

as a pea. The histology resembles that of the tuberculous lesions in other situations; only identification of the tubercle bacillus in either the growth or discharge can definitely decide the nature of the disease. In connexion with tuberculomata may be mentioned the allied disease lupus. When primary, the septum is the favoured situation, but the turbinals also are almost invariably attacked as the disease advances. The progress of lupus in the nasal cavities resembles that in other regions, and as a rule the diagnosis is not difficult.

Glanders, leprosy, actinomycosis, and rhinoscleroma are only mentioned to complete the list of possible granulomata. They are to be thought of in the absence of the more common form of tumours. Leprosy and rhinoscleroma are so rare in this country as to be scarcely worth considering, while glanders and actinomycosis can be only definitely established by the finding of their specific organisms.

In this communication I have only touched on most of these diseases. To deal with the nasal granulomata from all points of view would absorb more time than is at my disposal. If, however, I have succeeded in stating a sufficient number of facts to promote a discussion, then my object will have been more than achieved.

REFERENCES

- ¹ *Ann. Otol., Rhinol., and Laryngol.*, June, 1932.
- ² *Zentralbl. f. Chir.*, 1922, p. 395.
- ³ *Laryngoscope*, 1923, p. 854.
- ⁴ *Proc. Laryngol. Soc. London*, 1926, p. 18.
- ⁵ *British Medical Journal*, 1921, ii, 65.
- ⁶ StClair Thomson: *Diseases of the Nose and Throat*, third edition, p. 229.
- ⁷ *Journ. of Laryngol. and Otol.*, 1925, p. 378.
- ⁸ *Klin. Woch.*, 1929, viii, 932.
- ⁹ *Trans. Amer. Laryngol. Assoc.*, 1931, p. 63.
- ¹⁰ *Arch. Ital. di Otol.*, 1895, iii, 32. (Quoted by StClair Thomson in *Diseases of the Nose and Throat*.)

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

THE ORIGIN OF PULMONARY TUBERCULOSIS: MUTATION OF TUBERCLE BACILLI

It has always been impossible to explain why the overwhelming amount of primary pulmonary tuberculosis should occur in human beings between the ages of 16 and 26. I venture to suggest that living bovine bacilli swallowed by an infant with milk are conveyed to the mesenteric glands, where they lie dormant in a new environment—namely, human tissues—and are conveyed to the lungs before or after mutation into living active human tubercle bacilli. In the *British Medical Journal* of February 27th, 1932, I suggested the possibility of mutation of the tubercle bacillus from the bovine type to human type after a long residence in human tissues, and quoted the case of a farmer who had recovered from tuberculous glands in the neck when 5 years old. Forty years after, he developed pulmonary tuberculosis; the tubercle bacilli found in the lung were human, while those found in the neck glands were presumably bovine. It is extremely difficult to obtain proof of this theory, as the interval between the primary infection and the later one is usually fifteen to twenty years. I have had the good fortune to observe the following case, which I reported to the Royal Society of Medicine fully in February, 1914, and which, by the courtesy of Dr. Dunderdale, I have recently examined in detail. Briefly, the case is as follows:

Twenty years ago a girl developed tuberculous adenitis of both sides of the neck, with tuberculous small joints of hands, and rheumatism. The glands suppurated and were

drained, as it was impossible to excise them. At this time there was no evidence of pulmonary disease. She was treated with injections of tuberculin, and made a good recovery. Examinations of the pus and glands and animal inoculations showed definite *bovine* tubercle bacilli. Eighteen years after the glands in the neck had subsided, she developed pulmonary tuberculosis in both lungs. Cultural and animal examinations show the bacilli to be human in type.

This is the first opportunity I have had of producing some scientific proof of my belief that pulmonary tuberculosis may be caused by the ingestion of bovine bacilli in infancy: that these bacilli are conveyed to the lungs, where they lie dormant for many years, and in a new environment undergo mutation into human bacilli and so cause pulmonary tuberculosis. If this is correct, it would account to some extent for the great mass of cases of this type occurring between the ages of 16 and 26.

