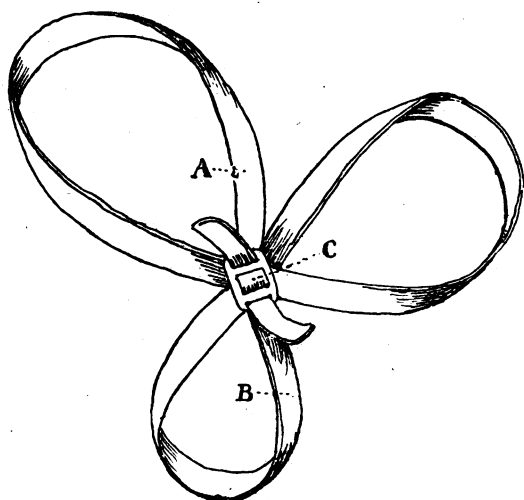


would seem, however, that the affected shoulder is not sufficiently fixed, but may swing backwards either by gravity when the patient lies down or by the voluntary action of the rhomboidei and the trapezius. To overcome this difficulty H. Houldsworth, orthopaedic technician for Victoria Hospital, designed for the second patient a sling which uses the opposite shoulder as a fixed point, thereby maintaining the serratus magnus at rest at all times (see Figure).



The clover leaf sling, showing the three loops and the fixed point C.

A single strip of  $1\frac{1}{4}$  in. webbing five or six feet in length is looped and sewn at the point C, allowing one long end (A) to pass around the neck and a short end (B) to encircle the wrist. At the point C two buckles are sewn in place to receive the ends A and B. The first loop is passed over the shoulder of the unaffected side so that the point C corresponds approximately to the middle of the clavicle. It can be made to measure for the individual, or can be made in quantities (if occasion ever warranted it) merely by allowing a large loop that will slip over any shoulder and then taking a tuck in it to fit the individual. It may be lined with chamois leather. The finished sling consists of three loops, encircling the unaffected shoulder, the neck, and the wrist of the affected side, and maintains a fixed point C. It is light, inexpensive, and efficient. Graduated exercises as outlined by Mackenzie are then commenced. After four months' disability the second patient had improved sufficiently in two weeks of this regime to raise her arm above her head, and since that time her progress has been steady.

Tournay and Kraus make no mention of treatment, but state that the prognosis is not good. That the outlook is not so unfavourable is further borne out by the results in the first patient mentioned above. His paralysis was of three months' duration. He rested his arm for a couple of weeks, and then did not return for fifteen months. In the meantime he continued exercising and now has no functional disability, and his recovery is essentially complete. In long-standing cases contraction of the latissimus dorsi and the pectoralis major may require consideration, for these muscles act as powerful opponents delaying recovery.

#### SUMMARY

1. The prognosis of isolated paralysis of the serratus magnus is not necessarily unfavourable.
2. The results will be better when Mackenzie's principles are understood and applied.
3. An improved "clover leaf" sling is described which maintains the serratus magnus in the position of physiological rest.

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- 2 Frazer, J. E.: *The Anatomy of the Human Skeleton*, Churchill, London, 1920, p. 77.
- 3 Tournay, A., and Kraus, W. M.: *Journ. Neurol. and Psychopath.*, 1924-5, v, 115.
- 4 Macgregor, John A.: Personal communication.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### SPONTANEOUS RUPTURE OF THROMBOSED LATERAL SINUS

Cases which convenience compels me to continue to call "spontaneous" rupture of the wall of a thrombosed lateral sinus with complete recovery are so rare that the following seems worth recording.

#### HISTORY OF CASE

On May 12th, 1933, a boy, aged 8, was admitted to the York County Hospital. There was a history that six weeks previously he had had measles, and about four weeks before his right ear had discharged. This appeared to have dried up, but on May 11th he was reported to have developed a high temperature, over  $104^{\circ}$  F., with what seemed to be a rigor.

