Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

BUNDLE-BRANCH BLOCK OF VAGAL ORIGIN

The usual causes of bundle-branch block are degenerative lesions of the myocardium, often due to obliterative changes in the small arterioles causing deficiency of blood to the bundle. In younger people syphilis and rheumatism cause a small percentage of cases. Willius[1] gives 4 per cent. as the incidence in cardio-vascular syphilis. In the case described below the striking feature is the constant presence of bundle-branch block, which could be made to disappear temporarily by the injection of atropine. This seems to point strongly to the vagus influence on the heart as, at least in part, responsible for the condition in this subject.

CASE HISTORY

The patient, a girl aged 17 years, was sent by her doctor to consult me at the out-patient clinic at the Liverpool Heart

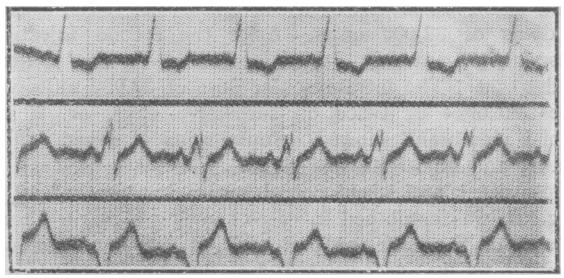

FIG. 1.

Hospital on May 6th, 1930. Her only complaint was infrequent attacks of palpitations since the age of 14 years. The attacks resembled those of paroxysmal tachycardia, beginning and ending abruptly, and lasting from one to fifteen minutes. The attacks sometimes came on while the patient was resting, and at other times on exertion. Between the attacks the patient felt quite well and energetic. There was no dyspnoea on exertion, nor any cardiac pain either between or during the attacks. Apart from a history of acute tonsillitis when 5 years old, there was no history of

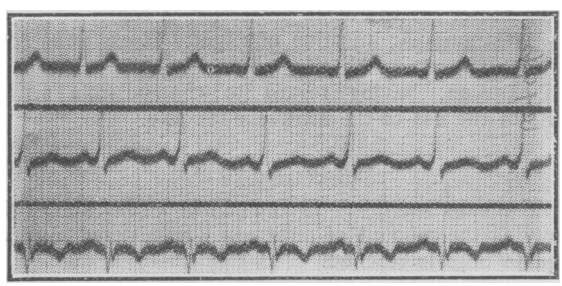

FIG. 2.

any acute illness, of rheumatic fever, of chorea, or of rheumatism. Her family history was unimportant.

Physical Examination.—The patient was of average size and build. There were no signs of anaemia, of cyanosis, or of clubbing of the fingers. The heart examination showed no abnormal signs. The apex beat was normal in position, the heart sounds normal. There was no reduplication of the first or second sound at the apex, no murmurs, nor a bifid visible and palpable apex beat as described by King[2] in cases of bundle-branch block. The *x*-ray picture of the heart showed no abnormality, the orthodiagram being normal in size and shape. The blood Wassermann reaction was negative. The other systems showed nothing abnormal.

Electrocardiographic Records.—On the first examination of the patient on May 6th a routine electrocardiogram was taken, and showed typical right bundle-branch block (Fig. 1). On May 20th a second electrocardiogram was taken, and was similar to Fig. 1 ; a subcutaneous injection of 1/50 grain of atropine sulphate was then given, and electrocardiograms were taken at intervals of fifteen, thirty, and forty-five minutes after the injection. Fig. 2 shows the electrocardiogram fifteen minutes after the injection of atropine, in which the record is normal, the bundle-branch block having disappeared. The record forty-five minutes after the injection showed the transition back to the bundle-branch lesion. Numerous electrocardiograms were taken for many months after this, and all showed typical right bundle-branch block.

COMMENTARY

A similar case to the above, as far as I can make out in the literature, has never been described. Wilson and Herrmann[3] recorded a case indicating vagal influence in bundle-branch block, but in this the block was transitory, whereas in the above case the block was constantly present except on abolishing the influence of the vagus by the injection of atropine. The fact that the electrocardiogram was converted into a normal record after the injection of atropine shows that the bundle-branch block was not due to organic disease in the bundle with destruction of the tract, but was only effected owing to increased tone of the vagus.

