

In the recent case which I have just quoted, in which the embolus moved on into a smaller branch, finger pulsation was afterwards easily elicited in the arteries on the disc.

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MYOMECTOMY DURING PREGNANCY.*

BY

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In this very short review, for which are taken as a basis cases observed in the Clinique d'Obstétrique et de Gynécologie de la Faculté de Médecine de Paris (Professor Brindeau) during the last four years, I will confine my observations to the indications and operative technique of myomectomy during pregnancy.

Primarily, let it be understood that judgement and common sense are required in the selection of each case for myomectomy during a pregnancy. As regards the indications for myomectomy in cases complicated by the presence of a fibroid or a myoma, it is only very exceptionally that operation during pregnancy is the correct procedure, because usually these tumours, while they may give rise to difficulty during the actual labour, seldom cause trouble during the pregnancy. Moreover, if it is remembered that the scar left by the operation may be the site of a rupture of the uterus during labour (and such cases are on record), it will be agreed that this procedure is to be avoided if at all possible. However, we are bound to admit that myomectomy is indicated in certain cases, these being as follows.

1. When the fibroid is large and is diagnosed early during the pregnancy, before the third month, and when the swelling of the tumour is easily distinguishable from that of the uterus. By performing myomectomy at this time all possibility of complications is avoided, during both the pregnancy and the labour.

2. At any time during the pregnancy when unmistakable signs of necrobiosis of the fibroid appear. Necrobiosis is indicated by the tumour becoming acutely painful and frequently softer in consistency. This is often preceded by hypertrophy of the fibroid, and at the same time there are signs of peritoneal reaction, such as vomiting, abdominal rigidity, and a weak pulse.

3. When, owing to the presence of a fibroid, there is an axial torsion of the uterus or a partial retroversion causing a kink in its longitudinal axis and threatening to bring about the termination of the pregnancy.

4. When there is torsion of the pedicle of the tumour, the symptoms of this occurrence being severe and lasting pain accompanied by the symptoms of peritoneal reaction mentioned above.

5. When the fibroid causes pressure on the neighbouring organs, the chief of these being the bowel (occlusion), the ureter (hydronephrosis, pyelonephritis, or anuria), the urethra (retention of urine), and the veins in the pelvis, causing oedema or thrombo-phlebitis.

With the exception of the foregoing there are no indications to justify a myomectomy during a pregnancy, although it is admitted that such an operation may be successful in other cases.

As for the operative technique, the main points for consideration are as follows.

1. General anaesthesia is preferable to spinal anaesthesia, the reason being that in the latter the contractions of the womb are not suppressed, and are even exaggerated.

2. The tumour should be decapsulated by a single incision running over its summit, and not removed by a circular incision around its base. This allows of easier decapsulation of the tumour, and also of easier closing of the peritoneum afterwards.

3. All bleeding must be carefully stopped. The best method to employ is to understitch the bleeding point with thick catgut; this must be tied loosely to avoid cutting through the tissue.

4. In cases where the fibroid is between the layers of the broad ligament an attempt should be made to approach the tumour by the transligamentous route, incising the anterior or the posterior leaf. Care must be taken to avoid the uterine vessels and the ureter while doing this.

5. No drainage should be employed.

6. Morphine should be given in large doses during the three days following operation; I give 1/6 grain every six hours.

Following these principles the following results have been obtained during a period of six years (1920-26).

Total myomectomies performed during pregnancy	52
Number of myomectomies followed by abortion...	4
Number of myomectomies followed by premature labour	4
Number of cases going to full term	41
Maternal mortality	1
Cases not seen again after leaving hospital	2
Infantile mortality, including abortions	7
Average maternal mortality	1.9%
Average infantile mortality	13%

Since January 1st, 1924, we have operated on 21 women, not only during pregnancy, but also during labour and the puerperium. In 8 of these patients we were able to perform a myomectomy: 3 before term (1 after abortion), 2 after full term, and 3 during the puerperium. In 7 cases a living child was obtained. Hysterectomy was performed in 13 cases, as follows: 1 vaginal, after abortion; 6 without Caesarean section (1 two months pregnant, 1 three months pregnant, 1 six months pregnant, and 3 during the puerperium); 6 after Caesarean section. In 9 cases living children were obtained.

These statistics show that out of 21 cases we were only obliged to operate five times during pregnancy, twice after abortion, eight times at full term, and six times during the puerperium. In other words, in 38 per cent. of the cases myomectomy was employed, and in 62 per cent. of the cases we were obliged to perform hysterectomy.

Thus it should be borne in mind that if operation is undertaken during pregnancy it is necessary in 62 per cent. of cases to perform hysterectomy; operative intervention during pregnancy should, therefore, be postponed as long as possible in order to obtain a living child.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ABDOMINAL ANEURYSM: DEATH SEVENTEEN YEARS AND SEVEN MONTHS AFTER OPERATION.

At the Annual Meeting of the British Medical Association held in Birmingham in 1911 I reported a case of abdominal aneurysm which had been treated the previous year by the introduction of a Colt's cage of 150 inches of wire. At the time of operation there was a large saccular aneurysm in the region of the coeliac axis. The patient had been under careful medical treatment for eight months previously. A few days after operation the aneurysm commenced to harden. Eleven months later an abdominal aneurysm could still be recognized from continued pulsations and a persistent murmur below the tumour, but all pain and discomfort had disappeared and he resumed work without inconvenience. Later still the murmur disappeared, as did all trace of expansile pulsation. To the end a hard mass could be felt with transmitted pulsations from the aorta. There was a history of syphilis and for the last few years the man showed signs and symptoms of locomotor ataxia in a very chronic form.

On March 29th last the assistant medical officer of Guinness's brewery was called to see him. He complained of pain in the right lumbar region and lower abdomen. Examination revealed nothing of significance. The site of the aneurysm (in the upper left quadrant) was not

* A paper read in the Section of Obstetrics and Gynaecology at the Annual Meeting of the British Medical Association at Cardiff, 1928.

larger than previously, and there was no increased pulsation. He had been constipated for some days. There was no abnormality in pulse or temperature. On March 30th his condition was much the same. That night the bowels moved well and he got immediate relief of pain. The following morning (March 31st) he sent a message to the doctor that he felt quite well. Later in the day he sat up in bed and fell back dead. Unfortunately the circumstances were such that no *post-mortem* examination was possible.

