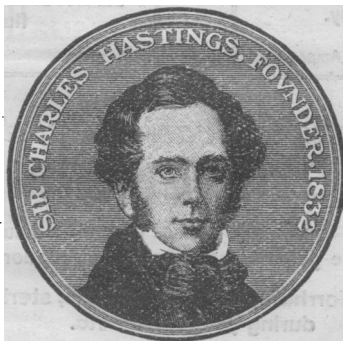


The  
**British Medical Journal**  
THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3648.

SATURDAY, DECEMBER 6, 1930.

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I employ is 0.1 c.cm. of T.A.B. injected intravenously. The febrile reaction is treated with general heat, hot drinks, sal volatile, and aspirin. When the hair falls, I change over to lotio glycerini plumbi subacetatis applied to the head and to the other lesions thrice daily until the pink flush has gone and the skin texture is natural. This treatment is truly severe, but the dreadful outlook of these patients—if not cured—demands courage and resource on the part of the physician in no way different to that needed by a surgeon dealing with a grave malady.

#### FLEXURAL PRURIGO.

The second major affection of children is flexural prurigo. Essentially this condition starts at the teething age with a few, or many, papules of strophulus that are often termed "lichen urticatus" or papular urticaria of infants. From the onset of this usually minor malady the child is seldom completely free from skin trouble. Sometimes the mother says the child's skin is affected when exposed to the sun and to the east wind; others say the child is only free when at the seaside, in the salt water. But, as the years go on, the malady changes, and presents an eruption of a constant type: it is found commonly at the bends of the elbows, knees, and wrists, less so in the groins, rarely on the scrotum and penis; sometimes the skin is harsh, purplish, and thick, while small boils and excoriation may be present or absent. The parents or nurse will always volunteer the statement that the child scratches whenever it is not busily occupied. The patient is always of a nervous, sensitive, irritable, emotional make-up; teeth-grinding is common, nail-biting and bed-wetting are also frequently present. In some cases the parents will give a history of epilepsy, of asthma, or of migraine in the family. Pallor of the skin is often a common concomitant; ichthyosis may be present. In this connexion we must remember, however, how Dr. H. Barber of Guy's has stressed the unity and importance of the eczema-asthma-ichthyosis-prurigo complex. The patches of thickened skin or lichenification that we are considering may be small, defined, round areas 3 to 4 cm. in diameter; they may be bands along the course of the borders of the popliteal space; they may be large quadrilaterals filling the skin area of the bends. If, as seems to be the case, prurigo is now accepted to be not a disease of the skin but essentially a subjective irritation in which the skin appearances are secondary to rubbing, scratching, and medication, then these cases are truly prurigo. The differentiation between pruritus as a symptom and prurigo as an eruption accompanied by itching is artificial. The existence of a primary papular localized pathological skin change that causes intolerable itching is a disease conception which many dermatologists will not concede. If the importance of the itching and the unimportance of the physical signs be realized, the term "eczema" will not be applied to these cases, for we are dealing essentially with a nervous malady, a disorder of sensation in which a highly suggestible child has developed a "tic" of scratching; the scratching causes itching, and a vicious circle is perpetuated.

In treating these patients it is well to separate them from a highly nervous, watchful, over-sensitive mother. The affected lesions should be enclosed in pasta zinci or in Unna's paste. The arms should be splinted with tubes of corrugated cardboard, extending from the axillae to below the fingers. Sedative drugs are certainly helpful. A child of 5 will derive benefit from the administration of 10 grains of potassium bromide night and morning. There is no objection to bathing these children with a bland superfatted soap, provided that the dressings are laid out so that immediately after the bath the skin is protected from variations of temperature and is made inaccessible to the child's eyes and fingers; movements of air or the touch of clothing will easily bring on spasms of uncontrollable irritation, and blood can be drawn in two seconds by an active child. Pix liquida is often a most helpful local application, itching ceasing after the first twenty-four hours' treatment; whilst the mother may be entrusted, in a minor case, with a small bottle of pigmentum chloral co., which consists of equal parts of chloral hydrate, menthol, and camphor, and she can rub a drop or two of this into

irritable spots at bedtime to ensure a quiet night. Auto-haemotherapy is of service; 20 c.cm. of blood is withdrawn from a vein at the bend of the elbow and injected immediately into the buttock muscle. This should be done twice a week for three weeks, care being taken to grease the plunger to prevent clotting. Two spaced exposures, each of one-third of an erythema dose, of x rays to all the affected areas of skin at an interval of a fortnight will be most helpful in refractory cases.

