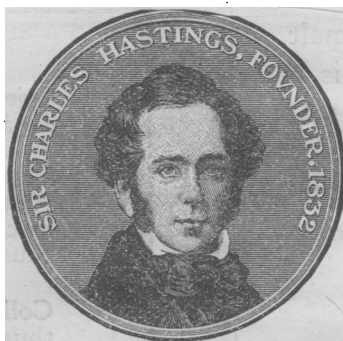


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more practically horizontal when the patient stood erect, and the amount of scoliosis was negligible. The pelvic measurements were: interspinous $7\frac{1}{2}$ in., intercrystal $8\frac{1}{2}$ in., external conjugate $6\frac{1}{4}$ in.

There were deformities on three ribs. The fifth right and sixth and seventh left suggested old fractures, but of these the patient had no recollection. The skull showed no abnormality; the bitemporal and biparietal diameters were rather shorter than average.

The long interval from the age of 16 to 34, during which no fracture occurred to the patient's knowledge, indicates that the tendency to fracture had diminished, since the recent fractures were caused by blows of some violence with the stick the patient used to walk with. She walked about fairly well by the aid of a stick, and earned her living as a washer, which involved standing a considerable part of the day.

Pathology of the Condition.

The disease tends to run in families in 15 to 20 per cent. of the cases, and is associated with a blue colour of the sclerotics, which was markedly present in the case reported.

The foetal type presents the disease in its severest form. If not actually stillborn, these infants rarely survive more than a few months. At birth many have multiple fractures of the long bones and ribs. The vault of the skull is simply a membranous sac, while the cartilage bones of the base are affected to a lesser degree. In most cases death is due to the powerful uterine contractions during labour on a brain so inadequately protected. The bones may show signs of old fractures which took place during intrauterine life.

Rather less severe is the infantile type, which manifests itself soon after birth. Fractures occur with the most careful handling of the child, as in carrying it about. The membranous bones of the skull are so feebly developed that they feel like a "bag of bones." The skull is widened in the transverse diameter, owing to the cranial contents lacking their normal bony support, and shortened antero-posteriorly from incomplete development of the cartilage bones of the base, giving the head a hydrocephalic appearance.

Sometimes the appearance is delayed until adolescence is reached, and it is then described as osteogenesis imperfecta tarda, which shows itself by the frequency of fractures from trivial causes. In this type the skull is fairly well formed, except for the late closure of the fontanelles. The case under review would appear to fall within this class.

An adult type is also described, in which the tendency to fracture appears only later. This might be a mild form of the disease, possibly overlooked in earlier life, or in the nature of a relapse, if the disease is to be regarded as a failure in development. The deformity is caused rather by multiple fractures with malunion; others may be partial or subperiosteal rather than the bending of softened bones, as in rickets, osteomalacia, and osteitis deformans. X rays show evidence of old fractures in this case.

Except in the foetal type, most of the fractures and consequent deformity occur in the lower limbs. The tendency to fracture diminishes with age in those who survive. Fractures are less painful and ecchymosis is less marked than in the normal individual, usually uniting in normal time, but generally with deformity after repeated fractures. Some partial fractures may pass unnoticed, aggravating the deformity, particularly where the alignment of the bones is already imperfect. Histologically the epiphyseal line is straight and the proliferation of cartilage cells normal, and the fault seems to lie primarily with the osteoblasts which have failed to develop. The preliminary stages of bone formation are laid down, but the process is arrested by the failure of the osteoblasts to complete the work of bone formation. The periosteum is thickened, but cartilage cells in their capsules take the place of developed osteoblasts. The Haversian canals are replaced by a fatty marrow, resulting in a thin red and porous cortex of imperfectly formed bone.

Treatment.

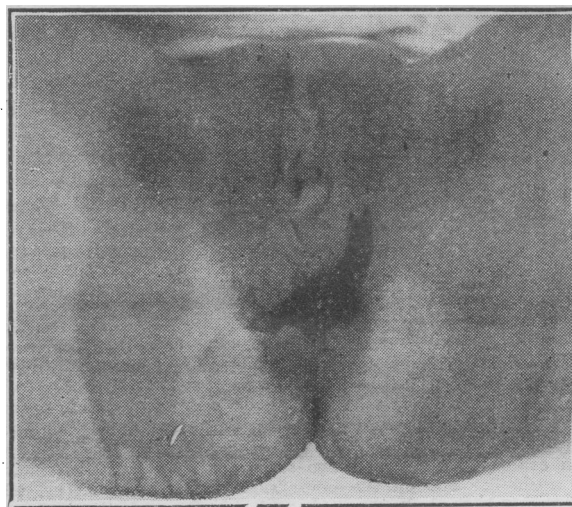
No treatment has any apparent effect on the course of the disease. Special care should be taken at school. Fractures should be treated as they arise, with particular regard to correct anatomical alignment in reduction. The possibility of partial or subperiosteal fractures should always be borne in mind in these cases after any injury, however slight.