Many patients have been cured by the introduction of wire into the sac of an aneurysm, but I believe that in no other case on record has the patient survived for so long a time. The man whose case is here recorded was 38 years of age when the operation was performed on August 30th, 1910.

Dublin.

W. I. DE C. WHEELER.

CHRONIC NASAL SINUSITIS WITH MENTAL SYMPTOMS.

IN view of the call for publication of instances of insanity associated with chronic nasal suppuration two such cases are now reported. It must not be taken, however, that they are cases of toxic psychosis resulting from the sinusitis; for such a conclusion to be drawn not only would a large number of cases of the association of sinusitis with mental symptoms need to be recorded, but the sequence of the insanity on the sinusitis and the sequence of its cure on the cure of the sinusitis must also be shown. In each of the following cases the sinusitis preceded the mental symptoms. The first patient had a right-sided pansinusitis; all the cavities were drained, but the patient died some years later in an asylum. The second had a bilateral pansinusitis; all the cavities have been dealt with and are practically well, but the patient is in an asylum. It must be noted, however, that the cure of the sinusitis is comparatively recent.

CASE I.

A riveter, aged 46, consulted me in October, 1920, on account of asthma which had existed ten years, and had kept him from work for the previous year. While the asthma improved for some months after nasal and other treatment, and, as frequently happens, after his several admissions to hospital, it always recurred sooner or later, and he seems to have died from its effects on his right heart. The patient had some emphysema, a normal blood pressure, and a distinct eosinophilia varying between 8 and 11 per cent.—clear indication, in my opinion, of acidotic tendency, that is of a toxicosis. The granules of the polymorphonuclear cells also took the eosin unusually well.

In November and December, 1920, operations were performed on the septum and middle turbinates, and for two months his asthma improved. In January, 1921, he complained of right frontal pain. Proof puncture of right antrum was negative; since there was pressure from a large bony cyst which formed the bulk of the ethmoid and reached to the sphenoid this cyst was removed and the sphenoid was opened, but no pus was found (March, 1921). The pain above the right eye persisted and some small tags of turbinate root-plate close to the nasal roof were removed three weeks later; during this operation the cribriform plate was accidentally opened and cerebro-spinal fluid escaped. The part was painted with iodine; no plug was inserted; first argyrol and later dichloratene-T were regularly instilled, hexamine was given by the mouth, and the patient was kept sitting for three days and nights. He recovered without ill effect. In April it was noted that he remained free from asthma and had little pain. In May, however, he showed distinct evidence of frontal sinusitis, yet had little pain and could walk for miles, but in November his doctor sent him back to Glasgow Royal Infirmary on account of severe pain above the right eye. The ethmoid and sphenoid cavities were further opened; a "Howarth" operation was performed on the frontal bone and a "Denker" on the antrum. Pus and pulpy membrane were found; the frontal mucosa was pulpy throughout. During this residence in hospital he had delusions of suspicion regarding the other patients. In 1922 there was little pus in the nose; he received a double course of peptone injections without benefit to the asthma. In October, 1923, and January, 1924, he was still in Stobhill Hospital because of asthma. He had delusions of persecution, and in 1925 he was admitted to Bothwell Asylum. Dr. Buchanan reports that the patient had suspicious delusions, aural and visual hallucinations, severe asthma, chronic bronchitis, and dilated heart; no signs of nasal suppuration were noted. Dropsy supervened, and death followed in February, 1926. Permission for necropsy was refused.

CASE II.

A man, aged 35, was admitted to Stobhill Hospital in November, 1924, complaining of dizziness and pain in occiput and root of nose; also of a feeling of depression since the war. (His left antrum had been opened in the Glasgow Royal Infirmary.) There was a pansinusitis; all the cavities were opened intranasally, and the

patient was discharged in March, 1925. Because of mental depression he was thereafter admitted to Woodilee Asylum, and again transferred to Stobhill on account of pus coming chiefly from the frontal sinuses. The antral openings were enlarged, the ethmoids were dealt with, and a "Howarth" operation was performed on the right frontal sinus. Pus had practically disappeared from the nose in January, 1928, when, as the patient continued to be depressed and emotional, he was sent back to the asylum.

No doubt the nasal condition in each patient aggravated the mental symptoms, and that is probably the most that can be said. The first was distinctly neurotic before the onset of sinusitis; the second gave the impression of being a "hospital bird." It is perhaps worthy of note that in both cases the frontal sinus was involved.

It is greatly to be desired that the mental symptoms associated with chronic sinusitis, and those associated with frontal lobe abscess, be particularly observed with a view to possible differentiation. In other words, what are the mental symptoms of "toxic psychosis" as distinguished from those of frontal lobe abscess?

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Surgeon for Diseases of Ear, Nose, and
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ONYCHIA TREATED WITH VACCINE.

THE following account of the successful treatment of a patient with onychia by injections of a sensitized vaccine seems worthy of record.

The patient, a man aged 43, gave a history of having had pneumonic influenza in 1918. He complained of pain round the base of the nail of the left ring finger, and of slight discharge of pus. This condition had been present for four weeks. Examination showed the presence of inflammation round the base of the nail, associated with thin purulent discharge. The diagnosis was onychia due to coccal infection.

Treatment. For three weeks boric acid fomentations were tried, without any benefit. As it was very important to get a speedy cure, the patient being a medical practitioner, the advisability of removing the nail was considered. Before resorting to this measure the injection of a sensitized vaccine of 1,000 million *Staphylococcus aureus*, 1,000 million *Staphylococcus albus*, and 1,000 million streptococci per cubic centimetre was begun. The dose given was 3 minims. The injection was given subcutaneously in the upper arm. Some temporary improvement followed this procedure. At the end of another two weeks the onychia had relapsed, and was now as bad as ever. A second injection was then given, subcutaneously, close to the base of the nail. The dose was 4 minims. Within a few hours a violent reaction occurred. This persisted for about thirty-six hours, and then gradually subsided. At the end of ninety-six hours from the time of injection practically all pain had left the finger, and there was no purulent discharge. On the sixth day the finger was normal, and has remained so since that time.