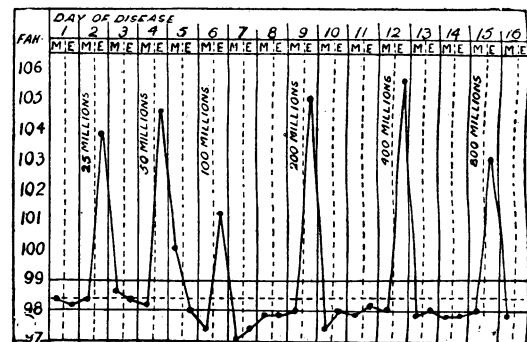
## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### NON-SPECIFIC PROTEIN THERAPY IN ELEPHANTIASIS.

I AM prompted by the interest taken during the last few years in this form of therapy to record the following case of elephantiasis, in which great improvement followed the administration of protein shock injections.

A male Chinese beggar was admitted to the Civil Hospital on November 22nd, 1929, suffering from a solid oedema of the left leg, confined to below the knee. Unlike most of his brethren, he regarded his deformity as an encumbrance rather than an



acquisition, and asked if anything could be done for him. The affected limb was fully twice the size of the other, and the skin was coarse and thickened; digital pressure made not the slightest impression upon it.

The patient, a native of Tsi-nan-fu in the west of Shantung, where, according to Maxwell, elephantiasis is rare, gave a history of two years' duration. He was put to bed and the limb was firmly compressed by a crêpe cotton bandage; next day he was given an intravenous injection of T.A.B. vaccine containing 25 million organisms and suitably diluted with normal saline solution. On the fourth, sixth, ninth, twelfth, and fifteenth days increasing doses were given—namely, 50, 100, 200, 400, and 800 millions. The reactions, though severe, were never alarming, and in each case subsided within twenty-four hours. From the first a steady diminution in the size and a marked change in the consistency of the leg were apparent; the bandage had to be readjusted daily as it became loose.

The photograph reproduced here was taken on the sixteenth day, when he decided to leave hospital and resume his wanderings. As can be seen, the limbs are practically identical in size. That elastic pressure played a large part in the result is evident from the marks of the bandage, which show up clearly in the picture, but I am convinced that elastic pressure alone could not have induced such a favourable effect in so short a time, even in a case admittedly mild as these cases go.

I think that two departures from the usual technique may have been factors in the success which was achieved: (1) the shorter interval between the injections; and (2) the larger doses of the vaccine. I regret I did not take a photograph before commencing treatment, but the latter was purely empirical, and I did not anticipate such a happy result.

Weihaiwei.

LEO MCGOLRICK, M.B.,  
Senior Medical Officer.



zoology, of bacteriology, of biochemistry and chemistry, and of epidemiology and vital statistics. As regards the public health division, which he described as the general utility division of the school, a valuable liaison was being rapidly established with the public health services, not only in this country, but in all parts of the world. A beginning had been made with the teaching of industrial physiology and medical industrial psychology, in both of which branches of study considerable problems were pressing for the attention of the school. The first year's experience of working with his colleagues in the new building led the dean to remark that no one of them had a single doubt as to the contribution which this school could make, whether by teaching or by research, or even by merely providing a meeting place for students with community of interests in the great allied subjects of hygiene and tropical medicine.

## NEW LAWS FOR MOTORISTS.

### SUMMARY OF CHANGES.

WITH the exception of certain provisions relating particularly to commercial vehicles, Part I of the new Road Traffic Act came into operation on Monday, December 1st. The Automobile Association has prepared the following summary of the main provisions and changes in the law, which amplifies in various respects the information given by Mr. Stenson Cooke in our issue of November 15th (p. 830).

#### *Driving Licences.*

The minimum qualifying ages are: for motor cars, 17 years (no change); for motor cycles, 16 years (previously 14); for heavy motor vehicles exceeding  $2\frac{1}{2}$  tons in weight (unladen), 21 years (previously 17). Existing licences will be valid for their unexpired period, except in the cases of motor cyclists under 16 years of age and the drivers of heavy motor vehicles under 21. Persons in these categories will be granted a new licence subject to their satisfying the authority that they were in the habit of driving a vehicle of that particular class during the six months ended December 31st, 1929.

The licence must be produced for examination on the request of any police officer, to enable him to ascertain the name and address of the holder of the licence, the date of issue, and the authority by which it was issued. If unable immediately to produce the licence, the driver must produce it in person within five days at any police station he may specify at the time of the request for production.

When the licence is granted the holder must forthwith sign it with his ordinary signature. The necessary forms can be obtained from the county or county borough council where the applicant resides.

