

that a constant clinical picture is found in practically every case.

5. The typical features present are: a history of similar but less severe attacks, the sudden onset of pain, an increase of temperature and pulse rate, the palpable abdominal tumour, with overlying tenderness and rigidity, and the tender cystic mass, which can be made out per rectum.

6. The diagnosis is sometimes very difficult, the lesion for which torsion of a cyst is most often mistaken being an appendix abscess.

I have to thank Dr. Teale, who kindly examined the tumour for me and also furnished me with the photograph. The specimen is now in the Pathological Museum of University College Hospital.

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GANGRENE OF THE SKIN OF DIPHTHERITIC ORIGIN

BY

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(With Special Plate)

Two types of diphtheritic infection of the skin may be described. In one a diphtheria organism is isolated, but no symptoms characteristic of the disease are present. This type, which is not uncommon, would probably be more correctly regarded as bacteriological diphtheria. In the other type the diphtheria organism is the active agent in the production of the local disease. This type is of rare occurrence. Cutaneous diphtheria is usually found to be secondary to diphtheria in some more normal site, such as the fauces, nose, or genitals, but primary diphtheria of the skin may occur. The absence of a source of origin of the infection, and the unusual site of the disease, combine to make the present case worthy of record.

The patient was a boy, aged 11 years. According to the history, he visited a swimming bath on May 20th, 1931, and sustained a slight injury of the nature of a bruise on the dorsum of the right foot. Persistent pain and discomfort led to his attendance at the Leeds Public Dispensary on May 26th. The house-surgeon described the injury then as showing the usual appearance of inflammation and the semblance of a greyish pellicle in the centre. At first sight it was taken for a burn. The lesion progressed until, by June 1st, there was a surrounding zone of cellulitis, with, in the centre, a triangular area, which was dark grey and later black, and suggested a localized form of gangrene. Incisions into the affected area revealed no pus and produced no improvement. On account of the unusual appearance of the lesion he was retained as an in-patient. Slight general disturbance was

noted from June 1st to 3rd, but the temperature did not rise above 99°. On June 4th, however, it rose to 104°, and multiple small incisions were made in the surrounding inflammatory area. At the same time a swab was taken. On June 5th and 6th the temperature hovered around 102°, and no improvement was noted. On June 6th, following the receipt of a report that diphtheria organisms were present, he was transferred to the Leeds City Hospital.

Fig. 1 (Plate) shows the appearance on admission to the Leeds City Hospital. The central area (C) consisted of a dry black eschar. Surrounding it was a greyish pellicle of semi-necrotic skin (B), and the remaining part of the dorsum of the foot showed much inflammation and oedema at (C). Neither lymphangitis nor adenitis was noted. No offensive odour was associated with the lesion. The tonsils were slightly enlarged, but there was no sign of inflammation or of exudate. There was no nasal discharge, and the anterior nares appeared healthy. The temperature was now subnormal and the pulse 90. Albuminuria was present. The Schick test was positive. Diphtheria antitoxin, 16,000 units, was administered on the day of admission, and no treatment other than dry dressings was applied to the foot for the next ten days.

Within twenty-four hours of admission the inflammatory reaction commenced to subside. The greyish pellicle ceased to extend, but became necrotic within the next few days. Eleven days after admission (Plate, Fig. 2) the lesion had taken the form of a crater with well-defined margins, and with a floor of dry, black, necrotic skin. After a further eight days, the necrotic tissue sloughed, leaving a healthy-looking granulating surface. Albuminuria persisted throughout the whole period of isolation, but no other complications were noted. By the end of July the ulcer had healed completely, and he was discharged from hospital on August 12th.

Note on Bacteriology.—The swab taken on June 4th was examined at the Bacteriological Department of the University of Leeds, and the report stated that *Corynebacterium diphtheriae* was present in pure culture. The organism gave the correct sugar reactions, and was proved to be a virulent type. On the day of admission to the Leeds City Hospital swabs taken from the nose and throat showed no diphtheria organisms, while a swab from the inflammatory area showed a pure culture of *C. diphtheriae*. On June 9th swabs from the necrotic skin and from the greyish pellicle also showed *C. diphtheriae*. On June 10th a swab taken from the greyish pellicle was again examined at the University of Leeds, and the report stated that aerobic and anaerobic cultures showed *C. diphtheriae* in pure culture. A nose swab was again negative on June 12th. On July 1st diphtheria organisms were still grown from the floor of the ulcer, but after July 5th swabs were negative.

I am indebted to the Bacteriological Department of the University of Leeds for laboratory work, and to Dr. J. F. Galpine, for helpful information regarding the early stages at the Leeds Public Dispensary.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

A CASE OF WOUND DIPHTHERIA

(With Special Plate)

The false membrane type of diphtheria of a wound and surrounding skin, once seen, cannot readily be forgotten.

A girl, aged 11 years, was admitted to the Royal Victoria and West Hants Hospital on February 2nd, 1929, on account of appendicitis. For four weeks, off and on, she had had abdominal pain of varying intensity in the right iliac region, with obstipation but without nausea and vomiting. When she was admitted the pulse rate was 104, the tongue was furred, and there was local tenderness with rigidity. On February 19th, Mr. Kinsey Morgan removed an inflamed appendix through a grid-iron incision, then closed the wound in the usual way.

