

adhesions the symptoms are usually fairly severe. The condition of slight ileal stasis which I have described is apparently a spasm of the sphincter brought about by the local irritation of a chronic appendicitis, and is quite sufficient to justify a diagnosis of such a condition. Unfortunately, all cases of chronic appendicitis do not give the inhibition of the reflex, and a considerable number of cases show the reflex to be what is probably normal in type.

A series of over 300 cases has been examined in hospital by giving the patient the excitator meal four hours after the liquid barium meal. In practically all of these cases a diagnosis of chronic appendicitis was made. So far, only in forty of these cases are the operation findings available. All were proved at operation to be cases of chronic appendicitis, and in twenty-one inhibition of the reflex was found in that either no barium had entered the caecum—as in most of the cases—or the barium was just commencing to enter the caecum. In nineteen cases sometimes as much as all the barium was in the caecum and colon—a normal reflex action; in some of the others a few inches of the pre-caecal ileum could be seen. Since more than half of such cases show a disturbance of the gastro-ileal reflex, it is a reasonable conclusion that about half the cases of chronic appendicitis show this type of ileal stasis, due most likely to spasm of the ileo-caecal valve, brought about by local irritation, the real cause of the inhibition of the reflex. A diagnosis of chronic appendicitis can be made from this type of ileal stasis alone, even in the absence of the other radiological signs which we seek and of clinical signs which point to the appendix as the seat of disease. This I have proved in a number of private patients suffering from obscure dyspepsia where there was nothing in the history or clinical examination to suggest the presence of chronic appendicitis.

In a recent case a man was acutely ill, suffering from abdominal pain and rigidity, mostly in the epigastric region; there was high temperature, sweatings, and jaundice (toxic). The clinical picture was that of a gastric or duodenal perforation which had become shut off by adhesions. The surgeon had decided on laparotomy, but, before operating, requested me to make a barium meal examination, to see if the stomach or duodenum showed any change. The stomach and duodenum were apparently normal. The patient was given an excitator drink (he was on liquids) at five hours, and at six hours all the barium was in the ileum, even although the patient had been suffering from a troublesome diarrhoea. The following day the colon was well outlined. No actual diagnosis was made here, but in view of the ileal stasis I suggested that attention should be given to the appendix at the operation. The condition found was a fairly large appendix abscess walled off by adhesions. This case is of interest because it shows that even gross disease of the appendix may be symptomless so far as the localizing signs are concerned, yet stasis of the ileum here, as in the chronic cases, pointed to the appendix as the seat of the disease.

#### SUMMARY

1. Three hundred cases of chronic appendicitis have been examined radiologically.
2. Forty cases have been operated upon.
3. The gastro-ileal reflex is elicited by giving ordinary food, as an excitator meal, four hours after the barium meal, and noting the amount of barium in the colon one hour later.
4. Chronic appendicitis causes delay in the filling of the colon in about 50 per cent. of cases.
5. Delay in the filling of the caecum under such conditions can be regarded as a sign of chronic appendicitis.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### IMPACTED MANDIBULAR THIRD MOLAR

It may not be out of place to draw attention to a cause of persistent cranial neuralgia which is frequently overlooked. The treatment belongs properly to the domain of dental surgery, but the patient is often first seen by a medical man.

##### CASE I

A female, aged about 55, had been subject to intermittent attacks of neuralgia on the right side of her face since the age of about 20. Four years previously she had noticed that she was cutting another tooth in the region of 8; more recently she had been conscious of a nasty taste in her mouth. On examination the wisdom tooth was found partly exposed and impacted in the horizontal position, with its crown almost completely carious. After removal of the tooth the immediate symptoms subsided, and the patient has been free from neuralgia ever since—two years ago. The wisdom tooth on the left side was in its normal position.

##### CASE II

A male, aged 17, had been suffering from almost intolerable paroxysms of severe neuralgia on the right side of the face and head. He had been treated for nearly a year with large doses of quinine, which gave temporary relief. On dental examination no obvious cause for the neuralgia could be found, but the dental *x*-ray films showed both lower wisdom teeth deeply impacted in the disto-angular position. Although there had been no symptoms on the left side both teeth were dealt with at the same time; there have been no paroxysms of pain since.

In all cases where no obvious cause of cranial neuralgia is apparent the condition of the mandibular third molar should be ascertained. If it is not visible and no history of its extraction—or of the lower first permanent molar—can be obtained, dental *x*-ray films should be taken. If the missing tooth is impacted in a favourable position and the second molar is carious and not likely to last long in the mouth the latter may be extracted, but if the second molar is a good tooth the impacted mandibular third molar only should be removed. This is by no means such a trivial operation as ordinary tooth extraction. These cases usually occur in persons of 16 to 25, but Case I shows that older patients are not exempt.

G. GRAHAM MACPHEE, M.A., M.B.,  
Ch.B., L.D.S.

Liverpool.

#### PERFORATION OF THE ILEUM IN A CASE OF LATENT TYPHOID FEVER

Sporadic cases of typhoid fever often escape recognition during the first week, before the signs of the disease are fully developed. It must be very unusual, however, for a case to perforate, and after operation to proceed to full recovery, with none of the common manifestations of the disease occurring.

A man of 40, who gave a history of typhoid ten years previously, was taken ill on June 9th, 1932. For some days he was in bed, with a temperature of about 100° F., and had slight headache and pains in the back. His tongue was clean, his bowels regularly open, and there were no abdominal symptoms of any kind. Suddenly, on June 18th, he was seized with severe abdominal pain, resembling in many ways that of a perforated duodenal ulcer. Board-like rigidity developed, with slight hypogastric distension. Maximum tenderness was in the right iliac fossa.

