

her to let me operate again. The next day she became wildly delirious and was in agonizing pain, still passing dark brown fluid per rectum. She died that night. I feel convinced that after the gall-bladder had been handled a small stone worked its way down the cystic duct and lodged at the ampulla, causing regurgitation up the duct of Wirsung.

Commentary.

Although the diagnosis, unfortunately, was confirmed neither by operation nor by post-mortem, the symptoms were so typical as not to admit of doubt. As to the cause the theory of infection seems untenable. No focus of infection was present in the abdomen, the gall-bladder showed no signs of active inflammation, and, at the operation for the relief of obstruction, the bowel was not opened, the operation resolving itself into the separation of an adhesion.

REMARKS

In three of these cases gall-stones were present, all of very small size, such as might block the opening of the common bile duct without at the same time blocking the opening of the duct of Wirsung.

In the *British Medical Journal*,³ I published a series of twelve cases of acute necrosis of the pancreas, six of these being my own. In ten of these, gall-stones were present in the gall-bladder; in several it is noted that the stones were small. In one case with large stones in the gall-bladder, a small stone was found impacted at the ampulla of Vater. While not for a moment suggesting that all cases of acute pancreatitis are due to the impaction of a stone at the ampulla, I think there is no doubt that in many, if not most, of the acute fulminating cases the cause is the retrojection of bile or duodenal contents into one or other of the pancreatic ducts. In the early stages of the condition the evidence of infection is very slight in many cases. Graham, who at one time was an adherent of the theory of the lymphatic origin of pancreatitis, seems now to have changed his view, and in his recent work on the gall-bladder¹ quotes the investigations of Kodama² on the dog. Kodama found that dye injected into the subserosa of the gall-bladder passed in the lymphatic vessels over the pancreas to a gland at the commencement of the portal vein, and did not enter the substance of the pancreas; nor does it appear probable that infection is likely to pass against the direction of the lymph flow. The argument against the views of Maugeret, Deaver, and others has been very fully and clearly discussed by Fiske Jones,⁴ and I need not recapitulate it here. It should, I think, carry conviction to those who are not irretrievably wedded to the elusive haemolytic streptococcus. He also points out, what one notes in Graham's work, that it is very difficult to make out whether the upholders of this theory are referring to the above condition or to the chronic interstitial pancreatitis which may conceivably have a lymphatic origin. I quote his remark on this subject: "It is impossible to read the articles of Deaver and others who accept Maugeret's theory as to the cause of pancreatitis, and those of Archibald and others who believe in Opie's theory, without feeling that they are discussing two different diseases."¹

The question is of more than academic interest, for correct treatment depends, to a large extent, on the view we take of the causation.

REFERENCES

- ¹ Graham, Cole Gopher, and Moore: *Diseases of the Gall-Bladder and Bile Ducts*. Baillière, Tindall and Cox, 1929.
- Kodama, S.: The Lymphatics of the Extra-Biliary Passages, *Surg., Gynecol. and Obstet.*, 1926, xliii, 140.
- ³ Grant, Geary: Acute Necrosis of the Pancreas: Report of a Series of Cases, *British Medical Journal*, June 30th, 1928.
- ⁴ Jones, Daniel Fiske: Acute Pancreatitis. *The Surgical Clinics of North America*, August, 1922, ii, No. 4, 1125.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

EFFECT OF INTRAVENOUS MAGNESIUM SULPHATE ON THE BLOOD PRESSURE IN URAEMIA

The treatment of uraemia in acute glomerular nephritis by the intravenous injection of magnesium sulphate was originally described by Blackfan and Hamilton (*Boston Med. Surg. Journ.*, October, 1928). They reported eleven cases of children in whom the treatment was used. Of these, eight recovered, and three, in whom it was not used until the terminal stages, died. Blackfan and Hamilton used the treatment in the acute glomerular type of nephritis, characterized clinically by the acute onset, the slight degree of oedema, and a rise in the blood pressure, together with haematuria and albuminuria. This glomerular type shows a marked tendency to progress to uraemia. They found that the degree of oedema and haematuria, and even of oliguria, was of no great significance, provided that the systolic blood pressure remained below 130 mm. But if the blood pressure commenced to rise above 130, with, as often occurred, vomiting, headaches, and visual disturbances, they regarded magnesium sulphate treatment as indicated. Their technique was the slow intravenous infusion of 1 per cent. magnesium sulphate (2 grams of the crystalline salt, $\text{MgSO}_4 + 7\text{H}_2\text{O}$, in 100 c.cm. of distilled water).

