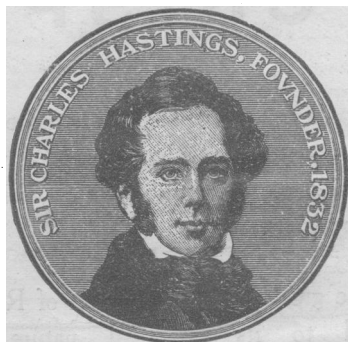


The
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THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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Withdraw 2 c.cm. of this mixed blood and pour into another test tube, B. It is found that this blood remains a bright scarlet for many hours, and also remains liquid for some hours after the normal blood has not only coagulated but a large clot has formed.

These reactions are, of course, more marked when a considerable amount of the solution is still in the blood (large dilated ampullae) and when it is withdrawn immediately after the injection has been given. The withdrawal of this amount of medicated blood has not—in my experience in over 20 cases taken at random—prevented the veins from reacting and being cured. Further experiments might be undertaken with other drugs, so as to discover whether the desired obliteration could be accomplished by injecting followed by the immediate withdrawal of as much of the drug as possible, so that more active doses might be used and idiosyncrasy avoided.

Deductions: (1) The solution remains but for a very brief period *in loco*. (2) Addition of NaCl solutions (20 per cent.) to blood withdrawn from a varix retards its clotting *in vitro*.

Since the solution remains in the vein for something under one minute, and as we know that for about twelve hours no naked-eye or microscopical changes are discernible in the vessel walls, after which time, however, changes begin and are progressive to the formation of a blood clot, it seems only logical to deduce that this clot is the after-result of a momentary, severe, but purely local chemical reaction on the endothelium at the time of the injection. The physical properties of this clot are most likely due to the extent and degree of the reaction from the sclerosing effect of the solution, and whether or not some degree of infection was present in the vein at the time. If the vein is free from active infection and the reaction severe, the clot will be hard, adherent, and possibly extensive. Should there be any infection present the clot might soften, break down, and cause an embolism at some future date. All cases of emboli, if they are ever to be directly attributed to sclerosing solutions, as being their sole origin, must occur either during the injection itself or at least a very short time after it. A few such cases have been reported from time to time with quinine and urethane, and also with sodium salicylate; the recorded symptoms are suggestive of some embolic complication, but of a transitory nature, and the patients recover very rapidly. Other cases are on record where huge doses of drugs have been injected, doses that converted an otherwise non-productive infarct substance into an infarct-forming one, causing immediate clotting of the blood *in situ*. It is not remarkable that in such circumstances fatal cases have been recorded.

As already stated, NaCl retards coagulation; it is improbable that at any time, in normal conditions, this solution is ever capable of giving rise to an embolism. On the other hand, it has frequently been accused of always causing pain, and often very severe reactions. It sometimes causes a very intense reaction, so may quinine and sodium salicylate, but under these conditions (due entirely to the individual) there is little left to choose between them as regards the intensity of the pain and discomfort experienced by the patients; the end-results will, however, generally be excellent.

Colt, using sodium salicylate with 10 per cent. NaCl, stated some time ago that he believed it was better to use large quantities of medium strength solutions than small concentrated ones; the theory seems to be borne out by the above experiments. Gillespie and Strobel state that they, too, use large doses of 20 per cent. NaCl—10 c.cm. for one injection, up to 20 or 30 c.cm. at one time; or with 5 or 10 c.cm. three or four injections can be made at one sitting. They claim that with this solution a more adherent and extensive thrombosis, and a better end-result, is obtained than with other sclerosing solutions.

Why are NaCl solutions the most active in this form of treatment? Probably because they have a greater destructive power upon the endothelium, and because it is possible to give such large doses that the chemical effect upon the vessel wall is proportionately of longer duration than it is with other drugs used in small but concentrated solution. The reaction on the vessel is greater, more lasting, and probably more penetrating, which may account in part for the transitory pain which is frequently, but not

invariably, encountered. These solutions of NaCl are not necessarily painful, but only so under certain conditions due to the pathological state of the veins themselves. At all events, it may be affirmed that they retard clotting of the blood, and that therefore they are incapable of giving rise in the ordinary way to any thrombosis, either at the time of injection or subsequently; they are probably the most effectual and the safest to use at present, and will remain such until the ideal solution has been discovered.

In conclusion, mention might be made of a new and very interesting sclerosing agent—namely, sodium morrhuate, as recommended by Higgins and Kittle (*Lancet*, January 11th, 1930). I have used it in a small number of cases with good results. If time and experiments should prove it to be always reliable and safe, it will probably supersede all other sclerosing solutions now in general use.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE BRONCHITIS WITH VAGINAL BLEEDING AND ACUTE ABDOMINAL PAIN.

THE following case, in which an attack of acute bronchitis with abdominal pain and vaginal bleeding simulated a ruptured ectopic pregnancy, is perhaps of sufficient interest for publication. The occurrence of bleeding per vaginam from the uterus or adnexa, when the origin cannot clinically be determined, is a puzzling feature in questions of abdominal diagnosis. Cases of such haemorrhage depending on general or local vascular disturbance have long been recognized and cannot be rare (*vide Kelly's Gynaecology*, p. 708), and no doubt many of the elect have from time to time been deceived.

A married woman, aged 40, was admitted to the Withington Hospital on October 30th, 1929, as a case of ruptured ectopic pregnancy.

Previous Medical History.—She had had two children, the second being born fifteen months previously. There was no history of abortions, and the periods were regular. No leucorrhoea was present.