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

PARTURITION PER PERINEUM.

We wish to record the occurrence of what appears to be a unique case in the history of perineal tears.

Mrs. B., 2-para, was attended in her home by the outdoor house-surgeon. The infant was born to the umbilicus before assistance arrived, labour having been precipitate. The child (weight 7 lb. 2 oz.) was not born *per vias naturales*, but through an extensive perineal tear (see photograph reproduced herewith).



The tear was found to involve the posterior and lateral vaginal wall, the levator ani, and the transversus perinei. It extended laterally to the left two and a half inches from the central tendinous point of the perineum to the groove between the labium majus and the thigh, and to the right one inch from the same point. The anal sphincter was not involved, and there was very little haemorrhage.

The patient gave a history of having had an extensive tear at her previous confinement, which took place abroad. This possibly constituted a contributory factor.

We desire to thank Professor James Hendry for giving us access to this case.

ANDREW TINDAL, M.B.,
House-Surgeon,
H. R. MACLENNAN, M.B., Ch.B.,
Resident Obstetric Officer,
Royal Maternity and Women's Hospital,
Glasgow.

AN ABNORMAL LARGE INTESTINE WITH IMPERFECTLY DESCENDED OVARIES.

THE following case of arrested development of the large intestine, together with imperfect descent of the ovaries, is, I think, worthy of publication.

A girl, aged 15, was admitted to the Royal Hants County Hospital complaining of attacks of pain in the right side of her abdomen. A provisional diagnosis of recurring appendicitis was made.

At operation the right ovary was found lying in the iliac fossa on a level with the anterior superior spine of the ilium. It was roughly cylindrical in shape, and possessed a rectangular mesovarium about two inches square, springing from the peritoneum of the iliac

fossa, and separate from the broad ligament. The ovary measured about two and a half inches by three-quarters of an inch; its surface was unusually smooth and glossy, but signs were present of a recently ruptured follicle. The left ovary was then examined and found to be similar in situation and constitution. Except for extreme length, the Fallopian tubes were normal, their ostia lying adjacent to the proximal poles of the ovaries. The uterus was not fully developed, but showed no obvious abnormality.

The caecum and appendix were next sought for, but could not be found in the right half of the abdominal cavity. The caecum was finally discovered lying in relation to the greater curvature of the stomach, with a long bulbous appendix attached. The large intestine consisted therefore of the caecum, followed by a length of about four inches of colon—to which was attached a thin and scanty great omentum—leading direct to the splenic flexure. From that point to the rectum nothing abnormal was found, except that the sigmoid flexure was extremely large and reached well over to the right side. The kidneys showed foetal lobulation, but were not joined; no further internal abnormalities were discovered.

Externally the girl was well developed for her age, and devoid of malformations.

More special inquiry into the patient's menstrual history elicited the information that her periods had started three months previously and had so far been regular. The abdominal pain was thought to have been particularly severe at these times, and this fact would seem to indicate that the symptoms for which she was admitted to hospital were most probably associated with the malposition and abnormal development of the ovaries.

Winchester. B. HENZELL PIDCOCK, M.B., F.R.C.S. Eng.

IMPLANTATION OF CARCINOMA BY AN OPERATION.

THE following notes of a case of an unusual form of recurrence of growth, following an excision of part of the colon for carcinoma, are, I think, of sufficient interest to merit publication.

A man, aged 36, had had, eighteen months previously, two operations for abdominal trouble. In the first one, the bowel was drained through an incision in the right iliac region, and on the second occasion a growth was excised from the descending colon. Since then he had been quite well until a few weeks before seeing me, when he had vague abdominal pains, occasionally feelings of abdominal distension, and once, during an attack, he vomited.

On examination I found two scars: a left paramedian incision, and a smaller one on the outer side of the right rectus, which had obviously had drainage through it. Beneath the latter scar I detected a tumour, firm to the touch, dull on percussion, and slightly tender.

