

twenty and twenty-three years respectively, and 1 from malignant disease after twenty-two years. The last-mentioned, and one of the heart cases, was treated with insulin for five years. Four others in this decade who are still alive are taking insulin.

*Sixty Years of Age and Over.*—Of the 29 cases 24 were moderate and 5 severe. One of the moderate cases died after eighteen years' treatment at the age of 81. Four of the five severe cases are also dead; one committed suicide within a week of the discovery of his glycosuria, one died of heart disease after three years' dietetic treatment and three on insulin, another died of diabetic coma after two years' diet and five years on insulin; the fourth, after eleven years' diet, died from heart disease. The fifth, a severe case, is now on insulin.

#### PSEUDO-GLYCOSURIC CASES

In addition to the cases of symptomless glycosuria already considered I have records of a number of patients who were referred to me because their urine gave a positive reaction for sugar, but further investigation showed that this was due to some other reducing substance than dextrose. Taking 200 of these, I find that in 60 the sugar was true laevulose, in 67 it proved to be pseudo-laevulose (iso-glycuronic acid), 30 were cases of pentosuria, 11 being of the true or essential type and 19 of the alimentary variety; 16 passed lactose, and were all either pregnant or lactating; in 16 the reducing action of the urine was due to an excess of glycuronic acid; one patient, a middle-aged man who was consuming very large quantities of milk, passed galactose; and another, who was a heavy beer-drinker, excreted maltose. Although these cases are not, strictly speaking, examples of "symptomless glycosuria," they have some bearing on the question under discussion, since the response given by the urine to the ordinary reduction tests for sugar resulted in an incorrect diagnosis of glycosuria being made, in the first instance, and in all the classical symptoms of diabetes were lacking. The abnormal condition of the urine was discovered accidentally in every case, some during examination for life insurance. Several of the cases of pentosuria and laevulosuria had been on anti-diabetic diets for considerable periods before they came under my care.

#### DISCUSSION

The more thoroughly the family history of cases of glycosuria is investigated the more evident does it become that heredity plays an important part in the aetiology of the condition, and it would seem probable that the way in which the abnormality is inherited, as a familial or direct character, has some bearing on its severity, and therefore on the prognosis. In a series of 800 cases of diabetes mellitus I published in 1928 (*Journal*, 1928, ii, 738), 28 per cent. were found to give an ancestral or family history of the disease, but in the present series the proportion is 38 per cent., taking the classical diabetics alone, or, including the symptomless glycosurias, 36.5 per cent. Considering the 420 cases of symptomless glycosuria separately, a history of glycosuria in a blood relation was obtained in 142 (33 per cent.). Of the 248 who showed a hyperglycaemic curve after a test meal of glucose, 88 (35 per cent.) gave a family history of glycosuria, while a positive history was obtained in 54 out of 172 (31 per cent.) of those who gave a normal or subnormal blood sugar curve. A dominant, or direct, history was found in 126 (16 per cent.), and a recessive, or familial, history in 171 (22 per cent.) of the classical diabetic cases; but in the symptomless glycosurias there were 124 (29 per cent.) dominant and only 18 (4 per cent.) recessive. Of the eighteen symptomless cases with a recessive family history 15 were of the severe persistent type, and gave a hyperglycaemic curve after a test meal of glucose. All required treatment with insulin—although

not until after the lapse of some years in most instances—and two have died, one from malignant disease of the colon twenty-two years later, and the other from heart disease after six years' treatment. The other three gave hypoglycaemic blood sugar curves with a moderate amount of urinary sugar, and are now living normal lives.

#### SUMMARY

These results seem to suggest that:

1. The prognosis in symptomless glycosuria is usually good.
2. Most patients live for many years after the onset of the glycosuria, although limitation of the diet, and eventually insulin, may be necessary in some.
3. Death is generally due to some intercurrent condition, but complications such as septic infection, pregnancy, and surgical operations are liable to increase the metabolic disturbance, and may bring about a fatal termination.
4. Patients with a recessive (familial) history are more likely to develop a severe glycosuria, and require the use of insulin, than those with a dominant (direct) family history, which is the most common type.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### NEMBUTAL IN ETHER CONVULSIONS

I am tempted to put the following case of ether convulsions on record because, in an exhaustive search of the literature, I have been unable to find any case in which either spinal anaesthetic or nembutal has been used as a form of treatment. In the literature as a whole there is an absence of any definite recommendation to treatment, but it reveals a very high mortality rate. There is no doubt that the case here recorded was a typical example of the condition, and one likely to have proved fatal.