CASE HISTORY

A boy, aged 9, was admitted on February 22nd, 1931, with a history of vomiting and sore throat of three days' duration. On examination he was found to have the rash, throat, tongue, and enlarged glands of a typical third-day case of scarlet fever, with a temperature of 99° F. and a pulse rate of 112. His urine was then free from albumin. The disease followed a normal course until March 16th (twenty-fifth day of disease), when the routine urinary examination showed that albumin was present. The next day red blood corpuscles, and granular and epithelial casts, were seen microscopically, and the patient's face was noticed to be pale and puffy. A diagnosis of acute glomerular nephritis was made. The bowels were freely opened by the regular administration of jalap, pil. colocynth, and sodium sulphate. However, on March 19th (fourth day of the nephritis) he had six convulsions, lasting from three to eight minutes each, spread over an hour and a half, with complete unconsciousness between. He was then treated by venesection, and chloral and potassium bromide per rectum. Two hours later the patient was still semi-conscious, with a blood pressure of 148/132; 150 c.cm. of 1 per cent. magnesium sulphate was then sterilized and given intravenously by the gravity method. The following systolic blood-pressure readings from the hourly chart kept show the effect (the diastolic was found to follow the systolic): after one hour, 148; three hours, 146; six hours, 122; eight hours, 128. By the next morning the systolic blood pressure was found to be 150, and intravenous magnesium sulphate was repeated. The effect on the blood pressure was: after one hour, 144; three hours, 144; six hours, 122; eight hours, 128. The following morning (sixth day of nephritis) the reading was 108, and in the evening 126. After that, except for one reading of 134 on the sixth day of the nephritis, it settled at 120, gradually falling to 112. From the onset of the nephritis the urinary output varied from 8 to 19 ounces until March 24th, when 38 ounces were passed, after eight days of partial suppression. The magnesium sulphate did not affect the quantity of urine. Red blood corpuscles disappeared from the urine on the fourteenth day of the nephritis, and albumin on the nineteenth day. The patient appeared to have suffered no permanent damage to the kidneys, having no recurrence of albuminuria on leaving his bed, and being perfectly well on discharge, ten weeks from admission.

SUMMARY

The systolic blood-pressure readings show that after the first injection there was a fall of 26 mm., and after the second a fall of 28 mm. In both cases the maximum fall was recorded after six hours. These falls in the blood pressure were accompanied by a marked clinical improvement, the patient becoming much less drowsy. The mode of action of the magnesium sulphate is difficult to determine. The quantity of magnesium used is insufficient for the radicle to exercise its sedative action to any appreciable degree. The explanation advanced by Blackfan and Hamilton is that the rise in blood pressure and the uraemia symptoms are due to oedema of the brain. They suggest that this oedema of the brain is reduced by a change in the osmotic relationship between the blood and the tissues of the brain, such as is supposed to occur when salt solution is injected. This change, they suggest, may be due to an increase in the total electrolyte content of the blood. The series described by Blackfan and Hamilton contained no cases of scarlatinal origin; hence it is interesting to note that this case also responded to the treatment. In view of the frequency with which uraemia causes a fatal termination in scarlatinal nephritis, this treatment would seem to offer a useful method of warding off a fatal uraemia until resolution of the nephritis occurs.

I wish to thank Dr. W. T. Benson for permission to publish this case.

C. B. WATSON, M.B., L.R.C.P.Ed.

City Hospital for Infectious Diseases, Edinburgh.

PELVIMETRY BY X RAYS

No originality is claimed in arriving at measurements of the true conjugate and transverse diameters of the bony pelvis, but a simple account of the following method may interest those who have not yet tried it.

Antero-posterior and lateral films are taken with centring respectively one and a half inches above the os pubis and just before the great trochanter. Using 20 mA. and doubly screened films, exposures of four and seven seconds respectively are made at 80 to 100 kV. on the Potter-Bucky. It is then necessary to measure the thickness of the patient from pubes to table (a), and her extreme width across the trochanters (b). Let the focus-film distance be 28 inches (c). On the antero-posterior film the transverse diameter is measured (d), and on the lateral film the distance from the sacral promontory to the back of the os pubis (e). The calculation is as follows:

$$\frac{d \times (c - \frac{3}{4}a)}{c} = \text{true transverse diameter}$$

$$\frac{e \times (c - \frac{1}{4}b)}{c} = \text{true conjugate diameter}$$

An actual case may be cited to dispel any doubts as to the ease and simplicity of the method.

Thickness of patient	...	...	...	...	8 inches	(a)
Width of patient	...	...	...	...	14 "	(b)
Focus-film distance	...	...	...	...	28 "	(c)
Transverse diameter measured on film	...	...	...	...	6½ "	(d)
Conjugate diameter measured on film	...	...	...	...	5½ "	(e)

$$\frac{6\frac{1}{2} \times (28 - [\frac{3}{4} \text{ of } 8])}{28} = \frac{6\frac{1}{2} \times 22}{28} = 5.26 \text{ true transverse}$$

$$\frac{5\frac{1}{2} \times (28 - [\frac{1}{4} \text{ of } 14])}{28} = \frac{5\frac{1}{2} \times 21}{28} = 3.94 \text{ true conjugate}$$

Or approximately 5½ and 4 inches.

Tests on the skeleton show an accuracy to within one-twelfth of an inch.