Considering the chronic nature of many cases of onychia and the brilliant result of the treatment adopted in this case, I thought the matter might be of interest to other practitioners.

J. P. HASTINGS, M.D., M.R.C.S.

Auckland, New Zealand.

FATAL CASE OF ACCIDENTAL POISONING BY BENZOL VAPOUR.

THESE cases are so rare that I thought it would be interesting to give the particulars of a fatality which recently came under my notice. Looking through my forensic literature I was only able to find one recorded case (Dixon Mann's *Forensic Medicine*), and in that the patient, unlike the present one, recovered.

A man, aged 26, skilled in his work, descended into a benzol mixture spirit tank to clean it out, taking some swabs with him. The capacity of the tank was 2,000 gallons, and it was thought that water had gained access to the spirit. It was entered by a circular manhole, with a diameter of 16 inches. A gas mask was worn, with a wide-bore flexible air-ingress tube attached, which was of considerable length. This tube was held by an assistant, with the inlet near an open window. The man concerned was usually fitted with a life-line, to enable him to give signals to his mate above. But after working so equipped all the morning he discarded the line after his dinner and descended without it.

During the morning he kept coming out of the tank frequently for a brief period, according to custom, but he never emerged again after his 2 o'clock descent. The attendant upon the air pipe did not note cessation of its movements, he said, till after 3 o'clock. An alarm was immediately raised, and the fire brigade sent for with pulmotor and all life-saving apparatus. A fireman descended, wearing a life-line and having a wet cloth over his mouth and nostrils. The cleaner was seen prostrate at one end of the tank; with difficulty he was attached to the line, and brought with his would-be rescuer into the air. The latter was

feeling the effects of the gas a good deal. The man in the mask was dead.

On the coroner's order I made a *post-mortem* examination twenty-four hours afterwards. Externally nothing abnormal was observed beyond a slight yellowness of the facial death pallor. Some saliva had run from the mouth into the facepiece of the mask. Rigor mortis was present. Internally, beyond old-standing pleural adhesions, the body was healthy, but emitted a strong smell of benzol. The blood was fluid. No clots were found anywhere, not even in the heart, and both ventricles were firmly contracted. In bulk the blood had an unusually dark appearance, but in film it was almost cherry red. It left a light coloration upon the smeared costal cartilages and upon the tissues with which it came into contact. The contrast between this body when fully opened and another one in a similar condition on an adjoining table was marked. The smears appeared to act as a stain, and could not be clearly washed away. The spectroscopic appearances were those of oxy-haemoglobin, and reduction was easily effected by ammonium sulphide.

The meninges and brain showed marked congestion. The brain substance on section was studded with minute red points throughout. The only other finding was pulmonary oedema. The air passages contained thick gelatinous mucus. The lungs were very dark in colour and exuded a frothy liquid on section or pressure. The stomach contained a meal of meat and vegetables, quite undigested. The mucosa was normal, and the same may be said of the bowel throughout. The bladder contained clear urine.

I deal with the *post-mortem* findings only, and refrain from offering any opinion as to how the benzol vapour found an entrance to the respiratory passages of this unfortunate man.

Sheffield.

GODFREY CARTER, M.B., D.P.H.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

LANCASHIRE AND CHESHIRE BRANCH.

Treatment of Auricular Fibrillation.

A SCIENCE meeting of the Lancashire and Cheshire Branch was held at Bury Infirmary on October 18th, with the president, Dr. J. H. MARSH, in the chair. Dr. J. CRICHTON BRAMWELL read a paper on the treatment of auricular fibrillation.

Dr. Crichton Bramwell commented on the great importance of auricular fibrillation in view of the large number of cases of heart failure attributable to this abnormal rhythm. Twenty years ago Lewis had shown that delirium cordis in man was identical with fibrillation in animals, and that the appearance of heart failure with congestion in these cases was largely due to the excessive ventricular rate. By slowing the ventricle digitalis reduced the work of the heart, and at the same time, by prolonging diastole, it improved the venous filling and increased the coronary blood flow. The excessive dose method, introduced by Eggleston, might be safely used in urgent cases, provided that the patient had not previously been taking digitalis, and that an interval of six hours was allowed to elapse between successive doses. When the symptoms were less urgent 20 minims of the tincture three times a day would usually produce the desired result within a week. Quinidine actually stopped fibrillation in over 50 per cent. of the cases treated. Many, however, subsequently relapsed, and if there was much myocardial damage the patient derived little or no benefit from the restoration of normal rhythm. Of twenty-eight rheumatic and fibrotic cases treated with quinidine which Dr. Bramwell had followed up, two were still normal five years after their initial course of quinidine, and seven others had remained normal for two years or more. When fibrillation persisted in cases of hyperthyroidism in which the thyroid condition had been successfully treated, quinidine was valuable, but the rheumatic and fibrotic cases showed a greater tendency to relapse. The danger of embolism was another drawback to quinidine therapy.

Radiography of the Gall-bladder.

Dr. A. RICHARDSON, in a paper entitled "Radiography of the gall-bladder," recalled the fact that prior to the introduction of the dye method radiological evidence was confined to cases in which gall-stones contained sufficient calcium to cast a shadow on the film. X-ray departments were now expected to report on the normal or pathological

condition of the gall-bladder. The oral method of administration of the dye had been proved to be simple, reliable, and safe. Dr. Richardson enumerated and discussed five contraindications to its use: obstruction of the common duct; the presence of extensive hepatic destruction; hypertension; cardiac disease; and hyperthyroidism. He stated that the shadow of the gall-bladder appeared between the fifth and the eighth hour, the maximum concentration occurring between the eighth and twenty-fourth hour. The shadow faded completely between the twenty-fourth and forty-eighth hour after administration. The method demonstrated not only the presence or absence of stones, but also the occurrence of pathological conditions of the gall-bladder, even in very early stages of disease. The paper was illustrated by a series of prints.

