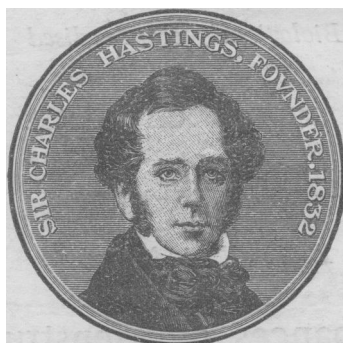


# The British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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

No. 3650.

SATURDAY, DECEMBER 20, 1930.

Price 1/3

## THE GERMICIDAL ACTION OF DIMOL INTESTINAL ANTISEPTIC

*Extract from Report by independent Bacteriologist appointed by "The Lancet."*  
*(Full Report can be read in "The Lancet," 22nd February, 1930, p. 414.)*

1. Determination of the Rideal-Walker coefficient of Dimol using organisms isolated from the faeces. (See Table I.)
2. Determination of the degree of dilution of the antiseptic leading to death of organisms in 15 mins. (See Table II.)

TEST ORGANISM.	TABLE I.—R-W coefficient (number of times Dimol more powerful than pure phenol).	TABLE II.—Degree of dilution leading to death of organisms in 15 mins.
B. typhosus ... ..	37	1:6500
B. dysenteriae (Shiga) ... ..	34	1:6250
B. dysenteriae (Flexner) ... ..	34	1:6000
Streptococcus faecalis ... ..	24	1:5500
" pyogenes ... ..	27	1:6000
" haemolyticus ... ..	28	1:6000
Pneumococci ... ..	32	1:7000
B. faecalis alkaligenes ... ..	30	1:6000
B. coli ... ..	30	1:5000

3. *Examination for toxicity.*—Single dose up to 0.02 g. (equivalent to 1/3 gr.) per kilogramme body-weight was given to rabbits without producing toxic effects. Such a dose corresponds to grs. 20 for a man weighing 10 stone, five times the dose advocated for therapy. No evidence of absorption as shown by carboluria was obtained. Repeated doses equivalent to two and a half times those recommended in therapy also failed to produce ill-effects when given three times over a period of four weeks.

### CONCLUSIONS

1. Dimol intestinal antiseptic is found to possess a very high Rideal-Walker coefficient against the commoner organisms infecting the intestine.
2. The antiseptic kills completely these organisms in 15 minutes in dilutions ranging to 1 in 7,000.
3. The preparation shows no evidence of producing toxic effects in animals even when given in very large doses. No carboluria was produced.

*Copy of full Report will be sent on application to:—*

**DIMOL LABORATORIES LTD., 40, LUDGATE HILL, LONDON, E.C.4.**

ISSUED WEEKLY.]

[COPYRIGHT]

[REGISTERED AS A NEWSPAPER]

*Pathological Report.*

**Macroscopical Examination.**—The tissue was almost entirely fatty, but there were one or two nodules showing a chalky white appearance.

**Microscopical examination** showed that the nodules were made up of large cells with a peculiar foaming cytoplasm; there were also large giant cells of foreign-body type. The condition showed fat phagocytosis. The breast tissue in the vicinity showed a fibroblastic reaction. The histological appearances were similar to those described by Mr. Keynes and Professor Hadfield, but were perhaps earlier in development than Mr. Keynes's case and later than Professor Hadfield's case. Although fibrosis was not advanced, it had already commenced, and the boundaries of the fat globules could be traced only with difficulty.

Photomicrographs of the condition are shown on the special plate, to which reference should be made. There is demonstrated abnormal fibrosis due, perhaps, to the trauma, and the beginning of the necrotic lesion is seen. The close relation to the skin shows why the lesion appears fixed to the skin, and so simulates malignancy.

