the other, from its hills to the north; and to the south flowing past the recreation ground, with Penarth headland to close the view.

OLD AND NEW.

The town has profited both by its antiquity and by its growth in the last century. (A hundred years ago it numbered some twenty thousand souls where now are between two and three hundred thousand.) By the modernness of its growth it escaped the evils so dangerously aggravated by the industrial revolution, and profited by the sanitary and other reforms thereby forced on the community, and

the Minister of Health was able to say only the other day that Cardiff has no real slums. It has plenty of open spaces, and has planted its thoroughfares with trees. It has Roath Park with its lake to the east, and to the west Victoria Park and the Llandaff Fields leading to the Cathedral. More fortunate still, perhaps, it was able to purchase from Lord Bute Cathays Park, right in the centre of the town, and there to group its public buildings. It is the possession of these buildings, surrounded by parks and gardens, that is now perhaps the chief glory of Cardiff. They increasingly attract the attention of all



THE CITY HALL, CARDIFF.

interested in the application of architecture to civic needs. In its rapid modern rise the city had several times outgrown its buildings, and when the time came to embark on a further venture it was fortunate in being able to acquire a park with a fine avenue of trees near the Castle, to be devoted solely to public needs, and in having an enlightened civic authority who not only commissioned first-rate architects to design the principal buildings, but laid down conditions which established the uniformity, harmony, and proportion of the buildings on the site which

formed such a striking feature of the whole. The buildings already erected in Cathays Park are the City Hall and the Law Courts, the National Museum of Wales, the Glamorgan County Hall, the Technical College, and the University Offices and University College, with "an effect," in the words of a high authority, "almost incredibly successful." The frontage to the south with the City Hall occupying the middle, its tall clock tower a magnificent landmark, flanked on the west by the Law Courts on more severe lines, and on the east by the National Museum, justly termed a masterpiece, is an achievement unique in modern municipal architectural design.

But besides these advantages of its modern growth, it has the interest and evidence of antiquity. Here the Roman established a fort and kept sea communication open with the hinterland, and in mediaeval times the Norman made the town the *caput* or head of his marcher-lordship and fostered its trade. Those eras have bequeathed to Cardiff its Castle right in the centre of the town, now the residence of the Marquis of Bute. The

Castle presents in stone an epitome of the history of the town. Retaining the rectangular form which stamps its Roman origin, the reconstructed massive walls combine to show parts of the Roman wall *in situ*, as well as Norman work. Within the *enceinte* may be seen the north gate of the Roman period, and the great Norman castle-mound crowned by a ruined stone keep of the thirteenth century. The Castle Lodging, or present residence on the west side, embodies the fifteenth century and later work enriched with notable additions by the late Marquis and his architect, Burgess.

Hard by, standing in the heart of the old town, is the one survival of Cardiff's old churches, the Church of St. John the Baptist. Its beautiful tower with a rich coronal of the Somerset Perpendicular type erected in the fifteenth century is a notable landmark. The mother church of Cardiff—old St. Mary's—a cruciform structure of the twelfth century which stood on the bank of the Taff, was undermined by the river and destroyed. Foundations of churches of the Grey Friars and of the Black Friars have been preserved; on the site of the former near Cathays Park a fragment of a sixteenth century house built out of its remains is still to be seen.

By enlargement of its boundaries Cardiff has recently included the picturesque village-city of Llandaff and its ancient Cathedral, the reputed shrine of St. Dyfrig and St. Teilo. A structure embodying work of various periods from the twelfth century down, the Cathedral, with its fine early English west front, had long remained roofless, till its skilful restoration half a century ago. The interior decoration is of interest from its association with pre-Raphaelite artists. There are four glass windows by William Morris, and the paintings of the panels of the reredos are by Dante Gabriel Rossetti. On the high ground above the Cathedral there is the recently uncovered ruin of a bell tower—an example of the detached campanile—and the ruins of the old Bishop's Palace, now form-

ing a gateway to the Palace grounds. Amongst the modern churches there is interesting work of Bodley in the churches of St. German's and St. Saviour's, and in addition to the modern secular buildings in Cathays Park should be mentioned the new buildings of the Welsh National School of Medicine—the munificent gift of Sir W. J. Thomas, Bt.

EDUCATION, GENERAL AND MEDICAL.

In the matter of education Cardiff has made notable progress. Its primary and secondary schools are almost all modern buildings, airy, commodious, and equipped with school libraries. A recent addition is an open-air school for ailing children. The University College, founded in 1883, after living for a time in wooden sheds is now nobly housed. Most faculties are represented in it. Its medical side has lately been developed into a complete school, though the form of its administration has not been finally settled. Technical education has made great strides and the work of its college has undergone rapid extension.

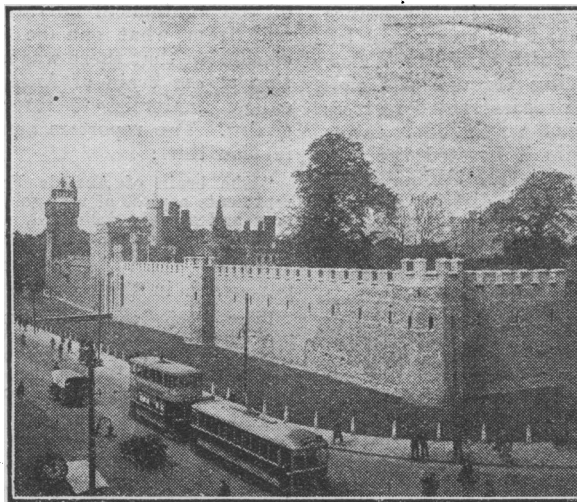


NATIONAL MUSEUM OF WALES, CARDIFF.

