

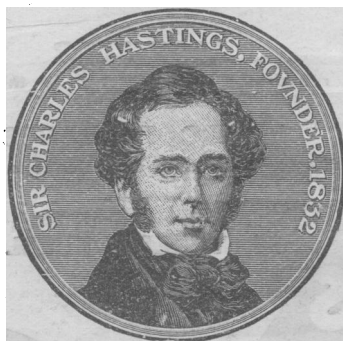
ANNUAL MEETING, WINNIPEG, AUGUST 26th—29th.

The

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

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No. 3634.

SATURDAY, AUGUST 30, 1930.

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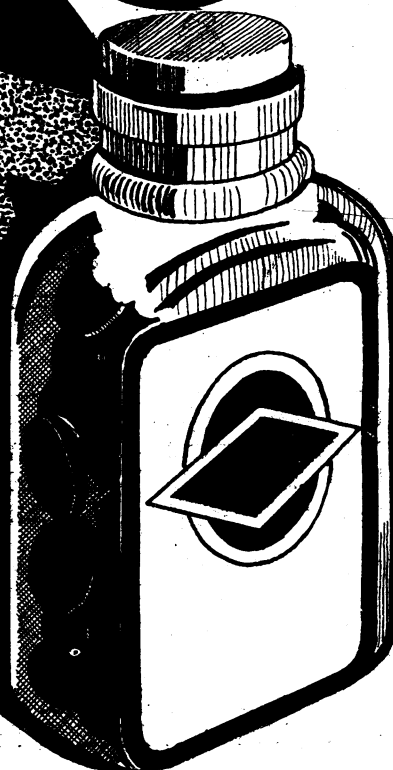
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Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The Editor, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

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The address of the Irish Office of the British Medical Association is 16, South Frederick 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.

LIMITATION OF THE GROWTH OF HAIR.

"R. D. M." asks for information about any known factor which limits the growth of hair in some situations, such as the eyebrows and eyelashes, to a certain definite length, whereas in other situations, such as the scalp and face, the growth of hair is continuous.

TREATMENT OF DYSMENORRHOEA.

DR. JOHN R. KEITH (Southsea), replying to Dr. E. R. B. Murray's inquiry (August 16th, p. 272), writes in the course of a letter: In certain conditions, among them dysmenorrhoea, beneficial results may be obtained by applying counter-irritation over the spinal cord. In cases of dysmenorrhoea a cantharides blister may be applied over that part of the cord which is covered by the bodies of the fourth and fifth dorsal vertebrae, and kept in position for three or four days before the expected period. In many cases of painful menstruation points of tenderness may be found to the right or left of one or more of the first four lumbar spines. If firm pressure is made over these sensitive areas the menstrual pain will disappear for several hours or during the whole period. Freezing the tender areas with ethyl chloride or petroleum ether is even more effective.

DR. N. HAIR (London, W.1) writes: In reply to Dr. Murray's inquiry (August 16th, p. 272), I would suggest the use of an intra-uterine silver ring. This instrument was first devised as a contraceptive, but I have noticed that several patients have been partly or entirely freed from dysmenorrhoea after its insertion.

KEEPING FIT IN HOT CLIMATES.

DR. O. MARRIOTT (Haywards Heath), replying to the inquiry of "C. H. B." in the *Journal* of July 26th (p. 163) writes: After twenty years' actual busy practice in the Tropics, I am of opinion that it is not advisable, and certainly not necessary, to take alcohol in any form in hot climates; I will even go further and say that, in my opinion, a "worker" (mental or physical) is better and more efficient without alcohol under tropical conditions. Several men who have lived successful lives in tropical countries, following such advice given them by me from early days, have taken the trouble to come to thank me for it, having found it so much to their advantage in health and fitness. It is certainly advisable to have always some light thin covering round the abdomen while in bed at night, such as a light tropical weight viyella blanket wrapped round once. Exercise, like all other things in the Tropics, should be taken in moderation. Under true tropical conditions a man can get his skin to act as much as is convenient or healthy—or more so—in his ordinary routine, unless he spends his days under a fan in a club armchair; strenuous physical exercise daily is apt to take too much out of him to permit his carrying on his routine daily work efficiently. Personally, I never touched alcohol during twenty years' hard work in the Tropics, and I always slept with a light blanket round the abdomen, or, if such was not available, used an ordinary "bath" towel as a wrap. With the exception of occasional swimming during my earlier years in the Tropics, I never had any time for strenuous physical exercise, but I obtained all the perspiration I cared for—and generally more—by carrying on my active professional life. I found it a relief at times to slip into my quarters and to strip from clothes wet through with perspiration, have a good warm bath, and a change of clothing.