I saw the patient soon after admission. He was obviously seriously ill, and the soft tissues over the right mastoid were greatly swollen; on operation they were about an inch thick. I opened the mastoid and found an abscess cavity, with the sinus bare in the cavity and apparently covered with granulations. As I suspected thrombosis of the lateral sinus I exposed it further up and down, put a needle into it, and found that it was thrombosed. I opened it up and down, and removed a clot which completely blocked the lumen. I did not tie the jugular. Examination with a probe of that portion of the sinus wall which seemed to be covered with granulations revealed that there was an opening in the wall on the anterior aspect, about an inch in length, into the abscess cavity in the mastoid. I incised the drum membrane.

The child made an uninterrupted recovery, including the regaining of normal hearing, and was discharged with wounds of mastoid and of drum membrane completely healed on June 21st.

The Librarian of the Royal Society of Medicine kindly searched through the literature for me, and found only one record of a similar case. This was reported at a meeting of the Austrian Otological Society in March, 1922, by Ignatius Hofer, and an account of it appears in the *Monatschrift für Ohrenheilkunde* for May, 1922. This case seems to have been almost identical with my own, except that it was operated on at a much later stage and after all general symptoms, including raised temperature, had disappeared, and there was a fistula through the bone under the periosteum of the mastoid, through which pus from a mastoid abscess was issuing. All serious immediate danger to life had apparently been over for some time; rigors had been observed two months before. In my case there was high temperature with rigor the day before I operated. The end-result of both was similar.

Both these cases would appear to show a spontaneous effort of nature to deal with a septic thrombosis of a lateral sinus on the lines on which it is dealt with by operation—namely, by free opening and drainage. In Hofer's case the effort seems to have been well on the way to success when operation was performed. In my case the child was in a bad way, and, but for operation, the issue would have been more than doubtful, though a case is described by G. Charousek in the *Medizinische Klinik* for July 8th, 1927, of a "Spontaneously Healed Otogenic Sinus Thrombosis," in which the thrombosis extended to the jugular, subclavian, axillary, and doubtfully to the ophthalmic veins, and which resulted in complete recovery without other operation than the opening of the mastoid abscess. There is a passing reference to the occurrence of breakdown of the sinus wall in Politzer's and in Ballenger's textbooks, but without description of cases.

York.

PETER MACDONALD, M.D.

## URTICARIA COMPLICATED BY CHICKEN-POX

Although under ordinary conditions the differential diagnosis between strophulus (lichen urticatus) and chicken-pox presents no particular difficulties, none the less cases occasionally occur the exact nature of which even the most experienced practitioner may find it difficult to determine.

The following case represents this possibility. A small boy about three years of age was sent to me at the Infants Hospital with a request from the doctor who was looking after the case for assistance in the treatment, since for the last four months he had been suffering from an attack of urticaria which had defied all efforts at cure. My first impression was that it was an ordinary case of urticaria with secondary infection. There were papules, some of which were vesicated, a few umbilicated, and others pustular. The rash, however, was present on the scalp and on the face, unusual sites for urticarial eruptions. Moreover, I found two ulcerated spots on the hard palate quite characteristic of varicella. I felt convinced, therefore, that this was an instance of the superposition of varicella on a chronic case of urticaria, and this diagnosis was confirmed, *inter alia*, by the discovery that the father of the child was at the time suffering from an acute attack of shingles.

London, W.

ERIC PRITCHARD, M.D., F.R.C.P.

## Reports of Societies

### MAGIC IN MEDICINE

In the Section of the History of Medicine of the Royal Society of Medicine on November 1st, Professor H. BURGER of Amsterdam gave an address on "The Doctor, the Quack, and the Appetite of the Public for Magic in Medicine." Sir STCLAIR THOMSON introduced Professor Burger as one who had been three times president of the Dutch Medical Association, and was permanent secretary of the International Congress.