Liverpool. MAURICE NEWMAN, M.D.Liverp., M.R.C.P.

ACUTE APPENDICITIS ASSOCIATED WITH TRANSPOSITION OF VISCERA

The following case is, I consider, sufficiently unusual to be worth publishing.

On July 8th a young woman, aged 21, was admitted to Nenagh District Hospital, at 11 p.m., with a diagnosis of acute appendicitis. About 2 p.m. that day she had been suddenly seized with a severe pelvic pain, which was soon followed by vomiting ; this eased after a while, only to return with greater severity after some hours. When seen by me about 12.30 a.m. on the next morning her temperature was 100° F., and her pulse over 100 ; she had a pain, which was more severe on her right side, but which was felt also in her left side. There was no question of salpingitis, and on the usual examination there was every appearance of acute appendicitis. Rigidity was not marked, and was about equal on either side.

I opened the abdomen immediately by an oblique incision through McBurney's point, and found the right ovary somewhat haemorrhagic, with a pedunculated cyst, which showed signs of torsion. A careful search revealed no sign of appendicitis on that side, and it seemed quite possible that the pain was due to the condition of the ovary. However, it was desirable to inspect the appendix, and further search failed to reveal it in its usual position. I then saw that what I had taken to be the caecum descended into the pelvis, and I immediately suspected transposition of viscera. Further examination revealed that the liver was on the left side, and the heart apparently on the right.

The question now arose whether to close the original incision, after removing the ovarian cyst, and open on the other side, or inspect the appendix from the opening already made. I decided to do the latter, and by extending the incision somewhat could feel a distinct massing of intestines on the left side. Fortunately the appendix proved to be anterior to the caecum, and without much difficulty I brought it into the field of operation. I found the appendix lying in the shape of a U, and very acutely inflamed at the bend. I succeeded in removing it without very much difficulty, and closed the abdomen without drainage.

The patient made an uneventful recovery, apart from a small stitch abscess developing ; this cleared up without any trouble, and she is now quite well. I subsequently had her *x*-rayed by Dr. Roche Kelly of St. John's Hospital, Limerick, who sent me the following report: "*X*-ray examination with bismuth showed transposition of viscera as follows: heart to the right, liver to the left, cardiac end

[1] Willius, G. A.: *Amer. Heart Journ.*, 1925–26, p. 576.
[2] King, J. T.: Ibid., June, 1928, p. 505.
[3] Wilson, F. N., and Herrmann, G. R.: *Arch. Int. Med.*, 1923, xxxi, 923.

of stomach to the right, pylorus to the left, and caecum to the left; gastro-intestinal tract generally appears normal, except that relations are reversed."

The points of interest in this case appear to be, first, that it is distinctly unusual to encounter an acute appendix in a hitherto undiagnosed case of transposition of viscera. Moreover, the fact that the case presented itself at midnight scarcely helped to simplify matters. The presence of the ovarian cyst on the right side, which had previously given rise to pain, would also tend to obscure the condition. The only point left—namely, not noting the position of the heart—is accounted for by the fact that the patient had a well-developed chest; the heart could be heard quite distinctly on the left side in the examination undertaken by the anaesthetist, and did not attract attention.

I was assisted in the case by Dr. A. W. Courtney, who had sent the patient to hospital.

District Hospital, Nenagh. A. D. COURTNEY, M.B.

Reports of Societies

ANAESTHESIA AND RESUSCITATION

At a meeting of the Section of Anaesthetics of the Royal Society of Medicine on December 4th, with Mr. G. RAMSEY PHILLIPS, president, in the chair, SIR FRANCIS SHIPWAY read a paper on resuscitation during anaesthesia and of the newly born.

Anaesthesia, he said, was not sleep, but a state of unconsciousness brought about by the action of depressing drugs or conditions. At times there must be a danger of paralysis of the respiration and circulation. Resuscitation was the restoration of these vital processes. The nervous and muscular activities of the body depended largely on an adequate supply of oxygen and the removal of carbon dioxide excess. The exchange of gases might be interrupted by: (1) temporary paralysis of the nervous system owing to lack of oxygen, or action of anaesthetics; (2) paralysis of respiratory muscles, generally secondary to paralysis of the nervous centres; (3) failure of the circulation of the blood.