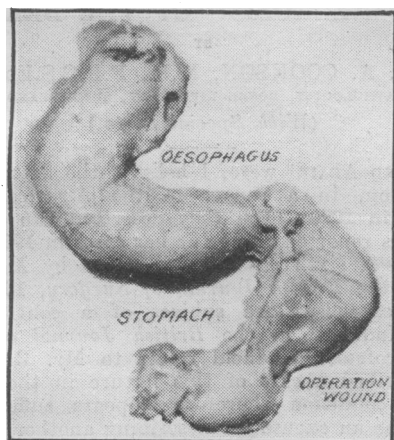
## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### SPASMODIC STRICTURE OF THE OESOPHAGUS.

A PATIENT of mine, a fisherman, aged 66, complained of marked loss of weight, indigestion for many years, and constant vomiting of all food, with large quantities of mucus, for eight or nine months. Latterly this had become worse, so that he could not even keep down fluids. His food stuck at a point which seemed to correspond with the cardiac end of his stomach. On examination nothing abnormal could be felt in his abdomen, but he was remarkably thin and emaciated.

A bismuth meal revealed a peculiar large sausage-shaped shadow lying almost horizontally across the lower chest. Little or no bismuth passed beyond this shadow, and there was no irregularity at its lower end to suggest the presence of ulceration (malignant or otherwise). At first sight this shadow looked like a dilated stomach with its pylorus turned round to the left. I passed a Hurst's oesophageal bougie, however, and re-rayed, when it was



clearly seen that the shadow was an enormously dilated and markedly curved oesophagus. Attempts to dilate the stricture with bougies did no good, and the patient's condition became worse. It was therefore decided to open the stomach, and my colleague Dr. Keene did this. At the cardiac orifice he found no thickening or sign of malignancy, but there was very marked kinking, and on attempting to dilate the orifice manually a certain amount of resistance was noticed. Unfortunately the operation did not relieve the condition, and the man died three days later.

At post-mortem examination the enormously dilated oesophagus was found, but no hypertrophy of the cardiac sphincter. Obstruction was, however, still complete; even water would not pass through into the stomach. Ap-

The practical point in fat necrosis (so called) cases of the breast appears to be that this interesting condition may be mistaken for early carcinoma of the breast. The small size of the lesion, however, its superficial situation, and the absence of axillary glands are points against such a diagnosis. Usually there is a definite history of accident, the breasts are typically pendulous, and naked-eye examination shows the characteristic chalky white appearance of the nodules. Histologically the picture is highly characteristic, and I feel we are indebted to the writers referred to in this paper for placing this peculiar condition on a firm clinical and pathological basis.

I venture to suggest that instead of "fat necrosis" the condition should be called "mammary panniculitis."

#### REFERENCES.

- <sup>1</sup> Lee, J. B., and Adair, F. E.: *Surg., Gynecol. and Obstet.*, 1922, xxxiv, 521.
- <sup>2</sup> Idem: *Trans. Amer. Surg. Assoc.*, 1920, xxxviii.
- <sup>3</sup> Keynes, G.: *Brit. Journ. of Surg.*, 1924-25, xii, 663.
- <sup>4</sup> Hadfield, G.: *Ibid.*, 1925-26, xiii, 742.
- <sup>5</sup> Rowntree, C.: *Lancet*, 1925, ii, 1065.

parently the primary condition was one of cardiac spasm or achalasia, and later complete obstruction supervened owing to the sagging of the dilated oesophagus and kinking of the lumen at the cardiac orifice.

DUDLEY W. BOSWELL, M.D.,  
D.P.H.

Lowestoft.

#### CRETINISM AND MONGOLISM IN THE SAME FAMILY.

I HAVE been unable to find any record of cretinism and mongolism occurring in the same family, and the following example may therefore be worth recording.