A laparotomy was performed four hours later, and, on opening the abdomen, a quantity of blood-stained fluid escaped. The whole lower ileum was thickened and inflamed.

Two perforations, six inches apart, each the size of a match-head, were found about a foot above the ileo-caecal valve. These were oversewn with some difficulty, as the bowel was very friable. A tube was left in the pelvis. The man made a steady recovery, delayed somewhat by the development of an inflammatory mass in the right iliac fossa, which was gradually absorbed. He went home five weeks after operation, and has remained well since.

At the time of operation a diagnosis of "perforative peritonitis" was made, but as soon as the condition of the bowel was seen it seemed certain that we were dealing with a case of typhoid fever. A very guarded prognosis was therefore given. The man recovered, however, with none of the common manifestations of typhoid. The temperature fell to normal in the course of the next week. The spleen did not enlarge. No rash developed, and at no time did he show any signs of toxæmia. Three separate Widal tests were all negative. It was not possible to get a satisfactory examination of the stools made.

In spite of these facts typhoid seems the most probable diagnosis. The previous malaise is thus accounted for, as is also a marked slowness of the pulse. Immediately before operation, when signs of peritonitis were well marked, his pulse was only 70.

Peptic ulcers occur in the ileum, but it is not likely that two of them would perforate at the same time. There was, besides, a very definite inflammation of the whole lower ileum. It must be assumed that we were dealing with a case of typhoid in which extensive ulceration of the bowel occurred with little constitutional disturbance. This was in a way a disadvantage, since no attention was paid to the diet in the early stages. His previous attack of typhoid may have given him an increased resistance, but if that were so, a positive Widal reaction would have been expected.

S. L. CORRY, M.B., B.S.

Hereford.

B. G. SCHOLEFIELD, M.Ch., F.R.C.S.

#### CALCULUS ANURIA

The case recorded below illustrates the value of nephrostomy in suppression of urine, the kidney last affected being the one upon which operation should be performed. The symptoms in this case indicate faulty metabolism and impaired excretion of purins as the aetiological factors. The patient's previous mode of life supports this hypothesis: he took very little exercise and reduced his fluid intake to a minimum for the greater part of the day, making up for it by drinking four or five glasses of beer in the evening after finishing his day's work.

A man, aged 51, was admitted to Ashford Hospital at noon on May 1st, 1932, suffering from complete suppression of urine, with the history that in August, 1929, he had a very severe attack of renal colic on the right side, accompanied by pyrexia. The attack subsided suddenly, with the passage of urine loaded with uric acid crystals. He remained well until August, 1931, when he had another attack of colic, not quite so severe as the first, the left side being affected this time. The attack subsided gradually, and a few days later he passed a small shell-like calculus about the size of a pea. On April 28th, 1932, he returned home late after a tiring day's motoring in a thick fog; he felt completely "done up," and went to bed and to sleep. Next day he felt better and went to his office, but returned home early because he had pain in the left loin. He vomited during the night. On April 30th the pain was unaltered, and at midday he found he could not pass any urine. He slept heavily, but as he could not urinate in the morning he became alarmed and sent for his doctor; the pain in the loin had disappeared. The passage of a catheter demonstrated that there was no urine in the bladder.

On admission his condition was good; he looked fairly well, although stout and flabby. His temperature was 98.6°, pulse rate 100, respiration rate 20, and blood pressure 140/80.

There was emphysema of the lungs, and catheterization elicited the fact that the bladder was empty and confirmed the diagnosis of renal suppression. X-ray examination was negative.

Radiant heat, free purgation, etc., were employed to relieve the strain on the kidneys and induce secretion, but without success. By noon of May 2nd the suppression had lasted for forty-eight hours, and it was not considered wise to temporize longer. Symptoms suggested the presence of a calculus partially or completely impacted in the left ureter. Under general anaesthesia an incision was made in the left loin and the kidney exposed; on incision of renal capsule the cortex bulged as the result of tension. A large drainage tube was passed through the kidney substance into the renal pelvis. No calculus was discovered on palpation of the kidney, pelvis, and upper ureter. The tube was stitched to the kidney and margin of the wound, which was closed in the usual manner.

The result was gratifying. The patient passed 16 oz. of urine naturally during the night and subsequently as follows: second day, 62 oz.; third day, 50 oz.; fourth day, 48 oz. The urine at first contained blood; there was also a small quantity of urine which drained through the lumbar tube. The tube was removed on the fifth day and the urinary fistula healed uneventfully in five weeks. On June 13th the patient was given uroselectan B intravenously in order to assess renal function. Shadows of both renal pelves and ureters were obtained, but the secretion of dye on the right side was delayed until thirty minutes had elapsed, whereas it appeared on the left side in six minutes.

The patient was discharged on June 16th. Since then he has increased his fluid intake, which is spread uniformly throughout the day. His drinks consist mainly of water, lemonade, very weak tea, and cydrax. His diet is designed to limit the ingestion of purins, and he takes pot. cit. 3j in warm water morning and evening. He has remained well up to date.

E. SCOTT, D.M.Oxf.

Ashford, Kent.

H. BLOEMOVITCH, M.R.C.S., L.R.C.P.

## Reports of Societies

### USE AND ABUSE OF MASSAGE

At the meeting of the Medical Society of London on November 28th, with Sir JOHN BROADBENT in the chair, a discussion took place on the use and abuse of massage.

