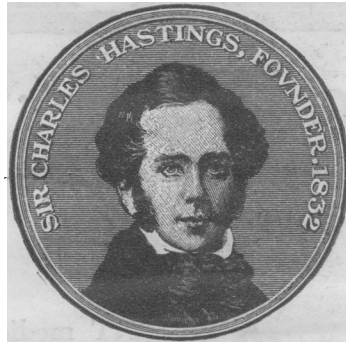


The
Medical Lib. R

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3644.

SATURDAY, NOVEMBER 8, 1930.

Price 1/3

BILIARY STASIS AND GALL-BLADDER DISEASE

It is stated that ten per cent. of our entire adult population suffer from gall-stones. As gall-stones, presumably, always follow infective inflammations, cholecystitis must be even more common.

The relative frequency with which the gall-bladder is infected, on the one hand, by the bile received from a liver whose detoxicating capacity has been lowered, and, on the other hand, directly by the blood supplied through the cystic artery, is not determined; but, in either case, biliary stasis is a prominent aetiological factor in actual gall-bladder disease. The importance of promoting more active intestinal peristalsis and a hastened biliary flow is therefore obvious.

Through the force of osmosis, the flow of bile into the intestine may, as the duodenal tube has revealed, be stimulated by suitable saline draughts, of which Eno's "Fruit Salt" is perhaps the most agreeable and most generally useful. It is suggested that many early cases of cholecystitis—apt to be cursorily dismissed with the vague diagnosis "dyspepsia"—might be arrested by such simple means as increased exercise and regular morning draughts of Eno's "Fruit Salt."

Eno is chemically pure, and free from all trace of the nauseous mineral sulphates—Glauber and Epsom. It contains no sugar or artificial flavouring.

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ENO'S "FRUIT SALT"

The above features lead the writer to conclude that the tumour was a mixed-cell tumour of the soft palate, with an exceptionally abundant blood supply, and containing a cyst of unusual size.

No attempt is made to discuss the etiology of this tumour, as there are numerous and excellent contributions by many authors available for consultation; and as McFarland⁶ says, "Whoever in the face of these excellent contributions undertakes to add to the literature might well be called upon to apologize."

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DELAYED OPERATION FOR TRAUMATIC INTRA-CEREBRAL HAEMORRHAGE.

BY

D. K. SABHESAN, M.S., L.R.C.P. AND S.,
 CIVIL ASSISTANT SURGEON, GOVERNMENT HOSPITAL, GUDIYATTAM.
 (With Special Plate.)

THE mortality after operations for traumatic intra-cerebral haemorrhage is sufficiently high that it may be worth while considering whether delayed operation is more likely to be beneficial in such cases.

The following particulars of a case of head injury I recently operated on will, I think, be of general interest. During a quarrel a man, aged 30, received a blow on the left side of the head with a bamboo stick, at about 7 p.m. on April 20th, 1930. He was brought to the hospital at 8.30 o'clock the following morning in an unconscious state. He had a large contusion over the left side of the forehead, involving the eyebrows, eyelids, and the temple. Both pupils were contracted and equal, and there was no haemorrhage or cerebro-spinal fluid from the ear, nose, or mouth. His pulse was 62, small in volume, respirations 20 and shallow, and he was having involuntary micturition and defaecation. He remained in this state till April 24th, when he recovered consciousness, but was unable to speak, and was completely paralysed on the right side (face and limbs). He was still having involuntary micturition and defaecation. His pulse was 68, respirations 18; pupils both reacting to light, but left a little sluggish, and deep reflexes completely abolished on the right side. He was advised an operation, which he refused. He continued to be in the same state, and in spite of careful nursing he developed a small bed sore over the sacrum. On May 6th he started getting evening rise of temperature, and he was complaining of persistent headache. On May 17th he consented to be operated on. When under chloroform a U-shaped flap with apex upwards was turned down from the temporal region; a longitudinal fissured fracture, running from the supraorbital margin upwards, backwards, and outwards across the frontal and parietal bones as far as the parieto-squamous suture, was seen. The skull was trephined over the middle of this and a disc of bone removed. The anterior branch of the middle meningeal artery was exposed under the trephine circle and was found not to be damaged. There was a little oozing of dark venous blood from the anterior edge of this opening, and the circle was enlarged in this direction, the underlying surface being digitally explored; a few clots were expressed from the antero-inferior angle of this opening. As there was not sufficient evidence of extradural pressure to account for his symptoms, the opening was further enlarged towards the postero-superior angle and the underlying surface explored with the fingers. There was no evidence of accumulated blood-clot in this area. The dura was then opened by a crucial incision (after ligating the middle meningeal artery, as it was in the way) and the cortex was exposed. The surface was dull and bulging through the opening in the dura. A

closed pair of artery forceps was thrust into the substance of the brain in the direction of the pre-central convolution, and on opening the blades a large quantity of altered blood-clot and degenerated and softened puriform brain matter was evacuated. The cavity was subsequently irrigated with saline, and at this stage the brain regained its colour and began to pulsate. The dura was then stitched up, and the wound was closed with a superficial gauze drain. He was put on regular doses of hexamine. His temperature came down to normal the next day, and when the gauze drain was removed a little pent-up blood-stained fluid was evacuated. On May 22nd slight finger movements were noticed on the right hand. His limbs were now supported on splints, the shoulder being kept abducted and the wrist dorsiflexed. On May 25th slight movements of the right leg were noticed. Sutures were removed on this day, and the wound was found to have healed by first intention. The patient by now had gained control over micturition and defaecation, and he was given daily massage to his paralysed limbs, morning and evening. On May 30th he spoke a few words. On June 8th he could walk with the help of a stick, although with jerky movements at his ankle, could move the fingers of his hand slightly, and was able to speak a few words; but he was absolutely unable to move his forearm or hand independent of support. On June 12th he was able to move his wrist and elbow, but his power was still very weak. On June 14th he was able to flex his elbow-joint voluntarily, and when the arm was raised up and supported his efforts to raise the arm above the level of the shoulder were noticed by slight contractions of the deltoid and spinati. On June 20th he was discharged from hospital, when he was able to walk well and speak, though slowly and with deliberation. He had completely recovered function in his lower limbs, and was able to use his upper limb with a slight weakness of the abductors and external rotators of the upper arm, and with inability to approximate his little and ring fingers. On August 1st he appeared in court, and argued his own case. His movements in the shoulder-joint are still restricted and weak. There is slight wasting of the muscles of the hypothenar eminence, and inability to oppose his ring and little fingers continues. His speech is slow, and there is a little hesitancy in it.

