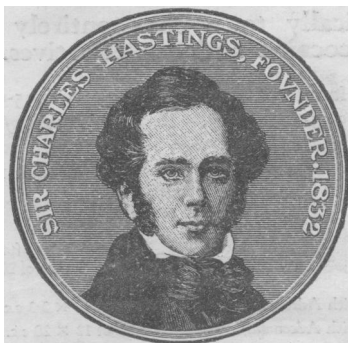


NOV 15 1930

The

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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infected individual. We might instance in this connexion the practical arrest of the disease which so often follows tabetic optic atrophy; as the result of this lesion all the activities are so severely affected and so much less is required of the nervous tissues, that it can continue to function at this lower level in spite of the decreased blood supply. W. M. Malamud and K. Lowenberg⁹ state that an affection of the meningeal capillaries may lead to meningitis, and of the cortical capillaries to general paresis.

It is now clear why the soldier, the fireman, the rickshaw puller, and the coolie are so liable to suffer from involvement of the pyramidal tracts. In these cases the motor functions of the nervous tissue are so often called upon for such a tremendous output, since they must continue to function in spite of exhaustion, that the individual often becomes an almost senseless automaton, marching, running, or working oblivious to pain and all the finer senses, but still calling upon the motor system, including its arterial supply, for a full output of energy. The symptoms in these cases appear usually earlier than the sensory symptoms of tabes dorsalis, and it is hardly to be wondered at, considering what strain is put on the system.

Buzzard and Greenfield note in syphilitic myelitis that in some cases there is disease, or diminution, or complete occlusion of the lumen of the vessel; in others there is excessive perivascular infiltration with suggestion of slowing of the circulation and blood stasis, and in further cases paralytic vaso-dilatation ensues with very moderate perivascular infiltration and capillary thrombosis. In all cases there is, again, interference with the normal blood supply to the cells.

We have, further, a striking confirmation of this view in the more modern treatment with malaria of dementia paralytica. Malaria is supposed to increase the amount of antibodies and spirocides present in the blood and cerebro-spinal fluid. To those who know malaria as the disease above all others that reduces the resistance of an individual to an infection, and renders him more liable to fall a victim to any contagious or infectious disease, the hypothesis that induced malaria has the opposite effect in syphilis appears to be a totally unjustifiable assumption. The real effect malaria or other infections have in these cases is to give what might be termed a histamine shock effect—an action that causes dilatation of the capillaries, increasing the blood flow through them, and at the same time bringing more nutrition to the starved nerve cells as well as to the walls of the capillaries and tissues surrounding them. Only in this way can the effect of malaria without chemotherapy be explained, and also the fact that, although in some cases of late quaternary syphilis the spirochaetes appear to have died out, the degeneration of the nervous tissue progresses, and progresses in proportion to the strain thrown upon it. Again, one can note that the actual fever present has no relation to the ultimate curative effect of the procedure, except that if it is too severe the secondary debilitating effect damages the patient irretrievably. A similar effect can also often be seen in tabes after an irritant dose of x rays to the spinal cord, where a temporary amelioration of the symptoms frequently occurs as the blood flow increases in the irritated tissues.

In conclusion, I have brought forward evidence that the later manifestations of neurosyphilis must be regarded as only a result of the general vascular disease. They appear to be due to a slow starvation of all the nervous tissue, as well as of the tissues of the body; all through the body those tissues will first show signs of degeneration, which, having a small capillary bed, are yet required to do most work under conditions which render them unable to replace sufficiently the broken-down products of their activity. The areas with the least blood supply stand the least strain, and the more vital centres, being supplied better with blood, hold out the longest.

The *Treponema pallidum* is an organism which, through the centuries, has almost learned to live in symbiosis with man. Although possibly emitting, containing, or manufacturing some toxin, this toxin usually has no very virulent and rapid effect upon the tissues.

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- ⁷ Buzzard and Greenfield: *Pathology of the Nervous System*, 1921, pp. 156 and 158.
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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TORSION AND GANGRENE OF TUBE COMPLICATING UTERINE PROLAPSE.