A right paramedian incision was made, and the caecum was found adherent to the abdominal wall by several fairly dense bands. These were divided, and the caecum was completely freed, except for the appendix, which was anchored on to a dense hard mass adherent to the under surface of the old scar. I divided the appendix at the base and invaginated it in the orthodox manner. I then excised the appendix and tumour in one piece, together with the skin incision to which it was adherent. There appeared to be no evidence of infiltration of the tumour through the parietal peritoneum. I then examined the anastomosis in the descending colon. This was patent and free from adhesions, and there were no adhesions to any other part of the abdominal cavity, or evidences of metastases in the liver, spleen, glands, mesentery, omentum, or pelvis. The incision was then closed; the patient made an uninterrupted recovery.

Examination of the tumour showed a mass of what appeared at first sight to be chronic inflammatory tissue and adhesions, with the appendix running right through the centre of it. A stained section under the microscope showed definite adenocarcinoma. Some months later he returned, with evidence of recurrence in the pelvic peritoneum and glands.

In view of the fact that at the time of operation I could find no other evidence of growth in the abdomen, I can only conclude that at the previous operation an appendicostomy had been performed after the original growth had been handled by the operators, and that carcinoma had been implanted round the appendix at the same time. If this is so, it is a reiteration of the fact that one cannot be too careful in the precautions taken when operating upon cancer or other allied new growths.

J. R. NICHOLSON-LAILEY, M.B., Ch.B.,
F.R.C.S.,
Honorary Surgeon to Taunton and Somerset
Hospital

Reports of Societies.

DIAGNOSIS AND TREATMENT OF MALIGNANT DISEASE OF THE CHEST.

At the meeting of the Medical Society of London on November 10th, with Dr. R. A. YOUNG in the chair, Dr. CHEVALIER JACKSON of Philadelphia opened a discussion on this subject.

Dr. Chevalier Jackson said that the bronchoscopist lacked the broad viewpoint of the internist and the surgeon. Therefore he himself could not hope to present comprehensively such a subject as the one for discussion that evening. When it came to a foreign body in the lung the bronchoscopist felt himself entitled, out of his large experience, to speak. There was, however, some consolation in the fact that clinical experience was always clinical experience, and clinical facts were always of value. Experience was what one got when one was looking for something else, and that was particularly true in cancer of the lung. All discussion on cancer in any site began and ended with early diagnosis; probably also that applied to other things besides cancer. Dr. Jackson proceeded to show on the lantern screen the radiographs of various cases of malignant and semi-malignant growths encountered in his bronchoscopic clinic. The growths included chondroma, chondro-osteoma, endothelioma, carcinoma, sarcoma, lympho-sarcoma, lymphomyoma, and neurofibroma. He mentioned that when, forty years ago, he first saw a case of cancer of the oesophagus, he thought there was a great era ahead for the treatment of such a condition. The mortality was at that time 100 per cent., and it was still 100 per cent. to-day. He mentioned that only by way of contrast. Cancers of the oesophagus were not sensitive, apparently, to x-ray treatment, whereas many cancers of the lung seemed to be radio-sensitive, though there were others in which the rays had no effect. His experience at his bronchoscopic clinic was that there were some malignant growths in the lung which were of a very low grade of malignancy, quite amenable to treatment, and sensitive to x rays. Whatever might be thought of the operation of lobectomy, there was this to be said—that it had never had a fair chance, because the cancer of the lung was practically never diagnosed sufficiently early. Diagnosis of pulmonary cancer was usually very late, and always would be so unless every patient with pulmonary disease was examined with the bronchoscope. He proceeded to discuss the valvular action of the bronchus, repeating to some extent the remarks he made in his lecture at the Royal Society of Medicine on October 14th (extensively reported in the *British Medical Journal* of October 25th, p. 702). He mentioned that a wheezing sound plainly heard when the examiner's ear was close to the patient's open mouth, but not heard at the chest, might be a significant sign in the diagnosis of pulmonary cancer, though at the same time it might denote other conditions, some of them trivial. In conclusion, Dr. Chevalier Jackson said that he was not very enthusiastic about the implantation of radon seeds in the lung, nor, indeed, about any line of treatment of cancer. Mechanically it was easy to insert radon seeds, but he was not at all certain as to how much could be done in the way of curing cancer by this method. It seemed to him that lobectomy and radiology had to be looked to for alleviation, until more was known about the etiology of cancer and the methods of treatment. It was a platitude to say that the diagnosis of cancer should be made early, but it was not so well known that the only way of making an early diagnosis of cancer of the lung was to put in the bronchoscope. It seemed to him that the greatest good would accrue from the close co-operation of the surgeon, with his broad point of view on the general problem of cancer; the internist, who could look and listen on the outside; the radiologist, who could in a sense look through the patient; and the bronchoscopist, who could look inside the lung.

