

the regulations for quarantinable diseases being enforced and free pratique at ports being withheld. Whatever view is held as to whether typhus and Brill's disease are varieties of the same infection or are different diseases presenting similarities, there should be no necessity for including the latter among the quarantinable diseases if the evidence regarding the method of its spread is accepted, as there is no likelihood of a virulent epidemic arising. Brill's disease might be made notifiable at ports in a similar way to measles, scarlet fever, venereal disease, etc., when the *Q* and not the *L* flag is flown on entering port.

4. There does not seem to be any authoritative statement as to how long after recovery a patient who has once suffered from typhus or Brill's disease will give a positive Weil-Felix reaction. This point might arise in a case of pyrexia in which the Weil-Felix reaction, done as a routine, is found to be positive, and in which the patient has been abroad and may have had a mild attack of Brill's disease that was undiagnosed at the time.

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- <sup>2</sup> Anderson and Goldberger: Public Health Reports, Public Health and Marine Hospital Service, Treasury Department of U.S.A., 1909 and 1910.
- <sup>3</sup> *Etiology and Pathology of Typhus*. Report of Typhus Research Commission of the Red Cross Societies to Poland, 1922.
- <sup>4</sup> Brill: *Amer. Journ. Med. Sci.*, 1910 and 1911.
- <sup>5</sup> Fletcher and Lesslar: *Bulletins for the Institute of Medical Research, Federated Malay States*, No. 2 of 1925.
- <sup>6</sup> Hone: *Med. Journ. Australia*, August, 1927.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### TREATMENT IN PERNICIOUS ANAEMIA

The striking success which in recent years has been obtained by feeding patients suffering from pernicious anaemia with liver in some of the many available forms, or more recently by some extract of the stomach mucosa, leaves us still in ignorance of the actual cause of the disease. Some cases, which at first dramatically improve, after a time relapse, and the increased anaemia and asthenia are not then benefited to the same extent—possibly not at all—by liver or stomach feeding. The question, therefore, is, Why is it so?

It appears that in giving liver we are supplying a "something" to the patient which an animal normally has in that wonderful warehouse—its liver. If we assume that the liver itself does not manufacture this "something," but rather *stores* it, this possibly explains why we get better results clinically by varying our methods of administering liver and by altering the brand of the preparation of liver extract; because on this assumption we can recognize that the animal's storehouse (liver) may be poorly stocked with the "something"—even in a normal, healthy animal—at the time of killing to procure the extract. This something is possibly an amino-acid.

Now the gastric mucosa has been found to be of value in replacing liver; this "something" can therefore be probably found in the stomach and stored in the liver. In the American medical press it has been recorded that beef muscle, incubated with normal healthy human gastric juice, has been found to be a substitute for liver treatment, whereas feeding with normal gastric juice alone was found ineffective.

I venture to record the following case of feeding with beef muscle and gastric juice, which succeeded dramatically for a time, so that this procedure may receive trial by those in charge of refractory cases of pernicious anaemia.

## CASE HISTORY

A male patient, aged 61, was sent to me last July by Dr. Ainsley Hawes—an advanced case of pernicious anaemia.

The patient had benefited wonderfully on liver and ventriculin, and had received a blood transfusion on eight occasions. Recently, however, he had rapidly relapsed, was extremely weak and ill, with constant vomiting, and was taking little interest in his surroundings. His liver and spleen were both enlarged—the spleen could be felt three inches below the costal margin. He begged for another transfusion. Realizing that it would be of only very temporary benefit alone, I consented on the condition that this temporary improvement should be utilized for an active attempt at treating the disease as well. Stating this to the relations, I had no difficulty in getting the patient's daughter-in-law to offer to provide the gastric juice daily.

Immediately after the transfusion, which picked him up rapidly, he was given glucose and 15 units of insulin; shortly after, he received 2 oz. of pounded beef muscle, which had been incubated for three hours with 2 oz. of gastric juice, aspirated two hours after the donor had taken an egg beaten up in milk. This was repeated daily, and also insulin with glucose twice a day. The improvement was dramatic; he became active in mind, the vomiting entirely ceased, and the spleen got smaller in two days, at the end of the week being hardly perceptible. After ten days he went home to continue the gastric-juice-beef diet and improved continuously for a month. Then he had a bilious attack, disliked the diet, and it was discontinued. Since then I hear he is going downhill again rapidly.