Present Illness.—This started with acute abdominal pain, which was most marked in the lower abdomen, and especially on the left side. Lower abdominal hyperaesthesia and tenderness were present. Rigidity was not great, owing to a lax and obese abdominal wall. Before admission she had lost per vaginam three-quarters of a pint of blood. The temperature was 98.6°, the pulse 90, and the respirations 28.

Bimanual Examination.—The cervix was found to be closed; the uterus and adnexa were normal. A slight boggyiness was felt on the right side, possibly due to constipation, since it disappeared later after an enema. Blood was deposited on the examining finger.

Lungs.—The acute bronchitis was not well established till later, but rales and rhonchi were heard in both lungs. The respiration was hurried; the facies was anxious and slightly cyanotic.

Progress.—Expectant treatment was adopted, but solely at the time on account of the lung condition. On an hourly pulse and respiration chart the pulse rate was never above 100, while the respiratory rate increased in a few hours to 40 per minute. The temperature never rose above normal. There was no more vaginal bleeding, and, following appropriate treatment, the chest condition quieted down within twenty-four hours. She was discharged apparently perfectly well ten days later.

This case clinically was without doubt one of acute bronchitis, as is especially evident in retrospect. No pelvic lesion could be demonstrated to account for the vaginal bleeding. With subsidence of the chest signs the patient improved rapidly, and on discharge was apparently perfectly well. I feel certain that laparotomy would have shown a normal uterus and adnexa.

The bleeding was due presumably to vascular congestion consequent upon the acute bronchitis, for on admission the patient was slightly cyanotic. The possibility of an adnexal tuberculous process could not be excluded, as the patient had been in a sanatorium for tuberculosis for three weeks seven years before, but this condition had apparently cleared up completely. The only reason why laparotomy was not performed was on account of the chest condition, as the diagnosis of ruptured ectopic pregnancy was foremost in our minds.

W. C. D. WALMSLEY,
Assistant Medical Officer, Withington
Hospital, West Didsbury,
Manchester.

ANOTHER DISEASE CAUSED BY WOMEN'S FASHIONS.

DURING the last year or so I have seen an increasing number of cases of the condition about to be described among women coming under my care for other reasons, and in three or four cases I have actually been consulted with regard to the condition itself.

It apparently only occurs in women of 35 years or more who have bobbed or shingled hair, and who also have the coarse, greasy type of skin with patulous sebaceous follicles. It consists of a pigmented band—more or less continuous according to the shape of the head—lying horizontally across the upper part of the forehead, generally about half an inch in width across the front, but usually wider and less regular at the temples. In summer, and at a distance, the effect might be mistaken for that of the natural contrast between sunburnt skin and skin protected by the hat, but on close examination the lesion is seen to be composed of telangiectases, a marked deepening of the colour at the folds of the natural fine wrinkling of the skin and pigmentation of a yellowish-brown colour, arranged sometimes in a rough network and sometimes collected into freckles of irregular size and shape.

The lesion does not disappear in winter, and in some cases forms a definite and conspicuous disfigurement. It is, moreover, very difficult to remove. Sufficiently vigorous application of CO₂ snow removes some of the pigmentation in rather a patchy manner and the larger telangiectases can be dealt with by electrolysis, but the lesion somehow or other seems to remain visible.

The first time I noticed the condition I thought it was a limited manifestation of Civatte's poikiloderma reticularis, which it resembles very closely, but I soon had an opportunity of observing its coincidence with the red groove formed on a patient's forehead by the recent pressure of a hatband.

Women, owing to the carriage of the head differing from that of men, wear their hats further back—they present in relation to their hatbands by the vertex, as opposed to men, who present by the brow. The vertex, as the obstetrician knows, subtends a shape admirably adapted to slip out of such things as hatbands. With the added mechanical disadvantage of the hair not being anchored at its distal end it has been necessary for hats to fit more tightly than ever.

It seems probable that the seborrhoeic condition of the forehead may also have a mechanical influence in the matter. For reasons which will be obvious I have not been able to study the condition histologically and I confine myself to drawing attention to the condition and its immediate cause.

J. H. TWISTON DAVIES, M.B.,
Dermatologist, Royal Sussex County Hospital.

SPRUE TREATED WITH INTRAVENOUS INJECTIONS OF CALCIUM CHLORIDE.

THE following clinical details of a case of sprue are interesting in view of the fact that this disease is very rare in Costa Rica, and there do not seem to be any published reports on this system of treatment.

A coffee planter from Costa Rica, aged 69, was first seen in August, 1928, with a two months' history of loose, frothy, clay-coloured motions, associated with loss of weight and anaemia. A diagnosis of sprue was made.

During the subsequent eleven months, some portion of which was spent in hospital, he received treatment on the usual lines. He was dieted strictly; calcium was given both as the lactate and also in a proprietary preparation; liver, subcutaneous iron and arsenic injections, strawberries, and Batavia powder were also tried. The latter controlled the diarrhoea but did not appear to affect the course of the disease, and his condition deteriorated. The weight dropped from his usual 10 st. 6 lb. to 8 st. 13 lb., and loss of appetite and weakness were marked. In February, 1929, he was admitted to hospital and put on 2 lb. in weight, but he was discharged some weeks later very little better.