The photograph reproduced in the Plate shows the site of operation and demonstrates the patient's ability to raise the arm to the level of the shoulder, and also shows his inability to approximate the little and ring fingers.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

AN UNUSUAL CASE OF STIFF KNEE.

(With Special Plate.)

THE following case appears to be a unique example of "stiff knee," and there is, so far as I am aware, no record of a similar case in the literature of the subject. The rarity of the condition places it in the category of a museum specimen, rather than in the more valuable and more useful sphere of everyday work. Nevertheless it is worthy of being put on record, and therefore I venture to publish it as a radiological contribution to the study of stiff knee.

Rather less than a year ago I was asked to make an x-ray examination of a left knee-joint, which had become practically immobile in a slightly flexed position, and by the courtesy of the patient's doctor I was able to obtain the following history.

Mrs. H., aged 53, states that the earliest feeling of discomfort in her left knee was experienced about the beginning of the year 1926, and took the form of stiffness rather than of pain. Up to March, 1927, she was able to walk quite well, and to extend and flex the knee without any great discomfort beyond a feeling of stiffness at the knee-joint. In March, 1927, she underwent an operation for urethral caruncle, and she states that she was able to walk into the operating theatre in quite a normal manner, but on waking up in bed from the anaesthetic she experienced an acute pain in the knee. This was the first occasion on which really acute pain had occurred. She remained

in hospital about a month, and the knee did not improve. At this time it was still possible to flex and extend the joint passively, but active movement could not be carried out. The condition of the knee was considered to be due to rheumatism, and was treated accordingly.

When she left the hospital she was unable to walk. Some months later her leg was put into a long splint, and was kept thus for a period of about seven weeks, with the knee-joint extended. When this splint was taken off, another one was applied with a foot-piece, and kept on for "weeks and weeks." When the second splint was removed she lay in bed for months, and was afraid to move her knee on account of pain. About April, 1928, the knee was x-rayed at another hospital, but apparently nothing definite was discovered. However, a diagnosis of rheumatoid arthritis was made. It appears that only an antero-posterior and a postero-anterior view of both knees had been taken. For a month or two before I x-rayed the knee, on November 28th, 1929, she had been able to walk about a little without experiencing much pain.

Clinically the knee presented no abnormal appearance, but any attempt to extend or to flex it further was frustrated by reason of its rigidity and on account of the discomfort caused to the patient. A slight degree of lateral movement could be obtained by placing a hand on each side of the knee while the foot was held between the manipulator's knees. (This movement can be obtained in a normal knee when the limb is slightly flexed and the thigh muscles relaxed.) A small amount of rotation could be produced by grasping the thigh just above the knee with one hand and rotating the tibia by gripping the ankle with the other. These movements, though limited in extent, indicated that no osseous ankylosis was present, and, as there was no marked evidence of contracture of the muscles, it was difficult to imagine what factor or factors could be held responsible for the stiffness of the joint. It was on these grounds that the masseur who had been engaged to attend to the patient decided to ask for an x-ray examination before proceeding in his endeavour to loosen the joint by manipulations. Fortunately for the patient she had been placed in the hands of a competent masseur of the modern school, whose training included an adequate knowledge of anatomy, physiology, and some pathology, as well as the methods of manipulation; she was thus spared forcible measures, which would have caused great subsequent pain without improving the movement of the joint, and which possibly might have been productive of considerable damage to it.

The radiograph revealed a condition which gave rise to great astonishment. Proceeding from the anterior surface of the external condyle of the femur a large sessile cone-shaped exostosis was seen, which had invaded almost the whole depth of the patella. The patella was, in fact, transfixed, and it was now easy to understand why the knee-joint was incapable of flexion and extension. The quadriceps could no longer pull the patella upwards, and flexion could only have been obtained by forcibly stretching the ligamentum patellae.

As it was a stereoscopic radiograph that had been taken, it was possible to say definitely from which condyle the exostosis arose, and it was also possible to see that the exostosis had actually entered the patella.

I made prints from two diapositives of the radiograph, one to show the actual size of the parts (Fig. 1) and the other to show the relationship of the bones (Fig. 2). In preparing the diapositives I have been able by carefully grading the light transmitted through the x-ray film to produce diapositives from which bromide prints have been obtained, which show up the details of the exostosis and the patella without sacrificing the visibility of the details of the rest of the joint.

At the present time (September, 1930) clinical examination reveals no difference in the appearance of both knees. The left one measures 18 inches in circumference as against 17 inches in the right. The left calf measures 17½ inches, and the right 17 inches. The patient walks with fair comfort, but in an attempt to make up for the shortening due to the slight flexion of the knee she is developing a talipes equinus, as the heel is raised up and the tendo Achillis is becoming retracted.

There is no doubt that there is some degree of contracture of the flexor muscles, otherwise it should be possible to extend the joint passively, as the fixed patella would

scarcely prevent that. Since she is unable actively to flex or extend the joint, it appears that contracture of the flexor muscles is the cause of the slightly flexed position now assumed by the joint, and I think it is evident that the ultimate degree of flexion will depend on the extent to which the ligamentum patellae is able to resist being stretched.

I desire to express my indebtedness to Dr. D. R. Reid of Milngavie, the patient's present doctor, and to Mr. Thomas Kerr, the masseur. But for the acumen and assistance of these two gentlemen this interesting case would probably have gone unrecorded to the limbo of lost cases.

Glasgow.

DAVID KYLE, M.A., M.B., Ch.B.

SUICIDE IN POST-ENCEPHALITIS EPIDEMICA.

WHILE it is recognized that suicide is liable to take place in encephalitis epidemica, examples are fortunately uncommon. P. K. McCowan indicated, in the *Lancet* in 1925, that "suicide is regarded as an extremely rare occurrence in epidemic encephalitis." He described in his article, however, three cases showing sequels of encephalitis in which attempted suicide was a feature of the psychosis. Frederick Roques has quoted a series of cases investigated by Professor A. J. Hall. Two of these patients threatened suicide, and a third made two unsuccessful attempts on her life. The case I here record was the last of a group of six or seven which were diagnosed in the district.