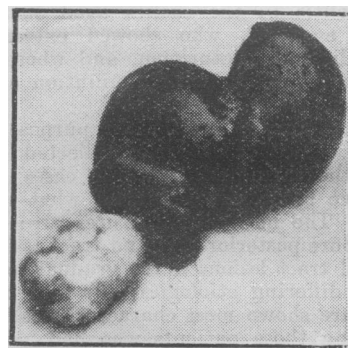
The following case seems sufficiently rare to merit publication.

A multipara, aged 54, had suffered from complete uterine prolapse since the birth of her last child eighteen years previously. The condition was controlled by means of a large "watch-spring" pessary. Recently, while on holiday in America, the patient consulted a doctor for attacks of slight pain in the right hypogastric region from which she had been suffering for a few months, and he advised removal of the pessary. When this had been done she was very pleased to find that the prolapse did not recur, though the occasional attacks of pain persisted.

Some months after her return to China she attended a social function, where she danced, and several hours later she was seized with acute abdominal pain exactly in the locality of the former attacks. I saw her an hour or so later, and found considerable tenderness and some resistance over the right hypogastric region. Her pulse and temperature were both normal, but a pelvic examination revealed a tense and painful swelling in the region of the right vaginal fornix.

A laparotomy was performed shortly afterwards, and on opening the peritoneum some blood-stained fluid was seen welling up from the pelvis. On investigating, I found a black, tense swelling, which proved to be a twisted, swollen, and completely gangrenous right Fallopian tube. The twist, which was very tight, had occurred across the isthmus of the tube and the adjacent portion of the broad ligament forming the mesosalpinx. A few adherent coils of intestine were easily separated, and the right tube and ovary excised. The uterus, which had been drawn over towards the affected side, now proved to be extremely mobile, the broad ligaments and round ligaments being very lax. The uterus was ventroflexed, and the abdomen closed. The patient made an uninterrupted convalescence.

This rather unusual condition appears to have been caused by the stretching of the broad ligament and mesosalpinx, resulting in its turn from the movements of the



Photograph showing the blood-distended and completely gangrenous right Fallopian tube removed, with the right ovary.

prolapsed uterus. I think it probable that a partial torsion had been present for some time, causing the slight attacks of pain, and anchoring the prolapsing uterus. Some sudden and unusual exertion made the twist acute, effectually strangulating the vessels in the mesosalpinx and rendering the tube gangrenous. There was no evidence of antecedent pelvic inflammation; as will be seen from the photograph of the specimen, the tube was greatly distended by blood, but the ovary seemed normal.

J. B. G. Muir, M.B., B.S., F.R.C.S.

The Kailan Mining Administration,
Tongshan, N. China.

ATYPICAL FORMS OF CEREBRO-SPINAL FEVER.

CEREBRO-SPINAL fever, as is well known, may run its course entirely without meningeal involvement or with late involvement of the meninges, the disease remaining in the septicaemic stage. Such cases, however, may easily be overlooked, so notes on a series may be of interest.

Last year, as a result of three or four cases of meningitis having been admitted and diagnosed as cerebro-spinal meningitis, a careful look-out was kept for further cases, with the result that 59 others were admitted to hospital. The ages of the patients ranged from 3 months to 35 years; the majority were, however, under the age of 20. Of these cases, 2 were proved to be of tuberculous origin, 1 was pneumococcal, and 1 anterior poliomyelitis; 1 was admitted as enteric fever, and 2 as tuberculous meningitis, while 1 case thought to be puerperal pyrexia proved to be cerebro-spinal fever. The remaining 55 were diagnosed as cerebro-spinal fever clinically.