The mother is a healthy and fairly intelligent woman, aged 40, who has been married twice. The first child of the first marriage, born when she was 27, is a mongol, now aged 13. Eight months later she was delivered of a dead foetus; "the head was very large and had to be punctured before birth." By her second marriage she had first a normal child, and then a cretin, now 6½ years old. The latter first came under my care at the age of 1½, sent by Dr. Taylor, medical officer of health for Berks. She was then a typical cretin, unable to sit up, with a large mouth, snub nose, coarse sparse hair, and a sallow complexion, suffering from slight blepharitis and from constipation. There was a slight diffuse swelling over the isthmus of the thyroid. There was very marked improvement with thyroid, but the child has never become

quite normal, partly owing to the fact that the family lives in a remote part of the county and there have been occasional lapses in thyroid administration.

The photograph of the mother with the two children was taken recently.

W. T. COLLIER, M.D.Oxon., M.R.C.P.Lond.,  
Honorary Assistant Physician, Radcliffe Infirmary,  
Oxford.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### BORDER COUNTIES BRANCH: ENGLISH DIVISION.

##### ANTE-NATAL CARE.

At a meeting of the English Division of the Border Counties Branch, held at Cockermouth on November 7th, Mr. H. HARVEY EVERS, M.S., F.R.C.S., delivered a British Medical Association Lecture on ante-natal care. The number of members and non-members present surpassed all records.

Mr. Harvey Evers said that the subject of his lecture must make a strong appeal to an audience composed largely of general practitioners practising obstetrics in the Border Counties. Ante-natal care was a branch of obstetrics which had been his special interest for a number of years, and all graduates of the Newcastle School were proud to be able to associate with it the name of Rutherford Morison, their Emeritus Professor of Surgery, who was one of the first to urge the necessity for scrupulous care of the expectant mother. Reference was then made to a new comprehensive maternity scheme just launched in Cumberland. Mr. Evers was delighted to hear that doctors throughout the county were giving this scheme such whole-hearted support, since it was, to his mind, the first serious effort made in this country to secure the co-operation of the general practitioner in the obstetrical sphere of preventive medicine. He thought that the secret of success of the perfect maternal service (in its wide sense) was continuity of care and supervision before, during, and after labour; Dr. F. H. Morison's suggestions constituted a serious attempt to secure this for every woman in Cumberland who wished to have it. Ante-natal care was not a separate specialized part of midwifery; it should be an ordinary part of the routine of a general practitioner. The specialist need only be available to decide major points in diagnosis and treatment. Moreover, too much must not be claimed for, or expected of, ante-natal care; it must be regarded as an adjunct to, and not a substitute for, good midwifery. The regime must be rigid if the best results were to be attained. The generally accepted claims on behalf of ante-natal care were stated as follows: (1) it could make pregnancy more tolerable by removing or alleviating the "minor horrors"; (2) it could make pregnancy safer by alleviating the results of existing diseases or disabilities such as heart disease, enormously reducing the incidence of eclampsia, and diminishing the dangers of haemorrhage and its results; and (3) it could make labour easier and safer by reducing the dangers of contracted pelvis or disproportion, correcting most of the malpresentations, and decreasing the risk of sepsis.

##### *Ante-natal Care in General Practice.*

The outstanding features of routine ante-natal care in general practice were given as follows: (1) the patient was encouraged to book not later than the third month. At this interview dates were noted, complaints were elicited and dealt with, outstanding features of the medical history were investigated, the previous obstetrical history was carefully analysed, general advice about hygiene was given, and a general examination of the patient was carried out where found to be necessary. This latter should include a urine examination and a blood pressure reading if possible. Finally, the patient was instructed about the