Dr. A. H. DOUTHWAITE accompanied his opening remarks by a demonstration, in which he was helped by a sister from the massage department at Guy's. Explaining that he used the term "massage" to include physical exercises, he said that he knew of no condition likely to benefit from massage alone, with the possible exception of insomnia. He confined himself to the discussion on certain common diseases or symptoms which illustrated the benefit derived from this treatment. Pain resulting from injuries such as fracture and sprain might be relieved by the judicious use of massage. One had only to look back upon the pre-war treatment of sprain to realize what an enormous advance massage had made in this direction. Formerly it was usual for a sprained ankle to incapacitate the patient for five or six weeks and not to become normally strong again for six months; nowadays, owing to the employment of massage, these periods had been reduced to four days and three weeks respectively. The massage of an inflamed area in general was contraindicated. On the other hand, acute and chronic fibrositis responded better to this condition than any other treatment he knew. Oedema could be at least ameliorated by massage, if not cured. With regard to constipation, purgatives and even so-called lubricants were not entirely harmless, yet how few patients in the place of these remedies had been subjected to massage and remedial exercises, with a suitable dietetic regime. First and foremost, abdominal breathing had to be taught in order to obtain voluntary and active contractions of the diaphragm. He demonstrated *pétrissage* (the kneading action) and also a shaking action—an in-and-out direct vibration of the abdominal contents. In localized wasting

workers, and as the results will indicate the effects of the abolition of night work they ought to prove of great interest. Many other investigations besides those referred to are summarized in the report, and it is evident that the Institute is performing invaluable work on the science of labour.

#### QUACK RADIUM REMEDIES

In his Silvanus Thompson Memorial Lecture—to which we shall refer again in a later issue—Viscount Lee of Fareham, chairman of the National Radium Commission, spoke some winged words about quack remedies that ought to be quoted far and wide in the lay press. The title of his lecture on December 8th was "Radium as a therapeutic agent: the case for national control." Turning to one small part of this subject, Lord Lee insisted upon the need for a rigid control, falling little short of prohibition, over patent remedies, cosmetic preparations, and the like, which contain or profess to contain radium or other radio-active substances. Some of these are harmless, and merely fraudulent because they contain no radium at all, or only a negligible trace. Of a recently advertised cosmetic, "guaranteed to contain actual radium," it was claimed that if applied regularly this would not only remove wrinkles, but "make the contours of the face more delicately refined." These and other miraculous powers resided in a 5s. jar of grease containing less than a farthing's-worth of radium. (The price of radium to-day is about £15,000 a gram.) On the other hand, some commercial preparations containing radium are so potentially deadly that their preparation or sale should be sternly suppressed by law and even made a criminal offence. Lord Lee referred particularly to the so-called "radium waters" which have been freely advertised in America as a harmless cure for every ailment. This deadly beverage really contained an appreciable amount of radium, and its first effect was agreeable and stimulating; so much so that one of its prominent victims drank large quantities and died recently from necrosis of the jaws, acute anaemia, and abscess of the brain. Necropsy revealed the largest amount of radium ever found in a human body—some 30 micrograms. While this may be an extreme case, the credulous public in this country are being flooded with advertisements of "radium remedies" in various forms—drinking waters, pills, hair restorers, soap, and what not. None of these, it is believed, can have the slightest therapeutic value, but if they do contain radium they must be harmful. There is, indeed, as Lord Lee says, no reason why any consideration should be shown to the vendors of quack remedies who prey upon an innocent public by such means.

Professor G. E. Gask's Bradshaw Lecture, on the surgery of the sympathetic nervous system, will be delivered before the Royal College of Surgeons of England on Thursday, December 15th, at 5 p.m.

We are asked to state that the second informal conference of cancer research workers, organized by the British Empire Cancer Campaign, will be held on Wednesday and Thursday next, December 14th and 15th, at the rooms of the Medical Society of London, Chandos Street, W. Further information may be obtained on application to Mr. Cecil Rowntree, honorary secretary of the Organizing Committee, at 12, Grosvenor Crescent, S.W.1.

#### MEDICAL CURRICULUM CONFERENCE

The Board of the Faculty of Medicine of the University of London, during the session 1931-2, had under consideration a number of requests from various sources for modifications in the medical curriculum, and, in view of these requests, the then Dean of the Faculty asked the Board to consider whether the different parts of the curriculum should be dealt with separately, or whether the time was ripe for a review of the whole curriculum. A subcommittee was appointed to consider the question, and the view of this subcommittee was that there was sufficient cause for dissatisfaction to justify a review of the whole curriculum, and the Board of the Faculty of Medicine reported to the Senate accordingly. The Board had also been aware, unofficially, that a syndicate had been reviewing medical studies at the University of Cambridge, and that dissatisfaction with the medical curriculum was felt in various places.

The Senate of the University of London, at its meeting on June 22nd, 1932, passed the following resolution:

That the Universities of Oxford and Cambridge and the Royal College of Physicians of London and the Royal College of Surgeons of England be invited to appoint representatives to confer with the University of London to consider the defects of the medical curriculum and to make suggestions for reform, and that the Board of the Faculty of Medicine be asked to nominate not more than four representatives to attend the conference.

Invitations were sent to the University of Oxford, the University of Cambridge, the Royal College of Physicians, and the Royal College of Surgeons, inviting these bodies to appoint representatives to confer with the University of London. These invitations were accepted, and representatives were appointed to the Medical Curriculum Conference as follows:

##### University of Oxford:

Sir Farquhar Buzzard, Bt., K.C.V.O., D.M., F.R.C.P.,  
Regius Professor of Medicine.  
M. H. MacKeith, D.M.  
W. H. Ogilvie, D.M., M.Ch., F.R.C.S.

##### University of Cambridge:

W. Langdon Brown, M.D., F.R.C.P., Regius Professor  
of Physic.  
Professor H. R. Dean, M.D., F.R.C.P.  
A. E. Clark-Kennedy, M.D., F.R.C.P.

