

and possibly an increase in the number of streptococci, will be the pathologist's report, from which the doctor may gather what comfort he may.

The duration has generally been about a week, this being the period adopted by most patients as being suitable for playing with advertised cures and sampling such old mixtures as their friends have been able to rake up from their medicine cupboards.

The recent work of Scott and others tends to show that true sprue is a deficiency disease in that the calcium content of the blood is below the normal, and also that some substance produced by the liver and as yet unidentified is diminished in quantity. This substance, which is probably of the nature of a hormone, is apparently responsible for the proper functioning of the intestines, and regulates the output of their digestive juices, and also the rhythm of their muscular contractions. Any interference with the production of this hormone results in the immediate non-digestion of food and the undue hurrying through of the bowel contents. Whether or not this is the case is only surmise, but all the latest work on the subject goes to prove the truth of this theory.

The treatment, then, of these cases of diarrhoea would appear simple, and so it is. First and foremost, purgatives have no place in the schedule at all. The patient must be put to bed for at least three days, preferably longer. All solid food must be stopped and only citrated milk or milk that has been peptonized given. Further, the milk must not be given in a large quantity at any one feed. A cupful of it should be administered every two hours. Barley-water is allowed without restriction.

The mainstay, however, of the treatment is extract of liver, and this can conveniently be given as soup or in the powder form. In case this latter cannot be procured a short recipe for making the soup may not be out of place:

Take half a sheep's liver and mince it finely. Add four breakfastcupfuls of cold water and such spices as the patient may like. Boil down to two cupfuls, strain, allowing small particles of liver substance to come through, and give one cup in the morning and one in the evening.

In furtherance of the calcium deficiency theory, 15 grains of calcium lactate may be given thrice daily. The success of this treatment in these cases of non-specific diarrhoea is most striking, and any case which does not respond favourably in a few days should be regarded from a serious standpoint.

I have not mentioned two other common causes of acute diarrhoea in the tropics—namely, cholera and food poisoning. These are too obvious in their symptoms to allow of any such protracted treatment, and do not therefore come within the scope of this article.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A FOREIGN BODY OF UNUSUAL CHARACTER IN THE LUNG.

THE following case seems of sufficient interest to warrant publication.

On June 11th, 1928, a little girl, aged 8 years, was brought to Dr. Loughlin of Woolston because for the past few weeks she had been making a peculiar "rattling noise" in her chest. He found that she was in good general health, that there were no symptoms beyond a low-pitched expiratory stridor, and no signs beyond rhonchi at the left base of the lung. He suspected a foreign body in the lung, but the child's mother could give no history pointing towards this. He treated the child as suffering from bronchitis.

On June 15th the child was seen again and seemed in good health, with the stridor somewhat diminished. Again the question of foreign body was raised, and this time the child's grandmother gave the following history. "Seven weeks ago the child was playing with some beads and had one in her mouth when she sat down to her dinner. She choked over the first mouthful of food, and when asked what was wrong said: 'Oh, it is all right, the bead has gone.'" (The beads are about half an inch in diameter and belong to a game called "Gloria mosaic.")

In view of this history Dr. Loughlin sent the child to the Royal South Hants Hospital, where she was referred to me, and I saw her on June 18th. There was then no stridor, she looked well, but she complained of pain in the left side of the chest, and her temperature was 100° F.

She was sent to the x-ray department, but neither by screen nor on a plate could a foreign body be seen. The plate showed

dullness at the left base. As a bead identical with the one alleged to have been inspired was sent with the child, we had this strapped to her chest wall, and it showed up perfectly on screening. The radiographer was now convinced that there was no bead in the lung, and the mother tried to help us by saying that the child had coughed it up. I was mystified and sent the child to the medical ward under Dr. Fisher for observation.

During the next week the child looked ill; her temperature fluctuated, rising to 102°; she suffered from cough and asthmatoïd attacks, and the left lung exhibited varying physical signs. No diagnosis could be made except that of foreign body in the lung, but we were puzzled by the x-ray findings. She was x-rayed again, when a plate typical of an obstructed lung was obtained. The left lung was entirely dark and the mediastinum was drawn towards the same side. There was still no sign of the cause of the trouble.

Next day bronchoscopy was performed. On reaching the bifurcation of the trachea nothing could be seen because of the quantity of mucus present. On aspirating, some mucus came away and then the tube became blocked. On removing it slightly it cleared and more mucus came, but again the tube was blocked. As the child looked rather blue I removed the bronchoscope, with the aspirating tube inside, bringing with it a putty-like mass. I passed the bronchoscope again, but could see nothing as the trachea was full of mucus. The child was sent back to bed. She was very much better the next day, and within a week was sent home perfectly well.