On March 4th the wound began to look unhealthy, and was discharging a thin, watery fluid. The temperature had begun to rise. By April 18th the wound was gaping, and was covered by a dirty grey slough, the appearance of which at once suggested a diphtheritic infection. Examination for the Klebs-Loeffler bacillus was ultimately found to be positive, the organism being reported as occurring in almost pure culture. The wound at its worst had opened up so as to measure about 4 inches by $2\frac{1}{2}$ inches, the external oblique muscle forming the floor; the skin edges were overhanging all round. The exudate was dirty grey in colour, moist, and fibrinous, and spread for some distance on to the skin beyond the wound edges. The exudate beyond the wound was abruptly marginated, the whole being surrounded by an inflamed deep-red areola. No portion of the exudate could be wiped away. The evolution was slow, the whole condition taking about two months to develop. At no time was there any degree of toxæmia; in fact, there was surprisingly little constitutional disturbance. Large doses of antitoxin were given intramuscularly, with eusol and eupad locally, the child ultimately making a satisfactory recovery.

During the war, wound diphtheria was found to be not uncommon. Systemic symptoms referable to the diphtheria toxins did not occur, and the antitoxin appeared to have no obvious effect in ridding the wound of the infection. This false-membrane type (see Plate) is readily enough recognized clinically when one remembers the appearances of the membrane in faecal diphtheria. There are other types of eruption occurring on the skin as the result of infection by the diphtheria bacillus, the diagnosis of which cannot be confirmed without complete bacteriological examination.

I have to offer my thanks to Mr. Kinsey Morgan for permission to publish the case, and to Dr. A. H. Turton for the excellent photograph from which the illustration was taken.

S. WATSON SMITH, M.D., F.R.C.P.Ed., M.R.C.P.
Bournemouth.

FIBROSED APPENDIX MISTAKEN FOR MALIGNANT DISEASE, CAUSING ILEO-CAECAL INTUSSUSCEPTION

Many mistakes are made in diagnosis; few are recorded. I should like to record one.

Mrs. B., aged 60, called on me at the latter end of December, 1930. She complained of loss of weight, increasing difficulty in emptying the bowels, and a lump in the right side of the abdomen: there was also gripping pain. Her knowledge of the lump was quite recent. She said she had been going down-hill for the last eighteen months.

On examination the abdomen was soft, flaccid, and undistended, with the exception of one small distended loop of intestine in the right iliac fossa. There was a distinct hard lump felt in connexion with this. After examining the rest of the abdomen and chest, I came back to the iliac fossa, and to my surprise the lump had vanished. What could be felt now was some indefinite thickening in the caecal region. She was sent home to bed, and with the exception of a slight colicky pain on two or three occasions there was no further complaint up to the latter end of February, 1931. A provisional diagnosis was early malignant disease of the caecum.

On February 23rd, 1931, she suddenly started with severe pain and vomiting, the vomit consisting of green and yellow bile. I saw her on the 26th, the third day from the onset. There was absolute constipation, no flatus being passed, and no result from enemas. There was a large irregular mass in the region of the transverse colon, and to the left of the umbilicus. It felt solid and was quite dull on percussion. There was a feeling of emptiness in the caecal region. There was no blood per anum. The diagnosis made was intussusception caused by a malignant growth in the caecum.

I opened the abdomen by a paramedian incision and brought the tumour to the surface. There was some free fluid in the abdomen. The mass proved to be an ileo-caecal

intussusception. It was not difficult to unravel, as there was a considerable quantity of soft, yellowish lymph between the intussusceptum and intussusciens; this looked like pus, and actually was pus. There was a hard mass at the root of the appendix extending for a short distance into the wall of the surrounding caecum. I was still of opinion I was dealing with a malignant growth. My patient being too ill to stand excision, I short-circuited the ileum into the transverse colon (as a preliminary to a Friedländer's operation), placed the caecum in its bed, and through a stab wound passed a drainage tube down to it. Pus flowed from this for three days, when the tube was removed. Three weeks afterwards the abdomen was opened a second time.

The root of the appendix and surrounding caecum formed a hard, firm, leathery tumour. About six inches of ileum, caecum, appendix, ascending colon, and part of transverse up to the anastomosis were removed. The parts were so free and movable that the operation was easy, and was rendered easier by the preliminary anastomosis. On laying open the bowel afterwards, the mouth of the appendix in the fresh state was wide and funnel-shaped. The canal of the appendix was obliterated except for half an inch near the bowel. The appendix cut like a fibroid of the uterus, or a scirrhus cancer. The pathological report was "a fibroid condition of the appendix."

If I could only have rid myself of the obsession that I was dealing with early malignancy a less severe operation would have been justified. But the age, history, loss of weight, and the appearance and feel of the parts confirmed me so much in my opinion that I felt compelled to do a Friedländer, which I had prepared for by the preliminary anastomosis. If a complete excision had not been done, and only the intussusception unrolled, a degenerating structure would have been left, which might easily have become malignant.