#### *Physical Fitness.*

A declaration of physical fitness must be made at the time of application for a driving licence (see *British Medical Journal*, November 22nd, p. 882). Epilepsy, liability to sudden attacks of disabling giddiness or fainting, and inability to read a motor car number plate with six letters and figures at a distance of 25 yards in good daylight (with the aid of glasses if worn) are disabilities described as a bar to obtaining a driving licence. Any person suffering from a disability other than those stated above may, if refused a licence, claim the right to a driving test unless he is able to declare that he has driven safely for six months preceding his application, when he will be granted a licence without test (fee 10s.). A learner's licence will be obtainable at a fee of 5s. Every applicant refused a licence has a general right of appeal to the police court in the neighbourhood where he resides, and the court has power to reverse or affirm the decision of the licensing authority.

#### *Dangerous and Careless Driving.*

Dangerous driving penalties are increased to a maximum fine of £50 or up to four months' imprisonment for the first offence, and a maximum fine of £100 or up to four months' imprisonment, or to both such fine and imprisonment, for the second or subsequent offence. A person cannot be convicted of dangerous driving unless (a) he was warned at the time the offence was committed, or (b) the summons was served within fourteen days, or (c) either he or the owner received within fourteen days a notice of intended prosecution giving the essential details. Persons charged with this offence may elect to be tried by jury.

Driving without due care and attention, or without reasonable consideration for other road users, is a new offence punishable by a maximum fine of £10 for the first offence, and a maximum fine of £50 or imprisonment up to three months for the second or subsequent offence.

#### *Driving under Influence of Drink or Drugs.*

Driving, or attempting to drive, or being in charge of a motor vehicle, on a road or other public place, when under the influence of drink or drugs, to such an extent as to be incapable of having proper control, is punishable, for the first offence by a maximum fine of £50 or imprisonment up to four months, and for a second or subsequent conviction, a maximum fine of £100, or up to four months' imprisonment, or to both such fine and imprisonment. Persons charged with this offence may elect to be tried by a jury.

#### *Accidents.*

If an accident occurs causing damage or injury to any person, vehicle, or animal, the car must be stopped immediately and the driver must give his name and address, also that of owner, and car number, if requested by any person having reasonable grounds for requiring the information. If an accident occurs, and the driver for any reason does not give his name and address, he must report the facts to a police station, or to a police constable, as soon as reasonably practicable, and in any event, within twenty-four hours.

#### *Driving off Highways.*

Driving without lawful authority on to common land, moorland, or any land not forming part of a road, or any bridle way, or foot way, except for a distance of 15 yards, for the purpose of parking, is prohibited.

#### *Miscellaneous Provisions.*

Other paragraphs of the A.A.'s summary refer to pillion riding, and to the prohibition of unauthorized use of cars ("joy riding"), tampering with motor vehicles, and racing and speed trials.

The operation of the remaining provisions of the Act, including compulsory third-party insurance and the abolition of the twenty-mile speed limit, is deferred until the New Year. Meantime, following the recent issue of its preliminary booklet, the legal department of the Automobile Association is preparing a comprehensive book dealing in simple language with the whole Act and Regulations.

## MEDICAL CONGRESSES, 1930-31.

THE following congresses and conferences on medical and allied subjects have been announced for 1931 and the remainder of this year. Particulars are given below in the following order: date, name of organizing body, place of meeting, name of person to whom inquiries should be addressed. More detailed information about these meetings is given from time to time, as it becomes available, in the news columns of the *British Medical Journal*.

*December 11-13.*—Central Association for Mental Welfare. London. Secretary of Association, 24, Buckingham Palace Road, S.W.1.

*December 27-30.*—Pan-Russian Congress of Microbiology. Moscow. Office of Congress, Povrouka 44, Moscow.

*April 9-10.*—German Psychiatric Society, Breslau.

*April 12-16.*—Congress of Psychology. Hamburg.

*April.*—German Balneological Society. Bad Ems.

*May.*—Royal Institute of Public Health. Frankfurt. Secretary of Institute, 37, Russell Square, W.C.1.

*June 8-13.*—International Hospital Congress. Vienna. Professor Tandler, 9, Rathausstrasse, Vienna.

*June.*—International League against Trachoma. Budapest.

*July 4-11.*—Royal Sanitary Institute. Glasgow. Secretary of Institute, 90, Buckingham Palace Road, S.W.1.

*July 21-25.*—British Medical Association. Eastbourne. Financial Secretary of British Medical Association, Tavistock Square, W.C.1.

*July 27-31.*—International Congress of Radiology. Paris. Secretary of Congress, 34, Boulevard de Vaugirard, Paris, XV.

*August 3-8.*—International Dental Congress. Paris. Mr. A. E. Rowlett, 165, London Road, Leicester.

*August.*—International Congress for Industrial Medicine. Geneva. Mr. G. L. Perry, Industrial Welfare Society, 51, Palace Street, S.W.1.