Artificial respiration supplied the needs of the nervous system and reduced the amount of the anaesthetic present. The alternate expansion and contraction of the lungs produced a mechanical effect by pumping the blood, and brought about the respiratory reflex if the medulla was excitable. If the medulla was paralysed, this phenomenon could not be obtained by artificial respiration alone. In combination with oxygen and enough carbon dioxide to stimulate the centre, artificial respiration was effective. As long ago as 1910, Levi used a mixture of oxygen and 15 per cent. CO_2 when any tendency to failure of respiration occurred. Henderson and Menker stated recently that in the resuscitation of newly born children and of persons suffering from carbon monoxide asphyxia, a carbon dioxide percentage of 7 was often effective when one of 5 had failed. In some cases, 8 or even 10 per cent. was needed to stimulate an asphyxiated respiratory centre. A cylinder containing 7 per cent. CO_2 in oxygen should be available in every operating theatre. Carbon dioxide exerted a powerful influence on the tone of skeletal muscles, and, by augmenting the venous return to the heart, improved the circulation. Care should be taken when mixtures stronger than 10 per cent. were used. A percentage of about 30 produced narcosis and death. In children, failure of respiration was best treated by lowering of the head, partial inversion, rhythmical compression of the chest, and administration of carbon dioxide and oxygen. In the adult, Sylvester's method often failed to restore the respiration; Howard's method was more efficient and less fatiguing, Schäfer's being rarely applicable on the operating table. The use of the latter, however, should be borne in mind in the event of acute respiratory obstruction, under anaesthesia, due to the presence of a foreign body. Occasions might arise when a laryngotomy was necessary, and the forcing of air into the lungs by inflation. Caution was needed against undue violence in carrying out any measure of artificial respiration. When the heart had ceased to beat, attempts to revive it might be made by massage, intracardiac injection of a drug, or puncture of auricle or ventricle.

Many successful cases of restoration by massage had been reported. The route commonly employed was the sub-diaphragmatic. Most attempts, however, were unsuccessful. Bost restored the heart's action, after sub-diaphragmatic massage had failed, by incising the diaphragm and grasping and squeezing the heart. Norbury was unable to restore pulsation in thirteen out of sixteen hearts using sub-diaphragmatic massage, but direct massage, when the abdomen was open, was quickly followed by pulsation. The movements of the hands in this method were those of compression, not of massage. They brought about stimulation of the heart by pressure on the nerve ganglia and by emptying the ventricles.

To prevent pneumothorax, the parts were pressed round the wrist. Levy recommended intubation or passage of an endotracheal catheter so that perflation of the lungs could be effected. The rate of compression should not exceed forty to the minute. The heart usually recovered slowly, and there should be brief intermissions with the first feeble beats. The heart should be stimulated from time to time till the beats became strong and regular. Ogilvie reported a case in which massage was continued for seventy-five minutes before spontaneous beats were obtained. Artificial respiration should be kept up until natural breathing started again. Many drugs had been used for intracardiac injection—caffeine, camphor, digitalis, strychnine, strophanthus, pituitrin, adrenaline, metrazol, and sodium thiosulphate. Imerman revived an elderly patient moribund from insulin hypoglycaemia by injection of 20 per cent. dextrose solution. Adrenaline was the drug most advocated. It was not without danger, as it could produce myocarditis or fibrillary contractions. Success having attended the use of so many different drugs with widely differing actions, it would seem that there was something more at work than the action of the drug. Watson showed in 1887 that in twenty-two out of sixty experiments on dogs killed by chloroform, puncture of the heart alone sufficed to start the beat. Hyman, acting on the view that success of intracardiac injection depended on the irritant action of the needle puncture, succeeded in reviving a patient, collapsed during ether anaesthesia, by puncture of the ventricle after other methods had failed. He stated that the arrested heart became irritable and responded readily to any strong stimulus. The first beats were extrasystoles, usually succeeded by normal rhythm, but if the myocardium had suffered much damage, arrhythmia might persist and develop into ventricular fibrillation. This might explain secondary collapse after successful resuscitation. Extrasystoles arising in the auricles followed by auricular fibrillation were compatible with life. The auricles were more sensitive to stimulation than the ventricles. For these reasons Hyman punctured the auricle in four patients who had died from various causes. In two, the heart-beat was restored, in one for seventeen minutes, and in the other for eight days. Hyman had collected forty-four instances in which auricular puncture had been performed. Out of four patients with healthy asystolic hearts, two responded to the treatment and were still alive. The most

and forceful personality inspired confidence, and he was full of enterprise and resource in all operative procedures. Nevertheless, though stimulating to the individual dresser and house-surgeon, he found it difficult to make effective contact with students in the mass during the routine work of a lecturer on the principles and practice of surgery.

