

individuals, but nevertheless the figures are practically all within the normal limits of variation.

It seems reasonable to conclude from our figures that, in cases where the basal metabolic rate is above the normal, an inverse relationship between the basal metabolism and the plasma cholesterol does not exist, either as regards free, or ester, or total cholesterol.

In Table II are given the results of the investigation of four cases of hypothyroidism, three being cases of myxoedema and one a cretin who had had thyroid treatment for twenty years. The most fully investigated case was that of J. B., who presented a classical picture of myxoedema. Here, definitely, the increase of basal metabolic rate called forth by the administration of thyroxin or of thyroid gland led to a lowering of the plasma cholesterol, most noticeably in the case of the ester cholesterol. G. D. gave a very similar result; but A. M., who was examined after administration of thyroid gland for a somewhat shorter period, did not show the same effect. In the case of A. C. the estimations were first made while the patient was taking thyroid, a treatment he had been having regularly for twenty years. Thyroid administration was then omitted during the rest of the experiment. The alteration of cholesterol level is, in this case, only of relatively small degree, and in an opposite direction from that suggested by hypothesis. However, this case is perhaps not entirely comparable with the cases of myxoedema, for it is not certain that after such long-continued thyroid administration omission of this treatment would lead to a sharp effect.

#### CONCLUSIONS.

We do not find that cases of hyperthyroidism provide any support for Epstein's theory that the blood cholesterol is inversely proportional to the basal metabolic rate.

As regards the cases of hypothyroidism there does appear to be some such relationship, and the cholesterol of the plasma is certainly above normal in the untreated cases of myxoedema.

It is, however, important to note that the hypercholesterolaemia shown in these cases of myxoedema does not reach the level of hypercholesterolaemia so frequently found in subacute parenchymatous nephritis, where the increase of plasma cholesterol is quite out of proportion to the lowering of the basal metabolic rate, and this increase is often present in the later stages of the disease when the basal metabolic rate has become normal.

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- 3 J. A. Gardner and M. Williams: *Ibid.*, 1921, 15, 363.
- 4 G. Luden: *Collected Papers of the Mayo Clinic*, 1918, 10, 470.
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- 6 *Ibid.*: *Biochem. Journ.*, 1928, 22, 1048.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### A JAM JAR IN THE RECTUM.

THIS case seems to be a surgical curiosity, and the clinical details may therefore be of general interest.

A man, aged 55, who was admitted to the Northern Hospital, Liverpool, had suffered from a rectal prolapse for many years, which recently had become difficult to reduce. He was advised by his friends to try to reduce it by pressure with the bottom of a half-pound jam jar, and by some extraordinary mischance forced the jar up past the tuber ischii into the rectum. He attempted to remove the jar himself, but failed, and it was not until three days later that he visited his doctor. In the meanwhile the anal region had become very septic as the result of efforts at removal and pressure by the foreign body. His doctor, having tried unsuccessfully to extract the jar, sent the patient to hospital.

The house-surgeon made further attempts, and found that the anus was so stretched that it was possible to remove a quantity of dirty rags which had been pushed into the open end of the jar, which lay base up. Even with anaesthesia and the use of all the available forceps and retractors, it was impossible to extract it. I found that although the anus readily admitted the whole hand, and the jar was lying free above the tuber ischii on either side, yet its diameter was just too wide to allow it to come through in any plane. Probably the explanation as

to how it had been introduced was that, at the time, there was no oedema or inflammation of the rectal wall, and it could then only just be forced past the tuber ischii. The patient described how, once partially inserted, the jar "shot up" into the rectum. As the anus and rectum were in an extremely septic and oedematous condition with some oozing of blood from small lacerations it was obvious that whatever else might be required a temporary colostomy was essential. The patient, already under ether anaesthesia, was prepared for an abdominal operation.

Through a median subumbilical incision the pelvi-rectal junction was exposed. The gut wall was very congested and the jar was easily located in the upper rectum. The pelvic colon was examined with a view to ascertaining its mobility for the colostomy. An attempt to "milk" the jar down from above past the pelvic outlet failed, even with the aid of an assistant at the rectal end. It could not be manoeuvred past the ischial plane. After completely isolating the area with packs the jar was therefore extracted through a longitudinal incision in the lower pelvic colon, and the opening was closed transversely. Flapine was applied, and a corrugated rubber strip was placed close to the suture line for drainage purposes. A left inguinal colostomy was performed over a glass rod, and the incisions were closed. The jar measured 2½ in. in diameter at base and was 3 in. in height. The colostomy was opened in forty-eight hours, and the lower colon and rectum were treated with lavage from above, using hypertonic saline at first and later normal saline.

In three weeks' time the rectal condition had returned to the normal, and the external sphincter ani had regained excellent tone. As there had been severe inflammatory reaction in the rectal and perirectal tissues and consequent fibrosis the probable result would be the cure of the prolapse. An intraperitoneal plastic operation was performed a month and a half later to close the colostomy, the spur having been previously more or less obliterated with a Paul's enterotome.

The colostomy wound healed satisfactorily and the patient was discharged as cured. The rectal prolapse has not recurred and the bowels act normally.

Liverpool.