The patient, a well-developed boy aged 12, was admitted to the Prince of Wales's Hospital on June 19th, 1933, with a history of four days of abdominal pain, localizing finally in the right iliac fossa, together with vomiting and constipation. There had been a marked intermittency in the symptoms during the four days. His previous history contained nothing of note, except "sunstroke" at the age of 2 for one week, "nightmares" attributed to threadworms from the age of 5 to 8, and a fall on the head producing a wound requiring suture at the age of 10. There was no history of fits, petit mal, chorea, enuresis, or asthma. The boy was one of a healthy family of three; no blood relatives had suffered from epilepsy, and there was nothing significant in the family history.

Examination of the patient showed that he was very toxic, the tongue being dirty and breath offensive. Respiration was mainly thoracic, the temperature 101° F., and the pulse 120. The abdomen was generally rigid, and there was marked tenderness over the right lumbar region and iliac fossa. Rectal examination revealed peritoneal tenderness. Lungs, heart, and urine appeared normal. A diagnosis was made of acute obstructive appendicitis with peritonitis, with the appendix probably in the retrocaecal position.

#### OPERATION

After a hypodermic injection of 1/100 gram of atropine the patient was taken to the theatre. A heat-wave was in progress, and the temperature of the theatre was 85° F. (the combination of a hot day and a toxic patient seems to be favourable for ether convulsions). The patient was anaesthetized first with ethyl chloride and then by open ether. The anaesthetic was not satisfactory; the patient did not settle down, and was breathing in a shallow and jerky manner, with the result that he was cyanosed most of the time. General peritonitis was present, and a gangrenous

perforated appendix was coaxed out of the retrocaecal position with some difficulty and after rather a long time. About thirty minutes after the commencement of the anaesthesia, and just as the closure of the wound was begun, the anaesthetist noticed a deterioration in the patient's condition, the pulse becoming weak and rising to 160; almost at the same time twitchings started in the eyes, both eyes rolling up to the left as the eyelids and mouth twitched. The patient's face was congested and cyanosed, the pupils dilated and immobile, and the ocular conjunctiva very blood-shot and chemotic; the corneal reflex was absent. The convulsions spread to the neck, and the head was constantly jerked to the left; the diaphragm became affected and the abdominal muscles followed, making closure of the wound extremely difficult. By the time the operation was completed the patient was having the most violent convulsions, and his whole appearance was ghastly in the extreme. Opisthotonos was marked, and it was noticed that the skin was dry and burning, all sweating appearing to have ceased.

The patient's head was raised, and oxygen with 5 per cent. carbon dioxide was administered, but with no improvement in the convulsions or in the respiration, which by now was irregular (Biot type), and was considerably hampered by the convulsions. The patient still remained cyanosed in spite of the oxygen. Thinking that it might reduce cerebral congestion lumbar puncture was performed, although with some difficulty because of the opisthotonos and movements of the patient. Clear fluid was obtained under increased pressure, and approximately 10 c.cm. was run off; this had no effect upon the convulsions, and 140 mg. of procaine in 20 per cent. solution were injected in the hope of stopping the opisthotonos and leg movements. This was quite effective, and in three minutes all the spasms below the costal margin had gone, but the others above continued without remission and the patient's appearance remained the same. At this moment Dr. J. T. Hunter saw the case; he agreed that it was a case of other convulsions in the worst possible form, and gave the gloomiest prognosis. He passed a tracheal tube, and oxygen was then administered by this route.

Having seen amazing results in the convulsions of meningitis I decided to give nembital. This was after three-quarters of an hour's practically continuous convulsions, and 3 grains in 10 per cent. solution were slowly administered intravenously. The effect was dramatic. Before the injection was finished the convulsions ceased abruptly and never recurred, and soon the respirations became regular, with pulse stronger and the pupils contracted down. The rectal temperature was then taken, and since it was 106.8° F. the patient was covered with wet towels, the windows and doors were opened to create a draught, and blocks of ice were placed against the neck to cool the carotid blood; when the temperature came down to 101° F. these measures were stopped. After one hour the temperature was 98° F. and the pulse 144, and one hour later the pulse was 100. Convalescence was normal except for severe conjunctivitis, worse in the right eye than in the left, and considerable blepharospasm and photophobia. It was not surprising, either, that his urine contained a quantity of blood and albumin for twenty-four hours after the convulsions and hyperpyrexia.

