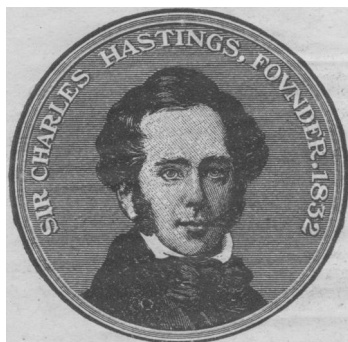


The

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British Medical Journal

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PAINLESS HAEMATURIA.

A PLEA FOR EARLY INVESTIGATION, WITH
REPORT OF A CASE.

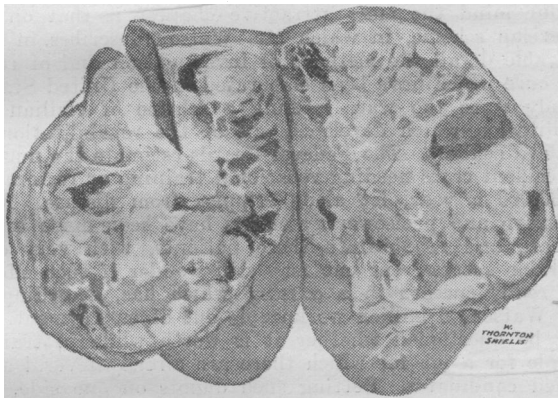
BY

J. C. AINSWORTH-DAVIS, M.A., M.B., B.Ch.Cantab.,
F.R.C.S.ENG.

THE case reported below seems worthy of placing on record because mistakes of the kind mentioned are very common.

A single woman, aged 54, consulted her doctor because she had noticed blood in her urine. It had come on suddenly and had lasted for forty-eight hours. There were no other symptoms whatsoever. She was placed on an alkaline diuretic mixture and assured that she had no cause for alarm. Nine months later the bleeding recurred, after which the patient was referred for investigation.

Apart from some loss of weight and the two bouts of haematuria there was nothing of interest in the history. Physical examination was negative, neither kidney being palpable or tender. The urine was clear and free from albumin and other abnormal constituents. Cystoscopic examination was normal, but on exerting firm pressure in both loins blood was seen to emerge from the left ureteric orifice. A catheter specimen from the right kidney was normal. Indigo-carmin injected intravenously was returned by the right kidney in three and



a half minutes and by the left in eight. Pyelography showed a normal pelvis on the right side, but definite filling defect on the left.

A diagnosis of hypernephroma was accordingly made and nephrectomy performed, all the perinephric fat removed, and the renal vessels ligatured as close to their origin as possible. This diagnosis was subsequently confirmed by microscopic section.

After an uneventful recovery the patient was seen at three-monthly intervals. She put on two stone in weight and apparently promised to do very well.

Fifteen months after the operation two small nodules were noticed about four inches above the lumbar incision. These were freely mobile in the subcutaneous tissues. A month later a nodule appeared over the lower part of the sternum and two others in the rectus sheath. One nodule was excised and microscopically examined. It had the typical structure of a hypernephroma. Deep x rays were applied to the nodules, but in spite of this the patient went downhill, losing weight and strength, and her end is rapidly approaching. The remains of the left kidney with the hypernephroma are shown in the accompanying illustration.

Comment.

This case clearly brings out several important points:

1. Painless haematuria is a symptom of the gravest import, and calls for urological investigation without delay, its commonest cause being either renal or vesical growth.

2. The amount and frequency of the haematuria may bear no relation to the extent of the disease. In this case it had only occurred twice and had lasted only forty-eight hours each time, yet at least three-quarters of the kidney was replaced by growth.

3. Had there not been a delay of nine months between the first bout of bleeding and an adequate examination, the patient might have been free from recurrence at the present date with a good prospect of a cure.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TWO UNUSUAL CASES OF INTUSSUSCEPTION.

INTUSSUSCEPTION DUE TO GUMMA.

An intussusception in a boy, due to a gumma, makes the following case worthy of record.

A healthy boy, aged 14, was admitted with a history of abdominal pain for two days prior to admission. During these two days he had two motions of the bowel, a very small quantity of faeces being passed on each occasion. He vomited for the first time three and a half hours before admission. The pain persisted, and he passed frequent motions consisting entirely of blood and mucus.