Sir William Whitla, in his brilliant Cavendish Lecture in 1908, has shown that living tubercle bacilli introduced into the stomach of an animal are to be found in four hours in the lung substance, and that the bacilli can pass rapidly through the intact intestinal mucosa without producing any local lesions. Calmette has shown that if the oesophagus is ligatured carbon particles cannot reach the lung after inhalation. These facts go a long way to prove the theory which I have always held—namely, that pulmonary tuberculosis is not caused by inhalation, but by the ingestion of bacilli, which penetrate the intestine and are conveyed by the thoracic duct to the lung. The importance of this cannot be exaggerated when we come to consider the prophylaxis of pulmonary and other forms of tuberculosis. By a blind adherence to the inhalation theory the part played by the intestine has been minimized, whilst an infected milk supply has been permitted to inflict its ravages on the human race (Whitla). The amount of tuberculosis in dairy cows in this country is alarming, and to-day about 10 per cent. of milk sold to the public contains living tubercle bacilli. If this serious state of things could be remedied by compulsory pasteurization in my opinion the whole of surgical tuberculosis would be eradicated from children, and also a fair proportion of pulmonary tuberculosis.

NATHAN RAW, C.M.G., M.D.,
Lord Chancellor's Visitor; late British
Member of the International
Committee on Tuberculosis.
London, W.

PLACENTA PRAEVIA WITH TWIN PREGNANCY AND ADHERENT PLACENTA

Placenta praevia with a twin pregnancy must certainly be rare, and as the treatment presents certain points of special interest no further excuse is necessary for placing the following case on record.

A multipara, aged 27, was admitted to the hospital at 12.55 a.m. on May 19th, 1933. She was twenty-eight weeks pregnant, and bleeding from the uterus had commenced about midday on May 18th, twelve hours prior to admission. When I saw her the skin was blanched, lips a pale pink, pulse of moderate volume and rate below 100, and the temperature subnormal. She was still bleeding, and abdominal palpation gave no definite information. On vaginal examination the cervix admitted two fingers, and the internal os appeared to be completely covered by placenta.

A general anaesthetic was given at 1.15 a.m., and I performed bipolar version (after Braxton Hicks's method) and brought down a leg. It was unnecessary to go through the placenta, since at one point it was possible to reach and rupture the membranes without disturbing the placenta overlying the internal os. The procedure took two minutes, and little manipulation was necessary, as a knee was soon palpated with the finger-tips on rupture of the membranes. The patient

was made comfortable and left. At 6.20 a.m. she delivered herself of a living female child (weight 3 lb.). Abdominal palpation, however, showed that a second foetus still remained in the uterus. The cord was carefully ligatured, and vaginal examination revealed a second intact amniotic sac. Bleeding recommenced, and conditions now almost approximated to those existing before the birth of the first foetus. The second sac was at once ruptured, and a foot presented. This was drawn down to the vulva and the labour allowed to proceed. At 7.40 a.m. a second living female child was born (weight 2 lb. 13 oz.). Attempts to express the placenta proved fruitless, and at 8.5 a.m., as a steady trickle of blood from the uterus persisted, I introduced a hand into the uterus and peeled off a strongly adherent placenta from the uterine wall. Intramuscular pituitrin and submammary saline were then administered. No further haemorrhage occurred. The placenta was that of a uniovular twin, with one chorionic bag and two amniotic sacs partially fused along the wall of contact. It had been abnormally adherent over about one-third of its superficial area. The patient passed through an uneventful puerperium, and was discharged in normal health on May 31st. Both infants died within twenty-four hours of birth.

I would draw attention to the following points.

1. Abdominal examination gives little help in the diagnosis of placenta praevia. Often the palpation increases the haemorrhage and serves no other purpose.

2. If, after delivery, a second foetus is found to be present in the uterus immediate vaginal examination should be performed, the second amniotic sac (if intact) should be ruptured, and a leg brought down. If the second foetus presents by the vertex, bipolar version should be performed. An anaesthetic should not be required.

3. An adherent placenta can often be safely removed from the uterus without anaesthetizing the patient. I have performed this operation many times, and have never noted the shock one is taught to expect.

4. Many cases thought to be central placenta praevia can be treated by Braxton Hicks's version without perforating the placenta with the fingers. A few moments' search will nearly always reveal a point where the membranes can be approached and ruptured without tearing through the placenta.

In fifty cases of placenta praevia in the last seven years I have had only one case in which it was necessary to tear through placental substance.

I am indebted to the medical superintendent for permission to publish this case.

J. STANLEY COLEMAN, M.B., B.S.,
Forest Gate Hospital, E.7. M.R.C.S., L.R.C.P.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

BORDER COUNTIES BRANCH

Aetiology of Appendicitis

At the annual meeting of the Border Counties Branch, on June 8th, Dr. C. M. Craig delivered his presidential address, taking as his subject the aetiology of appendicitis.