Professor BURGER said that it was curious and a little disappointing that the public appreciation of the medical profession had not grown to the extent which might have been expected in a time of unprecedented effulgence of medical science. The progress of medicine during the last hundred years had been greater than in all the preceding centuries put together. Intuition and dogma had given place to investigation and experiment, and results had been obtained which medical men in times gone by could not have foreseen in their wildest dreams. Bacteriology had caused a tremendous revolution, the aseptic treatment of wounds had arisen, and a whole series of surgical specialisms had found an endless field. Yet public appreciation of the medical profession had not moved along lines parallel with this astonishing growth, and multitudes still followed the plausible quack. People who would not think of entrusting a broken clock to any but a skilled watchmaker entrusted their bodies to unqualified practitioners. The reason was that deep in the mind there lay a conviction that the medical art was a divine gift which might exist and be efficient without science or standing. It was true that Nature, the great healer, did not differentiate between quacks and medical experts, though the quack never omitted to put a feather in his own cap if his ally brought off a cure. Those who saw in the problem of quackery nothing but deception on the one hand and stupidity on the other passed by the essentials of the matter. They failed to appreciate in both disease and healing the importance of the personal element, and the influence of the mind on the body. When, after weeks of ailing in a dim sick-room, the patient was removed to the country, the immediate change which took place was not only to be ascribed to the action of air on the lungs and blood, but also in great part to the action on the mind of the patient. The personality of some physicians

was to their patients like a healing sun. They were "physicians by the grace of God." Their presence at the sick-bed promised recovery, and indeed produced it in many cases. Coué, whom no one considered an impostor, effected his cures not by his theory, but by his personality, his humanity, and the joyous hope which he radiated through his patients.

All this gave the quack a much firmer position than it gave the doctor. The quack could play the optimist in all circumstances, prophesying a cure in the most grave diseases. His conscience did not burden him, and if at the end of the promised time the cure had not been established—well, it was an extraordinarily stubborn case and demanded further treatment; and if that too was unavailing, the result was due to the long bungling of his predecessors, the doctors. Cures which occurred in the practice of a doctor made by no means the impression that they did when they occurred in the practice of a quack. The doctor who effected the cure had done no more than his duty. Was not the cure of the sick his profession? In the case of the quack, failures, mistakes, absurdities, were not laid to his account. After all, he was a quack. But when he effected a cure the fame of it went from tongue to tongue and became more marvellous on the journey. A loutish country bumpkin for years managed to attract a stream of people with real or imaginary ills to a small village in the east of Holland. They never suspected him of medical knowledge, but their hopes were fixed in his innate gift of healing. Those who returned from him un comforted never spoke of their adventure, but those who were cured spread his praises far and wide. Imagine a baroness from the Hague getting rid in this way of a nervous spasm, or a minister of State who had been afflicted with a characteristic cough suddenly being able to hold forth without his sugar and water. About forty years ago in Amsterdam the lecturer was a witness of the spectacular art of Sequah, a British or American mystery healer, who, after sounding a trumpet, caused cripples to walk away unsupported. Sequah drove about in a four-in-hand attended by liveried servants, and he made a great impression. But the Dutch Society for the Prevention of Quackery made inquiries, and found that things went ill afterwards for the poor creatures who had been "cured" in public. Professor Burger also related the more recent story of one of the most amazing wizardries, that of one Zeileis, in a village in Bohemia, who pretended to cure crowds of people by submitting them momentarily to  $x$  rays and high-frequency, "intensified by radium," and with helium lamps. The working of mass suggestion was wonderful, and crowds of people were literally driven through this "healing hall."

The present generation was more learned than its predecessors, but not more sensible. Superstition was not openly confessed, but was deeply ingrained. Women of standing and culture who suffered from rheumatism believed—with hesitation, but still they believed for a time—in the healing properties of an East Indian amulet bracelet. Was not the struggle against quackery a hopeless task? Did not even the gods fight stupidity in vain? No hope need be entertained from the instruction of the public in the structure of the body and the nature of disease. The danger of "a little learning" was nowhere more applicable. Even students in their first clinical lessons felt in their own bodies the most horrible diseases. But the appetite of the public for magic had not only a comical side, but a very sinister one. What bitter disillusionment it must bring about! How often the fear of such a thing as cancer must be artificially aroused and the patient kept in suspense for years! The medical practitioner, with all his faults and imperfections, was distinguished from the quack by the fact that his honest ambition was the good of his patients. Professor Burger mentioned that in his own country the judges showed unlimited patience towards quacks, and attached great value to the statements of witnesses who declared themselves benefited. He was willing to assume that there were quacks who believed honestly that they possessed the gift of healing, or had an exaggerated belief in the efficacy of a certain mode of treatment; indeed, that was found among qualified practitioners as well. Some quacks no doubt were driven to practise their art from sheer love