On admission he was obviously in great pain. Temperature 37° C., pulse 58. The abdomen was not rigid; there was a definite very tender mass in the lower segment of the abdomen. A rectal examination confirmed the presence of this tender mass. There was mucus and blood only on the examining finger, and the subsequent motions consisted of mucus and blood only. The tongue was dirty.

An acute intussusception was diagnosed, and laparotomy revealed an intussusception of the type ileo-ileal becoming ileo-colic. After reduction a mass could be felt through the intestinal wall, in that part of the ileum close to the ileo-caecal valve, the mass being part of the bowel wall. To prevent recurrence the terminal portion of the ileum together with the caecum was excised and end-to-end anastomosis performed. The boy made an uninterrupted recovery.

The tumour, on examination, proved to be a typical gumma. A Wassermann test was negative, both before and after a provocative dose of kharsulphan.

EVELEEN LYLES, M.B.Lond.

Booth Hall Hospital, Manchester, E.

INTUSSUSCEPTION OF THE APPENDIX.

A boy, aged 12, was admitted as a straightforward case of acute appendicitis of eighteen hours' duration. At operation the appendix was found to be acutely inflamed and the site of an intussusception, the tip having invaginated itself almost to the base of the appendix. Recovery was uneventful.

FLORENCE WHITROW, M.B.Manch.

Booth Hall Hospital, Manchester, E.

Thanks are due to Dr. J. D'Ewart, medical superintendent, Booth Hall Hospital for Children, Manchester, and to Mr. E. E. Hughes, the visiting surgeon, for permission to publish these cases, and also to Dr. G. Dawson for the pathological investigation.

A SERIES OF GASTRIC PERFORATIONS.

In view of the fact that acute perforation of the stomach is not very common in malignant disease of that organ, and acute gastric perforation in a patient lying in bed and under medical treatment must be very rare, the following case may be of interest.

A man, aged 46, was admitted to the Royal Albert Hospital, Devonport, on March 5th, 1930, with all the signs and symptoms of acute gastric perforation. He was at work when the attack occurred, and there was a history of "indigestion" for fifteen years.

At operation a perforation about a quarter of an inch in diameter was found on the lesser curvature near the pylorus. This was closed with difficulty on account of the friability of the edges, and an omental graft was placed over the perforation. The remainder of the stomach and duodenum appeared normal. A drainage tube was inserted down to the pelvis through a separate stab wound, the main incision being completely closed. The operation only took thirteen minutes.

The patient appeared quite well the next day, and on the second day was sitting up in bed playing cards with some of the other patients. Forty-eight hours after operation fluid was given by the mouth, and the patient was put on citrated milk in gradually increasing doses up to 6 oz. every two hours, followed by 1 drachm pulv. alk. (McLean). He did perfectly well for ten days, when he suddenly collapsed; and had subnormal temperature, rapid pulse, etc. He complained of no pain, and nothing abnormal was found on examination. A haemorrhage was thought to be the cause, and the usual treatment adopted for this. Next day he passed some altered blood in stool. Recovery began, and went on perfectly well for a further ten days, when another collapse, similar to the previous one, occurred. Again the patient did not complain of anything but weakness, and nothing abnormal was

found on abdominal examination. This time he did not rally, but died five days later.

At the post-mortem examination a recently perforated gastric ulcer was found on the lesser curvature, near the cardiac end. Gastric contents were present in the peritoneal cavity, and there was some lymph covering the peritoneum. This lesion had evidently been the cause of death. The original perforation was soundly sealed over by omentum, but proximal to this another perforation had occurred, which was also sealed by omentum. This one evidently accounted for his first collapse after operation. There were some enlarged glands around the coeliac axis, but no secondary nodules in the liver. The stomach wall appeared thicker than usual, but the mucous membrane seemed normal. The pathological report was: diffuse colloid carcinoma of the stomach.

I am indebted to Mr. G. L. Preston, surgeon in charge of the case, and Dr. E. Wordley, the pathologist, for permission to publish these notes.

ROBERT REYNOLDS, M.D., B.Ch.,
Royal Albert Hospital, Devonport.

BILATERAL RANULA IN THE NEWBORN.