I had one of the beads examined, and found that it was simply a mass of dried clay which, when soaked in water, became soft and putty-like and did not show a shadow to x rays.

This case is not published as a successful bronchoscopic effort, as I never saw the foreign body until it appeared in the child's mouth. Its interest lies in the difficulty in obtaining a history and in the peculiar character of the foreign body, which was opaque to x rays until it was inspired into the lung, and then it became non-opaque.

One wonders how many cases such as this remain undiagnosed, because had it not been for Dr. Loughlin's shrewd suspicion and pertinacity this case would almost certainly not have come in for treatment.

Southampton.

W. STEWART.

HAEMOPHILIA IN THE TROPICS.

DR. HUGH THURSFIELD, in the *Text Book of the Practice of Medicine*, edited by F. W. Price, states that haemophilia is a disease of the temperate zone, nearly all the reported cases being of English, American, or German origin. The occurrence of haemophilia in the southern Punjab is therefore, I think, of some interest, and the following clinical details may be worth recording.

In 1923, when I was a student, I saw two brothers who suffered from this disease, and on inquiry it was found that all the maternal uncles of the children had died of bleeding in their childhood. The mother of the children had no sister, and no further information regarding bleeders in the family could be traced. The cases were not seen again or heard of.

In April, 1927, a child, aged about 3 years, was brought from a distance of about eleven miles, bleeding from a contused wound in the head. The father of the child showed great anxiety about the wound, which was not at all large, and I immediately dressed the wound, from which an aseptic discharge was oozing. On inquiry it was found that the wound was about four days old. An elder brother of the child had died from uncontrolled bleeding, hence the anxiety of the father. The child's mother had one sister who had no issue, and her brothers had died from bleeding.

Since blood oozed later from the dressing, I opened the wound and redressed it with a piece of lint soaked in normal horse serum. On removing the dressings after twenty-four hours a large clot was found in the wound, but no oozing. The wound was dressed again with normal horse serum, and subsequently ordinary aseptic dressings were applied daily to the wound, which healed without further bleeding. During the treatment of the wound I gave hypodermic injections of normal horse serum, beginning with 1 c.cm. and increasing the dose by 1 c.cm. each time; I gave six injections at intervals of six days. While the injections were being given the child became weak and anaemic.

Six months after the course of injections the child was again strong and healthy, but some peculiar abscesses were said to have developed; these were not seen by any medical man, but it was stated that about a dozen small hard tumours appeared successively deep on the side of the neck, came to the surface, burst with a whitish discharge, and healed without treatment.

I saw the child again in June, 1928. There was no mark left by the abscesses or cysts. The child was quite healthy, and though it had been scratched badly by a monkey, the bleeding stopped as in a non-haemophilic child.

The disease is rare, and I cannot gather many instances, but I think the child did benefit by a course of injections with normal horse serum.

Kurali, Ambala.

BHAGWAN RATTAN, M.B., B.S.

ACUTE GASTRIC DILATATION AFTER DOUBLE EXTRAUTERINE PREGNANCY.

CASES of tubal gestation occurring on one side and followed some time afterwards by gestation on the opposite side are by no means rare. Extrauterine gestation on both sides at the same time is much rarer, but several cases have been recorded recently. I think the following case is sufficiently interesting to justify publication.

A married woman, aged 31, with no children and no history of miscarriages, was taken suddenly ill with acute abdominal pain on the evening of December 15th, 1926. She was admitted to the Mansfield and District General Hospital several hours afterwards under the care of Dr. S. Kingsley Poole, who operated upon her the same night. There was about a pint of blood and blood clot in the peritoneal cavity, and a ruptured right ovarian pregnancy of about two months' duration was found and removed. It was after removal of the blood present that an unruptured left tubal gestation was found; this was of about one month's duration. The left tube was therefore removed. Ether anaesthesia was administered by Dr. Archibald Macmillan.

The patient made very satisfactory progress indeed until December 19th, three days afterwards, when she vomited several times. The following day, at 2 p.m., she suddenly became very ill. I found her collapsed, cyanosed, and with epigastric distension. She was vomiting large quantities of offensive brownish fluid, and she complained of abdominal pain. It was thought that she was suffering from acute dilatation of the stomach, so pituitrin 0.5 c.cm. was given intramuscularly, and a stomach tube was passed and the stomach washed out. Large quantities of gas escaped from the tube. In a few minutes her condition improved, which confirmed the diagnosis. A similar but less severe attack occurred once on each of the two following days, and the same treatment was given.