Dr. Craig said that fifteen years of general practice, associated with surgical work at the Westmorland County Hospital, had led him to think that the incidence of appendicitis was much less than might be inferred from experience of hospital practice; that the disease was relatively more common in rural communities; and that there was some connexion between its incidence and tonsillitis. He had therefore examined the records of insured patients for three years, during which time his average panel had been made up of 1,200 urban and 300 rural patients. In this period he had operated for appendicitis on thirteen urban and nine rural patients; the age distribution was similar in both groups, more than half the cases occurring between the ages of 16 and 25. The average incidence of appendicitis as determined by operation, was 5.2 per 1,000. The disease was nearly three times more frequent in the rural than in the town population. With a view to discovering whether there was any clinical significance to be attached to the histological similarity between the appendix and the tonsils and adenoids, a questionnaire was sent out to 151 patients operated on for appendicitis during the three years asking whether there had been any operations also for infection of the tonsils and adenoids. Replies were received from 128 patients, twenty of these in the affirmative, indicating the astonishing figure of 156 per 1,000 as the incidence of tonsillar infection requiring operation in cases of appendicitis. The proportion of children in the county operated on for tonsillar troubles was found to be 101 per 1,000. An inquiry was also sent to 509 patients, mostly children, operated upon in hospital for tonsillar infection. Replies were received from 428, and no fewer than twenty-one of these had had an operation also for appendicitis either before or after the tonsils had been removed. This indicated an incidence of appendicitis among tonsil cases of forty-nine per 1,000—a very large

increase over the average of 5.2 per 1,000 of the insured population. There seemed thus to be definite evidence of a very close connexion between appendicitis and tonsillitis. Aschoff had expressed the view that the exciting agents in the former disease were such normal inhabitants of the healthy bowel as streptococci, pneumococci, and *B. coli*. There was a bacterial flora in the appendix with a peculiar distribution, and this, when its virulence was increased for some reason, resulted in invasion consequent on mechanical causes such as kinks in the organ. As regards factors which might raise the virulence of such bacteria, the figures of the Registrar-General in his report on occupational mortality in 1921, and the mortality statistics for 1925, would seem to implicate an excess of food. Farmers, who had a low general mortality figure, had a very high incidence rate of appendicitis and diabetes; their labourers showed a mortality rate lower by half in this respect, the presumption being that they ate less food. The mortality figures for appendicitis remained fairly constant during the war years, although the diabetes figures declined, due apparently to shortage of food. This apparent discrepancy was probably explained by the fact that the reduction only affected diabetes in patients over the age of 45, whereas the great majority of cases of appendicitis occurred in persons under that age. Moreover, many hundred thousands of young men were on active service at a time when they were most liable to appendicitis. Two facts emerged from an investigation of the dietary of the farming community—namely, that a vast quantity of food was habitually consumed, and that an enormous excess of carbohydrate was ingested. In the body the carbohydrate was ultimately resolved into carbonic acid and water, and to maintain a constant hydrogen-ion concentration of the blood a heavy drain must fall on its alkali reserve. Experiments undertaken by Dr. Loveday at the Manchester Royal Infirmary in twenty-five cases of acute appendicitis had revealed a very marked diminution in the alkali reserve of the blood. While admitting that further research was required before the clinical significance of the diminution could be defined, Dr. Craig was disposed to regard it tentatively as significant of the influence of a food factor in the causation of appendicitis. He remarked that the influence of diet on bacterial infection had been repeatedly demonstrated. For example, urologists had maintained that the best way of treating a *B. coli* infection of the kidney was to give a diet containing up to 240 grams of fat, at the same time reducing the carbohydrate intake

Imperial Service Order. While a junior officer in Georgetown he first collected and published reports of interesting cases and operations from the records of the local hospital. His publication was entitled the *Georgetown Hospital Reports*, the precursor of the *British Guiana Medical Annual*, the twenty-fifth issue of which was mentioned in these columns on July 8th (p. 61). Rowland founded the *Annual*, and edited the first six issues; papers by him appeared in nearly all the issues from 1887 to 1921. His great services to medical progress in British Guiana were the subject of a tribute in the twenty-fifth issue, dated 1932. He had acted as Surgeon-General in the Colony on two occasions. Soon after the constitution in 1883 of the local branch of the British Medical Association he was elected honorary secretary and treasurer, and held office until 1894. He accomplished a great deal of good work for the Association in a quiet and unassuming manner. His only son was killed in the war.

