

obtained by a number of methods, but one is so suitable for nearly all cases (including those of external compound fracture) that it will be described to the exclusion of less generally suitable methods.

TECHNIQUE

The method is based on a splint described by Carter, which forms an arch over the nose. The base of the arch presses on the cheek on each side at its junction with the side of the nose. The apex is situated in the air over the bridge. A short straight splint is inserted into each nostril, and a thread from the middle of each splint perforates the soft tissues near the inferior border of the nasal bones, and is tied to the arched splint near its apex. The splints now exert anterior traction on the bridge, whilst an adjustable screw enables one to alter the angle between the two sides of the arch, so that the posterior borders of the nasal bones can also be pressed towards the mid-line. Although stressed in connexion with the original splint, this point is not necessary or desirable for its satisfactory use. Though the principle of Carter's splint has much to commend it, the risks of infection, and of scarring due to the perforation of the soft tissues of the nose with the threads, prohibit its use.

I first modified the splint by substituting U-shaped metal splints for Carter's straight intranasal splints, one limb of the splint being inserted so that when traction is taken from the part of the limb outside the nose opposite the middle of the nasal bone, the effect is the same as if short intranasal splints were used and traction were taken from the middle of them (see Fig. 1).

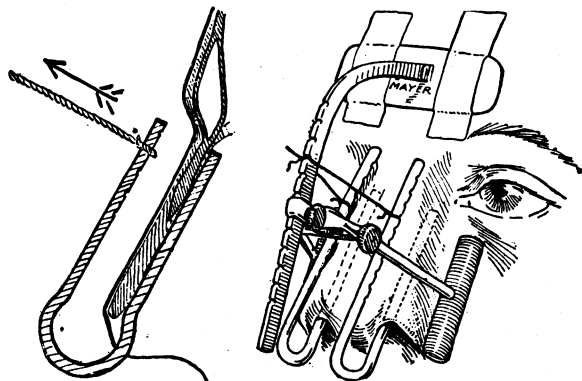


FIG. 1.

FIG. 2.

In order that the splint should not work in further or work out when tension was applied, it was found essential that such tension should be applied exactly at right angles to the axis of the nasal bone. This is obtained by adding a mast, the effective length of which can be varied, from the forehead to the apex of the splint. Grooves are cut on the mast, and a silk thread from each U-splint is tied to its fellow of the opposite side over the correct groove in the mast, in such a way that the direction of the pull is at right angles to the nasal bones. The bases of the splint are fitted with thick rubber tubing, and are only used for counter-pressure on the face. Where wounds are present they are avoided by adjusting the distance between these rubbers with a milled screw (see Figs. 2 and 3). If, during treatment, the silk threads need only slightly tightening, this is effected by adjusting the screw to narrow the angle between the two sides of the splint. The forehead piece of the splint is padded with a flat piece of rubber, and kept in place with a band of adhesive strapping round the head. This has less tendency to cause headache than firm bandaging. During treatment nasal respiration is possible.

The splint is left in about four days, though at any time it can be removed (all except the mast) for dressing of wounds, use of douches, etc., and can readily be reapplied. Adjustments can be slackened after this period, and one watches for any recurrence of deformity.

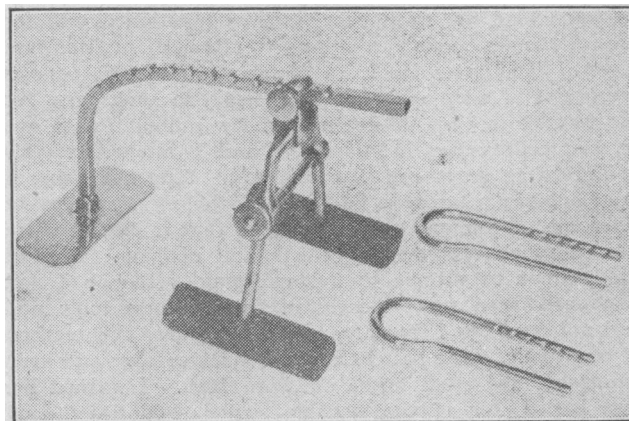


FIG. 3.

If none occurs the splint is removed; otherwise it is replaced. The length of treatment depends entirely on the tendency to recurrence, which is estimated as above. Treatment varies from a few days up to about three weeks.

In describing this splint I wish to acknowledge the trouble taken by Messrs. Mayer and Phelps (59, New Cavendish Street, W.1) in order to make the final splint from my experimental patterns.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

TREATMENT OF TROPICAL PHAGEDAENIC ULCER

I have used the following treatment for the last two years on over 2,000 cases of tropical ulcer, and the results have been so satisfactory that I should like others to give it a trial. It is now the standard treatment for all cases which occur in my group of tea-gardens, and it has also been tried for the last year on adjacent gardens, with equally satisfactory results. It consists in the thorough swabbing of the ulcer, if possible twice daily, with a copper sulphate carbolic acid solution, followed by dusting with an iodoform bismuth subgallate powder. This is continued until the ulcer has healed.

In making up the solution it is essential that the copper sulphate be completely dissolved in distilled water, leaving no deposit; this can only be achieved in a mortar. The carbolic acid is then added, the composition of the solution being copper sulphate 5ij, distilled water 3j, and carbolic acid 3j. As the carbolic acid rises to the top of the solution the latter must be shaken before use on each case. The purpose of the carbolic acid is to deaden the pain of the copper sulphate and allow thorough swabbing of the ulcer and removal of slough. After swabbing, the following powder should be applied and the ulcer covered with a piece of lint and a bandage: iodoform, 1 part; bismuth subgallate, 3 parts.

With this treatment the pain and slough of an ulcer disappear in about four days, and an ulcer of average size heals up in about two weeks. This compares very favourably with the two to three months previously required for the cure of such cases. Moreover, the treatment has the advantage of being practically painless. The swabbing of the ulcer with the copper sulphate solution must not be stopped after the slough has been removed, but should be continued until the ulcer has

completely healed. By using copper sulphate solution contact with every part of the ulcer is possible; this is not so when the solid crystals are used.