W. H. HOOTON, M.R.C.S., L.R.C.P.,
Radiologist, Manchester City Hospital,
West Didsbury.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

FIFE BRANCH

INSANITIES ASSOCIATED WITH CHILD-BEARING

At the first sessional clinical meeting of the Fife Branch, held at the Fife and Kinross District Asylum, on November 12th, with Dr. JAMES ORR (St. Andrews), president of the Branch, in the chair, Dr. WILLIAM BOYD, medical superintendent of that institution, delivered an address on the insanities associated with child-bearing.

Dr. Boyd said that insanity as a whole was much more common in the male than in the female. Between the ages of 20 and 35, however, it was more frequent in the female, owing to the insanities attributable to reproduction, which accounted for 8 to 10 per cent. of all types of insanity met with in the female sex. Four groups of child-bearing insanities could be defined—namely: the insanity of pregnancy (20 per cent.); lactational insanity (30 per cent.); and the insanities of parturition and the puerperium, which together amounted to 50 per cent. No form was peculiar to the reproductive period, but a definite group could be recognized, because the clinical picture was so clearly coloured by the reproductive process; in the majority of cases there was a toxic basis. In addition to child-bearing, certain other factors were present to determine the breakdown: psychopathic or neuropathic heredity; age; exhaustion (including haemorrhage, frequent pregnancies, and instrumentation); change in blood pressure; illegitimacy; emotional stress; auto-intoxication; septic conditions; and endocrine disturbances.

Insanity of Pregnancy

Here the early symptoms were an accentuation of the "longings" of neurotic women, with irritability, excitability, and absurd and extravagant tastes. Sleeplessness was an important factor, and the patient became restless and over-anxious. Morning sickness was excessive, and delusions were present. She refused food, expressed dislike of her husband, and became apathetic and careless, neglecting the household duties. The physical signs were those of melancholia, an important point being constipation; since these patients did not complain of pain, a look out must be kept for retention of urine, oedema of the legs, and the development of varicose veins. The course of the disorder depended on the time of onset. If it began before the fourth month, recovery was usual at the time of quickening. If it appeared after the fourth month, the insanity continued for several months after birth. The prognosis was good in the early months, but less favourable in the later months, the insanity persisting in one-third of the cases. The treatment was that for melancholia, and included rest, dieting, and measures directed to the correction of constipation and insomnia. Refusal of food called for forcible feeding, and any physical symptoms should be dealt with; premature delivery was not indicated. The possibility of suicide was an important consideration, and all modes of suicide must be anticipated and prevented.

Insanity of Parturition

This appeared as a state of delirium or acute mania; hallucinations were present. The treatment was delivery without delay and maintenance of the blood pressure. In puerperal insanity the patient was excited, noisy, and

accommodation required, and every effort will be made to make these charges as inclusive as possible.

Attached to the nursing home is a block of thirty-six consulting rooms occupied by members of the medical group to whose enterprise the nursing home owes its existence, and who will be responsible for its organization, although they have no concern in its finance. Their own relations are best described by the paragraph of their Articles of Association, that

"Every member of the Group shall have the right to carry on his private practice in his consulting room without any restriction and for his own benefit. In particular he may call in and have the advice and co-operation of any duly qualified medical practitioner, surgeon, or dentist, whether a member of the Group or not."

It is obvious that an undertaking of these dimensions, involving the capital outlay of nearly half a million sterling, cannot be carried out without an organized control. We have, however, endeavoured to combine the co-ordination which is essential to the success of any business undertaking with the liberty which has always been such a characteristic feature of British medical practice.—We are, etc.,

H. MORELAND MCCREA
Chairman

G. LENTHAL CHEATLE
Vice-Chairman

A. P. BEDDARD
W. ROWLEY BRISTOW

HAROLD D. GILLIES
WALTER HOWARTH

P. MANSON-BAHR

H. S. SOUTTAR

A. J. WALTON

London, W.1, Dec. 3rd.

*Executive Committee to the
Medical Advisory Board.*

Universities and Colleges

UNIVERSITY OF OXFORD

The Francis Gotch Memorial Prize has been awarded to D. H. Hertz of New College.

UNIVERSITY OF BIRMINGHAM

Mr. Charles Rudd, M.B., F.R.F.P.S., ophthalmic surgeon to the Queen's Hospital, Birmingham, has been appointed a university clinical teacher in ophthalmic surgery at that hospital.

UNIVERSITY OF BRISTOL

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—*Part II*: F. W. A. Fosbery, J. A. Kersley, A. J. B. Miall, S. C. Wake. *In Group I (Completing Examination)*: O. J. P. Bollon. *In Group I only*: A. C. Price. *Part I*: S. B. Adams, A. J. Board, Violet Fry, Winifred M. Hill (with distinction in Materia Medica, Pharmacy, Pharmacology, and Therapeutics), A. D. Jones, Gwladys R. Llewelyn (with distinction in Pathology), H. E. Pearse (with distinction in Pathology and in Forensic Medicine and Toxicology), Frances E. Powell, Mary G. Thomas.