The development of the educational side of the National Museum is a movement in which Cardiff may justly claim to be in the van. The admirably arranged collections in buildings at once elevating and refined are increasingly taken advantage of by children of school age, with the best results. The Cardiff Public Library, with its fine collection of Welsh manuscripts and printed books, and documents and prints of specially Welsh and Celtic interest, is more like a national than a municipal institution.

The medical activities of the city are mainly centred in the

Royal Infirmary. It comprises, on what is now a somewhat crowded site, all departments. It is the clinical side of the Welsh National Medical School, and a notable recent addition to it are the fine clinical laboratories of the medical unit erected by the Rockefeller Foundation. At the docks the Royal Hamadryad Seamen's Hospital, a modern building which replaced the *Hamadryad* ship, looks after the needs of the shipping population. There is a large Poor Law hospital with special departments. The City Mental Hospital is a well equipped institution which has established a wide reputation by its scientific work in psychiatry.



CARDIFF CASTLE.

COMMERCE AND SPORT.

To turn to the commercial life of the city, there can be no need to say anything more of the coal industry. Cardiff is the acknowledged coal capital of the world, and its system of docks and industrial appliances is in keeping with its position. Its shipping and ship-repairing industry, with its dry docks, are on a comparable scale. The port is probably first in ownership of vessels engaged in the open carrying trade of the world, and none suffered more heavily through losses by enemy action in the great war. Cardiff has, too, its great milling industry and timber trade. In Cardiff the exchanges, Government offices, and headquarters of the firms engaged in these industries are at the docks, away from, and

not in, the centre of the town, as in places where big trade developed earlier.

Cardiff has always been keen on sport. Its Rugby football club in the palmy days was one of the foremost teams in the country. It was the pioneer of the four three-quarters line, and did much to develop the passing game. Its centrally situated ground, in the Cardiff Arms Park on the left bank of the Taff, has been the scene of many memorable contests. Part of the ground is reserved for cricket, where many of the county matches—Glamorgan is a first-class county—are played. The Association football team, though of recent formation, has rapidly come to the front, and is at present holder of the English Cup. Golf clubs around and in the neighbourhood of the city are increasing, and include some links of quite front rank further down the coast.

CARDIFF'S SETTING.

Cardiff is fortunate in its situation. The city is spread out within an amphitheatre open to the Bristol Channel, with scenery of no little variety.

On the east, along the estuary of the Severn, the shore line from the mouth of the Wye to Cardiff is low-lying, and the adjoining district, exposed in places to flooding by the tides, is protected by a sea wall whose history goes back to Roman times. From the Penarth headland to the west the coastline changes to vertical cliffs of lias limestone, which are ever undergoing change. About five miles from Cardiff, where the older carboniferous limestone has resisted the action of the sea, it forms an island at high tide, and between it and the mainland the large and important docks of Barry have been constructed. From there to the mouth of the Ogmore is the shore line of the Vale of Glamorgan, in reality an undulating plateau scored by pleasant little valleys, well wooded, with sheltered villages, many of which contain picturesque remains of a mediaeval castle. This district, devoted to agriculture, and having in former days "much corn and grass," abounds in evidence of early settlement, and has not a few interesting old churches.

North of Cardiff the ground rises gradually to the foothills which form the southern edge of the great coal-field. Five miles from Cardiff the ridge is breached by the gorge of the Taff, the only natural outlet of the coal-field behind. It was this natural outlet that gave Cardiff its importance a hundred years ago, when the demand for steam coal led to the development of the mineral wealth of South Wales. Through this outlet the Taff, flowing through the well wooded slopes of the gorge, with the reconstructed fortress of Castell Coch sentinel-like on its eastern shoulder, forms a picture of great charm, and, while it boasted the late Lord Bute's vineyard, suggested a miniature Rhine.

Beyond, the scene is more sombre. The district drained by the upper reaches of the Taff and by its tributaries is the famous steam coal area, upon which depend the existence and prosperity of the city. Its deeply entrenched valleys, at the bottom of which pits have been sunk and a dense urban population has settled, give to the Welsh coal-field a character all its own and explain many of its problems. Above the valleys, bleak and bare hills clothed with rough grass lend interest and variety to the scenery. Their lower flanks, once thickly wooded, still reveal here and there traces of a sylvan beauty that vanished before the needs of an industrial age.

Moreover, Cardiff is particularly well situated for excursions in beautiful neighbourhoods. A glance at the map will show that, with London and Birmingham, the neighbourhood of Cardiff is one of the districts most thickly threaded with railway lines. By these and other means the valley of the Wye and Usk and the beautiful scenery of Monmouthshire and Brecon are easily accessible, and an active service of cross-channel steamers brings North Somerset and Devon and the Exmoor country within the scope of a day's excursion.

One final word. In spite of its modern industrialism, Cardiff has its link, not only with antiquity, but with romance. Few even of its own citizens seem to remember that it was from Cardiff, according to the *Morte d'Arthur*, that Lancelot took ship when he fled from the Arthur whose honour he had betrayed, and from Cardiff also that

Arthur took ship to follow him. It was in what represented Cardiff Castle in Arthur's day that Tennyson's Sparrowhawk had his stronghold, and Enid was a Cardiff girl. But, of course, it was to the citizens of an entirely legendary Cardiff that Tennyson's Geraint said:

"Ye think the rustic cackle of your bourg
The murmur of the world!"

THE BRAIN OF ANATOLE FRANCE.

BY

SIR ARTHUR KEITH, M.D., F.R.S.

ON November 12th, 1924, Anatole France died when half-way through his 81st year. For half a century he had attracted, charmed, irritated, and instructed a vast army of readers recruited from the more intelligent classes of all civilized countries.