We much regret to announce that Dr. MARK HENRY HERBERT VERNON died at his residence at Horsham, Sussex, on December 7th, aged 78. He was educated at Marlborough College and at St. Bartholomew's Hospital, where he later held the appointment of ophthalmic house-surgeon. In 1875 he won the Brackenbury scholarship and took the M.R.C.S. diploma, and in the following year the L.R.C.P. After being resident surgeon to Leeds General Infirmary he went to Horsham in 1878, as a member of the partnership Bostock, Bostock and Vernon, and practised there until 1922, when he retired. On several occasions Dr. Vernon was chairman of the Horsham Division of the British Medical Association, and was elected president of the Sussex Branch in 1926 and again in 1931. After his retirement he gave much time to public affairs, being chairman of the Horsham Urban District Council, and a member of the West Sussex County Council. The funeral took place on December 10th at Horsham Parish Church. Dr. L. A. Parry writes: We of the Sussex Branch have sustained a great loss by the death of our president, Vernon of Horsham. He has been one of us for so long, helping us by his sound advice and by his kindly and courteous dealings with us, that we have come to look on him as one of the elders on whom we could always rely for assistance. I have had the privilege of serving as secretary of the Branch both during his first presidency in 1926 and during his present term of office, and I have been able to go to him at any time when needing help with the full assurance that he would give me all of which he was capable. His loss to me, and I know to all of us in the county, is great. We shall remember him as a true friend and as a doctor of the very best type, always willing to give of his large knowledge of men and affairs to those of us who consulted him. *Requiescat in pace.*

Dr. LOUIS BENNETT CLAREMONT, who died on November 23rd, at the age of 71, received his medical education at University College Hospital, where he obtained the diplomas M.R.C.S., L.R.C.P. in 1882, and was obstetric assistant to the late Sir John Williams. He then joined his father in practice in Hampstead Road, N.W., for twelve years, after which he removed to Haverstock Hill, and subsequently to Golder's Green. Dr. Claremont held several public appointments in St. Pancras and Highgate, including those of public vaccinator for St. Pancras and medical officer to the St. Martin-in-the-Fields Almshouses, both of which posts he took over from his father. He was also nose, throat, and ear surgeon to the St. Pancras Clinic, Kentish Town, and to the Highgate New Town Clinic, in the construction and equipping of which he had been active. Dr. Claremont was a member of the British Medical Association. During the war he acted as clinical assistant at the Golden Square Throat Hospital, in order to release younger medical men for active service. His son, Dr. Edmund Claremont, is director of the Eastman Dental Clinic at the Royal Free Hospital.

Dr. DONALD STEWART DEWAR of North Shields, who died on December 10th, after a short illness, was born in 1871, and graduated M.B., C.M., at the University of Glasgow in 1894. After practising successively at Ronaldkirk, Yorkshire, and Whitley Bay and Willington Quay, Northumberland, Dr. Dewar went to North Shields in 1925. The honorary secretary of the Tyneside Division of the British Medical Association, of which Dr. Dewar was a member, writes: Whilst of a retiring disposition he had a most genial and engaging personality, which endeared him to his patients and made a lasting impression upon all his colleagues. He possessed a high sense of duty and honour, and his cheerful and unassuming personality will be missed and remembered by all his many lay and medical friends. Dr. Dewar leaves a widow, one son, and one daughter.