There are about 2 per cent. of cases that show a sensitiveness to iodoform, and these can be recognized by an eczematous eruption surrounding the ulcer. In these cases calomel should be substituted for the iodoform in the same proportion. If bismuth subgallate is not available bismuth subnitrate may be used instead, but the former is superior.

Dooars, Bengal.

CHRISTIE MCGUIRE.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

TRINIDAD AND TOBAGO BRANCH: SOUTHERN DIVISION

Mass Treatment with Plasmoquine

At the August meeting of the Trinidad and Tobago Branch (Southern Division), a paper on mass treatment with plasmoquine was read by Dr. GRANT R. GRIBBEN, medical officer of health for Brighton-La Brea rural sanitary district, and medical officer of health for the Trinidad Lake Asphalt Operating Company, Ltd.

Dr. Gribben stated in introduction that the preparation used was a plasmoquine compound tablet, containing 0.01 gram of plasmoquine and 0.125 gram of quinine. The mass treatments were administered to the employees—and their families—of the Trinidad Lake Asphalt Operating Company, Ltd. The speaker stated that the island of Trinidad lay a few miles off the north coast of Venezuela. It was roughly square-shaped, and its area was 1,863 square miles. The mean annual temperature was 78.6° F., and the daily temperature ranged between 64° and 94°. The mean annual rainfall was 63.43 inches. There was a slight variation between summer and winter. Brighton, the site of the company's operations, was in the south, facing the Gulf of Paria. In the Brighton-La Brea area the principal anopheline mosquito was the *A. tarsimaculata*, considered by some to be a variety of *A. albimanus*. Various Culices and Aedes were abundant, especially *Aedes aegypti* and *Aedes taeniorhynchus*. There were, in addition, a few Megarhiniae. The company's labour force, predominantly West Indian negro in type, was drawn from the whole surrounding district. There was a company village called New Jersey (population just over a thousand), well laid out and with good houses, water-borne sewage and electric light, but this village was practically continuous with the Government village of La Brea, and there was also very free communication with the small villages in the surrounding area of two miles. The local terrain consisted of small hills with many ravines and a few marshes, one of the last being subject to flooding by sea water at high tides. A unique feature was the world-famous Pitch Lake, which occupied the centre of a bowl-shaped depression, reminiscent of a huge crater, and was about 110 acres in extent. The surface of the lake was fairly hard, and one could easily walk over it. There was, however, continuous movement of a slow nature going on, and this was responsible for the appearance like the hide of an elephant. In all these wrinkles rain water gathered. Although the lake was drained by three electric pumps of a total strength of 175 h.p., and capable of draining approximately 8,800 gallons of water a minute, it was impossible to keep the wrinkles empty, since the movement of the pitch interfered with, and filled up, man-made drains; the most that could be done was to keep the main drains clear by regular digging. In spite of this constant presence of small pools and fissures with water in them, there was no malarial menace from the lake. This was due to two factors, the first being the presence of large numbers of small fish, *Rivulus hartii* (Cyprinodontidae), which preyed hungrily on the mosquito larvae, and which, in addition, had the happy faculty of moving easily over

the dry surface from one pool to another. Secondly, a small sanitary gang was kept permanently on the lake, the sole object of whose work was to allow free movement of the fish by removing the grass which continually grew in from the border of the lake, and crept along the fissures. For the sake of the fish, no oiling was done on the lake itself, but the small pools round the lake which did not drain into it were regularly oiled. Recently a malaria survey had been made, and on the eastern side of the lake no larvae were found, but towards the western side a very few *tarsimaculata* were discovered among some grass. The prevailing wind was from the south-east. The principal reservoir of anopheline breeding for this district was the Pointe D'Or swamp, an area which lay south-east of the village; it began with coco-nuts, and gradually merged into a swamp many miles in extent. It was an economic impossibility to treat this entire swamp, apart from the fact that a good deal of rice was grown in it, so the present policy was to clean up as far as possible the fringe of coco-nuts for a depth of a good quarter-mile, in the hope that the belt of trees would act as a buffer between the village and the swamp, and minimize, if not prevent, the mass migrations of anophelines. The company labourer paid one shilling a month, in return for which he and all his family were entitled to medical attention at the company's dispensary. Cases requiring hospitalization were sent, by the company ambulance, to the Government hospital seventeen miles distant. While a large number of men were in daily employment, many were only working at the times when the boats came in for cargoes of asphalt; hence it was rather difficult to follow up cases.

In this island, said Dr. Gribben, malaria was endemic, with seasonal exacerbations, the first about the beginning of July, and the second and more virulent about the end of September. In former years work had been hindered by sickness during those two periods, particularly the latter, and especially the work of the office clerks. Dr. Gribben therefore determined to see whether a mass treatment by plasmoquine would have any effect on the autumn epidemic, and accordingly arranged it for the latter half of September. Tablets of plasmoquine were given at pay distributions on two successive weeks to the men for themselves and for all the members of their families. Visits were also made to the different departments, and a number were found who for one reason or another had not been at the pay distributions. The dosage on each occasion, taken on two days at a week's interval, was as follows: above 12 years of age, two tablets; between 12 and 8 years, one and a half tablets; between 8 and 4 years, one tablet; and below 4 years, half a tablet. In all, 6,856 tablets had been issued to 2,142 people, of whom, however, only 1,289 received the complete two weeks' treatment. The results had been gratifying. The number of malaria cases attending the Brighton dispensary for the three months after the treatment—the last quarter of the year—was 167, as compared with 269 for the last quarter of 1931, the preceding year; this was equivalent to a reduction of 35.6 per cent. But if the December figures for each year were omitted, the result was striking: from 210 cases in 1931 to 113 in 1932, a reduction of 46.2 per cent. The December figures were approximately the same for both years. This would suggest, Dr. Gribben thought, that it required two months to dissipate the effects of a mass treatment.