Mr. V. E. NEGUS said that there was an erroneous impression in this country about the work of Dr. Chevalier Jackson—namely, that it was principally concerned with

and would be welcomed in many health resorts, such as Aix, Vichy, Vittel, Brides, Evian, Plombières, etc., which towns realize their value in attracting visitors. It would not be necessary to press for full reciprocity, but an arrangement might be come to with the French authorities to admit up to, say, one hundred British medical men who fulfil certain conditions, just as the Principality of Monaco allows four British doctors to practise there. I cannot but think that the time is ripe and propitious for reopening the question of reciprocity, to which the French authorities are now in a position to give a favourable response.—I am, etc.,

Knowle, Topsham, Devon, Nov. 5th.

D. W. SAMWAYS.

Obituary.

DR. ARTHUR RICHARD FREDERIC EXHAM, who died on October 19th in Market Drayton, at the age of 73, had been conducting his practice until within a few weeks of his death. He received his medical education in Trinity College, Dublin, where he graduated M.B., B.Ch. in 1879, and proceeded M.D. ten years later. He commenced practice at Ashley in 1880, but removed in 1882 to Market Drayton, where he took a very active part in the social, as well as the medical, life of the town and district. He was surgeon to the Cottage Hospital, medical officer to the Post Office and various assurance companies, certifying factory surgeon, and medical officer to the workhouse and provident dispensary. He devoted fifty years of his life to the Drayton Union, and last March was presented with an inscribed silver salver by past and present guardians and officers as a token of appreciation of the services he had rendered. For many years he assisted in the work of the local St. John Ambulance Brigade, and in 1910 was prominent in the formation of its Market Drayton division. He subsequently became superintendent and, later, district officer, and assistant commissioner. In 1926 he was appointed commissioner for the No. 7 District, including Shropshire and Hereford, and more recently still he was created Knight of Grace of the Order of St. John of Jerusalem. Joining the Market Drayton Volunteer Company in 1884 as a lieutenant, he continued until the ending of the Volunteer movement, when he retired with the rank of major, and was awarded the Queen Victoria decoration for long service. On the outbreak of the great war he took command of the National Reserves in Market Drayton, and so continued until the armistice. Dr. Exham was chairman of the Shropshire Panel Committee for many years, a member of the Executive Committee of the Shropshire Branch of the British Medical Association, and a past-president of it also. He was instrumental in forming four musical societies in Market Drayton, was a strong supporter of St. Mary's Parish Church, president of the Market Drayton Book Society, a governor of the County Grammar School, a keen supporter of the University Extension movement, and a member for many years of the Market Drayton Cricket Club. The funeral, on October 23rd, was widely attended by representatives of the societies in which Dr. Exham had interested himself so actively.

Dr. GEORGE WILLIAM PEAKE MAITLAND of Oldham, who died on November 7th, aged 54, was born in India in 1876, and was educated at George Watson's College, Edinburgh. At Edinburgh University he had a distinguished student career, during which he obtained medals in zoology, practical anatomy, and materia medica, and graduated M.B., Ch.B. in 1901. On going into general practice he acted as assistant for five years in Manchester, and then settled in Shaw, where he acquired a large practice. His civil work was interrupted by the great war, and from the years 1915 to 1918 he was in the R.A.M.C., serving with a temporary commission in Salonika and on the hospital ship *St. Andrew*, being twice mentioned in dispatches. He retired from the Army with the rank of captain, and again resumed practice, in which he was engaged at his death. He was a member of the Oldham Division of the British Medical Association. He leaves a widow and four daughters.