The following well-known foreign medical men have recently died: Dr. ANTONIO DIONISI, professor of morbid anatomy at the University of Rome; Dr. JOHN BLAIR DEAVER, professor of surgery at Philadelphia, and author of works on surgical anatomy, appendicitis, disease of the breast, and enlargement of the prostate, aged 76; and Dr. ARCILE ZAMORA, professor of therapeutics in Bolivia.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

Both Houses of Parliament stand adjourned till February 2nd, but the Lord Chancellor and Speaker are authorized to summon them earlier if emergency requires this.

Before the House rose on December 11th the Royal Assent was given to the Horticultural Products (Emergency Duties) Act, the National Health Insurance (Prolongation of Insurance) Act, and the Statute of Westminster Act. On the same day, in the House of Commons, Major Oliver Stanley, Under-Secretary for Home Affairs, presented the Children and Young Persons Bill, "to make further and better provision for the protection and welfare of the young and the treatment of young offenders, to amend the Children Act, 1908, and other enactments relating to the young and for objects connected with the purposes aforesaid." The second reading of this Bill is put down for February 4th. The business for February 2nd is the second reading of the Town and Country Planning Bill.

India and Medicine

During the debate on Indian policy in the House of Commons on December 2nd, Dr. W. J. O'DONOVAN spoke of the service which European doctors had rendered to Indians. Without distinction of colour, race, or political outlook, England and Western civilization had given India the boon of life. Malaria reduced fertile plains to wild jungle, and made man unable to contest with nature. In the medicine taught in the schools of Europe India saw a prospect of being freed from that scourge. Hookworm disease, which made men unfit to work, afflicted 60 to 70 per cent. of the population in some parts of India. It had been studied in British and Continental schools of medicine, but to that study his Indian colleagues had contributed practically nothing. In the Section of Tropical Diseases of the Royal Society of Medicine, and in the Hospital for Tropical Diseases in Endsleigh Gardens, London, the dysenteries were studied, and the benefit of that research was at the disposal of every Indian hospital. Were English medicine and the English connexion to be abruptly cut off, Indians would suffer. Similarly with leprosy, if modern medicine and research were allowed full play, leprosy could be abolished. The history of Indian medicine was empty of any records of the study and cure of cholera. Many of his professional brothers had died because of that disease and its investigation, and it was sad that in the Government's White Paper on India, and the records of the Round Table Conference, the work of the medical profession was almost unrecorded. Tuberculosis was as prevalent in India as in the United Kingdom, perhaps because of that custom of enclosing their womankind, which led to stunted growth, early death, and death in childbirth. That custom could only be broken by a great increase in medical education throughout the Indian Empire. He drew attention to the keenness of Indian students to study in England. Deans of medical schools were hard put to it to find places for them. This proved that England had much to give to India, and that politicians should do nothing which prevented that help being freely offered. He had never been in India, but so intimate was the knowledge which the London medical schools had of the medical needs of India that he spoke

as one to whom these things were an everyday matter. Politics were phantoms unless addressed to the health of the people, which was more important than votes or status.

Mr. E. T. CAMPBELL, as one who had lived twenty-one years in the Tropics, congratulated Dr. O'Donovan on his interesting speech.

Miss ELEANOR RATHBONE adduced evidence that the average life of an Indian was 25 years, as against 54 for an Englishman, and that the Indian death rate was 30 to 35 per 1,000. Even in the large towns few sick people ever saw a doctor, and certificates of death were usually guesswork by a non-medical registrar. Abject poverty and ill-health were the cause of Indian discontent, and she trusted that the committees of inquiry which the Government proposed to set up would make possible a quickening of the slow pace of Indian social reform in health, and, above all, in the conditions of marriage and maternity.

Sir SAMUEL HOARE, Secretary of State for India, congratulated Dr. O'Donovan on his useful contribution to the debate.

Shop Hours : Sale of Medicines, etc.—Sir HERBERT SAMUEL, in reply to Mr. Goldie on December 10th, stated that shops were required by the Shops Act, 1912, to close for a weekly half-holiday, but an exemption was provided for the sale of medicines and medical and surgical appliances. Though there had been no legal decision, chemists in Central London treated toothbrushes as covered by this exemption. Wherever there was legislation dealing with such a matter as a weekly half-holiday for shops, some special exceptions must be permitted. Any amending legislation would involve either the surrender of the half-holiday or else borderline cases of a different character.