Number of malaria cases attending Brighton Dispensary

	1931	1932
October	105	60
November	105	53
December	49	54

The result among the company's employees in the "woods," an area off the beaten track and hedged in by jungle, was interesting. This area usually provided a few cases of the severe type. Owing to its secluded nature it was possible to treat nearly all the population on the two successive weeks. During the month (October) following the treatment not one case of malaria was reported. The company secretary had

work shortly, and soon has another baby to increase the idea of easy labour in her husband's employer's mind, while her unlucky sister with a smaller pelvis and a difficult delivery often does not survive to have another difficult labour. In either case the latter does not appear at work immediately, and hence is not seen by her employer, and no dramatic impression is made on a European mind.—I am, etc.,

R. B. MICHENER, M.D.,
Friends African Mission Hospital,
Kaimosi, P.O. Kisumu, Kenya.

October 15th.

The Milk Supply

SIR,—May I submit these points for consideration? The objective is uncontaminated milk from healthy cows. The health of the cows depends on the quality of the milk required. The quality of the milk required depends on the education of the public. The education of the public during the past ten years has been to the effect that pasteurization is necessary and that pasteurized milk is safer than, and just as wholesome as, the best raw milk. The best raw milk is certified milk; the pasteurization of certified milk is not allowed.

It has been suggested that all milk except certified and Grade A (T.T.) should be pasteurized, and that this should be enforced by the Government. If this is carried out then the public health authorities will be in this difficulty: on the one hand they cannot rest content with a supply of pasteurized dirty milk from diseased herds; on the other hand any increase in the number of healthy (tubercle and *abortus* tested) herds depends on an increase in the demand for the milk from these herds, so that the authorities will have to persuade the public to choose certified milk rather than pasteurized milk; they will have to deny their own teaching and tell the public that certified milk is better than pasteurized milk. There is only one way out of this difficulty: the producers of certified milk must be allowed to pasteurize their milk, and, of course, they must be allowed the higher price that is more than justified by the better value. If the Ministry of Health would go as far as this then the whole force of propaganda could be directed to increasing the sale of clean milk from healthy cows. The competition of healthy cows is the best method of getting rid of diseased cows. Pasteurization is necessary, but the responsibility of the Government for a policy is not discharged by making pasteurization compulsory.—I am, etc.,

Wetherby, Nov. 12th.

R. L. KITCHING.

Tuberculosis an Economic Problem

SIR,—As one who is still undergoing treatment for pulmonary tuberculosis, it is refreshing to read that at least one specialist considers the problem of tuberculosis is often as much economic and social as medical, and that patients put off coming to a doctor for advice because they are afraid of losing their employment. He has hit the nail right on the head, but he might have added that many patients with early disease leave sanatoriums and return to work before they are fit for the same economic reason.

Specialists in tuberculosis are so busy splitting hairs over the classification of tuberculous lesions and the so-called difficulties in diagnosis that they cannot see the wood for trees. Solve the economic problem and the problem of tuberculosis will be solved. It does a man no good to know his lesions can be classified as x , y , or z , but it would do him a power of good and encourage him to persevere with his treatment if he knew that suitable work awaited him at the end of it.—I am, etc.,

November 9th.

A. S. M.

"Venules" in Blood Culture

SIR,—Up to a year ago it was the custom in this laboratory on receiving "venules" containing blood for culture to put them straight into the incubator. Not being satisfied with the results, particularly in cases of suspected undulant fever, it occurred to me that the fault was probably due to insufficient oxygen in the "venule." Accordingly, I altered my routine, and made a practice of removing the rubber stopper from the "venule" and substituting a plug of sterile cotton-wool, taking the usual aseptic precautions. Since then I have had excellent results. With the use of one of the glucose broth "venules" the *Brucella melitensis* can now be cultured in a much shorter time and a better growth obtained than by employing some of the special media recommended. Similar results have been noted with other organisms. This method has been in use for over a year, and in no case has there been a contamination. As these "venules" are so convenient to work with, I recommend this slight modification.—I am, etc.,

W. P. E. MCINTYRE, M.D.,
Medical Officer in Charge of Laboratory,
Royal Naval Hospital, Malta.

November 1st.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Raymond Horton-Smith Prize for 1932-3 has been awarded to G. D. Kersley, M.B., B.Chir., Gonville and Caius, for his thesis on "Fragillitas Ossium and Allied Conditions." *Proxime accessit*.—J. H. B. Martin, M.D., B.Chir., Emmanuel, for his thesis "On the Fibrosis of the Lung Associated with Pulmonary Asbestosis."

UNIVERSITY OF LONDON

At its meeting on November 8th, with Lord Macmillan in the chair, the University Court learnt with gratification of grants made by two more of the City Companies towards the Ceremonial Hall to be built on the University's new site in Bloomsbury.

BOSTOCK SCHOLARSHIP FOR WOMEN

At a meeting of the Senate on October 25th a scheme was approved for the award of the Bostock Scholarship, tenable at the London (Royal Free Hospital) School of Medicine for Women.

The following degrees were conferred:

Ph.D. in Biochemistry—Margaret Honora Roscoe (Lister Institute of Preventive Medicine), for a thesis entitled "The Distribution of Vitamin B Complex." Ph.D. Degree in Physiology—Frank George Young (University College), for a thesis entitled "The Behaviour of Liver Glycogen in Experimental Animals."

AMENDMENT OF REGULATIONS FOR AWARD OF GOLD MEDAL AT MEDICAL EXAMINATIONS

The regulations relating to the award of a University Medal at the M.D. Examination (Red Book, 1933-4, p. 227; Blue Book, September, 1933, p. 273) and the M.S. Examination (Red Book, p. 232; Blue Book, p. 278) were amended by the addition of the following footnote: "A candidate may, if he so desire, take books to the value of £20, selected by the candidate and approved by the University, instead of the Medal." It was resolved that the Diploma in Psychological Medicine be designated a Post-graduate Diploma. Dr. A. Thomas was appointed a Governor of the University College of Wales (Aberystwyth), and Sir William Collins a Governor of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.

The Brown Institution Lectures for 1933, entitled "Present-day Problems in Bacteriology," will be delivered by Professor F. W. Twort, F.R.S., at the London School of Hygiene and Tropical Medicine on December 13th, 14th, 15th, 18th, and 19th, at 5 p.m. Admission free, without ticket.