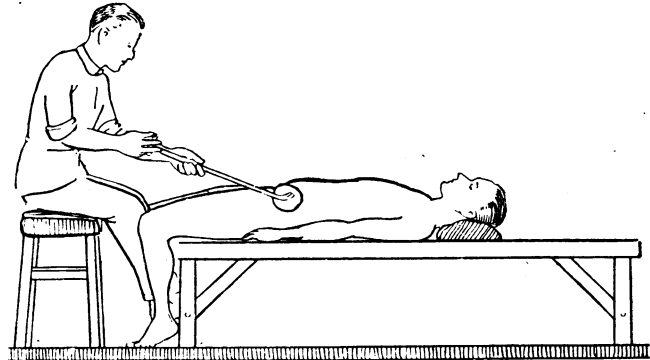
A. DICKSON WRIGHT, M.S., F.R.C.S.,  
Assistant Surgeon, St. Mary's and Prince  
of Wales's Hospitals.

#### LITHOLAPAXY SIMPLIFIED

It is customary for the surgeon, when passing catheters and bougies, to stand upon the left side of the patient; when manipulating a lithotrite, however, this position places the surgeon at an obvious mechanical disadvantage. For many years I have adopted a central position. The table used is 1½ ft. high and 6 ft. long. The patient lies with his knees apart and bent over the end of the table, and his feet resting on the ground. The anaesthetist sits on the other end of the table, beyond the patient's head. The surgeon sits on a stool, which is somewhat higher than the table, with his knees between those of the patient, and his feet resting on a crossbar of the table six inches above the ground.

After the usual preliminaries the lithotrite is passed (see figure). With his left hand the surgeon grasps the

shaft, and with his right he controls the screw wheel. In the case of a large stone, requiring time and patience, the surgeon can, by resting his forearms or elbows on the front of his thighs, obtain increased steadiness and freedom from fatigue. By this method the movement of lifting the stone off the floor of the bladder before crushing is easy and precise. Turning movements of the beak of the instrument to right or left, and search for fragments in a retroprostatic recess, are greatly facilitated.



The ideal position for lithotripsy.

tated. The management of the evacuator, held in the same manner, is also easier.

This method undoubtedly gives more precise control, permits a more accurate estimate of the exact position of the crushing blade of the lithotrite, and greatly assists in the search for scattered fragments. It relieves the surgeon of fatigue, and contributes to steadiness, gentleness, and meticulous care in manipulation—the important factors in success.

ERNEST F. NEVE, M.D., F.R.C.S.,  
Senior Surgeon, Kashmir Mission  
Hospital.

## Reports of Societies

### TOXAEMIAS OF PREGNANCY

At the last ordinary meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine a discussion was held on the investigation and treatment of the toxæmias of pregnancy.

Dame LOUISE McILROY recalled that the London Committee on Eclampsia found that the mortality was 22.1 per cent. She showed tables demonstrating the percentage mortality at the Royal Free Hospital over ten years, during which time toxæmia and eclampsia had been responsible for 20 per cent. of the deaths. Discussing the investigation of early pregnancy toxæmias, she pointed out that the ovum might be looked upon as a temporary endocrine organ. Greater activity of the endocrine organs occurred during early pregnancy, and this had an influence more especially on carbohydrates and calcium metabolism. Morning sickness, present in about 50 per cent. of cases, might be taken as evidence of Nature's attempt at balancing, by providing an extra channel for excretion. Chronic intestinal stasis was an important factor, and when Nature discovered a defective excretory apparatus she aided the elimination of poisons by putting on vomiting as an excretory function. Deficiencies in diet were responsible factors, and if the supply of iron and calcium was not kept up the foetus drained the maternal tissues, as shown by the softening of the teeth in pregnancy. Carbohydrate deficiency caused acidosis. Anxiety neurosis or fear was of the greatest importance; it was mainly to be found among primigravidae and early in pregnancy, and the patients themselves might be entirely unconscious of it. Deficiencies in the function of the placenta might lead to the passage of toxins from the foetus to the mother, thus increasing the work of the liver, and resulting in the circulation of protein poisons and substances such as bile in the blood stream. There was always a tendency to acidosis in every pregnancy. In later pregnancy raised intra-abdominal pressure had to

he acted for a time as house-surgeon and anaesthetist in the Western Infirmary, Glasgow. During the South African war, while still a medical student, he acted as clinical assistant in the Scottish National Red Cross Hospital, which was largely officered by medical men from the West of Scotland. During the great war Dr. Kennedy held a commission as major in the R.A.M.C.(T.), and after the war he was an examining medical officer under the Ministry of Pensions. In addition to a busy practice, he was medical superintendent of the Wick Town and County Fever Hospital, and he found time for occasional contributions to medical periodicals. Dr. Kennedy was an active member of the British Medical Association, which he joined in 1913, and he was chairman of the Caithness and Sutherland Division from 1923 to 1926, and again in the present year.