Asbestosis.—In reply to Mr. J. Jones, on December 10th, Sir HERBERT SAMUEL said 582 workers engaged in the asbestos industry had so far been examined by members of the medical board ; three had been found to be suffering from asbestosis, of whom one had been certified to be totally disabled, and two had been suspended. In addition, one had been suspended on account of tuberculosis and one on account of defective physique, making a total of four who had been suspended. in seventy-seven of the cases examined the Board was awaiting the result of a radiological examination, and had come to no conclusion. Replying to Dr. Fremantle, he said these figures covered the period since June, when the measure came into force.

Mental Hospital Accommodation.—Sir E. HILTON YOUNG told Dr. J. H. Williams, on December 10th, that the initial cost of providing a bed in a mental hospital might be estimated at £500 at present, but the annual cost of maintaining it was about £70. The suggestion that expense might be avoided by the provision of suitable and inexpensive hostels for slight and temporary cases that did not require detention was impracticable, because the adequate preventive treatment of incipient cases required resources of staff and equipment which could not be provided in inexpensive hostels.

Imported Fruit Pulp.—Replying, on December 10th, to Mr. Dunner, Sir E. HILTON YOUNG said imported fruit pulp was examined at the ports under the Imported Food Regulations, which empowered the sanitary authorities to seize for destruction any articles of food which were found to be diseased, unsound, unwholesome, or unfit for human consumption. At present there was no information which would justify the prohibition of the importation of Russian fruit pulp in the interests of public health.

Veterinary Research.—Replying on December 10th to Dr. Fremantle, Sir J. GILMOUR said the Ministry of Agriculture had formulated proposals for the development and co-ordination of veterinary medical research. These were now under discussion with the Agricultural Research Council. Any scheme finally settled could only be put into operation as and when financial circumstances permitted.

B.C.G. Vaccine.—Sir HERBERT SAMUEL told Sir F. Sanderson, on December 10th, that a licence under the Cruelty to Animals Act, accompanied by Certificate A, would permit experiments upon animals with the Calmette or B.C.G. vaccine to be conducted. Some research work on the subject had been done in this country.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Faculty Board of Medicine has appointed the following to be members of the Committee for Medical Radiology and Electrology for the year 1932: Professor J. T. Wilson, Dr. G. S. Graham-Smith, Dr. Stanley Melville, Dr. E. P. Cumberbatch, Professor Sidney Russ, and Dr. Russell J. Reynolds.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A meeting of the Council of the College was held on December 10th, with Lord Moynihan, the President, in the chair.

Court of Examiners

Mr. E. Rock Carling (surgeon to the Westminster Hospital), Mr. A. E. Webb-Johnson (surgeon to the Middlesex Hospital), and Mr. Claude H. S. Frankau (surgeon to St. George's Hospital) were re-elected members of the Court of Examiners.

Diplomas and Licences.

The Fellowship of the College was conferred on the following forty-six candidates:

H. E. Harris, C. S. Hallpike, E. Jacobson, Diana J. K. Beck, Gertrude M. B. Morgan, C. L. Owen, O. Hooper, E. S. Evans, J. K. Monro, H. E. James, A. B. Pain, R. W. Raven, A. El S. Handousa, G. S. Storrs, J. C. F. L. Williamson, T. H. Berrill, E. C. B. Butler, J. B. Blaikley, B. W. Rycroft, S. N. Mathur, A. M. Boyd, V. Hariharan, A. S. Philps, N. C. Tanner, Flora Hargreaves, T. H. Wilson, P. V. Reading, P. B. Ascroft, Margaret M. White, H. A. Phillips, H. G. Letcher, D. S. P. Wilson, H. A. Body, D. D. Boovariwala, S. B. Cooper, A. Cruickshank, R. Lal, D. M. Mitchell, D. H. Mitchell, L. M. Park, E. E. Price, L. S. Rogers, T. O. Sayle, H. H. Skeoch, V. S. Stone, F. Welsh.

A diploma of Membership was granted to E. A. Knappett, and the Licence in Dental Surgery was conferred upon fifty-six candidates.

Appointments

Sir John Rose Bradford, Bt., was elected a member of the Executive Committee of the Imperial Cancer Research Fund, on the nomination of the General Committee of the Fund.