Subject to the submission of a satisfactory scheme of study, M. P. Ellis, M.D., F.R.C.S., of the Golden Square Throat, Nose, and Ear Hospital, has been appointed to the Geoffrey E. Duveen Travelling Studentship for 1933-4, of the value

of £450. A grant of £100 has been made by the Geoffrey E. Duveen Studentship Board to G. H. Livingstone, M.B., F.R.C.S., of King's College Hospital, who was appointed to the Duveen Studentship for 1932-3, to enable him to continue his studies abroad.

The University Medal in Branch I (Medicine) at the M.D. Examination for Internal and External Students, July, 1933, has been awarded to Arthur Sandford Hoseason, and the University Medal in Branch I (Surgery) at the M.S. Examination for Internal and External Students, July, 1933, to J. T. Fathi.

MEDICAL SCHOLARSHIPS

Thirteen Medical Entrance Scholarships and Exhibitions, of an aggregate total value of £1,488, tenable in the Faculty of Medical Sciences of University College and King's College, and in the Medical Schools of University College Hospital, King's College Hospital, the London Hospital, and the London (Royal Free Hospital) School of Medicine for Women, will be offered. The examination for medical scholarships will commence on May 14th, 1934, and the latest date for the receipt of entries is April 27th. Full particulars and entry forms may be obtained from the secretary of the Board, S. C. Ranner, M.A., Medical School, King's College Hospital, Denmark Hill, S.E.

UNIVERSITY OF SHEFFIELD

Mr. W. J. Lyle, M.B., F.R.C.S., has been appointed lecturer in surgery.

UNIVERSITY OF ABERDEEN

The Right Hon. Walter E. Elliot, D.Sc., M.B. (Minister of Agriculture and Fisheries), has been elected Rector of the University for the next three years, in succession to Sir Arthur Keith.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

An ordinary Council meeting was held on November 9th, when the president, Sir Holburt Waring, was in the chair.

The secretary reported the death on November 2nd, in his eightieth year, of Sir George Makins, a past-president and member of the Council and the Court of Examiners. A vote of condolence was passed.

A Diploma of Fellowship was granted to Thomas Francis Todd (Guy's Hospital).

Diplomas of Membership were granted to Ng Kong Kai and 117 other candidates, whose names were published in our issue of November 4th (p. 850), in the report of the proceedings of the comitia of the Royal College of Physicians of London, as were the names of the eight candidates to whom the Diploma in Public Health has been granted.

John Beattie, M.D., D.Sc., associate professor of anatomy, McGill University, Montreal, was appointed Conservator of the Museum and Director of Research.

THE BUCKSTON BROWNE DINNER

The sixth Buckston Browne annual dinner of Fellows and Members was held on November 8th at the College, with the President, Sir Holburt Waring, in the chair. In accordance with custom, no formal speeches were made, but the President, in the course of a general welcome to the guests, mentioned some of the outstanding events of the College year. Close attention had been paid to the possibility not merely of touching up the curriculum here and there but of reorganizing it. The conference, composed of representatives of the two Royal Colleges and of the Universities of Oxford, Cambridge, and London, had been in session during the past twelve months, and its report, relating both to the preliminary and the clinical subjects of the curriculum, would soon be presented. Sir Holburt Waring mentioned also that in future it would be required of every candidate at the Final F.R.C.S. examination that he must have held a resident post for six months at a recognized hospital. In July last the Buckston Browne research farm for surgical biological investigation had been opened, and it must be a great satisfaction to Sir Buckston Browne to see already the early results of his munificent benefaction. Lastly, the President referred to Sir Arthur Keith, who had made a unique position for himself as Conservator of the College for the past twenty-five years. Although forbidden to continue work in London, Sir Arthur would be able to keep in touch with the College through his appointment as resident master of the research farm at Downe. Sir Buckston Browne, in acknowledging the toast of his health, suggested that on this sixth annual dinner the Fellows and Members present must be very tired of him, just as the park-keeper was supposed to be tired of "pigeon, squirrel, and sparrow pudding." This, he said, was the first time that

the magnificent loving-cup given by Lord Riddell had gone round the tables; it was specially dedicated to the service of this annual gathering. Speaking of the "invisible empty chair," Sir Buckston Browne said that Sir Arthur Keith was present with them in spirit that night. Just as John Hunter had a farm at Earl's Court, so Arthur Keith had always wished that the College should follow Hunter's example. This ideal was now realized, and it was to be hoped that the study of the living animal, under most favourable conditions, might lead to a new orientation of surgery. The following is a complete list of those attending the dinner:

Council: Sir Holburt Waring (President), Mr. G. E. Gask and Mr. Wilfred Trotter (Vice-Presidents), Mr. Ernest W. Hey Groves (Bristol), Sir Cuthbert Wallace, Mr. F. J. Steward, Mr. C. H. Fagge, Mr. R. P. Rowlands, Mr. W. Sampson Handley, Mr. A. H. Burgess (Manchester), Mr. Victor Bonney, Mr. Hugh Lett, Mr. R. E. Kelly (Liverpool), Mr. Graham Simpson (Sheffield), Mr. A. James Walton, Mr. A. E. Webb-Johnson, Mr. G. Gordon Taylor, Sir Charles Gordon-Watson, Mr. R. C. Elmslie, Mr. L. R. Braithwaite (Leeds), and Mr. H. S. Souttar.

Fellows: Mr. J. Johnston Abraham, Sir Charles Ballance, Major B. Biggar, Mr. R. C. Brock, Sir Buckston Browne, Mr. E. Rock Carling, Mr. W. E. Le Gros Clark, Mr. Harold Collinson (Leeds), Sir Crisp English, Mr. G. F. Gibberd, Mr. A. M. H. Gray, Mr. Eardley Holland, Mr. John P. Hosford, Mr. Grant Massie, Sir George Newman (Honorary Fellow), Mr. Harry Platt (Manchester), Mr. Cyril A. Raison (Birmingham), Mr. Hugh Reid (Liverpool), Mr. E. W. Riches, Mr. F. W. Roques, Mr. C. E. Shattock, Mr. Harold Upcott (Hull), Mr. P. Jenner Verrall, Mr. Cecil P. G. Wakeley, Mr. Duncan Wood (Bristol).