Dr. JOHN REYNOLDS of Brixton Hill, S.W., died at the age of 86, on December 14th, after a short illness. He had practised in Brixton for over fifty years. He was born on December 21st, 1846, and studied medicine at Guy's Hospital, qualifying as M.R.C.S.Eng. in 1869 and obtaining the diploma of L.R.C.P.Ed. in 1871; ten years later he became M.D.Brux., gaining honours in all subjects of the first doctorate examination. For many years Dr. Reynolds acted as medical referee for the Lancashire and other assurance societies. He was a Fellow of the Royal Geographical Society, and retained to the end a keen interest in general science. His son, Dr. Russell J. Reynolds, is physician-in-charge of the department of radiology and electrotherapeutics at Charing Cross Hospital.

## The Services

### COLONEL COMMANDANT, R.A.M.C.

The King has approved the appointment of Major-General W. H. S. Nickerson, V.C., C.B., C.M.G., M.B., as Colonel Commandant, R.A.M.C., in succession to Major-General Sir S. Guise Guise-Moores, K.C.B., K.C.V.O., C.M.G., who has attained the age limit for the appointment.

### DEATHS IN THE SERVICES

Colonel Edward Warren Webber Cochrane, D.S.O., late R.A.M.C., died in London on November 29th, aged 61. He was born at Lifford, co. Donegal, on May 2nd, 1872, and was educated at Trinity College, Dublin, where he graduated M.B., Ch.B., and B.A.O. in 1895, also taking the D.P.H. in 1906. Entering the R.A.M.C. as lieutenant on July 29th, 1896, he became lieutenant-colonel on March 1st, 1915. He served in the war of 1914-18, when he was A.D.M.S. in Iraq, was mentioned in dispatches in the *London Gazette* of August 27th, 1918, and received the D.S.O. He was employed at Woking after retirement.

Lieut.-Colonel Michael O'Halloran, R.A.M.C. (ret.), died at Folkestone on November 19th, aged 72. He was born on February 18th, 1861, was educated at Queen's College, Cork, and took the M.D., M.Ch. of the Royal University of Ireland in 1884. Entering the R.A.M.C. as surgeon on August 1st, 1885, he became lieutenant-colonel after twenty years' service, and retired on December 26th, 1917. He served on the North-West Frontier of India in the Tirah campaign of 1897-8, receiving the Frontier medal with two clasps; and in the South African war of 1899-1902, receiving the Queen's medal with a clasp and the King's medal with two clasps.

Lieut.-Colonel Lyttleton Francis Forbes Winslow, R.A.M.C. (ret.), died at Hastings on December 2nd, aged 61. He was born on April 16th, 1872, was educated at Charing Cross Hospital, and took the L.S.A. in 1896, and later the L.M.S.S.A. in 1911. Entering the R.A.M.C. as lieutenant on July 27th, 1899, he became lieutenant-colonel in the long promotion list of March, 1915, and retired on August 2nd, 1919. He served in the South African war in 1899, taking part in the operations in the Transvaal, in the Orange Free State, and in Cape Colony, and received the Queen's medal with three clasps; and also in the war of 1914-18.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

At a congregation held on December 19th the following medical degrees were conferred:

M.D.—\*J. B. A. Wigmore, W. J. H. Montgomery Beattie, W. E. Mashiter, P. G. Bentlif.  
M.B., B.Chir.—B. C. Murless, A. D. Briscoe, A. B. Eddowes, J. Howell, G. A. Clarke, A. B. MacGregor, C. R. L'E. Orme, G. A. Miller.  
M.B.—H. B. Trumper.  
B.Chir.—M. P. Morel.

\* By proxy.

### UNIVERSITY OF LONDON

At a meeting of the Senate held on December 20th the title of Emeritus Professor of Eugenics in the University was conferred on Dr. Karl Pearson, F.R.S., on his retirement from the Galton Chair of Eugenics at University College.

The D.Sc. in Odontology was conferred upon Mr. E. C. Sprawson, a recognized teacher at the London Hospital Medical College.

Sir Cooper Perry and Sir Holburt Waring have been appointed members of the Board of Management of the London School of Hygiene and Tropical Medicine.

Dr. G. F. Still and Mr. C. P. G. Wakeley, F.R.C.S., have been appointed Fellows of King's College.