Plastic Surgery of the Eyelids.

Dr. J. RATCLIFFE showed a case illustrating plastic surgery of the eyelids. He explained that this case was of some interest from three points of view: (1) it was purely a "civil practice case"; (2) both lids of the same eye were involved; and (3) the patient was a female. Dr. Ratcliffe remarked that during the war most practitioners had encountered many cases which lent themselves to facial plastic surgery, but such cases were rare in civil practice. They seldom met with cases where plastic operations had been performed on both the upper and lower lids of the same eye with any measure of success. Since the patient was a female considerable care was necessary in respect of the resultant cosmetic effect produced by the operation.

On New Year's Eve, 1926, the patient was sitting in front of the fire when she was seized with a "fainting attack." She fell forward on to the fire and severely burned the left side of her face. This was treated by her own doctor until the early part of March, 1927, when the patient was sent to Dr. Ratcliffe. He found marked scarring of keloid appearance of the left side of the patient's face, especially in the region of the eyelids; this caused very marked retraction and eversion of both the upper and lower lids, making it impossible for them to be brought into contact. As a result of this the left eye was beginning to show definite signs of ulcerative keratitis, and the patient's personal appearance was, to say the least, very repulsive; so much so, that she was suffering more from the mental worry of her appearance than from the eye condition. It was obvious that something had to be done, first, to save the left eye, and, secondly, for the patient's personal appearance. On March 21st Dr. Ratcliffe decided to operate on the lower lid. He resected as much as possible of the scar tissue involving this lid, taking care to leave the lid margin with the eyelashes *in situ* and the lachrymal duct. This having been done he chose a suitable site on the left cheek and made an incision in the form of a tennis racket, leaving the base of the handle attached. This flap of skin he dissected off and swung into the position of the lower lid, suturing it into the adjoining skin. The raw area on the cheek was about the size of a five-shilling piece; this he filled in by Thiersch skin grafts taken from the inner side of the patient's left thigh. On June 6th he carried out a similar procedure on the upper lid. Both the above operations were performed under rectal anaesthesia, which in his experience was very satisfactory for such cases.

Dr. Ratcliffe added that (1) the patient could now bring the lids together; (2) the eye presented a normal appearance; (3) the patient's face was now far removed from being repulsive.

Reports of Societies.

HYPOCHONDRIA.

At a meeting of the Section of Medicine of the Royal Society of Medicine on October 23rd, with Dr. ROBERT HUTCHISON in the chair, Dr. R. D. GILLESPIE in opening a discussion on hypochondria explained that the work on which his paper was founded had been done as Pinsent-Darwin student of Cambridge University.

Dr. Gillespie remarked that "hypochondria" as a medical term had undergone many vicissitudes. Something of its history was revealed in the variety of conditions for which it was taken as a sufficient description at the present day. It had been, and was still, identified with hysteria, melancholia, and neurasthenia. From hysteria, however, he held that it differed quite clearly. The hypochondriac had the conviction that he was suffering from some malady, and rejected reassurance; if he asked

old Volunteer company acted as bearers. Dr. Noel C. Forsyth represented the York Medical Society and the British Medical Association. A colleague writes: Dr. Smeeton represented the finest type of general practitioner. He endeared himself to all, both rich and poor, by his kindness and devotion, not only as a physician, but both as friend and counsellor. He was devoted to the people of the district and to the countryside, and he took great pleasure in all that the country has to offer. He was a great example of the family doctor.

Dr. IAN DONALD MACKAY, who died suddenly on October 14th at his residence at Knaresborough, in his 67th year, had been in practice in that district for thirty-five years. He received his medical education at the University of Edinburgh, graduating M.B., C.M. in 1886. After spending a few years in practice at Hornby, Lancashire, he removed to Knaresborough, where he became medical officer of health to the urban district council; he was also associated with the Poor Law service, and acted as medical officer to the Harrogate and Knaresborough Joint Isolation Hospital. During the war he was on the staff of the Knaresborough Auxiliary Hospital. Dr. Mackay took a keen interest in medical affairs, and was a leading figure in the Harrogate Division of the British Medical Association. From 1905 to 1923 he served upon the executive committee; in 1924-25 he was chairman of the Division, and in 1926 representative in the Representative Body of the Association. He was for many years an office-bearer in the Knaresborough Parish Church. Dr. Mackay is survived by his wife and six daughters.

The Services.

TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following officers of the R.A.M.C.(T.F.): Majors A. J. Gibson and Hugh Forrest.

No. 14 STATIONARY HOSPITAL.

THE ninth annual dinner of the medical officers of No. 14 Stationary Hospital will be held on Friday, December 7th, at the Trocadero Restaurant, at 7.45 p.m., with Colonel C. R. Evans, D.S.O., in the chair.

DEATHS IN THE SERVICES.

Surgeon General Alexander Ferrier Churchill, A.M.S.(ret.), died at Brentwood, Essex, on October 10th, aged 89. He was born in Dublin on June 14th, 1839, and was educated at Trinity College, Dublin, where he graduated as A.B. in 1860 and as M.B. in 1861, and in the school of the Irish College of Surgeons, whose licence he also took in 1861. Entering the army as assistant surgeon on March 31st, 1862, in the following year he was appointed to the 109th Foot, one of the East India Company's European regiments, which had just been taken over by the Crown, after the Mutiny. The battalion subsequently, in 1881, became the 2nd battalion of the Prince of Wales's Leinster regiment, or Royal Canadians, and was disbanded after the great war. In 1866 he was transferred to the 31st Foot, now the 1st battalion of the East Surrey regiment. He reached administrative rank, as surgeon colonel, on October 27th, 1892, with thirty years' service, became surgeon major-general on May 7th, 1896, and retired on June 14th, 1899. He served in the Sudan campaign of 1884-85, when he was in charge of Wady Halfa hospital, and received the Egyptian medal with a clasp, and the Khedive's bronze star.