Members: Dr. C. W. Alford (Chelmsford), Mr. J. W. Applegate (Dewsbury), Dr. E. A. Barton, Dr. Arthur Bevan, Dr. H. N. Burroughes, Mr. Frank Coleman, Group Captain Henry Couper, Mr. Frank Corner, Dr. H. P. Crampton, Dr. David de Souza, Professor E. C. Dodds, Dr. H. Farncombe (Southsea), Dr. Alfred Franklin, Mr. A. P. Gibbons, Dr. C. Gibson (Worthing), Dr. Sydney J. Haylock (Bournemouth), Dr. R. J. Hodgkinson (Hindhead), Dr. N. G. Horner, Dr. T. C. Hunt, Mr. H. H. Langston, Dr. H. B. Logan (Bristol), Mr. H. A. Lucas, Dr. W. J. McCardie (Birmingham), Dr. Oswald Marriott (Haywards Heath), Dr. W. N. May (Reading), Dr. Frederick Mayes (Bristol), Dr. E. C. Morland, Professor R. Hughes Parry (Bristol), Mr. T. J. Phillips (Harrow), Mr. A. T. Pitts, Dr. A. R. Pocock, Dr. H. Rivers Pollock, Dr. E. A. Blake Pritchard, Dr. Russell J. Reynolds, Mr. D. G. Rice-Oxley, Dr. Redmond Roche, Dr. W. M. Sadler (Slough), Mr. V. C. Snell, Dr. J. F. Taylor, Mr. H. de P. B. Veale (Ilkley), Mr. J. F. Walker (Southend), Dr. W. G. Willoughby (Eastbourne), Dr. H. Yates (Alton), Mr. A. P. Yonge (Twickenham).

Others present: Lord Riddell, Sir Frederick Menzies, Dr. Tom Hare, Mr. T. McCown, Mr. S. Forrest Cowell (Secretary), Mr. R. H. Burne (Acting Conservator), Mr. Kennedy Cassels (Assistant Secretary).

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

The quarterly meeting of the council was held on November 4th, with the president, Dr. John S. Fairbairn, in the chair. Regulations for a diploma to be styled "Diploma of the British College of Obstetricians and Gynaecologists" (shortened "D.C.O.G.") were passed with a view to their early publication. The following were elected to Membership:

Catherine Anderson (Colombo), John Lloyd Davies (Swansea), Calvert Martin Gwillim (London), Arthur Benyon Nash (Montreal), George Milburn White (Montreal).

The following were formally admitted to Membership:

Alexander Allan (Manchester), John Barnard Blaikley (London), Harold Carter (Liverpool), Robert Leslie Dodds (London), John Douglas Flew (London), Tom Ivor Hughes (London), William George Mackay (Glasgow), Patricia Massey (South Africa), Douglas Ashley Mitchell (Bath), Edwin Moody Robertson (Edinburgh), Walter Salisbury (Northampton), Roy McGregor Saunders (London), Donald Robert Louis Stevenson (New Zealand), Henry James Thomson (Bellshill, Lanark), Beatrice Turner (London). *In absentia:* John Stewart Henry (Canada), Peter Joseph Kearns (Canada), Margaret Mary Nolan (India), Newell W. Philpott (Canada), George Drury Shaw (South Africa), John Ross Vant (Canada), Walter Netley Searle (New Zealand), George Henry Mahony (India).

After the admission ceremony Lord Riddell presented to the College portraits of the president, Dr. J. S. Fairbairn, and the honorary secretary, Professor W. Fletcher Shaw, which he had commissioned Mr. J. B. Souter to paint. The vice-president, Sir Ewen Maclean, accepted the portraits and expressed the thanks of the College to Lord Riddell for this further mark of his kindly interest in its development.

The third dinner of the College was held at the Langham Hotel on November 3rd, when the presidents of the three Royal Medical Corporations of Scotland were the guests of the College. The toast of "The Guests" was proposed by Dr. H. Russell Andrews, vice-president of the B.C.O.G., to which each of the three presidents responded. The toast of "The British College of Obstetricians and Gynaecologists" was proposed by the President of the Royal College of Surgeons of Edinburgh, to which the president of the British College of Gynaecologists replied.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS

At the annual meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on November 6th, Dr. R. Barclay Ness, on relinquishing office as president, reviewed the activities of the Faculty during the last two years, and expressed his satisfaction at the large increase in the number of new Fellows. In particular he referred to the recent institution of the Library and Fabric Fund, and pointed out the vital importance of increasing the capital of this fund in order that the efficiency of the library may be maintained at the highest possible standard.

The following officers were elected:

President: Dr. J. M. Munro Kerr; *Visitor*: Mr. Archibald Young; *Honorary Treasurer*: Mr. J. H. MacDonald; *Honorary Librarian*: Mr. W. R. Snodgrass.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

A quarterly meeting of the College was held on November 7th, when the vice-president, Dr. Edwin Bramwell, was in the chair. Drs. E. F. Dott (Edinburgh), W. L. Burgess (Dundee), and R. M. Murray-Lyon (Edinburgh) were introduced and took their seats as Fellows. Dr. A. S. Paterson (Hildenborough, Kent) was elected a Fellow. Certificates of qualification to lecture were conferred upon Dr. John Eason and Dr. W. A. Alexander.

The Hill Pattison-Struthers Bursary in Anatomy and Physiology was awarded to N. H. Solomon, and the Hill Pattison-Struthers Bursary in Clinical Medicine to M. Goldfar.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

Before Prorogation this week the House of Commons gave third readings to the Local Government Bill, the British Nationality and Status of Aliens Bill, and the Protection of Birds Bill. Amendments were made in the Standing Orders of the House.

