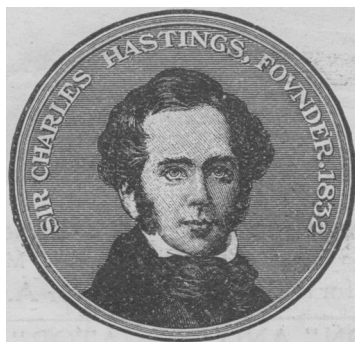


# The British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



*Including an Epitome of Current Medical Literature.*  
**WITH SUPPLEMENT.**

No. 3640.

SATURDAY, OCTOBER 11, 1930.

Price 1/3

## INTERMEDIATE HOSPITAL IN ANNEXE AT 17, PARK LANE

Helped by an endowment fund, an Intermediate Hospital is now open for suitable general surgical cases at 17, Park Lane, London, W.1. The fees for a room cost now only two guineas a week, interest in the project having made possible a series of four reductions since the scheme was started.

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(From Twenty guineas inclusive fee)

£21 0 0

The patient must be recommended as a suitable case for these reduced fees by their own Medical Attendant, who may of course be present at the operation, and who, if convenient to himself, will take charge of the after-treatment while in hospital, and be paid direct by the patient his usual fees for such attendance.

When the patient's doctor wishes to arrange a preliminary consultation with the Surgeon-in-Chief (with a view, for example, to a Bismuth Meal, Cystoscopic, X-ray Examination, etc.), all that is necessary is to telephone either the Secretary or Matron, and an appointment will be made. (Proportionately reduced nominal fees only charged therefor.)

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Local treatment, consisting of frequent lavage with boracic lotion, drops of colloidal silver, and yellow ointment, was prescribed, and considerable improvement ensued; the oedema of the upper lid gradually disappeared on the outer side, but persisted over the inner end. The conjunctiva cleared rapidly, but considerable discharge was present, which still came from the inner end of the upper fornix. Further examination of this region now showed the presence of a small granulation.

With the conjunctiva anaesthetized by cocaine, and the upper lid doubly everted, this granulation was gently scraped with a sharp spoon, and a yellowish-white point was exposed. This was seized with a pair of forceps, and a piece of macerated straw, almost an inch in length, was withdrawn from the orbital tissue. The condition cleared rapidly in the next three days, and a week afterwards the patient was discharged.

*Second Case.*—In July, 1930, a man presented himself at my hospital clinic for treatment, giving a history that, while threshing a week previously, a piece of barley straw had blown into his right eye. The upper lid was inflamed and considerably thickened, the man being unable to raise it. The site of inflammation appeared to be in the region of the lacrimal gland, where a definite swelling was present; there was a slight muco-purulent discharge, but no fluctuation of the swelling was obtained by palpation. On raising the lid the appearance of the globe was normal; there was, however, slight limitation of movement upwards and outwards. The cornea was clear, and the conjunctiva mildly injected. The lid was so thickened by oedema—especially the outer part—that it was impossible to evert it.

A hand retractor was employed, and the lid was raised, when the discharge was found to come from the outer part of the upper fornix, where the conjunctiva was raised in folds by oedema. This region was washed out, and a bead of pus was noticed coming from between two folds which, when separated, revealed the end of a piece of barley straw. This was removed with forceps; it appeared to have been embedded in the palpebral portion of the lacrimal gland. The condition resolved satisfactorily in forty-eight hours, and the man was discharged in six days.

It is quite common, especially in rural areas, to see cases where pieces of straw or like material have been retained in the upper fornix for considerable periods. The upper fornix is a cul-de-sac, which is formed by the reflection of the conjunctiva from the upper lid on to the globe. The sensitiveness of the conjunctiva is relatively low and, since the anatomical structure of this area is such that foreign bodies are held well away from the sensitive cornea, their presence is often undetected by patients until a local reaction has been set up.

Foreign bodies in this position produce a clinical picture which is fairly typical. Pain is usually absent, and the discharge, at first watery, quickly becomes muco-purulent. The upper lid becomes oedematous and the superior palpebral fold puffy. The lashes stick together with discharge, but when the lids are separated the conjunctiva appears fairly healthy. The upper fornix, however, is the site of an intense reaction, the intensity being dependent on the length of time during which the foreign body has been retained. In some cases ulceration may take place, and the foreign body be found embedded in granulation tissue. It is also feasible to think that such foreign substances as straw, which are relatively sharp, and which at first lie horizontally along the fornix, may later cause ulceration, and the action of the lids may actually drive them into the tissues of the orbit.

In the first case recorded I believe that the straw actually penetrated the conjunctiva of the upper fornix on entry, since there was no ulceration and only one small granulation locally at the point of entry, but in the second case, where there was much local inflammation and reaction, the straw might have been thrust into the orbital tissues through a softened and ulcerated conjunctiva. In all cases where a muco-purulent discharge is present on one side only, and where lacrimal obstruction and dacryocystitis are absent, the necessity of complete eversion of the upper lid and an exploration of the upper fornix cannot be over-emphasized.