The following well-known foreign medical men have recently died: Professor HENDRIK ZWAARDEMAKER, aged 73, formerly director of the Physiological Institute at Utrecht, and author of a work on the physiology of smell and a textbook on otology; Inspector-General HEUYER, Commander of the Legion of Honour, aged 83; Dr. SALVA, professor of ophthalmology at the Grenoble School of Medicine; Dr. GUSTAV RICLER, professor of hygiene at Breslau, and author of several works on epidemic diseases; Professor FRIEDRICH CARL HERMANN MATTHAEI, director of the obstetrical and gynaecological department, St. George's Hospital, Hamburg, aged 66; Professor JOHANNES ILBERG of Leipzig, an eminent medical historian, who was awarded the Leibnitz medal by the Prussian Academy of Sciences in 1910; Dr. EMILE VALUDE of Paris, formerly editor of *Annales d'Oculistique*; Dr. ROY, a Paris ophthalmologist; Dr. LUIS URRUTIA, an abdominal surgeon of Madrid; and Dr. G. B. UGBETTI, formerly professor of general pathology at Catania.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THIS week the House of Commons discussed Palestine on Monday, read the Agricultural Land Bill a second time on Tuesday, and went into Committee on the Education (School Attendance) Bill on Thursday. Mr. Culverwell, who had drawn a place in the ballot for Wednesday, gave notice of his intention to move that "in order to restrict the increase and, if possible, to effect a decrease, in the number of mental defectives, procreation by certain defectives should be prevented by such measures as segregation, prohibition of marriage, or sterilization." This motion was unlikely to be reached, as others had precedence.

Mr. Freeman gave notice that, on November 20th, he would ask the Minister of Health whether he would consider the amendment of the Medical Act of 1886 with a view to controlling the advertisements of drugs in medical papers.

A Workmen's Compensation Bill, dealing with the claims of injured men who are certified as fit for light work, received a second reading in the House of Commons on November 14th.

Dr. Drummond Shiels, Under Secretary for the Colonies, returned to the House of Commons on November 15th, after illness. Mr. Lloyd George, in opening a debate on Palestine, referred to the general satisfaction at Dr. Shiels's return. Dr. Elliot also welcomed Dr. Shiels, who, he understood, had only left his bed that day; members of the medical profession knew the strain that that involved.

A General Medical Service.

Replying to Mr. Freeman, on November 13th, Mr. GREENWOOD said he had received a copy of the proposal of the British Medical Association for a General Medical Service for the Nation. The principles on which it was based would receive careful consideration in any further public provision of medical services.

Mental Treatment.

Mr. GREENWOOD said, in reply to Mr. Kinley on November 13th, that it was impossible within the limits of a parliamentary answer to describe the courses of treatment given in public mental hospitals, these varying according to the needs of the individual patient. Until he learned of cases to the contrary, he could assure Mr. Kinley that asylums in every case had a definite course of treatment to which patients were subjected. Statutory provision already existed under which patients who no longer required institutional treatment could be discharged or released on trial in order to receive treatment by registered medical practitioners or by out-patient departments set up by local authorities. Patients could also be released from institutions on the application of their friends, provided medical attention was forthcoming outside.

Psittacosis.

Replying to Mr. Clarke, on November 13th, Mr. GREENWOOD said the number of deaths registered in England and Wales during the period January 1st to September 30th in respect of which psittacosis appeared on the medical certificate as the cause was 15. There were no deaths recorded from this cause in 1927 or 1928, but there was one death in 1929 registered as due

The Services.

TERRITORIAL DECORATION.

THE King has conferred the Territorial Decoration upon the following officers of the Royal Army Medical Corps (T.A.), under the terms of the Royal Warrant of October 13th, 1920: Major Alexander Leggatt, D.S.O., Captain John Rowland, M.C.

DEATHS IN THE SERVICES.

Colonel Charles MacTaggart, C.S.I., C.I.E., Bengal Medical Service (ret.), died at Campbeltown, Argyllshire, on September 18th, aged 69. He was born on March 27th, 1861, the son of Charles MacTaggart of Campbeltown, and was educated at Glasgow University, where he graduated as M.A. in 1881, and as M.B., C.M., with honours, in 1885. Entering the Indian Medical Service as surgeon on April 1st, 1886, he attained the rank of colonel on March 29th, 1915, and retired on March 29th, 1920. After about three years in military employ, he entered civil employment in the jail department in the North-West, now the United Provinces, and served as superintendent of the Central Jails at Benares, Agra, Allahabad, and Lucknow successively. In 1902 he was appointed Inspector-General of Jails in that province, and held that post until promoted to colonel in 1915. In 1907 he served as a member of the Indian Factory Labour Commission, and in 1909 was appointed a member of the Legislative Council of the province. On promotion to administrative rank, he became Inspector-General of Civil Hospitals in the same province, and held that post until he retired after five years' tour of office. He received the C.I.E. on December 11th, 1911, and the C.S.I. on June 3rd, 1919. He was a keen sportsman, both in India and in Scotland, and a good shot. After his retirement he was made a magistrate for Argyllshire. He married Mary, daughter of Mr. G. B. M. Beatson of Campbeltown.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on November 14th the degree of M.B., B.Chir., was conferred on J. Vaughan-Bradley.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council meeting was held on November 13th, when the President, Lord Moynihan, was in the chair.