It was reported that the Secretary of State had appointed Mr. W. Sampson Handley to be a member of the Advisory Committee on the Administration of the Cruelty to Animals Act, 1876, in place of Sir Charters Symonds.

Legacy

It was reported that a legacy of £50, free of duty, for the laboratory fund of the College, had been bequeathed by the late Dr. F. W. Collingwood.

Representation of Members on the Council

The Council considered the following resolution, which was carried at the annual meeting of Fellows and Members on November 19th:

> That this forty-third annual meeting of Fellows and Members of the Royal College of Surgeons reaffirms that it is essential that Members, who constitute nine-tenths of the College, should be admitted to direct representation on the Council, especially having regard to the striking result of the poll of Members taken last year.

The following reply to the resolution was adopted:

> The Council, having considered the report of the proceedings at the annual meeting of Fellows and Members, adheres to the opinion expressed at its meeting in January, 1931.

Primary Fellowship Examination

The following 53 candidates, out of 180 who presented themselves, were approved at the examination held from December 1st to 12th:

S. W. Allinson, A. W. Badenoch, G. T. Balean, H. C. Barrett, J. Bastow, G. H. Bateman, R. H. R. Belsey, M. J. Bennett-Jones, J. G. Bowen, V. R. Clifton, R. B. W. A. Cole, A. L. d'Abreu, R. P. Dalal, R. S. de Bruyn, Jean M. Dillar, C. L. S. Duke, R. S. Ellis-Brown, F. I. Evans, W. J. Ferguson, J. D. Ferguson, E. O'D. C. Grattan, A. Hilmy, J. E. Hughes, A. T. Hunter, D. M. Jones, L. E. Jones, B. L. Kapur, A. McDowall, D. B. McGavin, A. H. McIndoe, Jocelyn A. M. Moore, R. F. Mowll, J. H. Moynihan, C. S. Patel, P. H. L. Playfair, D. C. Price, J. S. M. Robertson, M. A. Robertson, I. G. Robin, Enid H. Rockstro, J. R. Rose, B. J. Sanger, N. T. H. Schafer, G. M. A. Shaikh, N. L. Shepherd, T. T. Stamm, D. M. Stern, F. G. St. C. Strange, T. G. Tregaskis, R. W. D. Turner, F. H. Weston, C. W. K. Willard, S. L. Wilson.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

The following have been admitted Fellows of Faculty: David Riddell Campbell, Malcolm Carfrae Douglas, John Shaw Dunn, Gilbert Garrey, James Livingstone Loudon, Alexander Miller, Ellen Brown Orr, Albert Arthur Fitzgerald Peel.

Medical News

The house and library of the Royal Society of Medicine will be closed from Wednesday, December 23rd, to Saturday, December 26th, both days inclusive.

The Institute of Medical Psychology, 51, Tavistock Square, W.C.1, has arranged a series of twenty lectures on psychological types and mechanisms as an introductory course in psychological medicine for the general practitioner. It will be given at the Friends House, Euston Road, N.W.1, on Wednesdays, beginning January 20th, 1932. The course is divided into two series, ten lectures being given by Dr. E. Graham Howe and ten by Dr. H. Crichton-Miller. The fee for either series is £1 11s. 6d., or for both series £2 2s.

A three months' course of lectures and demonstrations on clinical practice and in hospital administration for the D.P.H. (instruction in hospital administration) will be given at the Brook Hospital, Shooters Hill, S.E.18, by the medical superintendent, Dr. J. B. Byles, on Tuesdays and Fridays at 3 p.m., and alternate Saturdays at 11 a.m., beginning on Tuesday, January 5th, 1932. Medical men proposing to join the course must, before attending the hospital, pay the fee, £3 13s. 6d., to the Medical Officer of Health, London County Council, Public Health Department (Special Hospitals), Victoria Embankment, E.C.4.