his services were willingly available for sick patients at any time, night or day, whatever their financial status. During the last two years of his life he had ill-health. This was attributed partly to diphtheria contracted while a house-surgeon and partly to dysentery acquired when serving at Gallipoli during the great war. He was the very best embodiment of a medical practitioner. The esteem in which he was held by the whole community was testified to at his funeral by the crowded congregation in Hexham Abbey to do honour to his memory. Despite the size of the church a large number were unable to obtain seats. As he had lived and practised so was he regarded. He leaves a wife, one daughter, and two sons.

Dr. MONICA BELL writes: By Dr. Fairclough's death the whole district round Hexham lost a friend in every sense of the word. Intensely loyal to all his colleagues, always ready to give his advice and help ungrudgingly, never too tired, though he worked so hard, to come out to see a case at any time of the day or night, he inspired confidence in the doctor he was helping and in the patient as well. He had a tremendous human interest in his patients, and they felt as we did, that they had not merely a skilled doctor, but a true friend. He had a great sense of humour, and never in the ten years I knew him so well did I ever see him ruffled in temper, or out of patience, or too hurried to stop and give me a word of help and encouragement.

Dr. R. A. McK. DICKSON writes: Fairclough very rapidly developed a large country practice by his outstanding ability and soundness of diagnosis. During the war he was actively engaged in the R.A.M.C. in Gallipoli, Egypt, and France. He contracted dysentery at this time, which undoubtedly caused much of his later ill-health, and probably hastened his untimely end at the age of 52. After the war Dr. Fairclough returned to Hexham, where his services were widely sought after, in a large rural area, not only by his patients, but by many colleagues in neighbouring country towns and districts. By these latter he was held in the very highest esteem, an inspiration and ever-present help to his younger fellow practitioners, whom he was always ready to help and encourage. For many years he was secretary and chairman of the Hexham Branch of the British Medical Association, and held the post of certifying factory surgeon for the district in which he practised. It was a sad thing to see his exceptional ability and love of his work so often marred by many breakdowns in health, but his splendid courage and cheerfulness in these many trials were an example to all. In the more intimate circle of his home Dr. Fairclough's personality and charm were never to be forgotten. His love for children, animals, flowers, and all the beauties of nature he carried with him wherever he went. Widely read, not only in current and historical medical literature, but in the classics also, it can be well said that Wilfrid Fairclough got the best out of life, and radiated it to everyone. Quiet and retiring by nature, he shunned publicity in all its forms. His early death is a tragic loss to all who were privileged to know him.

Dr. LEWIS EVAN PARKHURST, who died recently at his home in Brackley, Northants, at the age of 69, had been a member of the British Medical Association since 1896. He was educated at the Magdalen College Schools at Brackley and Oxford, Jesus College, Oxford, and St. Mary's Hospital, where he gained the first open scholarship. He graduated M.B., B.Ch. in 1891, and proceeded M.D. three years later. After holding house and other appointments at St. Mary's Hospital, he returned to Brackley, where he devoted the rest of his life to general practice, although handicapped by chronic illness throughout. A good speaker, he took an active part in local affairs. He was a keen student of Brackley history, and was particularly interested in the church. A strong sense of humour, facility of expression, and a gift for friendship endeared him to his colleagues and patients. He contributed articles on surgical and dermatological subjects to the medical journals.