THIS condition must be comparatively rare. I can find little mention of it in the literature. I have had a case recently. The swellings were of the size of small hen's eggs, and pushed up the tongue to the roof of the mouth so completely that it was impossible for the child to suck. I aspirated each side in turn, and obtained from each some 20 c.cm. of dirty-looking fluid, resembling that obtained from old hydroceles. The sacs partly refilled after a few days. I incised them (obtaining from them on this occasion glairy, clear material), scraped the interiors with a sharp spoon, and packed them with gauze ribbon steeped in iodine, removing the ribbon after a few minutes. The procedure has apparently been successful in obliterating the sacs as the swellings have quite disappeared, and the child is able to feed normally. It still, however, has a habit of keeping the tip of the tongue against the roof of the mouth.

Ruabon.

A. H. TURNER, M.B., B.S.Lond.

Reviews.

A SYNOPSIS OF HYGIENE.

THE appearance of the third edition of Professor W. W. JAMESON'S *Synopsis of Hygiene*—on this occasion with the collaboration of Lieut.-Colonel G. S. PARKINSON—is a sure index of the high estimation in which this well-known work is held. Its modest claim to be a synopsis is more than justified. It covers the field, is clear throughout, and observes an excellent sense of proportion in adjusting the space required to be allotted to the rival topics now included within the scope of the D.P.H. examinations. Moreover, although synoptic in substance, it is not too synoptic in style, but very readable.

The opening section on meteorology is well informed and up to date. The millibar notation, still a mystery to many, is duly explained. In the section on water there is a good conspectus of the geology of water-bearing formations and an adequate account of present-day methods of water purification. In the considerable section on food the subject of meat is well summarized, the important points in food poisoning are made plain, and the canning of food and the use of preservatives are discussed in a competent and interesting manner. The article on vitamins, which has been rewritten to include the results of recent investigations, is lucid and well balanced. The section on vital statistics is clear and suitably presented; but the article on statistical methods, though clear to the initiated, may seem unduly compressed to others. The section dealing with sanitary law contains an excellent review of English local government, including the central and local authorities, and public health officers and their duties. The Local Government Act, 1929, is properly set

forth, together with the Milk Acts and Orders, the Meat Regulations, and other current instruments of administration. The work concludes with a useful compendium of public health chemistry and physics.

A special merit of the book is its abundance of references to official and other sources, and its copious citations of works for further study. It is described on the title-page as specially intended for those studying for a diploma in public health. To all such it may be cordially recommended.

"CRIPPLE FOLK."

*Civilization and the Cripple*² is an interesting and instructive book; its author, Mr. FREDERICK WATSON, has strong claims upon our attention. He founded and edited the international quarterly journal called *The Cripple* for five years or more. As a county director of the British Red Cross Society and chairman of the Montgomeryshire Voluntary Orthopaedic Association, he is qualified to speak on questions of organization, while he has had experience of the problems of rehabilitation as a deputy controller in the Appointments Department of the Ministry of Labour during the period of demobilization after the armistice. He uses the term "cripple" in its widest sense, including under it the injured in industrial and other accidents as well as the adolescent and adult victims of disease.

There is a great deal that is of interest in the book, but to our mind the most attractive chapter is that on the American scheme, in which Mr. Watson describes in considerable detail the methods of investigation and of relief and cure which have been elaborated in the United States, mainly since the war, forming a scheme of civilian rehabilitation which developed out of the rehabilitation of disabled soldiers. The Federal Boards estimate the number of accident cases needing vocational training or restoration at 80,000 a year, let alone cripples from disease. Most extensive and praiseworthy efforts have been made to re-educate and rehabilitate these patients, with very considerable success, but one may still wonder if such efforts can really succeed in a country which has, according to Mr. Watson, 5 million workpeople out of employment. It may be questioned whether it is worth while to train a cripple for a job for which there are already several able-bodied candidates. Setting such doubts on one side, the reader will find the American scheme worth study. It aims at covering the industrial or transport case from the moment of accident, through psychological, medical, and educative stages. It has often been found in this country that a psychological cure is only possible when the patient's doubts are ended by a final award, leaving him no inducement to exaggerate his inability. Mr. Watson tells us, on the other hand, that "the Americans are fully alive to the futility of cash payments for injuries. It is realized that cash should be used in order that the injured man may be trained for another job, not as a solace for his injuries." There seems no reason to doubt that in some at least of the United States re-education of the industrial cripple has been very successful, and that those who through its means have found new jobs have been able to keep them. According to one investigator this success was attributable to four causes—namely, (1) complete physical restoration, (2) better training of the disabled than of the ordinary workman, (3) excess of demand for such men over the supply, and (4) supervision of the ci-devant cripple until he is permanently settled in his job. In this connexion it is worthy of notice that Mr. Henry Ford employs in his motor works 8,000 cripples, of whom some are blind.