The House of Lords dealt with the Expiring Laws Continuance Bill and the Road and Rail Traffic Bill.

National Health Insurance

A debate on the position of unemployed persons under the National Health Insurance and Contributory Pensions Acts occupied the House of Commons on November 10th.

Mr. GEORGE HALL moved:

"That, in the opinion of this House, the hardships arising from long-continued unemployment will be unduly aggravated by denial of the benefits conferred by the National Health Insurance and Contributory Pensions Acts, and, therefore, provision should be made for a State contribution towards safeguarding the position of those insured persons who are victims of the present industrial depression."

He said the unemployed felt keenly the action of the Government under the Health Insurance Act of 1932, which deprived them of certain benefits. The Federated Association of Insurance Committees of England, Wales, and Scotland had pointed out to the Minister that in its opinion the State was unfair in what it was doing under this Act. Local authorities and doctors, now that they realized the full implications of the Act, were very concerned about it. Tens of thousands of unemployed persons had been deprived of their rights to sickness and disablement benefit and maternity benefit. At the end of this year they would also lose their medical benefit. The Association of English Insurance Committees said that in 1931, when the Government appealed to the doctors to accept a reduction of 10 per cent. in their remuneration, a saving resulted to the Treasury of £650,000 per annum. A rough estimate of the savings made under the National Health Insurance Act of 1926 was that from that year to the present time £60,000,000 had been intercepted which the Exchequer would otherwise have paid into this fund. The Labour Opposition claimed that if the State had carried out its financial obligations to the Health Insurance Fund the solvency of that Fund would not have been in question. The loss of sickness, disablement, maternity, and

medical benefits were not the only effects of the 1932 Act upon the unemployed. As a result of the Act the regulations regarding arrears of contributions had been altered to the detriment of men who had been unemployed for some time. Under the new regulations any person unemployed for more than four weeks, unless he himself paid a certain amount of arrears, would be deprived of a certain amount of his benefits, such as sickness and disablement benefits. The actuary had said that the persons affected by the 1932 Act would be round about 100,000. (Sir HILTON YOUNG, intervening, said 80,000 in the extension period.) In the county of Glamorgan alone 10,066 persons were already affected, and the Insurance Committee estimated that 13,000 more would be affected next year. No disablement, sickness, or maternity benefit would be paid. For medical treatment, drugs, and so on these people would have to rely upon the Public Assistance Committees; they would be removed from the care of family doctors who had been responsible for their medical treatment all their lives. There would be no free choice of doctor, though that was the underlying principle of the National Health Insurance Act. Where part-time medical officers were employed an increased sum would have to be paid to them. The Minister had said that during this year medical benefit was continued for those persons who came under the Prolongation of Insurance Act at the beginning of the year, or were on what might be regarded as extended period. But the State was not finding the £50,000 which was keeping those people in medical benefit; it had been found as the result of the transfer of values. To maintain these people in insurance would really be giving back to the fund what the Government had taken away from it.

Mr. LEWELLYN-JONES said he was more concerned with the question of medical benefit. He did not think the Government fully realized the close attachment which grew up between the workers and their panel doctors. The Government was going to throw upon the doctors the obligation either of giving treatment without any chance of remuneration or of asking insured persons who were out of employment to go to the medical officers of the Public Assistance Committees. In many areas, particularly in the distressed areas, these latter officers were overworked and often paid inadequate salaries. The figure of 80,000 given as the total of insured persons who would be affected at the end of the year was far short of the number they would have to face. The Minister should make a grant to Insurance Committees in distressed areas to enable them to retain in medical benefit the 100,000 or 120,000 persons who would be deprived of it at the close of the year. Mr. BUCHANAN said figures supplied by responsible officials in Scotland showed that 50,000 to 60,000 people were likely to be affected in that country. On that basis the number for Great Britain must be 250,000. Medical benefit was important, and he agreed with the praise given to the panel doctors. He had heard criticism of the panel doctors from a trade union member of the House, and he felt it was unfair. The panel doctors from one end of the country to the other were rendering in difficult circumstances services of a noble order. He did not wish the House to regard this as an attempt by the medical profession to safeguard their panel money. He feared that the poor people who lost medical benefit would not even get the service of the public assistance doctors. The average doctor who did Poor Law work was overworked. He feared that the authorities would attempt to do the new work without the added staff necessary, and that numbers of men and women would receive no treatment at all.

Government Reply

Sir HILTON YOUNG said the effects of the Act of 1932 were fully apprehended in the debate last year and nothing had happened to alter the position then foreseen. The Act of 1932 had nothing to do with the national programme of economy. The Exchequer made no saving by it, and no penny was taken out of the national health insurance scheme. The whole purpose and effect of the Act was, by restoring the balance between contributions and benefits, to give solvency to a scheme which was threatened with insolvency. The third valuation report had made clear that, owing to prolonged depression and unemployment and consequent failure of contribution income, the financial stability of the national

University of St. Andrews conferred upon him the honorary degree of LL.D.

He acted as editor of the fourth and fifth editions of the well-known *Manual of Pathology* originally written by Professor Coats of Glasgow. He was married to a daughter of the late Sir William T. Gairdner, professor of medicine in the University of Glasgow, by whom he is survived, as well as by a family of one son and two daughters.

The late Dr. REGINALD THRELFALL BAILEY, medical superintendent of Mill Road Infirmary, Liverpool, was born in 1873, and received his medical education at Liverpool College, University, and Royal Infirmary, obtaining the diplomas M.R.C.S., L.R.C.P. in 1898. He then held the appointments of house-physician and house-surgeon in the Royal Infirmary, and posts in the ophthalmic, laryngological, aural, and lock departments. He was subsequently appointed medical superintendent, and at the outbreak of war was responsible for the converting of the institution into a military hospital, of which he became commanding officer. Between 1915 and 1919 more than 12,000 wounded sailors and soldiers were treated there, and nearly 4,000 operations were performed. From 1914 to 1916 he was medical officer to the 3rd West Lancs Brigade of the Royal Field Artillery. For these services he was awarded the M.B.E. After the war he converted the hospital back again into a civil institution, and from time to time introduced extensions and improvements. The whole of his medical lifework was bound up in the hospital. He was greatly interested in antiquarian studies, and was honorary librarian of the Historic Society of Lancashire and Cheshire, a member of the Antiquarian Society of Manchester, and also of the Liverpool Athenaeum. He was a member of the British Medical Association and of the Liverpool Medical Institution.