##### University of London:

A. M. H. Gray, C.B.E., M.D., F.R.C.P., F.R.C.S.,  
Dean of the Faculty of Medicine.  
Professor C. A. Lovatt Evans, D.Sc., F.R.C.P., F.R.S.  
Professor G. E. Gask, C.M.G., D.S.O., F.R.C.S.  
Professor Winifred Cullis, C.B.E., D.Sc., M.A.

##### Royal College of Physicians of London:

The Right Hon. Lord Dawson of Penn, P.C., G.C.V.O.,  
K.C.B., K.C.M.G., M.D., President.  
Raymond Crawford, M.D., F.R.C.P.  
Sir Ewen Maclean, D.Sc., M.D., C.M., F.R.C.P.

##### Royal College of Surgeons of England:

Sir Holburt Waring, M.S., President.  
E. L. Pearce Gould, M.D., M.Ch., F.R.C.S.  
Professor W. Wright, D.Sc., F.R.C.S.

The first meeting of the conference was held on December 1st, when the Vice-Chancellor of the University of London entertained the members to luncheon at the University. The secretary to the conference is Mr. G. W. Rossetti.

view was rather contested in the subsequent discussion, in which it was urged that mental deficiency was more complex, and that environmental as well as hereditary factors were operative. Mr. E. J. Lidbetter, in giving an account of family histories in the study of the inheritance of mental defect, made a useful point in answer to the common assumption that the widespread admixture of the defective population with the normal community is leading to national degeneracy. He showed that, while from the strict statistical standpoint there might be a disproportionate increase among the sound and the unsound members of the community, it was not true that wide sections of the sound population were being invaded by defective stocks. The evidence showed that the groups of defectives of low-grade types were closely intermingled and overlapping, preserving their general characteristics from generation to generation. The disclosure of intensive interbreeding was one of the most remarkable results of research into family history. The feeble-minded tended to marry the feeble-minded or into families in which they were to be found.

#### SOCIAL RETARDATION AND CONDUCT PROBLEMS

The effect of social retardation as a factor in certain conduct problems of childhood and adolescence was the subject of a paper by Dr. Emanuel Miller, who pointed out that retardation at school was not merely a function of some special disability or of general native backwardness. The solitary child frequently would work quite well when oblivious of his surroundings, but was paralysed with impotence when surrounded by a class of other children or antagonized by a teacher. On the whole, Dr. Miller believed that school life was frequently the occasion for the exaggeration rather than for the healing of conflicts which had arisen in the family circle. He spoke of two outstanding disabilities met with in retarded children over and above general retardation—namely, difficulties of a linguistic type and difficulties of arithmetic. He found that the child who was generally retarded might show behaviour disorders, while the child with special disabilities such as these tended rather to develop neuroses. Miss Lucy Fildes, chief psychologist of the London Child Guidance Clinic, presented certain observations based on the examination of upwards of a thousand children and adolescents, and suggested that there was something more than accidental association between behaviour maladjustment and educational retardation.

#### MEDICAL CONGRESSES, 1933

The following congresses and conferences on medical and allied subjects have been announced for 1933. Particulars are given below in the following order: date, name of organizing body, place of meeting, name of person to whom inquiries should be addressed. More detailed information about these meetings is given from time to time, as it becomes available, in our news columns.

*April 5-7.*—British Congress of Obstetrics and Gynaecology. Birmingham. Mr. W. E. Barrie-Adshad, 89, Cornwall Street, Birmingham.

*April.*—International Congress of Ophthalmology. Madrid. Dr. F. Poyales, Olazaga, 3, Madrid.

*May 29.*—International Congress of Military Medicine. Madrid.

*July 5-9.*—International Union for the Protection of Childhood. Paris. Comité National de l'Enfance, 26, Boulevard de Vaugirard, Paris XV.

*July 18-20.*—International Congress of Paediatrics. London.

*July 19-22.*—International Society of Orthopaedic Surgery. London.

*July 25-29.*—British Medical Association. Dublin. Medical Secretary, B.M.A. House, Tavistock Square, W.C.1.

*September 7-9.*—Association Professionnelle Internationale des Médecins. London. Dr. F. Decourt, Mitry-Mory, France.

*September.*—International Congress of Mental Hygiene (European Reunion). Rome.

*September.*—Société Anonyme des Eaux Minérales d'Evian-les-Bains. Evian-les-Bains. Secretary of Society, 21, Rue de Londres, Paris IX.

*1933.*—International Society of Microbiology. Berlin.

*1933.*—Anti-War Congress (Meeting of International Medical Conference). London.

*1933.*—German Pathological Society. Rostock.

*1933.*—German Physiological Society. Vienna.

## BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

### OPENING OF COLLEGE HOUSE

The College House of the British College of Obstetricians and Gynaecologists, at 58, Queen Anne Street, London, was opened by H.R.H. the Duchess of York (who was accompanied by the Duke) on December 5th. The Duke and Duchess were received on arrival by the president of the College (Professor W. Blair-Bell), the hon. treasurer (Mr. Eardley Holland), and the hon. secretary (Professor W. Fletcher Shaw). The following were then presented: the Minister of Health, the Presidents of the Royal College of Physicians and the Royal College of Surgeons, the Master of the Society of Apothecaries, the Vice-Chancellor of Liverpool University, Lord Riddell (an honorary Fellow of the College), and Sir Robert Jones and Professor William Phillips Graves, honorary Fellows-elect. A procession was then formed to the library, where the president, before asking the Duchess to declare the House open, delivered a brief oration.