I have urged, as the donor is perfectly willing to resume, that the treatment should be started again surreptitiously, and that the meat should be varied—mutton, chicken, veal, or rabbit muscle—so that the disguise may be complete.

The value of giving glucose and insulin as a general tonic in many grave conditions to tide over a critical period is as yet hardly sufficiently appreciated.

Consideration of this case emphasizes the point of view that pernicious anaemia is a deficiency disease, the "something" being contained and made by the action of gastric juice of a healthy person acting on the beef muscle at body heat. Obviously beef muscle does not contain it. The liver then stores this "something" and supplies it, when necessary, to the blood-forming system.

In conclusion, the young lady rapidly learned to pass the tube on herself, and to aspirate her gastric juice perfectly easily with the aid of a mirror; she is quite ready to continue her daily gift for an indefinite period. I hope to add to this preliminary report at a later date.

Leicester.

ASTLEY V. CLARKE.

#### HERPES ZOSTER AND ENCEPHALITIS

The following case is, I think, of sufficient interest to be worth publication.

On August 10th, 1931, a married woman complained of severe pain extending from above the left orbit to the top of the head; there was no pain on the right side. She also had mild conjunctivitis of the left eye. Five days later the typical rash of herpes zoster developed above the left eye, and extended through the hair to the top of the head. The conjunctiva was now very injected; there was ptosis of the left upper eyelid, and typical ophthalmic zoster.

On September 6th she complained of weakness in her left arm, and of inability to grip with the hand, or brush her hair. On examination, the left leg was also found to be weak, but there was no exaggeration of the knee-jerk, and Kernig's sign was absent. There is no keratitis of the left eye so far. She eventually developed a left-sided hemiplegia.

I noticed in the *Epitome* of September 12th (para. 197) that André-Thomas and J. B. Buvat had recorded a very similar case. They stated that among the numerous nervous manifestations in patients with herpes zoster hemiplegia was one of the most frequent, especially in ophthalmic zoster, but that the relation between the two had not always been firmly established.

Southwaite, Carlisle. A. G. MACGILLIVRAY, M.B., Ch.B.

Blaenau Festiniog as partner with the late Dr. Robert Roberts. He took a prominent part in the public life of Merioneth, having been appointed a justice of the peace, a member of the county council, and medical officer of health for Blaenau Festiniog. He removed to Llandudno in 1920, where he became popular with all sections of the community. He was a member of the North Carnarvon and Anglesey Division of the British Medical Association, and was an ex-president and for many years a member of the council of the North Wales Branch. He was representative of his Division at the Annual Meeting of the Association in Oxford in 1904. Dr. Richard Jones was medical officer of the Lady Forester Home, Llandudno, surgeon to the Sarah Nicol Cottage Hospital, Llandudno, and medical referee under the Workmen's Compensation Act. In 1929-31 he was a member of the Ministry of Health's joint advisory committee on disciplinary procedure.

Dr. F. C. FOSBERY, formerly of Bath, died on October 29th, aged 59. He received his medical education at the Bristol Royal Infirmary and St. Thomas's Hospital, and took the qualifications of the English Conjoint Board in 1894, and the degree of M.D.Brux. in 1899. After holding several house appointments he entered a partnership at Bath in 1900, and continued to practise there until a few months ago, when he retired through ill-health and went to live at Freshford. He was at one time public vaccinator of the Bath urban district, and assisted in the formation of the Bath Ante-natal Clinic, which he conducted until it was merged with the City Health Department. Dr. Fosbery was a member of the Bath Division of the British Medical Association, and was for some years treasurer of the Bath Panel Committee. During the war he was in medical charge of the Belgian refugees and of the Belgian convalescent soldiers in Bath, as well as medical officer of the V.A.D. Hospital at Rock House, Lansdown, and to the local branch of the W.A.A.C.

Dr. ISMAY BANNERMAN, who died on November 2nd, studied medicine at Edinburgh, and after graduating M.B., Ch.B., acted as house-surgeon at the Royal Infirmary. He then assisted his father, Dr. James Bannerman, in country practice at Stanhope in Weardale, where he was greatly liked by all his patients. Recently he joined the R.A.F.M.S., and was undergoing training at Halton Camp preparatory to foreign service. On October 29th he met with a severe motor accident. He was promptly conveyed to the R.A.F. Hospital, and there succumbed four days later, despite the most unremitting efforts of the staff.