Mrs. H., aged 27, had an acute attack of encephalitis epidemica in March, 1924. The initial phase of her illness lasted for about five weeks. Diplopia, headache, lethargy, vomiting, and delirium were prominently marked. About a year afterwards the use of her left arm was impaired, and spasticity slowly advanced. A few months after her marriage in 1926 she gave birth to a healthy child, and sixteen months later a second well-developed baby was born. Both children have maintained their good health. Paralysis agitata appeared in the left hand, but the patient was capable of doing some housework. Salivation was extreme, and speech was slurring. Although her mental activity was slow there was no history of delusions or hallucinations. Depression was unusual. The post-encephalitic stage was aggravated at each pregnancy. Seven months ago the typical Parkinsonian syndrome developed. There was mask-like immobility of the facies and stiffness of the limbs. She committed suicide on July 7th by drinking a quantity of some disinfectant fluid.

The special interest of this case lies in suicide occurring in advanced Parkinsonism where there had been no earlier manifestations of great mental disturbance.

My thanks are due to Dr. V. X. Harcourt for the details of the original attack of epidemic encephalitis.

Castle Donington, Derby.

T. MCCOWATT MONTFORD.

RAYNAUD'S DISEASE.

A LADY, aged 45, came to me early in August with all her fingers and her thumbs of a waxy pallor, swollen, and very painful. A gangrenous patch was present at the end of the middle finger of the right hand, at the bottom of which bone could be felt. There were also small sores on the ends of all the other fingers except the little ones. She had very little power of movement of any of the finger-joints. There was the same waxy pallor and pain in the front half of both feet, but no sores. Her blood pressure was low, 120 mm., and the artery at the wrist soft. It was a typical case of Raynaud's disease.

I ordered her parathyroid (P., D. and Co.) 1/10 grain first thing in the morning on an empty stomach an hour and a half before breakfast, and 15 grains of calcium lactate with 7 minims of tincture of digitalis three times a day after meals.

Pain in the hands ceased after a fortnight, and the small sores at the ends of the fingers had healed. The swelling was also subsiding in the hands and feet, and the gangrenous patch was looking much more healthy. An ichthyol and zinc ointment was used for this. After five weeks the hands and feet were of a normal pink colour, the swelling had all gone, except in the right middle finger, and the patch had filled up and was covered with healthy granulations. Movements of the finger-joints were free, except for some stiffness in the terminal ones. After two months' treatment the gangrenous patch had completely healed.

The important part of the treatment has, I believe, been in giving the parathyroid on an empty stomach well away from food. In other cases, such as psoriasis, I have found parathyroid quite useless if given after meals, but very effective if given on an empty stomach.

Brighton.

WALTER BROADBENT, M.D., F.R.C.P.

GLANDULAR FEVER.

THE following case is illustrative of the recent epidemic of glandular fever, and shows many departures from the typical textbook case.

A very fat girl, aged 16 years, came under my care on April 5th. When I saw her for the first time her symptoms were as follows: temperature was 103.4° F.; there were red, painless plaques varying in size up to a shilling on the right side of the face, neck, and shoulder; the tongue was coated, the pulse rapid, and the skin was dry. A week's history of illness was given. During this period she appeared to have had some constipation, slight cough, headache, and nose-bleeding. There had been some abdominal pain, but this was not very definite. On examination there was an entire absence of physical signs, except some doubtful rigidity of the right half of the abdomen. A tentative diagnosis of an illness of the typhoid group was made, and the temperature fell slowly within the next four days to 99°. Coincident with the lysis a few rose spots appeared on the abdomen. The original plaques also disappeared about this time. A Widal reaction was negative, and the stool and urine showed no typhoid bacilli. From now the temperature fluctuated between 98° and 99.5° for a fortnight, during which the patient complained only of debility. The pulse was very rapid, but it fluctuated considerably with excitement. About this time she

was also seen by Dr. Stewart of the Hendon Health Department and Dr. Mack of Highbury, who agreed with the diagnosis of a mild enteric attack. At this period in the illness a swelling appeared in the right posterior triangle of the neck, of the size of a walnut, tender, freely movable, and non-fluctuating. This subsided under fomentations, but was soon followed by a similar, though smaller, lump under the left sterno-mastoid. On April 30th the temperature rose suddenly to 103°, accompanied by pain at the right base, but with no cough. Examination revealed impaired note and fine crepitations. Respirations were not increased. This new condition subsided only to reappear ten days later, with increased pyrexia. Seen by Dr. C. M. Wilson, a diagnosis of glandular fever was made, and this was borne out by a blood count, which showed a leucocytosis of 12,000. In the second week of May, since the pyrexia had not yet subsided, it was decided to give six injections of S.U.P. An injection daily was followed by rapid disappearance of all symptoms, and on May 20th the patient was apparently quite well. The spleen was never palpable, and the liver was not enlarged.

Although the patient was feeling ill she never lost her appetite, and it was difficult to believe when the temperature subsided that she had had a protracted febrile illness. The points of interest in this case are: the similarity to enteric infections, the absence of severe symptoms, the possible effect of S.U.P., and the congestion at the right base with pleuritic pain, but no cough. The cases that have been reported conform more or less to the above type, and are different from those described in the modern textbook, where prominence is given to the following characteristics: transitory and mild fever, general and early glandular enlargement, absence of rashes, and rarity of complications.

Golders Green.

L. STUART WOOLF, M.R.C.P.

Reports of Societies.

DUST AND INFECTION.

At a meeting, on October 21st, of the Section of Pathology of the Royal Society of Medicine, Professor E. H. KETTLE delivered his presidential address, taking for his subject the relation of dust to infection.

Professor Kettle said that the pneumoconioses had received less attention than they deserved, for they played an important part in the life of mining populations. The disease in its most concentrated form was best seen in South Africa, where in the last twenty years £12,000,000 had been paid in compensation to silicotics and their widows and children. Since 1911 ten select committees of legislature and five commissions had considered the matter, and nine Miners' Phthisis Acts had passed through Parliament. The would-be miner now had to undergo a rigorous medical examination; none but picked men were accepted for employment, and these were subjected to medical examinations at regular intervals.

The Position in Great Britain.