My patient has put on 20 lb. since the operation, and has gained immensely in health.

Leeds.

J. STEWART, M.B., M.Ch.

Reports of Societies

BLOOD TRANSFUSION

At the meeting of the Medical Society of London on October 26th, with Mr. HERBERT TILLEY in the chair, a discussion took place on blood transfusion.

Professor ALEXANDER FLEMING said that the beginning of modern blood transfusion, which did not become a common procedure until the war, might be ascribed to Landsteiner in 1900, who discovered the grouping of bloods. Seven years later Jansky did much more elaborate testing, and found that human bloods agglutinated into four groups, and he was followed by Moss, who also had four groups differently denominated. Recently there had been proposed a new nomenclature which had merits, and which he hoped would supersede the others. The relation of the different nomenclatures was shown in the following table:

Landsteiner	Jansky	Moss	Suggested New Nomenclature
C	1	4	'O
A	2	2	A
B	3	3	B
—	4	1	A B

Certain troubles were encountered in testing bloods. The first of these was a pseudo-agglutination, not a true agglutination at all, found especially among people who were suffering from pneumonia or similar illness. Another

W. ARKLEY STEEL: TORSION OF OVARIAN
CYST IN CHILDREN

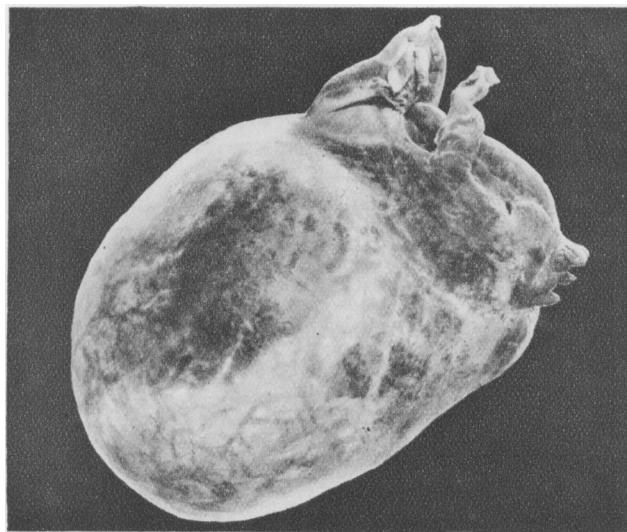


FIG. 1.—Cyst of left ovary from a girl aged 9 years.

S. WATSON SMITH: WOUND DIPHTHERIA



FIG. 1.—Wound diphtheria of false membrane type.

J. S. ANDERSON: GANGRENE OF THE SKIN OF DIPHTHERITIC ORIGIN

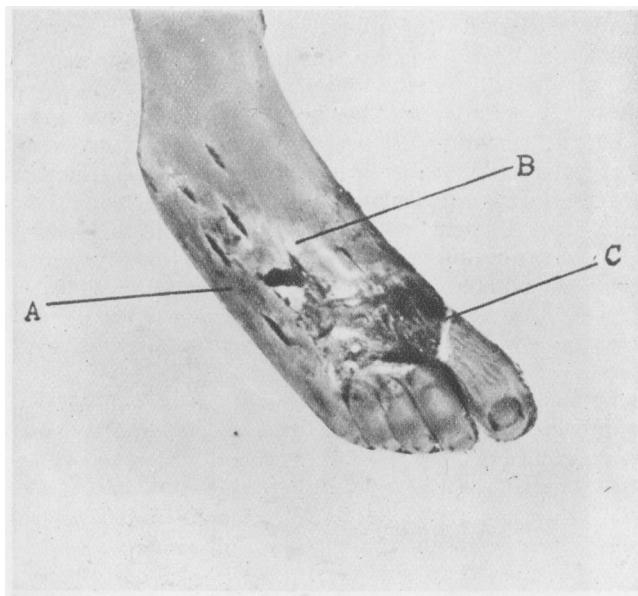


FIG. 1.—Appearance on admission.

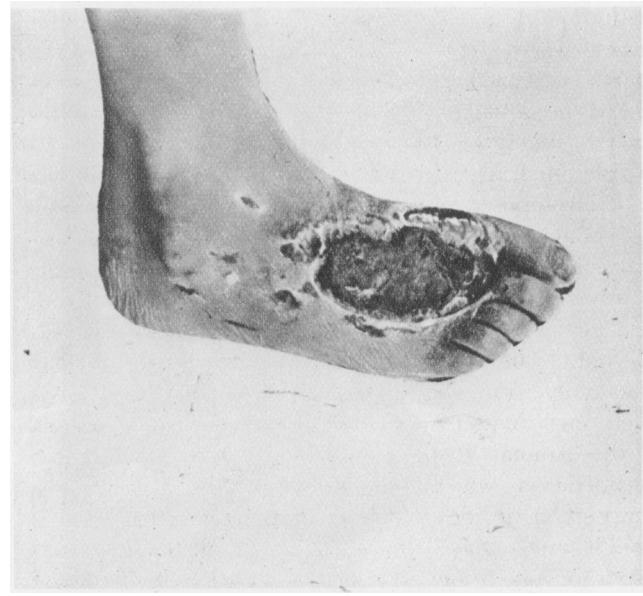


FIG. 2.—Appearance eleven days after admission.

expression of Jackson's ideas, it is a rich mine of clinical observations, and should be read not only by those who are interested in neurological principles, but also by all who have to deal with epileptic patients. The second volume is to contain Jackson's more philosophical papers, including those on aphasia.