*August 31-September 4.*—International Congress of Neurology. Bern.

*September 21.*—Faraday Centenary. London. Secretary of Royal Institution, 21, Albemarle Street, W.1.

*September 23-30.*—British Association Centenary Meeting. London. Secretary of Association, Burlington House, Piccadilly, W.1.

*October 14-18.*—International Congress of Comparative Pathology. Paris. Dr. Grollet, 7, rue Gustave Nadaud, Paris, 26.

*1931.*—International Congress against Alcoholism. Warsaw.

*1931.*—International Congress of Military Medicine. Budapest.

The patient, a primipara, was first seen by him a year after the confinement. An illustration was published along with the communication, and it was reproduced in the *Manual of Gynaecology* by Hart and Barbour. In his paper Simpson referred to two other cases. The first of these, described by Marter of Königsberg, was also a primipara, but, in spite of the fistula remaining patent, her second child was born naturally by the vulva. The second case was described by Halmagrand of Paris, who repaired the perineal tear. Her next child was born naturally. It is not stated whether she was a primipara or a multipara. In addition to these, the names of seventeen other medical men who have reported similar cases can be found in *Anomalies and Curiosities of Medicine* by Gould and Pyle (pp. 121-22). One of the cases quoted by them was recorded by Brown in the *Lancet* (1860, i, 496).—I am, etc.,

Waterloo, Liverpool, Nov. 25th.

D. P. BLAIR.

#### DIATHERMY ENUCLEATION OF TONSILS.

SIR,—I am astonished at Dr. Dan McKenzie's "warning" (as he rather vigorously styles it) against the growing practice of enucleating tonsils by means of diathermy (*Journal*, November 22nd). He further states that "this is not the place to enter into a full disquisition on the subject," and ends by saying unkind things about anyone who unjustifiably disregards his letter.

Now I have a copy of Dr. McKenzie's excellent book at hand, and I note on page 64: "Enucleation by dissection can be safely and successfully accomplished by the diathermy knife." A description of his method and the control of haemorrhage follows, with the advice that "this method of inducing haemostasis by diathermy" may be used in the ordinary tonsil operation. On page 71, where he describes how "tonsils can be diathermized easily and comfortably under local anaesthesia," we find: "If the patient is nervous and the tonsil small, we limit ourselves to a single application of diathermy." Page 72 emphasizes my own observation that the patient's endurance is never seriously taxed; page 75 adds that he had had no personal experience of serious haemorrhage.

In view of the general interest in this work among practitioners, I should like to state briefly my experience of the last four years. One or two applications of diathermy are invariably sufficient when the technique described by me in the *British Medical Journal* of June 14th is carried out. Cocaine anaesthesia is always used *without* adrenaline. This latter addition appears to favour oozing; I believe the blood normally present in the vessels helps, when coagulated, to prevent bleeding. I do not agree with Dr. McKenzie's technique in this respect, and I personally feel that one month should elapse before the second treatment, should one be required. I hope my own experience will encourage others in a method which I believe to be as safe at any age as any treatment could possibly be.—I am, etc.,

Putney Hill, S.W.15, Nov. 22nd.

WARNER COLLINS.

#### NOCTURNAL INCONTINENCE IN CHILDREN.

SIR,—In regard to Dr. Pereira Gray's memorandum in your issue of November 29th (p. 906), I have found ergot the only satisfactory drug in many cases of this distressing disorder. The liquid extract in five-minim doses to a child of 5 years, combined with half the quantity of liquorice and a drop of peppermint, often brings about permanent relief in a fortnight, and is worth a trial in most patients so afflicted. The prescription was published some years ago, and it is at last beginning to find its way into the textbooks, where belladonna and the bromides reigned for a century in masterly inactivity.—I am, etc.,

Widnes, Dec. 1st.

ALEX. PATTON.

SIR,—Having extensive experience in genito-urinary surgery in a land where stone in the bladder was very prevalent—two-thirds of the stone in India is in children under 12 years of age—it was a very common thing for people to bring me children, and when asked what was the matter the reply came promptly: "Stone in the bladder." The villagers are familiar with the symptoms. The child

is constantly fingering his penis and having erections and incontinence, and these are the symptoms common to stone and nocturnal incontinence. In this case, considering the prevalence of stone, the first thing to do is to examine for stone, but, no stone being found, the condition reduces itself to the prepuce, which will not retract, and is not improbably adherent. A circumcision is then done and the irritating secretion underneath the prepuce removed, and the symptoms of stone and the incontinence disappear at once. In my experience these cases of incontinence disappear after circumcision, and I am surprised that this fact has not yet been recognized in teaching institutions. I have been consulted about similar cases in this country, in which circumcision was followed by a similar result.—I am, etc.,

Sidecup, Nov. 30th.