Turning from crippling by accident to crippling by disease, Mr. Watson gives us an interesting chapter on prevention and rehabilitation, in which we are glad to find strong support and a plea for extension of the successful work of Dr. Varrier-Jones at Papworth, even though the subject of pulmonary tubercle is rather beyond the scope of the care of cripples, unless a new and enlarged definition of "cripple" is accepted. In the same chapter the author emphasizes the baleful role played by alcohol in the etiology

¹ *A Synopsis of Hygiene*. By W. Wilson Jameson, M.D.Aberd., M.R.C.P., D.P.H.Lond., and G. S. Parkinson, D.S.O., M.R.C.S., L.R.C.P., D.P.H.Lond., Lieut.-Colonel R.A.M.C. (ret.). Third edition. London: J. and A. Churchill. 1930. (Demy 8vo, pp. vii + 541; 20 figures. 18s.)

² *Civilization and the Cripple*. By Frederick Watson. London: J. Bale, Sons and Danielsson, Ltd. 1930. (Sup. roy. 8vo, pp. vii + 120; illustrated. 10s. 6d. net.)

medical officers of poorhouses, medical superintendents of sanatoriums, public analysts, veterinary inspectors, and medical superintendents of certified institutions for mental defectives.

Research on Poison Gas.—On July 29th Mr. SANDERS told Mr. Freeman that the Secretary for War was definitely advised by his expert advisers that the results of the experiments conducted at Porton and elsewhere with poison gases on living animals were such as to leave no doubt that the methods of curative treatment of the effects of gas which those experiments suggested were applicable to human beings.

Notes in Brief:

In answer to Dr. Vernon Davies, on July 23rd, Mr. Lansbury stated that the Serpentine was last cleaned out during the years 1869, 1870, and 1871.

Mr. Greenwood states that 265 centres for the purpose of artificial sun-ray treatment were approved by his department up to April 1st last.

The number of buildings acquired by local authorities in England and Wales since April 1st, 1925, in connexion with approved slum clearance schemes is approximately 10,700, and the number demolished approximately 9,000. The number of new dwellings erected is rather more than 9,700.

Universities and Colleges.

UNIVERSITY OF LONDON.

At the June matriculation examination 203 candidates passed in the first division and 985 in the second division, while 39 took the supplementary certificate for Latin.

The following candidates have been approved at the examinations indicated:

M.D.—*Branch I, Medicine*: R. G. Anderson, J. R. Blazé, P. E. J. Cutting, H. Das, T. A. Davies (University medal), R. E. Ford, L. W. Hale, S. W. Hardwick, J. C. Hawksley, E. G. Housden, C. A. Keele, C. W. Marshall, S. P. Meadows, A. J. Morland, R. H. Morley, T. Morton, A. M. Richards, Gladys V. Smallpeice, E. Williams, W. Yeoman. *Branch II, Pathology*: K. T. Gajjar, Dorothy S. Russell (University medal). *Branch IV, Midwifery and Diseases of Women*: W. M. Brown, Elizabeth J. Carpenter, G. M. FitzGibbon, E. E. D. Gray, E. H. Roche, Iris V. I. Ward, Jane C. Williams. *Branch VI, Tropical Medicine*: F. Marsh.

M.S.—*Branch I, Surgery*: A. E. de Chazal, K. W. Heritage, I. Lewis.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.

The following scholarships and prizes have been awarded:

Senior Scholarship, V. Marjorie Robinson; Todd Prizes for Clinical Medicine, V. Marjorie Robinson and L. A. H. Snowball; Tanner Prize for Obstetric Medicine and Jelf Medal, F. W. Willway; Jocelyn Almond Prize for Diseases of Children, J. N. Cummings; Burridge Prize for Forensic Medicine, A. Marion Kaye; Special Prizes (Diseases of Children) V. Marjorie Robinson, (Orthopaedic Surgery) F. W. Willway, (Surgical Pathology) Hilary Long; Class Prizes (Medicine) G. H. Newns, (Surgery) F. W. Willway, (Obstetric Medicine) Hilary Long and F. W. Willway, (Pathology) J. R. Braybrooke, (Forensic Medicine) Mary Evans and G. T. Cook, (Hygiene) G. H. Newns, (Psychological Medicine) K. Hazell.