A recommendation of the Court of Examiners that the Chesterfield and North Derbyshire Royal Hospital be recognized for the twelve months' surgical practice required of non-members before admission to the Final Fellowship Examination, was approved and adopted.

Mr. F. J. Steward was re-elected a member of the Committee of Management.

The President reported that the term of office of Mr. C. H. Fagge and Mr. Russell J. Howard on the Court of Examiners would expire on December 10th next, and that the vacancies thus occasioned would be filled up on December 11th, together with the vacancy occasioned by the death of Mr. T. P. Legg.

The President reported that in accordance with the application to the Home Office, the research laboratories of the College have now been registered as a place at which experiments on living animals may be performed under the Act 39 and 40 Vic., cap. 77.

The President reported that he had granted the use of the lecture theatre for five lectures on "Diseases of bacteria," by Mr. F. W. Twort, superintendent of the Brown Animal Sanatory Institution, to be delivered on December 1st, 3rd, 5th, 8th, and 10th at 4 p.m. each day.

The congratulations of the Council were offered to Sir Arthur Keith on his election as Rector of the University of Aberdeen.

Honorary Fellowship.

Dr. Frederick Grant Banting, M.C., LL.D., D.Sc., M.R.C.S., Professor of Medical Research in the University of Toronto, was elected an honorary Fellow of the College.

Primary Fellowship Examination in Australia.

The following assessors and officers, nominated by the College of Surgeons of Australasia for the Primary Examination for the Fellowship to be held at Melbourne, Australia, in 1931, were appointed: Assessor for Anatomy, Professor F. Wood Jones; Assessor for Physiology, Professor W. A. Osborne; Superintendent of the Examination, Associate-Professor Summers; Superintendent of Dissections, W. A. Halles. The date of the examination was fixed for the last two weeks in August. It was reported to the Council that Professor G. A. Buckmaster and Professor William Wright would accept nomination as the examiners in physiology and anatomy respectively for the Primary Fellowship Examination in Australia next year.

Diplomas and Licences.

Diplomas of Membership were granted to 149 successful candidates.

Diplomas in Public Health and in Gynaecology and Obstetrics were granted jointly with the Royal College of Physicians to 22 candidates and 1 candidate respectively.

The names of the successful diplomates were given in the report of the comitia of the Royal College of Physicians printed in our issue of November 8th (p. 800).

Licences in Dental Surgery were also granted to 53 candidates.

Medical News.

THE Glasgow University Club, London, will dine at the Trocadero, Piccadilly, on Friday, December 12th, at 7.30 p.m., with His Grace the Archbishop of Canterbury in the chair. Any Glasgow University men who, though not members of the club, desire to be present are requested to communicate with the honorary secretaries, 62, Harley House, N.W.1.

THE National Association for the Prevention of Tuberculosis has arranged for a series of lectures to be given by Dr. Harley Williams next week. On Monday, November 24th, a lecture will be delivered at the Village Club, Kingsclere, Hants, at 6 p.m.; on Tuesday at the Town Hall, Eastleigh, Hants, at 7.30 p.m.; and on Wednesday at the Town Hall, Lymington, at 8 p.m.

PARTICULARS of the lectures and demonstrations arranged for next week by the Fellowship of Medicine will be found in our Diary of Post-graduate Courses published in the Supplement at page 236. Copies of syllabuses and tickets of admission can be obtained from the Fellowship, 1, Wimpole Street, W.1. The list of special courses arranged for 1931 is now available.

UNDER the auspices of the Fellowship of Medicine a course in infants' diseases, with special reference to nutritional disorders and dietetics, will be held at the Infants Hospital, Vincent Square, Westminster, from December 1st to 14th. The course is specially designed for medical officers of welfare centres and others interested, and will include lectures, demonstrations, and visits to institutions such as St. Margaret's Hospital; the United Dairies pasteurizing plant, Willesden; and the venereal diseases centre in Holborn. The fee for the course will be three guineas, and further information may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A POST-GRADUATE lecture on cancer will be delivered in the Halifax Infirmary, in conjunction with the Halifax Division of the British Medical Association, by Professor Beckwith Whitehouse, on November 26th, at 3.30 p.m. His subject will be uterine haemorrhage, with special reference to malignant disease.