Had these two cases been seen soon after the entry of the foreign bodies it is more than possible that their presence would have been detected, either in the fornix itself or penetrating through a conjunctiva which would at that time have been practically normal. Advice was not sought, however, until some seven days after the entry, when the clinical picture was much more like that of a lid abscess.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### NICOTINE POISONING BY ABSORPTION THROUGH THE SKIN.

THE causal circumstances in the two cases here reported appear to be unusual.

A. B., aged 19, an under-gardener, was seen at 10.30 a.m. on December 21st, 1929, suffering from prostration, abdominal pain, and violent spasmodic vomiting, sickness having come on about 6 o'clock on the previous evening, continuing at short intervals all night. F. K., aged 34, head gardener, was seen in a similar condition at 3.30 p.m. on December 21st, vomiting in his case having started at 9 p.m. on the 20th, continuing at intervals of about half an hour. The vomitus appeared to be chiefly bile. In both cases the bowels were confined; temperature subnormal; pulse thin and accelerated (slightly irregular in the case of A. B.); tongue dry and yellow-coated; skin on the extremities pale and cold. There was marked muscular relaxation in the lower extremities. The slightest attempt at movement appeared to induce further retching and vomiting. A. B. had cycled home, a distance of two miles, at 5 p.m., and felt ill immediately on taking a cup of tea. F. K., who lived at the gardens, had tea at 6 p.m., and first felt sick two and a half hours later.

Both men were of robust physique, and could offer no explanation of the trouble. Questioning elicited the statement that from 2 p.m. till 4.30 p.m. they had been applying a winter-wash insecticide to trees in a peach-house. The solution, in a strength of one part to sixteen of water, was well worked into trunks and branches, using a motor-car spoke-brush, an instrument calculated to splash liberally the hands, forearms, and face. To reach inaccessible parts and small twigs against the wall, the brush was dispensed with and the bare fingers used. After work they found it difficult to remove the brown stains from the skin. F. K. had had previous experience of this wash, and "seemed to remember that it had made him feel sick before." He usually smoked while at work, but had not done so on this occasion.

A tin produced was labelled "'XL All' Liquid Insecticide. Nicotine 3.7 per cent. Caution: When spraying or dipping for a length of time, rubber gloves should be worn." Though printed in large type, neither caution nor other particulars had been read.

Stimulants were given, heat applied to the extremities, the bowels opened with calomel, and a dessert-spoonful of kaylene administered every fifteen minutes for three hours, by which time in each case vomiting ceased. F. K. was well in two days. A. B., who had done much less brush work and more finger-dipping, had some abdominal discomfort for a week, and was shaky on his legs for ten days.

A wide literature centres round nicotine poisoning in relation to tobacco smoking, the volatile alkaloid, existing as organic salts, being dissociated by heat. Toxic effects from smoking, however, are not referable to nicotine alone, as the volatile chemical compounds pyridine, picoline, and lutidine (all having a similar physiological action to nicotine) are likewise dissociated, while in addition, carbon monoxide in high proportion may be inhaled. Nicotine and the still more powerful oil nicotianin are both soluble in water and alcohol, and are readily absorbed through the skin.

The poison produces a very complex mixture of effects—successive stimulation and paralysis of a variety of central and peripheral structures, among these stimulation and paralysis of the receptive mechanism of striped muscle.<sup>1</sup> When anaesthetics were rudimentary, relaxing rather than anaesthetizing, tobacco was a favourite among analgesics administered per rectum. In recent times a case is recorded<sup>2</sup> of a convict who secreted an ounce of cut Cavendish tobacco in his rectum and successfully conveyed it past the searchers, but, failing to recover it, was four hours later in a state of collapse, with nausea, vomiting, and paralysis of both legs. He recovered. Toxic effects following the external application of the leaf are on record,<sup>3</sup> chopped tobacco leaves being applied under a bandage to a varicose vein which had been accidentally wounded. The patient became prostrated and pulseless, with nausea and vomiting, but recovered after several days.

The nicotine content in the insecticide above mentioned is stated to be 3.7 per cent.; so far as can be ascertained, the proportion in proprietary sprays and washes varies from 2 to 38 per cent. "XL All" Fumigator, used for agricultural and horticultural purposes, has a nicotine

<sup>1</sup> Sollman and Hanzlitz: *Experimental Pathology*, 1928.

<sup>2</sup> *British Medical Journal*, 1901, vol. i, p. 1544.

<sup>3</sup> *Lancet*, 1879, vol. i, p. 296.

content of 37.3 per cent., a fatal case of poisoning (by the mouth) having been reported with this solution.<sup>1</sup> I have been unable to find references to other cases of poisoning by nicotine-containing insecticides where the skin is the channel of absorption, but it is evident that such solutions, even where the nicotine content is relatively low, have considerable dangers when the cautions as to their use are disregarded.

I acknowledge with thanks assistance received from Messrs. Martindale, of New Cavendish Street, in consulting references.

DOUGLAS J. B. WILSON, M.B., Ch.B.Glas.