Two days after his death his brain, the source of so many deathless pictures, was on its way to the Medical College of Tours, there to undergo detailed examination by anatomists, in the hope that modern skill might detect in its structure some definite basis which would explain the genius of the novelist. The search was conducted by the professor of anatomy, Professor Guillaume-Louis, and his chief assistant, Dr. Dubréuil-Chambardel.

After an interval of three years the anatomists have at last drawn up their report; it was read at a meeting of the Academy of Medicine held in Paris last month.¹ From this report we learn that the brain of Anatole France, when stripped of its membranes, weighed only 1,017 grams, some 340 grams—about 25 per cent.—less than we expect to find in a man of mediocre ability; that the two cerebral hemispheres, of exactly similar weight, turned the scales at 854 grams—28 per cent. below mediocrity. We are told that the fissures and sulci which separated the relatively simple lobes and convolutions of the brain were deep, that the ventricles of the brain were small, and that therefore, in relation to mass, there was an extensive development of cortical grey matter.

No drawing, photograph, or illustration is reproduced to assist the reader in following the dry, descriptive details of the anatomical narrative, but from what we are told and from what can be inferred we must come to the conclusion that there was nothing in the external conformation of the brain of Anatole France which would lead an expert anatomist to infer that it had been the seat of genius. The reporters sum up the results of their examination thus:

"The brain of Anatole France is of an admirable form. It represents a piece of real goldsmith's work, the convolutions being long and sharply delimited, well folded, pressed tightly together, showing a very unusual degree of complexity."

To do them justice one must reproduce their final paragraph in their own tongue:

Pièce d'orfèvrerie, avons-nous dit, ce cerveau était comparable pour la qualité à ces délicieuses petites pendules sorties sous Louis XV des ateliers de Julien Leroy, l'horloger tourangeau, et qui, élégantes et légères, sous l'ornement d'un travail de ciselure inégalable, portaient un mécanisme d'une précision parfaite.

The reporters may be justified in comparing Anatole France's brain to one of Julien Leroy's wonderful little clocks, but, before we accept their simile as a possible explanation of the special faculties of Anatole France's brain, let us think for a moment of what we have a right to expect from them. Suppose it was not a brain, but one of these precious little clocks we had asked them to report on. What should we think when, having read their account of its external dimensions, the lettering on the dial, and the exquisite chasing of the frame, we find that they have nothing to say of its internal works—that they have not even glanced at them? That is exactly how they have treated Anatole France's brain; they have not sought to determine the extent of any one of the score or more of the cortical areas, they have not examined the detailed structure of any one of these areas; the vast masses of grey matter in the basal region of the brain, which must have so much to do with the emotional side of a man's mentality,

¹ *Bull. de l'Acad. de Méd.* 1927. Vol. 98, pp. 328-336 (November 8th, 1927.)

in 1884. At St. George's he was senior prizeman in anatomy, medicine, surgery, and midwifery, and won other distinctions. He had held the post of demonstrator of anatomy at St. George's Hospital School of Medicine, and was for some time prosector in the museum of the Royal College of Surgeons. He served for many years as honorary secretary of the St. George's Hospital Medical Society. On leaving London he went to practise in Birmingham, and became honorary consulting surgeon to the Moseley Hall Convalescent Home for Children. Dr. Underhill retired from active work about twenty years ago, and settled in Maidenhead, where he kept a private home for feeble-minded adults. His quaintly attired figure and old-world courtly manner made him a well known figure in Maidenhead. He took an active interest in the social life of the town, and was for some years connected with the working boys' club as secretary and treasurer. He was a member of the Windsor Division of the Oxford and Reading Branch of the British Medical Association, and a regular attender at its meetings. On the formation of the new Windsor Division Dr. Underhill entered into its activities with enthusiasm, and although over eighty years of age drove long distances to attend committee meetings. His long experience of administration and his encouragement did much to help the newly appointed officers. During his years of active practice in the Midlands he had served for some time as treasurer of the Birmingham Branch. He was a respected senior sidesman in St. Luke's Church, Maidenhead, and had been one of the managers of the Church of England schools. His wife died a few months ago, and he is survived by a son and daughter.

Widespread regret has been expressed at the news of the sudden death of Dr. JAMES MELVIN, late of Rochdale, on November 3rd, at the age of 66. Dr. Melvin received his medical education at Aberdeen, where he graduated M.B., C.M. in 1887. After holding an assistantship at Ramsbottom, near Bury, he began practice in 1890 in Rochdale. On his retirement in 1920 the practice was taken over by his nephew, Dr. James Melvin, jun. Dr. Melvin devoted himself whole-heartedly to work on behalf of the British Medical Association, and was honorary secretary of the Rochdale Division for twenty years, until his death. He was deputy representative for the Division from 1919 to 1924, and a representative from 1925 to 1927. He was also a member of the Lancashire and Cheshire Branch Council from 1925 to 1927, and vice-president of the Branch in 1925. Dr. Melvin was a representative of the Rochdale Medical and Panel Committee, and attended the annual panel conference in London shortly before his death. He took a keen interest in the St. John Ambulance Brigade, and was one of the leading members of the Trinity Presbyterian Church in Rochdale, and treasurer of the Rochdale Town Mission. He leaves a widow, with whom deep sympathy is felt.

The following well known foreign medical men have recently died: Dr. HERRGOTT, formerly professor of obstetrics and gynaecology at the Nancy Faculty of Medicine; Dr. FRANZ PENZOLDT, formerly professor of internal medicine at Erlangen, aged 78; and Professor E. ZETNOW, formerly head of the department of microphotography at the Robert Koch Institute, Berlin, aged 85.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on November 26th the degree of Doctor of Medicine (M.D.) was conferred on B. C. Scholefield.

Radcliffe Travelling Fellowship.