UNIVERSITY OF DURHAM

On the nomination of the Senate, the Chancellor (Lord Londonderry) has appointed Sir Robert Bolam, M.D., LL.D., F.R.C.P., to be a Pro-Vice-Chancellor for the ensuing two years.

UNIVERSITY OF DUBLIN

SCHOOL OF PHYSIC, TRINITY COLLEGE

The following candidates have been approved at the examination indicated:

FINAL MEDICAL EXAMINATION.—*Part II, Medicine*: *A. A. Cunningham, J. A. Wallace, I. G. L. Ford, J. Miller, O. W. S. FitzGerald, Dorothy R. R. Solomons, E. Morrison, H. J. Eustace,

E. S. Samuels, J. A. Page, A. J. Harden, E. W. West, H. St.G. Smith. *Surgery*: *A. A. Cunningham, H. F. G. Irwin, G. A. Wray, J. A. Wallace, I. G. L. Ford, J. B. Fleming, R. C. Sutton, O. W. S. FitzGerald, E. FitzG. Burton, J. A. Page, E. W. West, A. D. Barber, H. J. Eustace, J. Miller, C. H. Hutchinson, D. Nolan, J. L. Martin, R. D. Scott. *Midwifery*: *J. J. Russell, J. L. du Preez, C. J. Hassett, P. H. Stone, S. Brass, C. H. McMahon, P. P. Murphy, C. J. Mullen, C. de V. Shortt, Edith M. P. Brodrick, M. Fallon, R. McNeilly, P. G. Daly, Ray G. Barron, W. J. Craig, A. L. Pennefather, J. W. Craig, G. C. V. O'Driscoll, A. Pollitt.

* Passed on high marks.

NATIONAL UNIVERSITY OF IRELAND

At the meeting of the Senate on December 3rd a report from Dr. Denis J. Coffey, as representative of the University on the General Medical Council at the November session, 1931, was considered.

Dr. Edward J. Conway was appointed Professor of Biochemistry and Pharmacology in University College, Dublin.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

The annual meeting of the Royal College of Physicians of Edinburgh was held on December 3rd. Dr. Robert Thin was elected President. The following were elected to form the Council for the ensuing year: Sir Norman Walker, Dr. Robert A. Fleming, Dr. William Fordyce, Dr. Edwin Bramwell, Dr. Edwin Matthew, and Dr. A. Fergus Hewat. Sir Norman Walker was nominated Vice-President.

At an extraordinary meeting held at the close of the annual meeting, Dr. G. Lovell Gulland and Dr. William Fordyce were elected representatives of the College on the board of management of the Edinburgh Royal Infirmary for the ensuing year. John Wheeler Dowden, President of the Royal College of Surgeons of Edinburgh, was elected an honorary Fellow of the College.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

At the monthly business meeting of the College, held on December 4th, Surgeon Commander Richard L. G. Proctor, R.N., was admitted to the Membership.

The following were admitted Licentiates in Medicine and Midwifery under the conjoint scheme with the Royal College of Surgeons in Ireland: P. J. Byrne, E. S. Cooke, R. P. S. Lewer, J. A. McGuinness, P. J. MacMahon, T. F. Quigley, F. E. Reilly, F. H. Ryan, J. J. Walsh.

The representative of the College on the General Medical Council reported on the recent proceedings of the Council.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

The second annual meeting of the Royal College of Physicians and Surgeons of Canada took place at Ottawa on November 19th, with the President, Dr. J. C. Meakins of Montreal, in the chair. The morning was occupied by a meeting of Council. Approximately 160 Fellows were present for the annual meeting of the College in the afternoon. The Fellows and their wives were entertained in the evening by their Excellencies the Governor-General and Countess Bessborough, at Rideau Hall.

The newly elected President of the College is Dr. F. N. G. Starr of Toronto. Dr. W. T. Connell of Kingston becomes Vice-President in the Section of Medicine, and Dr. P. C. Dagneau of Quebec Vice-President in the Section of Surgery. Dr. T. C. Routley of Toronto continues as Registrar-Secretary. The following were elected members of Council: Dr. J. C. Meakins (Montreal), Dr. Duncan Graham (Toronto), Dr. K. A. MacKenzie (Halifax), Dr. A. Rousseau (Quebec), Dr. J. E. Dube (Montreal), Dr. A. T. Bazin (Montreal), Dr. N. J. Maclean (Winnipeg), Dr. E. L. Pope (Edmonton), Dr. A. R. Monroe (Edmonton), Dr. L. J. Austin (Kingston), Dr. George C. Hale (London, Ont.), Dr. H. A. Farris (St. John, N.B.), Dr. A. H. Gordon (Montreal), Dr. Charles Hunter (Winnipeg), Dr. J. G. FitzGerald (Toronto), Dr. R. E. McKechnie (Vancouver), Dr. W. Harvey Smith (Winnipeg), Dr. W. E. Gallie (Toronto), Dr. A. Primrose (Toronto), Dr. E. W. Archibald (Montreal), Dr. W. W. Chipman (Montreal).