Dr. ARTHUR LIONEL BALY, who died on October 31st, was born in 1880, and received his medical education at Cambridge and University College Hospital. In 1906 he obtained the diplomas M.R.C.S., L.R.C.P., and was then appointed house-physician to the Victoria Park Hospital for Diseases of the Chest. He subsequently became assistant medical officer at Lambeth Infirmary, and in 1911 was promoted to be superintendent, the name of the institution being changed shortly afterwards to Lambeth Hospital. An active personality, Dr. Baly entered with enthusiasm into the reform of the Poor Law administration locally, and played a prominent part in social work in Lambeth and in London generally. For many years he was honorary medical officer to the Amateur Boxing Association, and did much to encourage this branch of athletics, particularly in the Boy Scout movement. He was a founder of the Fitzroy Lodge Athletic Club, and devoted his spare time largely to amateur boxing in the metropolis.

With the death at the age of 64 of Dr. ELIZABETH KNIGHT of Hampstead, shortly after a motor accident at Brighton, there passed one of the pioneers of the women's suffrage movement. Her medical education was obtained at the London School of Medicine for Women, and she graduated M.B. Lond. in 1904. She subsequently held appointments at the Evelina Hospital, the Waterloo Hospital for Children and Women, and Mount Vernon Hospital. A militant suffragette in the early years of this century, she was prosecuted several times, and was once imprisoned. Since 1907 she had been a member of the British Medical Association.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

The Rede Lecture, which was postponed from the Easter term, will be delivered by Sir Charles Sherrington, Honorary Fellow of Gonville and Caius College, Waynflete Professor of Physiology and Fellow of Magdalen College in the University of Oxford, at 5 p.m., on Thursday, November 23rd, in the Senate House. His subject is "Brain and its Mechanism."

Dr. A. E. Barclay has been reappointed University Lecturer in Medical Radiology and Electrology from November 1st, 1933, to September 30th, 1936.

Dr. Graham-Smith, Dr. Drury, and Sir F. G. Hopkins have been appointed members of the M.D. Committee.

The *Cambridge University Reporter* for October 31st (p. 236) contains an account of the discussion, in the Senate House on October 24th, of the amended report of the Syndicate on Medical Courses and Examinations (*British Medical Journal*, July 1st, p. 29). The recommendations of the Syndicate will come up for approval at the congregation on November 17th, at 2 p.m.

At a congregation held on November 4th the following medical degrees were conferred:

M.D.—N. L. White, H. F. Griffiths, H. B. Stallard.  
M.B., B.Chir.—L. K. Wills, A. G. Cross.  
M.B.—O. A. Trowell.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

The annual meeting of the Fellows and Members of the Royal College of Surgeons of England will be held at the College, Lincoln's Inn Fields, W.C., on Thursday, November 16th, at 3 p.m., when a report from the Council will be submitted. Fellows and Members can obtain copies of the report on application to the secretary, and their names will be placed on the list of those to whom the report is sent annually, if so desired. A copy of the agenda will be issued on or after November 10th, to any Fellow or Member applying for one.

### BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

The next examination for the membership will be held in January, 1934. Particulars may be obtained from Professor W. Fletcher Shaw, honorary secretary, at 58, Queen Anne Street, London, W.1.

## Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

Parliament resumed its sittings on November 7th, when the House of Commons discussed disarmament. The session is to end next week; a new session will open with the King's Speech on November 21st.

Mr. Shakespeare announced on November 7th that up to October 31st 236 local authorities in England and Wales had submitted to the Ministry of Health resolutions declaring 1,265 areas, comprising 32,839 houses, to be clearance areas; 878 clearance and compulsory purchase orders affecting 23,012 houses were submitted for confirmation, and 519 orders made by 139 local authorities affecting 13,133 houses were confirmed.

### The Road and Rail Traffic Bill

In the House of Lords on November 7th the MARQUESS OF LONDONDERRY moved the second reading of the Road and Rail Traffic Bill, which has already passed through the House of Commons. He said that while the Bill did not represent a final solution of the problems connected with the transport industry, it was a substantial contribution to the advancement of public safety and convenience and of a better and more economical organization of inland transport.