High Wycombe, Bucks.

#### NORMAL PUERPERIUM FOLLOWING LABOUR IN A LATRINE.

I WOULD wish to record the facts of the following case if only because they are so extraordinary; but they have added interest in showing that the grossest neglect and ignorance of pregnancy and parturition do not necessarily lead to grave disaster to the mother.

In December, 1929, I was called late at night to see an insured patient from a neighbouring district. This was a girl, aged 20, a domestic servant who had been ill for a week with a sore throat and had been under the care of her panel doctor. As she could not be nursed at her place of service she was taken to the home of her relatives. She had been in contact with a case of scarlet fever, and it was feared that she also was developing this infection. She had a slight tonsillitis and a temperature of 101° F. for a day, but no rash or signs of scarlet fever developed. She had rather a profuse loss of blood, which was thought to be menstrual. Palpation of the abdomen revealed a firm lump, which might have been an enlarged uterus, and she was questioned several times as to whether she was, or had been, pregnant. This she denied. After eight days in bed she recovered sufficiently to be able to go out, and called weekly at the surgery for her certificate for sickness benefit.

Early in January the body of a dead full-time child was found in a box in the backyard of her former place of service, and she was arrested and charged with infanticide. After her trial, at which she was dealt with very leniently, she came to see me, and told the following story.

She knew she was pregnant, but made no preparations whatever for the birth of the child. She even stated that she believed that the child emerged from the front of the abdomen, near the navel! One night in November she had a pain in the back, but went to bed and slept well until about 4 a.m.; she then felt the need of going to the closet, which was outside in the backyard. She sat on the closet seat, and felt something drop from her; she fainted, and did not come to until about an hour later, when she discovered that her baby had been born, and was lying in the pail. She held it to her cheek, and as it felt cold she concluded it was dead. She then searched in the dark among some empty boxes, and found a piece of tin, by which she cut the cord. She placed the dead child in a box and went into the house, where she carried on with her domestic duties, lighting the fire, preparing breakfast, and cleaning the front door steps. At breakfast she had some tea, and then felt the desire to go to the closet again. She went there, and felt something drop into the pail. She did the washing during the day, and as she did not feel well she went at night to see her panel doctor, who sent her to bed and attended her until she left the house a week later and came under my care.

Here, then, is a young primipara actually in contact with a scarlet fever case a few days before the birth of her child, which occurred under the most appalling circumstances without help from anyone. The birth took place at 4 a.m. and the placenta was retained until 9 a.m., when it came away naturally; yet, in spite of all this, she did not develop puerperal fever or even pyrexia, for the temperature of 101° F. lasted less than twenty-four hours. In her case the child was sacrificed to the circumstances of its birth; but even here the child might have survived had the mother been in the recumbent posture and so evaded the syncope which naturally followed the shock of birth in the sitting posture on the closet seat.

When this case is contrasted with others—for example, those I recorded in the *British Medical Journal* (October 4th, 1930), in which puerperal sepsis occurred in spite of every precaution—it seems difficult to avoid the conclusion that there exist varying degrees of natural immunity to streptococcal infection. How can we estimate the amount of that immunity, and how can we increase it in those in whom it is deficient? These seem to me among the most important problems connected with puerperal infection.

J. S. MANSON, M.D., D.P.H.,  
Medical Officer of Health to the Runcorn  
Rural District.

<sup>1</sup> *Lancet*, 1906, vol. ii, p. 1144.

## Reviews.

### BRIGHT'S DISEASE.

SINCE the Bright centenary in 1929 there has been a considerable output in all countries of books relating to the many problems still awaiting solution in diseases of the kidneys. *Hypertension and Nephritis*,<sup>1</sup> by A. M. FISHBERG of New York, is one of the latest to appear. This is a very complete book; its purpose, as the author states, is to depict our present knowledge of all the heterogeneous group of diseases which may be included under the term Bright's disease. In noticing a book with such wide scope we can only pick out a few points which may interest potential readers. One chapter entitled "Hypertensive Encephalopathy" invites some study to see what exactly is meant by a term not commonly employed in this country. It is found that this term has been applied by the author and Oppenheimer to describe the cerebral symptoms occasionally met with in high blood pressure, which have generally been defined as acute uraemia. Fishberg states that recent observations, especially by Vollhard, show that these cerebral symptoms may occur when renal function is intact and without any changes in the blood chemistry. On these grounds, therefore, he believes that a uraemic origin is to be discounted, and that a new descriptive term is essential. The chapters of interest to many readers will be those devoted to the varieties of "nephrosis." Fishberg is evidently a whole-hearted believer in the concept of nephrosis, and the need for such a term in contradistinction to nephritis; and he traces carefully the development of the nephrosis conception since the word was first coined by Friedrich Müller. It is pointed out that the use of the word must now be narrowed so as to exclude renal disease consequent to primary degenerative diseases of the blood vessels, but otherwise "the nephroses may be defined as diseases characterized anatomically by primary degenerative lesions of the renal parenchyma" (p. 245). The conditions included as acute and chronic nephrosis having been described, the reader is then carried on to acute and chronic glomerulo-nephritis. Acute interstitial nephritis is given a short section, but chronic interstitial nephritis does not appear as such in the book at all. It will thus be seen that all the old possibilities for argument on nomenclature and classification are well stirred up by this book. The last 150 pages are given up to a discussion of all the aspects of "essential hypertension" or hyperpiesia, and admirable common sense is written on the question of how to deal with such cases. One very important remark is that in many cases it is best not to attempt to alter the blood pressure at all. This, however, is more true in women than in men. It is in a way remarkable how women may enjoy long life with high blood pressure, while in men the period of survival is, on the whole, so much shorter. References to literature and a good index are provided, and the book is well produced.