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have been approved at the examination indicated:

MASTER OF MIDWIFERY.—J. T. Cameron, Mary D. Rankine, H. G. Topping.

address in which, evidently impressed by the relative backwardness of midwifery organization in Canada, he described what had been done in England, and urged on Canadian medical officers and others a careful study of the question. He was president of the Section of Public Health at the Annual Meeting at Bath in 1925, and vice-president of the corresponding Sections at the Newcastle meeting in 1921, and the Winnipeg meeting in 1930.

The announcement of his retirement astonished many who knew him, for his youthful appearance made it difficult to believe that he had reached the age limit. An ardent pursuit of cricket, tennis, hockey, and boating in earlier years, and of golf later, kept him young and alert in the midst of many duties. There was every expectation of a long period of happy retirement and of wider service.

Dr. JAMES R. WHITWELL writes:

I should like to pay my tribute to the memory of my very dear friend Eustace Hill. We were close friends as students and friendly rivals for various university honours, and we kept in touch until death unlinked us. I have never met a finer character—high ideals, great thoughts, noble aspirations, and dead in earnest in all he undertook—absolutely sincere and straight, and without much use for the word "expediency."

[The photograph reproduced is by Jas. Bacon and Sons, Newcastle-upon-Tyne.]

ARTHUR TAYLOR WEAR, M.D.

Newcastle-upon-Tyne

By the death of Dr. Arthur T. Wear in his eightieth year, Newcastle loses its oldest medical practitioner.

Born at Kingston-upon-Hull in 1852, he went to Newcastle-upon-Tyne at the age of 7, and was educated at the famous academy of the late Dr. Collingwood Bruce. Later, he underwent his professional training at the University of Durham College of Medicine and at University College, London. An interesting link in the progress of medical education emerges from the fact that, the days of medical apprenticeship having recently departed, he held, from November, 1872, to April, 1873, the office of resident clinical assistant (unqualified) at the Newcastle Infirmary. Since about 1887, these resident clinical assistantships, which afforded excellent opportunities to final-year students gaining clinical experience, have been replaced by other methods of instruction. In 1873-74 Wear qualified as M.R.C.S. and L.R.C.P., and in 1892 received the degree of M.D. in the University of Durham. From his student days he showed much interest in pulmonary tuberculosis, and eventually became one of the founders of the Northern Counties Chest Hospital. He held the post of honorary physician to that institution for fifty years, a record of service that found public recognition in the presentation made to him on his retirement two years ago. His other public appointments were those of honorary consulting surgeon to the Newcastle-upon-Tyne Dispensary, medical officer to the Salvation Army Rescue Home, and physician to the Hospital of St. Mary the Virgin.

In younger days he was keenly interested in the Volunteer movement, and served with the Newcastle R.G.A. for seventeen years, attaining the rank of surgeon lieutenant-colonel. For some time he was chairman of the Newcastle Division of the British Medical Association, and in that capacity did good organizing work, holding the respect and esteem of his fellow practitioners. He also represented the North of England Branch on the Council from 1905 to 1909, and the Newcastle-on-Tyne Division in the Representative Body from 1903 to 1906. He retired in 1929, and, after two years of failing health, he died on

November 22nd, 1931. The funeral was very largely attended, both by the public and by his medical colleagues.

Dr. Wear was thrice married, and leaves a widow, four sons, and four daughters. Two of his sons follow him in a medical career, the elder in the public health service, and the younger succeeding to his father's practice.

The MEDICAL SECRETARY adds: I have particular reason to remember Dr. Wear with affection and gratitude. As a student beginning my medical career at the University of Durham College of Medicine I went to him as dispenser and assistant (this was in the days before unqualified assistants were abolished by the General Medical Council). I was with him till I qualified in 1891, and look back on the time I lived with him as perhaps the most fruitful part of my education. Dr. Wear was a very conscientious practitioner. He believed in hard work and inculcated it, to the best of his ability, into a succession of men like myself, who were thus initiated into general practice and the handling of patients in a way which later stood them in good stead. He had a stern sense of duty, and a high ethical standard in his relations with fellow practitioners. As an honourable man and a good doctor his memory will be honoured by all who knew him well.

We regret to record the death, on November 27th, of VINCENT DORMER HARRIS, M.D., F.R.C.P., consulting physician to the City of London Hospital for Diseases of the Heart and Lungs, and to the Royal National Hospital, Ventnor. Passing at the age of 80, after thirty years of retirement in his country home in Hampshire, the name of Vincent Harris will be remembered by his surviving contemporaries as that of a conscientious physician and a good friend, who did an immense amount of useful work without any thought of personal advancement or reward. Educated at St. Bartholomew's Hospital, he took a prominent place as a student, and held the post of demonstrator of physiology, subsequently becoming editor of some of the earlier editions of *Kirkes's Physiology*. He was elected a Fellow of the Royal College of Physicians as long ago as 1885, and was for many years an examiner. Leaving London about 1900, he settled down at Milford-on-Sea in Hampshire, and manifested his continued interest in hospital management by constant attendance at the board of the Ventnor Hospital and by helping to establish a cottage hospital in his own district. As a county magistrate, also, he took part in many local institutions, and the remarkable gathering of all classes on the occasion of the funeral at Milford bore touching evidence of the respect and affection in which his memory was held by those who knew him best.