LONDON HOSPITAL MEDICAL COLLEGE.

The following entrance scholarships have been awarded by the College Board:

Freedom Scholarship in Pathology (open to students of the Universities of Oxford and Cambridge), value £103: Mr. J. G. L. Spencer. Price Scholarship in Science, value £100: Mr. M. L. Ruben. Second Scholarship in Science, value £50: Mr. J. Simon.

UNIVERSITY OF MANCHESTER.

The city of Salford has renewed its grant of £600 to the University for 1930-31.

The following appointments are announced: lecturer in surgical pathology, J. P. Buckley, M.D., M.S., F.R.C.S.; lecturers in applied anatomy, Harry Platt, M.D., M.S., F.R.C.S.; D. McKay Sutherland, M.D., F.R.C.S.; lecturer in regional surgery, A. Graham Bryce, M.D., F.R.C.S.

The following have been appointed members of the Board of the Faculty of Medicine: Dr. F. H. Lacey, honorary lecturer in clinical obstetrics and gynaecology; Mr. D. P. Sutherland, honorary clinical lecturer in tuberculosis; Dr. William Susman, lecturer in morbid anatomy and histology.

UNIVERSITY OF EDINBURGH.

At the graduation ceremony held in the McEwan Hall on July 23rd the following medical degrees and diplomas were conferred:

M.D.—J. R. Dogra, J. R. O. Eaton, W. C. Fothergill, J. S. Fulton, Anne Gibson, O. K. G. Guyer, C. I. Irvine-Jones, J. P. S. Jamieson, J. Lowe, J. E. MacCabe, A. A. S. M. Donald, Bessie R. Mackenzie, F. G. Macnair, J. C. Moir, D. Pottinger, I. A. L. K. Rankin, F. E. Reynolds, J. B. Rolt, D. R. Thapar, Mary Turton (née Martin), W. Waddell, H. E. Y. White.
Ch.M.—A. S. Fry (Major, I.M.S.).
M.B., B.Ch.—N. J. Abbenstet, A. Amdor, A. J. Bain, B. Berger, J. Black, D. M. Blair, A. B. Brereton, A. Brookner, G. J. F. Caley, A. C. P. Campbell, M. Chamurich, D. S. Clark, Petrusa de B. Clark, W. S. M.R. Craig, S. Davidson, J. S. de S. Drummond, E. H. Duff, S. Eisenhammer, M. H. Finkelstein, G. S. Forrester, A. K. Fraser, E. M. Fraser, P. Fraser, D. N. Gibbs, J. C. Gibson, J. J. Glover, F. G. Goulder, Moira C. Gray, J. Guthrie, J. A. Guy, S. Harwitz, A. G. Hill, C. H. Howat, G. J. Hugo, J. L. Hunter, J. C. A. Hunter.

Elizabeth R. Jamieson, Jessie M. Jamieson, T. T. Jardine, J. S. Jeffrey, H. M. Johnston, R. Y. Keers, P. L. Lai-Fook, J. S. Lawrence, E. Lazarus, E. S. Lee, M. J. Leiserowitz, M. A. Lockie, I. M. T. MacAlister, A. L. Macdonald, A. Macdonald, C. R. Macdonald, S. A. Macdonald, Margaret L. Mackay, J. MacKenzie, N. F. MacKenzie, C. Mackie, A. U. Mackinnon, Jean MacD. MacLennan, P. A. Macleod, K. J. E. M'Millan, W. MacD. Martin, A. E. Milne, J. M. Modak, I. C. Monro, S. W. I. C. Morris, H. L. Morrison, I. H. C. Morton, Rachel B. Nelson, H. J. Newlands, J. A. Noble, J. M. Officer, D. Orr, H. O. Parkinson, Margaret E. Paterson, J. B. Pennybacker, S. H. A. Raeburn, P. L. J. C. Ransome-Wallis, R. A. Read, R. L. Renwick, A. N. Roxburgh, U. Schutzer, H. G. Scott-Kerr, W. C. Service, T. I. Sibbald, I. H. Silverstein, D. W. G. Smith, C. N. T. Spowart, D. G. A. Stewart, H. Stewart, J. L. Swanson, A. Thomson, T. B. Tibbets, J. S. Tough, G. Turner, R. E. Verney, L. S. Wakefield, Elizabeth S. Walker, R. Walsley, G. Watt, Elizabeth J. Welford, Annie D. Wilson, T. T. B. Wood, J. Yunibandhu.
DIPLOMA IN PSYCHIATRY.—W. J. Raitt.
DIPLOMA IN RADIOLOGY.—J. S. Fulton, Y. N. Krishnamoorthy, S. K. Montgomery, K. R. Speeding, J. C. Tainsh, A. G. C. Taylor.