A recent addition to the Anglo-French Library of Medical and Biological Science is a translation, by Dr. M. MARCUS, of ACHARD's book on the problems of Bright's disease.<sup>2</sup> French work on this subject has had an almost predominant position in the last decade; the names of Achard, Widal, and Blum occur at once to all students of renal disease. The book is divided into four parts. Part I deals with the pathological anatomy of oedema, the chemical composition of dropsical fluids, and the characters of the blood itself in dropsy. Part II is clinical, and discusses the sites and special localizations of oedema. A special section is devoted to the important but very difficult question of cerebral oedema. Part III, the most important division of the book, gives an admirable critical review of all the theories and facts relating to the pathogenesis of oedema. The well-known experimental and clinical work of Achard himself is incorporated into this section, which is a model of clear exposition. Part IV is short, and deals with the

<sup>1</sup> *Hypertension and Nephritis*. By Arthur M. Fishberg, M.D. London: Baillière, Tindall and Cox, 1930. (6 x 9½, pp. xvi + 566; 33 figures, 36s. net.)

<sup>2</sup> *Oedema of Bright's Disease*. By Ch. Achard. Translated by Maurice Marcus, M.B., B.S. London: The Anglo-French Library of Medical and Biological Science. London: Kegan Paul, Trench, Trubner and Co., Ltd. 1930. (5½ x 8½, pp. x + 231; 9s. net.)

Crookslings Sanatorium and to St. Michael's Hospital, Dun Laoghaire. As an authority on lung diseases he published several contributions on this subject. Dr. O'Donnell had a lovable disposition, and his devotion to duty and the attention he gave to his patients won the respect and esteem of all who knew him. He leaves a widow and five daughters, one being married to Dr. Eugene Kelly, who practises in London.

Dr. ANDREW CHILLINGWORTH, who died at Bedford on September 30th, aged 76, while making his usual morning round, received his medical education at St. Bartholomew's Hospital; he obtained the diploma M.R.C.S.Eng. in 1879, and the L.R.C.P.Ed. and L.M. two years later. After holding the post of house-surgeon at Salop Infirmary he went to Bedford forty-seven years ago, and entered into partnership with the late Dr. J. Carter. Since January, 1921, his son, Dr. A. J. Chillingworth, has been in partnership with him. Dr. Andrew Chillingworth was also medical officer to the Bedford Provident Dispensary and the Bishopstone House Asylum. He was an ex-president of the South Midland Branch of the British Medical Association, and also of the Bedford Medical Association. For many years he had been churchwarden at St. Peter's Church, Bedford, and took a prominent part in the work of this parish. Always keenly interested in open-air sport, he had been particularly proficient at cricket and Rugby football, and played golf until two years ago. He leaves a widow and two sons, both of whom are in the medical profession.

With the recent death of Dr. HUGH THOMAS WARNOCK, Invereske, Donegal, Ireland loses one of her most popular physicians. He had been in ill-health for some time, and retired from practice in May of this year. On graduation in 1876 he was appointed demonstrator of anatomy in Steevens's Hospital, Dublin, having obtained the diploma L.R.C.P.I. in the previous year. Among the posts which he held during his active life were medical officer to the local district and fever hospital, and consulting surgeon to the Sheil Hospital, Ballyshannon. He became a Fellow of the Royal College of Surgeons in Ireland in 1889. Dr. Warnock took a very prominent part in Irish medical politics, being in 1928 both president of the Irish Medical Association and chairman of the Irish Committee of the British Medical Association, of which he was one of the oldest and most conscientious members. Although his attendance at medical conferences in Dublin meant an absence of three days from his home and practice, he rarely missed a meeting. His death is also widely regretted for his public service, especially among the poor, for whom he did much to provide up-to-date medical treatment.