Readers of the *British Medical Journal* who are aware of their debt to the printing office will appreciate the loss we have suffered by the death of Mr. J. F. BRUNETTE, on December 5th, less than three and a half years after the death of Mr. Lapworth, his predecessor in the post of head printer. Mr. Brunette was highly skilled in his craft, and faithfully served the Association for thirty-three years. A most conscientious and resourceful worker, his long experience in the business of medical typography was always at the service of the editorial department, and he responded loyally to every fresh call on his time and energies.

The following well-known foreign medical men have recently died: Dr. AUGUST SCHARNKE, extraordinary professor of psychiatry and neurology at Rostock University, aged 46; Dr. ARTHUR SCHNITZLER of Vienna, the eminent playwright and novelist, aged 69; Dr. ARTHUR SIMARD, professor of surgery at Laval University; Professor GEORG FINDER, aged 64, Berlin oto-laryngologist and editor of *Zentralblatt für Hals- Nasen- und Ohrenheilkunde* for several years; and Dr. JUSTIS BARTH, a prominent gynaecologist and obstetrician of Oslo, aged 68, of angina pectoris.

Medical News

Mr. E. Muirhead Little, consulting surgeon to the Royal National Orthopaedic Hospital, is to read a paper to the Historical Section of the Royal Society of Medicine on January 6th, at 5 p.m., on "The introduction of tubercle into bone and joint surgery." This will be of special interest in view of the fact that 1932 marks the fiftieth anniversary of the discovery of the tubercle bacillus.

At a meeting of the Royal Microscopical Society, to be held at the B.M.A. House, Tavistock Square, W.C., on Wednesday, December 16th, at 5.30 p.m., Dr. Edward Hindle will read a paper on thermophilic micro-organisms. The annual general meeting of the Society will be held on January 20th, 1932, when Professor R. Ruggles Gates, F.R.S., will deliver his presidential address.

The Royal Society of Medicine will hold a reception at 1, Wimpole Street, W.1, on Monday, December 14th, at 8.30 p.m. Fellows and their friends will be received in the library by the President and Mrs. Watts Eden, and at 9.15 p.m. a cinematograph film will be shown. Admission will be by ticket only, applications for which should be addressed to the secretary.

The annual medical dinner of the Birmingham Medical School will be held in the Grosvenor Rooms, Grand Hotel, Birmingham, on January 28th, 1932, at 8.15 p.m. The guest of honour will be Professor Leonard Gamgee, to whom a presentation is to be made by his past students upon his retirement from the chair of surgery, which he has occupied since 1919. Donations are limited to £1 1s., and it is hoped that as many past students as possible will subscribe towards the presentation, and also be present at the dinner. The cost of the dinner ticket is 10s., but for students and residents the charge is 7s. 6d. Tickets can be obtained from Mr. Cyril A. Raison, F.R.C.S., 85, Cornwall Street, Birmingham.

The Fellowship of Medicine and Post-Graduate Medical Association announces the following free demonstrations: Royal Waterloo Hospital, Tuesday, December 15th, 2 p.m., Dr. Bernard Myers on pulmonary affections of childhood; Miller General Hospital, Thursday, December 17th, 11 a.m., Mr. Reginald Ledlie on varicose vein injections. The next series of Wednesday afternoon lectures (free to the profession), at the Medical Society of London, 4 o'clock, will be on treatment, beginning on January 13th. A course of six lectures on endocrinology (detailed syllabus now ready) will be given at the Medical Society by Dr. Langdon Brown at 8.30 p.m., Mondays and Fridays, January 11th to 29th, 1932; fee, £3 3s. for course, or 12s. 6d. per lecture. A special evening M.R.C.P. course is being arranged by the Fellowship for February 22nd to March 18th. Six clinical and two pathological evenings will be given at the London Temperance Hospital, ophthalmic demonstration at the West End Hospital for Nervous Diseases, lecture and laboratory demonstration at 10, Bedford Square, and four lectures at the Medical Society (number of post-graduates at demonstrations limited to 25).