An examination for a Radcliffe Fellowship of the annual value of £300, and tenable for two years, will be held during Hilary term, 1928, commencing on February 14th, at 10 a.m. Candidates, who must not have exceeded four years from the time of passing the last examination required for the degree of Bachelor of Medicine, should send their names, addresses, qualifications, etc., to the Regius Professor of Medicine, University Museum, on or before February 1st.

George Herbert Hunt Travelling Scholarship, 1928.

This scholarship is awarded without examination every second year to a graduate in medicine of the university (of either sex) who has not exceeded five years from the date of passing the final examination for the degree of Bachelor of Medicine. The next election will be made in April, 1928. Candidates must send their applications to the Dean of the School of Medicine, University Museum, Oxford, from whom full particulars can be obtained, on or before February 14th, 1928.

UNIVERSITY OF EDINBURGH.

THE chair of forensic medicine, vacant by the death of Professor Harvey Littlejohn, has been filled by the appointment of Dr. Sydney A. Smith, at present principal medico-legal expert to the Egyptian Government Service, and professor of forensic medicine in the Cairo School of Medicine. Dr. Sydney Smith is a former Vans Dunlop scholar and Gunning prizeman in the University of Edinburgh; he graduated M.B., Ch.B. with first-class honours in 1912, and proceeded M.D., winning the gold medal in 1914. He is the author of a textbook on forensic medicine, and in January, 1926, contributed an article to the BRITISH MEDICAL JOURNAL entitled "The identification of firearms and projectiles as illustrated by the case of the murder of Sir Lee Stack Pasha." According to a Reuter's telegram he will leave Egypt to take up his new duties at the end of March.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—E. E. Bowen, W. B. Hallums, H. T. Ince, M. A. Rashwan, H. T. Rylance, M. E. Tscheuschner, T. de L. Walker, R. W. Wood.
MEDICINE.—A. F. J. D'Arcy, P. F. Fanaken, T. M. Joseph, I. O. B. Shirley, M. E. Tscheuschner.
FORENSIC MEDICINE.—A. F. J. D'Arcy, P. F. Fanaken, L. W. Sanders, M. E. Tscheuschner, J. L. M. Wood.
MIDWIFERY.—J. S. Bury, G. N. Fox, A. Hamid, T. M. Joseph, A. K. Rama Chandra, M. E. Tscheuschner.

The diploma of the Society has been granted to Messrs. A. F. J. D'Arcy, P. F. Fanaken, T. M. Joseph, M. E. Tscheuschner, and T. de L. Walker.

The Services.

ROYAL AIR FORCE MEDICAL SERVICE.

THE annual dinner of the Royal Air Force Medical Service was held at the Connaught Rooms, London, on November 25th, with the Director, Air Vice-Marshal DAVID MUNRO, C.B., C.I.E., in the chair. In proposing the health of "The Guests"—for whom Lieut.-General Sir MATTHEW FELL, Director General, Army Medical Service, responded—Air Vice-Marshal MUNRO made a few prefatory remarks about the present position of the service of which he is the head.

The chief difficulty of the moment, he said, was shortage of personnel, but the causes of this were general to all the medical services and not peculiar to the Royal Air Force. Indeed, so far as the R.A.F.M.S. was concerned, he saw distinct signs of improvement in recruiting. Apart from that, two things had happened which would make any shortage less acutely felt. The first was a change in the proportion of officers serving overseas to those at home, due to reductions in Iraq and expansion at home. The second was an increase in the authorized proportion of permanent officers. Both these factors would operate in diminishing the number of moves, increasing time spent at home, and giving more opportunities for study leave. In regard to study leave, one of the ways in which the R.A.F.M.S. had felt its shortage and frequent changes of personnel had been the difficulty of selecting for training the young permanent officers to replace later on those engaged in various branches of professional work requiring expert knowledge and experience. Good surgeons, pathologists, and physicians were essential in the hospitals, and experts were needed in various special branches of medicine, as well as in the medical and physiological problems peculiar to aviation. The service already possessed such experts, but to maintain the flow of them men must be chosen at an early stage of their service. At the top end of the flow, so to speak, there were posts in the higher ranks reserved for promotion for purely professional, as opposed to administrative, attainments. As for the medical officers stationed on aerodromes, often single-handed, and forming the majority of the service, although they got practice quite up to what might be called the general practitioner and medical officer of health standards, though less onerous, in their sick quarters, among the wives and families of the station, and in preventive medicine, their service duties otherwise were apt to become monotonous. An endeavour was being made to give them better professional opportunities by removing the ban on keeping any but the lightest cases in sick quarters, and encouraging them to use these more as cottage hospitals. To this end the equipment

of sick quarters was being revised, and arrangements were in hand to lend extra staff when required. In various other ways they were trying to help the medical officers on stations.

In conclusion, the Director mentioned two other happenings of the last year. One was the opening of a fine modern hospital at Halton, which would undoubtedly become the chief medical centre of the R.A.F. The other was the starting at Halton of the medical training depot for medical officers and medical airmen.

THE R.A.M.C. ASSOCIATION.

THE Royal Army Medical Corps Association was formed in 1925 with the following objects in view: (1) To foster *esprit de corps*. (2) To develop and maintain friendship between present and past members. (3) To assist in obtaining employment for its members. (4) To assist or bring to the notice of the R.A.M.C. Fund Committee or other organization, any case of members, widows, or orphan children of members, who may be in necessitous circumstances and deserving of assistance. (5) To organize periodical reunions and social functions for the mutual benefit of members in the various districts where branches of the Association are established.

The president is the Director-General A.M.S., and the honorary treasurer is Colonel H. Knaggs, C.B., C.M.G.