Dr. GERTRUDE GROGAN died suddenly on September 20th, while on holiday in Bavaria, and by her own wish she was buried at Tegernsee. She was born at her father's rectory in county Wicklow, and attributed her facility in drawing to her father's habit of asking her to sketch from memory anything she had seen on her walks. Later on she astonished one of her ambulance classes by drawing a skeleton from the feet upwards. She received her medical education in Dublin, graduating M.B., B.Ch., B.A.O. in 1895. For several years she was assistant medical officer at Mullingar Asylum, and later at Fulbourne Asylum, Cambridge. She then undertook general practice in North London, combining with this some part-time medical work in connexion with the General Post Office. She was one of the pioneers in child welfare work, and gave to it many years of voluntary service. At the time of her death she was medical officer to infant welfare clinics in Brixton and St. Pancras, and to the St. Luke's Day Nursery, Holloway. An ardent supporter of the St. John Ambulance Association, she was divisional surgeon for Finsbury, and for about twenty years lectured at the Northampton Polytechnic Institute on first aid, home nursing, and hygiene. She spared no trouble in preparing for these lectures, and was always on the alert to find new illustrations and anything which could add interest to them. She was a keen student of Esperanto, and spent many holidays in attending

congresses. A colleague writes: Dr. Grogan was a most approachable person, with a great gift for setting people at their ease. Her Irish wit and ready invention improved every story that came her way, and she was physically incapable of being dull, however unpromising the subject. She loved life and all its doings, however small. The mothers at the welfare clinic loved her, for she was glad or sorry with them, but never impatient or hurried with them. Whenever she had a pleasure her first thought was, "With whom can I share it?" Innumerable were the small kindnesses that she did.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

At the September matriculation examination 80 candidates were successful in the first division and 389 in the second division, while 26 took the supplementary certificate in Latin.

### LONDON HOSPITAL MEDICAL COLLEGE.

The following scholarship awards have been made at the London Hospital Medical College:

Two entrance scholarships open to students of the Universities of Oxford and Cambridge: (1) Price Scholarship in Anatomy and Physiology, value £100, Mr. K. M. A. Perry; (2) Freedom Scholarship in Pathology, value £100, Mr. J. G. L. Spencer. Two open scholarships, each of the value of £100, Mr. H. J. Barrie and Mr. H. B. Tripler.

### UNIVERSITY OF GLASGOW.

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—G. A. H. Adam, A. S. Agbaje, J. W. Aird, W. D. Anderson, A. L. Barnett, J. Battersby, W. Blyth, A. A. Bonar, I. K. Buchanan, A. C. Cameron, J. C. Cameron, Margaret E. Campbell, B. Deighan, C. D. Ferguson, J. B. Forsyth, T. Gass, J. J. Geoghegan, Margaret C. Gibson, W. S. W. Guthrie, \*R. Harvey, W. M. Hunter, \*A. H. Imrie, W. E. Inglis, R. W. H. Jarvie, R. S. Kay, \*G. Krasner, C. Lavery, A. MacDonald, Catherine B. McGregor, J. MacGregor, I. MacKay, Rosa F. McLaren, A. Maclean, W. D. McLellan, T. M. McNie, A. M'Pherson, \*W. S. Mack, Anna T. Mason, A. M. Millar, A. C. Miller, J. S. More, W. Morton, A. P. Muir, R. Napier, \*J. L. Park, R. Parker, M. Plotnikoff, J. B. Rankine, E. C. Ritter, A. S. Robertson, W. M. Robertson, T. Ross, J. B. Roy, A. Salamon, R. Southward, I. H. Taylor, W. W. Thomas, A. L. F. Thomson, I. B. Thorburn, T. R. Thorburn, A. H. S. Tinubu, A. G. Walker, J. Z. Walker, W. Walker, W. I. Walker, W. Weir, A. M. Williamson, W. C. Wilson, A. C. Young.

\* Distinction in surgery.

† Distinction in medicine.

‡ Distinction in midwifery.

D.P.H.—Part II: R. Cordiner, Isabella M. Currie, Jean M. Dixon, Mary D. Lambie, Margaret E. R. Loudon, Eric C. Macdonald, J. S. McMillan, J. Riddell, J. A. Roughhead, J. W. Wilson, Elizabeth N. Young.

## MOTOR CARS FOR 1931.

### THE OLYMPIA SHOW.

[FROM OUR MOTORING CORRESPONDENT.]

For many years past the annual Motor Show at Olympia has been looked upon as one of the chief functions in London's autumn programme of events, the exhibition attracting visitors not only from every part of the United Kingdom, but from all the principal countries of Europe, and even from those further afield. The 1930 show, which will open its doors on Thursday next, October 16th, and continue until Saturday, October 25th, is the twenty-fourth of the series organized by the Society of Motor Manufacturers and Traders, and, judging from the advance information we have gleaned, there are every signs of it proving one of the most successful. Certainly it will be the largest exhibition of the kind so far held in Great Britain, for the Motor Show of 1930 is not being confined to displays of chassis and cars, and to motor car accessories and components. On this occasion two new sections are being added—one in which special devices for the servicing and maintenance of motor vehicles will be grouped together, while another part of the building will be devoted to motor boats.