THE B.C.G. TRIAL AT LÜBECK

On October 12th the trial of Professor Deycke, Professor Klotz, Dr. Altstaedt, and Sister Schütze commenced.¹ The sittings apparently threaten to occupy in all some three or four weeks. It is a little difficult for the English reader, unfamiliar with the procedure of the German courts, to appreciate the atmosphere. The parents and relatives of the 75 dead children and the 178 others who received the B.C.G. vaccine are present in the gallery, and at critical points in the inquiry make loud comments and protests; the accused make appeals to the parents and public in court; a number of distinguished bacteriologists are present, probably as expert witnesses to assist the court, and they cross-examine the accused. The local authority has already paid £17,500 to the parents. The press eagerly seize on the "high points" of the tragic trial, and sympathy is expressed for Professor Deycke, aged 66, "in the evening of life." The Ministry of Health in Berlin was told that animal tests for harmlessness of the vaccine had been carried through at Lübeck—whereas none had been done: Dr. Sliwenski of Sofia is alleged to have stated that the news of the deaths of 96 children in Bulgaria in 1927 after inoculation with B.C.G. had been suppressed. In our issue of June 6th we reviewed the history. It does not at the moment appear probable that any new decisive evidence will emerge which can answer the central question—did the avirulent B.C.G. become virulent on culture at Lübeck, or was the human culture which was kept in the laboratory, by a tragic mistake exchanged for, or mixed with, the B.C.G.? By a coincidence a special committee on tuberculosis of the American Veterinary Medical Association has just published its opinion that, by growing B.C.G. upon certain media, by inducing and selecting a certain type of growth, or by dissociation, highly virulent cultures have been obtained by independent investigators.

INFLUENZA IN 1930-31

The recently published August issue of the Monthly Epidemiological Report of the Health Section of the League of Nations contains an instructive account of the prevalence of influenza throughout the world in 1930-31. All the countries in Europe, and also the United States of America, showed a sudden increase of influenza cases during the winter of 1930-31. With the exception, however, of Sweden and the Irish Free State, where the epidemic was more severe than in 1928-29, the severity of the outbreak was distinctly less than that of the last epidemic of 1928-29, and could not be compared with the pandemic of 1918. The epidemic, indeed, was practically confined to Europe and North America, there being no evidence of an outbreak in Japan or Australia. In all the countries affected pneumonia and other complications were remarkable for their rarity. In England and Wales it

was found that though the number of influenza cases rose much more rapidly than in 1929, the maximum morbidity and mortality remained well below the figures for that year.

The Bradshaw Lecture before the Royal College of Physicians of London will be delivered by Dr. J. S. Fairbairn on Tuesday, November 3rd, at 5 p.m.; his subject is "The medical and psychological aspects of gynaecology." Dr. James Collier will deliver the FitzPatrick Lectures on "The development of neurology from the commencement of the nineteenth century to the present time" on November 5th and 10th, at 5 p.m.

Mr. W. Douglas Harmer will deliver the Semon Lecture in the Barnes Hall of the Royal Society of Medicine on Thursday, November 5th, at 5 p.m. His subject is "The relative value of radiotherapy in the treatment of cancers in the upper air passages."

We regret to announce the death, on October 21st, of Constantin Baron von Economo von San Serff, professor at the University of Vienna, head of the institute for investigation of the brain at the University Clinic, and president of the Psychiatric Society of Vienna. Professor Economo is best known for having been the first to give its name to lethargic encephalitis in 1917. His work on this subject has recently been translated into English.

THE GENERAL ELECTION

MEDICAL MEMBERS OF THE NEW PARLIAMENT

The following fifteen medical men have been elected to the House of Commons at the General Election on Tuesday, October 27th:

- Dr. J. D. Cooke (C.), Hammersmith (South).
- *Dr. W. E. Elliot (C.), Glasgow (Kelvingrove).
- *Dr. F. E. Fremantle (C.), Hertford (St. Albans).
- *Dr. H. C. Haslam (C.), Lincolnshire (Horncastle).
- Dr. G. B. Hillman (C.), Wakefield.
- Dr. A. B. Howitt (C.), Reading.
- *Dr. Joseph Hunter (L.), Dumfries.
- Sir Henry Jackson (C.), Wandsworth (Central).
- Dr. J. W. Leech (C.), Newcastle-upon-Tyne (West).
- *Dr. J. H. Morris-Jones (L. Nat.), Denbigh (unopposed).
- Dr. W. J. O'Donovan (C.), Stepney (Mile End).
- *Dr. A. Salter (Lab.), Bermondsey (West).
- *Professor T. Sinclair (C.), Belfast (Queen's) University (unopposed).
- *Dr. J. H. Williams (Lab.), Carmarthen (Llanelly).
- Dr. J. V. Worthington (Nat. Lab.), Gloucester (Forest of Dean).