For several days afterwards she appeared quite well. However, on December 29th she vomited several times, and on January 2nd she was again taken very ill with abdominal pain, epigastric distension, collapse, and vomiting. The stomach was washed out as before and pituitrin 0.5 c.cm. given, with the same successful result. After this she rapidly improved, and was discharged from hospital on January 15th, 1927. An x-ray examination, following an opaque meal, showed no evidence of pyloric obstruction.

The case is of special interest as regards the attacks of vomiting. On three of the occasions mentioned she was extremely ill, and it seemed that unless something were done at once she would certainly die. And yet, following the treatment adopted, she responded surprisingly well, and has since made a good recovery.

I am indebted to Dr. S. Kingsley Poole, assistant honorary surgeon to the Mansfield and District General Hospital, for permission to publish this case.

NEVILLE J. EVERARD, F.R.C.S. Ed.,
Late Senior House-Surgeon, Mansfield
and District General Hospital.

Reports of Societies.

GENITO-URINARY FISTULA IN THE FEMALE.

At a meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine on October 19th, with Dr. J. S. FAIRBAIRN, the president, in the chair, Dr. DOUGAL BISSELL of New York read a paper on genito-urinary fistula in the female.

Dr. Bissell recounted the early life of J. Marion Sims, enumerating the difficulties he overcame, and described how, later, in conjunction with Emmet, at the Women's Hospital in New York, he gradually built up his world-wide reputation. Dr. Bissell reviewed the work of this hospital, and compared the number of cases of vesico-vaginal and urethro-vaginal fistulae operated on by Emmet between 1856 and 1866—namely, 275—with the number of cases operated upon in the last ten years—namely 58; he concluded that this difference must be attributed to the improvement in obstetrical management. In spite of this improvement, however, he believed that cases were still bound to occur for many years, to tax the ingenuity of the surgeon. In a review of various operative measures for genito-urinary fistula, employed prior to the work of Sims Dr. Bissell mentioned Hayward's procedure, commenced in 1839; that of Mettauer in 1847; and, in Europe, the work of Lillemand in France in 1825, and Gosset in London in 1834. He then dealt in detail with his own methods of operation for this condition, and reported seven cases selected because they were unusual in type and origin, and served to demonstrate the value of Sims's technique when complications

were present. He added that Sims's achievement was something more than a stepping-stone, and that, while other forms of treatment could be applied in special cases, that of Sims was universally employable. Dr. Bissell hoped, therefore, that interest would be aroused again in it, and that it would be re-established in the armamentarium of the gynaecologist.

The PRESIDENT remarked that, though he believed that in Sims's day silver wire was the most suitable suture material, at present, with the advance of asepsis and antiseptics, other suture material, such as catgut, was more applicable.

Carcinoma of the Vagina.

Mr. J. B. BRIGHT BANISTER, in the absence of Mr. A. C. PALMER, showed a specimen of carcinoma of the vagina in a patient aged 24, who had been married just over two years, but had not been pregnant. She complained of dyspareunia, and a blood-stained discharge for two months. Although she had been under treatment for syphilis for six years she still had a positive Wassermann reaction. On examination an ulcer with a hard everted edge had been found on the posterior vaginal wall; the surface of this bled easily. The diagnosis lay between chronic septic ulceration, gumma, and primary carcinoma; microscopical examination proved the last of these to be the correct diagnosis, and the ulcer was therefore excised. About a fortnight later both sets of inguinal glands were removed, but they showed no evidence of growth. Ten weeks later the patient was again examined, owing to there being severe sacral pain accompanying defaecation, and was found to have a large ulcer on the anterior rectal wall. In spite of radium treatment the growth continued to increase, and the patient died five and a half months after the first operation.

ENDOTRACHEAL ANAESTHESIA.

At a meeting of the Anaesthetic Section of the Royal Society of Medicine held on November 2nd, a paper on endotracheal anaesthesia was read by Dr. I. W. MAGILL.