Hitherto the show has occupied what were known as the Main and New Halls and their respective galleries, but since last year the huge additions which have been made to the Olympia buildings have been completed, all of which are being brought into use for the coming exhibition. Space only permits us briefly to mention that there will be approximately 74 firms showing cars, 54 separate displays

of vehicles with special bodywork by well-known coach-builders, 15 different exhibits of tyres, over 300 of accessories, 67 of service garage equipment, and 54 of motor boats and allied goods. So far as the car section is concerned, its international character is indicated by the fact that the latest motor vehicles produced in no fewer than eight countries will be available for inspection. British car builders will be in the lead with thirty-two different makes, but France and American motor manufacturers will again be strongly represented.

#### *The Trend of Design.*

With a few exceptions, such as a larger number of cars fitted with four-speed, silent third gearboxes, automatic and semi-automatic change-speed gears, the coming show does not promise to reveal any startling departures from what has become almost the standard layout of cars. At the same time, manufacturers have all been devoting considerable attention to improving the details of their productions, and to rendering them more attractive to the motor-using public. Although four-cylinder cars, by reason of the attractive prices at which they are now being offered and the good service they are rendering in actual work, will long remain popular among those to whom the amount of first cost is of importance, the exhibition will reveal a further marked increase in the range of cars with engines having six or more cylinders. From the popular point of view, and also from that of a large proportion of medical men, interest will probably centre very largely in the examples of six-cylinder cars of about 15 h.p. which have been announced by several well-known manufacturers, and which in saloon form are being offered at prices ranging from £199 to £250; while in the £250-£300 category there are several well-known "sixes" which have been adopted with success by many medical motorists during the past year, as well as several interesting newcomers, such as the Vauxhall Cadet, which will undoubtedly repay examination. For those who can afford a little greater initial outlay, and who desire the maximum smoothness of running, there is a growing number of eight-cylinder vehicles, some of which are now available at prices for which a few years ago only four-cylinder vehicles could be purchased.

#### *Lower Car Prices.*

Indeed, it may be said that the outstanding feature of the show will be that despite the fact that there is no slackening of endeavour to improve the efficiency and general reliability and comfortable riding qualities of cars, most of the manufacturers have seen their way to offer them at lower prices. In bodywork the saloon type continues far and away the most popular. Indeed, one old motorist was recently heard to remark that it would seem that, contrary to the practice in the early days of the motoring movement, the covered car has become the vehicle for workaday use, and that in future the open touring car will be reserved for purely pleasure purposes in fine weather. Most manufacturers, however, now include in their standard productions a sunshine saloon that may be used in either open or closed form. This is a type that has been very popular during the past year, and is likely to become more so now that greater attention is being paid to rendering them perfectly waterproof, a requirement that has not in the past been entirely met in all cases.

#### *Hours and Prices of Admission.*

Finally, it may be mentioned that the show will be open from 10 a.m. to 10 p.m., and that the charge for admission on the opening day, Thursday next, will be 10s., 2s. 6d. on the two Fridays and Saturdays, and 5s. on all the other days. Although the fact that more space is available on this occasion may reduce the congestion of the stands and aisles experienced in past years, those intending to visit Olympia may be reminded that the crowds do not usually arrive until the afternoons and evenings, so that the mornings provide the best opportunity for a close examination of the exhibits.

Next week it is proposed to review the main features of the exhibition, and to deal briefly with some of the new models of cars especially suitable for medical motorists.

C. J. W.

## Medical News.

THE nineteenth annual dinner of the Glasgow University Club of Manchester, Liverpool, and District will be held at the Midland Hotel, Manchester, on Thursday, November 13th, at 7 p.m. The chair will be taken by Dr. D. Sage Sutherland, and Professors T. K. Munro and C. H. Browning, along with Dr. G. H. Edington of Glasgow, have consented to be the guests of the club. Membership of the club is open to all graduates (male or female) of the university, and any who would like to attend the dinner and have not received details of it are requested to write to the honorary secretary, Dr. T. B. Riddall, 274, Dickenson Road, Longsight, Manchester.

THE new session of the Hunterian Society of London will commence on October 20th with a dinner meeting at Simpson's Restaurant, Bird-in-Hand Court, Cheapside, at 7.15 p.m., when Professor A. W. Sheen will deliver his presidential address entitled "The school of health." At the meeting on November 17th, at 9 p.m., at Cutlers' Hall, Warwick Lane, a discussion on the place of the doctor in industry will be opened by Sir David Milne-Watson, Mr. W. A. Appleton, Professor E. L. Collis, and Dr. Strickland Goodall. A dinner meeting will be held on December 15th, at 7.30 p.m., when a discussion on puerperal infection will be opened by Dr. Remington Hobbs and Mr. M. Oldershaw. The Hunterian Lecture, on the problem of rejuvenation, will be delivered by Dr. Arnold Lorand of Carlsbad at Apothecaries' Hall, Water Lane, on January 19th, at 9 p.m. The annual dinner of the society will take place at the May Fair Hotel on February 12th. Mr. A. E. Mortimer Woolf will deliver the Hunterian Oration on the surgical aspects of diverticulitis at Apothecaries' Hall on March 2nd, at 9 p.m. A discussion on the common cold will be opened by Dr. E. P. Foulton and Dr. Oliver Heath, at a dinner meeting, on March 30th, at 7.15 p.m. The annual general meeting of the society will be held at Simpson's Restaurant on April 30th.