prompt reporting of certain important abnormalities, such as obstinate constipation, severe vomiting, haemorrhage of any kind and however slight, discharge, eye symptoms, and oedema. (2) The urine was tested once a month up to four months; once a fortnight till the end of the eighth month; and once a week during the final month. (3) A further abdominal examination was made during the fifth month, this being a good time also to check dates, to obtain a further blood pressure reading, and to hear the foetal heart. The external pelvic measurements might be estimated at this examination. (4) A most important abdominal examination followed at the thirty-sixth week to determine, and if necessary correct, the lie of the foetus, and to ascertain whether or not there was any disproportion between the foetal head and maternal pelvis. Examination of the feet and legs, and of the urine and blood pressure, were also undertaken as a routine, as at all other examinations. This regime constituted the indispensable minimum of ante-natal supervision, and in the vast majority of cases was all that was required. Obviously, however, abnormalities cropping up during the course of pregnancy occasionally called for much more frequent consultations and examinations. In the opinion of the speaker, routine vaginal examination was unnecessary, and should only be resorted to under the following definite indications: reason (from external examination) to suspect contracted pelvis; haemorrhage at any time during pregnancy, and however slight; purulent discharge; very occasionally cases of doubtful presentation, such as a doubtful breech in a primipara; acute or persistent pelvic pain; and retention of urine occasionally. In many thousands of cases, Mr. Evers estimated his vaginal examinations at between 7 and 10 per cent.

##### *Special Indications in Pregnancy.*

He then proceeded to discuss some of the "minor horrors" of pregnancy—such as pains in the abdomen, sides, and back, etc.—and indicated their pathology and treatment. The great importance of an adequate and properly fitting abdominal support was strongly emphasized, and types of belts were demonstrated. The value of calcium therapy in many of the painful conditions was indicated. The troubles due to constipation, flatulence, and infection of the urinary tract were enumerated, and their management fully discussed. The value of intensive alkaline treatment, saline purgation, and scrupulous dieting in cases of *B. coli* infections was pointed out. Reference was next made to the significance and correct interpretation of albuminuria, and the importance of scrupulously regular urine tests was emphasized. Even a trace of albumin must arrest attention, and call for more frequent tests and prompt restriction of diet. The value of regular blood pressure readings in all cases of albuminuria was heavily stressed; quite apart from subjective symptoms and albumin estimations, it was the most valuable clinical guide. Treatment consisted largely in rest, saline purgation, highly alkaline medicines, and dieting—complete starvation in severe cases. A conservative attitude towards the pregnancy should always be adopted, but failure to react to adequate treatment for two or three weeks should be regarded as indicating induction of premature labour. Prognosis depended upon the reaction to treatment; such reaction was best judged by the blood pressure and by the amount of albumin. Oedema was next discussed, with special reference to its significance and interpretation. It was so seldom due solely to "pressure" that such a cause should never be assigned until every other possibility had been explored. The vast majority of cases, without obvious local causes, such as varicose veins, were dependent upon a degree of toxæmia. Careful urine tests and blood pressure readings were essential in the diagnosis and supervision of these cases. Oedema was often the first danger signal in an impending toxæmia, and its importance should be made clear to all expectant mothers. By a scrupulous ante-natal regime, that dread disease eclampsia could be almost completely eliminated, but occasional cases of the "fulminating type" might still occur. Reference was next made to the

and in certain states of the atmosphere might lead to a condition such as had happened in the Meuse Valley, was unsupported. The Electricity Commissioners had taken every precaution to prevent such mishaps. Replying to Mr. Hore-Belisha on December 10th, Miss SUSAN LAWRENCE said that the Ministry of Health was arranging to obtain a report of the official inquiry into the loss of life during the recent fog in the Meuse Valley. Mr. GREENWOOD informed Colonel Howard-Bury and Mr. D. G. Somerville, on December 11th, that he had asked for a copy of the inquiry into the sixty-five deaths in the Meuse Valley. Until the facts were ascertained, he knew of no grounds for assuming that sulphuric acid, or any other fumes, were associated with them. Regarding the Battersea Power Station, it would be practicable to install there a plant which would reduce the emission of sulphur fumes to a negligible quantity. He considered it would be in the public interest that the report on the Meuse Valley fog should be widely spread.

#### Housing.

Mr. GREENWOOD told Sir D. Newton, on December 10th, that the Exchequer contribution paid during the year 1929-30 under the Housing Act, 1919, was £6,738,118; under the Housing Act, 1923, £2,141,089; and under the Housing Act, 1924, £2,253,087. The numbers of houses completed under each Act at March 31st, 1930, were respectively, 175,639, 389,193, and 232,900. Replying to Mr. Somerville Hastings on the same date, Mr. GREENWOOD said that up to October 31st, 1930, 313,862 houses had been completed by local authorities in England and Wales under the Housing (Financial Provisions) Act, 1924.