The cases varied very considerably in severity; in many there was only a few days' illness with some pyrexia, a positive Kernig's sign, and some stiffness of the neck; the mental condition was unimpaired, and rapid improvement followed serum therapy. In other cases there were two or three days of illness with intervening periods of apparent good health, about 50 per cent. of the patients eventually recovering or passing into a stage of meningeal involvement. One such case showed a relapsing septicaemic stage lasting just over two months before signs of meningitis occurred and death supervened; another ran an indefinite course for four months, the patient being admitted to a tuberculosis sanatorium for observation, where the disease was finally diagnosed. Several cases in which diplococci had been found were followed by paralysis, simulating infantile paralysis, usually in a lower limb, but twice affecting the upper, I think as a complication of the cerebro-spinal fever, but since cases of anterior poliomyelitis were occurring a possible association of the two diseases could not be definitely excluded.

Deafness was seen as an early symptom in two instances, and as a later condition in one. Relapses were common. Kernig's sign frequently remained for several weeks after the patient was otherwise well; in all cases it was very gradual in onset. As an early sign the stiffness of the neck on pulling the head forward was most valuable in diagnosis, and pain in the neck was commonly complained of. Conjunctivitis was very frequent as an early sign; herpes labialis was frequently seen in even the mildest cases. A purpuric rash was only twice noted, and then as a very early sign. The "elbow sign" was observed in 16 cases. The headache was frequently distressing, and early delirium was usually present. The "neck sign" (Brudzinski) was demonstrable in many of the more severe cases.

The spinal fluid was under pressure in all cases, and in infants the fontanelles were tense. In most cases it remained clear, and only in three did it become frankly purulent; it was definitely turbid in three. Very few meningococci were found; usually, after repeated specimens had been thoroughly investigated, one or two diplococci were demonstrated in about 50 per cent. of the cases, the prognosis being very adversely affected, only two or three "positive" cases recovering. The finding of diplococci was extremely difficult and required long and patient search, three or four specimens frequently being required before they could be demonstrated; indeed, in one case eight specimens were examined before confirmation of the clinical symptoms was possible. In some fluids very rapid changes occurred from day to day; they were negative as a rule on the first, second, and third days of illness, and from the fourth day onwards "positives" were possible.

The average stay of the patients in hospital was three weeks. The mortality rate was 44 per cent. Among the relatively few complications observed were: jaundice 1, melaena 3, haematemesis 2, ulcerative endocarditis 2, arthritis 2, panophthalmitis 2, and parotitis 1.

The difficulty in obtaining bacteriological confirmation is interesting and instructive, lumbar puncture clearing the matter up only occasionally, and blood culture seldom affording any evidence. In the first case probably the cord

was rarely affected at all; such meningococci as were found in small numbers were accidentally there as part of the general condition, any involvement of the central nervous system being possibly of the posterior basic type. No increase in the bacteriological findings resulted from fluid obtained from cistern puncture, except in the case of tuberculosis. Again, many of these cases were undoubtedly admitted when suffering from relapse, the primary attack having been missed or no doctor having been called in; these relapses probably accounted for some of the difficulty at least, and the failure of the blood cultures.

Sunderland.

EUSTACE THORP, M.B., B.Ch., D.P.H.

Reports of Societies.

OBSTETRICS AND GYNAECOLOGY.

A MEETING of the Obstetrical and Gynaecological Section of the Royal Society of Medicine was held on October 17th, with the president, Sir EWEN MACLEAN, in the chair.

Vaginal Metastases.

Dr. GILBERT STRACHAN gave a paper on vaginal metastases in uterine carcinoma. In a series of thirty cases of carcinoma of the body of the uterus he had found these metastases to be present in 16.7 of his cases. One case belonging to Sir Ewen Maclean was added. These cases fell into three categories. In the first category were the two cases in which vaginal metastases were present before operation, and when the patients were first seen. In one of these, curettage had been performed two weeks previously. In the second category were three cases in which metastases were discovered for the first time at varying intervals after hysterectomy. The intervals were six months, five months, and nine years. In the last case, while the original condition of "cancer of the womb" could not be verified, the presence of the adenocarcinomatous nodule lent support to the history. In the third category was the single case in which adenocarcinoma was found, first in the vagina, and only eight months later in the uterus, with very rapid development and spread. In none of these cases was there any submucous vaginal infiltration extending downwards from the uterus. Three main methods of metastatic formation occurred: by direct implantation, by lymphatic extension, or by blood stream transference. Dr. Strachan discussed at some length the various types of metastatic extension and their influence upon prognosis and treatment. In cases of metastatic deposit with an early carcinoma of the body, consideration had to be given whether hysterectomy is justified, followed by radiation or excision of the vaginal nodule or even by removal of the vagina. Dr. Strachan's inclination was rather in the negative direction. He stressed the necessity for carrying out a careful examination of the vaginal mucosa in all cases of corporeal carcinoma of the uterus. The occurrence of metastatic nodules in the vagina in cases of carcinoma of the body of the uterus constituted not only an interesting pathological problem, but is at the same time an important clinical factor, as it represented a prognostic feature of grave omen in what might otherwise be a favourable case.