After briefly referring to the history of the method, Dr. Magill summarized its advantages. These he classified under six headings. (1) The anaesthetist had complete control over the patient's airway under most conditions. (2) The anaesthetist was able to keep himself and his apparatus clear of the field of operation, and consequently did not impede the surgeon or interfere with his aseptic technique. (3) The surgeon could be protected from the anaesthetic-laden expirations of the patient. (4) The patient was protected against the possible entry of blood into the trachea. (5) There was, or should be, no tax upon the respiratory mechanism of the patient. (6) The method was dosimetric. The two main disadvantages of the method, which arose chiefly in private practice, were the variety and bulk of the apparatus required, and the necessary delay incurred in setting up the apparatus prior to operation. It would seem at first that the method was indicated in all operations on the head and neck not involving the vocal cords, and in all operations in which control of the airway was difficult or in which the surgical manipulations might cause respiratory embarrassment. There were exceptions, however. Cases of cataract were best treated under local anaesthesia or under nitrous oxide and oxygen. Intubation should not be employed, as it might lead to coughing. In exophthalmic and toxic goitre a combination of local anaesthesia with nitrous oxide and oxygen ensured the best after-results to the patient. Operations on the thorax gave better results when nitrous oxide or ethylene and oxygen were administered by means of a face-piece, and apparatus was provided for positive ventilation. Again, many operations were so trivial that, even if they caused some inconvenience to the surgeon and anaesthetist by reason of their situation, they could be satisfactorily dealt with by simple methods. As regards the technique of endotracheal anaesthesia, atropine was given in all cases and morphine where indicated. In the nervous, and in children, excellent results were obtained with paraldehyde given per rectum an hour before operation. Cocainization of the larynx and fauces with minimal doses of 20 per cent. cocaine solution from a nebulizer gave many advantages, of which perhaps the greatest was that

As an indication of these services I may here mention that I was one of the three founders of the present company who brought about its conversion from the old friendly society, on the committee of which I had served gratuitously for several years; that my colleagues on the board had done me the honour of electing me their vice-chairman and chairman of the new Business Subcommittee, and that I have worked hard for extending the company's business in many directions. I may add that I was the youngest member of the board, whose average age is 62.

I retire, therefore, in the belief that if all the members had been aware of the facts they would on principle have voted in my favour. I hope, therefore, that at the next election they will see to it that justice is done and will reinstate me in the office in which I have served them faithfully for so long.—I am, etc.,

London, W., Nov. 5th.

HARVEY HILLIARD.

CHIMNEY-SWEEP'S CANCER.

SIR,—May I, through the medium of your columns, make an appeal for some small portions of the chimney-sweep's carcinoma if any surgeon has a case of this description awaiting operation? I am engaged in some investigations, and at the time am particularly anxious to obtain as many specimens as possible of this particular tumour. What I should like is a piece of tumour which includes surrounding skin, if possible also with the small papillomata met with, and areas of early involvement. If anyone can, and will, help me in the matter I shall be most grateful if he will communicate with me at the laboratory, St. Giles's Hospital, Brunswick Square, S.E.5 (telephone Rodney 4221), when I would arrange to collect the material.—I am, etc.,

London, S.E., Oct. 29th.

G. BOUSFIELD, M.B., B.S.Lond.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

The King's Speech.

Debate on the Address.

PARLIAMENT was opened by the King on November 6th. The Speech from the Throne, after referring to foreign affairs, announced that the Estimates for the coming year were being prepared with strict attention to the need for economy in public expenditure. A bill was proposed to authorize increased borrowing to meet the drain on the unemployment fund resulting from distress in the mining areas. Bills would be presented to reorganize local government in England and Scotland; these would also give effect to the rating reforms and adjust the financial relations between the State and the local authorities. The Speech added that the King's Ministers trusted that the proposed changes in local government and in the relations between the Exchequer and local authorities would enable better provision to be made for the health of the people.

In the House of Commons later on the same day Mr. NEVILLE CHAMBERLAIN gave notice of his intention to introduce at an early date a bill to amend the law relating to local government.

Mr. RAMSAY MACDONALD pointed out that the King's Speech did not mention the Factories Bill, though the Government had promised that in previous sessions.

Mr. BALDWIN admitted that an undertaking had been given to introduce the Factories Bill. Difficulties of time and the overriding importance of the reforms in rating and local government made that impossible. Mr. Baldwin announced that the Government would ask the House to pass the Expiring Laws Continuance Bill and legislation on the traffic services in the Western Highlands and Islands. All private members' time would be taken to Easter, and there would be no ballot for private members' motions.

Dr. FREMANTLE said he hoped that, by the help of all well-wishers of factory and workshop legislation on both sides of the House, they might well be able to find time before the end of the present session to pass the now much-needed and frequently promised Factories and Workshops Bill. The anticipation in the King's Speech that the proposed changes in local government would enable better provision to be made for the health of the people was not encouraging to those who were keen on this or that particular measure of social progress.