The following well-known foreign medical men have recently died: Dr. LORTAT-JACOB, physician to the Hôpital Saint Louis, Paris; Dr. JOHN A. FOOTE, a Washington paediatricist, aged 56, of coronary thrombosis following influenza; Professor S. J. ZLATOGOROFF, a Leningrad bacteriologist, aged 58; Dr. AUGUST FOREL, the eminent Swiss psychiatrist and sociologist, and author of works on alcoholism, hypnotism, the sexual question, and the social world of the ants, aged 83; Dr. PAOLO DE VECCHI of New York, the oldest and most representative Italian practitioner in the United States, aged 84; Dr. DUJARIER, surgeon to the Hôpital Boucicaut, Paris; Dr. JOHN OSBORN POLAK, professor of obstetrics and gynaecology, Long Island College Hospital, aged 61, of heart disease; Lieut.-General ERNEST WIBIN, inspector-general of the Health Service of the Belgian Army; Dr. LOUIS VILAIN, a prominent Brussels surgeon, aged 61; Dr. LEONARD NAPOLEON BOSTON, professor of physical diagnosis in the University of Pennsylvania, aged 60, of erysipelas; CHARLES ALLEN PORTER, emeritus professor of surgery at Harvard University, aged 64, of carcinoma of the stomach; Dr. J. B. SHELMIER, an eminent Dallas dermatologist, aged 73; and Dr. EUGEN LYMAN FISK, a pioneer in advocating the periodical examination of healthy persons by life insurance societies.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

#### *Pinsent-Darwin Studentship in Mental Pathology*

An election to this studentship will be made next month. The studentship is of the annual value of not less than £200, and is tenable for three years. The student must engage in original research into any problem having a bearing on mental defects, diseases, or disorders, but may carry on educational or other work concurrently. Applications for appointment to the studentship should be sent before December 5th to the secretary, Pinsent-Darwin Studentship, Psychological Laboratory, Cambridge. Applicants should state their age and qualifications, and the general nature of the research that they wish to undertake. No testimonials are required, but applicants should give the names of not more than three referees.

At a congregation held on November 7th the following medical degrees were conferred:

M.B., B.CHIR.—R. B. Mayfield, G. H. G. Southwell-Sander, W. H. Poole.  
M.B.—W. J. Wilkin.  
B.CHIR.—D. Divine.

### UNIVERSITY OF LONDON

Lord Irwin, the late Viceroy of India, and Lord Moynihan, President of the Royal College of Surgeons of England, have been nominated for the Chancellorship of the University of London in succession to Earl Beauchamp, who recently resigned. The election will take place on January 19th.

The following have been recognized as teachers of the University in the subjects indicated, and assigned to the Faculty of Medicine: St. Bartholomew's Hospital Medical College, Drs. Geoffrey Bourne and F. G. Chandler (medicine), Mr. F. C. W. Capps (oto-rhino-laryngology); Westminster Hospital Medical School, Mr. Walter H. Coldwell (radiology); London Hospital Medical College, Dr. Kenneth H. Tallerman (diseases of children—paediatrics); Middlesex Hospital Medical School, Mr. Arthur E. W. Idris (anaesthetics); London (R.F.H.) School of Medicine for Women, Miss Geraldine M. Barry (surgery); St. Mary's Hospital Medical School, Dr. Thomas C. Hunt (medicine).

The Ph.D. degree in hygiene in the Faculty of Medicine has been conferred upon Stephen L. Baker (Middlesex Hospital Medical School) for a thesis entitled "A study of the filterable sarcomas of the fowl."

The Vice-Chancellor has appointed the following additional examiners and associate examiners in obstetrics and gynaecology required for the M.B., B.S. examination in November: Examiners: D. W. Roy, J. D. Barris, and F. J. Browne. Associate Examiners: S. Dodd, W. Gilliatt, and F. Cook.

Presentation Day has been fixed for May 12th, 1932.

After the year 1932 Foundation Day will be celebrated on the Thursday preceding the fourth Monday in November.

The Brown Institution Lectures for 1931 on "The future of bacteriological research" will be delivered at the Royal College of Surgeons of England by Mr. F. W. Twort, superintendent of the Brown Institution, on December 2nd, 4th, 7th, 9th, and 11th, at 4 p.m.