Universities and Colleges

UNIVERSITY OF LONDON

A meeting of the Senate was held on July 19th, when the Vice-Chancellor, Professor L. N. G. Filon, D.Sc., M.A., F.R.S., was in the chair.

Dr. R. A. Webb, A.B.Tennessee, M.D.Johns Hopkins, Ph.D.Camb., University Lecturer in Pathology at Cambridge since 1929, has been appointed to the University Chair of Pathology at London School of Medicine for Women.

Mr. W. E. Herbert, M.R.C.S., L.R.C.P., L.D.S., Director of the Department of Conservative Dental Surgery at Guy's Hospital Medical School since 1931, has been appointed to the University Readership in Conservative Dental Surgery at Guy's Hospital Medical School.

The following candidates have been approved at the examination indicated:

M.S.—(Branch I, Surgery): J. T. Fathi (University Medal), B. M. Fonseka, A. G. Harsant, S. J. Scurlock.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The course of study for the Diploma in Public Health (University of London), which extends over a period of whole-time study of nine calendar months, will commence on October 2nd. In connexion therewith the Fishmongers' Company Studentship, entitling the holder to free tuition for the whole course, is open for competition amongst European students who possess a medical qualification which is registrable with the General Medical Council. The subject of examination (both written and oral) will be hygiene within the scope of the syllabus for the Third Examination for Medical Degrees (or the M.B., B.S. Examination) of the University of London. The examination will be held at the School on September 20th and 21st. Applications must be received by September 16th, and should be addressed to the Secretary, London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C.1.

Corrigendum.—In the list, published last week, of the candidates approved at the examination for the Diploma in Public Health, we should have stated that Dr. J. M. Henderson was awarded a mark of distinction.

UNIVERSITY OF BIRMINGHAM

Dr. H. P. Gilding has been appointed to the chair of physiology in succession to Professor I. de Burgh Daly.

UNIVERSITY OF WALES

The following candidates have been approved at the examinations indicated:

M.D.—R. Ström-Olsen, J. M. Thomas.

M.Ch.—T. G. I. James.

M.B., B.Ch.—D. Evans, J. R. E. James, D. J. Jones, G. P. Jones, R. G. Phillips, G. P. Roberts, J. D. Spillane, H. A. Thomas, A. M. Williams.

UNIVERSITY OF EDINBURGH

A graduation ceremony was held in the M'Ewan Hall on July 19th. The following medical degrees and diplomas were conferred:

M.D.—J. M. Anderson, J. le F. C. Burrow, T. C. A. Calder, H. A. G. L. Dick, *A. R. Gilchrist, G. Gordon-Napier, May Gower, †Captain D. P. Lambert, I.M.S., Lieutenant D. K. L. Lindsay, I.M.S., †J. P. M'Gibbon, †Lieutenant R. L. H. Minchin, R.A.M.C., Ruth M. Monro, W. More, R. P. A. Rigg, C. K. Robertson,

R. A. T. Rouse, H. Shaffer, Dorothy M. Taylor, J. S. Westwater, J. Yunibandhu.

D.P.H.—Y. Sidki.