* Denotes a member of the late Parliament.

The result of the polling in the University of London election, where Sir Ernest Graham-Little has an opponent, will be declared on Saturday.

We hope to publish next week the polling figures of all the contested elections in which medical candidates were successful.

The list of medical candidates published last week page 764 should have included the name of Dr. J. Doug Cooke, who has now been returned for Hammersmith (South).

¹ British Medical Journal, October 17th, p. 712.

ground that the certificate of the medical referee indicated complete recovery. On coming before the House of Lords, however, the case was remitted to ascertain whether the medical referee had intended to certify that the man had completely recovered in the sense that he was not, in consequence of the attack, more susceptible to the disease than before. The referee replied that his certificate was not intended to bear that construction. It was therefore agreed by the House of Lords that the certificate must be taken as meaning that the workman was now more susceptible to the disease than before the attack, and formal judgement was pronounced allowing the appeal against the Court of Session, and upholding the arbitrator in his refusal to end the right to compensation.

Lord Buckmaster, in delivering the judgement, said that miners' nystagmus was a disease to which men working underground were liable in varying degrees of susceptibility. Some appeared to be immune; others were not so fortunate, and fear of the unknown susceptibility had led mine-owners to require a statement as a condition precedent to employment that the man had not suffered from the illness. If there was complete recovery after attack, any subsequent attack must be due to the original susceptibility, but if recovery was not complete a recurrence was more probable owing to the fact that the original conditions caused by the first attack had not entirely passed away. The certificate in the present case, after further inquiry of the referee, had been found not to have the effect attributed to it by the Court of Session—namely, as establishing complete recovery—and it left open the question whether, after the ordinary symptoms had disappeared, and recovery seemed to have taken place, it might not still be the fact that exposure to the same conditions would cause the illness immediately to recur. In the judgement of their lordships the fact of complete recovery had not been established in the present case, and the appellant succeeded.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on October 23rd the following medical degrees were conferred:

M.D.—G. P. Chandler, J. T. Irving, F. G. Spear, C. E. Kellett.

M.B., B.CHR.—O. J. C. Cotton, D. B. McGavin, J. H. Richmond, C. P. K. Toland, A. S. Hall, J. K. Willson-Pepper, H. E. W. Robertson, T. G. Reah.

M.B.—F. G. Winterton.

B.CHR.—T. C. Stamp, D. R. Goodfellow.

UNIVERSITY OF LONDON

Earl Beauchamp has resigned the Chancellorship of the University owing to ill-health.

Dr. R. J. V. Pulvertaft, pathologist to St. Thomas's Hospital and honorary pathologist at Egham Hospital, has been appointed to the University Readership in Pathology at Westminster Hospital Medical School.

The title of Reader in Physiology has been conferred upon Mrs. Nora Edkins, D.Sc., in respect of the post held by her at Bedford College.

UNIVERSITY OF EDINBURGH

At a graduation ceremony held on October 24th the following diplomas were granted:

DIPLOMA IN PSYCHIATRY.—*W. H. Gillespie, M.B., Ch.B.

D.P.H.—*P. C. Datta, M.B., Ch.B., Jessie Griffin, M.B., Ch.B., L. J. Howie, M.B., Ch.B., D. F. Mackenzie, M.B., Ch.B., Margaret Isabel M'Kinlay, M.B., Ch.B., Jessie Crawford Broun Sym, M.D., *B. O. Wilkin, M.B., Ch.B.

* In absentia.

UNIVERSITY OF GLASGOW

At the graduation ceremony held on October 17th the degrees of M.B., B.Chr. were conferred upon the successful candidates whose names were printed on October 17th, at page 729.

R. J. Lumsden, as the most distinguished graduate in medicine for 1931, has been awarded the Brunton Memorial Prize.

W. H. McNair Wilson has gained the West of Scotland R.A.M.C. Memorial Prize, awarded to the candidate with the

highest aggregate marks in medicine, surgery, and midwifery in the final examination for the degrees of M.B., B.Chr., held during 1931.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

The annual meeting of the Royal College of Physicians of Ireland was held on the morrow of St. Luke's Day, October 19th.

Dr. T. Gillman Moorhead was re-elected President and Dr. W. J. Dargan Vice-President.

The following were re-elected censors for the coming year: medicine, Dr. Geoffrey Harvey and Dr. Marshall; medical jurisprudence and hygiene, Dr. Dargan; midwifery, Dr. FitzGibbon.

The following officers were re-elected: representative on the General Medical Council, Sir John Moore; treasurer, Dr. H. Bewley; registrar, Dr. Kirkpatrick; librarian, Mr. R. Phelps.

The following were elected representatives on the committee of management under the conjoint examination scheme: Sir John Moore, Dr. Kirkpatrick, and Dr. Winter.