The PRESIDENT said that the facts of his case included in Dr. Strachan's series were as stated. He would add a further one in which the patient was a woman aged 68, a one-para, who was seen by him, giving a history of blood-stained vaginal discharge for four months, and practically no other symptoms. Hysterectomy was not permitted, although the exploratory curettage revealed typical adenocarcinoma of the body of the uterus. Forty-five millicuries of radon were inserted into the cavity for twenty-four hours. One month later nodules were found in the lower part of the vagina, which, on microscopical examination, were found to reproduce the histology of the uterine scrapings. Three months after the original investigation, subcuticular nodules appeared in the calf of the left leg, the anterior margin of the left axilla, and in the left

figure in Marylebone, and his passing will leave many regrets among the older inhabitants, by whom he was much respected and loved. He was endowed with very sound judgement and a keen diagnostic sense, and his opinion was much valued by his colleagues. He was a celebrated angler and a zealous Freemason, being by some years the oldest member of his lodge, which he joined in 1869. Of his family of five children a daughter and a son survive him; the latter is still carrying on the practice established more than a century ago.

Medical Notes in Parliament.

Opening of New Session.

A NEW session of Parliament was opened by the King on October 28th. The Speech from the Throne announced that bills will be submitted for raising the age of compulsory school attendance, for modifying and extending the law relating to town-planning and the preservation of rural amenities, and for the amendment and consolidation of the Factory Acts. Other important bills were also promised. The House of Commons began the debate on the Address, which will continue next week.

Universities and Colleges.

UNIVERSITY OF LONDON.

FOUR lectures on the respiratory functions of the blood will be given by Dr. L. E. Bayliss at University College, Gower Street, W.C., on November 10th, 17th, 24th, and December 1st, at 5 p.m. Dr. W. Robson will give a course of four lectures on protein metabolism at King's College, Strand, W.C., on November 13th, 20th, 27th, and December 4th, at 5 p.m. Admission to the lectures is free, without ticket.

The Graham scholarship in pathology has been awarded for two years to C. L. Oakley, M.B., B.S., on the recommendation of the School Committee of University College Hospital Medical School.

UNIVERSITY OF ABERDEEN.

DR. WILLIAM G. EVANS, senior resident medical officer, Mount Vernon Hospital for Cancer, Northwood, has been appointed McRobert lecturer in malignant disease and radium officer at the Aberdeen Royal Infirmary.

UNIVERSITY OF EDINBURGH.

ON the occasion of his installation as Chancellor, Sir James Barrie delivered a characteristic address to the students and conferred honorary and other degrees, as well as diplomas, upon the successful candidates. The Diploma in Public Health was conferred upon the following:

Katharine H. Aitchison, J. M. Davidson, Martha Keith, R. J. A. Lavolpierre, D. Lees, I. F. Macleod, Barbara K. Nicholson, Jean Sutherland, Helen A. Wright.

UNIVERSITY OF BOMBAY.

DR. ABRAHAM S. EBULKAR, honorary physician to King Edward Memorial Hospital, Bombay, has been elected dean of the Medical Faculty of Bombay University.

The Services.

HONORARY PHYSICIANS TO THE KING.