HENRY SMITH, C.I.E.,

Lieut.-Colonel I.M.S. (ret.).

#### COLLAPSE FOLLOWING ANAESTHETIC.

SIR,—Sir Maurice Craig's experience (described by him in your issue of November 22nd, p. 886) recalls the following to my mind.

About the year 1884 one of the house-surgeons at St. Bartholomew's Hospital chloroformed a cat. When it was apparently dead he took it by the tail and carried it out for burial. As he went across the square the cat recovered. He told Mills, "the chloroformist," about it, and I think it was after that that inversion was used in chloroform collapse. The matter was discussed with Henry Power, a keen physiologist, who said that the treatment was physiologically incorrect. On being asked what treatment he would adopt in such cases, he replied: "Oh, invert by all means, *but it's wrong.*"

In my own experience I have seen three cases of collapse after chloroform in children. They all recovered rapidly on being treated by complete inversion.—I am, etc.,

Lynted, Kent, Nov. 26th.

PRIDEAUX G. SELBY.

#### LOTTERIES, SWEEPSTAKES, AND HOSPITAL FINANCE.

SIR,—Is the time not ripe for the British Medical Association to express an opinion on lotteries, sweepstakes, and hospital finance? The Hospital Policy of the Association is silent on this aspect of the hospital question. Why? Surely the medical profession will never consent to cure physical disease by propagating moral disease, and that is the meaning of financing hospitals by lottery and sweepstake. Gambling is an odious perversion of a natural and healthy instinct—the sporting or adventurous instinct—and its extension among the people of this country will sap their moral fibre, pervert their sense of value, and lower the prestige of the medical profession. If the hospitals cannot be financed by voluntary contributions, let them be put on the rates and taxes at once. The "bookie" must be kept out of the hospital question at all costs, and the British Medical Association should see to this.—I am, etc.,

Warrington, Nov. 26th.

J. S. MANSON.

### Universities and Colleges.

#### UNIVERSITY OF OXFORD.

THE Francis Gotch Memorial Prize for 1930 has been awarded to F. K. S. Hirschfeld (New College).

#### UNIVERSITY OF LONDON.

THE Paul Philip Reitlinger Prize, offered this year for the best essay embodying the result of some research work on a medical subject carried out by the candidate, has been awarded to Joseph Adler, a student of King's College and Charing Cross Hospital Medical School, for his essay on "The action of histamine on gastric secretion after partial gastrectomy." The prize, of the value of £30, was founded with funds given to the University by Mr. Albert Reitlinger in memory of his son, a student of Middlesex Hospital Medical School, who died December 3rd, 1911. Next year the prize will be awarded for the best essay on "The long poem in the twentieth century."

DR. J. R. Lord, C.B.E., F.R.C.P., lecturer in clinical psychiatry, has been recognized as teacher in psychiatry at the London (Royal Free Hospital) School of Medicine for Women.

J. W. M. Alexander has passed the examination for the Diploma in Psychological Medicine, with special knowledge of psychiatry.

## UNIVERSITY OF DUBLIN.

## SCHOOL OF PHYSIC, TRINITY COLLEGE.

The following candidates have been approved at the examination indicated:

FINAL MEDICAL EXAMINATION.—*Part II, Medicine*: G. F. Ennis, D. J. O'Ryan, W. Caldwell, T. H. Dockrell, C. H. Adderley, H. H. G. Dorman, D. Nolan, C. Bowesman, C. M. Elliott, A. J. O'Connor, Kathleen A. Wilson, C. Ryan. *Surgery*: G. F. Ennis, D. J. O'Ryan, W. A. Robinson, E. S. Duthie, H. H. G. Dorman, N. A. Kinnear, W. Caldwell, J. B. Scott, F. P. Fitzgerald, D. G. Kennedy, H. S. North. *Midwifery*: \*Elizabeth K. Roberts, \*Margaret D. Gregg, \*Marjorie L. Campbell, \*H. F. G. Irwin, I. G. L. Ford, J. C. M. Brambell, H. V. Tighe, W. A. Hill, J. G. Wilson, T. P. O'Donnell, E. S. Samuels, T. M. R. Ahern, M. G. Leane, T. J. O'Sullivan, F. C. Jackson, N. H. Leask, R. C. Sutton, E. Morrison, J. A. Page, D. H. S. Boyd.

\* Passed on high marks.

## ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a special meeting of the College held on November 21st the undermentioned successful candidates at the Winter Conjoint Final Examinations, 1930, of the Royal Colleges of Physicians and Surgeons, Ireland—namely, Patrick James Doyle, Eugene Robert Duggan, Robert James Randal, Abraham Louis Stein, Cecil John Coard Wilson—were duly admitted to the licences in medicine and midwifery.