Replying to Dr. Forgan on December 11th, Mr. GREENWOOD said that up to December 1st last 258 proposals for the provision of 13,979 houses had been received from local authorities in England and Wales under Subsection (1) of the Housing Act, 1930. In addition, eighteen authorities had passed resolutions declaring areas containing a population exceeding 13,360 persons to be clearance areas, and one authority had passed a resolution declaring two areas, containing 188 houses, to be improvement areas. Five compulsory purchase orders and two clearance orders had been submitted to him. Under Subsection (2) of the Act, which related to urban areas with populations exceeding 20,000, fifteen programmes, providing for 44,300 new houses, of which 14,923 would be allocated to the rehousing of 65,861 persons, had been submitted.

#### Sale of Poisons.

Mr. CLYNES told Sir George Penny on December 11th that he hoped a bill would shortly be introduced to simplify and strengthen the law relating to poisons. Sir George Penny suggested that licensed vendors of arsenic, such as corn merchants, ironmongers, etc., should be made to comply with the same regulations as registered chemists. Mr. CLYNES said that the existing provisions of the law on the sale of arsenic, and on poisons generally, applied equally to registered chemists and to other licensed vendors. Licensed vendors were, in addition, subject to regulations made by Order in Council under Section 2 of the Poisons and Pharmacy Act, 1908.

**Dangerous Drugs.**—Mr. SHORT informed Dr. Fremantle on December 3rd that the report of the preliminary conference on the limitation of manufacture of dangerous drugs had been sent to the League of Nations and was in course of being printed. He could not say how soon copies would be available.

**Infant Mortality.**—Mr. GREENWOOD told Dr. Fremantle on December 3rd that the increase of infant mortality in 1924 was due to an epidemic of influenza, and that of 1929 to a similar epidemic coupled with an epidemic of whooping-cough.

**Tuberculosis.**—In reply to Sir Bertram Falle on December 3rd, Mr. GREENWOOD said that persons who had received treatment for tuberculosis in sanatoriums were instructed in the precautions necessary to avoid the risk of infecting others when discharged, and it was the duty of local medical officers of health to take such steps as were necessary or desirable to prevent the spread of infection.

**Schick Testing.**—On December 9th Mr. GREENWOOD informed Mr. Freeman that he had sanctioned provision of facilities for Schick testing and immunization against diphtheria in thirty-eight districts in England and in two in Wales, and he had information that these facilities were also provided in other areas.

**Arsenic in Sweets.**—Replying to Mr. Freeman on December 10th, Miss LAWRENCE said that the Minister of Health was aware of a number of recent cases of poisoning of sweets, notably by arsenic. The local authority concerned had taken suitable action, including prosecution of persons responsible. Officers of the Department had kept in close touch with those of the local authority in the course of investigations, and it was not thought necessary to hold any special inquiry into the matter. Consultations were taking place on legislation to guard against the accidental misuse of poisons.

**Inspection of School Children.**—Sir C. TREVELYAN, in reply to Mr. Somerville Hastings on December 11th, said that about six minutes was occupied on the average in the inspection of each

child examined at routine medical inspections. Children discovered, or suspected to be suffering from, defects requiring more detailed investigation were referred for subsequent examination. The time then given to any particular child varied with the nature of the defect.

#### Notes in Brief.

A provision that a suitable and efficient appliance for extinguishing fire must be carried is to be embodied in Ministry of Transport regulations for public service vehicles.