Flight-Lieutenant Brian Lamburn Edwards, R.A.F.M.S., died in the British Military Hospital, Peshawar, India, on September 30th, as the result of injuries sustained in a motor-cycle accident, aged 25. He was born on July 13th, 1903, at Woolwich, Kent, the youngest (twin) son of Mr. and Mrs. Herbert Edwards; the family moved to Belfast in 1913. Flight-Lieutenant Edwards received his medical education at the Queen's University, Belfast, where he graduated M.B., B.Ch., B.A.O. in June, 1925. After temporary duties in Southport Infirmary and the East Suffolk Hospital, Ipswich, he joined the R.A.F.M.S. as a flying officer in October, 1925, and spent a year at Halton, Bucks. In September, 1926, he left England for Iraq, where he served at Basrah, Kirkuk, and Hinaidi. At Basrah he was sanitary officer for the whole area, also medical officer to an Indian regiment, and to the station headquarters and prison. In October, 1927, he was promoted flight-lieutenant, and shortly afterwards took a permanent commission in the

service. Last summer he volunteered for service in India, and accordingly left Iraq in September. He was posted to Peshawar, on the North-West Frontier, and had been there only ten days when the accident which caused his death occurred. He was buried with full military honours on the following evening in Tautie cemetery. His untimely death is deplored by all who knew him, and his loss to the profession and the service is great. He was a member of the Mesopotamia Branch of the British Medical Association.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE Faculty Board of Medicine has appointed Sir F. Gowland Hopkins, Dr. Louis Cobbett, and Mr. Arthur Cooke to be members of the M.D. Degree Committee until September next.

Mr. C. Warburton has been reappointed demonstrator in medical entomology.

At a congregation held on October 27th the following medical degrees were conferred:

M.D.—H. Wachter, H. F. Brewer.

M.B., B.CH.—H. M. Gilchrist, W. R. Ashby, J. W. Monro.

Pinsent-Darwin Studentship in Mental Pathology.

This studentship was founded in 1924 by the benefaction of Mrs. Pinsent and Sir Horace and Lady Darwin for the promotion of research into any problem which may have a bearing on mental defects, diseases, or disorders. The studentship is of the annual value of about £200 and is tenable for three years in the first instance. The student, who may be of either sex and need not be a member of the University of Cambridge, must engage in original research in Cambridge or elsewhere, but may, subject to the consent of the managers, carry on educational or other work concurrently. Further particulars may be obtained from the Registry of the University, and applications for appointment to the studentship should be sent before December 1st, 1928, to the Secretary, Pinsent-Darwin Studentship, Psychological Laboratory, Cambridge. Applicants should state their age and qualifications and the general nature of the problems in which they are interested, and should give the date at which they would be prepared to begin work if appointed. No testimonials are required, but applicants should give the names of not more than three referees.

UNIVERSITY OF LONDON.

THE Senate has accepted with thanks the generous offer of Mr. Geoffrey E. Duveen to make a further donation for the travelling studentship in oto-rhino-laryngology. Regulations for the award of the studentship have been adopted.

The Laura de Saliceto Studentship of £150 has been awarded to Dr. A. P. Watson, M.Sc., for the purpose of continuing investigations into the dietetic and other factors contributing to the genesis and development of experimentally induced tumours in animals.

Sir Holburt Waring has been elected chairman of the Brown Animal Sanatorium Institution Committee for 1928-29.

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL.

Three lectures in the history of medicine dealing with diphtheria, small-pox, and plague will be delivered by Dr. Charles Singer at University College Hospital Medical School on Monday, November 12th, 19th, and 26th, at 4.15 p.m. The lectures, which will be illustrated by lantern slides, are open to all medical students of the University of London.

UNIVERSITY OF MANCHESTER.

THE Council have accepted the resignations of Dr. W. M. Roberts, lecturer in medicine and director of the Laboratory of Clinical Investigations, and of Dr. C. E. Branton, demonstrator in human physiology.

Mr. E. W. Twining, M.R.C.S.Eng., L.R.C.P.Lond., D.M.R.E. Camb., has been appointed lecturer in radiology.

NATIONAL UNIVERSITY OF IRELAND.

THE Dr. Henry Hutchinson Stewart Medical Scholarships have been awarded to D. P. Kennedy (anatomy) and W. F. Whelton (physiology).

The following appointments have been made:—At University College, Cork: Dr. John C. Saunders, professor of hygiene and public health. At University College, Galway: Dr. Edward N. MacDermott, professor of therapeutics, materia medica, and pharmacology; Dr. Denis V. Morris, professor of midwifery and gynaecology.

The Dr. Henry Hutchinson Stewart Scholarships in arts, in medicine, and in mental and nervous diseases will be offered for competition in 1929.

UNIVERSITY COLLEGE, DUBLIN.

The following candidates have been approved at the examinations indicated:

M.D.—F. J. Burke, F. X. Murray. *Mental Diseases*: J. F. Smyth.

M.Ch.—*Ophthalmology*: J. B. McAreavey.

M.B., B.Ch., B.A.O.—C. J. Shortall, *J. J. Ryan, †M. M. J. Maughan, †J. J. Keane, †J. O'Connor, †P. J. Deery, M. J. Brosnan, D. J. Cavanagh, J. Denis, J. M. Cronin, Catherine E. Cunningham, M. P. Delaney, W. Donnelly, J. Healy, J. I. Heany, P. Keane, P. G. Liddy, B. McKeon, T. J. Morris, Florence J. O'Driscoll, J. O'Gorman, C. O'Leary, P. Power, M. J. Shelly, T. A. Tierney.

* First-class honours. † Second-class honours.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary meeting of the College was held on October 25th, when the President, Sir John Rose Bradford, was in the chair.

Fellowship.

Dr. William Willis Dalziel Thomson was admitted to the Fellowship *in absentia*.

Membership.