LETTERS, NOTES, ETC.

THE MEDICAL RESEARCH COUNCIL AND ERGOT STANDARDIZATION.

We have received the following communication from the manager of "Sandoz" Scientific and Research Department, Wigmor Street, W.:

"In your last issue you give prominence to an official statement by the Medical Research Council under the title 'The Medical Research Council and Ergot Standardization.' The Medical Research Council complain that misnomer has been made of their name in literature issued to the medical profession in America by our American house, Sandoz Chemical Works, Inc., of New York. The statement complained of reads as follows: 'The Pharmaceutical Society of Great Britain, after consultation with the Medical Research Council, adopted Gynergen as the standard for ergot.' I am directed by Sandoz Chemical Works, Basle, to request the courtesy of your columns to reply to the communication of the Medical Research Council. To our great regret the official statement of the Medical Research Council is presented in such a manner that it fails to reveal the whole truth. It should be made clear that Gynergen is ergotamine tartrate, and that there is only one ergotamine—Ergotamine, Stoll-Sandoz. The following extract is taken from the *Pharmaceutical Journal* of February 20th, 1926:

'Pharmaceutical Society of Great Britain: The Pharmacological Laboratories.

'(Text of a pamphlet which is being supplied to inquirers by the Secretary of the Society, 17, Bloomsbury Square, London, W.C.1.)

'These laboratories are now in a position to test the drugs and preparations dealt with in detail hereafter.

'3. Ergot.—Samples of ergot will be accepted to be tested in the form of the powdered ergot. The Geneva Conference has made no recommendations in the matter of ergot. The chief active substances which may be present in extracts are ergotamine (or ergotoxin), histamine, and tyramine. It will be assumed that the therapeutically active substance is the specific alkaloid ergotamine, and a test for its amount will be applied to an acid alcoholic extract of the powdered drug.

'As standard a sample of ergotamine tartrate is available, prepared by the Sandoz Chemical Works, Basle.

'The test applied will be the capacity of an acid alcoholic extract prepared from the sample to reverse the action of adrenaline either on the blood pressure of a pithed cat or on the isolated uterus of the rabbit. After consultation with the Director of the Department of Biological Standards, Medical Research Council, it has been decided to approve as good samples of ergot those containing not less than 1 mgm. per gram of the specific alkaloid.'

'Further, in the *Pharmaceutical Journal* of March 13th, 1926, the following appeared:

'In the number of this *Journal* appearing on February 20th last a description appeared of the tests which these laboratories are prepared to carry out. When a preparation has been tested, a certificate is issued, which in the case of satisfactory preparations may be used by the maker as the basis of a statement on the label. . . . The statement appearing on the label must be confined to the words . . .

'(6) In the case of ergot preparations, . . . c.c. of this preparation contains 1 mgm. ergotamine as determined by a biological test carried out by the Pharmaceutical Society of Great Britain.'

"To make the matter more clear we quote from the *Pharmaceutical Journal* of May 14th, 1927, where the Director of the Pharmacological Laboratories, replying to Mr. A. O. Bentley, stated: 'There has been no ergotoxine in this country since the war until a month or two ago.' The reasons which caused the substitution of an amorphous alkaloidal salt, difficult to purify, of lesser stability, less soluble, and which can only be conserved with difficulty (*in vacuo* over phosphorus pentoxide) for a definite, pure, stable, crystalline substance (base as well as salt) is probably not relevant here, but it is clear that ergotamine tartrate was adopted as the standard for ergot preparations, and that the Medical Research Council was consulted and that the statement by the Medical Research Council is equivocal."

INFECTED EGGS.