The Fellowship of Medicine and Post-Graduate Medical Association announces a course of lectures on treatment, to be given at the Medical Society of London, 11, Chandos Street, Cavendish Square, on Wednesdays, at 4 p.m., from January 13th, 1932. These lectures are free to members of the Fellowship ; the fee to non-members is £1 1s. for the series of nine, or 5s. a lecture, payable at the lecture room. An evening course of six lectures on endocrinology will be given by Dr. Langdon Brown at the Medical Society of London on Mondays and Fridays at 8.30 o'clock, starting January 11th ; fee for the series £3 3s., or 12s. 6d. a lecture, payable at the lecture room. In future, all special courses and lectures arranged by the Fellowship of Medicine will be open only to its members ; the annual subscription is £1 1s., including the monthly *Post-Graduate Medical Journal*. A lecture-demonstration on rheumatic infection and heart disease in children will be given by Dr. Bernard Schlesinger at the Children's Heart Hospital, West Wickham, Kent, on Saturday, January 2nd, from 10.30 a.m. to 12 noon ; fee 7s. 6d., payable to the Fellowship, 1, Wimpole Street, W.1 ; applications must be received by December 28th.

At the December meeting of the Central Midwives Board for England and Wales the dates of the ordinary meetings of the Board for the year 1932 were fixed as follows: January 7th, February 4th, March 3rd, April 7th, May 5th, June 9th, July 21st, October 6th, November 3rd, and December 1st.

The twenty-second annual exhibition of scientific instruments and apparatus, arranged by the Physical and Optical Societies, will be held on January 5th, 6th, and 7th, 1932, at the Imperial College of Science and Technology, South Kensington, from 3 to 6 p.m., and from 7 to 10 p.m. Tickets may be obtained from the exhibition secretary, Institute of Physics, 1, Lowther Gardens, Exhibition Road, S.W.7.. Admission on January 7th will be free, without ticket.

The presidential address of the West London Medico-Chirurgical Society, on the relationship of the general practitioner to the voluntary hospitals, is published in full in the fourth quarterly number of the *West London Medical Journal*.

A special matinee was arranged by Mrs. Frank Worthington at the Aldwych Theatre, on December 10th, in aid of the Royal Free Hospital, and the East London Hospital for Children, Shadwell. The play, *The Black Parrot*, by H. Fletcher Lee, was admirably produced by Mr. Wilfred Fletcher, who also gave an excellent rendering of Philip Quinton, the husband of Lois Quinton, the leading lady, whose part was played with great charm by Mrs. Frank Worthington herself. The matinee was a brilliant success, and the Royal Free Hospital and the East London Hospital for Children have every reason to be grateful to Mrs. Worthington and all who helped her, as we understand that by this and another performance of the same play she has raised £900 for these two charities.

The *Deutsche Zeitschrift für Chirurgie* and the *Zentralblatt für Chirurgie* have each published a Festchrift on the occasion of Professor August Bier's seventieth birthday, which was celebrated at the Langenbeck-Virchow House on November 23rd.

The next annual congress of the Royal Institute of Public Health will be held in the city of Belfast from May 10th to 15th, 1932, on the invitation of the Lord Mayor and Municipality and the Queen's University of Belfast. It will be presided over by the Marquess of Londonderry, Chancellor of the University. The inaugural meeting will be held on the morning of Tuesday, May 10th, and the scientific work of the congress will be conducted in the following Sections: State medicine and municipal hygiene (including port sanitation) ; Industrial hygiene ; Women and children and the public health ; Tuberculosis ; Pathology, bacteriology, and biochemistry. Delegates are being invited from the Governments, the municipalities, the universities, and other public bodies of Great Britain and Ireland and the British Dominions, as well as from Continental and other foreign countries. Arrangements have been made with the railway companies for a reduction in the fares.

Dr. James Cran has been appointed an unofficial member of the Legislative Council of the colony of British Honduras.

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).

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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

Intestinal Flatulence

"PUZZLED" writes: Could any of your readers recommend treatment for intestinal flatus in a well-nourished, but somewhat neurotic man of 35. Urine, etc., are normal. *X* rays show no abnormality beyond a very slight kinking of the colon. The bowels are kept easily moved by a teaspoonful of is-o-gel at nights. The flatulence begins in the mornings after defaecation, and continues all day, with distension pains and general depression. Sometimes it can be dispelled by lying on the left side. He has had courses of abdominal massage and exercises, without much improvement. Temporary relief is obtained by rectal injection of two tablespoonfuls of glycerin. Are any drugs helpful? He has tried bismuth, etc., without result. Might the condition be purely functional?