Applications for appointment to the chair of medicine, tenable at St. Thomas's Hospital Medical School (salary £2,000 a year), should be received by the Academic Registrar by November 26th.

Applications for the Geoffrey E. Duveen travelling studentship in oto-rhino-laryngology, and for grants for promotion in research in the subject, should be sent on prescribed forms to the Academic Registrar by December 31st, 1931. The studentship, which is of the value of £450, is awarded annually, but its tenure may be extended. Grants may also be made from the trust fund of the benefaction for promotion of research in oto-rhino-laryngology. Full particulars can be obtained on application to the Academic Registrar at the University, South Kensington, S.W.7.

### UNIVERSITY OF LIVERPOOL

#### *Mitchell Banks Lecture*

By invitation of the Council, Senate, and Faculty of Medicine Sir Robert Jones, Bt., lecturer in orthopaedic surgery in the University, will deliver the William Mitchell Banks Memorial Lecture, 1931, on "The problem of the stiff joint," on Thursday, November 19th, at 4 p.m. The lecture, which will be illustrated by lantern slides, will be given in the surgical theatre, the Medical School, and is open only to members of the medical profession.

## UNIVERSITY OF GLASGOW

A graduation ceremony was held on November 7th, when Principal R. S. Rait presided and conferred the degrees. The honorary degree of Doctor of Laws was conferred on Dr. John Glaister, formerly professor of forensic medicine in the University.

The degree of M.D. was conferred on S. R. Leighton.

ROYAL COLLEGE OF PHYSICIANS OF  
EDINBURGH

A quarterly meeting of the College was held on November 3rd, when the President, Sir Norman Walker, was in the chair. Dr. T. D. Inch, O.B.E., M.C. (Gorebridge) and Dr. E. R. C. Walker (Aberdeen) were introduced, and took their seats as Fellows. Dr. J. D. A. Gray (Liverpool), Dr. J. G. McCrie (Edinburgh), and Dr. D. N. Nicholson (Edinburgh) were elected Fellows.

The Hill Pattison-Struthers Bursary in anatomy and physiology was awarded to Norman Macdonald, and the Wood Bursary to Alastair W. Wright.

A certificate of qualification to lecture was conferred upon Dr. Donald Stewart.

At an extraordinary meeting, held immediately after the quarterly meeting, it was decided to offer the Honorary Fellowship of the College to John Wheeler Dowden, President of the Royal College of Surgeons of Edinburgh.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS  
OF GLASGOW

At the annual meeting of the Royal Faculty of Physicians and Surgeons of Glasgow the following office-bearers were elected for the ensuing year: President, Mr. R. Barclay Ness; Visitor, Dr. J. M. Munro Kerr; Honorary Treasurer, Mr. J. H. MacDonald; Honorary Librarian, Dr. E. H. L. Oliphant; Representative to the General Medical Council, Mr. G. H. Edington.

In demitting office the retiring president, Dr. John F. Fergus, gave a handsome donation to the Benevolent Fund of Faculty. He also took the opportunity of presenting to the Faculty a silver inkstand, a replica of that in the House of Commons. The stand has engraved upon it the arms of the Faculty and, on the obverse of the lid, an inscription "To the Faculty, Beloved and held in honour by Andrew Fergus, President, 1874-77 & 1883-1886, A. Freeland Fergus, President, 1918-1921, John F. Fergus, President, 1929-1931, from J. F. F. 1931."

## Medico-Legal

CHARGE OF MANSLAUGHTER BY NEGLIGENCE:  
ACQUITTAL OF MEDICAL MAN

At the Manx Sessions at Douglas, before Deemster Farrant and a jury, on October 30th and 31st and November 2nd, Dr. William John Dearden of Ramsey was tried on a charge of manslaughter by neglect of a patient, the wife of a labourer, who died during childbirth. The jury returned a verdict of "Not guilty." The case arose out of inquest proceedings.

The Crown prosecution alleged that Dr. Dearden had caused the woman's death owing to his neglect during her confinement, as, after visiting her when a difficult labour was beginning, he did not return, although sent for on several occasions. The woman was in labour for forty-four hours before her death. On the medical testimony brought forward by the prosecution it was shown that, when further medical help was called in, a shoulder presentation was discovered, and normal delivery could not take place. The Manx Attorney-General quoted authorities to show that, if left unassisted, an impacted shoulder meant very grave risk to the mother. He said that if a person of special knowledge, such as a doctor, did not take the ordinary precautions that should be taken, with the result that the person died, he must meet the consequences of the law. It was possible to be as criminal by doing nothing as by levelling a revolver at a person's head. Dr. Dearden had the responsibility of the normal duty expected of a doctor, and did nothing.