Cases of encephalitis lethargica notified in the administrative county of Lindsey (excluding the county boroughs of Grimsby and Lincoln) were: 5 in 1928, 10 in 1929, and 6 up to the end of November, 1930. The local course of the disease is receiving the attention of the medical staff of the Ministry of Health.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—\*M. P. Ellis, †R. A. Fitzsimons, \*Beatrice M. Joly, †G. L. Jones, \*M. Kremer, †D. W. C. Northfield (University medal), †A. W. M. Rooke, E. E. Barnard, F. G. L. Barnes, J. N. Bhada, W. L. M. Bigby, J. G. Bowen, W. E. Branch, Dora E. Brockbank, F. E. Camps, W. H. P. Cant, A. G. Carmichael, Rosa E. Chamings, A. Clark, E. E. Claxton, F. S. Cliff, W. D. Colbart, T. V. Cooper, Catherine B. Crane, H. J. Croot, Marian J. Cunniff, Catherine Day, C. E. Dolman, D. G. Evans, J. D. S. Flew, Beryl M. Furlong, Kamala Ghosh, Olive N. Grant, Mary W. Hamlyn, Flora Hargreaves, Lettice P. Harrison, K. W. D. Hartley, Honor E. C. Harvey, A. S. Hatch, Katherine M. Heberlet, P. Y. Hicks, R. E. Holmes, E. B. Jackson, H. B. Jackson, E. K. Jones, J. F. L. King, G. C. Knight, H. J. Knight, Nellie I. Lanckena, L. J. M. Laurent, I. W. Lazarus, A. Levy, Annie M. McGrath, Joyce MacInnes, A. H. M. McMullan, Moyra I. Macnaughton-Jones, Eileen M. Massey, Elizabeth T. Mess, J. R. Murray, A. M. Nussbrecher, R. A. C. Rice, R. S. Risk, A. H. T. Robb-Smith, C. P. Scott, Violet R. Sharp, Dorothy A. Sharpe, N. L. Shepperd, Everell M. Shippam, C. K. Simpson, Effie Slater, D. Stanley-Jones, H. H. Steadman, F. H. Stevenson, T. S. Stone, E. G. Thomas, C. J. L. Thurgar, E. S. Vergette, J. C. S. Wells, A. S. Wigfield, E. R. Williams, Maureen D. Willmott Evans, T. H. Wilson.

\* Distinguished in medicine. † Distinguished in forensic medicine.  
‡ Distinguished in surgery. § Distinguished in midwifery.

### UNIVERSITY OF DUBLIN.

#### TRINITY COLLEGE.

At the first winter commencements, held on December 11th, the following degrees and licence were conferred:

M.D.—E. A. Bennet, C. Gordon, M. Gerber, D. V. Latham.  
M.B., B.Ch., B.A.O.—G. Caldwell, T. H. Dockrell, H. H. G. Dorman, E. S. Duthie, G. F. Ennis, F. P. Fitzgerald, N. A. Kinnear, H. S. North, W. A. Robinson, J. B. Scott, Kathleen A. Wilson.  
LIC. MED., SURG., AND OBSTET.—D. J. O'Riyan.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary meeting of the Council of the Royal College of Surgeons of England was held on December 11th, when the President, Lord Moynihan, was in the chair.

#### Fellowship.

Diplomas of Fellowship were granted to the following fifty candidates:

Gladys M. Sandes, J. M. Clarke, W. G. S. Brown, Annie Pichaimuthu, J. H. Saint, E. C. Tatham, N. W. Bolton, J. C. Hogg, W. S. Chapman, R. Marnham, B. R. Sworn, R. H. Metcalfe, D. G. Bown, F. H. A. Walker, A. Ali, P. N. Ray, R. S. Pilcher, W. Hynes, J. T. Chesterton, M. R. Ernst, E. N. Wardle, H. Youssi, M. D. Patel, J. R. Peacock, P. J. Ganner, N. R. Barrett, A. C. Fisher, W. E. Tucker, H. S. Taylor-Young, C. E. Corrigan, A. D. Everett, F. W. Holdsworth, R. Purvis, T. J. Millin, F. R. Stansfield, F. F. D'Arcy, S. G. Davidson, D. I. Fitzpatrick, E. C. B. Jones, J. F. Kemble, K. Lumsden, E. G. MacMahon, N. St. C. Mulhearn, L. R. Oliver, K. C. T. Rawle, C. A. M. Renou, V. N. Shirodkar, G. R. A. Syme, J. Taltat, S. A. McC. Thompson.