Still less was the fact that there was no mention of housing at all in the Speech an encouragement. They had had nothing from the Prime Minister in regard to the removal of the subsidy, yet it was vital to the housing movement that they should economize their resources as much as possible. A great deal of the subsidy on houses with a rent of over one guinea a week was being thrown away at the present time. The Prime Minister had referred to the fact that Parliament would have to deal with rent restrictions in the Expiring Laws Continuance Bill. The Restrictions Acts were at the very bottom of their difficulties in connexion with slum property and slum treatment. The development of estates was being delayed because of the exceptional instances of control. Here and there control had held up the erection of houses, and had got in the way of development. It was causing inequalities to owners, unjust profiteering on the part of tenants as opposed to sub-tenants, and a great deal of suffering to sub-tenants. There was abundant reason why the subsidy should be further knocked off houses of the highest rental value. By relieving the subsidy on the more expensive houses, which were being adequately provided by private enterprise, so much money would be set free, by which they would be able to subsidize slum clearances. There was no promise in the Speech that the subject of slums was to be dealt with. The Prime Minister said, in December, 1924, when he took office: "We have got to get rid of two things—the shortage in houses and the disgrace of the slums." He (Dr. Fremantle) believed that if they achieved de-control and de-subsidizing they could have improvements in the slums. The report of the Lunacy Commission which came out three or four years ago revealed a system which was insufferably hard on a large number of mental cases. He sincerely hoped that time might be found for legislation on this subject. The country was suffering at the present moment from a vast outbreak of preventable disease—small-pox. It had been a mild type of that disease, but the medical profession could give no assurance that it would not become worse. They were sitting on the top of a volcano. He was glad that the great powers had agreed, under the aegis of the Health Organization of the League of Nations, to study the question of small-pox. A committee had been formed to study it permanently. Of all the civilized countries our own country was one of the most infected with small-pox. It was recognized that we were more behindhand in the application of vaccination than any other country, and other countries recognized the necessity for keeping up their quarantine regulations against us. Vaccination had hitherto been left in the hands of the Poor Law guardians, while small-pox was in the hands of the sanitary authority. He hoped that in the reorganization of local government it would follow, as a result of the Government's scheme, that the matter of vaccination would be under the control of the larger authorities.

The debate on the Address in reply to the King's Speech continued in the Commons all the week. That in the Lords ended on Tuesday night.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Theodore Williams Scholarships.

On the recommendation of the Waynflete Professor of Physiology, the Board of Management has elected Robert A. Beaver, New College, to be the Theodore Williams Scholar in Physiology for the year 1928-29.

The Professor of Human Anatomy has reported to the Vice-Chancellor that he recommends that Renatus Kempthorne, Queen's College, and Aldwyn B. Stokes, B.A., Jesus College, be bracketed equal for the Theodore Williams Scholarship in Anatomy, 1928.

On the recommendation of the Professor of Pathology the Board of Management has elected Frank Hawking, University College, to be the Theodore Williams Scholar in Pathology for the year 1928-29.

Radcliffe Scholarship in Pharmacology.

The Master and Fellows of University College, upon the report of the Professor of Pharmacology, have awarded the Radcliffe Scholarship in Pharmacology to Hedley John Barnard Atkins, Trinity College, and John Henderson Hunt, B.A., Balliol College, equal.

The following are the Degree Days for the present academic year:—*Michaelmas Term, 1928*: Saturday, November 24th; Monday, December 17th. *Hilary Term, 1929*: Thursday, January 24th; Saturday, February 16th; Saturday, March 23rd. *Trinity Term, 1929*: Thursday, May 2nd; Saturday, June 8th; Thursday, June 27th; Saturday, July 20th.

Dr. LESLIE JAMES MILNE, who died suddenly from heart failure on November 2nd, at the age of 63, had been in practice at Mirfield, in the Dewsbury district of Yorkshire, for over thirty years, and had been medical officer of health for Mirfield since 1906. A native of Aberdeen, he received his medical education at the University there, graduating M.B., C.M. in 1890, and proceeding M.D. in 1897. The greater part of his professional life was spent at Mirfield, where he built up an extensive connexion, yet found time for a variety of other activities. His work as medical officer of health was recently the subject of a complimentary message from the district council. Dr. Milne was also honorary surgeon to the Mirfield Memorial Hospital, and medical officer to the Liversedge and Mirfield Joint Infectious Hospital, the Community and College of the Resurrection, and the post office. He was keenly interested in child welfare work, and devoted as much time as possible to the Mirfield centre. During the war he was attached to a base hospital at Dewsbury as medical officer. In the affairs of his profession he played an active part, and as a member of the British Medical Association had served upon the executive committee of the Leeds Division, while in the Society of Medical Officers of Health, of which he was a Fellow, he had held the office of president. He was a popular figure in the Mirfield district, both among his colleagues and with the general public, and his death has caused deep regret. Dr. Milne was unmarried; his brother, Dr. J. Adam Milne, is in practice in Nottingham.