M.B., B.Ch.—||Mary E. Alexander, E. S. Amzalak, J. E. Armah, G. L. Ashford, A. H. Banks, C. C. Barclay, P. C. Barkla, ||D. M. F. Batty, M. S. Behardien, ||A. Brown, W. L. Brown, M. A. Byer, W. Calder, K. Cameron, J. R. Campbell, Hilda I. Carter, D. R. Cattanach, W. G. F. K. Chalmers, B. D. Chowdhury, N. J. Cochran, H. D. Conway, J. W. Crawford, J. H. Croom, P. H. Dagleish, G. J. G. Davidson, D. N. Dobbie, T. E. Elliot, R. A. Elliott, G. D. Falconer, J. R. Forsyth, J. P. Gardiner, M. M. Ghosh, E. H. Gillespie, J. W. D. Goodall, C. L. Grant, F. S. Gregory, H. W. Hall, C. D. Hanham, G. V. Harry, F. D. Hart, J. L. Henderson, R. J. Henderson, W. Henderson, F. J. C. Hernald, I. H. Hewetson, D. Hittleman, H. Hogan, D. R. Huggins, Margaret W. Jenkins, D. M. Keir, A. D. Latham, Edith Laurie, J. W. Leith, L. Levington, W. A. Liston, Joycelyn C. Lowe, Freda M. L. Lucas, G. B. Ludlam, G. R. Lunn, R. D. Lyon, D. D. Macdonald, B. F. Macfarlane, A. M'Gregor, W. M. M'Intyre, I. MacKenzie, N. MacMichael, Christina M'D. M'Taggart, ||D. Malloch, Joyce E. Marshall, S. H. Martin, W. R. Maxwell, Lilian W. May, E. W. Melvin, Mary F. Miller, R. G. Miller, Evelyn E. Mitchell, R. Mitchell, Mary Moffett, W. A. Morton, D. L. Murray, Honora C. Osborn, T. S. Outerbridge, Marjory M. Pearson, R. S. Peill, J. B. Perrin, J. P. Philp, W. A. Ramsay, J. F. Rattray, R. W. Rattray, J. D. Reid, Isabella M'K. Robertson, Lucinda R. Roden, Lily C. Rossouw, G. A. Roulston, C. F. Roza, J. J. F. Russell, Winifred I. Russell, N. F. Sawers, J. Saxton, J. G. Slater, G. I. Scott, D. F. S. Shaw, J. A. W. Shearer, A. Shelton-Agar, G. G. Sherriff, J. B. Shield, M. C. Stander, R. H. Stevenson, G. E. S. Stewart, A. D. Stoker, A. L. Stuart, Agnes B. Sutherland, Grace Tutor, Hon-fan Tai, H. P. Tait, Mary Tan, Kum-Swan Tay, A. W. S. Thompson, A. Thomson, Emily S. O. Thomson, S. Thomson, D. J. Waterston, Mary Watson, A. V. Wells, G. D. Wight, T. I. Wilson, R. M. Young, R. Zakariyya, M. S. Zan; W. A. Moore (died July 5th, 1933).

DIPLOMA IN PUBLIC HEALTH.—R. O. Cairns, A. J. Campbell, Lillie S. Dickson, H. P. S. Gillette, W. A. Gomes, A. R. Graham, Anna M. Herdman, Isobel O. Kennedy, Captain F. M. Khan, I.M.S., Rosa Morrison, Roberta T. Rankin, G. Singh, Ruby J. B. Slater. Awarded February 1st, 1933: O. E. R. Abhayaratne, Susannah S. Murdoch, E. J. Ratnayake, N. Wijeyesekera. Awarded May 8th, 1933: J. Macqueen.

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—Awarded May 8th, 1933: Minnie Gosden, D. P. Lambert, A. R. Sikund.

DIPLOMA IN PSYCHIATRY.—Awarded May 8th, 1933: R. G. M'Innes.

DIPLOMA IN RADIOLOGY.—E. Ll. Godfrey, Georgina M. H. Somerville.

* Awarded gold medal for thesis. †Highly commended for thesis.

‡ Commended for thesis. ||Passed with honours.

The following prizes were presented: *Cameron Prize in Practical Therapeutics*: Professor G. F. Dick, M.D., Sc.D., University of Chicago, and Gladys H. Dick, M.D. *Thesis Gold Medallist*: A. R. Gilchrist. *Syme Surgical Fellowship*: D. I. C. Finlayson. *Goodsir Memorial Fellowship*: R. Walmsley. *Freeland Barbour Fellowship*: R. J. Kellar. *Ettles Scholarship and Leslie Gold Medal, Mouat Scholarship in the Practice of Physic, and Murdock Brown Silver Medal in Clinical Medicine*: A. Brown. *Murchison Memorial Scholarship in Clinical Medicine*: D. M. F. Batty and A. Brown (equal). *Buchanan Scholarship in Midwifery and Gynaecology*: B. F. Macfarlane. *James Scott Scholarship in Midwifery and Gynaecology and Beaney Prize in Anatomy and Surgery*: D. M. F. Batty. *Conan Doyle Prize*: Winifred I. Russell. *Annandale Gold Medal in Clinical Surgery*: W. A. Liston. *Royal Victoria Hospital Tuberculosis Trust Gold Medal*: D. Malloch. *Thomson Memorial Medal in Child Life and Health*: A. B. Wallace. *Scottish Association for Medical Education of Women Prize*: Mary E. Alexander. *Dorothy Gilfillan Memorial Prize*: Agnes B. Sutherland. *Wightman Prize in Clinical Medicine*: R. J. Henderson. *Pattison Prize in Clinical Surgery and Sir Robert Jones Prize in Orthopaedic Surgery*: J. G. Slater. *Wellcome Medals and Prizes in the History of Medicine*: Gold Medal, J. Cowen; Silver Medal, Esmé G. L. Mark. *Cunningham Memorial Medal and Prize in Anatomy and Anderson Henry Prize in Botany*: A. G. R. Lowdon. *Whiteside Bruce Bursary*: Nina A. B. Verity.

