

# British Medical Journal



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## Nova et Vetera

### THOMAS WILKINSON KING

"THE FATHER OF ENDOCRINOLOGY"

In the centenary number of the *Guy's Hospital Reports*<sup>1</sup> Sir William Hale-White, who has piously provided many sketches of his predecessors and other "Great Doctors of the Nineteenth Century," rescues from undeserved oblivion the somewhat lonely and pathetic figure of Thomas Wilkinson King, who, like Thomas Hodgkin, was pathologist at Guy's Hospital a century ago, but never got on to the staff of the hospital. Otherwise these two men differed: Hodgkin's name, though he failed to be elected to the physicians' side of the staff, has been kept green by the loyalty of Samuel Wilks, and he lived until 1866 to die of dysentery at Jaffa; whereas King, his pupil and successor, died in 1847, at the age of 36, of pulmonary tuberculosis in Bedford Square, and was a prospective surgeon, who, like Henry Gray of St. George's Hospital, also curator of the museum, was struck down prematurely.

Sir William Hale-White describes King as "the father of endocrinology," for he definitely recognized that the thyroid had an internal secretion in 1836, or nineteen years before Claude Bernard first used the term "internal secretion" for the transformation of glycogen into sugar by the liver. King made elaborate investigations on the heart, and has previously been mainly known as the describer of the moderator band in the right ventricle and of the safety-valve function of the right ventricle, the latter, however, not receiving any support from modern cardiology. Flattening of the left bronchus by a dilated left auricle, as in mitral stenosis, the post-mortem nature of digestion of the stomach and lower part of the oesophagus, milk spots on the surface of the pericardium, and that disease of the cardiac valves usually begins where the valves come in contact with each other, were other observations made by him. Further, he insisted that ageing of the tissues played an important part in determining the course of disease in the old.

### THE MURDER OF THE PRINCES

#### PROFESSOR WRIGHT'S IDENTIFICATION

In his Cavendish Lecture delivered before the West London Medico-Chirurgical Society on June 4th Professor William Wright interested an overflowing audience at Kensington Town Hall with his description of the bones of the young princes who were murdered in the Tower. Richard III had some admirable qualities, but he is hardly the sort of monarch around whom one would expect a cult to gather more than four centuries after his death. Such a cult has gathered, however, and an attempt has been made to cleanse the memory of Richard of this act of blood-guiltiness, and to suggest that the assassination did not take place until the reign of Henry VII. It is a narrow issue, for it turns upon whether the princes died in 1483 or after Henry's accession only two years later.

In 1933 the urn in Westminster Abbey which contains the remains of young Edward V and his brother Richard of York was opened, and Professor Wright was appointed, on the nomination of Lord Moynihan, to make the examination. The most cursory examination of the bones showed that the princes were under the age of 18, for the elements forming the sockets of the shoulder and hip showed no signs of union. But fortunately the bones most critical in the determination of age had been preserved. The second cervical vertebra or axis bone of the older boy was without the apical part of its odontoid process, and on this fact Professor Wright asserts that it must have belonged to a child of under 13. The ages of the princes, therefore, were respectively under 13 and about 10, instead of 14 and 12 as the apologists for Richard would have us believe. Professor Wright showed

in parallel photographs the humerus, the ulna, and the femur of the brothers, indicating how the difference in length of the bones corresponded to the difference of two years between their ages. In the older boy the second premolar was missing on both sides, and there was evidence that a tooth in the same vertical plane was missing in the younger, suggesting a familial connexion. This was also suggested by the presence of Wormian bones of unusual size and almost identical shape in the lambdoid sutures of both craniums. From an examination of the dental sockets Professor Wright deduced that Edward V must have suffered considerable pain and discomfort from dental sepsis. In an endeavour to reconstruct the appearance of the two youths, he said that on the evidence of the bones they were thin and slender, the elder 4 feet 10 inches in height, and the younger 4 feet 6½ inches. One telling piece of evidence as to their fate was a distinct brownish stain, which in his view could have been caused by nothing but blood, on the face bones of the young king.

After the examination the bones of each of the brothers were carefully wrapped in lawn and returned to the urn, with an inscription on vellum indicating what had been done, signed by the Dean and other Abbey officials and by Professor Wright. The bones when the urn was opened were found mixed with a large number of animal bones, no doubt due to the fact that the place of their interment in the Tower was near the banqueting hall, and when the remains were transferred to Westminster Abbey in the time of Charles II no one was careful or knowledgeable enough to separate them. The animal bones, of course, were not returned to the urn, and Professor Wright said that he left the Abbey with the satisfaction that he had not only identified the bones of these children, but had purified their tomb.

### FOTHERGILL TESTIMONIAL FUND

#### SIXTH LIST OF SUBSCRIBERS

The following is the sixth list of subscriptions to the testimonial to Dr. Rowland Fothergill received in response to the letter published in our columns of January 18th (p. 130).

In accordance with the decision announced in the previous list of subscribers, the Fund has now been closed.

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<sup>1</sup> *Guy's Hospital Reports*. Centenary Number, 1836-1936. Edited by A. F. Hurst, M.D., and R. C. Brock, M.S. London. 1936. Vol. lxxxvi, Nos. 1 and 2.

## Letters, Notes, and Answers

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## QUERIES AND ANSWERS

### Dipsomania

"J. D." writes: I have read with interest the communication of "Retired Practitioner" in reference to the above (*Journal*, February 8th, p. 294). Would he kindly state how much vin. ipecac. he allows in the twenty-four hours?