Dr. RODERICK MACLEOD, who died from pneumonia at Middleton St. George in the county of Durham on October 26th, at the early age of 30, was a native of Stornoway, Isle of Lewis, and received his medical education at Aberdeen University. During the war he enlisted in the Royal Engineers, and was twice wounded and gassed in France, being ultimately discharged as medically unfit. He completed his studies in 1921, and graduated M.B., Ch.B., settling in the Darlington district in practice at Middleton St. George about three years ago, being also honorary medical officer to the Röpner Convalescent Home. Dr. Macleod was an active member of the Darlington Division of the British Medical Association, and was a popular figure among his colleagues, one of whom writes: He was an undoubted success in general practice—kindly, approachable, and efficient—and was beloved of his patients and friends. His illness was a sudden tragedy, striking him down while in good health; he failed to rally from this, his second attack of pneumonia, and it seemed that the effects of gas in the war had undermined his resistance. His funeral was an impressive tribute to the respect in which he was held among colleagues, patients, and friends, and he will be sorely missed in the neighbourhood. Much sympathy is felt for his widow and for his aged parents, who are thus bereaved of their only son.

The following well-known foreign medical men have recently died: Professor LUIGI MANGIAGALLI of Milan, aged 78, Senator of Italy, Councillor of State, and formerly professor of obstetrics and gynaecology at Sassari, Catania, Pavia, and Milan, where he founded a cancer institute; Professor LUIGI SABBATINI, director of the Institute of Pharmacology at Padua, aged 65; Professor GIUSEPPE SILVIO TONINI, who recently resigned the chair of neuro-psychiatry at Bologna, aged 70; Dr. GUSTAV V. SCHLEICH, professor of ophthalmology and rector of the University at Tübingen, aged 77; Dr. WILHELM FLIESS, author of works on the periodicity of life and the reflex relations between the nasal mucous membrane and other organs, especially the female genitals, aged 69; Dr. FLORENT JANSSENS, doyen of the medical faculty of Louvain; Dr. CHARLES LEE SUMMERS, professor of pediatrics in the Maryland school of medicine; Dr. OMELIANSKY, an eminent Russian bacteriologist; Dr. WILLIAM SHEPPEGRELL of New Orleans, author of a work on hay fever and asthma and of numerous articles on diseases of the ear, nose, and throat, aged 68; Professor E. S. FAUST, a pharmacologist of Basle, aged 58; Dr. HOFFMANN, a medical jurist of Berlin; and Professor WALTERHÖFER, a haematologist of Berlin, aged 47.

Medical News.

THE annual dinner of the Society of Medical Officers of Health will be held at the Piccadilly Hotel on Thursday, November 15th, at 7.30 p.m. Ladies are invited. Members and candidates nominated for election intending to be present are asked to give early notice to the Executive Secretary, 1, Upper Montague Street, W.C.1. Applications should be accompanied by a payment of 12s. 6d. for each ticket if sent before Monday, November 12th; after this date the cost will be 15s. for each ticket.

THE Aberdeen University Club, London, will hold its eightieth half-yearly dinner at the Trocadero Restaurant on Thursday, November 22nd, with Lord Meston, Chancellor of the University, in the chair, and with the Earl of Birkenhead, Rector of the University, as principal guest. The secretary's address is 9, Addison Gardens, Kensington, W.14.

AT the adjourned annual general meeting of the Medical Sickness Annuity and Life Assurance Society, Ltd., held on October 22nd, Mr. R. J. McNeill Love and Dr. F. C. Martley were declared duly elected as the result of the poll for two directors.

AT the meeting of the Medico-Legal Society to be held at 11, Chandos Street, W.1, on Thursday, November 22nd, at 8.30 p.m., Dr. L. A. Weatherly will read a paper on juvenile psychologic delinquencies—their origin and treatment, which will be followed by a discussion.

THE Central Midwives Board for England and Wales, at a meeting on November 1st, with Sir Francis Champneys in the chair, granted permission to the guardians of the West Derby Union for the training of ten pupils at a time at the Mill Road Infirmary, Liverpool. Approval as lecturers was granted to Drs. C. B. Robson, A. K. H. Kenneth, and J. K. Timothy. The Board decided that all candidates submitting certificates of birth, baptism, or marriage, which had been tampered with in any way, be debarred from sitting for examination for at least three months after the presentation to the Board of such certificate or certificates. The report on the work of the Board for the year ended March 31st, 1928, was approved, and signed by the chairman and secretary for forwarding to the Ministry of Health.

THE first Argentine Congress of Surgery will be held next week at Buenos Aires under the presidency of Dr. Armando Marotta, professor of clinical surgery in that city.