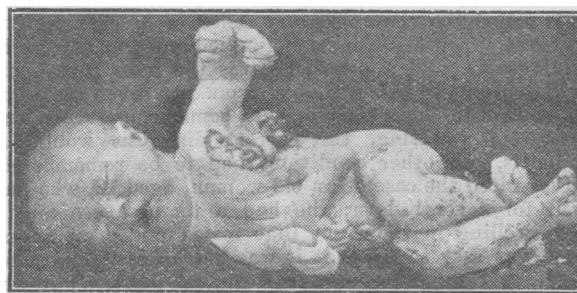
PHILIP HAWE, Ch.M., F.R.C.S.Eng.

#### AN EXTERNAL TERATOMA.

THE accompanying photograph of an anatomical curiosity, the like of which is, fortunately, rarely seen, may be of interest.

The body is that of a full-time European female infant born on September 19th at 6.10 p.m. The child, which was well nourished, gave one or two gasping breaths and expired.

From below the left mamma there protruded an arm and shoulder, fully formed and developed. On examination a clavicle and part of a scapula could be felt. The arm and hand were perfectly normal in every respect, and the joints were articular. The left forearm of the body was composed of two radii and two ulnae with the hands complete. These two forearms were fused on their anterior surfaces. The humerus, although thicker in girth than



normal, was only single. The digits of this double hand were perfectly formed and tipped with nails. Lying laterally to the extra arm and shoulder below the left mamma was a cauliflower-like mass resembling two ears joined by their lobes. There was also a piece of tissue resembling a penis, but not penetrated by a urethra. Next to this was the heart, lying uncovered by pericardium and pulsating rhythmically. The left foot was everted in the position of talipes equino-varus.

The body weighed 8½ lb., and was well developed and nourished. The fusion of the two bodies does not seem to have impaired the development of either, despite the rather cramped quarters.

Unfortunately, I was unable to persuade the parents to allow me to do a dissection.

E. L. GALGUT, M.B., Ch.B.Ed.

Uppington, Cape Province,  
South Africa.

## Universities and Colleges.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

## ANNUAL MEETING OF FELLOWS AND MEMBERS.

THE annual meeting of Fellows and Members of the Royal College of Surgeons of England was held at the College on November 15th. About forty were present.

The PRESIDENT (Sir Berkeley Moynihan) placed before the meeting the annual report of the Council. He said that the report included the result of the poll of Fellows taken last year on the question whether it is desirable that Members of the College should have direct representation on the Council. The number of Fellows who voted "No" was 846, and the number who voted "Yes" 234. He had compared the figures with those of a similar referendum taken in 1897. The proportion of Fellows replying was almost exactly the same on both occasions, but the proportion of opponents to the proposal had decidedly increased. Proceeding to other matters in the report, he referred to the scheme for holding in Canada a primary examination in anatomy and physiology for the Fellowship. This had been arranged with the Canadian Medical Association, the examination to be held in Toronto in July or August of next year. Two examiners in anatomy and two in physiology were to be sent by the College from England, and professors of anatomy and of physiology, or such other persons as might be nominated by the Canadian Medical Association, would be appointed by the College to act as assessors to the examiners. He added that arrangements of a similar kind were in the making with the recently formed College of Surgeons of Australasia; were it not for the length of time the Australasian post required, this matter would have been brought to completion before now. In connexion with the recent International Conference on Cancer, Dr. Regaud of Paris and Sir George Newman had been admitted Honorary Fellows of the College. Mr. C. Thurstan Holland of Liverpool and Sir Matthew Fell, Director-General of the Army Medical Service, had been elected Fellows under the rule relating to admission to the Fellowship without examination of Members of twenty years' standing. The President also referred to the various awards and prizes, including the institution of the Hallett prize, and to bequests to the College, a sum of £5,000 by the will of Mr. W. Thelwall Thomas, whose death was greatly regretted, and a sum of nearly £30,000 left by Sir George S. Mackenzie in 1910 to come to the College on the death of a survivor, which had recently taken place.

Dr. REDMOND ROCHE suggested that the demonstrations given in the College should have a wider clinical interest for Members. He also pointed out, with reference to the poll of Fellows, that a larger number had refrained from voting (770) than the majority registered against the claims of the Members (612).

Dr. M. PINUCANE carried this last point further when he claimed that the number of non-voting Fellows should be added to those voting in favour of the Members. Their abstinence from voting could be construed as a recognition of the justice of the Members' claims. He criticized the scheme for holding the primary examination for the Fellowship in the Dominions, urging that if the Fellowship was worth having it was worth coming over to this country to take.

Dr. DAVID ROXBURGH urged that there was no guarantee that the candidates examined in Canada or Australia would be of the same standard as the men who now passed through the College. He thought the standard of examination was set, not by the examiners, but by the candidates. If any Members in this country wanted to get the Fellowship on easy terms their best procedure would be to go over to Canada and take the examination there.

Dr. BROWNE-CARTHEW, as a Member of the College, said that the Society of Members was making altogether too large assumptions. One of their spokesmen had just assumed that all the non-voting Fellows were on the side of the Members, and in a circular which he had received from the Society of Members it was stated, "Since we are assured that you are in favour of this necessary reform . . ." He himself was very far from being in favour of it, and he was going to vote in the opposite direction.