Professor BLAIR-BELL said that those present were taking part in a ceremony which indicated that an important position had been reached in the advance of obstetrics and gynaecology to its rightful place in the hierarchy of medicine. Until 1886 there was in this country no compulsory training or examination in obstetrics for licence to practise, and not until the foundation of the British College in 1929 was there a collegiate organization in this subject in any part of the world. There were associations and societies, teaching and examining boards, but nowhere an academic, advisory, and executive body such as the new College, which united all practitioners of the art throughout the British Empire in one central authoritative institution. Nothing could now prevent, nor much delay, the British College of Obstetricians and Gynaecologists from implementing fully, and in its own way, the principal objects of its foundation—namely, to encourage the study and improve the practice of obstetrics and gynaecology. This meant that study and research would be fostered, and that the College would do all that lay in its power to ensure that the maternity services of this country and of other parts of the Empire were manned by those specially fitted for the work. At the present time the greatest need in professional training, so far as obstetrics and gynaecology were concerned, was opportunity for post-graduate clinical work, and he hoped that without much difficulty the question of post-graduate facilities would be solved. It must then become imperative for all holding official positions in maternity work to possess a diploma as a guarantee of efficiency, and this the College would offer forthwith. He believed he could say that to-day every professor of obstetrics and gynaecology, not only in the British Isles but in the Dominions beyond the seas, and probably more than 90 per cent. of all recognized teachers of the subject, were Fellows or Members of the College. With the help of Lord Riddell the College had been enabled to afford the running expenses of the new house. He hoped that other persons would follow his generous example, for an appeal for an endowment capital fund, to which Fellows and Members were contributing liberally, had lately been launched. Those concerned had the satisfaction of opening the College House free of debt, and the College, from its registration fees and ordinary subscriptions, in three years had been able to accumulate also a reserve fund of over £6,000, and this fund would steadily grow. In conclusion, he referred to the loss by death of two members of the council—namely, Sir Henry Simson and Professor Leith Murray, whose interest in the work of the College had been unflagging.

for a unified hospital service, and to anticipate economies in health administration (without disadvantage to efficiency) which are now a commonplace. His presidential address to the Society of Medical Officers of Health was a survey of the rearrangements in Newcastle affecting the hospitals, in which he took great pride.

It is not, however, for his achievements in the field of public health that Dr. Kerr will be best remembered, but for his refreshing personality, which opened wide to him the gateway of friendship wherever he went. His debonair figure, with the invariable flower in the button-hole, fresh every morning, testified to the cheerful spirit with which he faced the day. But beyond this there was an air of quiet sincerity about him, and a disinterestedness which endeared him to many. He was not conspicuous as an orator, but his presence added a charm to any gathering, and those in the inner circle of his friendship know how ideal was his domestic life.

Dr. P. J. MURPHY of Thomastown, whose death we regret to announce, was born at Troysgate, Kilkenny, in 1859, the son of Alderman Patrick Murphy, a former mayor. He received his medical education at the Catholic University, Dublin, and qualified L.R.C.P. and S.I. and L.M. in 1881, and obtained the F.R.C.S.I. ten years later. After qualifying he served as house-surgeon at the Coombe Hospital, at the Mater Misericordiae Hospital, and the Jervis Street Hospital. It was while serving as house-surgeon at the Middlesex Hospital, London, that he volunteered for service in connexion with an outbreak of small-pox in the provinces, which necessitated sleeping in sheds for six months. Owing to breakdown in health he had to go to the South of France to recuperate. He returned to Dublin at the request of his father, and in 1887 was appointed medical officer of Thomastown dispensary district. He was a staunch supporter of the British Medical Association, and served as secretary of the Kilkenny Division from 1904 to 1916, and retained that office in the following year, when the name was changed to the Carlow and Kilkenny Division. The funeral at St. Canice's Cemetery was attended by a very large number of friends and patients.

We regret to record the death of Dr. GEORGE C. PARKIN at the early age of 31. He was the son of Mr. W. P. Parkin, solicitor, of Newcastle-upon-Tyne, and was a popular and distinguished student at the University of Durham College of Medicine, graduating M.B., B.S. in 1923, and being awarded the Philipson scholarship. He served as house-surgeon to the gynaecological department of the Royal Victoria Infirmary, Newcastle, and subsequently as house-surgeon to the Hospital for Children, Great Ormond Street, London. He went to Malton in Yorkshire four years ago as partner with Dr. L. C. Walker, and was surgeon to the Malton and District Hospital. He had been working very hard lately in connexion with the outbreak of typhoid fever in Malton, and some four weeks ago he himself fell a victim of the disease. Dr. Parkin had been a member of the British Medical Association since the year of his graduation. He is survived by his wife and one child, to whom the sympathy of the profession is tendered.

The following well-known foreign medical men have recently died: Dr. AUGUSTO MURRI, formerly professor of clinical medicine at Bologna, aged 91; Geh. Med. Rat. Professor ERNST WEILAND, formerly director of the Physiological Institute at Erlangen; Professor HERMANN RIEDER of Munich, a pioneer of roentgenology, aged 74; Dr. ERNEST HUBER, professor of anatomy at Baltimore, aged 41; Dr. GENDRON, professor of medical therapeutics at the Nantes School of Medicine; Dr. BROCHIN, founder of the Association of French Medical Journalists, aged 88; and Dr. EMILE PIERRE MARIE VAN ERMENGEM, the eminent Belgian bacteriologist.

## Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons was in committee this week on the London Passenger Transport Bill. The Expiring Laws Bill and Doncaster Area Drainage Bill were set down for second reading. A Bill modifying the Rent Restrictions Acts has been introduced by the Government, and will be accompanied by a Housing Bill.

Dr. Salter and Sir Francis Fremantle were chairman and vice-chairman at a meeting of peers and M.P.'s which decided to seek to ensure greater security for pedestrians on the roads.