A new series of lectures and practical courses for the Diploma in Psychological Medicine will open at the Maudsley Hospital on January 4th, 1932. Dr. F. Golla will give twelve lectures on the physiology of the nervous system, and four lecture-demonstrations on physiological psychology. Four lectures on biochemistry in relation to the nervous system will be given by Mr. S. A. Mann, D.Sc.; twelve lectures on the anatomy of the nervous system by Mr. W. Le Gros Clark; practical instruction and demonstrations by Mr. Charles Geary; eight lectures on psychology by Dr. Henry Devine, followed by a course of practical instruction; and six lectures by Dr. E. Mapother on mental mechanisms. Part I of the course will extend through January and February, and Part II from March to May. The fee for the whole course is £15 15s., for either part separately £10 10s., for single series of lectures in Part I £4 4s., for single series of lectures in Part II £2 2s., and for

one series of demonstrations £1 1s. Inquiries should be addressed to the director of the Central Pathological Laboratory, Maudsley Hospital, Denmark Hill, S.E.5.

The executive committee of the second International Congress of Tropical Medicine announces that the congress which was to be held in Amsterdam from September 12th to 17th, 1932, has been postponed. Owing to economic conditions the Dutch Government feels unable at present to grant its financial support, and private contributions so far received have been inadequate to cover the estimated expenses of the meeting. The committee intimates that subscription fees which have already been paid will be returned without delay.

As announced in the advertisement pages of this issue, applications for the George Henry Lewes studentship in physiology, of the annual value of about £250, should be sent, by December 31st, to Professor Barcroft, Physiology School, Cambridge, from whom the regulations may be obtained.

The Alvarenga prize of the College of Physicians of Philadelphia for 1931 has been awarded to Dr. Edgar S. J. King, Melbourne, Australia, for an essay on "The nature of the stroma of the ovary." The next award of the prize, amounting to about 300 dollars, will be made on July 14th, 1932, provided an essay deemed worthy of the prize has been offered. The essay should be based on original or literary research in medicine, and should not have been presented elsewhere, in part or in whole, for a prize or for publication. It should be typewritten and unsigned, but marked with a motto, and accompanied by a sealed envelope having on its outside the motto, and within the name and address of the author. The successful essay will remain in the possession of the College, but, with its consent, may be published by the author. Rejected essays will be returned upon application within three months of the award. Essays should be sent to the secretary of the College, 19, South 22nd Street, Philadelphia.

The Ministry of Health is issuing this week as No. 66 of its Reports on Public Health and Medical Subjects an account by Dr. Janet E. Forber (*née* Lane-Clayton) of an investigation of hospital patients in Eastern London suffering from incurable cancer. It is published by H.M. Stationery Office at 1s. net.

On the occasion of his retirement from the office of medical officer of health for Ayr, Dr. W. F. Brown has been presented by the members of Ayr Town Council with two easy chairs as a memento of their esteem. Dr. Brown was secretary of the Ayrshire Division of the British Medical Association from 1914 to 1919, and chairman in 1929-30.

The issue of *Le Progrès Médical* for November 17th is devoted to therapeutics, and contains an illustrated supplement written by Professor C. Lenormant on French surgery in the eighteenth century, on the occasion of the second centenary of the Académie Royale de Chirurgie.

The Cambridge University Press announces for publication in January *The Cambridge Medical School: a Biographical History*, by Sir Humphry Rolleston, Regius Professor of Physic in the University.

The October and November issue of *Schmerz Narkose-Anaesthesie* contains a concise history of chloroform since its discovery in 1831 by Samuel Guthrie.

The British Serbian Units Branch of the British Legion held its tenth annual dinner in London on the evening of December 5th. The president, Miss C. M. Marx, was prevented by illness from being present, and the chair was ably taken by Lady Berry, M.D., on her behalf. The Chargé d'Affaires, Dr. Pouritch, represented the Yugoslav Minister (who is out of England), and replied to the toast of "The Guests," proposed by Lady Berry. Major-General Sir Frederick Maurice, treasurer of the British Legion, proposed the toast of "The Branch and its President." During the evening Mr. P. H. Mitchiner F.R.C.S., presented a silver bell and silver spoons as prizes for miniature-rifle shooting, and after dinner the guests enjoyed Serbian and English dancing.

In order to inaugurate a new thermal establishment at Vichy, which is nearing completion, the Société des Sciences Médicales is holding an international congress on biliary lithiasis at the end of September, 1932. This congress will be the first of a series of medical meetings which will be held periodically at this town to discuss liver diseases and associated complaints.

A stained-glass window, in memory of Dr. S. H. A. Lambert of Harrow, is to be placed in Roxeth Parish Church, but many of his friends feel that there should be a memorial also at the Harrow and Wealdstone Hospital, with which he was most intimately associated, and a fund for this purpose has been opened. It is suggested that the men's ward in the extension to the hospital should be endowed in Dr. Lambert's memory and bear his name.

The Golden Square Throat, Nose, and Ear Hospital, near Piccadilly Circus, has recently opened two contributory wards, one for men and one for women. These wards have been redecorated and refurnished, and divided into cubicles. The charge for admission is four guineas a week, inclusive.

In the report for the year 1930, the Blind Relief Association, Bombay (the first of its kind in India), describes measures taken for the prevention and treatment of blindness. Centres exist at Surat, Bulsar, Anand, Chalisgaon, and Bijapur. Relief is provided for people of all ages and of both sexes, irrespective of creed, caste, or colour.