The PRESIDENT, replying, said that he would call Sir Arthur Keith's attention to the suggestion by Dr. Redmond Roche regarding demonstrations at the College. With regard to the poll of Fellows in 1897 the numbers who voted "No" and "Yes" respectively were 485 and 201; the corresponding numbers on the recent occasion were 846 and 234. If Fellows did not vote at all their sympathies could not be claimed by either side. With regard to the primary Fellowship examination in Canada, the Council had taken over a year to consider this question; interviews took place with persons from Canada, and there had been a full correspondence with the authorities. The Council felt that it was an injustice to a man who happened to live in Canada and desired to become a Fellow of the College that he should be compelled to undergo unnecessary hardships in the matter of double travelling. Sir Berkeley Moynihan said that he, like many others who joined the profession, had been poor as a boy; had he

lived in Canada he could never have taken the examination, because he could not have afforded to come over, even once. There was not the slightest intention by the Council to weaken the primary Fellowship examination. The standard would be fully maintained by having visiting examiners who had acted in the same capacity in this country. They would go out to Canada and conduct an examination there exactly as it was conducted here. The College intended to have its own examiners, and none would be more inflexible about the maintenance of the standard than the College Council. Nor was there the smallest intention on the part of the Council to have the final Fellowship examination taken outside this country. A question had been raised with regard to the removal of a Member whose name had been erased from the *Medical Register* for adultery with a patient. He said that in such cases the Member concerned was, before removal, given an opportunity, if he so desired, of being seen and heard in his own behalf by the College authorities. In conclusion, he said that he was glad to hear some expressions from Members of their deep affection for the College. The affection was reciprocated by the Council, with whom some Members were in conflict on a very minor point. ("Oh!")

Dr. ERNEST E. WARE, President of the Society of Members, then moved the usual resolution affirming the desirability of admitting Members to direct representation upon the Council, and urging that, in consideration of the importance of the health of the nation, and of the fact that some 18,000 Members were in daily contact with the sick, it was most desirable for the benefit of the public, as well as of the College, that Members fulfilling such an important function should have some share in the deliberations of the College to which they belonged. He said that the first part of this resolution had been carried on thirty-nine previous occasions. This was a long time for pressure to be exercised, and the result had been to produce atrophy of the centres of logic and justice in the brains of the majority of the Council. With regard to the poll of Fellows, he maintained that the circular sent out from the College was a biased document suggesting, as it did, with great subtlety, that if Members got representation on the Council of the College the privileges of the Fellows would be curtailed. It was constantly said that the small attendances at the annual meeting—not much above the number necessary for a quorum—was an evidence that there was no genuine interest in this claim. But London, unlike the provinces, was notorious for smallness of attendance at medical meetings of all sorts. He added that the Strangeways collection, which had been offered to the College by the trustees, was the work of a Member, not a Fellow, and that many of those whose names were given in the report as having made additions to the museum during the year were Members, and not Fellows. If the College, as the President had said on the last occasion, existed for the benefit of the public, who was so well aware of the needs of the public as the general practitioner? In the inquiries which the Ministry of Health was now conducting, especially into the onset of various diseases, it would naturally turn to the College Council, but only if that Council included general practitioners could the most valuable help be given from this point of view.

The resolution was seconded by Lieut.-Colonel L. E. LANYON-OWEN, and supported by Dr. F. W. COLLINGWOOD, Dr. R. GILLBARD, Dr. F. G. LLOYD, and Dr. HOWARD STRATFORD. The last-named touched on the importance of forthcoming legislation concerning Poor Law hospitals and other health services. What would be the position of the College on whose executive the general practitioner had no place when the Government of the day asked advice and assistance on measures which threatened to extinguish general practice altogether?

The PRESIDENT replied that general practitioners were fully represented by the Fellows of the College. At least two-thirds of the Fellows—he put it at the minimum—were general practitioners. ("Not on the Council, Sir.") They voted for the Council. The members of the Council held themselves—he certainly held himself—to be the representatives of the general practitioners among the Fellows. It was quite true that this was the fortieth successive year in which this resolution had been moved and carried. Either the proposition was undesirable in itself, or it was presented inadequately or unacceptably. He would like to take up the pathological metaphor used by Dr. Ware. The only pressure which those who brought forward the resolution exercised upon the Council was a momentary spasm of pressure for something over an hour once a year. For the rest of the year they were slumbering in the matter. The proposition had its own strong supporters within the Council, and the Council had heard all the arguments that the Members put forward at the annual meetings and others that they had not yet thought of. The decision of the Council had been so far against it. If the resolution was carried on this occasion he would see that it was again presented. He took strong exception to the statement that the circular sent out to the Fellows on the occasion of the poll was biased. It was prepared most carefully, and contained not one word of partisanship. It was a straightforward statement, and the facts it set out could not be denied. The case of the Members would not be advanced by wilful and repeated misstatements.

The resolution was carried by 20 votes against 2.

## UNIVERSITY OF LONDON.

PROFESSOR G. E. GASK, D.S.O., F.R.C.S., of St. Bartholomew's Hospital Medical College, has been elected Dean of the Faculty of Medicine.