Lord LUKE called attention to the serious position in which many voluntary hospitals were placed by being called on to treat large numbers of road motor accidents. Owing to their accommodation being occupied with such cases local patients had to wait considerable periods for admission. The hospitals did not ask that motorists should pay anything towards the cost of their buildings or equipment; what they asked was that they should be paid their out-of-pocket expenses for treatment. At present hospitals were only able to obtain payment of a small proportion of those expenses. He did not believe that motorists, if they really understood the position, would like to see these poor hospitals continuing to play the Good Samaritan in this way. No Road Traffic Bill could be considered satisfactory unless it enabled the hospitals to get back their out-of-pocket expenses incurred in treating road accidents. The Earl of PLYMOUTH said that the question raised by Lord Luke in regard to the hospitals had been discussed on several occasions in that House. He knew that the representations which Lord Luke had made were always in the mind of the Minister, and what he had said would certainly receive consideration.

The Bill was read a second time.

**Out-Relief Figures.**—The total number of persons in receipt of out-relief in England and Wales (excluding persons in receipt of domiciliary medical relief only) at September 26th, 1931, was 786,771. The corresponding number on October 21st last was 1,106,871.

## The Services

### DEATHS IN THE SERVICES

Staff Surgeon William Thompson, R.N. (ret.), died at the Royal Naval Hospital, Yarmouth, on October 27th. He was the son of the late Robert Acheson Thompson of Sandville, County Kerry, and was educated in Dublin, where he took the L.R.C.S.I. in 1874 and the L.K.Q.C.P. in 1875. Entering the Navy soon after qualification, he retired as staff surgeon on March 31st, 1888. As surgeon of H.M.S. *Active* he served in the Naval Brigade in the Zulu war of 1879, was present at the action of Inyezane on January 22nd, 1879, formed part of the garrison at Ekowe with Colonel Pearson's column, and took part in the advance on Fort Durnford, was mentioned in dispatches, and received the medal for the Zulu war, with a clasp.

Lieut.-Colonel George Arthur Theodore Bray, D.S.O., R.A.M.C. (ret.), died at Ealing on October 30th, aged 69. He was born at Kaskemhook, South Africa, on April 27th, 1864, the son of the late Major-General C. F. C. Bray, was educated at King's College Hospital, and took the M.R.C.S., L.R.C.P.Lond. in 1888. After serving as house-surgeon at King's College Hospital, he entered the R.A.M.C. as surgeon

on July 29th, 1890, became lieutenant-colonel on November 13th, 1912, and retired on April 27th, 1919. He was seconded for service in the Egyptian Army from February 11th, 1898, to December 20th, 1899. He served in the Nile campaign of 1898, was present at the battle of Khartum, was mentioned in dispatches in the *London Gazette* of September 30th, 1898, and received the medal, along with the Egyptian medal with a clasp; in the South African War from 1899 to 1902, taking part in operations in Cape Colony and in the Orange River Colony, and received the King's and Queen's medals, with two clasps to each; and in the war of 1914-18, in France and Egypt, was mentioned in dispatches in the *London Gazette* of October 7th, 1918, and received the D.S.O. in 1918. After retirement he served as recruiting medical officer at Bristol in 1919-20. In 1905 he married Angela, daughter of Dr. Thomas Laffan of Cashel, Tipperary, and had one son and two daughters.

Lieut.-Colonel William Stewart Nealer, Indian Medical Service, died at Maymyo, Upper Burma, on October 7th, aged 53. He was born on April 20th, 1880, was educated at Bart's, and took the M.R.C.S., L.R.C.P.Lond. in 1905, and later took the D.T.M. and H. of the London Colleges in 1929. He entered the R.A.M.C. as lieutenant on January 31st, 1905, became captain after three years' service, and joined the I.M.S. on March 31st, 1911, exchanging with Captain, now Lieut.-Colonel, C. J. Coppinger. He became lieutenant-colonel after twenty years' service, and was placed on the selected list for promotion on August 30th, 1931. He spent his service in military employment. During the war of 1914-18 he served in Iraq in 1914-16.

Major Charles Louis Richard Ronayne, R.A.M.C. (ret.), died on September 3rd, aged 58. He was born on April 20th, 1875, and was educated at Trinity College, Dublin, where he graduated M.B., B.Ch., and B.A.O. in 1900. Entering the R.A.M.C. as lieutenant on June 21st, 1900, he attained the rank of major on June 21st, 1912, and retired on August 11th, 1921.