The following were elected Fellows: Drs. U. P. Basu, C. C. Coghlan, D. Moriarty, R. H. J. M. Corbet, G. S. Smyth, and H. F. Moore.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

The following out of ninety-eight entries having passed the requisite examinations have been admitted Fellows:

R. L. Beveridge, R. E. Bridge, F. A. Brockenshire, J. Brown, A. L. Bryant, G. G. Campbell, E. C. Chitty, J. Crowther, A. Dickson, F. G. D'Souza, G. B. Flint, G. Griffith, J. G. Harrower, A. W. S. Hay, H. B. Hough, C. A. Hutchinson, G. V. Joglekar, H. A. Kidd, E. W. Kyle, R. B. McClure, W. McElmoyle, J. A. McLaughlan, G. H. Marshall, D'A. H. Moir, R. E. M. Pilcher, R. W. Scanlon, R. Shanker, A. D. Smith, A. G. Sweetapple, G. G. C. Taylor, V. J. M. Taylor, M. B. Thakore, J. Vaughan-Bradley, A. W. McC. White.

The Services

Major F. M. Collins, M.B., F.R.C.S., R.A.M.C., has been appointed surgeon to the Viceroy of India.

DEATHS IN THE SERVICES

Major-General Lawrence Humphry, C.B., C.M.G., late of the R.A.M.C., and of Stede Court, Biddenden, Kent, died at Quetta on October 5th, aged 56. He was born on August 30th, 1875, the son of Mr. F. A. Humphry, was educated at Guy's, and took the M.R.C.S. and L.R.C.P.Lond. in 1898. Entering the R.A.M.C. as lieutenant on January 28th, 1899, he became lieutenant-colonel in the long war promotion list of March 1st, 1915, brevet-colonel on June 3rd, 1919, colonel in 1924, and major-general on December 20th, 1927, when he was appointed D.D.M.S. of the Western Command in India, with headquarters at Quetta. He served in South Africa for three years, 1899-1902, taking part in operations in the Orange River Colony and in Cape Colony, and received the Queen's medal and King's medal, with two clasps to each. He also served throughout the war of 1914-18, when from 1917 to 1919 he was A.D.M.S. of the 40th Division in France, was mentioned in dispatches three times, in the *London Gazette* of November 5th, 1915, July 13th, 1916, and May 25th, 1918, and received the C.M.G. in 1916, and a brevet-colonelcy in 1919. On November 24th, 1927, he was appointed an honorary surgeon to the Viceroy, and received the C.B. on January 1st, 1931. In 1908 he married Phyllis, daughter of Dr. Watson Griffin of Crowborough.

Surgeon Captain Ramsey Martyn Richards, R.N. (ret.), of Betworth, Exmouth, died after an operation on September 4th, aged 56. He took the M.R.C.S. and L.R.C.P.Lond. in 1898, entered the Navy soon after, attained the rank of surgeon commander on May 13th, 1912, and retired with an honorary step of rank on October 15th, 1924. He served throughout the war of 1914-18.

Surgeon Lieutenant Harry Lee Duncan, R.N., was drowned at Kiukiang, on the Yangtze River, on September 1st. He was educated at Aberdeen, where he took the M.B. and Ch.B. in 1922, and entered the Navy on July 2nd, 1926. He served for some time in the Mediterranean on H.M.S. *Eagle*, an aircraft carrier, but at the time of his death was serving on the gunboat *Mantis*.

result of which its accommodation rose from 770 beds at the time he rejoined as superintendent in 1881 to 1,100 at the time of his appointment, in 1898, as Commissioner in Lunacy. He had a strong conviction of the value of occupation, and claimed that fully 70 per cent. of his patients were usefully employed in one way or another. It was often Cooke's lament, later on as a Commissioner, that in these matters of occupation, of amenities and comforts in the wards, of amusements, of the maintenance of a good band and a well-trained choir, many mental hospitals are not so enthusiastic as they once were. At the end of sixteen years as superintendent at Powick Cooke's strenuous efforts on behalf of his hospital and its patients, and the resultant high standard of efficiency, were rewarded. The Committee of Visitors, upon their own initiative, decided to add £300 a year to his salary, and passed a resolution in which they added a rider to the effect that they wished thus to testify that, in their opinion, they possessed a superintendent second to none in the Kingdom. As this signal mark of favour was publicly announced, it cannot have occasioned surprise when the post of Commissioner in Lunacy, vacant early in 1898 by the death of Dr. J. A. Wallis, was offered to Dr. Cooke.

It is less easy to indicate Cooke's work and views as a Commissioner than as a superintendent, because so much of it all, in his case, is innominate and merged in the Board's corporate activities. Cooke was not an innovator: he preferred to abide by the well-tried measures and arrangements upon which his matured experience had taught him to rely. He was, however, immediately interested in any new suggestion which might advance the treatment of mental disorder, and, if often enough benevolently sceptical as to its ultimate value, he was always ready to encourage its trial. In April, 1914, along with the other members of the Lunacy Commission, he became a Commissioner of the Board of Control, under the provisions of the Mental Deficiency Act of the previous year. Then came the war and the Board's initiation of "The Asylum War-Hospital Scheme," to carry which into effect, and, with the help of the local authorities, to develop it, Cooke's whole-time services, along with those of one of his colleagues, were lent to the War Office from March, 1915, to November, 1916. Under this scheme, twenty-four well-equipped war hospitals, providing over 31,000 beds, were arranged; and there were treated in these hospitals some 480,000 cases. For a man aged 63, Cooke's enthusiasm and energy in connexion with this scheme were remarkable, as were his resourcefulness and fertility of suggestion. From November, 1916, to July, 1918, Cooke acted as chairman of the Board of Control; during the time the then chairman, Sir William Byrne, served as Under Secretary to the Lord Lieutenant of Ireland.