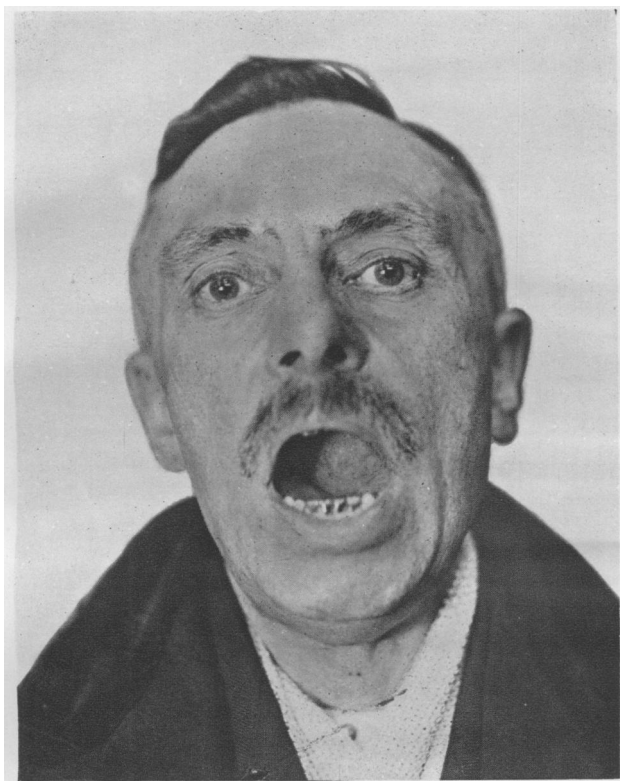
In Great Britain, excluding coal miners, 35,000 workers were employed in the refractories industry, tin mining, the pottery industry, metal grinding, sandstone working, sand blasting, and other trades in which dust was a prominent feature. In these scattered industries it was difficult to arrive at comprehensive morbidity and mortality figures. It had been common knowledge for many years that these trades were dangerous, but the first scheme of compensation for silicosis only came into operation in 1919. There could be no doubt that the industrial pulmonary diseases would bulk much more largely in our social and medical legislation in the near future. In these different occupations the composition of the dust would vary, but all dangerous dusts contained free silica, the dioxide of silicon; the degree of harmfulness of a dust depended on the amount of free silica in it. Although the pulmonary disability induced by the different dusts had various names, such as "miners' phthisis" and "potters' asthma," the terminal pathological condition was always the same; death ensued from advanced pulmonary tuberculosis. Dust alone had produced disability and death in the past, but under modern industrial conditions dust disease really

spelt tuberculosis. Pathologists were therefore required to decide, first, how silica affected the lung and how its action might be prevented or modified, and secondly, how it influenced the development of pulmonary tuberculosis.

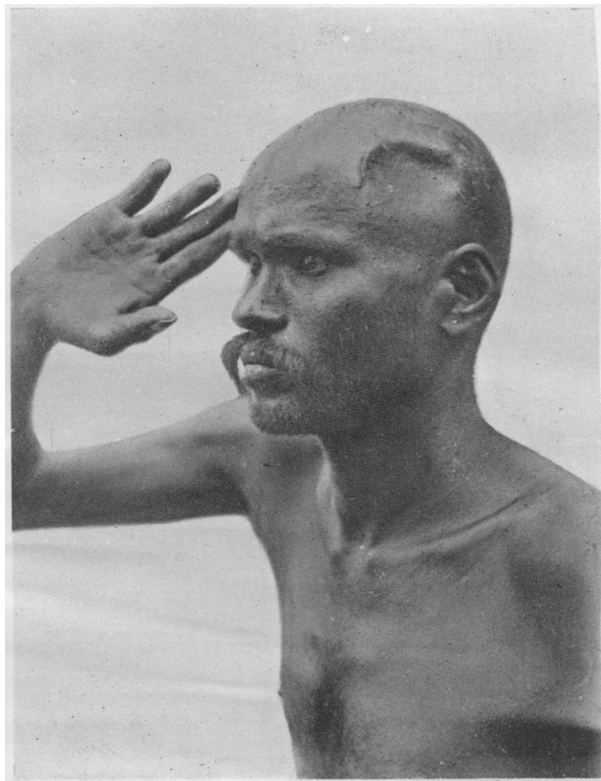
Action of Silica on the Lung.

The characteristic feature of pulmonary silicosis was the presence in the lung substance of isolated nodules of fibrous tissue, varying in size, number, and distribution. Massive fibrosis was rarely seen nowadays, and usually tuberculosis supervened as a frank or modified infection. Until recently it was generally held that silicosis owed its harmful properties to its physical characters; the hard, sharp particles were supposed to damage the pulmonary tissue. For some years now, however, the view that silica became soluble in the tissues, and that its action was chemical rather than physical, had become generally accepted. It was also generally accepted that dust inhaled into the terminal alveoli underwent phagocytosis by the pulmonary macrophages and was transported to various parts of the lung. Presumably the silica gradually became dissolved, and in its soluble state was able to stimulate the growth of fibrous tissue. It was probable that fibrosis could only occur if silica was brought into direct contact with fibrous tissue, or with cells capable of forming it. Experimental investigations had for the most part done little to elucidate the process. L. V. Gardner had exposed animals to dusty atmospheres for eight hours a day over periods of two to three years, and had obtained important results, but other workers had not produced anything comparable with what occurred in man. Silica in harmful dusts was always associated with other substances, and the way in which these adulterant dusts might modify the main process could only be studied experimentally. Statistics were misleading; it had been stated that there was no silicosis in the mines of Cripple Creek, U.S.A., and it had been taught that adulterant dusts in that region prevented the accumulation of silica in the lungs. As a matter of fact, it had emerged at the recent International Silicosis Conference that there was plenty of silicosis at Cripple Creek. Again, since the incidence of tuberculosis in coal miners was actually less than that in the general population, it had been believed that no silicosis occurred among them, and it had been assumed that coal dust removed silica from the lung. But it was now known that silicosis did occur among coal miners; if the relative immunity of coal miners to

**J. E. G. MCGIBBON: CYSTIC TUMOUR OF
THE SOFT PALATE.**



**D. K. SABHESAN: TRAUMATIC INTRA-CEREBRAL
HÆMORRHAGE.**



DAVID KYLE: PATELLA TRANSFIXED BY EXOSTOSIS FROM FEMUR.



FIG. 1.—Skiagram, actual size.



FIG. 2.—Showing relationship of bones.

PHYSIOLOGICAL RESEARCH AND CLINICAL
MEDICINE.