A course of five lectures on the role of bacteria in Nature will be given by Dr. F. W. Twort, superintendent of the Brown Institution, in the theatre of the Royal College of Surgeons of England, Lincoln's Inn Fields, W.C., on December 3rd, 5th, 7th, 10th, and 12th at 4 p.m. Admission is free, without ticket.

## UNIVERSITY OF OXFORD.

*Radcliffe Travelling Fellowship.*

AN examination for a Fellowship of the annual value of £300, and tenable for two years, will be held at the University Museum, commencing on February 12th, 1929, at 10 a.m. Candidates must have passed all the examinations required by the University for the B.A. and B.M. degrees, and must not have exceeded four years from the time of passing the last examination required for the degree of B.M. The successful candidate must, before election, declare that he intends to devote himself during the period of his tenure of the Fellowship to the study of medical science and to travel abroad with a view to that study. The Fellowship will be vacated *ipso facto* if more than nine months is spent within the United Kingdom. The Regius Professor of Medicine and the Examiners present a yearly report on the work done by each Fellow to the electors, who may, if they think the report unsatisfactory, declare the Fellowship forfeited. The examination will occupy four days. Papers will be set in physiology, pathology, and preventive medicine, and a subject will be proposed for an essay; there will also be a practical examination in pathology. Any candidate desiring to offer, in addition, a special branch of either medicine or surgery must notify the Regius Professor by January 30th. Intending candidates should send their names, addresses, qualifications, etc., to the Regius Professor of Medicine, University Museum, Oxford, by January 30th.

## UNIVERSITY OF SHEFFIELD.

THE Council has appointed Dr. Alan Lynn to the post of assistant bacteriologist.

**Medical Notes in Parliament.**

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons next week will take the second reading of the Local Government Bill. This week it read the Unemployment Insurance Bill a third time and the Imperial Telegraphs Bill a second time, besides considering estimates for the Colonial Office and for other services.

The Parliamentary Medical Committee met at the House of Commons on November 14th. Dr. Fremantle was re-elected chairman and Dr. Drummond Shiels secretary of the Committee. The Committee agreed to meet during the second reading debate on the Local Government Bill to decide its attitude towards the bill and to discuss possible amendments to it.

Mr. Neville Chamberlain promised to speak on the Local Government Bill at a special meeting of the Health and Housing Committee of Conservative members of Parliament on November 21st, Dr. Fremantle presiding.

**National Health Insurance.**

*Expenditure on Sickness Benefit.*—Replying on November 15th to Mr. Rhys Davies, Mr. CHAMBERLAIN announced that an examination of the expenditure of certain large approved societies in the first half of 1928 indicated broadly, after allowing approximately for the cessation of benefit to persons over 65, that the expenditure on sickness benefit in this period was rather less than in the corresponding period of the preceding year in the case of both men and women. A severe influenza epidemic materially affected the claims in the early months of 1927. The cost of disablement benefit was, however, somewhat heavier in 1928 in respect of each sex. In 1927 the expenditure on sickness benefit under the National Health Insurance Act was, for men 113 per cent. of the expenditure in 1925, and for women 112 per cent. For disablement benefit the ratios were, men 124 per cent. and women 126 per cent.; for maternity benefit the ratios were, men 90 per cent., and women 103 per cent.

*Prescription of Liver Extract.*—Mr. CHAMBERLAIN, answering Mr. Ammon on November 15th, said that the decision whether liver extract or other preparations could be regarded as drugs or medicines within the meaning of the National Health Insurance Acts rested primarily with Insurance Committees. In answer to inquiries made by such committees, he had indicated that he had no evidence to suggest that liver extract could properly be regarded as excluded from the scope of medical benefit in any cases in which it was requisite for the patient's treatment. He did not think that he had any power to issue a regulation on the subject.

*Bills.*

*Sunday Closing of Barbers' Shops.*—On November 20th Mr. JAMES STEWART asked leave to introduce a bill to provide for the compulsory closing of hairdressers' and barbers' shops on Sundays. He explained that the bill, which he has introduced on several previous occasions, dealt with what was a dangerous trade. The conditions under which the people in the barbers' shops worked were injurious to their health. Many of the shops were unhealthy, and if there was a proper standard of inspection would not be allowed to carry on. The workers in this trade worked longer hours than did the average shopkeeper, the average being from 60 to 70 hours a week. In 1914 one out of every five of the persons engaged in the trade died of consumption, and to-day, if members of Parliament went to a barber's shop, they must remember that one out of five of the men who looked after them was a source of infection. Leave was granted to bring in the bill, which was read the first time.

Sir ROBERT GOWER presented, on November 14th, a Protection of Dogs Bill, "to prohibit the vivisection of dogs." The bill was supported by Colonel Moore, Mr. Bromley, Mr. Thurtle, Captain A. Evans, Mr. Sexton, Mr. Radford, and Commander Kenworthy. On the same day Sir ROBERT GOWER presented a Housing Bill "to amend provisions in Part II of the Housing Act, 1925, relating to improvement and reconstruction schemes." This bill is concerned with the question of compensation for property demolished under slum clearance schemes.