For the defence it was argued that Dr. Dearden did all that he could have done. He had visited the case on the day of the confinement, and had found everything pro-

gressing normally, though slowly. There was not the slightest evidence for an insinuation on the part of one of the witnesses—the mother of the deceased, herself a nurse—that he was not sober; he had had only one small whisky on the day in question. On that day he had attended several other urgent cases, and his movements were fully on record. He was awaiting a further summons to the case, but none came. On the following morning he was informed by a relative of the woman that two other doctors were in attendance, and so he concluded that his help was no longer needed. There was no evidence of malpresentation at the time he saw the patient.

Dr. Dearden, in evidence, said that he was engaged in April last to attend the confinement. On June 19th he was called to the patient in the early morning, when he found no sign of labour pains. He stayed at the house for an hour and a half, and returned later, and again stayed, by which time there were still no pains that could be called labour pains, and so he went on his round of visits, confident that everything was going on well. He returned later in the afternoon, and found no change in the patient's condition; she had not reached the second stage of labour, and the presentation was still normal. On arriving home late at night from a professional visit he again went to the house, but finding everything shut up and the lights lowered, and receiving no answer to his slight knock, he concluded that all was quiet, and went away. Neither he nor his family heard any bell that night. He was unable to understand how what was a normal presentation on the previous afternoon could have become a shoulder presentation early the next morning, though if the child was dead, as was the case, he thought there was more likelihood of such a change. He admitted in cross-examination that when asked to take on the case he was told that a previous confinement had been very difficult, and that the woman had been warned not to have any more children, but he did not think it necessary to make an ante-natal examination; however desirable that might be, it was not done on the island. He had attended the patient some time previously for heart trouble, and had prescribed for her in the street; she was a very bad heart case.

After Dr. Dearden's evidence had concluded, although the defence announced that it had further evidence as to his sobriety and as to his movements on the critical day, the jury announced that they were satisfied on those points, so that no further evidence was necessary. Further medical evidence was also available on behalf of the defendant, but this was not tendered, and the case for the defence closed.

After concluding speeches, the Deemster, in summing up, quoted the opinion expressed by Lord Chief Justice Hewart in the Court of Criminal Appeal in 1925 (*Rex v. Bateman*, *British Medical Journal*, 1925, i, 1022), that no matter how many acts of negligence the jury might think a doctor had committed, the negligence must be of such a character as to be gross, or to show such disregard for the life and safety of others as to amount to a crime against the State. As to whether there was shoulder presentation in the afternoon, at the time Dr. Dearden last saw the deceased, no one could say except the mother, who had stated that she had made an examination then and had found a shoulder presentation, but that had not been stated in the previous proceedings. The defendant had to be judged, not by the elevated standard of a specialist, but by that of an ordinary skilled practitioner. If there was a shoulder presentation and the doctor went away without doing anything and did not come back, then there was a case of gross negligence; but if the doctor had come to the conclusion, even though erroneously, that the woman was suffering from uterine inertia, and not malpresentation, then the evidence of negligence must be regarded as very remote. The difficult point the jury had to consider was whether it was necessary for the doctor at his last visit to have made a further examination so that the malpresentation might have been discovered. If there was any doubt about their conclusion they should give the defendant the benefit.

The jury, after an absence of half an hour, returned a verdict of "Not guilty." The Deemster, addressing Dr. Dearden, said: After a long and careful trial you have been discharged by a jury of your fellow countrymen. They have found you "Not guilty," and I have pleasure in congratulating you on the verdict.

## Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The King opened the new Parliament on November 10th. No health legislation was forecast in the Speech from the Throne. Joining in the debate on the Address in the House of Commons on the same day, Mr. Lansbury, as Leader of the Opposition, remarked that the Prolongation of Insurance Act would lapse at the end of 1931, and that if nothing were done many unemployed persons would lapse from National Health Insurance—as well as forfeit pensions rights. He asked the Government to state its intention in the matter.