In July, 1929, intravenous calcium treatment was started in conjunction with parathyroid extract, but the parathyroid was omitted later, as it appeared to have no effect. The series of injections commenced with an initial dose of 1 c.cm., which was gradually increased to 3 c.cm., at intervals at first of three days, which were increased to a week or longer as the patient's condition improved. A total of twenty-five injections was given.

The general condition of the patient greatly improved. His weight has increased from 9 st. 1 lb. to 10 st. 9 lb. His appetite is better, and he has much more energy. The looseness of the bowels has not disappeared; there are still on an average one or two motions daily, as contrasted with the daily two to three before the intravenous therapy was employed.

As an experiment, for a fortnight the treatment was omitted, and he was given instead 10 grains of calcium chloride by mouth, three times daily. No effect was produced other than heartburn and loss of appetite, and the patient did not experience that sense of well-being and energy which he always noticed after the intravenous administration. There did not appear to be any drawback to the treatment. For a few moments after the injection there was a sense of constriction in the throat, but this soon passed off, and caused no inconvenience.

Lloyd¹ reports that sino-auricular heart-block has been produced by 4 c.cm. of 10 per cent. calcium chloride solution, injected intravenously, but that, on the other hand, 50 c.cm. of 1 per cent. calcium chloride have been injected without noticeable effect. Dutton² recommends an initial dose of 1 grain in intravenous calcium administration for any purpose. In the present case a 2 per cent. solution was used.

St. Leonards-on-Sea.

W. GOVER, M.B., B.Ch.Oxon.

Reports of Societies.

SPRUE.

At the meeting of the Royal Society of Tropical Medicine and Hygiene on June 19th, with Dr. G. CARMICHAEL Low in the chair, a paper on the applied pathology, biochemistry, and treatment of sprue was read by Dr. N. HAMILTON FAIRLEY.

Dr. Fairley conceived of sprue as essentially an alimentary disease, the clinical features and pathological, haemolytic, and biochemical findings being explained in terms of the resulting dysfunction of the gastro-intestine. The pathological lesions, which were primarily inflammatory and secondarily atrophic, had a notoriously patchy distribution, and in the later stages might implicate the whole tract. Involvement of the stomach was indicated by the frequency of defective acid secretion, and, as in pernicious anaemia, deranged gastric secretion probably underlay the megaloblastic hyperplasia of the marrow and the megalocytic anaemia so characteristic of sprue. The aplasia which the megaloblastic marrow underwent in sprue resulted from malnutrition, and was analogous to the corresponding changes produced in the normal megaloblastic marrow of pigeons undergoing starvation. Investigations on the blood chemistry of sprue showed that total as well as the ionic serum calcium was frequently reduced, and also that this reduction was not accompanied by an increase in the inorganic phosphorus. The essential principles in the treatment of sprue might be summarized as (1) alimentary rest; (2) restoration of the blood to a normal condition; (3) reinforcement of lowered blood calcium and defective HCl secretion. In sprue the starchy foods and the disaccharides in the gut gave rise to acid fermentation, while fat was poorly absorbed. Of the fundamental foodstuffs, protein, especially in the form of minced underdone red meat, was well tolerated, leaving little residue, and the author submitted that the most rational method of obtaining alimentary rest under such conditions was by the administration of a high protein, low fat, low carbohydrate, adequate vitamin diet. The effects of a high protein diet were very obvious clinically, since the stools showed a fall in their fat content, became neutral or alkaline in reaction, rapidly decreased in bulk and number, while abdominal distension and intestinal flatulence disappeared. In all cases of megalocytic anaemia liver extract in full dosage was administered daily, and a steady improvement in the red cell counts and percentage of haemoglobin followed, and generally a reticulocyte response was elicited, its intensity being inversely proportional to the gravity of the anaemia.

Colonel F. P. MACKIE, I.M.S., believed sprue to be a disease *sui generis*, also that it was fundamentally an infective disease, though what the specific infection was,

¹Lloyd, W. D. M.: Danger of Intravenous Calcium Therapy, *British Medical Journal*, April 21st, 1928, p. 662.
²Dutton: *Intravenous Therapy*, p. 517.

years later was transferred to the medical director's department as additional health officer. After a period of service as acting assistant medical director and district surgeon at Bulawayo he was promoted medical inspector and chief compound inspector at Salisbury. Dr. Ellis's war service revealed the same strong sense of duty that characterized his work as Government medical officer. During the East African campaign he was several times mentioned in dispatches for gallantry and distinguished conduct and was awarded the Military Cross. In 1917 he accompanied the 2nd Rhodesia Regiment overseas; he was given a commission in the R.A.M.C. and reached the rank of major, serving until 1919 in France. After the war he resumed his post at Salisbury and in 1925 was appointed senior Government medical officer at Bulawayo, where he threw himself heart and soul into the work of the memorial hospital lately taken over by the Government. In the British Medical Association Dr. Ellis had been honorary secretary of the Mashonaland Division and of the Rhodesian Branch, and from 1926 to 1929, was chairman of the Matabeleland Division. Last year he was appointed a member of the Rhodesia Medical Council. He leaves a widow and three children.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following awards have been made: Theodore Williams Scholarship in Human Anatomy, 1930, to H. N. Davis; Theodore Williams Scholarship in Physiology, 1930, to T. M. Williams; Welsh Prize, 1930, for excellence in anatomical drawing, to M. C. Chapman and E. H. Leach (equal).