A course of six lectures on "Factors in Nutrition" will be given in the Physiological Department, Bedford College, Regent's Park, N.W., by Professor S. J. Cowell, on Wednesdays, January 10th to February 14th, at 5 p.m. Admission free, without ticket.

A course of ten lectures on "Comparative Physiology" will be given at University College, Gower Street, W.C., by Mr. G. P. Wells, on Fridays, January 12th to March 16th, at 5 p.m. Admission free, without ticket.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH

A meeting of the Royal College of Surgeons of Edinburgh was held on December 18th, when Dr. A. H. H. Sinclair, President, was in the chair. The following candidates, having passed the requisite examinations, were admitted Fellows:

R. Bewick, J. B. Birch, L. Brill, D. W. Boucher, C. T. I. Clarke, D. C. Dickson, G. E. Foreman, F. P. Forrest, A. F. Hobson, R. W. H. Jarvie, G. R. Kingston, R. Laird, H. P. Lawson, A. Leech-Wilkinson, T. J. B. A. McGowan, W. A. Mair, D. K. Sabhesan, A. F. Shahn, A. N. Slater, A. M. Soliman, G. A. B. Walters, F. H. Ward.

### UNIVERSITY OF BIRMINGHAM

The following degrees were conferred at a congregation on December 15th:

M.B., Ch.B.—M. I. Ghattas, Joan F. M. E. Lamplugh, F. W. H. McMurdo, Bertha Marston, K. Watson-Jones.  
Ph.D. (*Faculty of Medicine*).—J. C. Hawksley.

### VICTORIA UNIVERSITY OF MANCHESTER

The following candidates have been approved at the examinations indicated:

FINAL M.B., Ch.B.—W. E. Bowden, P. V. Cant, H. W. Clegg, S. A. Cohen, F. T. Dodd, J. Holme, R. S. Hynd, H. Marshall, Helen E. Rogerson, T. P. Sewell. *Part I (Forensic Medicine and Hygiene and Preventive Medicine)*: J. Boardman, E. G. Dryburgh, R. E. Hirson, Eileen M. Hughes, T. S. B. Kelly, H. D. B. North, R. Spencer, J. Starkie, Marjorie Swain.

THIRD M.B., Ch.B.—*Pathology and Bacteriology*: J. Charnley, Eleanor B. Clarke, Mary A. C. Cowell, T. F. Davey, F. P. Ellis, W. Fielding, F. I. Firth, S. Franks, E. Greenhalgh, E. H. Heilpern, K. H. Higson, A. D. Hoffman, L. L. Hudson, J. I. A. Jamieson, W. E. Kershaw, A. F. Mackay, R. Mallinson, J. L. Morgan, Annie Nelstrop, R. L. Parish, C. S. Parker, J. N. Parker, G. R. Rhodes, L. Margaret Ross, C. Rayle, H. L. Settle, J. N. Shepherd, D. Shute, R. Thornley, H. J. Wade, J. R. Wardley, Margaret I. Williams. *Pharmacology*: S. G. Abelson, Beryl A. Barlow, Helene E. K. Booth, J. C. Brundret, P. J. Burke, J. H. B. Cantley, Caroline J. Chalmers, Violet Cohen, G. D. Dawson, B. Flacks, J. Goldman, \*D. Halpern, A. B. Hamer, B. P. R. Hartley, I. Hesford, J. Hilton, G. M. Komrower, V. T. Lees, Evalene N. A. Milligan, Eleanor M. Mills, E. J. Mitchell, J. R. Monks, W. S. Parker, \*B. Portnoy, D. A. Richmond, \*E. N. Rowlands, A. Shashoua, R. M. Shaw, Nina Shtetinin, H. B. Slater, A. M. L. Smith, F. W. Smith, N. Taylor, D. J. Walker, M. B. D. Welland, E. P. Whitaker.

\* With distinction.

## UNIVERSITY OF WALES

The following candidates have been approved at the examination indicated:

M.B., B.Ch.—D. R. Hughes, P. C. Lewis, D. M. Roberts, A. E. Williams, M. R. P. Williams, Nellie M. Williams.

## NATIONAL UNIVERSITY OF IRELAND

## UNIVERSITY COLLEGE, CORK

The following candidates have been approved at the examinations indicated:

M.D.—G. H. Mahony, D. J. O'Connell, J. A. O'Sullivan.  
M.B., B.Ch., B.A.O.—J. O'Connell (second-class honours), C. J. Cantillon, N. A. Flaherty, M. Flavin, P. J. Geoghegan, F. C. Hyland, M. J. Kennefick, J. P. O'Leary. *Part I*: B. Hutch. *Part II*: R. T. Ahern, R. A. Coughlan.  
D.P.H.—D. Desmond.