*Encephalitis Lethargica and Vaccination.*—Mr. CHAMBERLAIN, in a reply to Mr. Briant on November 15th, said that 1,394 civilian cases of encephalitis lethargica were notified in England and Wales in the fifty-two weeks ended November 3rd, 1928. He could not state what was the number of cases in which vaccination had been performed within two months of the appearance of the disease, as medical practitioners were not required to state the vaccinal condition of persons notified as suffering from this disease. Dr. DAVIES asked whether other zymotic diseases had not been followed by encephalitis lethargica in which the question of vaccination did not arise at all. Mr. CHAMBERLAIN confirmed this. In answer to a question on November 20th, the Minister of Health said the recent report of the Committee on Vaccination stated that almost all vaccine establishments used rabbits for the purpose of improving and maintaining the quality of the seed lymph. His department had no information as to any countries in which this practice was not followed, and he could not say, therefore, whether those countries had displayed any special freedom from post-vaccinal encephalitis.

*Maternity and Child Welfare.*—Provision has been made in every sanitary district of the country, either by the county council or the local sanitary authority, for maternity and child welfare. Such provision is now made by 60 county councils, 83 county borough councils, 135 urban district councils, and 18 rural district councils. After announcing these figures to the House of Commons on November 15th Mr. CHAMBERLAIN added that he knew the Association of Infant Welfare and Maternity Centres had passed a resolution against the proposed substitution of block grants in support of maternity and child welfare centres. Mr. Chamberlain hoped that the proposals now before the House would dispel any fear that these services would suffer by the changes foreshadowed. Answering Mr. Montague on the same day, Mr. Chamberlain denied that a circular had been issued to local authorities intimating a maximum expenditure which would be recognized for grant-in-aid of the supply of milk for expectant and nursing mothers and children. In the letters which were sent to some local authorities last March, informing them of the maximum expenditure for maternity and child welfare work during the current financial year which could be recognized for grant, suggestions on procedure were made with a view to enabling the authorities to keep their expenditure on milk within the amounts approved for grant. This letter was sent only to the authorities whose estimated expenditure on milk exceeded £100, and, moreover, was not addressed to those whose districts are situated in distressed mining areas in Durham, Lancashire, Northumberland, and South Wales. The total estimated saving in grant was about £12,000.

*Pulmonary Tuberculosis and War Service Conditions.*—In reply to Dr. Vernon Davies, on November 15th, Mr. A. M. SAMUEL said the Joint Medical Committee consisting of the directors of medical services of the three service departments and the Ministry of Pensions, were investigating the attributability of pulmonary tuberculosis in the defence forces to the conditions of service. A report on the relationship between these conditions and pulmonary tuberculosis had been prepared for this committee by a subcommittee, and was being considered. He could not anticipate the conclusions of the committee. Answering Sir Arthur Shirley Benn on the same day, Colonel HEADLAM said the Board of Admiralty had made careful and exhaustive inquiry into the incidence of tuberculosis in the navy with particular reference to the question whether, in pension awards following invaliding for this disease, there was adequate recognition of causes peculiar to the conditions of naval service afloat to which tuberculosis might be regarded as attributable. As a result of this investigation they had come to the conclusion that, although the rules and principles governing the assessment of attributability in tuberculosis cases had in the past been correctly formulated, there were grounds justifying more generous treatment in many of these distressing cases, and they had decided that in respect of invalidings as from October 1st, 1928, there should be such a modification of these rules and principles as would considerably reduce the percentage of cases in which "non-attributable"

awards only could be regarded as appropriate. These arrangements were without prejudice to the consideration of any recommendations which might be embodied in the report on this question which was expected shortly from the Joint Medical Services Committee.

**Treatment of Tuberculosis under the Public Health Act.**—Mr. CHAMBERLAIN told Mr. Bellamy, on November 15th, that he did not know any local authority which had not made adequate arrangements for treatment of tuberculosis under Section 1 of the Public Health (Tuberculosis) Act, 1921. Provision of sanatorium accommodation was still in progress. He anticipated that this would be helped by the passing of Poor Law accommodation into the hands of counties and county boroughs. As regards village settlements for the after-care of persons who had received sanatorium treatment, further experience was needed before any extensive development could be expected.

**Lighting of Schools.**—Sir CHARLES TREVELYAN asked Lord Eustace Percy, on November 14th, why the Board of Education recently insisted on certain local education authorities putting into their schools windows admitting direct sunlight. Lord EUSTACE PERCY said these authorities had proposed to erect premises into which direct sunlight could never penetrate. There had been no unreasonable interference with the authorities' discretion, and the rigidity of the Board's building regulations had been greatly relaxed during the last three years. In the schools in question it would still be possible by use of blinds to exclude direct sunlight when desired.

**Artificial Light Treatment of School Children.**—Dr. VERNON DAVIES, on November 15th, asked what steps the President of the Board of Education took to provide that artificial light treatment for the school child was only given by properly qualified persons. Lord EUSTACE PERCY said that in many cases artificial light treatment for children attending public elementary schools was provided at the light department of a general hospital under an arrangement between the local education authority and the hospital authorities. Treatment at a school clinic was allowed only on condition that the medical officer with special experience of artificial light therapy was in charge, assisted by a nurse who also had special experience of this work.