## Medical News

The Malcolm Morris Memorial Lecture to be given by Dr. R. O. Moon under the auspices of the Chadwick Trust, at Manson House, 26, Portland Place, on Tuesday, November 14th, at 5.30 p.m., will be devoted to a review of the present housing problem in relation to public health. The chair will be taken by Sir James Crichton-Browne. Admission free, without ticket.

A meeting of the Hunterian Society will be held at the Cutlers' Hall, Warwick Lane, E.C., on Monday, November 20th at 9 p.m., when Mr. P. J. Hannon, M.P., Dr. J. D. Rolleston, Dr. W. J. O'Donovan, M.P., and Mr. J. Hugh Edwards will open a discussion on: "That Alcohol is of Value to the Citizen." Fellows may bring non-medical guests (including ladies) to the meeting.

A lecture on "Ergot and Ergotism" will be given by Professor George Barger, M.A., D.Sc., F.R.S., before the Pharmaceutical Society of Great Britain, 17, Bloomsbury Square, W.C., on Tuesday, November 14th. The chair will be taken by the president at 8.30 p.m. Members are invited to attend with friends.

At a meeting of the Royal Sanitary Institute on November 24th, at Darlington, there will be discussions on "Water Supplies—Mechanical Filtration," to be opened by Mr. E. Minors, and on "The Co-ordination of Health Services," to be opened by Dr. G. A. Dawson.

The next quarterly meeting of the Royal Medico-Psychological Association will be held at 11, Chandos Street, W., on Tuesday, November 21st, at 2.30 p.m., when Dr. W. M. Ford-Robertson will read a paper on "The Blood Differential Picture in Mental Disorder, with Special Reference to 'The Lymphatic Reaction.'"

A variation of the usual type of Chadwick Lecture will be the "Bossom Gift" symposium on "The One Pipe System of House Drainage in Theory and Practice" to be held at the London School of Hygiene, Keppel Street, W.C., on Tuesday, November 21st, at 8 p.m. Mr. Alfred Bossom, M.P., under whose gift the Chadwick Trustees have arranged the symposium, will preside. The opener will be Dr. Charles Porter, president of the Society of Medical Officers of Health, on the historic, legal, and hygienic aspects of the one pipe question, followed by Mr. W. H. Draper on the technical problems.

We are asked to announce that admission to the special Saturday morning session on November 25th of the forthcoming Conference on Mental Health will not now be confined to medical magistrates. This session, at which Lord Horder is to preside and the subject for discussion is "The Medical Attitude to Crime," will be open to all medical men and women on presentation of visiting card. Full particulars may be obtained from the National Council for Mental Hygiene, 78, Chandos House, Palmer Street, London, S.W.1.

The annual dinner of the Prince of Wales's Hospital Reunion Association will be held at the Trocadero Restaurant on Thursday, November 23rd, at 8 p.m., when Mr. William Ibbotson will occupy the chair. (Price of dinner, exclusive of wines, 12s. 6d., to be paid in advance.) Applications to the honorary secretary, Dr. Bertram H. Jones, 47, Queen Anne Street, W., stating number of guests.

The ninetieth half-yearly dinner of the Aberdeen University Club, London, will be held at the Trocadero Restaurant at 7.30 p.m. on Thursday, November 23rd, under the chairmanship of Mrs. K. F. Trail, J.P., LL.D. The secretary's address is 9, Addison Gardens, W.14.

The next meeting of the Royal Microscopical Society will be held at British Medical Association House, Tavistock Square, W.C., on Wednesday, November 15th, at 5.30 p.m. Papers will be read by Professor D. M. Blair, Dr. F. Davies, Dr. W. E. Williams, and Mr. J. E. Barnard, F.R.S.

The annual clinical "At Home" of the Royal Dental Hospital of London will be held at the hospital (32, Leicester Square, W.C.) on Saturday, November 25th, at 2 p.m. The dinner of past and present students will take place at 7.30 p.m. at the Trocadero, when Mr. J. G. Turner, F.R.C.S., will preside.