It was in 1918 that, for his war services, as well as for forty-three years spent in the service of the public and as a Commissioner, he was created a K.B.E. Sir Marriott Cooke resigned in August, 1921, and on the following day the King appointed him an Honorary Commissioner. He continued regularly to attend meetings of the Board, as well as to pay occasional official visits, up to the coming into operation, on January 1st, 1931, of the Mental Treatment Act, under which authority for the appointment of honorary members of the Board ceased to exist. In that month his colleagues entertained him to dinner in order to mark both the affectionate esteem in which they had held him, and their sense of his devotion to the cause of those suffering from mental disorder, during his long period of public service, which had extended to fifty-six years.

H. B.

THE LATE DR. MANWARING-WHITE

A correspondent in Lancashire writes: With your permission I would add a few words to the obituary notice of the late Dr. R. Manwaring-White, published in the *Journal* of October 24th. He was one of those men whom one can hardly imagine outside the ranks of the medical profession, so fitted he was by temperament and character for the services which the public needs in ill-health. He had the type of mind that is satisfied by nothing less than an exact diagnosis, and his surgical work, which was his chief interest, was technically skilful, and always careful and judicious. Above all, he was devoted to the needs of his patients, and his real pleasure in life was that of fulfilling those needs. Reference is made in your notice to his critical attitude in matters of medical politics, and I think that the remark is a true one, but in the twenty-five years I knew him I never heard him criticize adversely the conduct of an individual. He was a man of definite opinions, but his charity and patience seemed to his friends inexhaustible, and this, I think, was the chief characteristic of his work and life.

The death of Mrs. MARGARET LAMONT (née Margaret Traill Christie) at Port Said last August, following an operation for acute appendicitis, brought to an end a life of very varied experience. After a brilliant student career at Bedford College and the London (Royal Free Hospital) School of Medicine for Women she graduated M.B., B.S. of the University of London in 1895. In the following year she went to India on special plague duty, and later took charge of the Dufferin Hospital at Calcutta; it was while there that she married and was received into the Roman Catholic Church. She obtained the M.D.Lond. degree in 1897, and also the Cambridge D.P.H. After some wanderings Dr. Lamont settled in Shanghai, and recently her home was in Durban, where her two married daughters now reside. The subject of medical missions always occupied the chief place in her interests, and it was when travelling for this cause that she was overtaken by her last illness.

Medical News

The twelfth Maudsley Lecture will be delivered before the Royal Medico-Psychological Association by Sir Hubert Bond in the Great Hall of the British Medical Association House, Tavistock Square, on Tuesday, November 24th, at 3 p.m. Psychiatrists and other medical practitioners, psychologists, and members of the legal profession, teachers and students, and all interested in mental welfare are cordially invited. Admission without ticket.

The annual dinner of past and present students of the Leeds School of Medicine will be held in the Hotel Metropole, Leeds, on Thursday, November 12th, at 6.30 for 7 o'clock, under the presidency of Dr. G. B. Hillman.

At the meeting of the Pharmaceutical Society of Great Britain, to be held at 17, Bloomsbury Square, W.C., on Tuesday, November 10th, an address will be given by Sir William Willcox on "The practical relationship of bacteriology to pharmacy, and its influence on the curriculum." The president will take the chair at 8.30 p.m.

At the meeting of the Medical Society of Individual Psychology to be held on November 12th Dr. Vere Pearson will speak on individual psychology of phthisis. On December 10th Dr. F. G. Crookshank will discuss physical findings in psychological neurosis. The annual dinner of the society has been arranged for January 14th, 1932, and further meetings will be held at 11, Chandos Street, W., on the second Thursday of each month until July.

A meeting of the Metropolitan Branch of the Society of Medical Officers of Health will be held at Milborne St. Andrew, Blandford, Dorset, on Thursday, November 5th, at 12.30 p.m., when the Bladen Dairies will be inspected, at the invitation of Sir Ernest Debenham.

At a meeting of the Royal Sanitary Institute to be held at 90, Buckingham Palace Road, S.W., on Tuesday, November 10th, at 6 p.m., a discussion on "The London County Council Drainage By-laws" will be opened by Dr. William Butler, Medical Officer, General Purposes, London County Council.