**Radio-therapeutic Treatment of Disease.**—On November 19th Sir KINGSLEY WOOD told Dr. Vernon Davies that the Ministry of Health was responsible, by means of grants or otherwise, for the use of electro-therapy in the treatment of disease. Electro-therapy was practised in public institutions dealing with tuberculosis, with maternity and child welfare, and with the care of the pauper sick. It was a condition of any grant that the medical officer using such means of treatment should be especially qualified or experienced, and the treatment provided in a Poor Law institution was always under the direction of a qualified practitioner. In reply to a question regarding the supply of radium, Sir KINGSLEY WOOD stated that the radium requirement of this country in relation to present sources of supply was under consideration by a subcommittee of the Committee on Civil Research. He hoped the report of the subcommittee would be presented shortly. Colonel WOODCOCK asked if, in the meantime, the Ministry would allow institutions to purchase radium on the same terms as they had already permission to purchase. Sir KINGSLEY WOOD replied that he did not think that arose out of the question.

**Ultra-violet Light Statistics.**—Mr. Chamberlain has promised to consider a suggestion that he should recommend all local authorities to publish daily statistics of ultra-violet light, similar to those now issued by the National Institute of Medical Research, Hampstead, and at four other places.

**Factory Inspectorate.**—In an answer to Mr. Buchanan, on November 15th, Sir WILLIAM JOYNSON-HICKS said the Committee appointed to inquire into the question of the factory inspectorate had only recently commenced its work. He did not think it necessary to ask for an interim report.

**Shortage of Hospital Beds at Newington Poor Law Institution.**—Mr. NEVILLE CHAMBERLAIN, in answer to a question, said he was aware that additional accommodation was required at the Newington Poor Law Institution, where a shortage of hospital beds was alleged. He was unable to approve a scheme submitted by the Southwark board of guardians involving an expenditure of £100,000. Officials of the Ministry had made suggestions to meet the immediate needs of the institution.

**Hop-pickers' Accommodation.**—Mr. CHAMBERLAIN, in an answer to Mr. Briant on November 15th, said he had received reports on the condition of hop-pickers in the recent season. On the whole these showed that satisfactory progress was being made by the district councils in securing a proper standard of accommodation. He did not contemplate transferring this responsibility to a central authority.

**Foot-and-Mouth Disease.**—From August 1st to November 15th twenty-five outbreaks of foot-and-mouth disease were confirmed in Great Britain. Mr. GUINNESS stated that the work of the Foot-and-Mouth Disease Research Committee was being continued in five different laboratories, and that the Pirbright Experimental Station had been refitted for work on an extended scale on the larger animals. On November 19th he informed General Wright that in connexion with the outbreak of foot-and-mouth disease in Devonshire no report had been made to him of the danger that the Ministry's inspectors might spread infection by not changing or disinfecting their clothing as well as their boots when moving from an infected into a non-infected area. Every inspector of the Ministry was required to wear special waterproof overall clothing when engaged on foot-and-mouth disease duties, and to disinfect the whole of his clothing and his hands at the time of entering and leaving premises. Experience proved that the precautions were

adequate, and he was satisfied that the inspectors did not spread the disease. The Ministry considered that the policy of slaughtering animals affected with foot-and-mouth disease and exposed to infection was the only policy which, with the existing knowledge of the disease, would be successful in preventing it from becoming endemic in this country. The first animals affected in the serious outbreaks which had recently occurred in the neighbourhood of Plymouth were pigs which had been fed on swill containing scraps of meat of foreign origin. The swill had not been boiled in accordance with the Foot-and-Mouth Disease (Boiling of Animal Food-stuffs) Order, 1928.

**Award of Pensions to Ex-Service Men.**—Mr. BALDWIN, in a reply on November 15th to Sir Arthur Holbrook, said he had received a memorandum from the Annual Conference of the British Legion advocating the co-ordination of the award of pensions to ex-members of the fighting services, and the placing of the responsibility for dealing with pensions for all the forces of the Crown under the Ministry of Pensions. Mr. Baldwin said he was satisfied, after consulting his colleagues, that there would be no real advantage, but serious disadvantages in such a step.

**Smoke Abatement.**—Mr. CHAMBERLAIN told Commander Bellairs, on November 20th, that under the Public Health (Smoke Abatement) Act, 1926, there were now five regional advisory committees, including one for Greater London, and one executive committee with administrative powers. An order had been made bringing new processes under the operation of the Alkali Act. By-laws as to the emission of black smoke had been approved for a number of local authorities, and generally there was a marked quickening of interest and activity in the work of smoke abatement.

**Proposed School for Mentally Defective Children.**—On November 19th Lord EUSTACE PERCY, in reply to Mr. Crawford, denied that a proposal of the education authorities of Middlesex, Ealing, Brentford and Chiswick, Heston and Isleworth, and later Twickenham, to open a day school for mentally defective children had been refused. The Board of Education had, however, suggested that the proposal should be deferred pending the report of the Special Committee on Mental Deficiency, which he hoped to receive soon.

#### Notes in Brief.

Since October 1st, 1924, sixty slum clearance schemes, involving rehousing of 35,000 persons, have been confirmed. Eight of these schemes have been completed and the population rehoused.

No cases of adverse effect on health from the prohibition of the use of food preservatives have been brought to the notice of the Minister of Health, who sees no reason to modify the new Preservative Regulations.

The Ministry of Health hopes soon to issue a report on refuse dumps.