London Intercollegiate Scholarships Board

The following awards of medical entrance scholarships and exhibitions have been made on the results of the Board's examination:

UNIVERSITY COLLEGE.—*Medical Scholarship*, B. Brownscombe; *Bucknill Scholarship*, D. F. Eastcott; *First Medical Exhibition*, G. B. Jones; *Second Medical Exhibition*, J. I. P. James.

KING'S COLLEGE.—*Warneford Scholarships*, G. F. W. Tripp, W. M. Stephens, A. F. Russell; *Sambrooke Scholarship*, F. E. Stock.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.—*Science Scholarship*, G. Beven.

LONDON SCHOOL OF MEDICINE FOR WOMEN.—*St. Dunstan's Exhibition*, R. C. Cassell; *A. M. Bird Scholarship*, A. E.

Burch. *Mrs. George M. Smith Scholarships*, J. R. Simmons, R. Caggan; *Mabel Sharman Crawford Scholarship*, D. K. Paterson.

LONDON HOSPITAL MEDICAL COLLEGE.—*Price Scholarship*, L. Grandstein; *Science Scholarship*, W. H. G. Baker.

COMBINED SCHOLARSHIPS EXAMINATION

As the result of the combined hospitals scholarship examinations (St. Bartholomew's, St. Thomas's, and Guy's), held this month in London, the following scholarships and exhibitions have been awarded:

St. Bartholomew's Hospital Medical College.—University Scholarship, D. B. Fraser (Christ Church, Oxford); Exhibition, J. W. Parks (Trinity College, Cambridge).

St. Thomas's Hospital Medical School.—University Scholarship, G. C. Smith (Christ's College, Cambridge); Exhibition, G. H. Baines (St. John's College, Cambridge).

Guy's Hospital Medical School.—University Scholarship, R. H. S. Thompson (Trinity College, Oxford); Exhibition, W. H. Valentine (St. John's College, Cambridge).

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the College held on July 20th Mr. John Wheeler Dowden, President, was in the chair.

The following twenty-six successful candidates out of seventy-seven entered, having passed the requisite examinations, have been admitted Fellows:

R. D. Aiyer, W. J. Brandon, J. M. Brewster, R. Caldera, W. H. Carlisle, H. Carson, H. T. Cox, A. K. Dev, H. S. Evans, A. H. Harvie, P. C. Hogan, J. S. Jeffrey, R. D. Jones, J. S. Kessell, G. J. Lamprecht, R. G. B. Lusk, R. G. Macbeth, W. S. Mack, J. B. Marinan, A. A. Miller, J. J. O'Donoghue, A. N. Roxburgh, T. G. Scott, S. J. Scurlock, A. D. Smith, N. A. A. van Buren.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At the quarterly meeting of the Royal College of Physicians of Edinburgh, held on July 18th, with the President, Dr. Robert Thin, in the chair, Drs. D. B. McCrie Lothian (Larbert), A. D. Gorman (Blackburn), and W. R. Russell (Edinburgh) were introduced, and took their seats as Fellows of the College.

Drs. J. F. C. Haslam, M.C. (Barbados), E. F. Dott (Edinburgh), W. L. Burgess (Dundee), S. A. Smith (Edinburgh), and R. M. Murray-Lyon (Edinburgh) were elected Fellows.

Medico-Legal

"LEGAL AID SOCIETIES"

With the growth of motor traffic and the consequent increase in road accidents, bodies have sprung up known as "legal aid societies." In some cases this title may actually represent a group of persons, but in others it is simply a cloak for a solicitor or firm of solicitors. The practice is to send a tout or agent to the hospital to visit a patient who has been injured in an accident, to represent to him that he will almost certainly obtain damages if he goes to law, and to offer to conduct his case in return for 10 per cent. of the proceeds. Such an arrangement, if no charitable justification can be shown, is an offence against the law of the kind known as *champerty* (originally *champs parti*), and speculative litigation of all kinds is rightly considered disreputable by the legal profession. Among its particular evils are the probability of a settlement on quite inadequate terms, and the risk that the patient will lose the action and have to pay costs, which the society will not be likely to refund. The patient, moreover, will not receive the best advice, because solicitors of standing do not undertake this kind of work.