MR. J. G. MAYNARD (Somerset), in the course of a letter on behalf of the council of the Utility Duck Club, writes: In the *British Medical Journal* of July 12th (p. 56) an article appeared by Dr. W. M. Scott on food poisoning due to eggs; unfortunately this article has been taken up by the popular press, with disastrous results to producers in this country. The council of the Utility Duck Club does not dispute the evidence brought forward in the article; it does, however, wish to draw attention to the fact that very large numbers of ducks' eggs are imported every year. The conditions under which these are produced are frequently unsanitary, the ducks being kept in large numbers on foul ground where they are fed on fish which is often far from fresh. The resultant disease among the flocks is amply attested. It may safely be stated that such diseases are almost entirely unknown among English birds. When cases of poisoning have occurred the club has tried to trace the origin of the eggs, and in no case of which the council knows have the eggs been produced in this country. All imported eggs have now to be marked with the stamp of country of origin, so that it is possible to avoid imported supplies.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 35, 36, 37, 38, 39, 42, 43, and 44 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 40 and 41.

A short summary of vacant posts notified in the advertisement column appears on page 340.

VACANCIES.

ALL SAINTS HOSPITAL FOR GENITO-URINARY DISEASES.—House-Surgeon (male). Salary £150 per annum.

ARGVILL COUNTY COUNCIL.—Medical Officer for the District of Glenorchy. Salary includes payment of £126 per annum for services as Local Medical Officer and a grant from the Highlands and Islands (Medical Services) Fund.

BANGOUR MENTAL HOSPITAL, West Lothian.—Second Assistant Medical Officer. Salary £350 per annum, rising to £400.

BARNSTAPLE: NORTH DEVON INFIRMARY.—Resident Medical Officer. Salary £150 per annum.

BARROW-IN-FURNESS: NORTH LONSDALE HOSPITAL.—Two House-Surgeons (males). Salary £175 per annum.

BATH: ROYAL UNITED HOSPITAL.—Assistant House-Surgeon (male, unmarried). Salary £120 per annum.

BEDFORD COUNTY HOSPITAL.—House-Surgeon (male, unmarried). Salary £175 per annum.

BIRKENHEAD GENERAL HOSPITAL.—(1) House-Physician. (2) Casualty Officer. Males. Salary £100 per annum each.

BIRMINGHAM AND MIDLAND SKIN HOSPITAL.—Clinical Assistants in the Out-patient Consulting Room. Honorarium 26 guineas per annum.

BOURNEMOUTH: ROYAL VICTORIA AND WEST HANTS HOSPITAL.—House-Surgeon (male) at Boscombe Branch. Salary £150 per annum.

BRIGHTON: ROYAL SUSSEX COUNTY HOSPITAL.—Casualty House-Surgeon (male, unmarried). Salary £120 per annum.

BRISTOL ROYAL INFIRMARY.—Assistant for Cancer Research Laboratories. Salary £400 per annum.

BURSLER: HAYWOOD HOSPITAL.—Resident Medical Officer. Salary £175 per annum.

CARDIFF CITY MENTAL HOSPITAL, Whitechurch.—Post-graduate Research Studentship. Honorarium £103 per annum, augmented by locum work in the Hospital to approximately £180.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.1.—Honorary Assistant Anaesthetist.

CHICHESTER ROYAL WEST SUSSEX HOSPITAL.—Junior House-Surgeon. Salary £125 per annum.

DERBYSHIRE HOSPITAL FOR SICK CHILDREN.—Resident Medical Officer (lady). Salary £150 per annum.

DERBYSHIRE HOSPITAL FOR WOMEN.—House-Surgeon. Salary £150 per annum.

DURHAM COUNTY AND SUNDERLAND EYE INFIRMARY.—Clinical Assistant in Out-patient Department. Salary £250 per annum.

EASTBOURNE: PRINCESS ALICE MEMORIAL HOSPITAL.—House-Surgeon (male). Salary £100 per annum.

EDINBURGH: JORDANBURN NERVE HOSPITAL, Morningside.—Assistant Physician. Salary £400 per annum.

ESSEX COUNTY HOSPITAL, Colchester.—(1) Assistant House-Surgeon and Registrar. (2) House-Physician. Males. Salary £120 and £150 per annum respectively.

GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION.—(1) House-Physician. (2) Second House-Surgeon. Salary £150 and £120 per annum respectively.