Mr. MacDonald said he hoped this part of the session would be short. The Expiring Laws Continuance Bill would have to be dealt with, and the question of the prolongation of insurance had not been overlooked. The Minister of Health had the matter in hand, and if a question was asked at the end of this week or the beginning of next week the House would be informed what the Government proposed to do.

The Parliamentary Medical Committee will be reconstituted at an early date.

Appointments announced on November 11th included that of Dr. Walter Elliot as Financial Secretary of the Treasury, a post he held before the General Election, and of Mr. Ernest Brown as Parliamentary Secretary to the Ministry of Health.

## The Services

### DEATHS IN THE SERVICES

Colonel Frederick James Greig, C.M.G., late R.A.M.C., died at Seaford, Sussex, on October 6th, aged 68. He was born in London on February 3rd, 1863, and was educated in the Medical School of the Royal College of Surgeons, Ireland, taking the L.R.C.S.I. in 1884 and the L.R.C.P.Ed. in 1885. Entering the Army as surgeon on August 1st, 1885, he became lieutenant-colonel after twenty years' service, and retired on August 26th, 1905. After retirement he was employed at Stirling, where he became senior surgeon of Stirling Royal Infirmary and honorary consulting surgeon to the Royal Victoria School, Dunblane, and also a J.P. for Stirling County. He served on the North-West Frontier of India in the Hazara campaign of 1891 (medal with clasp); in the Miranzai campaign of 1891 (clasp); and in the South African war in 1899-1900, when he took part in the relief of Kimberley, and in operations in Orange River Colony, including the actions at Paardeberg, Poplar Grove, and Driefontein, receiving the Queen's medal with three clasps. He rejoined for service in the war of 1914-18 on August 31st, 1914, was promoted to colonel on July 4th, 1915, and served as A.D.M.S. of the 36th Ulster Division, being mentioned in dispatches in the *London Gazette* of January 4th and May 29th, 1917, and receiving the C.M.G. in 1917. After the war he was employed as superintendent of the Ministry of Pensions Hospital at Newcastle-upon-Tyne. He married Isabella, daughter of the late James K. Morton, and leaves a widow and one daughter.

Colonel Frederick James Morgan, C.M.G., C.B.E., late R.A.M.C., died at Putney on September 30th, aged 69. He was born in London on June 21st, 1862, was educated at Westminster Hospital, and took the M.R.C.S. and L.R.C.P. Lond. in 1886. Entering the Army as surgeon on February 5th, 1887, when he passed first into Netley, he became lieutenant-colonel on May 12th, 1911, and colonel in the long war promotion list of March 1st, 1915, retiring on June 21st, 1919. He served in the South African war, 1900-2, when he took part in operations in Cape Colony; in the Orange Free State, including the actions at Paardeberg, Poplar Grove, Karee Siding, Vet River, and Zand River; and in the Transvaal, including actions at Johannesburg and Pretoria; was mentioned in dispatches in the *London Gazette* of April 16th, 1901, and received the Queen's medal with three clasps and the King's medal with two clasps. In the war of 1914-18 he served as an A.D.M.S., and subsequently as D.D.M.S., was mentioned in dispatches in the *London Gazette* of June 15th, 1916, January 4th, 1917, and May 25th, 1918, and received the C.M.G. and C.B.E.

## Medical News

The annual dinner of the Yorkshire Aberdeen Graduates' Association will be held at the Midland Hotel, Bradford, on Friday, November 20th. Lieut.-Colonel David Rorie, D.S.O., will be the chief guest. The honorary secretary, Dr. J. G. Thomson, 33, Vernon Road, Leeds, will be pleased to supply further information.

The eighty-sixth half-yearly dinner of the Aberdeen University Club, London, will be held at the Trocadero Restaurant at 7 for 7.30 p.m., on Thursday, November 26th, under the chairmanship of Mr. D. M. Cowan, M.A. (M.P. for the Scottish Universities). The secretary's address is 9, Addison Gardens, W.14.

Mr. H. Morriston Davies, F.R.C.S., will give a lecture on "Surgery in pulmonary tuberculosis" (with kodoscope demonstration) at the next meeting of the North-Western Tuberculosis Society, to be held on Thursday, November 26th, in the anatomy theatre, Manchester Medical School. Medical practitioners are cordially invited to attend.

The tenth annual Benjamin Ward Richardson Memorial Lecture, before the Model Abattoir Society, will be given on Wednesday, November 25th, at 5 p.m., at 90, Buckingham Palace Road, S.W., by Mr. Hal Williams. The subject is "Disease and the public abattoir." Admission free, without tickets.