THE next award of the Swiney Prize—a silver cup of the value of £100 and money to the same amount—to the author of the best published work on medical jurisprudence will be made in January, 1929, on the eighty-fifth anniversary of the testator's death. The award is made jointly by the Royal Society of Arts and the Royal College of Physicians, and any person desiring to submit a work, or to recommend any work for the consideration of the judges, should do so by letter addressed to the Secretary of the Royal Society of Arts, John Street, Adelphi, London, W.C.2, not later than November 30th, 1928. The silver cup to be presented on this occasion was designed by Mr. Edward N. H. Spencer, whose design was awarded first prize at the society's 1928 competition of industrial designs. The finished cup has been included with the works of living craftsmen as part of the Loan Exhibition of Oxford College Plate which is on view at the Ashmolean Museum, Oxford, from November 7th to 28th.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that on Monday, November 12th, Dr. H. C. Semon will lecture for the Fellowship on "Some basic remedies in diseases of the skin," at the Medical Society of London, 11, Chandos Street, Cavendish Square, at 5 p.m., and that on the same date, at 4.30 p.m., a clinical demonstration will be given by Mr. William Noble at the Central London Ophthalmic Hospital. On the following Wednesday, at the Wellcome Museum of Medical Science, 33, Gordon Street, W.C., Colonel L. W. Harrison will give a demonstration on syphilis now and twenty years ago. The above lecture and demonstrations are free to members of the medical profession. Miss Davies-Colley and her colleagues will give a clinical demonstration, free to women graduates only, at the South-West London Hospital for Women, 103, South Side, Clapham Common, on Friday, November 16th, at 2 p.m. A three weeks' course in medicine, surgery, and gynaecology, given by the staff at the Royal Waterloo Hospital for Women and Children, begins on November 12th, and on the same day will open a special short course in proctology at St. Mark's Hospital. There will be a course in ophthalmology at the Royal Westminster Ophthalmic Hospital from November 12th to December 1st, and a course in urology at St. Peter's Hospital from November 19th to December 1st. For those free in the late afternoon there will be a course in neurology at the West End Hospital for Nervous Diseases, daily from

5 p.m., from November 19th to December 15th. Throughout the month there will be a course at the London Lock Hospital in venereal diseases. Syllabuses and particulars of the general course of work under the Fellowship's scheme are obtainable from the Secretary, 1, Wimpole Street, W.1.

THE first evening meeting of the new session of the British Institute of Philosophical Studies will be held at the Royal Society of Arts, 18, John Street, Adelphi, W.C.2, on Tuesday, November 13th; Dr. C. S. Myers, F.R.S., will take the chair at 8.15 p.m. Mr. Morris Ginsberg, D.Litt., will lecture on race and civilization. A limited number of seats are reserved for members of the public, for which application should be made to the Director of Studies, British Institute of Philosophical Studies, 88, Kingsway, London, W.C.2.

THE Ministry of Health has issued a booklet, obtainable from H.M. Stationery Office (price 4d. net), on regional water committees, explaining briefly the reasons for the constitution of such bodies and the work they should undertake. It is pointed out that the more readily accessible sources of water supply have, generally speaking, been appropriated while consumption is growing, so that if the remaining sources are to be made available cheaply and without dissension, systematic foresight is desired. There is no occasion for general alarm, but in some areas the question of future sources demands serious consideration. The most practical way of meeting the demand for a national allocation of water resources, it is suggested, is by the formation of regional water committees, which will ascertain the needs of each district in a region and formulate a policy for meeting requirements. Such regional findings can then form the basis of a national policy. A region should comprise the districts of "water undertakers"—local authorities or companies—who are, or are likely to be, concerned in the same general sources of supply or whose interests are otherwise closely connected; a regional committee, being purely advisory and having no executive power, need not be composed of representatives in strict numerical proportion to the importance of the undertakings they represent. The most important element is that it should contain persons capable of dealing with the problems before it. It is contended that considerable savings could be effected by such bodies. A regional committee should prepare a programme providing for measures in detail for twenty years ahead, and in broad outline for about fifty years ahead; it should be kept in being for the periodical revision of its programme in the light of the latest developments. The pamphlet gives an outline of the manner in which the work of a committee should proceed.

THE *Medical Art Calendar* for 1929 is, like its predecessors, an attractive, clearly printed, and well-got-up volume. The plates, of which there are twenty-seven, are photographic reproductions of famous paintings, engravings, and etchings dealing, directly or indirectly, with medical subjects. They are intelligently chosen, clearly reproduced, and in most cases beautiful. They can be readily detached and framed separately, and nearly all of them are well worth it. The *Calendar* can be obtained from Mr. Kruseman, 'S-Gravenhage, Noordeinde 91, Holland, price 6s. post free.