The following well-known foreign medical men have recently died: Geh. Hofrat Dr. ROBERT KRIEG, a Stuttgart laryngologist, aged 86; Dr. HANS PRINZHORN, the Frankfurt psychologist, aged 45; Dr. SANCHEZ BANUS, president of the school of medicine at Madrid and a prominent psychiatrist; Dr. GAETANO PARLAVECCHIO, professor of operative surgery at Palermo, aged 67; Professor GIOVANNI POLVERINI, an authority on infectious diseases, aged 61, who took part in the British Mission to India for the study of anti-plague serum; and Dr. LUCIEN NASS, editor and founder of the review *L'Hygiène Sociale*.

Medical News

The annual dinner of the Yorkshire Association of Graduates of the University of Glasgow will be held at the Queen's Hotel, Leeds, on Friday, November 24th, at 7.30 p.m. Sir Robert S. Rait, M.A., LL.D., Principal of the University, will be the chief guest of the evening. All graduates resident in Yorkshire are cordially invited; application for tickets should be made to the honorary secretary, Dr. Wm. MacAdam, 40, Park Square, Leeds, 1.

The British Science Guild announces that the Norman Lockyer Lecture, 1933, will be given on Thursday, November 23rd, at 4.30 p.m., by Professor E. V. Appleton, D.Sc., F.R.S., in the Goldsmiths' Hall, Foster Lane, E.C. His subject will be: "Empire communication." Tickets, for which there is no charge, are obtainable from the secretary, 6, John Street, Adelphi, W.C.

A course in infants' diseases, specially arranged for medical officers of welfare centres and others interested in nutritional disorders and dietetics, will be given at the Infants Hospital, Vincent Square, Westminster, from November 27th to December 8th. The fee is £3 3s. The names of qualified practitioners wishing to attend the course (number limited to fifteen) should be sent to the secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1, by November 24th. Cheques should be

made payable to the Fellowship. Further courses at the Infants Hospital will be given as follows. April 9th to 21st; September 3rd to 15th; and November 26th to December 8th, 1934.

At the meeting of the Society of Medical Officers of Health at 1, Upper Montague Street, Russell Square, on Friday, November 24th, at 5 p.m., a discussion on "The Responsibility of the Local Authority towards the Blind" will be opened by Dr. E. K. Macdonald, medical officer of health, Stockport. The annual dinner of the society will be held at the May Fair Hotel, Berkeley Street, on Thursday, November 23rd, at 7.30 p.m. H.R.H. Princess Louise and the Minister of Health have consented to attend as the principal guests.

At the meeting of the Medico-Legal Society at 11, Chandos Street, W., on Thursday, November 23rd, at 8.30 p.m., Sir John Collie will open a discussion on the "Medical Aspect of Workmen's Compensation."

The next meeting of the Biochemical Society will be held on Friday afternoon, November 17th, at 3 p.m., at University College. Among the several communications to the meeting will be one by A. Canzanelli, C. R. Harington, and S. S. Randall on "The Configurative Relationship of Thyroxine and Tyrosine."

The fiftieth international post-graduate course of the Medical Faculty of Vienna will be held from November 27th to December 10th, and will consist of lectures, demonstrations, and practical clinical work relating to modern methods of diagnosis and treatment. The fee for the course is 50 Austrian schillings, and special railway fare reductions are obtainable. For further details application should be made to the secretary of the International Post-graduate Courses, Porzellangasse 22, Vienna IX.

The Fellowship of Medicine (1, Wimpole Street, W.) announces that a course in proctology will be given at St. Mark's Hospital from November 20th to 25th. From November 21st to December 7th a course of six lecture-demonstrations will be given on Tuesday and Thursday evenings at 8 p.m. at the British Red Cross Clinic for Rheumatism. Other forthcoming courses are: diseases of infants, at the Infants Hospital, Vincent Square, November 27th to December 9th, and dermatology at the Blackfriars Skin Hospital, from November 27th to December 9th. A debate has been arranged for December 7th at 8.30 p.m. at the Royal Society of Tropical Medicine and Hygiene, 26, Portland Place, W. The motion will be "That Operations for the Removal of Tonsils are too often Performed without Adequate Cause," and all members of the medical profession are invited to be present.

The symposium on "Bread and Milk" arranged by the Food Group of the Society of Chemical Industry, on November 23rd and 24th, in the Hall of the British Medical Association, Tavistock Square, will be divided into three sessions. The first will open at 2.30 p.m. on November 23rd, with Professor W. W. Jameson in the chair, and among the subjects for discussion will be the "Improvement of the Nation's Milk Supply," introduced by Professor H. D. Kay, and "Disease-producing Organisms in Milk," introduced by Professor E. T. Minett and E. J. Pulling; the second will be held at 10 a.m. on November 24th, when Sir John Russell will be in the chair; and the third at 2.30 p.m. on the same day, under the presidency of Professor H. E. Armstrong, when the speakers will include Professor J. C. Drummond on the "Nutritive Values of Raw and Pasteurized Milk," and Dr. D. W. Kent Jones on the "Bleaching and Improving of Flour." Invitations to attend may be obtained on application to the Honorary Secretary, Food Symposium, Society of Chemical Industry, 46, Finsbury Square, E.C.2.

Among the medical men elected mayors are: Mr. E. W. Lewis (Southport), Dr. Thomas Martin (Tenterden) re-elected, and Dr. E. Monks (Bolton). Mr. Lewis is also president-elect of the Lancashire and Cheshire Branch of the British Medical Association, and becomes president of the Branch next June, at the annual meeting to be held in Southport, by invitation of the Division (*vide Supplement*, November 11th, p. 253).