COLONEL G. L. THORNTON, M.C., T.A. (A.D.M.S., 43rd Wessex Division) and Lieut.-Colonel (temporary Colonel) W. P. MacArthur, D.S.O., R.A.M.C., promoted to Brevet Colonel, have been appointed honorary physicians to the King in the place of Colonel A. B. Soltau, T.D., deceased, and Lieut.-Colonel (Brevet Colonel) E. Ryan, C.M.G., D.S.O., R.A.M.C. (retired).

No. 14 STATIONARY HOSPITAL.

THE eleventh annual dinner of the medical officers of No. 14 Stationary Hospital will be held on Friday, December 12th, at the Trocadero Restaurant, Piccadilly, at 7.15 for 7.45 p.m. Colonel C. R. Evans, D.S.O., will be in the chair. The price of the dinner will be 15s. (exclusive of wines). Dr. H. Letheby Tidy, 39, Devonshire Place, W.1, is again acting as honorary secretary.

DEATHS IN THE SERVICES.

Lieut.-Colonel Arthur Samuel Arthur, O.B.E., R.A.M.C. (ret.), died at Blackhall Wood, Carlisle, on September 9th, aged 53. He was born on March 16th, 1877, and was educated at the Newcastle School of Medicine, graduating as M.B. and B.S. of Durham University in 1898. He served as a civil surgeon in the South African war for over two years, and was for some time in charge of the native refugee depot in the Orange River Colony. He entered the R.A.M.C. as lieutenant on January 30th, 1904, becoming major on July 1st, 1915, and retired on account of ill-health, with a step of promotion, on May 23rd, 1921.

Lieut.-Colonel Hugh Watts, I.M.S. (ret.), died in June last, aged 50. He was born on September 18th, 1879, was educated at St. George's and Guy's, and took the M.R.C.S. and L.R.C.P.Lond. in 1903, also graduating in the same year as M.B. and B.S.Lond. After serving as resident obstetric surgeon and assistant house-surgeon at Guy's Hospital, and as clinical assistant at the Evelina Hospital for Sick Children, he entered the I.M.S. as lieutenant on January 30th, 1904, became lieutenant-colonel on July 30th, 1923, and retired on May 10th, 1928. When he entered the Service he gained the Montefiore prize and medal for military surgery at the Army Medical School.

Medical News.

THE Lloyd Roberts Lecture at Manchester University will be delivered on Friday, November 7th, at 4.15 p.m., by the Right Rev. E. W. Barnes, D.D., Bishop of Birmingham; the subject will be heredity and predestination.

"SCIENCE and modern industry" is the subject of the Norman Lockyer Lecture, 1930, which will be given by Professor Sir William Pope, D.Sc., F.R.S., in the Goldsmiths' Hall, Foster Lane, E.C., on Thursday, November 13th, at 4.30 p.m. The Rt. Hon. Sir Samuel Hoare, Bart., President of the British Science Guild, will take the chair at the lecture, for admission to which there will be no charge. Tickets may be obtained on application to the British Science Guild, 6, John Street, Adelphi, London, W.C.2.

AT a meeting of the Pharmaceutical Society of Great Britain, to be held in the lecture theatre at 17, Bloomsbury Square, W.C., on Tuesday, November 18th, at 8.30 p.m., a lecture will be given by Mr. Wilfred H. Linnell, Ph.D., M.Sc., on the purity, standards, and tests of medicinal substances. Scientific friends of members will be welcomed.

AT a meeting of the Royal Sanitary Institute on Saturday, November 15th, a demonstration will be given at the Field Laboratories, Milton Road, Cambridge, on recent research in connexion with animal tuberculosis, by Professor J. Basil Buxton, and the staff of the Department of Animal Pathology of the University of Cambridge. The chair will be taken at 10.30 a.m. by Dr. James Fenton.