Asked as to what progress had been made by the Joint Medical Services Committee of the Navy, Army, and Air Force in establishing a common system of costing for hospitals, Mr. A. M. SAMUEL said the matter was still under consideration.

## Medical News.

THE annual dinner of the Medico-Legal Society will be held at the Holborn Restaurant, London, on Friday, December 14th, at 7.15 p.m., with the president, Sir William Willcox, in the chair.

THE tenth annual reunion dinner of the 29th General Hospital will be held at the Trocadero Restaurant, London, on Saturday, December 8th, at 7.30 p.m. Applications should be addressed to the Secretary, Heronfield, Meadowcourt Road, Leicester.

THE sixteenth annual meeting of the British Dental Hospital will be held at 23, Russell Square, W.C., on Thursday, November 29th, at 8 p.m., with the president, Sir Harry Baldwin, in the chair. Dr. Leonard Williams will give an address on the arch of the buccal building.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that on Monday, November 26th, Dr. Donald Paterson will give a lecture on "Some problems in infant feeding," at the Medical Society of London, 11, Chandos Street, Cavendish Square, at 5 p.m., and on the following Wednesday Mr. Victor Bonney will give a "Gynaecological talk," at the Medical Society, at 11 a.m. Demonstrations will be given on Thursday, November 29th, at 4 p.m., by Mr. Cunningham, at the Central London Ophthalmic Hospital, and on Monday, November 26th, at 2.30 p.m., by Dr. A. J. Whiting, at the Prince of Wales's General Hospital, Tottenham. There is no fee for the above lectures and demonstrations. Special courses are in progress in urology at St. Peter's Hospital, in ophthalmology at the Royal Westminster Ophthalmic Hospital, in neurology at the West End Hospital for Nervous Diseases, and in venereal diseases at the London Lock Hospital. During December there will be two courses only, from December 3rd to 15th, in infants' diseases at the Infants Hospital, and in dermatology at the Blackfriars Skin Hospital. Copies of all syllabuses and information regarding the general course arranged by the



Fellowship of Medicine will be sent on application to the Secretary, 1, Wimpole Street, W.1. The complete list of special courses for 1929 is now ready.

THE Society of Apothecaries of London held its Yeomanry Dinner on November 20th in the Hall at Blackfriars. The guests were received by the Master, Lieut.-Colonel C. T. Samman, R.A.M.C.(ret.), and the Wardens, Dr. H. J. Flott and Sir George Buchanan. The toast of the Royal Colleges was proposed by the immediate Past-Master, Dr. R. Whiteside Statham, who took this opportunity to compliment the President of the Royal College of Physicians on the brilliant success of the Harvey tercentenary celebrations carried out under his leadership. Sir John Rose Bradford, P.R.C.P., in reply, expressed his pleasure in enjoying once more the hospitality of the Society, between whom and his College there were many links besides their common aim in regard to medicine. Sir John Lynn Thomas, as an old friend of the Master, was warmly welcomed when rising to reply on behalf of the Royal College of Surgeons; in the course of a brief speech he congratulated the Society on instituting its new Diploma in Midwifery and Child Welfare. The toast of "The Yeomanry" was proposed by the Master, who said that for more than 300 years the Society had held to the old traditions of the mediaeval City Guilds, promoting the well-being of its members and encouraging good workmanship among them. He added that the woodwork of the Society's Hall—as many of those present knew too well—had been ravaged by the death-watch beetle; as investigation proceeded worse and worse damage came to light, so that a large part of the old building would have to be rebuilt, brick by brick and beam by beam. The Master ended by presenting a beautiful silver salver, bearing the names of many subscribers, to the Bedell, Mr. William T. Withers, who has been the trusted servant of the Society for a great number of years. Mr. John F. Eastwood replied on behalf of his fellow Yeomen, and Mr. Withers acknowledged the gift. The concluding toast was that of "The Guests," proposed by the Junior Warden, Sir George Buchanan, and replied to by Sir StClair Thomson and Mr. Charles Breach, Master of the Vintners Company.

INFORMATION regarding the international medical tour of the Côte d'Azur, arranged by the Société Médicale du Littoral Méditerranéen to take place after Christmas, may be obtained from Mme Juppé-Blaise, Federation of the Health Resorts of France, 1, Gordon Square, W.C.1, or from Dr. M. Faure, 24 rue Verdi, Nice. Particulars of the programme were given in the *Journal* of October 13th (p. 682); the party assembled at Marseilles on the evening of December 26th, proceeding thence to Toulon, Cannes, Monte Carlo, Mentone, and other centres, where scientific demonstrations, therapeutic discussions, visits to places of interest, and entertainments will be arranged. The tour ends on January 7th at Nice, after an excursion to the Alps, but members who so desire may extend their journey to include a visit to Corsica.

LIEUT.-COLONEL A. E. HAMERTON, D.S.O., late R.A.M.C., has been appointed pathologist to the Zoological Society of London, in succession to Dr. H. H. Scott, who has taken up an appointment under the Colonial Office.

THE following members of the medical profession were called to the Bar on November 19th: Dr. Eric W. C. Thomas (Middle Temple), Dr. W. H. Butcher and Dr. V. P. Gonsalves (Inner Temple).