The following candidates have been approved at the examination indicated:

FINAL M.B., B.Ch.—A. D. C. Bell, W. D. T. Brunyate, J. H. Chitty, T. M. Davie, J. A. Eddy, A. J. Gibbs, A. Guirbham, R. D. Harding, E. Harvey, F. Hawking, K. N. Irvine, W. H. McMenemy, W. E. S. Merrett, C. N. Milner, J. N. O'Reilly, T. R. Plummer, Amy C. E. Clarke, Victoria M. Robinson. *Forensic Medicine and Public Hygiene*: A. D. C. Bell, I. M. Bell, A. J. Gibbs, H. C. Harley, E. Harvey, M. A. Hatt, N. L. Rusby, J. A. Scott, Winifred Mercer. *Pathology*: G. Ashton, D. S. Bateman, J. H. B. Real, R. A. Beaver, J. M. L. Burtenshaw, T. M. Davie, M. S. Good, I. H. Gosset, W. H. Greany, A. L. Jacobs, R. Kempthorne, R. C. MacKeith, R. M. Marshall, M. W. C. Oldfield, R. Pakenham-Walsh, W. G. Rees, J. R. Robertson, N. L. Rusby, R. B. Scott, J. H. C. White. *Materia Medica*: A. D. G. Bell, I. M. Bell, F. Bicknell, R. H. Bolton, R. E. Bomford, E. Braithwaite, A. Carling, C. C. Cobb, H. G. N. Cooper, J. P. Dewsbury, M. S. Good, L. H. Gosset, A. J. Grace, C. E. Greenwood, C. F. Hamilton-Turner, N. Heath, R. Kempthorne, M. Mandelstam, P. J. W. Milligan, C. N. Milner, H. B. Morris, H. F. Moseley, H. Owen, R. Pakenham-Walsh, J. E. G. Pearson, W. H. A. Pictou, T. W. H. Porter, J. R. Robertson, A. E. Scott, F. M. Trefusis, F. G. Ward, J. H. C. White, E. J. Williams.

UNIVERSITY OF LONDON.

Dr. L. J. WITTS has been recognized as a teacher of medicine at Guy's Hospital Medical School, and Mr. G. D. Robertson as a teacher in laryngology at St. Mary's Hospital Medical School.

The new premises of the University Union in Torrington Square were opened by the Chancellor, Earl Beauchamp, on June 12th.

Applications are invited for the William Julius Mickle Fellowship of the value of at least £200. It is awarded annually to the man or woman who, being resident in London and a graduate of the University, has, in the opinion of the Senate, done most to advance medical art or science within the preceding five years, and has therein shown conspicuous merit. Full particulars can be obtained from the Academic Registrar.

A Paul Philip Reitlinger prize of £30 will be awarded on December 3rd, 1930, provided there be a candidate of sufficient merit. It is granted for the best essay embodying the result of some research work on a medical subject carried out by the candidate. Regulations for the award of the prize can be obtained from the Academic Registrar.

It has been arranged to pay to Miss Kathleen E. Chevassut, M.Sc., £25 in respect of 1929 out of the Thomas Smyth Hughes Medical Research Fund.

Diploma in Psychological Medicine.

Regulation 4, Part B (ii), for the diploma in psychological medicine is to be amended to read as follows:

(ii) Psychological Medicine (two papers and a clinical and oral examination). In order that candidates may have the option of showing either (a) a higher knowledge of mental diseases (psychiatry) and a less advanced knowledge of mental deficiency, or (b) a higher knowledge of mental deficiency and a less advanced knowledge of mental diseases (psychiatry), Paper I will be a general paper to test the candidate's knowledge of both mental diseases (psychiatry) and mental deficiency, and Paper II will be special, and will consist of two separate alternative sections, the first section relating to mental diseases (psychiatry) and the second section to mental deficiency. The oral and clinical examination will be designed to test (as in Paper I) the candidate's knowledge of both psychiatry and mental deficiency. Candidates will be permitted to take only one of the two sections of Paper II at one and the same examination, and each candidate must state at the time of entry which of the two sections he will take.

University College Hospital Medical School.

The annual report of the Graham Legacy Committee for 1929-30 records that the activities of the laboratories continue along the usual line. Grants amounting to £160 were made to the following six workers, who have been engaged in inquiries: (1) Dr. C. Bolton, gastric secretion; (2) Professor A. E. Boycott, breeding experiments with *Limnaea*; (3) Dr. G. R. Cameron, experimental calcification; (4) Dr. A. G. Levy, the effect of ultra-violet light on sensitized animals; (5) Dr. J. W. McNee, the metabolism of bile, especially in relation to the spleen; (6) Dr. F. H. Teale, immunity *in vivo* and *in vitro*.

Dr. G. R. Cameron continues to hold the Graham scholarship. Professor Boycott has been reappointed Director of Research under the Charles Graham Research Scheme for one year from September 1st, 1930.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE.

The following candidates have been approved at the examination indicated:

ACADEMIC DIPLOMA IN PUBLIC HEALTH (Part I).—R. Behari, Hilda M. P. Bond, Sarah Boyle, Annie C. Easterbrook, Lilian M. Griffiths, C. Harbans Lal, Marjorie H. James, W. P. Jones, S. Lerner, D. Magrath, R. J. Muzumdar, Edith A. Straker, Helen B. Sutherland, Irene Yates.

UNIVERSITY OF BIRMINGHAM.