#### Membership.

Diplomas of Membership were granted to the following candidates, who had complied with the regulations: Marjorie Low, Marjorie Lunn, Ethelwyn Newham, D. Ockman.

The Licence in Dental Surgery was granted to Pondichery Somasunder, M.R.C.S.

#### Court of Examiners.

The following were elected members of the Court of Examiners: Russell John Howard (re-elected), surgeon, London Hospital; E. C. Hughes, assistant surgeon, Guy's Hospital; Lionel E. C. Norbury, surgeon, Royal Free Hospital.

#### Primary Fellowship Examination in Canada.

It was decided, on the request of the Canadian Medical Association, to hold a Primary Examination for the Fellowship in Canada next year, subject to satisfactory arrangements being made.

The thanks of the Council were given to Sir Frederic Hallett for his revised catalogue of portraits and busts of the College, with short biographical notices and illustrations. Copies may be obtained from the Secretary, price 3s. cloth, 2s. 6d. boards.

## Medical News.

THE Royal College of Physicians of London will be closed from Wednesday, December 24th, until Wednesday, December 31st, both days inclusive.

THE Royal Society of Medicine will hold its next reception at 1, Wimpole Street, W.1, on Wednesday, January 21st. The president and Mrs. Watts Eden will receive Fellows and their guests at 8.30 p.m., and at 9.15 p.m. Dr. Arnold Chaplin will give an address entitled "Great figures in history, or misconceptions removed." Various objects of interest will be exhibited in the library. Admission will be by ticket only, applications for which should be addressed to the secretary.

AT a meeting of the Society for the Study of Inebriety, to be held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, January 13th, 1931, at 4 p.m., the Rev. Courtenay C. Weeks, M.R.C.S., L.R.C.P. (editor of the *National Temperance Quarterly and Medical Review*), will open a discussion on "Alcoholic indulgence in relation to motor transport." Members and associates may introduce visitors.

THE London Jewish Hospital Medical Society (Stepney Green, E.1) has arranged two symposiums for the ensuing session. The first, on February 12th, 1931, on "The trend of medical practice," will be opened by Mr. Somerville Hastings. The second, on April 9th, on "Modern advances in brain medicine and surgery," will be opened by Dr. Gordon Holmes and Mr. Julian Taylor.

H.H. PRINCESS HELENA VICTORIA has promised to attend the annual children's festival of Dr. Barnardo's Homes, to be held in the Royal Albert Hall on the afternoon of Saturday, January 17th, 1931.

THE second International Congress and Exhibition of Sanitary Engineering and Municipal Hygiene will take place from April 20th to 26th, 1931, in Milan, under the patronage of the King of Italy. Full particulars may be had by applying to the Secretary-General of the Congress, 17 Piazza del Duomo, Milan, Italy.

THE Minister of Health has issued a Memorandum (131 c/T) containing an analysis of the work done during 1929 under the schemes of local authorities for the treatment of tuberculosis, the information having been supplied by returns furnished in accordance with Memorandum 37/T. There has been a steady increase in the proportion of the total tuberculous population which is dealt with by these local authorities, and a continued fall in the proportion of undiagnosed cases on the dispensary registers; more examinations of sputa are being performed. The present Memorandum is intended to assist metropolitan borough councils in judging whether their schemes for the dispensary treatment of tuberculosis need any revision. Four circulars—namely 1154 (a), (b), (c), and (d)—have also been issued by the Ministry relating to the returns to be made by local authorities in respect of maternity and child welfare, tuberculosis, and venereal diseases. The Minister desires to know the number of cases of tuberculosis previously returned as cured which have relapsed, or shown indications of so doing. He also wishes to know the total amount of accommodation available on December 31st in England and Wales for the residential treatment of tuberculosis at approved institutions; forms have been designed for completion by local authorities and return to the Ministry not later than February 28th, 1931. Other forms have similarly been issued in the case of institutions approved for the treatment of venereal diseases.