The following candidates were elected Members of the College:

Mahomed Abdul Hamid, M.B. Allahabad, Samuel Berman, M.B. Lond., L.R.C.P., Bir Bhan Bhatia, M.D. Lucknow, Harold Livingstone Conlithard, M.D. Glasg., Richard Desmond Curran, M.B. Camb., L.R.C.P., Wilfred Evans, M.C., M.B. Sydney, Thomas Norman Fisher, M.B. Manch., Wilfrid Fletcher Galsford, M.B. Lond., L.R.C.P., Hugh Walker Gordon, L.R.C.P., Bruce Atlee Hunt, M.D. Melb., Samuel Levy-Simpson, M.B. Camb., L.R.C.P., John Kirkpatrick Monro, M.B. Camb., L.R.C.P., Oswald Ellis Joseph Murphy, M.B. Sydney, Frank Belt Parsons, M.B. Camb., L.R.C.P., Alan Meredith Richards, M.B. Lond., L.R.C.P., Thomas Frederick McNair Scott, L.R.C.P., Frederick Horace Smirk, M.D. Manch., Allan William Spence, M.B. Camb., Bernard Olive Tate, L.R.C.P., William Rayner Thrower, M.B. Lond., L.R.C.P., Harold Frederick Wilson, M.B. Sydney;

also the following candidate, who satisfied the Censors' Board in January, 1928:

William Hofmeyr Craib, M.B. Camb.

Licences.

Licences were granted to the following:

A. G. Adrain, W. H. Allan, V. E. N. Allen, T. C. Baker, G. N. Beeston, W. A. Bellamy, G. Bellman, W. L. M. Bigby, J. B. Blaikley, C. V. Bloom, K. C. Blyth, B. J. Bouché, M. T. Brockman, J. D. Cambrook, F. E. Camps, M. S. Chafey, B. Cimbeltmann, H. A. Clarke, A. M. Clarkson, L. I. Cohen, S. M. Cohen, *Elizabeth Cooper, R. A. S. Cory, W. W. Craner, T. V. L. Crichlow, H. W. D. Crook, S. H. Croot, T. M. Davie, *Evelyn M. Davies, H. S. Davies, C. C. Davis, D. C. L. Derry, P. C. C. DeSilva, J. S. Dinsdale, *Marjorie M. Dobson, A. Dodd, F. T. Doleman, R. M. Dowdeswell, R. Doyle, E. C. Duffett, J. T. Dunkerlev, F. W. Earle, E. L. Edmondson, *Dorothy E. Eglington, H. F. Ellis, M. M. El Toubi, C. N. Evans, *Geraldine W. Everrett, J. S. S. Fairley, W. B. Fiddian-Green, R. L. Plett, H. T. Flint, *Agnes B. Franklyn, G. H. V. Froggatt, M. Gamboa, J. H. P. Games, I. K. Gayid, W. N. O. George, R. Glanvill, F. W. H. Grenier, *V. P. Guereken, H. W. Guinness, F. R. Gusterson, *Linnie A. Hamar, W. F. L. Hannay, W. G. Harvey, C. K. Haskard, W. E. Herbert, H. P. Himsforth, B. Hoffenberg, J. H. Hopper, S. Howard, C. F. Howes, M. Hurwitz, *Esmé I. Hyam, J. Ives, L. A. Joelson, C. H. Johnson, D. T. Jones, G. R. Jones, J. G. Jones, H. Jooune, P. G. S. Kennedy, *Esther M. Killick, S. Kin, R. W. Knowlton, T. C. Kohler, *Marie Krestin, L. R. Lalwani, A. L. Light, T. K. S. Lyle, R. G. Macbeth, A. L. McFarlane, C. M. MacGeoch, W. McO. MacGregor, K. L. Malhautra, C. E. Martin, E. R. R. Mellon, W. T. Mills, J. Midline, A. D. Morton, L. H. Mottet, E. C. Murphy, J. R. Murray, *Eith G. Niven, E. Ogden, C. R. L'E. Orme, C. G. Paine, V. E. Palmer, *Keren I. Parkes, G. F. D. Perrott, E. R. S. Phillips, G. W. Pickering, P. H. L. Playfair, T. R. Plummer, E. E. Prebble, N. Pyecroft, H. Richards, H. G. G. Robertson, R. D. Robinson, R. S. Robinson, *Margaret C. Rosser, H. W. Round, E. L. Rubin, D. J. Sagor, G. H. Sanderson, R. V. Sanzgiri, J. E. Schneider, S. A. Scorer, *Elizabeth H. Scurfield, *Mary C. Seward, R. R. Shapland, S. Shone, M. Silverstone, J. E. Snow, E. Somasekar, V. Srinivasan, B. Stewart, J. O. Terry, P. R. Thambugala, A. R. Thomas, C. P. K. Toland, *E. A. Utting, H. D. Vasey, R. G. L. Waller, D. Wardrop, J. Wasserzweig, *Olive C. Watkin, C. E. W. Wheaton, A. T. D. Whitfield, L. V. Williams, L. K. Wills, A. Wilson, J. Winter, F. W. J. Wood, Margaret D. Wright, J. M. Wrigley, N. Yacoubian, H. S. T. Young.

* Under the Medical Acts, 1876.

The Streatfield Research Scholarship was awarded to Dr. R. A. Hickling, and the Jenks Memorial Scholarship to Hugh Donald Fleming, late of Epsom College.

Appointments.

The appointment of Dr. J. A. Glover to the Milroy Lectureship for 1930 was announced, and Mr. W. A. Greene, K.C., was elected Senior Standing Counsel to the College.

The following were elected as Councillors: Dr. C. R. Box, Dr. J. H. Thursfield, Dr. Charles Bolton, Sir Charlton Briscoe, and Dr. J. A. Arkwright.

Sir Francis Champneys was re-elected to represent the College on the Central Midwives Board.

Dr. Raymond Crawford was re-elected a member of the Committee of Management.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

SURGERY.—G. N. Beeston, J. M. Connor, L. P. Gregory, H. H. Jackson, E. P. Johnson, A. A. Leibovitch, K. R. Lundeborg, D. F. Michael.

MEDICINE.—A. R. D'Abreu, E. A. Johnstone, T. K. S. Lyle, C. P. Madden, A. F. Quarumby, A. E. Vawser.

FORENSIC MEDICINE.—G. E. Bent, J. M. Connor, A. R. D'Abreu, A. E. Gibbs, E. A. Johnstone, T. K. S. Lyle, M. H. Rashiwan, R. W. Scanlon.