SIR.—In an address published in the *Journal* of October 11th (p. 612) Lord Moynihan asserts, quite fairly, that physiology has a true mission "to elucidate the problem of the normal function of man's organs." Of course, it has a still wider range, in both the animal and the vegetable kingdoms, but the real point at issue is that chairs of physiology in this country were largely founded as an integral portion of a medical faculty; the older title of some of these chairs was "institutes of medicine." Since physiology professorships are held in some cases apparently by men who have no interest in the problem of the normal function of man's organs, Lord Moynihan is quite correct in saying "it is time to consider whether we should not now seek to establish chairs in hominal physiology." But Lord Moynihan must surely explain, when these chairs of hominal physiology are created, how hominal physiologists will be elected to them. Will the pious founders of hominal physiology chairs be willing to envisage a conversion of their trust; and what safeguards has Lord Moynihan to suggest? Without them physiology chairs may be founded *ad infinitum* without securing his purpose.—I am, etc.,

Birmingham, Nov. 2nd.

JAMES M. McQUEEN.

KOCH AS CLINICIAN.

SIR.—It would be difficult to find a more flagrant example of the *argumentum ad hominem* than that reported in your issue of November 1st (p. 734) as having been made by Sir Almroth Wright at a meeting of the Medical Society of London on October 27th, when a remark about Koch led him to observe that "Koch was a very great man, but about the worst clinician—the worst doctor—it was possible to conceive."

It is not for the honour or credit of British medicine that this remark should pass unchallenged. Anyone who knows intimately the history of Koch's work on tuberculosis, and especially anyone who has attempted to follow the gradual development of the subject in his mind as the successive points unfolded themselves, must feel the most profound admiration for the scientific imagination, inductive reasoning, clinical ability, and matchless endurance and tenacity compressed within the genius of the greatest of all general practitioners. These qualities are surely the basic qualities of the best conceivable doctors and clinicians. It seems probable that Sir Almroth Wright has sacrificed the canons of scientific criticism, on a subject in which he is keenly interested, for a misleading and damaging epigram.—I am, etc.,

London, S.W., Nov. 2nd.

ROBERT CARSWELL.

MEDICAL REGISTER.

SIR.—I desire to remind registered medical practitioners that if they wish to have a new address entered in the forthcoming *Medical Register* they should communicate with me without delay. I should also like to take the opportunity of pointing out that the *Medical Register* is the statutory publication. It is the appearance of a name in this book alone which makes a practitioner legally qualified, and it should not be confused with other books of a similar nature, which are purely private publications.—I am, etc.,

NORMAN C. KING,

Registrar, General Council of Medical
Education and Registration of the
United Kingdom.44, Hallam Street, Portland
Place, W.1, Nov. 4th.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on November 1st the following medical degrees were conferred:

M.B., B.CHIR.—J. H. Gibbens, G. J. Gross, W. R. F. Wood.
M.B.—H. J. Heathcote.

UNIVERSITY OF LONDON.

PROFESSOR G. E. GASK, C.M.G., D.S.O., has been elected Dean of the Faculty of Medicine.

NATIONAL UNIVERSITY OF IRELAND.

The Senate at its meeting on October 30th considered the reports of the examiners upon the results of the autumn examinations and awarded passes, honours, etc., in connexion therewith.

The following awards were made: Travelling studentship in anatomy, E. C. Amoroso. Dr. Henry Hutchinson Stewart Medical Scholarships: anatomy, M. F. Headon; physiology, E. Isaacson. Dr. W. M. Crofton was reappointed lecturer in special pathology at University College, Dublin.

The Senate decided that the Dr. Henry Hutchinson Stewart Scholarships in arts, in medicine, and in mental and nervous diseases, should be offered for competition in 1931.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A quarterly comitia of the Royal College of Physicians of London was held on October 30th, when the President, Sir John Rose Bradford, was in the chair.

Membership.

The following candidates, having satisfied the Censor's Board, were admitted to the Membership of the College:

Joges Chandra Banerjee, M.B.Calcutta, L.R.C.P., John Robert Blazé, M.D.Lond., Harold Ernest Brown, M.B.Toronto, Alfred Bramwell Cook, M.B.New Zealand, Charles Clifford Davis, M.B.Lond., L.R.C.P., Percival Cholmondeley Chalmers de Silva, M.B.Lond., L.R.C.P., Doris Louise Durie, M.B.Lond., L.R.C.P., Horace Evans, M.B.Lond., L.R.C.P., Raymond Eustace Ford, M.D.Lond., Traugott Ernest Gumpert, M.B.Sheffield, Francis Findlay Hellier, M.B.Lond., L.R.C.P., Harold Percival Himsworth, M.B.Lond., L.R.C.P., Mohamed Ahmed Ibrahim, M.B.Cairo, Louis Philippe Eugène Laurent, M.B.Lond., L.R.C.P., John Neil Leitch, M.D.Lond., L.R.C.P., Robert Alexander McCance, M.D.Camb., L.R.C.P., Owen Reginald McEwen, L.R.C.P., George Osborne Mitchell, M.B.Lond., L.R.C.P., John Henry Mulvaney, L.R.C.P., Thomas Saint Martin Norris, M.B.Camb., L.R.C.P., James Vincent O'Sullivan, M.D.N.U.Irel., L.R.C.P., Trevor Kingsley Owen, M.B.Sheffield, James William Reid, M.D.Dalhousie, Thomas Robson, M.D.Lond., L.R.C.P., Harold Edmund Rykert, M.B.Toronto, Baldev Singh, M.B.Punjab, William Wood, M.D.Aberdeen.

Appointments.

Sir Thomas Horder, Dr. Comyns Berkeley, Sir William Willcox, Dr. A. G. Gibson, Dr. M. A. Cassidy, and Dr. Carey Coombs were elected Councillors. Dr. Comyns Berkeley was appointed representative of the College on the Central Midwives Board. Dr. R. A. Young was re-elected a member of the Committee of Management of the Conjoint Board, and Dr. J. A. Nixon a representative on the Court of the University of Bristol.

The President announced that Professor C. C. Okell had been appointed by the Council to be Milroy lecturer for 1932, and that the Jenks Memorial Scholarship for 1930 had been awarded to Frederick Basil Kiernaeder, until lately of Epsom College.

Licences.