In order to combat the scandal the Law Society in 1931 agreed on a scheme with the Royal Victoria Hospital, Folkestone, the town in which it held its annual provincial meeting that year. The management of the hospital advised its patients to have nothing to do with any person approaching them with gratuitous offers of legal assistance, but to consult one or other of the local solicitors, a list of whom they were prepared to supply

on request. The annual report of the Law Society, which was adopted by the general meeting this month, shows that unauthorized agents have been fairly completely excluded from that hospital, and that, although such persons used to have several cases at every session of the County Court before the introduction of the scheme, they have had none since. The giving of solicitors' names to patients does not seem to work in practice at Folkestone; the provision was made simply as an alternative to the touts, and the best thing is that the patient should go to his own solicitors in a normal way.

The Middlesex County Council has also asked the Law Society to help it to prevent touting in the five large hospitals under its control. Here, of course, the problem is slightly different, for the hospitals serve large and populous urban districts and the solicitors are, to a large extent, unknown to either the Law Society or the hospitals. The county solicitor is to write to every solicitor in Middlesex inquiring whether he desires his name to be placed on the rota on condition that he shall charge no fee, or a purely nominal one, for the first interview, and give full information to the client on the amount of costs he receives from the party settling the claim. It will not be possible to exclude the name of any solicitor, but a patient who desires to be helped to select one will naturally turn to the hospital authorities, who will be informed by the County Council of any particular considerations which apply to any solicitor. The list will certainly be a long one and will probably be divided into a number of equal parts, which will be used in rotation, but the patient will always be asked first of all whether he has a solicitor of his own, and if he has he will be given every facility for communicating with him. He is also reminded to communicate with his insurance company, if he has one. It is still possible for legal aid societies to secure instructions through the relatives of patients; but the printed notice which is being issued to all accident patients advises them to repudiate at once any agreement on a commission basis entered into by any relative or friend, and any retainer to a solicitor signed in consequence of such an agreement; also to warn their relatives not to sign any similar agreement, however persistent the demand. The difficulty will probably be overcome by experience.

It will be interesting to see whether the rota of solicitors is used more in Middlesex than in Folkestone. No solicitor whose name appears on it expects to make any considerable profit, because not only will the number of cases be small compared with the number of solicitors, but a large proportion will probably be "poor person cases." The solicitors' profession is rightly anxious to do away with the exploitation of patients in hospital and to secure that injured persons receive their just rights. The Law Society is discussing a similar scheme with the London voluntary hospitals and with the Manchester Corporation. Any hospital which admits the victims of running-down cases is therefore able, if it desires, to protect them with little trouble from the attentions of legal aid societies, and it is to be hoped that schemes like those already in operation will become general.

ALLEGED NEGLIGENCE BY "NATURE-CURER"

WALTON v. LIEF AND ANOTHER

In the King's Bench Division on July 14th judgement for the plaintiff with costs was entered by the Lord Chief Justice in the action in which Mrs. Eleanor May Walton claimed damages from Mr. Stanley Lief of Park Lane, and Natural Healing, Ltd., of Wigginton, Herts, for personal injuries alleged to have been caused by the negligence of the defendants, and for breach of warranty to cure her of lupus erythematous. An account of the hearing of the action and of the verdict appeared in the *Journal* of July 15th (p. 132).

After argument by counsel on the question of costs the Lord Chief Justice said: "I will say no more than this. I think that there should be judgement for Mrs. Walton for £123 16s., and costs. I think that the defendants were very fortunate in that the amount of the damages was no more."

Medical News

A meeting and dinner in connexion with the Old Residents' Club, Manchester Royal Infirmary, will be held on October 7th. Members who have not yet received an invitation are asked to communicate with the Secretary, Old Residents' Club, Manchester Royal Infirmary.

A tour of the French Alpine spas will be held from September 5th to 17th, under the direction of Professors M. Villaret, M. Piery, and E. Chabrol. The therapeutic centres to be visited include Vals, Grenoble, Uriage, Aix, and Evian. The inclusive price will be 1,100 francs. The tour will end at Evian, where a congress on renal insufficiency has been arranged for the three following days, September 18th to 20th. Among the topics for discussion are the relation of the composition of the blood plasma to renal oedema, alteration of the blood calcium in renal insufficiency, extrarenal azotaemias, chlorine in nephritis, treatment of anuria of infective and toxic origin, and the action of renal impermeability on the endogenous metabolic processes in nephritic patients. The fee for the congress is 75 francs. Further information may be obtained from the Federation of the Health Resorts of France, Tavistock House (North), Tavistock Square, W.C.1.