In an informal consultation at the House of Commons, medical M.P.'s discussed their future policy in any parliamentary action on proprietary medicines or towards those whose formulas are not fully disclosed. Mr. Chamberlain has stated that the position under the Medicine Stamp Acts is receiving careful consideration.

### Insanity as a Ground for Divorce

On November 30th Mr. HOLFORD KNIGHT asked leave to bring in a Matrimonial Causes Bill, to add to the statutory grounds of divorce that the respondent was incurably insane and had been a certified lunatic continuously for not less than five years immediately preceding the presentation of the petition. The Bill also proposed to enlarge the present legal provision withholding relief from a petitioner if the condition of the spouse's mind were caused by his or her neglect or bad conduct. Mr. Holford Knight read evidence given before the Royal Commission on Divorce by Dr. Robert Jones. Mr. LOGAN opposed the Bill. Leave to introduce the Bill was granted by 96 to 42.

### Silicosis: Delay in Certification

On December 1st Mr. STANLEY told Mr. Grenfell that he was not aware of any unreasonable delay in the certification of men disabled by silicosis. An appreciable time must frequently elapse between the receipt of an application and the issue of a certificate. Further particulars might have to be obtained from the applicant, the employer was entitled to notice of the application and to submit statements within ten days, and a radiological examination, as well as a clinical examination, might have to be made. The board had full power to certify that the disablement commenced on a date earlier than that of the issue of the certificate, and he was informed that this power was freely exercised. If any particular cases existed where people had been deprived of compensation between the date of disablement and date of certification he would be pleased to consider them.

### Hospitals and the New London Transport Board

In committee of the House of Commons, on December 5th, the London Passenger Transport Bill was considered. On Clause 3, which sets out the general duty of the London Passenger Transport Board with regard to passenger transport, Dr. O'DONOVAN moved an amendment to give the Board power to make, under regulations drawn up by them, payments to hospitals for the treatment of patients injured by vehicles owned or controlled by the Board. He said the position that existed in the hospitals called for clarification, if possible. The extent of the problem brought forward by the amendment was indicated by two matters of common knowledge. First, there was the statement of the judges that 60 per cent. of contentious litigation was due to road accidents; and secondly, they had all read with appreciation the powerful speeches of Lord Buckmaster on this subject in the House of Lords. All this reflected the amount of work which road traffic threw upon hospitals.

This clause gave the Board power to do all things necessary for the convenient and efficient working of its undertaking. That was a most powerful and operative clause, and he was very anxious that the Board should do all things necessary, which he took to mean all things humane and just, without being shackled by any past restrictions. Under the Road

**Vaccination.**—Sir HILTON YOUNG told Mr. Groves, on December 1st, that he had asked for the views of the County Councils Association, the Association of Municipal Corporations, and the Metropolitan Boroughs Standing Joint Committee, as well as the county councils, on the present position of the vaccination laws.

**Disablement Pensions and National Health Insurance Benefit.**—Replying to Mr. Smedley Crooke, on November 30th, Major TRYON stated that at the end of October there were 4,600 men in hospital or in receipt of some other form of medical or surgical treatment from the Ministry of Pensions, apart from those in mental hospitals. A great majority of these men would receive allowances under the Royal Warrants. During any period of incapacity for work, whether owing to war service disability or otherwise, disabled men normally received sickness or disablement benefits under the National Health Insurance Acts in addition to their pensions.

## The Services

### DEATHS IN THE SERVICES

Surgeon Captain Edward Bridges Townsend, R.N. (ret.), of Waterlooville, Cosham, Hants, died suddenly in Haslar Hospital on November 7th, aged 71. He was educated at King's College Hospital, and took the L.R.C.P. and S.Ed. in 1883, and the M.R.C.S. in 1884. Entering the Navy as surgeon on August 21st, 1884, he was promoted to fleet surgeon on May 30th, 1903, for conspicuous professional merit, and retired on May 30th, 1916, with a step of honorary rank as deputy surgeon general, the title being altered to surgeon captain in 1918. He served for three years as staff surgeon on H.M.S. *Canopus*, in the Mediterranean. In April, 1904, he was appointed fleet surgeon of H.M.S. *Britannia*, the training ship for cadets, and when the Royal Naval College at Dartmouth was opened in the following year was transferred to the college. In 1913 he was appointed medical officer of H.M.S. *Vernon*, torpedo school ship, in which he served in the war, till his retirement.

Lieut.-Colonel George Yeates Cobb Hunter, Bengal Medical Service (ret.), died suddenly on November 24th, 1932, aged 64. He was born on February 15th, 1868, the son of Brigade Surgeon G. Y. Hunter of the Bombay Medical Service, was educated at St. George's, and took the M.R.C.S. and L.R.C.P. Lond. in 1890. Entering the I.M.S. as surgeon lieutenant on January 30th, 1893, he was on half-pay on account of ill-health from April 19th, 1901, to February 6th, 1903, became lieutenant-colonel on November 17th, 1913, and retired on October 25th, 1914. Most of his service was spent in civil employ in the province of Bengal, where he served in the Jail Department. The late Major-General G. D. Hunter, R.A.M.C., was his brother. He leaves a widow.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

The Vice-Chancellor has appointed Sir Charles Sherrington to be the Bede Lecturer for the year 1933.

On the nomination of the Regius Professor of Physic, Professor E. Mellanby has been appointed an examiner in Part II of the forthcoming third M.B. examination, in place of Professor A. J. Clark, who will be abroad.