The following prizes were presented:

Cameron Prize in Practical Therapeutics: G. R. Minot and W. P. Murphy. Thesis Gold Medalists: J. S. Fulton, J. C. Moir, F. E. Reynolds. Shaw Macfie Lang Fellowship: I. G. W. Hill. Stark Scholarship in Clinical Medicine: C. P. Hay. Gunning Victoria Jubilee Prize in Medicine: R. Gaddie. Lauder Brunton Prize in Pharmacology and Therapeutics: R. M. Murray-Lyon. Francis Mitchell Caird Prize: J. Lowe. Ettles Scholarship and Leslie Gold Medal, Mount Scholarship in the Practice of Physic, Annandale Gold Medal in Clinical Surgery, and the Murdoch Brown Silver Medal in Clinical Medicine: A. C. P. Campbell. Allan Fellowship in Clinical Medicine and Clinical Surgery: J. B. Pennybacker. Buchanan Scholarship in Midwifery and Gynaecology: W. S. M.R. Craig. James Scott Scholarship in Midwifery and Beane Prize in Anatomy and Surgery: W. I. C. Morris. Conan Doyle Prize: R. E. Verney and G. Watt, equal. Royal Victoria Hospital Tuberculosis Trust Gold Medal: A. N. Roxburgh. Scottish Association for Medical Education of Women Prize: Jean MacD. MacLennan. Dorothy Gilfillan Memorial Prize: Margaret E. Paterson. Wightman Prize in Clinical Medicine: C. H. Howat. Pattison Prize in Clinical Surgery and Sir Robert Jones Prize in Orthopaedic Surgery: Amelia N. Laws. Wellcome Medals and Prizes in the History of Medicine: Gold Medal, O. H. Jones; Silver Medal, R. M. S. McConaghey. Cunningham Memorial Medal and Prize in Anatomy: J. L. Henderson. Anderson Henry Prize: I. Mackenzie. Whiteside Bruce Bursary: N. Gray and J. K. Sutherland, equal.

* Awarded gold medal for thesis.

† Highly commended for thesis.

‡ Commended for thesis.

§ Passed with honour.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Carmichael Prize Essay.

THE late Richard Carmichael, having bequeathed to the College a sum of money for the purpose of founding prizes for essays upon certain subjects specified by him, the President and Council give notice that, on the second Thursday in November, 1931, they will proceed to adjudge prizes of £150 and £100 for the best essays that may be presented to them, in accordance with the following instructions prescribed by Mr. Carmichael: (1) "The state of the medical profession in its different departments of physic, surgery, and pharmacy, in Great Britain and Ireland, at the time of the writing of these prize essays." (2) "The state of the hospitals and schools of medicine, surgery, and pharmacy." (3) "The state and mode of examination, or of testing the qualifications of candidates of the different licensing colleges or corporations of medicine, surgery, and pharmacy."

The Services.

AN R.A.M.C. MUSEUM AT CHELSEA.

A MUSEUM, which also serves the purpose of library and study centre, has been established at the Duke of York's Headquarters, Chelsea, for the use of the officers and men of the Royal Army Medical Corps, 47th (2nd London) Division, T.A. It consists at present of only one room, though there is every sign that it will soon overflow into others, but it has been pleasantly furnished and equipped with a number of interesting and educative objects.