The Association as a whole is controlled by a central committee, with offices at 76, Claverton Street, S.W.1, and each branch is managed by a local committee. All ranks of the R.A.M.C. and of the Army Dental Corps, including officers, are eligible for membership. An important part of the Association's work consists in helping its members to obtain civil employment, and medical practitioners and hospital secretaries requiring men trained in all branches of hospital work—dispensers, clerks, laboratory assistants, porters, caretakers, etc.—are invited to apply to the secretary at the head office.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons this week made slow progress with the Unemployment Insurance Bill. There is scarcely any hope of sufficient agreement between friends of county councils and those of lesser local bodies to justify the Government attempting to pass the Nursing Homes Bill this year, but the opposition to the Mental Deficiency Bill is less numerous, and that measure has a better chance of becoming law.

At a meeting of the Parliamentary Medical Committee on November 24th Dr. Graham Little resigned the office of secretary to the committee, and Dr. Vernon Davies accepted an invitation to carry on the duties provisionally till the end of the session. The committee discussed the position of the Mental Deficiency Bill and of the Nursing Homes Bill.

Small-pox.

The number of cases of small-pox notified in England and Wales during recent months was considerably smaller than the number notified in the early months of this year. When the report of the Committee on Vaccination, appointed last year, was likely to be issued could not yet be stated. The carcasses of calves slaughtered after the production of lymph and certified as healthy are at the disposal of the person who supplied the calves. Those sold for food are subject to further examination by officers of local sanitary authorities.

Sir Kingsley Wood has stated, in reply to questions, that the Minister of Health had considered the suggestion that he should discontinue the practice of printing a form of declaration objecting to vaccination on the vaccination form handed to the parent when the birth of a child was registered, and should revert to the former practice of simply printing a notification on the vaccination form that if the parent had a conscientious objection to vaccination he could obtain a form of declaration to that effect from the vaccination officer. The Minister of Health, however, had come to the conclusion that it was not advisable to make any further changes in law or practice until he had had an opportunity of considering the report of the committee presided over by Sir Humphry Rolleston, which, it was expected, would shortly be issued.

Mr. Chamberlain informed Captain MacMillan on November 28th that he had no official information on the cost of the recent outbreak of small-pox in the Easington Union of the County of Durham. The returns made to his department showed that no person under 15 years of age, who had been vaccinated prior to infection, contracted small-pox.

Nursing Homes and Mental Deficiency Bills.—On November 28th Mr. Baldwin, replying to Dr. Vernon Davies, who asked if he would grant facilities before the end of the session for the Nursing Homes (Registration) Bill, said that he could make no promise in regard to time being given for private bills. The final decision must, of course, depend on the state of business. In a previous reply to Sir Herbert Cayser Mr. Baldwin said the Government might be able to find time for the Mental Deficiency Bill, subject to the state of business.

Notes in Brief.

One firm in this country has commenced blending tetraethyl lead with petrol on a commercial scale. The Factory Department of the Home Office is satisfied that adequate precautions are being taken for protecting workers concerned in the process.

The total cost of administration of National Health Insurance, including the cost of central administration, was £5,060,000, or 13½ per cent. of the total expenditure.

Rates collected in England and Wales during the year ended March last amounted to £159,500,000.

Since April, 1924, the Exchequer has paid £103,000 towards slum clearances.

On November 5th last 29.8 per 1,000 of the estimated population of England and Wales were receiving Poor Law relief. This does not include lunatics, casuals, and persons in receipt of domiciliary medical relief only.

Forty-two authorities in England and Wales maintain open-air schools for delicate children.

ROYAL MEDICAL BENEVOLENT FUND.

It has been the practice of the Royal Medical Benevolent Fund for many years to present to the annuitants and some of the most necessitous grantees a Christmas gift of 25s. The treasurer now makes an appeal for £370 to keep up this practice. The committee has not in hand any special fund to draw upon to meet this Christmas gift, to which the recipients in former years are no doubt looking forward. It is a gracious and friendly act, and we have no doubt that many readers will wish to make the continuance possible. Subscriptions may be sent to the honorary treasurer, Sir Charters Symonds, at the offices of the Fund, 11, Chandos Street, Cavendish Square, London, W.1.

At the last meeting of the committee forty-nine cases were considered and £676 voted to forty applicants. The following are notes on some of the cases relieved.

Widow, aged 54, of M.R.C.S. who died suddenly this year. Left with two sons and one daughter, all of whom are training. Applicant hopes to have about £65 a year when her husband's estate is settled. Her private income is £20, and she has a resident post at £28. She asks for help to meet the second son's fees up to Christmas. Voted £35.

Widow, aged 43, of M.B.Lond. who was recently removed to a mental hospital as a free patient. She has two girls and a boy; the eldest girl is at a boarding school paid for by her godmother, the boy at a boarding school, and the youngest is with applicant. They are now living on the amount received from the sale of the practice, and the money is nearly exhausted. The Fund was asked to help with the boy's school fees, as the applicant hopes to manage to meet her other expenses by sweetmaking and needlework. Voted £21 10s.

Widow, aged 74, of M.D.Lond. who died in 1915. She has maintained herself by teaching, but owing to age and ill health finds it difficult to continue. Her expenses are about £2 a week and her income is from the Freemasons, £56 per annum, and from a merchants' guild, £40. Fund voted £30 in two six-monthly instalments.

Daughter, aged 50, of M.D.St. And. who died in 1880. Was brought up by a sister and since leaving school has maintained herself. Now only able to get temporary posts. Voted £5 and asked to let the Fund know how she is getting on.

Daughter, aged 55, of L.R.C.P.Ed. who died in 1878. She is without private means, and has supported herself since 1907. A relative allows her 10s. a week, and for some time she has been living on her savings, which are rapidly becoming exhausted. Some friends have given her hospitality temporarily. Voted £26 in four quarterly instalments.