At the congregation held on July 5th the following medical degrees were conferred:

M.B., Ch.B.—*A. C. Dawes, *†L. C. Rutter, *K. S. Williams, E. D. Allen-Price, G. R. Bashford, R. V. S. Cooper, A. L. d'Abreu, E. Donovan, A. Elliott, A. Ingham, C. R. Kenchington, J. P. F. Lloyd, E. T. Merlin, R. L. Moiser, Harriet T. Stephens, T. G. Wilson, †W. E. Wimberger, Barbara E. Woodhead.

* With second-class honours.

† Distinction in midwifery and diseases of women.

† Distinction in medicine.

The following scholarships and prizes have been awarded:

Richard Fenwick Post-Graduate Scholarship: G. H. Knight, Queen's Scholarships: Third year, C. S. Whitehouse; fourth year, A. H. Barber; fifth year, A. G. W. Whitfield; final year (divided), A. C. Dawes and L. C. Rutter. Ingleby Scholarships: final year, A. C. Dawes, W. E. Wimberger. Arthur Foxwell Memorial Medal: final year, L. C. Rutter. Sampson Gamgee Memorial Medal for Surgery: final year, R. L. Moiser. Priestley Smith Prize in Ophthalmology: final year, K. S. Williams. Russell Memorial Prize: L. C. Rutter. Peter Thompson Prize in Anatomy: third year, C. S. Whitehouse.

UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., Ch.B.—*§ W. W. Kay, *†A. L. Kenyon, R. Barnes, A. Bigham, A. P. L. Blakely, Barbara E. Bleasdale, Edith M. Casasola, Winifred Dean, E. G. Elwell, Margaret M. Ferguson, C. D. Lefsaive, †G. M. Lendrum, J. C. Nicholson, G. J. Phillips, D. A. Richards, E. Riley, B. Sandler, †M. W. Smith, H. W. Thompson, C. Verity, N. S. Walls. (*New Regulations*) Part I, *Forensic Medicine and Hygiene and Preventive Medicine*: M. M. Barrett, H. J. Beard, Margaret M. Bodoano, G. B. Carter, Nancy N. Carter, H. B. Craigie, P. M. Crowe, Jane Druker, B. Dunkerly, K. P. Giles, Jessie Goldstone, W. Hall, T. S. Heslop, F. Livesey, Edith A. Longson, J. P. Longworth, G. Maizels, S. Mills, Catherine O'Connor, G. Ramage, W. S. Ramsden, Constance M. Rostrom, J. Seully, J. C. Smith, G. G. E. Smyth, Alice Speight, C. Starkie, B. Stone, I. Sutton, K. Todd, C. H. T. Wade. DIPLOMA IN PSYCHOLOGICAL MEDICINE.—N. Gebbie, H. C. Mulholland, B. Reid.

* Second-class honours.

† Distinction in forensic medicine.

† Distinction in surgery.

† Distinction in medicine.

UNIVERSITY OF DUBLIN.

At the later summer commencements, held on July 4th, the following degrees were conferred:

M.D.—J. E. Wells, C. de L. Shortt. M.Ch.—H. L. W. Woodroffe. M.B., B.Ch., B.A.O.—T. H. Bouchier-Hayes, R. Bowesman, W. J. Chapman, J. A. Dowds, J. M. Gibbon, N. S. Klass, D. G. M'Cauley, R. P. M'Garrigle, S. H. Moore, A. H. O'Malley, P. L. O'Neill, A. Rakoff, J. T. Robinson, A. H. Thompson, E. S. Tweedy.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

The following candidates have been approved at the examinations indicated:

FINAL M.B.—Part I, *Materia Medica and Therapeutics*; *Medical Jurisprudence and Hygiene*; *Pathology and Bacteriology*: L. L. Nel, J. L. du Preez, T. F. O'Donnell, A. Pollitt, S. Brass, A. L. Pennefather, E. W. West, P. P. Murphy, C. de V. Shortt, I. G. M'Intyre, L. Lamberton, P. H. Stone, M. A. Shapiro, R. M. Neilly. Part II, *Medicine*: *S. H. Moore, N. A. Kinnear, A. H. Thompson, J. T. Robinson, T. A. Bouchier-Hayes, W. A. Robinson, E. S. Duthie, J. M. Gibbon, R. Bowesman, J. B. Scott, E. S. Tweedy, H. W. Dalton, R. D. Scott, Ruth B. Armstrong, J. E. R. Kevis, A. A. Lisney. *Surgery*: *S. H. Moore, J. T. Robinson, J. M. Gibbon, A. H. Thompson, J. A. Dowds, T. H. Dockrell, T. A. Bouchier-Hayes, W. J. Chapman, N. S. Klass, A. H. O'Malley, P. L. O'Neill, A. Rakoff, R. P. M'Garrigle, D. G. M'Cauley. *Midwifery*: *P. C. Cosgrove, G. F. Ennis, C. Bowesman, A. D. Egan, Alice V. Cunningham, A. J. O'Connor, H. St. G. Smith, D. G. Kennedy, P. H. Pencock.

D.P.H.—Part I, *Chemistry*; *Bacteriology and Parasitology*; *Physics, Meteorology, and Climatology*: J. H. Bowyer, P. J. Maguire. Part II, *Sanitation*; *Public Health Administration*; *Hygiene and Epidemiology*; *Sanitary Law and Vital Statistics*: J. H. Bowyer, P. J. Maguire, W. H. Sexton, D. H. F. Milne, May F. M'Carthy.

* Passed on high marks.

UNIVERSITY COLLEGE, GALWAY.

THE following candidates have been approved at the examination indicated:

M.D.—J. V. O'Sullivan.
M.B., B.Ch., B.A.O.—J. M. Moran.
D.P.H. (Part I).—E. Kean, F. J. Power.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ELECTION TO THE COUNCIL.