The Fellowship of Medicine and Post-Graduate Medical Association announces that the following special courses will begin on November 2nd: proctology at Gordon Hospital for one week, with afternoon clinics (fee £1 1s.); medicine, surgery, and gynaecology at the Royal Waterloo Hospital for three weeks, with morning and afternoon work (fee £3 3s.); neurology at the West End Hospital for Nervous Diseases for four weeks, daily at 5 p.m. (fee £2 2s.). Special courses to the end of the year are as follows: ophthalmology at the Royal Westminster Ophthalmic Hospital, November 9th to 28th, occupying every afternoon (fee £4 4s.); diseases of the chest, at the City of London Hospital, Victoria Park, from November 16th to 28th, morning and afternoon clinics (fee £2 2s.); venereal diseases at the London Lock Hospital, every afternoon and evening, November 16th to December 12th (fee £2 2s.); diseases of infants at the Infants Hospital, every afternoon, November 30th to December 12th (fee £3 3s.); proctology at St. Mark's Hospital, November 23rd to 28th, all day (fee £3 3s.); dermatology at the Blackfriars Skin Hospital, afternoons, November 30th to December 12th (fee £1 1s.). M.R.C.P. evening lectures are as follows: November 9th and 11th, Dr. Maurice Cassidy, "Prognosis in heart disease"; November 16th, Dr. Roodhouse Gloyne, "The clinical pathology of tuberculosis"; November 18th and 23rd, Dr. W. J. Adie, "Diseases of the nervous system." These lectures will be given at 8.30 p.m. at 11, Chandos Street, Cavendish Square. In connexion with this course Dr. Knyvett Gordon will give two lecture-demonstrations, "Anaemia" and "Leukaemia," at 10, Bedford Square, at 8.30 p.m., on November 25th and 27th. (Fee for each lecture, 10s. 6d., payable to the Fellowship in advance or at the lecture room.) A free lecture on "Gastric and duodenal ulcer" will be given by Lord Moynihan on November 11th, at 4 p.m., at 11, Chandos Street. Other lectures of this series will be given by Sir Henry Gauvain, Mr. Tudor Edwards, and Mr. Cecil Joll. Copies of syllabuses of all courses, lectures, and demonstrations may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1.

The next election to the Grocers' Company Research Scholarships, awarded with the object of encouraging original research in sanitary science, will take place in May, 1932. They are of the value of £300 each, with an allowance to meet the cost of apparatus and other expenses in connexion with the work. The award is for one year, but renewable for a second or third year. Forms of application and further information can be obtained from the clerk to the Grocers' Company, Grocers' Hall, London, E.C.2.

The sixth annual congress of French-speaking psychoanalysts is being held in Paris on October 30th and 31st. The papers include one by Dr. G. Parchemey on the hysteria of conversion, and another by Mme Jouven-Vercheron on hysteria from the psychiatric standpoint.

The eighth Voyage Médical International on the Riviera, organized by the Société Médicale du Littoral Méditerranéen, will take place from December 26th to January 9th, under the presidency of Professor V. Balthazard, doyen of the Faculty of Medicine of Paris, and under the leadership of Professors Laignel-Lavastine and Emile Duhot. The principal places to be visited are Marseilles, Aix-en-Provence, Hyères, St. Raphael, Cannes, Juan-les-Pins, Nice, Menton, Monaco, Monte Carlo, San Remo. Further information may be had from the Federation of the Health Resorts of France, Tavistock House (North), Tavistock Square, W.C.1.

The dedication stone of the new Freemasons' Hospital and Nursing Home at Ravenscourt Park, London, W., will be laid next year by the Duke of Connaught, Grand Master of English Freemasons. The new hospital, to replace the present building in Fulham Road, will have 180 beds. A medical consultative committee, with Sir D'Arcy Power as chairman, has been appointed to advise the trustees on matters relating to equipment.

The twenty-second annual exhibition of electrical, optical, and other physical apparatus is to be held by the Physical Society and the Optical Society on January 5th, 6th, and 7th, 1932, at the Imperial College of Science and Technology, South Kensington. As on previous occasions, there will be a trade section and a research and experimental section. The section for the work of apprentices and learners is to be continued.

A congress for the study of traumatism in the mining industry was held at Stalino (Ukraine) on October 20th, when the following subjects, among others, were discussed: (1) traumatism and national economy; (2) statistics of industrial accidents; (3) the human factor in traumatism; (4) the role of subterranean medical posts in the campaign against traumatism; (5) organization of medical help; (6) sanitary instruction.

Sir William Henry Goschen has been appointed chairman of the committee of the London Hospital in succession to the late Viscount Knutsford.

The League of Nations has accepted the proposal of the Brazilian Government to erect, at Rio de Janeiro, an international institution for the investigation of leprosy.

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.

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QUERIES AND ANSWERS

Cervical Adenoma

"CUTIS VERA" would be glad to know of any treatment for multiple soft adenoma, with slight pigmentation, about the base of the neck and shoulders. The condition is of long standing, and may have been caused by a former mild but chronic seborrhoea of the scalp.

Alopecia Areata

"AREA" writes: I have a case of alopecia areata in a girl of 14 about which I would like the help of your readers. It has existed for some years, and she went to the skin department of the neighbouring general hospital in 1928. The lotion prescribed was the usual lotio hydroarg. perchlor., and has done no good. The top of the head is bald, except for a tuft like a Chinaman's queue. The hair over the ears and in the front is quite thick.