THE Fellowship of Medicine announces that the following two lectures for the M.R.C.P. course will be given at 8.30 p.m. at the Medical Society, 11, Chandos Street, Cavendish Square: on November 4th Dr. Maurice Cassidy will speak on auricular fibrillation, and on November 7th Dr. O. L. V. de Wesselow will discuss uraemia. Tickets may be obtained at the lecture room. On Monday, November 3rd, a free lecture will be delivered at 4 p.m. by Dr. B. T. Parsons-Smith on recent advances in the diagnosis and treatment of coronary thrombosis. A course of free lecture-demonstrations on diseases of infancy and childhood will be given at St. John's Hospital, Lewisham, by Dr. J. Gibbons on Monday afternoons at 4.30, commencing on November 3rd and continuing at fortnightly intervals thereafter until February 16th. Free clinical demonstrations will be given during the week as follows: at St. John's Hospital, Leicester Square, on November 3rd, at 2 p.m., by Dr. W. Griffith; at the Metropolitan Hospital, Kingsland Road, E., on November 4th, at 2 p.m., by Dr. J. W. Linnell and by Mr. R. J. McNeill Love. The subjects of special courses in November are as follows: venereal disease (November 3rd to 29th), medicine, surgery, and gynaecology (November 10th to 29th), neurology (November 17th to December 13th), proctology (November 24th to 29th), ante-natal (November 5th, 12th, 19th, 26th), and diseases of the chest (November 17th to 29th). Syllabuses and tickets for all courses may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

DR. F. E. FREMANTLE, M.P., and Dr. Marion Phillips, M.P., have been appointed members of the committee set up by the Minister of Health and Secretary of State for Scotland to inquire into and report upon the present working of the Rent Restriction Acts (excluding the special provisions relating to agricultural cottages), and whether any modifications or amendments should be made to them.

THE post-graduate courses at the Royal Northern Hospital, Holloway Road, N.9, will be resumed on Tuesday, November 4th, at 3.15 p.m., when Mr. L. E. Barrington-Ward will give a demonstration of surgical cases. The course will be continued till December 16th, when there will be a break for the Christmas vacation, and will recommence on January 20th, 1931, and continue weekly till March 17th. From Monday, December 1st, till Friday, December 5th, an intensive course will be held daily. The lectures and demonstrations are open to all practitioners free of charge. Full particulars can be obtained on application to Dr. E. G. B. Calvert at the hospital.

THE Minister of Health received a deputation on October 24th from the Standing Joint Committee of the National Women's Organization. The deputation was introduced by Dr. Marion Phillips, M.P., and urged the importance of early steps being taken by the Government to set up a national maternity service, stressing the desirability of full control of such a service by the health authorities. The Minister said in reply that he proposed to approach local authorities immediately and urge upon them the importance of an improvement and extension of their present maternity services. He also said that he intended to discuss with the local and other authorities affected, including the doctors and those concerned with health insurance, the question of a national scheme, but it had to be realized that these discussions would inevitably take time.

THE Nursing Sisters of St. John have recently set aside their home at Deptford for the establishment of a specialized maternity centre, from which midwives attend mothers in their own homes, act as maternity nurses under local medical men, and train students in practical midwifery. Ante-natal and post-natal clinics are held regularly with an obstetric consultant in attendance. A group, representative of the medical profession, midwives, and friends, were present on October 25th, when the Bishop of Woolwich visited this centre for the purpose of dedicating a new altar which had been given for the chapel, in memory of Sir Francis Champneys, whose great work for midwives is so widely known.

THE annual St. Luke's Day service arranged by the Portsmouth Division of the British Medical Association was held on October 17th, in All Saints' Church, Landport, the lessons being read by two members of the medical profession. The Bishop of Portsmouth delivered an address in which he emphasized the importance of character in connexion with the ministrations of the sick. The St. Luke's Day service, he said, was a recognition of the contact between the creative healing force and the practical activities of the medical servants of God.

HEALTH week was observed in Port-of-Spain, Trinidad, from October 11th to 18th. The Governor opened an exhibition illustrating the nutritive values of various kinds of food; the production of clean milk; the rearing of healthy children; and the campaigns against malaria, tuberculosis, enteric fever, and other diseases. Dr. G. H. Masson, medical officer of health, delivered an address in which he commented on the remarkable decline in recent years in tuberculosis and enteric fever. He appealed for the establishment of a permanent health and hygiene museum.