The Faculty Board of Medicine has appointed Dr. G. S. Graham-Smith, Professor J. T. Wilson, Dr. S. Melville, Dr. E. P. Cumberbatch, Professor S. Russ, and Dr. R. J. Reynolds to be members of the Committee for Medical Radiology and Electrology for the year 1933.

On November 29th a discussion was held in the Senate House on the report of the Faculty Board of Medicine, proposing amended regulations for the Diploma in Medical Radiology and Electrology. The full text of this report appeared in the *Cambridge University Reporter* for November 15th.

At a congregation held on December 3rd the following medical degrees were conferred:

M.B., B.CHIR.—G. Hale, R. W. Nevin, J. Petro, S. M. Silverstone, B.CHIR.—J. O. Harrison.

### UNIVERSITY OF LONDON

The Paul Philip Reitlinger Prize, offered this year for the best essay embodying the result of some research work on a medical subject carried out by the candidate, has been awarded to Stephen James Lake Taylor, B.Sc., a student of St. Thomas's Hospital, for his essay on "The cause of the

alkaline tide." The prize, of the value of £30, was founded with funds given to the University by Mr. Albert Reitlinger in memory of his son, a student of Middlesex Hospital. Next year the prize will be awarded for the best essay on "Contingency."

### ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

The following have been admitted Fellows of Faculty: David Campbell, Edward Cecil Ross Couper, James Paton Fleming, John Baxter Gaylor, Robert Kirk, Charles Antony Lavery, John Stewart, Matthew John Stewart, John Vallance Thomson, John Houston Wright.

At the annual dinner of the Faculty, held on November 29th, the following were present as guests: The President of the General Medical Council; the Principal and Vice-Chancellor of the University of Glasgow; the Presidents of the Royal Colleges of Physicians and Surgeons of Edinburgh; Dr. J. C. Brownlie, Chief Medical Officer, Department of Health of Scotland; and Dr. Hamilton C. Marr, Senior Commissioner, Scottish Board of Control.

### SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—V. R. T. Baylis, L. Bhanot, B. Busby, P. A. Diemer, G. S. Grist, E. J. Littledale.

MEDICINE.—P. D. Bhatt, V. Constad, R. C. P. Thomas.

FORENSIC MEDICINE.—V. Constad, E. F. David, F. M. F. Forrest, J. O. Gordon, J. A. Van Rooyen, J. C. Williams.

MIDWIFERY.—S. M. Basu, A. Glynn-Jones, J. A. McClintock, H. Shukry, S. H. Tan.

The Diploma of the Society has been granted to Messrs. V. R. T. Baylis, B. Busby, V. Constad, J. O. Gordon, G. S. Grist, E. J. Littledale, H. Shukry, S. H. Tan, R. C. P. Thomas.

## Medico-Legal

### LIBELS ON NAVAL SURGEON

At Maidstone Assizes, before Mr. Justice Hawke, John Wall, formerly a civilian male nurse at the Royal Marine Infirmary, Deal, was charged with publishing a defamatory libel concerning Surgeon Commander Robert Hunter McGiffin, R.N. (ret.), of Walmer.

It was stated on behalf of the Director of Public Prosecutions that after his discharge from employment at the Royal Marine Infirmary in 1928 the defendant apparently entertained a grievance against the complainant, who at that time was senior medical officer. He ventilated this grievance in various ways, including the addressing of postcards to Commander McGiffin through other persons, and the posting of pamphlets on the notice board outside the town hall. In these publications he accused the officer of murdering with malice aforethought Aircraftman Brown at the Royal Marine Infirmary in 1927, also with cruelty to patients in his charge, with making false entries in authorized books and documents with intent to deceive, with conspiring with others in the commission of unconstitutional acts, and with committing other acts in excess of his lawful authority as senior medical officer. The defendant was repeatedly cautioned by the police, but had expressed his determination to repeat the libels, and that was the reason for the proceedings. Surgeon Commander McGiffin was an officer of long experience and of high repute.

On behalf of the defendant it was stated that it would be quite impossible to substantiate the allegations. Wall had considered that in a number of cases the officer was not carrying out his duties towards his patients as he should. Quite wrongly, he had believed in the allegations he was making, and had turned the matter into a crusade, which had taken a very extraordinary, and in the end a criminal, turn.

The defendant, from the dock, gave a promise to the judge that he would not repeat the statements or anything in the nature of them. He was sentenced to six months' imprisonment in the second division, and in passing sentence his lordship said that if the defendant had not given the undertaking he would have inflicted pretty well the maximum sentence. In the circumstances of the case six months was a lenient sentence, but if the defendant departed from his undertaking in the future it would not be the second division, and it would not be six months.



## Medical News

The winter dinner of the Australian and New Zealand Medical Association in England will be held at the Trocadero Restaurant, Piccadilly, on Friday, December 16th, at 7.45 for 8 p.m.; Mr. L. Graham Brown, M.C., F.R.C.S., will preside. All medical visitors from Australia and New Zealand are cordially invited to be present. The honorary secretaries are Mr. E. T. C. Milligan and Mr. Philip J. Jory.

The fourteenth annual dinner of the Royaumont and Villers Cotterets Unit of the Scottish Women's Hospitals was held at the Belgravia Hotel on December 3rd under the presidency of Mrs. Ivens-Knowles, C.B.E., M.S., formerly surgeon-in-charge. The guests of honour were Madame Bohn, vice-president of the Institut Français du Royaume Uni, and Miss V. C. Collum, for nine years editor of the hospital journal. Fifty-five members were present. His Excellency M. Gaston Doumergue wrote regretting his inability to be present, and appreciative letters were read from the Mayor of Asnières-sur-Oise and other French friends.