The museum was opened on July 26th by Lieut.-General H. B. Fawcus, C.B., Director-General Army Medical Services, who explained that the idea originated in the mind of the curator, Captain H. A. C. Gregory, who wished to improve the educational standard of the R.A.M.C. recruit, and considered that, in order to get a proper grasp of the subjects in his curriculum, a man needed not only his manual, but recourse to models, specimens, slides, and the like. Captain Gregory therefore approached Colonel L. D. Bailey and the other R.A.M.C. officers of the Division, who encouraged the project by every means in their power, and help was enlisted from many quarters, including the County of London Territorial Army Association and the Royal Army Medical College at Millbank. General Fawcus highly praised the conception, and expressed the hope that the museum would more than fulfil the ambitions of its promoters. Colonel Bailey stated that it was the intention to have weekly lectures in the museum by specialists in their respective subjects, and the museum would be open every day for the use of officers, non-commissioned officers, and men; it was hoped to make it in time a thoroughly equipped school of instruction. He mentioned some of those

to whom special thanks were due for gifts and loans—first of all, Captain and Mrs. Gregory, whose donations had been most generous. The Royal Army Medical College had furnished an excellent set of anatomical and pathological specimens, St. George's Hospital another set. Professor J. E. Frazer a life-size atlas, the 8th Hygiene Company a set of sanitary models, Sir Cuthbert Wallace (the honorary colonel) a microscope and set of slides, while various officers had to be thanked for exhibits and books. The museum contains an epidiascope, and is arranged with desks and every convenience for study. Two life-size figures from Tussaud's collection form a striking embellishment. One of them represents a private in the uniform of the old Hospital Corps of 1856, carrying a lance, the purpose of which is obscure; the other is an R.A.M.C. orderly of to-day, holding a Thomas splint. The models for these wax figures are two celebrated association footballers.

DEATHS IN THE SERVICES.

Lieut.-Colonel George Henry Bull, Bombay Medical Service (ret.), of Monte Carlo and of the Badminton Club, died in a nursing home in London, after a short illness, on July 11th. He was born on July 23rd, 1852, the son of Joshua Bull of Cork, was educated at Queen's College, Cork, and graduated as M.D. and M.Ch. in the Queen's University of Ireland in 1877. Entering the I.M.S. as surgeon on March 30th, 1878, he became lieutenant-colonel after twenty years' service, was placed on the selected list for promotion on April 12th, 1903, and retired on June 30th, 1908. He served in the Burmese campaigns from 1885 to 1889, and received the frontier medal with two clasps; and in the Sudan, in the Dongola campaign of 1896, receiving the Egyptian medal and the Khedive's medal. He rejoined for service in November, 1914, served in the Pavilion hospital for Indian troops at Brighton till it was closed early in 1916, and afterwards in various other posts in England till the end of the war. He was granted a Good Service Pension on May 24th, 1922.

Lieut.-Colonel Clarence Forbes Fearnside, Madras Medical Service (ret.), died at Vancouver on June 29th, aged 66. He was born on February 28th, 1864, the son of John Fearnside of Aberdeen, and was educated in the University of that city, where he graduated as M.A. in 1886, and as M.B. and C.M. in 1889. Entering the I.M.S. as surgeon on March 31st, 1890, he became lieutenant-colonel after twenty years' service, and retired on September 10th, 1912. He served in the Chin Hills campaign, in 1892-93, on the North-East Frontier of India, gaining the frontier medal with a clasp, and also rejoined for service in the war of 1914-18.

The death was recently announced of Lance-Corporal Joseph John Farmer of the Army Hospital Corps, who received the Victoria Cross for gallantry in the action at Majuba, in the first Boer war. The *London Gazette* of May 16th, 1881, announces the grant of the Cross as follows:

"For conspicuous bravery during the engagement with the Boers at the Majuba mountain, on the 27th February, 1881, when he showed a spirit of self-abnegation and an example of cool courage which cannot be too highly commended. While the Boers closed with the British troops near the Wells, Corporal Farmer held a white flag over the wounded, and when the arm holding the flag was shot through he called out that he had 'another.' He then raised the flag with the other arm, and continued to do so until that also was pierced with a bullet."

Medical News.

THE annual Neech Prize of the Society of Medical Officers of Health for the best paper read before a branch or group of the society, has been awarded for the session 1928-29 to Dr. J. Sim Wallace for his address on "The prevention of dental caries," published in *Public Health*, February, 1929. The award has been delayed to allow publication of all the papers submitted for consideration by the assessors.

THE Fellowship of Medicine announces that an afternoon and evening course, comprising clinical and cystoscopic demonstrations, will be given at All Saints' Hospital, Vauxhall Bridge Road, from August 5th to 30th. A comprehensive course in diseases of the chest will be held at the Brompton Hospital from August 11th to 16th, when instruction will be given throughout the day in the various departments. Courses in the following month will include one in diseases of children at the Queen's Hospital from September 1st to 13th, and another in medicine, surgery, and the specialties at Westminster Hospital from September 15th to 27th. Post-graduates are invited to apply to the Fellowship of Medicine for copies of the syllabuses of the above courses, and also for the programme of work for the winter months. The provisional list of special courses for 1931 is now ready.