MIDWIFERY.—J. M. Connor, N. Das, W. S. Ghai, M. Hurwitz, E. A. Lipkin, E. O. C. Parsons, A. F. Quarumby, R. W. Scanlon, A. W. B. Wiggins.

The diploma of the Society has been granted to Messrs. A. R. D'Abreu, A. E. Gibbs, M. Hurwitz, H. H. Jackson, A. A. Leibovitch, C. P. Madden, A. F. Quarumby, and A. E. Vawser.

The following candidates have been approved at the examination indicated:

MASTERY OF MIDWIFERY.—G. D. Eccles, R. K. Ford, J. A. Lee, F. P. N. Parsons, H. J. D. Smythe

Medical News.

THE annual dinner of past and present students of the School of Medicine, Leeds, will take place on Friday, November 9th, at the Hotel Metropole, Leeds, under the presidency of Dr. C. W. Vining.

THE annual autumn dinner of the Glasgow University Club, London, will be held at the Trocadero Restaurant, Piccadilly, on Friday, November 23rd, at 7.30 p.m. The chair will be taken by Mr. James Bonar, M.A., LL.D. Any Glasgow University men who, though not members of the club, desire to attend are requested to communicate with the hon. secretaries, 62, Harley House, N.W.1.

THE fifty-second anniversary dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will be held on Wednesday, November 21st, at 7.30 p.m., at the May Fair Hotel, with Mr. Frank Rose in the chair.

THE Lloyd Roberts Lecture on Faraday's Diary will be delivered by Sir William Bragg in the Barnes Hall of the Royal Society of Medicine, 1, Wimpole Street, on Thursday, November 29th, at 9.15 p.m. The president of the Society, Lord Dawson of Penn, will receive Fellows of the Society and guests at 8.30 p.m. The library will be open and a number of exhibits will be on view. Admission will be by ticket only, and applications should be addressed to the secretary of the Society.

AT the meeting of the Hunterian Society, to be held at the Cutlers' Hall, Warwick Lane, E.C., on Monday, November 5th, at 9 p.m., there will be a discussion on "The Doctor on the Stage." The following have promised to take part: Dame Madge Kendall, Sir St. Clair Thomson, Lady Simson (Miss Lena Ashwell), Dr. Harold Dearden, and Mr. Ivor Back. Fellows of the Society may bring non-medical guests (including ladies) to the meeting.

DR. E. P. CUMBERBATCH, medical officer in charge of the Electrical Department of St. Bartholomew's Hospital will give two Chadwick public lectures on physiotherapy, with special reference to medical electricity. The first lecture will be delivered at the house of the Medical Society of London, 11, Chandos Street, W.1, on Wednesday, November 21st, at 5.15 p.m., when Sir William Collins will preside. The second lecture will be given in the Guildhall, Bath, on November 22nd, at 8 p.m.

THE lecture courses arranged by the Royal Institution of Great Britain for the present session include two lectures on November 22nd and 29th by Dr. E. D. Adrian, F.R.S., on the mechanism of the nerves, and two on December 6th and 13th by Sir Richard Paget, Bt., on human speech. The lectures will be given at 5.15 p.m. at 21, Albemarle Street, W.

AT the meeting of the Pharmaceutical Society of Great Britain, to be held in the Lecture Theatre of the Society's House, 17, Bloomsbury Square, W.C., on Tuesday, November 13th, an address will be given by Mr. C. J. S. Thompson, formerly curator of the Wellcome Historical Medical Museum, upon the apothecary and some curious *materia medica* of the seventeenth century, illustrated by specimens from the new additions to the society's museum. The president will take the chair at 8 p.m. and refreshments will be served after the meeting.

PRINCESS ARTHUR OF CONNAUGHT will open the new children's wing of the Wimbledon Hospital on Wednesday, November 21st, at 3 p.m.

THE new Torbay Hospital will be opened on Saturday, November 17th, at 2.30 p.m. by Lord Mildmay of Flete, Lord Lieutenant of the County of Devon.

THE Joint Tuberculosis Council has arranged a post-graduate series of lectures and demonstrations on the pathology of tuberculosis and allied chest diseases; these will be held at the City of London Hospital for Diseases of the Heart and Lungs, Victoria Park, from Monday, November 26th to December 1st, including both mornings and afternoons, with the exception of the Saturday afternoon. The syllabus includes genito-urinary tuberculosis in the male; syphilis and tuberculosis; the investigation of the pre-tuberculous child; sputum examination; the early development of pulmonary tuberculosis; bronchiectasis; and the various radiological and pathological investigations. The wards and various special departments of the hospital will be open to those taking part in the course; the fee is three guineas, and an application has been made to the Minister of Health to allow the course to rank for a grant. Further information may be obtained from Dr. William Brand, The Larches, Farnham Royal, Bucks.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that on Monday, November 5th, Mr. Aleck Bourne will deliver a lecture entitled "When is the retroverted uterus a cause of symptoms?" at the Medical

Society, 11, Chandos Street, Cavendish Square, at 5 p.m. On the following Wednesday, at 2 p.m., Dr. Everard Williams will give a gynaecological clinical demonstration at Charing Cross Hospital, and on the same afternoon Dr. G. Carmichael Low will give a demonstration on "Recent work on blood diseases" at the Wellcome Museum of Medical Science, 33, Gordon Street, W.C.1, at 4 p.m. On Friday, November 9th, at 3 p.m., Mr. E. Gillespie will give a clinical demonstration in general surgery at the Prince of Wales's Hospital, Tottenham. Admission to these meetings is free. On Monday, November 5th, an afternoon course of clinical demonstrations in venereal disease, continuing for four weeks, will begin at the London Lock Hospital, Dean Street. Copies of syllabuses and information on all post-graduate work in London may be obtained from the secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1. The list of special courses for 1929 is now being printed; copies will be sent on application.

An exhibition of water-colours of Italy, Spain, Holland, and Belgium, by Miss Mabel Spanton, daughter of the late Mr. W. D. Spanton, F.R.C.S., is now being held at Walker's Galleries, 118, New Bond Street, London, W.