Widow, aged 58, of L.R.C.P. and S.I. who died in 1911. She has maintained herself and daughter since the death of her husband, but owing to indifferent health is not able to do heavy work and is now only earning 10s. a week; the Irish Medical Benevolent Fund has sent her £15. Voted £20.

The Royal Medical Benevolent Fund Guild still receives many applications for clothing, especially for coats and skirts for ladies and girls holding secretarial posts, and suits for working boys. The Guild appeals for second-hand clothes and household articles. The gifts should be sent to the Secretary of the Guild, 58, Great Marlborough Street, W.1.

Medical News.

SIR HUMPHRY ROLLESTON, Bt., regius professor of physic in the University of Cambridge, will open the Bernhard Baron Institute of Pathology at the London Hospital on Tuesday next, December 6th, at 3 o'clock.

A DISCUSSION on alcohol and alcoholism in relation to problems of nutrition and health will be opened by Professor Hugh Maclean, director of the Medical Clinic, St. Thomas's Hospital, at a meeting of the Society for the Study of Inebriety, at 4 p.m., on January 10th.

A SERIES of six debates in aid of King Edward's Hospital Fund for London will be held at the Central Hall, Westminster (small hall). The subject of the first, on Wednesday, December 7th, at 8 p.m., is "Why act Shakespeare?" and the speakers are Miss Rebecca West and Mr. Ben Greet. Subsequent debates will take place on January 6th and 30th, February 27th, March 26th, and April 12th.

DR. TRAVERS SMITH will lecture for the Fellowship of Medicine on practical hints in medicine at 11, Chandos Street, on December 5th, at 5 o'clock; this lecture is free to medical practitioners. From December 5th to 17th there will be a

special afternoon course at the Infants Hospital, primarily for medical officers of welfare centres and others interested; visits will be paid to some centres outside the Infants Hospital. Lecture-demonstrations are being given daily at the West End Hospital for Nervous Diseases, and will continue until December 17th. Beginning on December 5th and continuing for two weeks, a course will be held at the Blackfriars Skin Hospital; two special clinical demonstrations will be given on December 6th and 13th. The following courses will be held in January: medicine, surgery, and the specialties at the Prince of Wales's General Hospital; diseases of children at the Children's Clinic; cardiology at the National Hospital for Diseases of the Heart (limited to 20); and psychological medicine at the Bethlem Royal Hospital. Further information may be obtained from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

At the meeting of the Royal Anthropological Institute on December 20th, at 8.30 p.m., Dr. A. A. Mumford will give a lantern lecture on body measurements, respiratory tests, and school progress.

The annual dinner of the staff and past and present students of the Royal Dental Hospital of London was held at the Trocadero on November 26th. Among the guests were Sir John Rose Bradford, P.R.C.P., the Hon. Sir William Goschen (chairman of the hospital), Mr. L. G. Brock, C.B. (Ministry of Health), and Professor Gilmore (president, British Dental Association). The chairman, Mr. J. S. Amore of Hastings, recalled that he had spoken at the annual dinner as far back as 1880, when he responded for the students. What struck him most, looking back over nearly half a century of practice, was the different way in which diseases of the teeth were now regarded as compared with former times, and the manner in which the dental hospitals and schools had risen to the occasion. The dean, Mr. H. Stobie, said that at the moment there were 104 students as compared with 135 last year, but the drop was only to be expected; it was consequent upon the abnormal increase of students following the war. On the other hand, the entries for the new term were 23, compared with 14 last year. Negotiations were in progress for amalgamation for teaching purposes with Charing Cross Hospital; to have access to a great general hospital would be obviously an advantage to the students. Sir John Rose Bradford, comparing dentistry with general medicine, said that dental practitioners had one inestimable advantage. Although, like medical men, they had to deal with problems set them by nature, they had a conveniently limited field in which to work. Like medicine, again, dental science was a branch of biology; it afforded opportunities for work in comparative anatomy, physiology, nutrition, and pathology. In another respect dental practitioners had the advantage, for the only part of the human body which received legal protection from unqualified practice was the teeth.

On November 18th, at the Lyceum Club, London, Dr. Bertha Mules gave a lunch party to forty medical women and a few non-medical friends, all interested in psychological medicine. In the afternoon a discussion on occupation in the treatment of patients was opened by Dr. Elizabeth Casson, chairman of the Committee in Psychological Medicine of the Medical Women's Federation. She described the occupation therapy of America, and spoke of the relationship of the crafts to the ordinary domestic duties of a mental hospital. Dr. Jane Walker spoke of lace-making, gardening, leatherwork, and many other occupations from the practical point of view. Many interesting and divergent lines were taken by the speakers who followed. After tea Dr. Shearer, Poushurst, opened a discussion on the treatment of the uncertified patient. She was of the opinion that the care of the minds of children, particularly schoolchildren, by doctors with specialized knowledge was as important as the care of their teeth and tonsils. Again many speakers contributed points from widely differing types of experience.

DR. JAMES G. MACASKIE, on his retirement from practice in Bamburgh after forty-eight years, has been presented by his patients and friends with a combined attaché and writing case, together with a cheque and a list of subscribers on vellum, and Mrs. Macaskie with a fitted handbag.

The seventh conference of the National Medical Association of China will be held in the Peking Union Medical College from January 27th to February 2nd. Further information may be obtained from the secretary, Dr. C. E. Lim, at the Peking Union Medical College.

THE Alvarenga Prize for 1927 has been awarded by the College of Physicians of Philadelphia to Dr. Emil Bogen of Cincinnati, Ohio, for his essay entitled "Drunkenness." The next award of the prize, amounting to about \$300, will be made on July 14th, 1928. Essays intended for competition may be upon any subject in medicine, and should represent an addition to the knowledge and understanding of the subject

based upon original or library research. Essays must be received by the secretary of the College of Physicians of Philadelphia, 19, South 22nd Street, Philadelphia, Pa., U.S.A., on or before May 1st, 1928.