We have received the first issue, dated last October, of *Archivio Italiano delle Malattie dell' Apparato Digerente*, which will be published bi-monthly by L. Capelli of Bologna, under the editorship of Professors C. Frugoni and G. N. Fasiani of Padua and A. Busi of Rome, and is intended for physicians, surgeons, and radiologists specially interested in diseases of the digestive system. The subscription is 80 lire for Italy and 100 lire for foreign countries.

The annual report of the Lester Chinese Hospital, Shanghai, for 1930 reveals that 46.7 per cent. of the in-patients and 37 per cent. of the out-patients come from the International Settlement. The number of patients in the emergency department reached a total of 9,400, mainly owing to a large increase in traffic accidents and wounds from assaults. This side of the work is a costly matter, in view of the fact that very little financial recompense can be made by the victims.

Dr. Bernard Day has been appointed by the Secretary of State for the Colonies to be one of the consulting physicians in London to the Colonial Office.

Dr. Arthur Stanley Woodward has been appointed a Deputy Lieutenant for the County of London.

Sir Norman Bennett has become president of the British Dental Hospital, in succession to the late Sir Harry Baldwin.

The late Mrs. J. Thompson Long of Bath, who left estate of £45,324, with net personalty £39,601, bequeathed all her property (subject to legacies amounting to £500) in trust for her husband for life, and then one-half to St. Thomas's Hospital to endow beds for the free and separate treatment of aged and necessitous gentlefolk, and the other half in like manner to the Hospital for Sick Children, Great Ormond Street, for the benefit of children of necessitous gentlefolk.

A marble bust of the late Dr. Giovanni di Cristina, professor of children's diseases at Palermo, who died in 1928, has recently been unveiled in the grounds of the Palermo Children's Hospital.

Professor Cesare Frugoni of Padua, the author of works on asthma, pulmonary oedema, and splenomegaly, has been elected successor of the late Professor Ascoli in the chair of clinical medicine at Rome.

A new pathological institute has recently been opened at the Sen Yatsen University in China, under the direction of Dr. Ernst Dormanns.

Dr. Charles Nicolle, director of the Institut Pasteur of Tunis, has been nominated Commander of the Legion of Honour.

Letters, Notes, and Answers

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

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The **TELEPHONE NUMBERS** of the British Medical Association and the *British Medical Journal* are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

The **TELEGRAPHIC ADDRESSES** are:

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

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

MEDICAL SECRETARY, Medisecra Westcent, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS

Cellulose Spraying

"T. M. G." writes: Are there any toxic symptoms to be expected in a man who does a great deal of cellulose spraying in the process of finishing motor-car bodies? Some of the patient's friends tell him that he will get very bad indigestion and septic sores. The only thing I have noticed (during the three or four years he has been on the spraying job) is that he seems very liable to sores which take a long time to heal.

Nausea and Vomiting of Pregnancy

Dr. A. ELLIOTT (Sparkbrook, Birmingham) writes: In answer to the query of Dr. Lawson L. Steele (November 28th, p. 1017) as to effective treatment for the vomiting of pregnancy, I should like to ask whether he has tried sodium luminal, or its B.P.C. equivalent, sodium phenobarbitol. I have found that one-half to one grain of this drug administered at night will often completely control the condition, which, however, tends to start again if the drug is omitted. In these doses it seems to have no toxic effect, even if used for long periods.

Dr. A. L. MARTYN (Crantock, Cornwall) writes: Allow me to suggest the old device of drop doses of recently made tinct. nucis vom. in a drachm of fresh water, taken on waking in the morning, and, say, twice again before breakfast; and if it be possible, also a teaspoonful of good Italian salad oil in coffee or wine, also some time before breakfast. Provided other things are equal, I have never known this remedy to fail.

"M." writes: I suggest that Dr. Steele should try liq. adrenalinæ hydrochlor. (1 in 1,000) in 2 or 3 minim doses by mouth after food; this should be accompanied by an extra intake of sugar in some form. I have noticed in several of these cases that there is a definite distaste for sweet things, and patients have found sugar to be the least disagreeable in the form of actual lumps, which they crunch and swallow as quickly as possible. I have not been able to investigate these patients (other than observe the fact that the vomiting and nausea are definitely lessened), but the best explanation I can suggest is that there may be some hypoglycaemia in these cases, and that the adrenalinæ raises the blood sugar and presumably counteracts the tendency to an alkalosis.

Cobalt

"F. B." writes, in answer to "J. A. R. T." (November 21st, p. 971): Cobalt has been administered to healthy men, and was found to produce some mental depression, with difficulty in thinking and a dull headache, made worse by straining or exertion. The mucous membranes of the upper respiratory tract became dry, with consequent conjunctival irritation, stuffiness of the nose, and dryness of the throat and larynx, from which there was some hawking of thick mucus. The most characteristic action of cobalt seems to be on the internal urethra, producing a constant urging to urinate, and increased frequency of seminal emissions, without erection.