DR. CORDLEY BRADFORD, J.P., and Mrs. Bradford were honoured at a reception given on October 26th at Acock's Green, Birmingham, to commemorate their golden wedding on June 4th, 1928. They were the recipients of an illuminated address, a gold salver, and a silver tea urn from many old friends among whom they had lived and worked for 48 years.

At the annual meeting of the National Council of Women, held at York last month, the following resolution about hospitals and women medical students was adopted: "That this council deprecates the proposal of certain London hospitals to discontinue the training of medical women, and urges that in the interests of the community a concerted demand should be made for women students, both graduate and post-graduate, to have facilities for training as adequate and as efficient as are those that are open to men, including their appointment to paid and honorary posts in hospitals."

In celebration of the centenary of the *Spectator* a dinner was held at Claridge's Hotel on October 30th, and a commemorative number is to be published to-day, November 3rd. A book, entitled *The Story of the Spectator, 1828-1928*, by Sir William Beach Thomas, which was published on October 25th, contains an interesting record of the history of the *Spectator*, and also sidelights on many events of the past 100 years.

THE Council of the Royal Sanitary Institute has accepted the invitation of the Sheffield City Council to hold its fortieth Congress and Health Exhibition at Sheffield from July 13th to 20th, 1929. Earl Fitzwilliam will preside.

THE Water Pollution Research Board of the Department of Scientific and Industrial Research issues periodically, in typescript, a summary of current literature bearing directly or indirectly on its activities. The issue for October consists of an author index to the first volume of these fasciculi. It may be consulted at the library of the British Medical Association.

In connexion with the celebration of the centenary of the Faculty of Medicine in the University of Cairo, arrangements have been made for a tour in the Mediterranean for medical practitioners, leaving Marseilles on December 1st, and returning thither on January 5th. The places to be visited include Corsica, Sicily, Naples, Alexandria, Jerusalem (spending Christmas night at Bethlehem), Constantinople, Athens, Malta, Tunis, Constantine, and Algiers. Further information may be obtained from Dr. Veillet, 43, Boulevard Raspail, Paris.

At the sixth International Congress of Historical Sciences recently held at Oslo, and presided over by Professor Halidan Koht, who is president of the Historical Society of Norway, the following papers of medical interest were read: medical considerations in favour of Glozel by Dr. Tricot-Royer of Antwerp, the observations of Pinel and his pupils on some abnormal personalities in the French Revolution by Drs. Laignel-Lavastine and J. Vinchon, medical instruction in the Middle Ages by Professor Karl Sudhoff of Leipzig, social life of the leper in the old Duchy of Brabant by Dr. Tricot-Royer, and scientific medicine in Norway after the Middle Ages by Dr. Frederick Grøn of Oslo. The next congress will be held at Warsaw in 1933.

THE tenth international medical post-graduate course was held at Carlsbad under the presidency of Dr. Edgar Ganz from September 23rd to 29th when the following papers, among others, were read: the treatment of gastric and duodenal ulcer by large doses of alkalis by Professor H. MacLean of London, the relations of the female sexual functions to the liver by Professor H. Guggisberg of Berne, changes in the idea of the constitution by Professor Sigerist of Leipzig, treatment of pernicious anaemia by Professor G. Becker of Helsingfors, the cause of diminution of sugar tolerance in diabetes by Dr. G. Graham of London, eye

diseases and diabetes by Professor A. Elschnig of Prague, the treatment of obesity by Professor K. Glaessner of Vienna, failures in the surgical treatment of gall-stones by Professor A. Jurasz of Posen, the pathology of puberty by Professor R. Neurath of Vienna, Weil's disease and yellow fever by Professor Schiffner of Amsterdam, and the treatment of tabes by Professor Wagner-Jauregg of Vienna.

AN account of the agitation in favour of wholemeal bread during the past fifty years has been published (Jarrold and Sons, Ltd., London and Norwich, price 6d.) by the Bread and Food Reform League under the title: *Bread of Olden Days*. Miss May Yates, who founded the league in 1880, became an advocate of brown bread following her observation of the great strength of the Sicilian and Egyptian peasants, who subsisted chiefly on this diet. The author invokes the wisdom of Hippocrates, the endurance of the Spartans, and the success of the Romans as evidence of the virtue of brown bread, and describes white bread as an "impoverished, anaemic product." There can thus be little doubt as to which side she takes in this controversy.

THE 1928 issue of the West African Medical Staff List shows a total personnel of 233, including 11 women. The list, as usual, contains three sections, giving the personnel for each grade and colony, and particulars of the qualifications and services of individual officers. The issue of similar lists for the other colonies or groups of colonies which have medical services of sufficient numerical strength to warrant such a publication has long been overdue.

ACCORDING to a recent writer in the *Cronica Medico-quirurgica de la Habana* all Cuban children under 2 years of age in the rural population and 70 per cent. of those living in towns are infested with intestinal parasites.

AS a memorial to her late husband, Dr. F. Melandri, who was for thirty-five years a member of the hospital staff, Mrs. Melandri has given £1,000 to the Italian Hospital, Queen Square, London, to provide a new x-ray installation.

DR. LEREBoullet has been nominated successor of Professor Marfan in the chair of infantile hygiene, and Dr. Gougerot has succeeded Professor Jeanselme in the chair of skin diseases and syphilis in the University of Paris.

THE third part (M-Q) of the Sale Catalogue published by *L'Art Ancien*, Lugano, of early books on medicine, material sciences, and alchemy has recently appeared. Each entry is accompanied by an explanatory note in English, and the text is freely interspersed with contemporary woodcuts.

Letters, Notes, and Answers.

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

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QUERIES AND ANSWERS.

ADMINISTRATION OF LIVER EXTRACT.

"ANAEMIA" writes: In answer to "W." (October 27th, p. 777) may I say, as a sufferer from pernicious anaemia, that, in my opinion, his patient will have to continue taking liver extract for the rest of his life? I have, by way of experiment, reduced the daily dose of liver, always with the same result—a reduction in the number of red cells. I think it is better to take too much liver than too little. Further, I find I must stick to the