THE Professional Classes Aid Council, in its seventh annual report covering the year ended April 30th, 1928, takes occasion to explain the reasons for its existence side by side with the many benevolent funds maintained by the various professions. It is pointed out that experience has shown many persons do not know of such special funds, and that these funds are still less known to widows and other dependants. The regulations which govern their administration, moreover, often restrict severely their scope and functions; while there are, further, educated people of the class termed the "new poor" who have no claim on any other funds. No defence of the council's position, however, could be so convincing as proof of the necessity for its existence as its record. Last year 780 applicants were dealt with, and financial help was given to 154 families. A very considerable number (334) were advised to apply for help to other agencies, and directed how to proceed; in this way the council acted as a clearing-house for information and provided a link between applicants and the societies concerned. It has also been able to co-operate with certain other organizations in supplementing the funds at their disposal in special cases. In giving relief the Council seeks to adopt the form best calculated to rescue the applicant from future difficulties. The largest item in its relief expenditure was education; the school expenses of 58 children have been wholly or partially met. Other persons have been assisted to obtain professional training, and a number have

been given relief in emergencies caused by illness, etc. During the past year, through the kindness of an anonymous donor, who has undertaken to place a sum of £500 annually at the disposal of the Council, it has been possible to provide annual allowances for aged and infirm persons. The Council is composed largely of representatives of the leading professional bodies and benevolent organizations, the British Medical Association being represented by its Treasurer, Mr. N. Bishop Harman.

VARIOUS sections of the ninth annual report of the Scottish Board of Health, 1927, of which a summary appeared in our issue of June 23rd, 1928 (p. 1081), have now been issued separately in pamphlet form, and are obtainable at His Majesty's Stationery Office or through any bookseller. We have received copies of the following: *The Problem of Puerperal Sepsis* (3d. net); *The Work of the Medical and Dental Referees under the National Health Insurance Act* (4d. net); *The Pollution and Purification of Rivers* (6d. net); and *The Poor Law Medical Service* (4d. net).

THE fourteenth annual report of the British Guiana Infant Welfare and Maternity League states that abnormal weather conditions in 1927 favoured an increase in malarial disease, causing higher infant and child mortality. By means of propaganda and of the supply of food, clothing, and mosquito nets the league is endeavouring to prevent this wastage of young life, and the settlers, aboriginal Indians, and others are, it appears, learning to appreciate the value of its work. During 1927 the league nurses attended 2,661 confinements, as compared with 563 in 1918. The development of ante-natal work has proved difficult, and in some districts expectant mothers have been found very reluctant to attend clinics, although the prevalence of malaria, nephritis, atokylostomiasis, and other complications makes it important for them to have medical inspection. It is suggested that there is an urgent need for propaganda in connexion with pre-natal care among the parents and the midwives in the villages.

DURING 1926-27 the number of grants made by the Queen Alexandra Sanatorium Fund, which exists to help tuberculous patients of limited means to obtain treatment at Davos, was again greater than in any previous year. Payments at the rate of £2 (50 Swiss francs) a week are made to selected patients in an early stage of the disease, grants being given for a period covering the late autumn, winter, and early spring, conditional on the patients staying at approved sanatoriums or pensions at Davos. This grant system, which was adopted quite recently, has proved generally satisfactory. Many patients, however, have not derived the maximum benefit from the treatment owing to the shortness of their stay. The honorary secretary of the fund is Mr. D. Vesey, 97, Warwick Road, S.W.5.

THE Alvarenga prize for 1928 has been awarded by the College of Physicians of Philadelphia to Drs. J. R. Paul and W. N. McClenahan of Philadelphia, for their essay entitled "A pathological study of the pleural and pulmonary lesions in rheumatic fever." The next award of the prize, which amounts to about 300 dollars, will be made on July 14th, 1929. Essays submitted may be on any subject in medicine, and must represent an addition to knowledge based upon original or literary research; they must be received by the Secretary of the College of Physicians, 19, South 22nd Street, Philadelphia, Pa., U.S.A., on or before May 1st, 1929.

ON attaining his eightieth birthday, and in recognition of his public services, Dr. William Smith Paget-Tomlinson was, on November 19th, the recipient of presentations from the inhabitants of Kirkby Lonsdale and from his farm tenants there. Receiving his medical education at Liverpool and University College, London, Dr. Paget-Tomlinson graduated M.B.Lond. in 1871 and proceeded M.D. in 1879; he was elected a Fellow of the Royal College of Physicians in 1927. He has served as chairman of the Westmorland School Medical Inspection Committee and of the Public Health Committee, and is president of the Westmorland Sanatorium for the Consumptive Poor, for the establishment of which he was mainly responsible. In 1897 he was High Sheriff of the county.

SIR ROBERT ARMSTRONG-JONES of Plas Dinas and Dr. J. H. Morris-Jones of Colwyn Bay have been nominated as sheriffs for Carnarvonshire and Denbighshire respectively.

THE forty-fourth German Balneological Congress will be held in Berlin, under the presidency of Professor Dietrich, from January 25th to 27th, 1929, when the principal subject for discussion will be science and research in balneology.

IN memory of her brother, Mr. Nathaniel M. Barnes, who was for many years a member of the committee of Bolton Infirmary, Miss Barnes has given £10,000 to that institution. The money will be used to build the first of four new hospital blocks.