The next quarterly meeting of the Royal Medico-Psychological Association will be held on Tuesday, November 24th, at B.M.A. House, Tavistock Square, under the presidency of Dr. R. R. Leeper. The Maudsley Lecture by Sir Hubert Bond, entitled "Testimonies in his own Bringsforth," will be delivered in the Great Hall at 3 p.m.

At a meeting of the British Institute of Radiology to be held at 32, Welbeck Street, W., on Thursday, November 19th, at 8.30 p.m., papers will be read by Dr. Ffrangcon Roberts on "Some criticisms of the international protection recommendations," and Dr. G. E. Vilvandre on "The radiology of gall-stones and the gall-bladder." On the following day, at 5.30 p.m., the use of the gastroscope will be demonstrated by Drs. David Levi and Courtney Gage.

At the next meeting of the Royal Microscopical Society, to be held on Wednesday, November 18th, at 5.30 p.m., in B.M.A. House, Tavistock Square, the following papers will be read and discussed: Mr. Conrad Beck, "The sub-stage diaphragm and its functions"; Dr. A. A. Tarkhan, "The effects of fixatives and other reagents on cell-size and tissue-bulk."

As already announced, the annual meeting of Fellows and Members of the Royal College of Surgeons of England will be held at the College in Lincoln's Inn Fields on November 19th, at 3 p.m. A resolution suggesting the representation of Members on the College Council will be moved by Sir Ernest Graham-Little, M.P.

At a sessional meeting of the Royal Sanitary Institute, to be held at the Town Hall, Sheffield, on Friday, November 27th, Dr. H. J. Egerton Hutchins Williams will open a discussion on cerebro-spinal fever at 2.45 p.m.; and at 5.30 there will be a discussion on regional smoke abatement. On the morning of November 28th members will pay a visit to the Sheffield sewage disposal works.

The next monthly clinical meeting for medical practitioners will be given at the Hospital for Epilepsy and Paralysis, Maida Vale, W.9, on Thursday, November 26th, at 3 p.m., when Dr. W. G. Wyllie will demonstrate diplegia in childhood. Tea will be provided; it will be a convenience if those intending to be present will send a card to the secretary.

The Central Council for Health Education will hold its fourth annual conference in the lecture theatre of the London School of Hygiene and Tropical Medicine, Keppel Street, W.C., on Thursday, November 19th, from 11 a.m. to 5 p.m.

The Fellowship of Medicine and Post-Graduate Medical Association announces a whole-day course in diseases of the chest, from November 16th to 28th, at the City of London Hospital for Diseases of the Heart and Lungs, Victoria Park (fee £2 2s.). An afternoon course in venereal diseases will be held at the London Lock Hospital from November 16th to December 12th (fee £2 2s.). A whole-day course in proctology will be held at St. Mark's Hospital, City Road, from November 23rd to 28th (fee £3 3s.). Two courses will be held from November 30th to December 12th: in diseases of infants, at the Infants Hospital, Vincent Square, daily at 2 p.m. (fee £3 3s.); and in dermatology, at the Blackfriars Skin Hospital, every afternoon (fee £1 1s.). Free lectures will be given on Wednesdays at 4 p.m., at the Medical Society of London, 11, Chandos Street, Cavendish Square, as follows: November 18th, Dr. Isaac Jones on "Glycosuria"; November 25th, Sir Henry Gauvain, "Bone and joint tuberculosis"; December 2nd, Mr. Tudor Edwards, "Surgical chest diseases"; December 9th, Mr. Cecil Joll, "Goitre, with special reference to thyrotoxicosis." Lectures for the M.R.C.P. examination will be given at the same place at 8.30 p.m. as follows: November 16th, Dr. Roodhouse Gloyne, "Clinical pathology of tuberculosis"; November 18th and 23rd, Dr. W. J. Adie, "Diseases of the nervous system," and at 10, Bedford Square, November 25th and 27th, Dr. Knyvett Gordon on "Anaemia" and "Leukaemia." Fee 10s. 6d. per lecture, payable at the lecture room. Copies of syllabuses of all courses, lectures, and demonstrations may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1.

According to a ministerial decree of October 22nd the following Italian universities have been chosen for conferring medical degrees: Bari, Cagliari, Catania, Milan, Modena, Naples, Perugia, Rome, Sienna, and Turin.