THE welfare of African children will be discussed at an international congress to be held under the auspices of the Save the Children Union in Geneva in 1931, with special reference to infantile mortality, child labour and education, and child marriage.

THE twenty-first French Congress of Medicine will be held at Liège in 1931, under the presidency of Professor de Beco, when the subjects for discussion will be hyperthyroid states, metabolism of calcium, and the treatment of non-diabetic conditions by insulin.

THE second International Hospital Congress will be held at Vienna from June 8th to 13th, 1931, when the following papers among others will be read: the cost of hospitals, by Dr. Distel of Hamburg; the role of the hospital nurse, by Mile Reimann of Geneva; hospital terminology, by Dr. Wirth of Frankfurt; hospital legislation, by Mr. Harper of Wolverhampton; out-patient departments, by Dr. Corwin of New York; the patient's diet, by Professor Van Noorden of Vienna; and the role of neurology and psychiatry in the general hospital, by Dr. Alter of Düsseldorf.

THE Royal Institute of Public Health will hold its congress in Frankfurt next year from Tuesday, May 19th, to Sunday, May 24th. The scientific work will be conducted in six sections—namely, State medicine and municipal hygiene; architecture, housing, and town planning; industrial hygiene; women and children and the public health; tuberculosis; and pathology, bacteriology, and biochemistry. Visits will be paid to places of interest in Frankfurt, and the chief spas and health resorts of the Rhine, including Wiesbaden, Homburg, Nauheim, Kreuznach, and Münster-am-Stein; one day will be spent in an excursion to the university and town of Heidelberg. Further information may be obtained from Dr. T. N. Kelynack, honorary secretary of the congress, 37, Russell Square, W.C.1.

THE November issue of the *Medical Women's Federation News-Letter* includes, among other articles, an account by Dame Janet Campbell of her impressions of maternity and child welfare in Australia, an analysis of the interim report of the Departmental Committee on Maternal Mortality and Morbidity by Mrs. Frances Iven-Knowles, and obituary notices of Dame Mary Scharlieb.

THE last issue of the *Fight Against Disease*, the quarterly journal of the Research Defence Society, includes notes on the R.S.P.C.A. and antivivisection, on asthma research, and on antivivisection in the war. It is published for the Society by Macmillan and Co. Ltd., St. Martin's Street, W.C.2.

THE KING has appointed Dr. Cyril Hartley Durrant, chief medical officer, St. Kitts-Nevis Medical Service, to be an official member of the Executive Council of the Presidency of St. Christopher and Nevis for a further period.

THE Röntgen Society and the Rhine Medical Society have conjointly decided to erect a monument to Röntgen at Lennep, near Düsseldorf, where he was born on March 27th, 1845.

DURING the last five years there has been a gradual increase in the incidence of cerebro-spinal fever in the United States, as is shown by the following figures: 1925, 1,859 cases; 1926, 2,226 cases; 1927, 3,204 cases; 1928, 5,781 cases; and 1929, 9,660 cases.

## Letters, Notes, and Answers.

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

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## QUERIES AND ANSWERS.

### Malaria and Blackwater Fever.

DR. C. J. PATEL (Kampala, Uganda) writes: Is there any preparation containing no quinine which can lower the temperature in blackwater fever and can destroy malarial parasites? I have had experience of 38 cases, and I find quinine does harm. I have seen the condition getting worse after small—say 1 grain—doses of quinine. When a patient becomes comatose, either in blackwater fever or in malaria, what treatment should be adopted? I have tried saline per rectum and glucose intravenously, but the result was not satisfactory, and two patients died that way in coma. How can the onset of coma be prevented, and what are the signs which indicate that coma is threatening?