The tenth international medical tour, organized as heretofore by the Medical Society of the Mediterranean Coast, will start from Nice on Tuesday, December 26th, and end on Tuesday, January 2nd, 1934, at Cannes. The places to be visited include La Turbie, Roquebrune, Cap Martin, Mentone, Monaco, Beaulieu, Cap Ferrat, Villefranche, Vence, Grasse, Juan-les-Pins, Cap d'Antibes, and other well-known health and pleasure resorts. One incident of the tour will be the first meeting of the recently inaugurated International Institute of Solar, Terrestrial, and Cosmic Radiations. The fee for the tour is 1,000 francs, and further information may be obtained from the secretary of the Medical Society, 24, Rue Verdi, Nice. Another tour organized by this society will start from Cannes on December 31st, and visit Hyères, Aix, Marseilles, with an extension to Arles and St. Remy on January 6th and 7th, if desired.

A conference on birth control in Asia is being held at the London School of Hygiene and Tropical Medicine, Keppel Street, W.C., on November 24th and 25th. Lord Horder is president of the conference, and will be supported by H.E. the Chinese Minister, Margaret Sanger, Baroness Ishimoto, Bertrand Russell, the Rani of Sherkot, the Rani Rajwade, Dr. Wellington Koo, and others. Professor Carr-Saunders and Dr. Helena Wright will give addresses. Particulars may be had from the Birth Control International Information Centre, Parliament Mansions, S.W.1.

We have received the first issue, published in September, of *Bulletin der Schweiz Vereinigung für Krebsbekämpfung* (Bulletin of the Swiss Association for Combating Cancer). The bulletin, which will appear quarterly, will contain articles in German, French, and Italian, representing the work done by the different branches of the association in Switzerland. The annual subscription is 12 Swiss francs.

The Swiss Public Health Office has published a pamphlet in German and French containing a list of the public hospitals and sanatoriums in Switzerland, with the year of foundation, accommodation, number of admissions, and cost of upkeep during 1930 and 1931.

A Press bulletin issued from the Office of the High Commissioner of Canada states that further orders are expected to be placed shortly by the Ontario Government for Canadian radium intended for use at cancer and other clinics. Delay in the delivery of radium to the Provincial Department of Health was experienced owing to the necessity of sending it to England for filling into platinum needles. The strength of the radium-filled needles was measured at the Bureau of Standards at Ottawa, thus making it unnecessary to send them to Washington as in the past.

The Model Abattoir Society has chosen the report of the committee appointed by the Prime Minister in 1931 to consider "whether the present arrangements for the slaughtering of livestock for food are satisfactory from the economic standpoint" as the subject of the twelfth annual Benjamin Ward Richardson Memorial Lecture to be given by Professor J. Harry Jones, on November 30th, at 5.30 p.m., at the Royal Sanitary Institute.

The King has granted Major T. J. Hallinan, C.B.E., authority to wear the Insignia of the Fourth Class (Civil Division) of the Order of Al Rafidain, conferred upon him by the King of Iraq in recognition of valuable services rendered.

Dr. Sidney Gilford, J.P., has been unanimously elected vice-chairman of the Reading Insurance Committee for the ensuing year.

Colonel Sir A. Lisle Webb, late Director-General of Medical Services, Ministry of Pensions, has been appointed secretary and treasurer of Queen Mary's (Roehampton) Hospital, on the resignation of Sir Charles Kenderdine, which was announced in our last issue.

Sir Leonard Lyle has given £2,250 to Queen Mary's Hospital for the East End as a sign of his gratitude to the doctors responsible for the recovery of Lady Lyle. The money is to be used for research work in the pathological department of the hospital.

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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The address of the Irish Office of the British Medical Association is 18, Kildare Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

QUERIES AND ANSWERS

Record Length of Umbilical Cord?

Dr. E. H. BRUCE FOX (Yealmpton) writes: A few days ago I was called in by a district nurse to extract a retained placenta. The male baby was some three to four weeks premature. When I had finished I measured the umbilical cord, after untying a complete knot, with the help of the nurse. It proved to be fifty-one inches long. Is this competing for the record? The baby weighed 3 lb. 2 oz., and seemed to me far more emaciated and puny than the prematurity would account for. Was the long cord responsible for this? The baby is alive. The mother was a total stranger to me, but I am informed that her health has been good.

Artificial Menopause

"FRANCISCUS" has read with interest Dr. Martindale's paper (*Journal*, November 11th, p. 857) on the artificial menopause. He asks for suggestions for the treatment of the regular recurring attacks of abdominal pain, repeated vomiting, nausea, and appalling headache which he has known to occur in several artificial menopause cases.

Vitamins and Salts in Potatoes

"W. J. B. S." (Birmingham) writes: What are the salts provided by the potato? Do these lie in the layers just under the skin, and is the vitamin C there mainly or entirely? Is not the prevalent peeling of potatoes before cooking them the biggest waste of essential elements of diet? Can the body produce vitamin A from the cooked potato as it can from carotene and green vegetables?

* * We are indebted to a correspondent for the following answer to "W. J. B. S.'s" inquiry: The chief mineral of potatoes is potassium, and there is no reason to believe that it is especially concentrated under the skin. This probably applies also to the vitamin C. No difference was observable between the growth of laboratory animals fed either on "peelings" or on the inside of the potato. We eat potatoes for their starch and not for their proteins or mineral salts, and in the *well-mixed diet* it does not matter whether they are peeled or not. There is no evidence that the body can produce vitamin A either from the cooked or the uncooked potato, so far as I am aware.

Impacted Third Molars

Dr. T. B. HEWSON (London, N.8) writes: Responding to Mr. Bowdler Henry's request for information in regard to impacted third molars, appearing in the *Journal* of November 4th, may I recall that there was an article by a Mr. A. M. Vodenie in the *New York Medical Journal* of November 8th, 1919, on "Impacted Lower Third Molars." The research to bring out the information therein contained evidently must have been, while not exhaustive, very considerable. This article mentions the assigned predisposing and exciting causes, signs, symptoms, and effects, local and general technique of removal, complications, etc.