THE Langley Memorial Prize, which was founded by a friend of the late Dr. W. H. Langley, C.M.G., principal medical officer of Southern Nigeria, has been awarded to Dr. A. S. Burgess of Accra, Gold Coast, West Africa, for his paper, "The selection of a strain of *Bacillus pestis* for the preparation of vaccine, with special reference to the effect of animal passage on virulence."

DR. ALICE BLOOMFIELD has been granted an extension of the William Gibson Research Scholarship of the Royal Society of Medicine for a third year. The next award of the scholarship will therefore be made in June, 1929.

THE awards in connexion with the Buckston Browne Prize of the Harveian Society of London for the best essay on "The pathology, diagnosis, and treatment of new growths originating in the walls of the urinary bladder" are as follows: Mr. Lionel R. Fifield, F.R.C.S., £100 and medal; proxime Accessit Mr. M. F. Nicholls, F.R.C.S., £10. The president, Dr. E. Le Fevre Payne, assisted by Sir John Thomson-Walker and Mr. Girling Ball, acted as assessors. An epitome of the prize essay will be read by Mr. Fifield at the meeting of the society on Thursday, December 8th, at 8.30 p.m., at the Town Hall, Paddington. The presentation of the medal and cheques will take place at the annual general meeting, to be held on January 12th at 11, Chandos Street, W.1, at 8.30 p.m.

THE Queen Alexandra Sanatorium Fund, which provides grants to enable tuberculous patients with limited means to receive sanatorium treatment at Davos, has expended approximately £1,775 during the year 1926-27, and the maximum number of grants was made. The new scheme, whereby patients reside in approved houses of their own choice and receive a block grant of 50 francs each week, continued to work satisfactorily during the second winter since its adoption. No grants were made for the summer of 1926 or for later than May, 1927. The honorary secretary of the fund is Mr. D. Vesey, 97, Warwick Road, S.W.5.

PLANS have been approved for the new casualty department of the Royal Sussex County Hospital, Brighton, for which Mr. Bernhard Baron has presented a donation of £10,000. The accommodation will include a surgery, a minor operating theatre, a sterilizing room, and waiting rooms.

THE medical congress at Cairo known as the Journées Médicales d'Egypte has been postponed until December 15th, 1928, in view of the fact that the Egyptian Government proposes to commemorate then the foundation of the School of Medicine in Cairo.

THE fourth International Congress of Military Medicine and Pharmaceutics, which was held at Warsaw in 1927, decided that an international bulletin of these subjects should be published monthly in the *Archives Médicales Belges*, commencing next January.

MR. JOHN D. ROCKEFELLER has offered to the Memorial Hospital of New York five annual donations of 60,000 dollars for the investigation of cancer.

THE International Labour Office has published thirteen more leaflets (Nos. 69-81) dealing with nitrous fumes, hot and humid atmospheres, liquid air, air testing in workrooms, occupational diseases of agricultural labourers, nitrocellulose, slaughter-houses, celluloid, the jewellery industry, the manufacture of buttons, poisoning by arsenic, pitch, and electric lamps. They may be obtained from the London Correspondent of the International Labour Office, 12, Victoria Street, S.W.1.

THE Food Education Society, 24, Tufton Street, Westminster, has published in pamphlet form the paper on "The reform of institutional housekeeping: a new career for women," read by the honorary secretary of its Joint Hospital Matrons and Schools Committee at the Hospitals and Institutions Conference in May. Copies, post free, 7d. on application.

A FARM for cancer research has been presented to the Yorkshire Council of the British Empire Cancer Campaign by Messrs. Harold and Norman Sutcliffe. The value of the gift is estimated at £3,000, and it is hoped that important results in research will follow the experiments rendered possible in the case of larger animals, such as pigs.

THE Ministry of Health has issued a revised list of approved sanatoriums and other residential institutions for the treatment of tuberculosis in England and Wales. It is published by H. M. Stationery Office, price 2d. net.

PROFESSOR H. LEO has been nominated professor of pharmacology at Bonn, and Dr. Gösta Forssell professor of medical roentgenology at Stockholm.

PROFESSOR MARCEL LABBÉ has succeeded the late Professor Gilbert as president of the International Association of Thalassotherapy.

AN association was formed in Hungary in 1883 by the professors of the medical faculty to promote post-graduate study by general practitioners. The instruction was free, and during the first fifteen years 1,000 doctors took part in 14 courses. In 1910 the Minister for Public Education appointed a committee of management, and from 1911 to 1926 it organized 141 courses for 3,360 practitioners, and published under the title of *Orvosoképzés* a periodical containing post-graduate articles; up to the present time eighteen volumes have been published. The courses, which are still free, include an annual one lasting a fortnight and dealing with internal medicine, surgery, and other departments; courses, each of a month, in various clinics; special courses, lasting one week, for tuberculosis, venereal diseases, infant diseases, injuries, and social hygiene; and weekly demonstrations. The president is Professor E. de Grósz and the secretary is Professor B. Johan; the address of the Hungarian Medical Post-graduate Committee is Mária-utca 39, Budapest VIII.

WE have received the second issue of *Archivos de Hygiene*, the official publication of the Brazilian Department of Public Health. It contains seven original articles, with summaries in French and English, on tuberculosis, yellow fever, alimentary hygiene, leprosy, the hospital problem in Rio de Janeiro, and malaria, statistics of cancer in Rio de Janeiro, abstracts from current literature, and public health intelligence.

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, Drumshugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

QUERIES AND ANSWERS.

WHOLEMEAL BREAD.