A LIST of British and American doctors practising in various towns in Continental Europe and Northern Africa is published by the Continental Anglo-American Medical Society, and free copies may be obtained from the honorary secretary, Dr. B. Sherwood-Dunn, 54, Boulevard Victor-Hugo, Nice, France. This society was founded in 1885, and for nearly forty years has published periodically lists of medical practitioners in Europe and North Africa who speak English.

THE returns of the six European countries—namely, England and Wales, Sweden, Finland, Denmark, Switzerland, and Italy—for which fairly reliable data of the incidence of epidemic encephalitis since 1920 are available, yield the following figures: 7,697 cases in 1920, 4,649 in 1921, 1,273 in 1922, 2,205 in 1923, 6,196 in 1924, 3,766 in 1925, 2,991 in 1926, and 2,168 in 1927. The same countries had 1,050 cases during the first half of 1928.

TYPHUS fever was less prevalent in Europe during the first half of 1928 than during the corresponding period of any other year since the war. The decrease was most marked in Rumania, and there was a considerable decrease also in Poland. On the other hand, there was an increased incidence in Lithuania and Latvia. In the Union of Socialist Soviet Republics the decrease was most marked in Central Russia and in the Ukraine. In Western Russia the incidence was about the same as last year. In Korea typhus was more prevalent in the early part of 1928 than in previous years.

THE death rate in the Federated Malay States has risen from 29.22 per thousand in 1926 to 32.11 in 1927. Dr. R. Dowden, principal medical officer of the Federated Malay States, in his annual report for last year, attributes this increase to the influx of very large numbers of immigrants and their dependants who were not acclimatized and who

were frequently of poor physique. Among contributory causes were outbreaks of cholera, plague, small-pox, and beri-beri. In the State of Pahang, where the increase in the death rate was most marked, the vitality of the population was impaired by floods which occurred at the beginning of the year; the destruction of crops and vegetable gardens caused an outbreak of beri-beri, and many deaths from malarial fever followed. Every effort was made to meet the situation by the health services, and the Medical Research Institute issued large quantities of rice polishings extract, but it was impossible to control these diseases over large tracts of undeveloped country with the communications broken down. Dr. Dowden suggests that the outbreak of beri-beri shows how very narrow is the margin between health and disease among Asiatics, and also how they react immediately to any interference with the vitamin content of their food supplies. He adds that, in spite of all that can be done, the population, of all races, are increasingly using polished rice.

THE KING has granted his licence and authority to Major Basil H. C. Lea-Wilson, R.A.M.C., P.M.O., Egyptian Army, to wear the insignia of the third class of the Order of the Nile conferred upon him by the King of Egypt in recognition of valuable services rendered. Permission has also been granted to Dr. Andrew Copland to wear the insignia of the third class of the Order of the Brilliant Star of Zanzibar conferred upon him by the Sultan of Zanzibar for valuable services rendered.

DR. THOMAS G. NASMYTH of Edinburgh has been appointed Deputy Lieutenant for the city and county of Edinburgh.

PROFESSOR P. G. UNNA has been elected an honorary member of the American Medical Association, and Dr. Ernest Fuchs, professor of ophthalmology, and Dr. Wilhelm Latzko, professor of gynaecology at Vienna, have been nominated honorary members of the Academy of Medicine of Buenos Aires.

DR. NETTER has been made a grand officer and Dr. Darier a commander of the Legion of Honour.

Letters, Notes, and Answers.

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

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

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All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

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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: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

SEBORRHOEA OF THE SCALP.

DR. HENRY WALDO (Clifton, Bristol), in response to Dr. I. B. McCann's request for suggestions in the treatment of seborrhoea of the scalp (November 3rd, p. 828) writes: As greasy applications are disliked, sulphurous acid B.P., if rubbed into the scalp daily, will benefit it and soon cure it. The scalp should be washed in soap and water once a week always.

DR. L. IVAN M. CASTLEDEN (London, N.W.1) writes: I have found the best basis for such an ointment to be a combination of soft paraffin and coconut oil, as suggested by Whitfield and A. M. H. Gray. A useful formula is: Ac. salicyl. gr. xv, sulph. sublim. gr. xv, ol. lavand. m. iv, paraff. moll. 3 ij, ol. coevis uncer. ad 3 j. It is not so messy as paraffinum molle alone and is easily washed out, the only disadvantage being that it gets rather soft in warm weather, so should be dispensed in screw-top pots. As an alternative formula the following has proved useful: Resorcin.