On July 3rd three Fellows, retiring in rotation, were re-elected to the Council for the full period of eight years. The election was uncontested, and the result of the poll was as follows:

	Votes.	Plumpers.
SIR PERCY FARGENT	521	43
VICTOR BONNEY	514	52
ROBERT PUGH ROWLANDS	497	33

In all 629 Fellows voted, including 110 Fellows resident out of the United Kingdom; in addition, 8 votes were found to be invalid.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

THE following candidates, having passed the final examination of the Irish Conjoint Scheme, have been admitted Licentiates in Medicine and Midwifery: E. H. C. Earl, J. A. Finegan, J. McCurdy.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons has this week passed the Housing (No. 2) Bill through the report stage and third reading, and has considered in committee new clauses proposed to be added to the Finance Bill. A standing committee has examined and amended the Workmen's Compensation (Silicosis) Bill. The Lords' amendments to the Coal Mines Bill were also down for reconsideration by the House of Commons.

Rheumatism Clinics.

On July 2nd Mr. Greenwood received a deputation from the Parliamentary Medical Committee, which argued in favour of a central advisory committee to guide and correlate the work of rheumatism clinics throughout the country. Mr. Greenwood was accompanied by Sir Walter Kinnear and Sir George Newman. After discussion, Mr. GREENWOOD suggested that the deputation should confer with the full Parliamentary Medical Committee to ascertain whether medical members of Parliament would approve of an advisory body on rheumatism consisting of independent experts working in touch with the Ministry of Health in a manner analogous to the Cancer Council. A memorandum submitted to the Minister by the deputation ran thus:

"It is stated that one-sixth of the total invalidity for which insurance benefit is received is due to 'rheumatic diseases,' and that approximately one-half of this is due to rheumatic arthritis. The cost of benefit paid for invalidity due to rheumatic disease in 1922 was approximately £1,000,000.

"Rheumatism must no longer be considered an incurable disease. A considerable proportion, especially of early cases, can now be permanently and completely cured, and many more can be markedly relieved by treatment.

"Much remains to be learned regarding the causation and prevention of rheumatism. Problems of this nature can only be successfully worked out where cases are collected together for study and investigation.

"In view of the above facts centres for the treatment of rheumatic disease have been springing up in this and other countries. Several are now in course of erection, and more are under consideration.

"The systematized investigation and treatment of rheumatic disease is a relatively new subject, and the experience of other countries shows that serious mistakes are liable to occur unless full advantage is taken of the latest knowledge and experience.

"Accordingly it is suggested that a small standing consultative committee be founded, composed of medical men engaged in the active practice of the methods of treatment adopted in rheumatic centres. Such men should have knowledge of the trend of current British and Continental opinion, and practice, in the investigation and treatment of rheumatic diseases.

"All bodies, public and private, that propose the formation of centres for the treatment of rheumatic disease should be invited to consult this committee and submit schemes and plans to them for suggestions and advice.

"By the help of such a committee the co-ordination of centres which will shortly be springing up in many towns might be made possible and overlapping prevented. Moreover, if each centre were encouraged to send in an annual report to the committee, the experiences of all could be pooled."

Mr. GREENWOOD stated in the House of Commons, in reply to Mr. Graham White on May 3rd, that he was following with interest the progress of the clinic for the treatment of

rheumatism established by the British Red Cross Society. He understood it was now open for the treatment of all forms of chronic rheumatic diseases, and that there was an increasing attendance of patients.

Road Traffic Bill.

When the House of Commons considered the Road Traffic Bill on July 4th Dr. SALTER moved to amend Clause 10, which deals with the rate of speed by inserting a maximum legal speed of 35 miles an hour. He said he had been asked to move this amendment on behalf of the London County Council, as well as by the Pedestrians' Association and the National Cyclists' Union. Many urban district councils and borough councils were anxious that a speed limit should remain. Fatalities on the road were increasing, and a principal cause was excessive speed by many motorists. He pointed out that the bill did not provide tests of physical fitness or eyesight tests for motorists, nor any examination in the rules of the road. Pedestrians were endangered while on the footpath, and at least three persons were killed each day while walking or standing there. The introduction of the present bill, with the intimation that the speed limit was to be abolished, had resulted in an increase of road accidents. The number of cars on the road was increasing by 7 per cent. per annum but the number of accidents by 15 per cent. per annum, and the abolition of the speed limit would tend to make things worse.

Mr. HERBERT MORRISON, the Minister of Transport, said that Dr. Salter's speech proved that the speed limit arrangements had broken down. Speed was a factor in danger, but Dr. Salter's amendment, if accepted, would cause it to be regarded as the only factor. By the inculcation of a standard of good conduct among motorists more would be done than by setting up a standard of 35 miles an hour. The Ministry of Transport proposed to encourage police authorities to provide a mobile police force mounted on motor cycles or in motor cars, and a contribution would be proposed for that purpose out of the Road Fund. A highway code would be published to educate both motorists and pedestrians in good conduct.

Dr. Salter's amendment was defeated by 99 to 180, and further discussion of the bill was adjourned.

Slum Clearance.

The Housing (No. 2) Bill, the Government's measure dealing with slum clearance and the resettlement of slum-dwellers, was before a Standing Committee of the House of Commons on July 1st, when its consideration was completed. A general discussion arose on Clause 44—provisions with respect to official representations. This provides that "official representation" shall mean, in the case of any local authority, a representation made by a medical officer.