The October issue of the *American Journal of Surgery* is dedicated to Dr. Rudolf Matas of New Orleans, emeritus professor of surgery at Tulane University, on the occasion of his 71st birthday, and contains twenty-one essays by surgeons in the United States, Strasbourg, Rome, Paris, Barcelona, and Edinburgh.

The list of medical mayors elected on November 9th includes Alderman R. F. Bury (Leamington), re-elected; Dr. W. E. Llewellyn Davies (Llanidloes); Dr. T. R. Griffiths (Kidwelly); Dr. P. H. Seal (South Molton); Dr. J. W. A. Wilson (Wisbech).

After inviting applications from the medical staff of institutions under the London County Council's control, the Mental Hospitals Committee recommends the promotion of Dr. W. D. Nicol, at present deputy medical superintendent, to the medical superintendency of the Horton Mental Hospital, rendered vacant by the recent death of Dr. J. R. Lord.

The statistics of the notifiable diseases for the year 1929 in the various countries and large towns throughout the world have recently been published by the Health Section of the League of Nations. The tables are published, as in the previous two years, without accompanying text, as this is supplied in the monthly epidemiological reports issued by the League. It is noted that though the accuracy of notification is not the same in all countries, notification has recently improved in many.

The institute for the study and treatment of affections of the heart, erected at Bad Nauheim with a donation of 4,700,000 marks by Mrs. Louise E. Kerckhoff of Los Angeles, in memory of her late husband, was dedicated on October 17th. A "Kerckhoff Memorial Fund" of 2,000,000 marks has been provided, the interest of which is to be used for the granting of stipends for scientific research and education. The first of these stipends will be allocated in October, 1932.

Munich exceeded all other German towns in its consumption of milk in 1930; the daily consumption per head was 0.35 litre, as compared with 0.27 litre consumed by Berlin in 1928.

A new school for hygiene and public health is to be erected by the Rockefeller Foundation at Tokio.

## 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

### Naevus

"INQUIRER" writes: Would anyone with special knowledge answer the following queries about a V-shaped naevus on the forehead of a baby a few days old? It was present at birth, is only very slightly raised, and empties on pressure. (1) Prognosis? (2) Treatment recommended to produce least disfigurement? (3) When is correct time for treatment, and will any ill result from delay?

### The First Child Welfare Consultation

Dr. J. C. G. DICKINSON (Braunton) writes: Perhaps one of your readers could give the reference to the date of the first child welfare consultation and the name of the patient; it was quoted recently in one of the medical journals, but I cannot now find it.

### Anal Neuralgia

Dr. M. E. LYNCH (Newington Green) writes: If "Neuralgia" (November 7th, p. 877) will treat his patients as suggested by Colonel W. P. Macarthur in the *British Medical Journal* of August 22nd last, I am confident that he will find, as my patient has, that the "anal neuralgia" will go. My patient had suffered for years, for his sins, as he thought, and became resigned. The hot-water bottle gave relief. He got no better, but was satisfied when he was not getting worse. A pain so great suggested prostatic trouble, coccygeal trouble, perhaps it was cancer! But since using the saline injections for pruritus he has not had an attack of "anal neuralgia." When a husband and wife suffer similar pains, one is more than hopeful that the *Enterobius* may well be at the bottom of it, for the remedy is simple, and to hand.

"SPASM" writes: The query of "Neuralgia" in your issue of November 7th interests me, as both my wife and myself, and my ten-year-old daughter, suffer from what he describes as "anal neuralgia," which occasionally awakens us in the night, but more usually comes on after defecation. In my own case the pain appears to be localized at about the level of the prostate, and gives the sensation of an intense cramp-like spasm of that organ, or, possibly, of one or other levator ani. It starts as a dull ache, rapidly increasing to an almost intolerable pain in the rectum. After a few remissions and exacerbations, with possibly a feeling of moving from one side of the rectum to the other, it will die away. At its worst it is quite as intense as biliary colic, a sensation I know only too well. I have found heat good, but I think a small, self-administered enema of very cold water stops the pain sooner than anything, especially if it is followed by absolute stillness in the recumbent position. I have searched the literature without avail for some mention of this complaint, and I have only had two patients complain of what I take to be the same thing. I do not think it is neuralgia, because it seldom lasts more