The twelfth American Congress for Physical Therapy will be held in Chicago from September 11th to 15th. Further information can be obtained from the Executive Secretary, 30, North Michigan Avenue, Chicago.

The ninth annual congress of the Far Eastern Association of Tropical Medicine, which was to have been held at Nankin, has been postponed.

The twenty-seventh Congress of Polish Surgeons will be held at Posnan from September 12th to 15th, when discussions will take place on hypertrophy of the prostate, introduced by M. B. Szerszinski and M. B. Laskovnicki, and treatment of malignant growths, introduced by Professors A. Jurasz and K. Mayer.

The annual general meeting of the Medical Society of Individual Psychology was held on July 13th, when Dr. J. C. Young was elected chairman, and Professor W. Langdon Brown vice-chairman for the ensuing season, with Dr. F. G. Crookshank as secretary and editor, and Dr. H. C. Squires as treasurer. In his report as secretary Dr. Crookshank said that during the session now drawing to a close the attendance at meetings had steadily increased, the average number of members, associates, and visitors present being 38.2. The list of subscribing members and associates now totalled 114. Dr. Crookshank referred also to the increasing success of the individual psychology pamphlets, which had only been made possible by Mr. Daniel's generosity. The next session will open on October 12th, at 11, Chandos Street; Dr. Adler may visit England before this, and deliver an address towards the end of September. Communications relating to these and other meetings should be made to Dr. Crookshank at 57A, Wimpole Street, W.1.

The next award of the Hunterian Society's gold medal will be made in 1934 for essays received not later than December 31st, 1933. The competition is open to all general practitioners of Great Britain, Ireland, and the Channel Islands. The rules governing the award may be obtained on application to the secretary, Mr. Andrew McAllister, at 79, Wimpole Street, W.1.

Merchandise Marks (Imported Goods) No. 5 Order, 1929, requires that thermometers imported separately or as part of any other article shall bear an indication of origin applied by acid-stamping or etching, sand-blasting, engraving, or burnt-on enamel. A Direction issued by the Board of Trade provides that, in the case of mounted thermometers, the indication of origin may be alternatively stamped, printed, impressed, stencilled, or branded in a contrasting colour on the front of the scale or mount. The Board has now referred to the Standing Committee appointed under the Act the question whether the Order in Council should be amended either in accordance with

the terms of the Direction or otherwise in respect of the goods in question. Representatives of any interests substantially affected who desire to make representations to the Committee should communicate with the Secretary, Mr. E. W. Reardon, at the Board of Trade Offices, Great George Street, S.W.1, not later than August 5th.

The considerable contribution made by representatives of veterinary practice to the People's League of Health's recent investigation into the relation of tuberculosis to the milk supply emphasized the close relation existing between the diseases of animals and the public health, and at a recent meeting of the Council of the League it was decided to set up a veterinary council.

According to official statistics the total number of deaths from all causes in Spain during 1932 was 388,895, or 19,716 less than in 1931. The excess of births over deaths was 281,630. The mortality from all causes in Spain during 1932 was 16.44 per 1,000 inhabitants. The infantile mortality was 112 deaths under one year for every 1,000 born alive, as compared with 117 in 1931.

At the meeting of the Central Midwives Board for England and Wales on July 20th approval as lecturer was granted to Dr. Elizabeth Main Moore, St. Giles's Hospital, Camberwell; and Dr. Erichsen Sutton Page, St. Mary Abbots Hospital, Kensington (*pro tem.*).

Among the bequests in the will of the late Mr. H. T. Mills, Squire of Langton, Leicestershire, is included the sum of £100,000 to Leicester Royal Infirmary, "to be held as a permanent endowment of the ward about to be erected at the infirmary at my expense."

The King has approved the reappointment of Dr. K. S. Wise as a nominated member of the Legislative Council of Trinidad and Tobago.

The 375th anniversary of the foundation of the University of Jena was celebrated on July 1st and 2nd.

Dr. Rollier of Leysin has been nominated an honorary member of the Medical Society of Copenhagen.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, B.M.A. House, Tavistock Square, W.C.1.**

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QUERIES AND ANSWERS

Mouth Dryness

Dr. W. JOHNSON SMYTH (Bournemouth) writes in reply to the inquiry published on April 8th (p. 639): Mountain ash berries (rowan berries) are perhaps the best of all sialagogues. They are plentiful this year, and ought to be preserved by the usual methods of fruit preserving, or hung up to dry so as to be available for the next twelve months. The berries ought to be plucked before they ripen fully, otherwise they become sweet, and are not then so effective.