SIR PHILIP PILDITCH argued that representations with regard to single houses and on smaller matters could properly be made by the sanitary inspector. He pointed out that sanitary inspectors were full-time officers, while last year there were 1,216 part-time medical officers of health in England and Wales and only 358 whole-time medical officers.

Dr. VERNON DAVIES said these part-time medical officers attended their offices every day of the week except Sunday. The sanitary inspector was directly under the control and orders of the medical officer of health. To make it possible for the sanitary inspector to present suggestions to the local authority over the head of the medical officer of health would cause difficulty between the two.

Mr. McSHANE said no conflict of control had arisen from the Housing Act, 1925, which recognized the sanitary inspector.

Mr. GREENWOOD said the object of the bill was not to improve the status of sanitary inspectors.

Further discussion then arose on the relations between the district and the county medical officer. Dr. VERNON DAVIES said the two officers always met as man to man. The bill would cause friction by proposing that the county medical officer, after looking round a district, could report directly to the county council instead of seeing the district medical officer. He moved an amendment providing that in urban districts with more than 10,000 of a population (against the 20,000 provided for in the bill) the county medical officer should not make representations to the local authority without consulting the district medical officer. The Urban District Councils Association felt strongly that there should be no invidious distinction between urban districts and non-county boroughs in this matter.

Miss LAWRENCE accepted the amendment, which was agreed to.

The bill was reported to the House. Subsequently, on July 8th, it passed through report and third reading.

Silicosis.—Mr. CLYNES, replying on July 8th to Mr. Jenkins, said that certain cases in which hardship was alleged to have been caused by the limitation of the scheme for compensation to miners suffering from silicosis to rocks containing more than 50 per cent. of free silica had been brought to his notice. Those cases were the subject of special inquiry arranged by the Mines Department. He proposed to review the position as soon as the

results of that investigation were available. The returns so far received showed that there were twelve cases from coal mines in 1929 in which compensation was paid for silicosis. He could not give the number of claims refused or the reasons for refusal.

B.C.G. Fatality at Lübeck.—Miss LAWRENCE told Mr. Freeman, on July 8th, that she could not state the result of the inquiries of the representatives of the Medical Research Council into the death of twenty infants in Lübeck, Germany, following the Calmette prophylactic treatment. The Minister of Health, however, understood that a report to the Medical Research Council on the subject of those inquiries was in preparation.

Experiments on Animals.—Replying to Mr. Freeman, on July 3rd, Mr. CLYNES stated that the number of experiments performed by vivisection during 1929 was 403,141. Experiments performed on dogs and cats under Certificates E and EE numbered 2,523. Inspectors were present during 157 cases involving operative procedure, but these formed only a very small proportion of the whole number, and the inspectors in the course of their visits saw and examined many animals under experiment.

Status of Osteopaths.—Answering Mr. Freeman, on July 3rd, Mr. GREENWOOD said he did not propose to introduce legislation to amend the Medical Act, 1858, so as to procure recognition and independent regulation of osteopathy and give its qualified practitioners a legal status equivalent to that enjoyed by recognized professions.

Neglect of a Schoolboy's Eyesight.—Replying to Mr. Freeman, on July 3rd, Sir CHARLES TREVELYAN gave the facts concerning the case of a child, at Broad Street School, Bromley, Kent, who was alleged to have received forcible treatment for his eyes at school from a representative of the school medical officer and without the consent of the parents. Sir Charles said that the boy was found, on medical inspection, to be suffering from a severe defect of the eyes, and subsequently, with the full knowledge of his parents, attended the school clinic for a more thorough examination. Drops were put in the boy's eyes to make examination possible, but no treatment was given. The parents were then advised that the boy needed spectacles, but they refused to allow them to be provided. In the last resort, the National Society for the Prevention of Cruelty to Children initiated police court proceedings, which resulted in the imposition of a fine for neglect. (See *British Medical Journal*, June 21st, p. 1156.)

Infectious Disease in Merchant Seamen.—Mr. GREENWOOD, replying to Mr. Lawrie on July 7th, said that from 1890 to 1899 the yearly average of deaths (including non-civilians) from malaria, dysentery, and tuberculosis among British seamen in the mercantile marine was 7,648, and from 1900 to 1909 6,599. From 1911 to 1919 49,844 cases (excluding non-civilians) were notified and there were 4,922 deaths. From 1920 to 1929 54,484 cases were notified, and there were 3,486 deaths. The first complete record of notifications of infectious diseases in England and Wales was for 1911.

Notes in Brief.

The population of England and Wales on January 1st, 1914, 1920, and 1930 was 37,770,000, 37,379,000, and 39,653,000 respectively. Mr. Greenwood states that the Ministry of Health does not financially assist voluntary organizations dealing with functional nervous disorders in children or adults.

Pending actuarial investigation of the position of asylum officers under the Asylum Officers' Superannuation Act, 1909, Mr. Greenwood is unable to make any statement concerning amendment of that Act.

Medical News.

PRINCESS MARY, Countess of Harewood, will open Queen Mary's Hospital, Sidcup (formerly known as Queen's Hospital), at 3 p.m. on Monday, July 21st. This is the first hospital to be acquired by the London County Council under the powers conferred upon it by the Local Government Act, 1929; it will be used as an auxiliary or recovery home for patients recovering from severe illness after treatment in the hospitals recently transferred to the Council.