DR. W. H. MARSHALL (East Grinstead) writes: With reference to the present agitation for "wholemeal bread," can anyone tell the man in the street how to recognize the genuine article? A label of "wholemeal" in the loaf or on the packing paper appears to afford no guarantee as to the amount of Vitamin B in the flour, before or after baking.

COLD HANDS.

DR. JAMES HOLMES (Bury) writes: If "W. G." (BRITISH MEDICAL JOURNAL, November 12th, page 905) will first put on a pair of loosely fitting kid or other leather gloves, and draw on, over them, a pair of ordinary woollen gloves, he will, I think, find a remedy for his trouble. I have followed this plan in cold weather for over forty years, and find it much more satisfactory than lined gloves. With a little care he can draw both gloves either on or off as though they were one.

PAIN IN DISSEMINATED SCLEROSIS.

DR. G. A. FERRABY (Nottingham) writes: If the pain described by "G. P." (October 22nd, p. 765) is due, as seems possible, to muscular cramp, I would suggest the trial of small doses of copper sulphate three times a day for a few days at a time. This often gives prolonged immunity from cramp. Copper sulphate 5 grains, dilute sulphuric acid 5 minims, and chloroform water to 6 ounces given in teaspoonful doses is satisfactory, but lately I have used tablets, 1/10 grain in each (made by Messrs. Southall's of Birmingham). The remedy was mentioned in this JOURNAL over thirty years ago, and since then I have frequently used it, as a rule with satisfactory results.

ANGIO-NEUROTIC OEDEMA.

DR. G. E. M. SCOTT (Carnegie, Victoria, Australia) writes in answer to "Ajax" (JOURNAL, August 20th, p. 331): I recently had a case of angio-neurotic oedema under my care and found that 10-grain doses of calcium chloride given thrice daily produced the best result. This patient, in addition to swellings on the limbs, suffered enlargement of the soft palate and uvula. He found that a gargle of saline (used warm) was the best; he had also used glycerin of tannic acid as a paint. So far the swelling has not advanced further down the throat. The patient was tested for sensitivity to various food proteins, but without result.

LETTERS, NOTES, ETC.

ETIOLOGY OF THE COMMON COLD.

DR. V. S. CHENEY, medical director in a large packing firm in Washington, has informed the American Public Health Association that investigations have led him to conclude that the organisms usually considered as the causative factors in the common cold are only secondary invaders which appear in the later stages. He thinks the primary cause is a mild acidosis resulting from the ingestion of too much protein, lack of exercise, and pre-existing infections elsewhere in the body. He believes that colds can be prevented and cured by retaining an alkaline balance in the body by means of diet and carefully regulated doses of sodium bicarbonate or alkaline waters, together with small quantities of calcium iodide and iodine. He incriminates climatic variations only in so far as they inhibit normal activities; thus too much is eaten and too little exercise is taken in cold weather. He finds that colds occur in his particular industry most often on Mondays and the days following holidays and banquetings. He adds that about 45 per cent. of absenteeism in large factories is due to colds or their after-effects. More confirmatory evidence will be required, however, before we can dismiss the prevalent view that colds are primarily the result of exogenous infection, rather than of defective metabolism.

A DISCLAIMER AND AN UNDERTAKING.

DR. C. AYTON MARRETT (St. Leonards) writes: Referring to paragraphs which appeared in the lay press a little time ago, I write to say that I regret the appearance of such paragraphs in the lay press to the effect that I had acted as anaesthetist for an unqualified person. I recognize that it is against public interests and contrary to the ethics of the profession for a registered medical practitioner to act in such a manner. I have not now any connexion of the kind with any unqualified practitioner, and I will not in the future in any circumstances act in a similar capacity to any unqualified person or persons.

CATARACT AND ULTRA-VIOLET LIGHT.

DR. PERCY HALL (London, W.) writes: The communication upon this subject by Mr. Bishop Harman, which appears on page 965 of the JOURNAL of November 19th, is, in my opinion, misleading and incorrect, and I feel should not be permitted to pass unchallenged. Mr. Bishop Harman makes, in his premises, several cardinal errors. To begin with, he states "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. The "naked arc" means nothing unless qualified. I take it that Mr. Harman means an arc light which contains a small proportion of ultra-violet light and a very large proportion of intensely luminous rays. I suggest to him that it is these luminous rays which cause the ill effects to which he refers. This confusion, which exists so commonly in the minds of medical men when referring to ultra-violet light, provokes an immense amount of misunderstanding, and leads them to form hasty opinions, often far from correct.

In practice, ultra-violet light is rarely, if ever, used alone, but is in combination with luminous light, luminous heat, and infra-red rays, the proportions differing profoundly according to the source. The effects upon a patient of exposure to a given source depend upon the spectrum of emission afforded by that source, and by the proportionate amounts of various wave-lengths in that emission, as well as the total intensity of the source in its different constituents, and also upon other factors such as target skin distance, exposure time, and idiosyncrasy of patient. In drug therapy the mode of administration, whether oral, intravenous or hypodermic, profoundly affects the action of the medicament employed, just as also do the actions of drugs differ according to the dosage, and according to whether they are given alone in a state of purity, or in combination with other remedies. The action of the various alkaloids of opium given separately is vastly different from that of opium itself, and the physiological effects of opium differ enormously according to whether the dose is minute or large. Similarly, strychnine is a poison and in incorrect doses would produce fatal results, yet it is commonly administered in therapeutic doses with good results. It can safely be said that these remarks apply with still greater significance when radiant energy in the form of light is the therapeutic agent in question.

Exposure of patients to sunlight is not comparable to the exposure of patients to any of the commonly used sources of artificially produced ultra-violet light. Neither is it possible to compare the Alpine sunlight with Indian sunlight. In the one there is a relative absence of heat rays, whilst in the other there