THE fourth annual congress and exhibition of the British Institute of Radiology, incorporating the Röntgen Society, will be held at the Central Hall, Westminster, from December 3rd to 5th, from 10 a.m. to 7 p.m. each day. Many new types of apparatus will be on view, including transformer sets, control tables with devices for saving the operator's time, Potter-Bucky diaphragms, screening stands, combined and simple type couches, mobile and portable units, x-ray tubes, and protection devices. There will be special displays by film manufacturers, and lectures and technical papers will be delivered in the Congress Hall. The annual dinner will be held at the Trocadero Restaurant, Piccadilly Circus, W., on Friday, December 5th, at 7.30 p.m.

THE twenty-first annual exhibition of electrical, optical, and other physical apparatus is to be held by the Physical Society and the Optical Society from January 6th to 8th at the Imperial College of Science and Technology, South Kensington. It will include a trade section, comprising exhibits of manufacturing firms, a section for the work of apprentices and learners, for the encouragement of craftsmanship and draughtsmanship in the scientific instrument trade, and a research and experimental section, which will be arranged in three groups: (1) exhibits illustrating the results of recent physical research; (2) lecture experiments in physics; and (3) historic physical apparatus. The exhibition committee (1, Lowther Gardens, Exhibition Road, London, S.W.7) is inviting offers, from research laboratories and institutions and from individual research workers, of exhibits suitable for inclusion in this research and experimental section.

THE municipal council of Rheims has opened a subscription for the erection of a memorial to Dr. Langlet, who was mayor of the town during its bombardment.

THE third International Congress on Radiology will be held in Paris from July 27th to 31st next year. The proceedings are to be divided into six sections—namely, radio-physics, radio-biology, radio-diagnosis, radiotherapy, medical electrophysics, and natural and artificial sun-ray treatment. All papers to be presented to the congress, together with a summary of the contents in French, English, and German, must be sent by January 1st next to the secretariat of the Congress, 34, Boulevard de Vaugirard, Paris XV, whence full particulars may be obtained. An exhibition of radiological apparatus is to be organized in connexion with the congress.

THE two hundred and twentieth dinner of the Edinburgh University Club of London was held on November 12th at the Café Royal; Sir James Barrie was in the chair for the first time since his appointment as Chancellor. He spoke of progress of the life of the University. The coming of the ladies had changed the undergraduate's life. He had been fascinated at the dances which he had attended, and a splendour and polish which academic life had not known in his day. But the increasing tendency of students to live away from Edinburgh and travel in by motor bus or bicycle caused him anxiety. Dr. L. F. Knuthsen proposed the health of the guests, and Lord Moynihan expressed the thanks of a distinguished company in an eloquent speech full of humorous insight. Lord Aberconway, in proposing the health of the chairman, dwelt on the characters in his plays with the zeal of a true admirer. The evening was a great success and the speeches brief and memorable. Drs. Shires and A. Landale Clark were responsible for the arrangements.

AT the Cheyne Hospital for Children, Chelsea, S.W.3, a small private ward has now been set aside for children between the ages of 3 and 13 who require prolonged treatment but whose parents are unable to afford the full nursing home fee, yet are able to pay more than the small maintenance charge made in the general wards of the hospital. The diseases for which treatment is available in this ward include: osteomyelitis, anterior poliomyelitis, dislocated hip, surgical tuberculosis, certain forms of infantile paralysis, rickets, rheumatoid arthritis, chorea, and heart disease. Minor operation cases, epilepsy, mental derangement, infectious cases, and spastic paraplegia are not eligible. A weekly charge of 3 to 5 guineas is made by the hospital, and further particulars can be obtained from the secretary.

THE Swedish Medical Society has awarded its Pasteur gold medal to Dr. Emile Roux, director of the Institut Pasteur of Paris. The award is made every ten years.

DR. W. E. MCCULLOCH has conducted an inquiry into the dietaries of the Hausas and Town Fulani of Katsina Town, Northern Nigeria; his report was published in the *West African Medical Journal*, 1929-30, vol. III, together with observations on the effects produced on the national health, and some recommendations. This report has now been reprinted in pamphlet form by the Government printer, Lagos.

DR. PERCY J. KELLY (Surgeon-General) has been appointed an official member of Executive Committee and of the Legislative Council of the Colony of British Guiana.