THE annual general meeting of the West Kent Medico-Chirurgical Society is being held to-day, Friday, at 8.45 p.m., in the Miller General Hospital, Greenwich, and will be followed by the demonstration of clinical cases. The programme of the society during the coming session is as follows. On November 14th Drs. E. P. Cumberbatch and C. A. Robinson will speak on diathermy in gynaecology. The Purvis Oration will be delivered on December 12th by Mr. A. J. Walton, who has chosen for his subject the neuromuscular obstructions of the intestinal tract. The first meeting of the new year will take the form of a clinical evening on January 9th. On February 13th Dr. F. M. R. Walshe will deal with the interpretation of some common symptoms of nervous disease; Dr. J. Forest Smith will discuss the treatment of goitre in general practice, on March 13th; and Mr. Edwin A. Lindsay will lecture on April 10th on the subject of common disabilities of the feet. The presidential address will follow on May 8th. The honorary secretary of the society is Dr. C. J. B. Buchan, 267, Baring Road, Grove Park, S.E.12.

At a meeting of the Society for the Study of Inebriety, to be held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, October 14th, at 4 p.m., Dr. Macdonald Critchley will read a paper on some forms of drug addiction.

THE opening meeting of the new session of the Royal Microscopical Society will be held in the Hastings Hall, B.M.A. House, Tavistock Square, W.C., on Wednesday, October 15th, at 5 p.m. The President and Mrs. R. Ruggles Gates will hold an informal reception; Mr. J. E. Barnard, F.R.S., will demonstrate by micro-projection some histological preparations from the society's collection; and Dr. G. M. Findlay will communicate some recent research on malarial parasites. The biological section will meet on Wednesday, November 5th.

A COURSE of fifteen post-graduate lectures and demonstrations on modern methods in the diagnosis and treatment of venereal diseases is being given by Lieut.-Colonel E. Tytler Burke at the V.D. Treatment Centre, Municipal Clinic, 155, Regent Road, Salford, on Thursdays, at 7 p.m. Lectures and demonstrations on congenital syphilis will be given at the clinic on October 16th, 23rd, and 30th, at 4 p.m.

THE first meeting of the British Institute of Radiology for the session 1930-31 will be held in the Reid-Knox Memorial Hall of the institute, 32, Welbeck Street, on October 16th, at 8.30 p.m., when papers will be read by Dr. J. F. Bromley on the use of negative paper, by Captain A. R. Wood on ultra-violet glasses, and by Dr. G. Simon on the use and technique of diathermy in the treatment of pneumonia. The first two papers will be accompanied by demonstrations. Members from the provinces will have an opportunity of visiting the radiological department of St. Mary's Hospital, Paddington, between 2 and 4 o'clock on the afternoon of the following day.



THREE Chadwick public lectures on rheumatism, illustrated by lantern slides, epidiascope, and films, will be given in the Hastings Hall of the British Medical Association's House, Tavistock Square, W.C., on Thursdays, October 23rd and 30th, and November 6th, at 5.15 p.m. The first lecture, the significance of rheumatism in youth and middle age, will be by Dr. Francis Bach, with Sir William Collins in the chair; the second, on rheumatism in childhood, will be by Dr. Gerald Slot, with Sir Thomas Barlow, Bt., in the chair; and the third, on the treatment of rheumatism, will be by Dr. Matthew B. Ray. Admission is free, without ticket.

A COURSE of lectures on "Some newer therapeutic agents: their pharmacological identification and tests, with some account of their uses in medicine," will be given by Dr. J. H. Burn, director, Pharmacological Laboratories, Pharmaceutical Society of Great Britain, in the lecture theatre, 17, Bloomsbury Square, W.C.1., on Monday, October 13th, and succeeding Mondays, at 5.30 p.m. Admission to the first lecture without ticket; admission to subsequent lectures by ticket only. Tickets for the course may be obtained from the secretary of the society on the following terms: Members and student-associates of the society, gratis on application; registered apprentices or students, 5s.; other persons, 10s.

THE Child-Study Society, London, has issued its programme of lectures to be delivered at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., on Thursdays, at 6 p.m. On October 23rd the first Cockburn Memorial Lecture, entitled "The whole child," will be given by Dr. James Kerr; on November 13th Dr. Arthur H. Norris, chief inspector, Children's Branch, Home Office, will lecture on the methods of a modern reformatory; and on December 4th Dr. C. W. Kimmins will lecture on the changes in the child's attitude to life during the school period.

A GENERAL meeting of the Guild of St. Luke, St. Cosmas, and St. Damian will be held on Sunday, October 19th, in the Cathedral Hall, Archbishop's House, Westminster, S.W.1, immediately after the celebration of High Mass in Westminster Cathedral at 10.30 a.m. The annual report of the council contains a reference to a protest made in his pastoral letter by the Archbishop of Tuam against the advertising of quack remedies. Meetings of the council in London have been held regularly and have been fully attended; similar meetings have also been arranged in Bath, Bristol, Liverpool, Manchester, Wolverhampton, Glasgow, and Preston. These meetings have been reported in the *Catholic Medical Guardian*, which is the organ of the Guild. It is announced that a public meeting will be held in the Queen's Hall next February on the subject of Lourdes and modern medicine.