Licences to practise were conferred on the following 153 candidates:

E. F. Adams, G. L. Alcock, R. M. Alderton, G. H. H. Ames, M. Baillie, G. Balasuriya, N. B. Bapat, C. O. Barnes, C. R. G. Barrington, J. H. Bartlett, A. K. Basu, D. S. Bateman, J. H. Bailey, H. H. W. Bennett, J. N. Bhada, Ilma B. S. Bingham, A. T. Blair, D. A. S. Blair, W. V. D. Bolt, O. H. Bostock, J. F. Brock, W. D. W. Brooks, P. Brown, J. Carlton, G. T. W. Cashell, D. N. Chatterji, H. T. Chilton, R. T. V. Clarke, A. F. Clift, E. C. Coaker, Adelina A. Collins, W. D. Coltart, L. C. Crane, F. J. H. Crawford, K. K. Dail, A. F. Davy, P. T. L. Day, C. A. V. De Candole, V. M. Dellal, *Achanta L. Devi, S. B. Dimson, G. W. Duncan, D. Durbach, E. C. Dymond, W. S. Dyson, M. Ellis, D. G. Evans, Monica M. M. Fisher, E. C. I. Foot, H. W. F. Freeth, G. O. Gauld, Kamala Ghosh, Helen G. Gifford, A. H. Grace, G. J. Griffiths, L. H. Griffiths, J. H. Hall, Marjorie K. Hall, E. O. Halliwell, F. R. T. Hancock, J. O. Harrison, Lettice P. Harrison, Carrie I. Hearn, J. E. R. Heppollette, A. R. C. Hickham, W. Hogg, U. M. Hopkins, B. Horwitz, *H. R. Hovsh, H. W. Howell, A. D. H. Hugo, B. Isaac, L. Jacobson, E. N. Jenkinson, W. J. Johnson, A. Joki, C. J. King-Turner, G. C. Knight, F. S. Krusin, D. H. Le Good, *A. H. Lendon, E. Lethem, L. C. Lodge, J. Loote, S. H. Lubner, P. H. Maal, J. E. Macdonald, Henrietta M. MacLeod, J. D. McVean, F. G. Maitland, Dorothy Makepeace, G. R. Maikin, J. T. Mani, J. B. Marshall, F. Mattar, A. F. Merchant, Barbara A. Merlin, T. W. Mimpriess, D. C. Mintzman, H. S. Morton, C. G. Muller, *D. K. Mulvaney, Bachobai B. Nanavatty, Gladys L. Neill, P. W. Parkes, M. A. Parthasarathy, R. O. Payne, J. H. Peel, H. J. Powell, D. L. Pugh, Louise Rees, V. H. Riddell, S. L. Rikhye, Anna L. M. E. Ringdahl, M. A. Robertson, M. W. Robinson, A. W. M. Rooke, S. Ryman, Esther Samuel, W. W. Sargent, S. Schenkman, J. B. Schofield, Margaret W. Schreiber, J. Secker, Ester C. Seifert, C. K. Simpson, M. Singh, T. Singh, E. H. P. Smith, S. Smith, R. H. B. Snow, N. Solomon, Cecilia M. Susai, R. S. Taylor, J. W. P. Thompson, G. M. Tickler, G. E. M. Turner, A. W. Vaisey, C. K. Vartan, Mangladevi G. Vatsalya, C. Verity, C. Wall, H. Walton, J. G. Warren, S. I. Weinstein, Mary J. Westall, A. M. Weston, K. L. Wig, A. B. Williamson, H. W. Williamson, C. Wright, F. J. Wright, C. H. Wrigley.

* M.R.C.S. previously granted.

Diplomas.

The following diplomas were also conferred, jointly with the Royal College of Surgeons:

D.P.H.—M. Ahern, M. Ata Ullah, Balkrishna, C. L. Bhola, H. P. Chaudhuri, Annie E. Connan, A. M. Critchley, F. M. M. Eytton-Ion, S. V. Freeman, D. N. Ghosh, K. T. Hosain, D. R. Kajuria, R. G. Keays, B. S. Khurana, J. N. Leitch, J. C. H. Mackenzie, Mary M. Mackenzie, Y. B. Mangrulkar, A. H. Morley, P. Singh, W. H. S. Wallace, J. S. Westwater.

GYNAECOLOGY AND OBSTETRICS.—Hilda M. Lazarus.

used for the purpose of hospitals, infirmaries, dispensaries, convalescent homes, nursing homes, sanatoria, and other similar uses or in connexion therewith," presented by Mr. Llewellyn-Jones; second reading, February 6th.

Slaughter of Animals Bill, "to provide for the humane and scientific slaughter of animals; and for purposes connected therewith," presented by Colonel Moore; second reading, December 12th.

Advertisements Regulation (Amendment) Bill, "to amend the law with respect to the regulation of advertisements," presented by Dr. Vernon Davies; second reading, December 5th.

On November 4th Mr. Benson presented a bill to provide for the abolition of corporal punishment.

Dental Benefit.

Mr. GREENWOOD told Mr. Freeman, on October 30th, that he did not contemplate any change in the administration of the national health insurance scheme to include dental treatment for all contributors. Approved societies with an aggregate membership exceeding 80 per cent. of the total insured population already provide dental treatment for their members as additional benefit.

Foot-and-Mouth Disease.—Dr. ADDISON informed Brigadier-General Brown, on November 3rd, that an outbreak of foot-and-mouth disease had occurred in connexion with which anti-foot-and-mouth serum had been used. The diseased animals, and those in immediate contact on the premises on which the outbreak occurred, were slaughtered, but cattle and pigs on neighbouring premises which had been exposed to infection received serum treatment. None of the animals so treated developed foot-and-mouth disease.

Pensions.—Mr. F. O. ROBERTS, replying on November 3rd to Captain Wallace, said that independent medical experts had been appointed to advise in a special type of late claim for disablement. He could not add any other specific class of case to the scope of their present duties.

Health of Bakers.—Replying to Mr. Thorne, on October 30th, Mr. CLYNES said that safeguards for the health of those engaged in the baking industry were at present regulated by the Bread Acts of 1822 and 1836, but enforcement was outside the power of the Home Office. He was willing to consider proposals for fresh legislation, but there was little prospect of time for a bill at present.

National Insurance.—Mr. Greenwood expects to make an early statement concerning the position of insured persons who, by prolonged unemployment, would cease at the end of the present year to be insurable under health insurance and contributory pension schemes.