A symposium on "Bread and Milk" has been arranged by the Food Group of the Society of Chemical Industry, to be held in the Hall of the British Medical Association, Tavistock Square, W.C., on November 23rd and 24th. It will be divided into three sessions under the respective presidencies of Professor W. W. Jameson, Sir John Russell, and Professor H. E. Armstrong.

The Fellowship of Medicine, 1, Wimpole Street, W.1, announces that a course of four lectures has been arranged by the London Child Guidance Clinic, to be given at British Medical Association House, Tavistock Square, W.C. The first two lectures, by Dr. William Moodie, will take place at 8.30 p.m. on November 13th and 15th. A week-end course in gynaecology has been arranged at the Samaritan Hospital for Women, Marylebone Road, on November 18th and 19th. There will be a fortnight's course in chest diseases at the City of London Hospital, Victoria Park, from November 13th to 25th. Other forthcoming courses include: venereal disease at the London Lock Hospital, November 13th to December 9th (afternoons and evenings); proctology at St. Mark's Hospital, November 20th to 25th; evening course in rheumatism, at the British Red Cross Clinic, November 21st to December 7th (Tuesdays and Thursdays at 8 p.m.); diseases of infants at the Infants Hospital, November 27th to December 9th; dermatology at the Blackfriars Skin Hospital, November 27th to December 9th. Individual clinics are available daily in various branches of medicine and surgery. Courses, etc., arranged by the Fellowship of Medicine are open only to members and associates.

The National Institute for the Blind has endorsed a resolution passed by the National Association of Blind Workers, deprecating the sale of cheap spectacles by departmental stores. The resolution urges that action should be taken by the Ministry of Health.

A conference of tuberculosis care workers was held at Tonbridge on November 2nd. Miss E. M. Allatt of the Kent Community Council presided and Colonel A. G. Barham, chairman of the Health Committee of the Kent Community Council, spoke. Dr. Harley Williams gave an address on the need for continuity of care in tuberculosis work.

On November 2nd Sir Richard Gregory, Bt., Editor of *Nature*, was admitted a Fellow of the Royal Society, upon his election under Statute 12, as one who has "rendered conspicuous service to the cause of science."

The Jewish Health Organization of Great Britain (Woburn House, Upper Woburn Place, W.C.) has arranged a series of popular lectures on health subjects, to be given at the Whitechapel Art Gallery, High Street, E.1, on Saturdays at 8.30 p.m., from November 18th, 1933, to January 13th, 1934. Admission free.

The autumn number of the *University of Edinburgh Journal* (Oliver and Boyd, 1s.) includes a long article on George Saintsbury, contributed by Professor Blyth Webster, a note on Thomas Carlyle by Sir J. M. Barrie, Chancellor of the University, and an account of some Edinburgh professors of "the weighty 'eighties," by Dr. David Rorie.

### Election of Direct Representative upon the G.M.C.

At the Council meeting of the British Medical Association on Wednesday, November 8th, it was announced that Dr. H. Guy Dain of Birmingham had been approached to offer himself as a candidate for the vacancy among direct representatives for England and Wales upon the General Medical Council, caused by the death of Dr. Christine Murrell; and that Dr. Dain had consented to stand.

## 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

#### Recurrent Sebaceous Cysts

Dr. W. HASTINGS HARDY (South Croydon) writes: I will be very grateful for any information as to how I may prevent the recurrence of a sebaceous cyst. During the past seven years I have removed five complete and unbroken cysts, each time the size of half a grain of wheat, from the same place in a young woman now 25 years of age. They have occurred between the bridge of the nose and the inner canthus of the right eye. Fearing to leave a mark or a scar I have merely swabbed out the small cavity left after removal with strong antiseptics. Now another cyst is ripe for removal in identically the same place. Curiously enough, between October 14th, 1926, and April 9th, 1931, I removed thirty-one cysts from the scalp of the patient's father. These cysts varied in size from that of a small seed to that of a pigeon's egg. Some of these thirty-one may have recurred—it is difficult to say—but thirty of them were removed unbroken.