Mr. L. G. BROCK, chairman of the Board of Control, will officially open the new Coleshill Hall Certified Institution for Mental Defectives, Birmingham, on Tuesday, September 16th, at 3 p.m.

THE eleventh International Veterinary Congress will be held in the Central Hall, Westminster, from August 4th to 9th. On the evening of Sunday, August 3rd, the president (Sir John McFadyen) and members of the organizing committee will hold a reception at the May Fair Hotel. Other evening functions include a conversazione by the Royal College of Veterinary Surgeons, a banquet given by the Government to official delegates, a reception by the Lord Mayor and Corporation at the Guildhall, and the official banquet of the congress at the Connaught Rooms. The programme of discussions includes a number of subjects closely related to human medicine. The office of the organizing committee is at 10, Red Lion Square, W.C.1.

THE Minister of Health has addressed to local authorities a number of suggestions relating to the provision or extension of by-laws under the existing general law to meet the proposals outlined in paragraph 6 of the recommendations contained in the report to the Board of Trade by the Departmental Committee on Deaths from Gas Poisoning which was published on February last. These recommendations were as follows: "(a) that where a hole is made for any purpose under the ground, through the wall of a new building or an existing building, the person executing the work shall stop up any resulting aperture so as to prevent the free passage of gas into the building; (b) that geysers shall be properly fixed and adjusted, and that both the apparatus and the room in which the apparatus is fixed shall be adequately and efficiently ventilated. It should be made unlawful to install or maintain a geyser without a proper flue. Model clauses are given in the circular to assist local authorities in framing their proposals.

DR. ARTHUR HAWKARD has accepted the invitation of the local Liberal party to become Lord Mayor of Leeds. Under an agreement existing between the three parties on the City Council it is the turn of the Liberals to nominate a candidate for the next municipal year.

SIR JOHN COLLIE, the London County Council's medical examiner, has tendered his resignation, with effect from February 15th next. He was appointed to the post in 1902. The appointment is a part-time one, and remunerated by fees on a capitation basis.

ON July 13th a tablet in memory of Sir William Osler was unveiled at Ewelme Church by the Bishop of Oxford. As Regius Professor of Medicine in the University of Oxford Osler was Master of the Ewelme Almshouse, and whenever he could find time he loved to visit this secluded and picturesque spot. He had its mouldy old records cleaned, bound, and preserved in a fire-proof safe in the muniment room. The tablet commemorates also Lady Osler and their son Revere.

THE Cambridge University Press announces for early publication the third volume of Professor Karl Pearson's *Life, Letters, and Labours of Francis Galton*. Volume iii*a* deals with "Correlation, personal identification, and eugenics," volume iii*b* with "Characterization, especially by letters."

SHORT but useful accounts of the incidence and treatment of leprosy in Ceylon and the hills of Assam are published in the July number of the *Leprosy Review*, which is the quarterly publication of the British Empire Leprosy Relief Association. Practical points of treatment are indicated in five other articles, mention being made in one of the use of 2 per cent. and 6 per cent. alepol solutions in Persia, where hope is expressed that the disease may be eradicated in a decade or two, since very few of the lepers are really Persians by birth. Some useful hints are supplied by the Rev. F. W. Ross as regards the conduct of an Indian treatment centre, and other articles relate to diagnosis, classification, and prophylaxis. The July issue of *Without the Camp*, the quarterly magazine of the Mission to Lepers, comments on the progress of leper treatment centres, particularly in China and India. The Mission has obtained new offices at 7, Bloomsbury Square, W.C.1, to which address all communications should be sent.

As we go to press we learn with deep regret of the death, on July 30th, of Sir Francis Champneys, late obstetric physician to St. Bartholomew's Hospital and chairman of the Central Midwives Board, at the age of 82. An obituary notice will appear in an early issue of the *Journal*. The funeral will take place at Hampstead Cemetery on August 2nd, at 11 a.m.; there will also be a requiem at St. Alban's, Holborn, at 8.30 a.m. on that day, followed by the first part of the funeral service at 10 o'clock.