Physique of Recruits.—Mr. T. SHAW, in reply to Major Glynn, said that from July 1st to September 30th, 1930, 10,447 men were served with notice papers for enlistment in the Foot Guards and infantry. Of this number, 6,506, or 62 per cent., were rejected on medical or physical grounds.

Medical News.

A GENERAL meeting of the Medical Officers of Schools Association will be held at 11, Chandos Street, W.1, to-day (Friday, November 7th) at 5 p.m. Mr. L. E. Barrington-Ward, surgeon to the Hospital for Children, Great Ormond Street, W.C., will read a paper on appendicitis, acute and chronic, in the schoolboy.

THE annual dinner of the Prince of Wales's Hospital Reunion Association will be held at the Trocadero Restaurant, Piccadilly Circus, W., on Thursday, November, 27th, at 7.45 for 8 p.m., with Mr. W. E. Tanner, F.R.C.S., in the chair. Price of dinner (exclusive of wine) 12s. 6d.; no tickets will be issued. Members are asked to notify the secretary, Dr. Bruce Williamson, 137, Harley Street, W.1, of their intention to be present, stating number of guests.

THE West Riding Association of Graduates of the University of Edinburgh will hold their annual general meeting at 6.45 p.m. and dinner at 7.30 p.m., on Friday, November 21st, at the Great Northern Hotel, Leeds. Sir Norman Walker, M.D., is to be the guest of the evening. Any graduate requiring further information should apply to the honorary secretary, 33, Manor Row, Bradford.

THE annual clinical At Home at the Royal Dental Hospital, Leicester Square, W.C., will be held on Saturday, November 22nd, at 2 p.m. Cases of clinical interest illustrating the scope of the work of the hospital, especially the treatment of children and the young, will be shown. The various departments of the school will also be open for inspection

Tea will be provided at 4 p.m. The annual dinner of the past and present students will take place on the same day at the Trocadero Restaurant, Shaftesbury Avenue, W.1, at 7 p.m., when Dr. Harvey Hilliard will preside.

AT a meeting of the Hunterian Society in Cutlers' Hall, Warwick Lane, E.C., on Monday, November 17th, at 9 p.m., there will be a discussion on the place of the doctor in industry, in which Sir David Milne-Watson, Mr. W. A. Appleton, Professor E. L. Collis, and Dr. Strickland Goodall will take part.

THE fifty-fourth anniversary dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will take place on Wednesday, November 19th, at 7.30 p.m., at the May Fair Hotel, with Mr. R. Foster Moore in the chair. The honorary secretaries are Dr. H. N. Barronghes and Mr. Reginald M. Vick.

A CONFERENCE on pollution of rivers and streams, arranged by the Royal Sanitary Institute, will be held at 90, Buckingham Palace Road, S.W.1, on Tuesday, November 18th. Professor A. Bostock Hill, M.D., will take the chair at 11 a.m.

A MEETING of the Illuminating Engineering Society will be held at the house of the Royal Society of Arts, John Street, Adelphi, W.C., on Friday, November 14th, at 6.30 p.m., when a paper on the lighting of offices and public buildings will be read by Mr. J. A. Macintyre (H.M. Office of Works).

A COURSE of three public lectures arranged by the National Institute of Industrial Psychology (under the Heath Clark bequest), on modern views of nervous troubles, is being given at the London School of Economics and Political Science, Houghton Street, W.C.2, by Dr. Millais Culpin, on Wednesdays, at 6 p.m. Admission to the lectures is free and without ticket.

THE Fellowship of Medicine announces that its M.R.C.P. course for this week comprises a lecture on November 11th entitled "Present views on renal disease," and another on November 14th, by Dr. T. Izod Bennett, on the relations of the colon and stomach in medicine; these lectures are delivered at the house of the Medical Society, 11, Chandos Street, Cavendish Square, at 8.30 p.m., and tickets, price 10s. 6d. each lecture, are obtainable at the lecture room. On Monday, November 10th, a free lecture, illustrated by lantern slides, will be given at the same place at 4 p.m. by Mr. H. P. Winsbury White on modern diagnostic methods in surgical diseases of the urinary tract. On the morning of November 12th, from 9.30 to 12.30, Mr. McKim McCullagh will give a free demonstration in gynaecology at the Samaritan Hospital for Women. An afternoon and evening course in venereal disease at the London Lock Hospital will continue until November 29th. From November 10th to 28th a course in medicine, surgery, and gynaecology will be held at the Royal Waterloo Hospital. From November 17th to December 13th, at 5 p.m., a series of lectures, illustrated by cases, will be delivered at the West End Hospital for Nervous Diseases, and an all-day course in diseases of the chest will be given at the Victoria Hospital for Diseases of the Heart and Lungs from November 17th to 29th. An all-day course in diseases of the rectum will be held at St. Mark's Hospital from November 24th to 29th. Copies of syllabuses and tickets of admission may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A SERIES of post-graduate clinics arranged by the University of Sheffield on the various manifestations of syphilis commenced at the Royal Infirmary, Sheffield, on October 24th, and will be continued on Fridays till December 12th, at 3.30 p.m. On November 14th Mr. Ferguson will discuss ocular manifestations of syphilis. The course is open free to medical practitioners.

THE tenth annual conference of the Society for the Health of Women and Children of Victoria was held on September 9th; addresses were contributed by the Minister of Health for the State, the medical officer of health for the city of Melbourne, Dr. Vera Scantlebury, Professor R. Marshall Allan, and Dr. J. W. Springthorpe, president of the society.

A MEETING of medical men interested in physiotherapeutics was held at the rooms of the Medical Society of London on October 24th, with Sir Leonard Hill in the chair, when a resolution to form a society of physiotherapy was adopted. Medical men and women specializing in any branch of physiotherapeutics who desire to attend the next meeting on Friday, November 14th, may apply for invitation cards to the acting honorary secretary, Dr. R. King Brown, 17, Featherstone Buildings, W.C.1.

THE new Turkish Baths provided by the Eastbourne Corporation in Carlisle Road are being opened to-day (Friday, November 7th) at noon by Dr. R. Fortescue Fox.

THE Minister of Health interviewed on October 30th representatives of several metropolitan Labour Parties and Trades Councils who had written to him on the subject of the imposition of test work as a condition of outdoor relief. After hearing the general points put to him he promised to consider carefully any specific cases submitted.