## Obituary.

## JOHN HAMMOND TEACHER, M.A., M.D.,

St. Mungo (Notman) Professor of Pathology, University of Glasgow.

PROFESSOR JOHN HAMMOND TEACHER, who died on November 21st, was born near Glasgow in 1869, his father, the late Mr. William Teacher, being a prominent figure in Glasgow business circles for many years. He was educated at Glasgow Academy and University, graduating in arts in 1889, and in medicine with high commendation in 1893. After holding the posts of house-physician and house-surgeon at the Western Infirmary, he took up for some time the study of physiology under the late Professor McKendrick. Pathology, however, proved a superior attraction, and he moved to the pathology department of the Western Infirmary under the late Professor Coats.

Dr. Teacher soon established a reputation for painstaking and tireless research, developing a bent towards gynaecological pathology. In 1896 he spent an interesting year in Rio Tinto, where he was responsible for the control and treatment of malaria in the district. Returning to Glasgow in 1897, he undertook the arduous task of classifying and arranging the anatomical and pathological preparations of William Hunter. The masterly catalogue, which he published in 1900, is classical of its type, its value having been somewhat tardily discovered in recent years. While engaged in this work he was appointed pathologist to the Sick Children's Hospital, and assistant pathologist at the Western Infirmary. He became a Fellow of the Royal Faculty of Physicians and Surgeons in 1900. The outcome of his early researches in gynaecological pathology, conducted in Glasgow and Vienna, was a thesis for the degree of M.D., for which he chose chorion-epithelioma as the subject. A tribute to the completeness of his research is the fact that little of note has been added to knowledge of this subject since its publication. For this thesis he received an Honours M.D., with a Bellahouston gold medal for special excellence. Continuing his researches, Dr. Teacher was rewarded by the discovery of the earliest complete human ovum known. The description of the Teacher-Bryce ovum No. 1 is now a classic. In 1907 he was appointed lecturer in pathological histology under Professor Muir, and two years later he received the appointment of professor of pathology at St. Mungo's College, Glasgow Royal Infirmary. In 1911, when the new University chairs were founded in the Glasgow Royal Infirmary, he became the first professor of pathology, a position which he filled with distinction till his death.

During the last nineteen years of his life Dr. Teacher was mainly occupied in organizing his new institute of pathology, collecting around him an efficient staff, and placing on a sound and comprehensive basis the teaching of pathology at the Royal Infirmary. He also created a pathological museum, containing many unique and interesting specimens as well as the ordinary teaching preparations. At the time of his death he was engaged

in the preparation of a complete museum catalogue. During the war Dr. Teacher's duties multiplied enormously, for, in addition to the work arising from the almost complete depletion of his staff, he undertook many military duties involving much exposure and anxiety. He felt this to be his duty as an old and enthusiastic Volunteer. In 1924 a second early ovum—Teacher-Bryce No. 2—was discovered and described. For nearly thirty years Dr. Teacher had collected, classified, and criticized innumerable preparations of gynaecological pathology, and he anticipated publishing his collected conclusions in the form of a book within the next year. His untimely death will delay, but, fortunately, not preclude, this publication. During last summer he attended the Annual Meeting of the British Medical Association at Winnipeg, when he made a communication, which was published in the *Journal* of November 29th (p. 896). In the course of this rather strenuous visit he consulted with many leading gynaecological pathologists in the United States and Canada, exchanging views on many important and partially clarified problems in their particular specialties.

Professor Teacher had many interests outside his professional life. His favourite pastime was yachting, and he devoted most of his leisure time in summer to this. He was an active member of the Royal Clyde Yacht Club and the Clyde Corinthian Yacht Club. Before the war his interest was mainly in the old 19-24 feet class, and when this class ceased to exist he compiled a historical "In Memoriam" volume, which was published in 1926. He then transferred his allegiance to the 6-metre class, taking part in the international yacht races held on the Clyde in 1928, when he sailed *Finvola* in the winning team. As recently as last summer he again participated in 6-metre racing on the American side. An old Rugby player, he was president for some years of the University athletic club, and was largely responsible for the post-war expansion of its activities. As consulting pathologist and member of the Board of the Glasgow Maternity Hospital, he worked strenuously and wholeheartedly to increase its efficiency and to check reaction in the management of the institution. He had a lifelong interest in the Marine Biological Station at Millport, stimulated originally by his association with the late Professor Young, and at his death he was a member of the Board of Management. For many years he acted as pathologist to the Glasgow Royal Cancer Hospital, latterly in a consultative capacity. He was a member of the Glasgow Radium Committee and of the Board of the Cancer Hospital, devoting much time and thought to the problems in connexion with the efficient application of radium therapy. In politics he was an enthusiastic and uncompromising Conservative. In private life Professor Teacher was singularly happy, and a wide circle of friends and acquaintances will extend their sincere sympathy to his widow.