THE Commonwealth Fund of the City of New York, a philanthropic foundation existing since 1918, and supported by gifts from the late Mrs. S. V. Harkness, has established for British graduate students a number of fellowships tenable for two years in some recognized branch of learning in an American university. In 1930 there were 128 entries, and thirty-two fellowships were granted—twenty in the faculty of science, and twelve in that of arts. The scientific subjects of study included biochemistry, zoology, physics, sanitary engineering, and organic chemistry. Applicants must be unmarried and not more than 30 years old on September 1st of the year of award. For the conditions of appointment and the emoluments available application should be made to the secretary of the committee of the Commonwealth Fund Fellowships, 35, Portman Square, W.1. Applications for fellowships in 1931 must reach the secretary not later than February 9th.

ACCORDING to the *Bulletin de l'Office International d'Hygiène Publique*, 4,618 cases of small-pox, with 1,699 deaths, occurred in the various French colonies in 1928.

MESSRS. GEORGE ALLEN and UNWIN, Ltd., announce for early publication *Dr. Barnardo: Physician, Pioneer, Prophet*, by J. Wesley Bready, M.A., B.D., Ph.D.

A BUST of the well-known laryngologist Dr. Lermoyez has recently been unveiled in the Hôpital St. Antoine, Paris, by Professor Menetrier, president of the Académie de Médecine.

DR. CLAUDIUS REGAUD, director of the Institut du Radium, and professor at the Institut Pasteur of Paris, has been created Commander of the Legion of Honour.

DURING 1926 100 cases of small-pox occurred in Paris, with 22 deaths, a mortality of 20.18 per cent., and 63 cases in the suburbs, with 17 deaths, a mortality of 26.98 per cent. In 1927 62 cases occurred in Paris, with 18 deaths, a mortality of 29.03 per cent., and 78 cases, with 30 deaths, in the suburbs, a mortality of 38.46 per cent. This outbreak of small-pox in a country where vaccination is compulsory is explained by the fact that the law is not strictly observed, especially as regards revaccination. Moreover, the inspection of immigrants, especially from North Africa, where small-pox is rife, is often carried out in too summary a fashion.

A MEMORIAL tablet to the late Professor Paul Lecène is to be affixed to the Hôpital St. Louis, Paris, where he was surgeon. Subscribers of 100 francs and upwards will receive a medal of Lecène. Subscriptions should be sent to M. Georges Masson, 120, Boulevard St. Germain, Paris VI^e.

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 9361, 9362, 9363, and 9364 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

EDITOR OF THE BRITISH MEDICAL JOURNAL, Aitiology Westcent, London.

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MEDICAL SECRETARY, Mediseera Westcent, London.

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.

Natural Labour after Caesarean Section.

"W. M." asks whether anyone knows of a case of a woman whose first baby was delivered by Caesarean section (not performed for contracted pelvis) having had another baby naturally.

Analgesia in Midwifery.

DR. A. J. HAWES (Wisbech) asks for information as to the methods of anaesthesia and analgesia (if any) commonly used in obstetrics by the midwives of the Scandinavian countries—Denmark, Norway, and Sweden.

Asthma.

"I. T. S." writes:—I should be glad to know if any medical practitioner has had experience of the magnesium hypsulphite treatment for asthma. Are there any contraindications to this treatment, and would there be any risk in giving it to a case of bronchial asthma of over twenty years' duration? This patient has tried all the usual treatments, and has been investigated "from top to toe," but with little or no improvement. I should be grateful for details of the method—correct dosage, frequency of injections, and length of treatment.

Inexpensive Dressings.

"CH.B." writes: A few weeks ago someone inquired about cheap dressings for a poor person with a profusely discharging wound. In my judgement nothing can beat sawdust bags made of gauze, and stuffed with deal sawdust, as recommended by Mr. Cathcart of Edinburgh. They can be sterilized in a sterilizer or baked at home in an oven.

Constipation in a Child.

"A. M." writes, in reply to "K. A.": I would suggest that possibly this is a case for wise and understanding nursery management. Is the patient a nervous child or the child of nervous parents, or perhaps the charge of an unwise nurse? Perhaps he is ashamed of it, or regards himself as a wonderfully interesting case. Perhaps he is given quantities of stodge food. If he had a direct incentive to do as others do, such as making this a condition of remaining at a well-liked boarding school, or could be persuaded to get his mind right off it, he would no doubt succeed. Perhaps the child feels hopeless about it, or may be