ON October 29th the National Medical Service Association met in London, with Mr. Somerville Hastings, M.P., in the chair, and discussed the British Medical Association's Proposals for a General Medical Service.

THE International Association for the Prevention of Blindness, which opened in Brussels on October 10th, received various national reports dealing particularly with the prevention of diseases and accidents which lead to destruction or impairment of sight.

THE annual meeting of the council of the British Red Cross Society was held on November 5th, under the presidency of the Duke of York, when the report was presented by Sir Arthur Stanley. In this attention is called to the continued success of the blood transfusion service, and also to the health lectures which have been organized throughout the country. It is hoped that a comprehensive scheme of co-operation of the various Red Cross clinics will be introduced soon. The work of voluntary aid detachments has been steadily increasing, and there is now a total of 722, 83 being composed of men and 639 of women; British Red Cross detachments number 205. The existing textbooks have been revised and new manuals have been issued, including one on first aid and chemical warfare.

THE hospital library of the British Red Cross Society and Order of St. John (48, Queen's Gardens, Lancaster Gate, W.2) now supplies over 2,000 hospitals of all kinds with books given by the public. Development of this work as a permanent national scheme can only be carried out, however, with the co-operation of hospitals and public libraries. In order to discuss this question a meeting will be held, at the invitation of the Public Health Congress, on Friday, November 21st, at 3 p.m., at the Royal Agricultural Hall, Islington, under the chairmanship of Sir Arthur Stanley. The speakers will include Mr. L. G. Brock, chairman of the Board of Control; Mr. H. L. Eason, M.S., superintendent of Guy's Hospital; Dr. Doris Odum, of the National Council of Mental Hygiene; and Miss M. E. Sparshott, president of the College of Nursing.

THE Minister of Health received a deputation on October 30th from the British Social Hygiene Council. It was introduced by Mr. Somerville Hastings, M.P., F.R.C.S., and included Sir Basil Blackett, Professor F. J. Browne, Professor Stock Hill, Mrs. Nevill Rolfe, and Mr. E. B. Turner, F.R.C.S. The deputation urged the importance of further propaganda on the subject of venereal disease, and asked the Minister to issue a circular to local authorities pressing them to greater activity in this matter. The Minister undertook to consider carefully the suggestion made to him.

A GIFT of one million dollars has been made by Mr. George Eastman, owner of the Kodak factories in America, for the establishment of a large and modern dental clinic for the benefit of the school children of Stockholm up to the age of 16 years. The clinic is to be administered by the municipal authorities of Stockholm on the same lines as the corresponding institutes in Rochester (N.Y.), London, and Rome, established through similar generous donations by Mr. Eastman.

THE Health and Cleanliness Council (5, Tavistock Square, W.C.1) has had so many applications for publications dealing with verminous conditions that the Advisory Board has produced two leaflets on the subject. These leaflets will be supplied free of charge to medical officers of health; sanitary inspectors, health visitors, superintendents of infant welfare centres, and similar public health officials for use in connexion with their work.

THE Minister of Health has issued a memorandum—37/T (revised)—describing the amended forms of the annual reports to be furnished by the chief (administrative) tuberculosis officers of local authorities in respect of the year 1931 and subsequently. Simplification has been introduced as regards the reporting the work of tuberculosis dispensaries; it will now be possible to show more conveniently the results of the observations of doubtful cases, and the immediate results of the treatment of definite cases in residential institutions.

A REPORT of the proceedings of the conference on the administration of the Mental Treatment Act, 1930, convened by the Board of Control in July, has been published by H.M. Stationery Office, price 2s. The principal addresses and discussions at the conference were described in the *British Medical Journal* of August 2nd (p. 190).

TWO further series of eight brochures, Nos. 220 to 227 and 228 to 235, have been issued by the International Labour Office in connexion with its encyclopaedia, *Occupation and Health*. The brochures relate respectively to: pottery industry; leathers; file-cutting; fire-lighters (rosin); firemen; gardeners and market gardeners; glanders; hotels and restaurants; hydroxylamine; factory surgeons; fatty substances; first aid; fishermen; gases and fumes; gold; gold mines; and homework. They are obtainable from the London office of this organization, 12, Victoria Street, S.W.1.

AN appeal for generous subscriptions to maintain and extend the work of the British Dental Hospital is made in its annual report for 1929-30. Since the hospital was established in 1911 its threefold policy has been: (a) to establish centres for the treatment of persons unable to pay the ordinary charges of dental surgeons; (b) to educate the public in oral hygiene, and (c) to assist associations and public bodies to provide education and dental treatment. These services, the committee states, will have to be curtailed in the absence of increased public support. During the year skilled dental treatment at moderate cost was given at various hospital centres to patients who were not entitled to benefit under the National Health Insurance Acts. In addition, dental facilities were provided, in conjunction with a number of Metropolitan Borough Councils, for the treatment of expectant and nursing mothers and young children. At the Lewisham dental clinic over 5,000 attendances of children from the London County Council schools were reported during the year. This centre also carries out the inspection of school children suffering from ear and throat affections. The committee has continued to develop its welfare work in other directions, particularly in the treatment of adolescents at reduced fees. In this connexion proposals are being considered by which special arrangements will be made with firms and businesses for the dental treatment of their employees.

OF the last 6,000 inmates of Sing-Sing prison, 4,822 of whom were whites and 1,178 negroes, 1,061 gave a positive Wassermann reaction, in the proportion of 12 per cent. for whites and 41.9 per cent. for negroes.

DR. JUAN CARLOS NAVARRO, an eminent Argentine paediatricist, has been elected president of the Academy of Medicine of Buenos Aires.

PROFESSOR GUSTAVO PITTALUGA, director of the laboratory of parasitology at Madrid, has been nominated director of the Spanish National School of Hygiene.

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.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

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).

The TELEGRAPHIC ADDRESSES are:

EDITOR OF THE *BRITISH MEDICAL JOURNAL*, Aitology Westcent, London.

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), Articulate Westcent, London.

MEDICAL SECRETARY, Mediscera Westcent, London.

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

QUERIES AND ANSWERS.

Stainless Steel Cooking Vessels.

"T. M.," having found objections alike to aluminium and to enamelled pans, will be glad to know, from anyone having had experience of them, whether cooking utensils made of stainless steel are entirely satisfactory from a health standpoint.