J. A. C. B.

Professor ROBERT MUIR writes: I gladly avail myself of the invitation of the Editor to write about the late Professor Teacher, my friend and colleague.

I came to know him first when I began work in Glasgow in 1899. At that time he was assistant in physiology to the late Professor McKendrick, and was just completing his descriptive catalogue of the anatomical and pathological specimens in the Hunterian Museum—an able work, characterized by clear description and faithfulness to detail. Drawing his inspiration from his teacher, the late Professor Coats, he was interested chiefly in pathology, and on a vacancy occurring in the University department of pathology in 1903, I was glad to be able to secure his services. He worked with me there, first as assistant and afterwards as lecturer on pathological histology, till he became pathologist to the Royal Infirmary, being appointed shortly afterwards to the newly founded Notman Chair of Pathology in 1911. His main interest lay in the morphological side of pathology, and his knowledge became both wide and accurate. At an early period he was specially attracted by the problems of gynaecological pathology and, though he published articles on various subjects, these problems constituted his main subject of research. His papers on chorion-epithelioma attracted much attention;

October 1st, 1929, he would consider legislation at an early date to repeal the compulsory clauses of the Vaccination Acts. Mr. Freeman further asserted that for many years vaccination had been a greater cause of death among children than small-pox. Mr. GREENWOOD said he had under consideration the whole subject of vaccination, but could not in present circumstances undertake to introduce legislation dealing with this question.

**Medical and Dental Benefit.**—On November 27th, replying to Mr. Rhys Davies, Mr. GREENWOOD stated that he did not consider any revision was required of the present method of charging approved societies for regional medical and dental services. These services were equally available to all societies, and proper recourse to them was desirable in the interests of good administration. Mr. Rhys Davies remarked that some societies utilized these services to a much greater extent than others, causing inequalities in the charges on their funds. Mr. Greenwood answered that this point was sufficiently met by the payment by the society of a fee for each case referred.

**Change of Doctor.**—Mr. GREENWOOD, on December 1st, told Mr. Rhys Davies that he had come to the conclusion that he ought to modify the relevant part of the Medical Benefit Regulations so as to require a longer period to elapse before effect was given to a notice by an insured person of his desire to transfer to another insurance doctor. Details of the procedure would be discussed with the representative bodies concerned as soon as possible.

**Inspection of Maternity Homes.**—Replying to Dr. Benthall on November 27th, Mr. GREENWOOD stated that the routine inspection of voluntary maternity homes was carried out by the responsible local authorities. Maternity homes which were in receipt of grants from his Department for the training of midwives were inspected periodically by a medical officer of the Department. He had retained the right to instruct his officers to visit any maternity home as occasion arose.

**Lotteries and Hospitals.**—On November 26th Sir Nicholas Grattan-Doyle asked the Prime Minister whether, seeing the success attending the Irish lottery on behalf of the Dublin hospitals, he will give facilities for the passing of legislation to legalize in this country the holding of sweepstakes or lotteries in aid of London hospitals or for kindred purposes. Mr. RAMSEY MACDONALD: I can hold out no prospect of time being found for discussion of this subject.

**Infant Mortality.**—Mr. GREENWOOD, in reply to the Duchess of Atholl on December 1st, gave figures of the number of deaths of infants under 1 year of age per 1,000 live births in England and Wales as follows: 1910, 105; 1913, 108; 1920, 80; 1921, 83; 1922, 77; 1923, 69; 1924 and 1925, 75; 1926 and 1927, 70; 1928, 65; and 1929, 74.

#### Notes in Brief.

During the first ten months of 1930 there were 831 deaths from accidents in coal mines, and 3,119 persons were seriously injured. The death rate per 1,000 persons employed was 0.86, compared with 0.93 for the first ten months of 1929.

Replying to Mr. White on November 27th, Mr. Greenwood said that the work of the British Red Cross Society's clinic for rheumatism was making satisfactory progress. He was always prepared to consider any scheme put forward by local authorities or others for the treatment of rheumatism.

## Medical News.

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 252. 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.

At a meeting of the Pharmaceutical Society of Great Britain, to be held at the Society's House (17, Bloomsbury Square, W.C.) on Tuesday, December 9th, at 8.30 p.m., a lecture on endocrine organs will be given by Professor D. M. S. Watson, F.R.S., of University College, London.