Mr. A. D. Ritchie will deliver an address before the British Institute of Philosophy on "The biological approach to philosophy" at University College, Gower Street, on Tuesday, December 13th, at 8.15 p.m. The chair will be taken by Sir Leonard Hill. Tickets can be had on application to the Director of Studies, University Hall, 14, Gordon Square, W.C.1.

At the next meeting of the Society of Medical Officers of Health at 1, Upper Montague Street, Russell Square, W.C., on Friday, December 16th, at 5 p.m. a discussion on the recent trend of cerebro-spinal fever will be opened by Dr. E. Ashworth Underwood. The ordinary meeting announced on the sessional card for April 21st is being transferred to May 20th, when the election of the president for 1933-4 will take place.

At the next meeting of the Society for the Study of Inebriety at 11, Chandos Street, Cavendish Square, W., on Tuesday, January 10th, 1933, Dr. P. Wolff, privatdozent in the University of Berlin, and Editor of *Deutsche medizinische Wochenschrift*, will give an address on alcohol and drug addiction in Germany. Each member and associate is at liberty to introduce visitors. Tea and coffee at 3.45 p.m.; address at 4 p.m.

A course of six Christmas lectures for young people, on "The round of the waters," will be given by Professor A. O. Rankine, D.Sc., on Tuesdays, Thursdays, and Saturdays from December 27th to January 7th, at 3 p.m., at the Royal Institution, 21, Albemarle Street, W.

The German Society for Research on the Circulation will hold its sixth meeting on March 6th and 7th, 1933, at Würzburg. The meeting will be devoted to a discussion on the circulation and the nervous system. The chief theoretical lecture will be given by Geheimrat Hering of Cologne, and the chief clinical lecture by Professor Friedrich Kauffman of Berlin. Those wishing to contribute papers, which must, as far as possible, have some bearing on the general topic of discussion, should inform Professor Magnus Alsleben of Würzburg not later than January 1st. The report of the discussions at the last meeting (a copy of which is sent free to members of the society) has just been published in book form (price 20 marks).

The inaugural meeting of a local section of the Institute of Physics (the first to be formed in this country) was held recently in Manchester. Professor W. L. Bragg was elected chairman and Dr. H. Lowery local honorary secretary.

Professor W. Langdon Brown's inaugural lecture as Regius Professor of Physic entitled "English Medicine and the Cambridge School," will be published shortly by the Cambridge University Press.

The College of Physicians of Philadelphia announces that the next award of the Alvarenga prize, amounting to about 300 dollars, will be made in July next, provided an

essay deemed worthy shall have been offered. The essay may be on any subject in medicine, but must be accompanied by a written assurance that it has not appeared previously in print, either in whole or in part, and has not been presented elsewhere in competition for a prize. The essay should represent an addition to the knowledge and understanding of the subject, based either upon original or literary research. It must be typewritten, and in English acceptable for publication without necessity for editing by the committee. Any illustrations should be correctly annotated with the text. Essays must be received by the secretary of the College, 19, South 22nd Street, Philadelphia, Pa., U.S.A., on or before May 1st, 1933. Each essay must be sent without signature, but must be plainly marked with a motto and accompanied by a sealed envelope, having on its outside the motto, and within the author's name and address.

A new series of brochures, numbering 303 to 315 inclusive, has been issued by the International Labour Office, dealing respectively with the paper industry; perfume and essence industry; phenols; photo-engraving; the pathology and hygiene of seamen; work in silos; sodium; straw; sulphur; tantalum; ultramarine; vocational guidance and selection; and autogenous welding. When all the brochures have been published the International Labour Office will combine them in a complete *Encyclopaedia* in the form of two volumes, paper bound or cloth bound. The paper-bound edition of vol. i is now available, and the cloth-bound edition will be ready shortly. Inquiries should be addressed to the London branch of the office, 12, Victoria Street, S.W.1.

At the statutory half-yearly meeting of the council of the British Red Cross Society, presided over by H.R.H. the Duke of York, it was reported that branches of the Red Cross had been opened in the Gold Coast and in Swaziland, both of which were now receiving the active support of the British and African communities in these colonies. A report was presented of the progress of the society's clinic for rheumatism in Peto Place, and the council expressed its appreciation of the increasing work that is being done there. It was reported that the society was co-operating with Bedford College and the College of Nursing in the establishment of a Florence Nightingale International Foundation for the endowment of post-graduate studies for nurses in London, and that considerable progress had already been made with the scheme. The council heard with satisfaction of the work of the Norfolk branch in looking after the herring fishers during the herring fishing season at Yarmouth, and of the work of the County of London branch in the establishment of dressing stations for workers in the hopfields of Kent. The increasing work of the society is shown by the growing number of detachments and personnel throughout the country, and by the fact that its activities were steadily extending in all directions. On the motion of the chairman, Sir Arthur Stanley was reappointed chairman of the Executive Committee for the coming year.

Dr. Willam J. Mayo and Dr. Charles H. Mayo of Rochester, Minn., have had conferred on them the order of Knights Commander of the Cross of Italy, in recognition of their services to science and humanity.

The King and Queen have consented to attend a matinée performance at His Majesty's Theatre on Tuesday, December 20th, in aid of the Mount Vernon Hospital, Northwood.

Lord Macmillan has agreed to succeed, as president of the National Institute of Industrial Psychology, Lord D'Abernon, who has had to resign the position owing to pressure of other engagements. The executive committee of the Institute has placed on record its great appreciation of the services of Lord D'Abernon, who succeeded Lord Balfour in 1930.

Dr. Vivian Emlyn Whitman, medical officer of health, has been appointed an official member of the Cape Coast Town Council.

Dr. Alfred Adler, professor of medical psychology at Vienna, has accepted an appointment at the Long Island Medical College for five years.