THE Fellowship of Medicine announces that the M.R.C.P. special course lectures for the week at the Medical Society, 11, Chandos Street, Cavendish Square, will be delivered on Monday, October 13th, at 5 p.m., by Mr. C. L. Gimblett (general medical ophthalmology, illustrated by epidiascope), and on Tuesday, October 14th, at 8.30, by Dr. L. S. T. Burrell (intrathoracic tumours). The fee for each lecture is 10s. 6d., payable at the lecture hall, and for the course of lectures (16) £6 6s. On Wednesday, October 15th, at 4.30 p.m., Mr. G. G. Penman will give a demonstration entitled "Fundamentals of general medical interest," at the Royal Westminster Ophthalmic Hospital; this class is strictly limited. A course in diseases of the throat, nose, and ear is in progress at the Central London Throat, Nose and Ear Hospital, and will continue until October 31st; one in tropical diseases, at the Tropical Hospital, will continue until October 24th. Fees are chargeable for these courses. From October 13th to 24th, at the Chelsea Hospital, there will be a special course in gynaecology occupying mornings and/or afternoons. The Fellowship of Medicine has arranged a series of lectures on recent advances in medicine and surgery; Dr. G. E. Beaumont will give the opening lecture on Monday, October 13th, at 4 p.m., entitled "Recent advances in the medical treatment of some pulmonary emergencies." The lecture will be delivered at the Medical Society, and is open to the medical profession without fee or ticket. On October 13th, at 3.30 p.m., will take place the first clinical demonstration of the winter session; this will be at the Miller Hospital, Greenwich, when Dr. Harold Pritchard will demonstrate cases illustrating modern methods of diagnosis and treatment. On October 14th, at 2 p.m., Mr. C. P. G. Wakeley will give a clinical demonstration in the out-patient department at King's College Hospital. These demonstrations are free to medical practitioners. Particulars and syllabuses of all courses and tickets of admission may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

THE International Red Cross Committee at Geneva announces that the international competition for the discovery of a detective reagent for the detection of mustard gas in the air, which was started on July 1st, 1929, is to close on December 31st. The prize offered is 10,000 Swiss francs (£400). The competition is the first step in a Red Cross campaign for

the protection of civilians in the event of war. It is to be followed, if funds permit, by other international competitions to discover, among other things, the best civilian gas mask and the best means of purifying the air in subterranean places in which civilians may take shelter during air raids. Full particulars of the competition may be obtained on application to the International Red Cross Committee, 1, Promenade du Pin, Geneva.

At a meeting of the Society of Public Analysts on October 1st a paper by Mr. G. W. Baker on scientific evidence relating to firearms, with special reference to a recent murder trial, was read and demonstrated by Mr. G. H. Perry. Scientific methods of investigation were used in examining the bullet and cartridge case found on the scene of a murder in Jerusalem in August, 1929. By means of x-ray photography it was established that a piece of a bullet found in one of the bodies was British ammunition, and it was also proved that it had been fired from a rifle of the same calibre and rifling as that of the person accused. Further, it was conclusively shown by means of photomicrographs that the cartridge case found on the scene had been fired from his rifle, for there were at least fourteen marks on the pin impression, all of which were found on the firing pin of the rifle. The extractor mark was also a very characteristic feature. The court returned a verdict of guilty.

THE Society of German Medical Abstainers held its annual meeting at Dresden on September 2nd, under the presidency of Professor Emil Abderhalden, when it was decided to form a central library and information bureau relating to the alcohol problem.

A MEMORANDUM has been addressed by the Chief Medical Officer of the Ministry of Health to all medical officers in counties, county boroughs, and districts, directing their attention to the information contained in the Annual Statistical Review of the Registrar-General for England and Wales, and referring to the reduced price at which sections of this publication will be available in future. The cost of the "Tables: Part I—Medical," will be 7s. 6d., and that of the text 2s. 6d. Synopses of the contents of these volumes, with descriptions of regular and special features, are appended to the memorandum to illustrate their usefulness for study and reference.

DR. R. M. HUTCHINSON-LOW, of Kensington, has given £1,000 to the committee of the Wrexham and Denbighshire War Memorial Hospital to endow a bed in memory of his father and mother.

## Letters, Notes, and Answers.

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

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

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

The TELEPHONE NUMBERS of the British Medical Association and the *British Medical Journal* are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

## QUERIES AND ANSWERS.

### EPHEDRINE.

"M. M. M." has a patient, a schoolmaster, aged about 45, who has been taking ephedrine for asthma with beneficial results, but has had to give it up for the following reason. Within an hour of taking a 1/2 grain tablet he finds a difficulty in passing urine, and this continues for about twenty-four hours. Can anyone suggest a cause and a remedy?