## UNIVERSITY OF DUBLIN

## SCHOOL OF PHYSIC, TRINITY COLLEGE

The following candidates have been approved at the examinations indicated:

FINAL MEDICAL EXAMINATION, *PART II*.—*Medicine*: K. O'Toole, Helena G. G. Bennett, J. A. McIlveen, Alice V. Cunningham, R. H. Simon, S. G. O'Neill, Marion A. G. Kennedy, Eva E. Moore, W. N. Whiteside, P. B. Hafner, S. M. Freedman, W. A. Clarke, G. N. Taylor, E. G. Ashton, Sheila K. Henderson. *Surgery*: D. S. Torrens, P. G. Daly, I. T. F. Wiley, G. S. S. Harty, D. T. Annesley, G. C. V. O'Driscoll, E. G. Ashton, S. H. R. Price, S. G. O'Neill, W. H. E. McKee, E. Howitt, J. A. Mallie, E. S. A. Ashe, A. W. Callaghan, N. Jackson, J. J. Martin, Mary J. Ahern, Marion A. G. Kennedy, Elizabeth G. Graham. *Midwifery*: \*A. C. Pilkington, \*N. Weinstein, \*H. D. McGorry, \*D. S. Quill, D. J. Bradley, P. St. G. Robinson, F. P. E. Smith, I. A. Walsh, H. L. Connor, T. A. Cunningham, J. F. Harbinson, P. O'Brien, R. C. Tyner, G. Hannigan, P. A. McNally, H. F. T. Deane, W. G. B. Halliden, E. B. McEntee, Doris E. Morton, C. O. Greer, A. F. J. Delany, D. J. O'Shaughnessy, J. J. Martin, Charlotte F. Pike, H. S. J. van Niekerk, C. M. T. Adamson.

M.Ch.—F. W. G. Smith.

D.P.H.—*Part II*: R. P. Pollard.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—*Part II*: O. W. S. FitzGerald.

\* Passed on high marks.

## Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

Before adjourning over Christmas till January 29th the House of Commons read the Newfoundland Bill a third time and the Dyestuffs (Import Regulation) Bill a second time. The Money Resolution for the Unemployment Bill was reported, and a time-table approved for the committee stage of that Bill. An Order controlling the marketing of potatoes was also approved. The House of Lords discussed a Bill proposing to reform its own constitution, and also passed the Road Traffic (Emergency Treatment) Bill.

In the House of Lords, on December 19th, the Edinburgh Corporation Order Confirmation Bill was considered on report.

Before Parliament adjourned for the Christmas Recess on December 21st the Royal Assent was given to the Edinburgh Corporation Order Confirmation Act, Agricultural Marketing (No. 2) Act, Newfoundland Act, and other measures.

Mr. Ernest Brown, the Secretary for Mines, introduced in the House of Commons on December 21st the British Hydrocarbon Oils Production Bill and the Mining Industry (Welfare Fund) Bill.

In the House of Lords on December 20th Lord Dawson of Penn introduced a Bill to restrict the sale and display and advertisement of contraceptives. The Bill was read a first time.

The Ministry of Health Provisional Order (North Buckinghamshire Joint Hospital District) Bill was reported with amendments to the House of Commons on December 20th, and formally passed through the report stage on December 21st.

In reply to Mr. Lovat-Fraser on December 20th, Mr. Stanley stated that he was informed by the London Passenger Transport Board that accidents in which the Board's vehicles (omnibuses) were concerned increased in 1933 as compared with 1932 by 0.061 per 10,000 miles. As compared with 1931, a normal year operated at the old speeds, accidents had decreased by 0.036 per 10,000 miles.

On December 20th Mr. Stanley informed the House of Commons that he was considering whether additional safeguards were required to ensure that, so far as possible, all legitimate claims for compensation in connexion with motor accidents were met.

Mr. Stanley told Dr. Salter on December 21st that during the first six months of 1933 eighteen people were killed while boarding or alighting from tramcars. Parliament had during recent years consistently refused clauses designed to allow local authorities to make by-laws prohibiting motorists passing stationary tramcars while passengers were boarding or alighting.

Sir Hilton Young announced on December 21st that though there was need for economy in the use of water, owing to the exceptional shortage of rain, there was no ground for general alarm. A measure would shortly be laid before the house to promote the proper use of surpluses of water now going to waste. This approaching legislation would also provide for the better protection of water supplies required for rural areas.