The twelfth annual meeting of the Mental Hospitals Association will be held in the Council Chamber of the Guildhall, London, on Wednesday, July 16th, at 11 a.m. Papers will be read by Dr. F. R. P. Taylor, on after-care, by Dr. P. K. McCowan, on out-patient clinics, and by Dr. W. Robinson, on a tour of the Scottish mental hospitals. In its report on the Mental Treatment Bill to be presented to the meeting the executive committee states: "While the measure does not meet with our entire approval, we nevertheless welcome it as a distinct endeavour to give effect to the recommendation of the Royal Commission on Lunacy and Mental Disorder that facilities should be provided for the early treatment of mental illness." Other subjects for discussion will be the registration of mental nurses, and salaries of assistant medical officers to mental hospitals.

FOUNDER'S DAY at Epsom College will be celebrated on Saturday, July 26th, the second day of the annual cricket match between the College and Old Boys. At noon there will be a service in chapel, and at 2.45 p.m. Viscount Burnham will present the prizes in the Big School. After tea on the cricket ground there will be an assault-at-arms, and in the evening a performance of "The Gondoliers" by the Choral Society.

THE Fellowship of Medicine announces that on Monday, July 14th, Mr. Mortimer Woolf will give a demonstration in the wards and out-patient department of Queen Mary's Hospital, Stratford, at 1.30 p.m. On Tuesday, July 15th, at 2 p.m., Dr. G. Bourne will give a demonstration on children's diseases at the East London Hospital for Children. No fees are charged for these demonstrations. From July 21st to August 3rd a course in diseases of infants will be held at the Infants Hospital, Vincent Square, in the afternoons; it will consist of lectures and demonstrations. An all-day course will be held at the Brompton Hospital from August 11th to 16th, and another course at All Saints Hospital, Vauxhall Bridge Road, will occupy the afternoons and early evenings from August 5th to 30th. Apart from the special courses there is the general course of work, consisting of attendance at the ordinary clinical practice of some fifty London hospitals associated with the Fellowship; it continues throughout the year, and may be begun at any time. Full particulars of all courses, syllabuses, and specimen copies of the *Post-Graduate Medical Journal* (published monthly, 6s. per annum, post free) may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

THE London Temperance Hospital has now commenced building its new extension in Hampstead Road. It is intended to erect a new wing for the pathological, electrical, massage, and sunlight departments, and also to provide additional accommodation for the nursing staff and for private patients. The carrying out of this work has been made possible by the children, grandchildren, and great-grandchildren of the late Mr. and Mrs. Samuel Insull, sen., who were associated with the hospital in its early days and took an active part in its work, together with their daughter, the late Miss Emma H. Insull.

THE following members of the medical profession were called to the Bar on July 2nd: Dr. W. S. Russell Thomas (Lincoln's Inn), Dr. F. Baillie (Inner Temple), and Dr. Peter K. McCowan (Gray's Inn).

THE Council of the Royal Institute of Public Health has accepted an invitation from the German Government, the municipality of the City of Frankfurt, and the university of that city, to hold its congress in May, 1931, in Frankfurt. The Marquess of Reading will preside.

THE Board of Governors of the Hebrew University of Jerusalem announces that the children of Mr. Felix and Mrs. Frieda Warburg have established at the university a Fellowship in Public Health in the name of their parents. The Fellowship (value L.P. 120) will be awarded annually to a young investigator, who will be expected to devote his full time to research in the department of hygiene on a public health problem of special importance to Palestine. Applications, stating references, subject of investigation, etc., should be addressed to the Director, Department of Hygiene, Hebrew University of Jerusalem, not later than August 31st.

THE thirty-fourth Congress of French-speaking Alienists and Neurologists will be held at Lille from July 21st to 26th, under the presidency of Professor Abadie of Bordeaux, when the following subjects will be discussed: the cerebro-spinal fluid in mental disease, introduced by Dr. Lamache of Paris; the elementary reflexes of posture, introduced by Dr. Delmas-Marsalet; and the application of the insurance law to patients with mental disease, introduced by Dr. Calmettes of Limoges.

THE first International Congress of Microbiology will be held at the Institut Pasteur, Paris, from July 20th to 25th, under the presidency of Professor Bordet, with Dr. Roux as president of honour. There will be three sections, devoted respectively to medical and veterinary microbiology, ecology and immunology, and botany and parasitology. The subscription is 100 francs, which should be paid to the treasurer, 120, Boulevard St. Germain, Paris. Abstracts of communications should be sent to the general secretary, Dr. R. Dujarric de la Rivière, Institut Pasteur, Rue Dutot 26, Paris XV.

THE sixth International Medical Congress on Industrial Accidents and Diseases will be held in Geneva during August, 1931. All information may be obtained from the secretary of the British National Committee for this Congress, Mr. G. L. Perry, Industrial Welfare Society (Incorporated), 51, Palace Street, Westminster, S.W.1.

ACCORDING to the *Journal of the American Medical Association* the typhoid incidence and mortality in the United States continue to decline. Not only was the typhoid death rate for 1929 in a city population of approximately 34 millions as low as 1.56 per 100,000, but the actual number of typhoid deaths in this population was lower than half the corresponding number in 1925. The number of diphtheria deaths reported in 1929 (2,698 for 81 cities with a population of about 34 millions) was also considerably lower than it has been for some years.

THE annual sum allotted by the Reichstag for combating alcoholism and the dangers to health connected therewith has been raised from 400,000 to 1,800,000 marks.