A CONFERENCE on Mental Welfare will be held in the Great Hall of the British Medical Association House, Tavistock Square, W.C., on Thursday, Friday, and Saturday, December 11th, 12th, and 13th. An opening address will be given by the Right Hon. Arthur Greenwood, M.P., Minister of Health, and subjects for discussion will include matters relating to the Mental Treatment Act, the Mental Deficiency Acts, and school reorganization in connexion with the education of defective or retarded children. Further information may be obtained from the secretary, Central Association for Mental Welfare, 24, Buckingham Palace Road, S.W.1.

THE third International Congress of Radiology will be held in Paris at the end of July, 1931, the sections being roentgen-diagnosis, roentgen- and curie-therapy, radio-biology, radio-physics, natural and artificial heliotherapy, and medical electrology.

THE second Congress of the Federation of the Latin Medical Press was recently held at Brussels under the presidency of Professor Maurice Loeper of Paris, on the occasion of the celebration of the centenary of the independence of Belgium.

THE report of the Queen Alexandra Sanatorium Fund for the year 1929-30 shows that the number of grants allotted to assist patients receiving treatment for tuberculosis at Davos was forty-four, a decrease of nine on the exceptional total in the previous year. Of the patients so assisted, eleven resided in sanatoriums; thirty-one in small hotels or pensions, and two in private families. Grants were paid at the rate of £2 a week, and the average stay during the year was twenty-two weeks. Further information can be obtained from the honorary secretary of the Fund, Mr. D. Vesey, 97, Warwick Road, Earl's Court, S.W.5.

ACCORDING to the *Canadian Colonizer*, published by the Canadian National Railways, a new plan of co-operative health services is being operated in the Province of Saskatchewan under Provincial Government direction. About three-quarters of the population of Saskatchewan is rural, and not a small proportion live in outlying districts. The problem of bringing health services to these people is a considerable one. Recently the Government by legislation made provision whereby communities could obtain the services of doctors under a co-operative plan. One scheme empowers a rural municipality to make a grant to a medical practitioner as an inducement to him to take up his residence and practise his profession in the community, a grant of money up to \$1,500 being made to him for this purpose. The other plan is that which makes it possible for rural municipalities, by vote of the residents of the area, to engage a full-time practitioner at a salary not exceeding \$5,000 yearly. In this case the doctor acts as the community doctor, giving free medical service to all ratepayers and their families. Thirteen municipalities are trying out the first scheme and nineteen districts the second.

WE have received the first part of *Fisiologia e Patologia della pelle*, which contains five papers on various aspects of dermatology read before the second medical congress of S. Pellegrino on June 29th and 30th by Professors C. Foà, A. Valenti, M. Truffi, M. Ascoli, and L. Devoto respectively.

A CANCER institute, consisting of a laboratory and a hospital of 40 beds, has recently been founded at Tokyo.

PROFESSORS HENRI FRÉDÉRICQ of Liège and J. Varnieuwe of Ghent have been nominated members of the Royal Academy of Medicine of Belgium.

DR. FÜLLEBORN has succeeded Professor Nocht as director of the Institute for Tropical Diseases at Hamburg.

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.**

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

QUERIES AND ANSWERS.

ADMINISTRATION OF MALE FERN.

"C. W. B." would be glad of suggestions for the best mode of administration of male-fern to a child of 3 years.

PREMATURE GREYNESS.

"G. E. McC." asks for advice on the treatment of a girl of 22 years whose hair for some years has gradually turned quite grey. Formerly it was jet black. Her mother had a similar experience.

CONSTIPATION IN A CHILD.

"K. A." writes: I should be glad of suggestions for the treatment of constipation in a boy of 6 years. He is an active child, always on the go, an irrepressible chatterbox, and sometimes has restless nights. The condition has been present since birth, and tends to become more troublesome. All the usual methods have been followed—that is, inculcation of a regular habit and the eating of fruit and vegetables. In addition, daily doses of paraffin or petrolagar have been necessary, and latterly occasional doses of cascara evacuant or other aperient. The child never passes a motion without some such artificial aid, and has occasionally missed two or three days, even when taking them.