The Minister of Transport has issued an Order bringing into force on January 1st Part I of the Road and Rail Traffic Act, including Section 33, which concerns payments to hospitals for treatment of road casualties.

## Dye Dermatitis

Dr. BURGIN moved the second reading of the Dyestuffs (Import Regulation) Bill. He said that the measure was to place on a permanent basis the prohibition of importation into the United Kingdom of dyestuffs and intermediary products, a prohibition which had been enforced since January 15th, 1921.

Dr. O'DONOVAN said that between 1913 and 1932 there had been a rise in the incidence, in workers and wearers, of dye dermatitis. We had not yet reached that approach to perfectly safe manufacture that the foreigner seemed to have reached. Both dyes and explosives had internally and externally grave risks. Internal risks were shown in sometimes fatal toxic jaundice, which was notifiable to the Home Office. External risk consisted of irritable, painful, disfiguring, and disabling dermatitis. This was found to-day among workmen too frequently, and also on those who wore the products of the dye industries. In Wigan Dr. Prosser White had made an international reputation by his writings on industrial dermatitis. Dr. Ingram, at Leeds University, was drawing attention to this problem. In London Dr. Parsons of the Ministry of Health had issued an official memorandum on the subject of fur-dye dermatitis. Last July he (Dr. O'Donovan) had to preside in Dublin over the Section of Dermatitis of the British Medical Association, which was devoted largely to the consideration of dye dermatitis, because the heavy incidence of this disease was a source of trouble to the doctors and of most expensive litigation to those who were engaged in the manufacture and trade. He asked for consideration by the Government of Clause 3 of the Bill and Subsection 6 of the principal Act which was referred to, where they found the words: "Any Government Department which appears to the Board to be specially concerned with such development" might be asked to nominate a representative. He hoped that in committee "Government Department" might be made into "Government Departments," so that the experience of the Ministry of Health, and even more so the special experience of the Medical Department of the Home Office, in maintaining health in industry might be drawn upon to ensure a reasonable degree of security for worker and user. Dr. BURGIN said he wondered whether Dr. O'Donovan really meant that on a patient suffering from dermatitis being brought into a hospital he could tell at sight whether the

**Physique of Navy and Air Force Recruits.**—For the last financial year 41 per cent. of applicants for recruitment in the Royal Navy were rejected on physical and medical grounds. This is approximately the normal figure for recent years. Of would-be recruits for the Royal Air Force, including applicants for apprenticeships, 40 per cent. were rejected on the same grounds during the first eleven months of 1933.

**Housing Subsidy in Scotland.**—In reply to Dr. McLean on December 21st, Mr. SKELTON said he did not propose to alter the rate of subsidy payable under the Housing (Scotland) Act, 1930, by the Department of Health for Scotland towards the rehousing of persons displaced from uninhabitable houses. The present rate of subsidy would continue until the next statutory review after October 1st, 1936.

**Slum Clearance.**—Of 1,717 housing authorities in England and Wales, 1,512 have made returns about their proposals for slum clearance. The Minister of Health has confirmed 653 slum clearance orders submitted by 153 local authorities.

#### Notes in Brief

Mr. Elliot has stated that he hopes it will be possible to introduce a Diseases of Fish Bill this session. The Bill will deal with furunculosis.

The Minister of Transport hopes to make a statement soon after the Christmas Recess regarding the steps he is taking to deal with the problem of road accidents.

Sir Hilton Young is not yet in a position to make a statement on the subject of legislation on the recommendations of the Milk Reorganization Commission about a revision of the designations of milk.

Sir Hilton Young told Mr. Lambert he was aware that 528,000 cwt. of butter had been imported from Soviet Russia during the first eleven months of this year. The importation of Russian butter and of other foods was controlled in the interests of public health by the Imported Food and the Preservatives Regulations, and all such foods were subject to examination at the ports.

## Medical News

Dr. L. Rajchmann, director of the Health Organization of the League of Nations, has been sent to China for a year to assist the Government in co-ordinating the activities of the League's experts, and to act as liaison officer between the Chinese Government and the League.

Professor J. R. Learmonth, University of Aberdeen, will give a course of three lectures, illustrated by lantern slides, on "The Surgery of the Nervous System, with Reference to the Use and the Elucidation of Physiological Phenomena," at St. Bartholomew's Hospital Medical College, West Smithfield, E.C. on January 9th, 10th, and 11th at 5.30 p.m. In his first lecture Professor Learmonth will describe the pathological physiology of the circulation of the cerebro-spinal fluid; in the second, the physiological basis for operations on the sympathetic nervous system; and in the third, the physiology of pain, with reference to operations for its control. The chair will be occupied at the first lecture by Sir Holburt Waring, President of the Royal College of Surgeons of England. Admission is free, without ticket.