### Trousseau's Aphorism

Dr. S. L. B. WILKS (Colwyn Bay) writes: "Il n'y a pas de maladies: il n'y a que des malades." I am under the impression that I have seen these words, or something like them, quoted on the title-page of a book, and ascribed to Trousseau. Can anyone tell me whether I am right, and give me a reference?

\*\* The aphorism is one of Trousseau's, but we have not so far been able to trace it to its exact source.

### Income Tax

#### Allowance for Use of Motor Car

"F. V." bought a car for £250 about eighteen months ago, and up to the present year has claimed to deduct two-thirds of the cost of running it, including tax and insurance. He never uses the car for holidays, and only "a very little for ordinary non-professional driving." He has claimed the whole of the cost for 1936-7, and that has been refused.

\*\* It does not follow because a car is "necessary" that the *whole* cost is allowable, but on the facts stated two-thirds seems an insufficient proportion for professional use; one would suggest, say, 80 to 85 per cent. "F. V." can claim depreciation allowance at 22 per cent. for 1935-6—say 22 per cent. of £250 = £55—but as the two-thirds basis was adopted for that year the actual allowance will be £37. For 1936-7 the allowance will be, say, 85 per cent. of (22 per cent. of £200) = £44—that is, £37.

### Employment Abroad

"INQUIRER" lives abroad, and has no residence in the United Kingdom. He proposes to come either to this country or to the Irish Free State for a year's study and clinical work. What will be his position as regards income from foreign investments not remitted to him and British War Loan interest? Will it be affected if he takes a hospital appointment?

\*\* Assuming that he can show that he has no intention of taking up a permanent residence in the United Kingdom, he will be regarded during his stay as "resident" but not "ordinarily resident." On that basis he will be liable to account for tax on the amount (less the personal allowance, etc.) of (a) his earnings and (b) the *remit* income from abroad. He will not be liable on unremitted income or on the War Loan interest. The same applies to the Irish Free State, except that the exemption of British War Loan interest would not apply.

## LETTERS, NOTES, ETC.

### Oedema Neonatorum

Dr. EWING RODGERS (London, S.E.5) writes the following account of a case he saw recently: The baby, a female, was delivered normally (it being the mother's second child, the first a normal one in every way) and was well, ostensibly, until the fourth day, when the nurse noticed the thighs becoming swollen and hard; the oedema gradually spread up the body. We saw her early the next morning, when the general appearance of the infant at first sight suggested a case of tetany. However, the "tetanic" posture of the infant was found to be due to "splinting" of the limbs and body by widespread oedema. The fontanelle was tense, and crepitations could be heard at both bases. The oedema of the face was very noticeable. The infant had had three blood-stained vomits, and the stools had gradually changed from green to black. The child was taken off milk, but the vomit and stools contained increasing quantities of blood. A consultant diagnosed the condition and advised injections of the mother's whole blood; 3 c.cm. were duly given. The infant was fed on the drawn-off milk, as it was too weak to suck, and was kept warm artificially. The symptoms gradually abated without any further injections of blood, and on the seventh day the oedema was much less, the crepitations had disappeared, and the stools were green again; vomiting was infrequent. By the tenth day the symptoms had practically disappeared, although there was still a good deal of weakness. On the fourteenth day there was no discernible oedema, and the baby was feeding normally. It was seen regularly until the sixth week, and has been quite normal since then to the best of my knowledge. It might be interesting to know if similar cases have occurred in other practices, as it seems difficult to trace more than a few cases in the literature on the subject. The case seems to be especially interesting in that the baby when last seen was in excellent health, whereas the cases in the literature do not seem to have had a high percentage of survivals, if, indeed, survivals have been described.

### Gas and Public Authorities

People are so apt to take the work of the gas industry for granted that *Gas and Public Authorities*, a recent publication of the British Commercial Gas Association (28, Grosvenor Gardens, S.W.1) comes as a useful reminder of the way in which almost every branch of public administration has contacts with the gas industry. Housing and slum clearance, public lighting, central heating and cooking in public buildings, the equipment of hospitals and clinics, educational establishments, swimming baths, and other premises devoted to recreation, crematoria, municipal airports—all these are dealt with pictorially in the booklet. Among the installations illustrated are the House of Commons (large-scale cooking), Belfast City Hall (central heating), St. Bartholomew's Hospital, Central London's street lighting system, Southampton municipal crematorium, and the kitchen of the Royal Free Hospital.

### A Disclaimer

Dr. DONALD BLATCHLEY (Chiswick) writes: I feel that steps should be taken by those responsible to prevent articles or portions of articles appearing in the medical press from being used by the lay press, and reprinted by them in a sensational manner for the doubtful benefit of the general public. Recently you were good enough to publish a letter from me in which I expressed the opinion that individuals of a certain type reacted badly to a certain type of anaesthetic. This was instantly seized upon, and without my knowledge or permission extracts appeared in the lay press under sensational headlines (cuttings enclosed). The effect of this on the lay mind will undoubtedly be to increase the fear of anaesthetics, especially in those who are already of nervous temperament. This is distinctly contrary to one of the chief aims of modern technique—namely, to decrease pre-operative fear. I think you will agree that the effect is bad, both from the patient's and from the doctor's point of view.

### Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 46, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, and 60 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenancies at pages 58 and 59.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 328.