A DINNER meeting of the Hunterian Society will be held at Simpson's Restaurant, 77, Poultry, Cheapside, E.C., on Monday, December 15th, at 7.30 p.m. At 8.30 a discussion on puerperal infection will be opened by Dr. Remington Hobbs and Mr. M. Oldershaw.

THE next award of the Hunterian Society's medal will be made in 1932. The object of the medal is to encourage individual efforts among general practitioners in advancing the science and art of medicine. The competition is open to all general practitioners resident within Great Britain, Ireland, and the Channel Islands, whether Fellows of the Society or not. The medal will be awarded for the best essay on some subject, chosen by each candidate, within the province of medicine, surgery, and midwifery. All essays must be received on or before December 31st, 1931. The

rules governing the award may be obtained on application to the honorary secretaries, Dr. D. C. Norris, 14, City Road, E.C.2, and Mr. Andrew McAllister, 79, Wimpole Street, W.1.

THE next election to the research scholarships of the Grocers' Company for encouraging original research in sanitary science will take place in May next. The scholarships are each of the value of £300 a year, tenable for one year, but renewable, together with an allowance to meet the cost of apparatus and other expenses in connexion with the work. Forms of application and further information may be obtained from the clerk of the Company, Grocers' Hall, E.C.2.

THE Portsmouth Insurance Committee has elected a medical practitioner, Dr. Montague Way, as its chairman, and a pharmacist as its vice-chairman. In returning thanks for his election Dr. Way recalled the fact that in 1923 he succeeded his cousin, Dr. F. Way, as a member of the Insurance Committee, and before that he was chairman of the Panel Committee. His election indicated the excellent feeling which existed in Portsmouth between medical practitioners, chemists, and approved societies. Harmony had always characterized the work of that committee, and there was a gratifying absence of complaints submitted to the Medical Service Subcommittee, in spite of the fact that the insured persons numbered about 77,000.

THE November issue of *King's College Hospital Gazette* celebrates the centenary of the college. It contains an interesting historical survey by Dr. H. Willoughby Lyle, and Dr. G. F. Still and Mr. H. Tyrrell Gray have collaborated in the composition of "Carmen Scholae Medicinae," both words and music being published in this issue. In addition to the centenary features, the usual articles and news paragraphs are included, the whole making up an attractive production.

THE Cambridge University Press is publishing this week *Lord Balfour in his Relation to Science*, a short memoir written at the request of the council of the Royal Society by Lord Rayleigh. The book is limited to an account of Lord Balfour's scientific and philosophical thought and his administrative work for scientific, industrial, and medical research.

THE twenty-first of Messrs. J. and A. Churchill's series of books on recent advances in medical and scientific subjects is on *Entomology* by A. D. Imms, D.Sc., F.R.S., chief entomologist at the Rothamsted Experimental Station, Harpenden.

THE International Exhibition of Hygiene at Dresden, which was closed on October 13th, will be reopened next year from May 15th to September 30th.

ON the occasion of the fiftieth anniversary of the discovery of the haematozoon of malaria a memorial tablet to A. Laveran was unveiled, on November 6th, in the hall of honour of the Val-de-Grâce Military Hospital, Paris. The ceremony was presided over by Dr. Roux, director of the Institut Pasteur, and was attended by Mme Laveran and representatives of the Institut de France Académie de Médecine and various learned societies.

THE National Homecroft Association has decided to erect a memorial to the late Dr. G. Vivian Poore, formerly professor of medicine at University College, London, and a pioneer of rural hygiene and sanitation, by the establishment of an example of Dr. Poore's principles of sanitation in working order. If funds can be obtained it is proposed to erect a memorial cottage school on the association's settlement near Cheltenham. All interested are asked to communicate with Professor J. W. Scott, University College, Cardiff.

A BILL has been introduced into the House of Commons authorizing county councils and local authorities in distressed areas in England and Wales, as determined by the Minister of Health, to take such steps as they consider necessary for the provision of footwear for children under school age. Similar provision may be made by local education authorities for children attending public elementary schools within their areas where, in the opinion of the Board of Education, acute distress prevails. These authorities are further empowered to assess the capacity of parents to pay for or contribute to the cost of footwear furnished to their children, and such payment may be summarily recovered as a civil debt. The measure is referred to as the Children (Provision of Footwear) Act, 1930, and will continue in force until December 31st, 1931.

THE current issue of the *Norsk Magazin for Laegevidenskaben* is dedicated to Dr. Theodor Frolich, formerly professor of paediatrics at Oslo, on the occasion of his sixtieth birthday, and is devoted entirely to diseases of children.

DR. FRIEDRICH STOTZ of Heilbronn, the inventor of synthetic adrenaline, who recently celebrated his seventieth birthday, has been nominated doctor *honoris causa* by the medical faculty of Marburg University.