International post-graduate medical courses will be held in Berlin next year as follows: internal medicine, from March 5th to 17th; radiology in March and April; a continuation course for surgeons, from April 9th to 14th; malignant diseases with special reference to early diagnosis, in March and April; and special monthly courses in various spheres of medicine. Programmes and full particulars may be obtained from the office of these international courses, Kaiserin Friedrich Haus, Robert Koch Platz, 7, Berlin, N.W.7. Special railway facilities are obtainable in Germany.

Dr. Julius Tandler, professor of anatomy at Vienna, has been invited by the Chinese Government to lecture at the Universities of Peking and Shanghai in the present winter session.

The nineteenth Franco-Belgian cruise will be held next Easter, when the Mediterranean and the Black Sea will be visited on the steamship *Leopoldville*. Starting from Marseilles on March 24th, the itinerary will include Malta, Piraeus for Athens, Stamboul, Constanza (permitting visits to Bucarest and the heart of the Carpathians as far as Sinaia), and Odessa, returning to Marseilles on April 10th. The cost is estimated at about 3,900 Belgian francs. There will be only one class. Medical practitioners and their families, as well as recommended non-medical passengers, may take part. Further particulars are obtainable from the Section des Voyages de Bruxelles-Médical, 29, Boulevard Adolphe Max, Brussels.

The Central Information Bureau for Educational Films has just issued the first number of the first volume of its *Bulletin* in the new series.

The Oxford University Press have sent us a series (Nos. 54-6) of "Old Ashmolean Postcards" depicting Oxford men of science of the eighteenth century. These include James Bradley, John Wall, Gilbert White, Thomas Pennant, Edmund Cartwright, and James Sadler, the accredited "Father of British Aeronautics," who in 1784 "made a record flight of fourteen miles in seventeen minutes from the Oxford Botanic Garden." The postcards are sold at 6d. the half-dozen.

Messrs. H. K. Lewis and Co., Ltd., announce a new volume in their General Practice Series for early publication—*Rheumatism in General Practice: A Clinical Study*, by Dr. Matthew B. Ray, with a foreword by Lord Horder.

The Home Secretary gives notice that, in conformity with the provisions of the International Convention of 1931 for limiting the manufacture and regulating the distribution of narcotic drugs, he has made regulations in pursuance of sub-section (3) of Section 2 of the Dangerous Drugs Act, 1932, for controlling the manufacture, possession, and wholesale distribution of methylmorphine (commonly known as codeine), ethylmorphine (commonly known as dionin), and their respective salts. The Regulations, which are dated December 15th, 1933, come into force on January 1st, 1934, and are in substantially the same form as the draft regulations, of which notice was given in the *London Gazette* and *Edinburgh Gazette* of November 3rd, 1933. Copies may be obtained on application to the Under-Secretary of State (Room 212), Home Office, Whitehall, S.W.1.

Sir George Makins, who died on November 2nd, left estate valued at £61,031. He bequeathed £1,000 to St. Thomas's Hospital Medical School War Memorial Fund.

The following bequests are included in the will of Mr. Charles Lane, of Hall Green, Birmingham: £1,250 each to the Queen's Hospital and the General Hospital, Birmingham, for the maintenance of a bed in each in memory of his mother; £1,250 to the General Hospital, Birmingham, for the maintenance of a bed in memory of his brother, Thomas Richard Lane; and £1,250 in recognition of services rendered to his niece, Emily Lane; £500 each to the Birmingham Royal Institution for the Blind and Dr. Barnardo's Homes.

Geh. Med.-Rat Professor Uhlenhuth of Freiburg has been awarded the Paul Ehrlich Gold Medal.

A chair of endocrinology has recently been founded at Bucarest, with Dr. Parhon, professor of neurology and psychiatry at Jassy, as its first occupant.

There has recently been an outbreak of plague in Northern Manchuria, where 600 deaths from the disease have occurred in a fortnight.

Dr. Karl Landsteiner of the Rockefeller Institute has been awarded the gold medal of the Dutch Red Cross for his discovery of the blood groups.

Dr. Alexander von Lichtenberg, professor of surgery at Berlin, has been made a foreign member of the Swedish Medical Society; Dr. Max Heinrich, Fischer professor of cerebral investigation at Berlin, a corresponding member of the Royal Medical Academy at Rome; and Dr. Erich Lexer, professor of surgery at Munich, a foreign member of the Lombardy Surgical Society.