GREAT YARMOUTH: GENERAL HOSPITAL.—Two House-Surgeons, Senior and Junior. Salary £150 and £140 per annum respectively.

HALIFAX: ROYAL HALIFAX INFIRMARY.—Third House-Surgeon (male, unmarried). Salary £125 per annum.

HOSTEL OF ST. LUKE, 14, Fitzroy Square, W.1.—Resident Medical Officer. Salary £200 per annum.

HULL ROYAL INFIRMARY.—Honorary Physician.

ILFORD: KING GEORGE HOSPITAL.—Resident Medical Officer. Salary £200 per annum.

IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—(1) Casualty Officer. (2) House-Surgeon. Males. Salary £150 and £120 per annum respectively.

LEEDS PUBLIC DISPENSARY.—Junior Resident Medical Officer. Salary £150 per annum.

LEICESTER ROYAL INFIRMARY.—(1) House-Surgeons. (2) Casualty Officer. Salary £125 per annum each.

LIVERPOOL AND DISTRICT HOSPITAL FOR DISEASES OF THE HEART.—House-Physician. Salary £52 per annum.

LIVERPOOL EYE AND EAR INFIRMARY.—Honorary Assistant Surgeon to the Ear, Nose, and Throat Department.

LONDON FEMALE LOCK HOSPITAL, 283, Harrow Road, W.9.—House-Surgeon. Salary £150 per annum.

LONDON LOCK HOSPITAL, 91, Dean Street, W.—(1) Surgical Registrar. (2) Additional Surgical Registrar. (3) House-Surgeon at Male Lock Hospital. Honorarium for (1) and (2) £100, for (3) £200 per annum.

LOWESTOFT AND NORTH SUFFOLK HOSPITAL.—Junior House-Surgeon (male). Salary £120 per annum.

MACEFIELD GENERAL INFIRMARY.—Resident House-Surgeon. Salary £180 per annum.

MANCHESTER: ANCOATS HOSPITAL.—House-Surgeon (male). Salary £100 per annum.

MANCHESTER CITY.—Assistant Medical Officer at Baguley Sanatorium. Salary £350 per annum.

MANCHESTER: ROYAL MANCHESTER CHILDREN'S HOSPITAL.—(1) Resident Medical Officer. (2) Resident Surgical Officer. (3) Two Assistant Medical Officers for Out-patients' Department. Salary for (1) and (2) £125 per annum, and for (3) £150 per annum.

MANCHESTER AND SALFORD HOSPITAL FOR SKIN DISEASES.—House-Surgeon. Salary £100 per annum.

MANCHESTER UNIVERSITY.—Demonstrator in Chemical Pathology. Stipend £350 per annum.

MANCHESTER UNIVERSITY AND MANCHESTER COMMITTEE ON CANCER.—Assistant in the Cancer Research Laboratories. Salary £400 to £650 per annum.

MANFIELD AND DISTRICT HOSPITAL.—House-Surgeon and Casualty Officer (male). Salary £150 per annum.

MIDDLESBROUGH: NORTH RIDING INFIRMARY.—Junior House-Surgeon (male). Salary £150 per annum.

MIDDLESEX COUNTY COUNCIL.—Resident Medical Officer (male) at Hillingdon Institution, Uxbridge. Salary £600 per annum.

MIDDLESEX HOSPITAL, W.1.—Dental House Surgeon.

MIDDLESEX HOSPITAL MEDICAL SCHOOL, W.1.—Assistant in Radiological Research bearing upon the treatment of malignant disease. Salary £350 per annum.

MILLER GENERAL HOSPITAL, Greenwich Road, S.E.10.—(1) Casualty Officer. (2) House-Physician. (3) House-Surgeon. Salary for (1) £150, and for (2) and (3) £125 per annum.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, W.1.—(1) Resident Medical Officer. (2) Out-patient Medical Officer. Males. Salary £150 and £125 per annum respectively.

NORTHAMPTON GENERAL HOSPITAL.—(1) House-Physician. (2) Two House-Surgeons. (3) Two Assistant House-Surgeons. Salary £150 per annum.

NORTHERN IRELAND GOVERNMENT.—Medical Officer. Salary £800-£25-£1,000, plus bonus.

NOTTINGHAM GENERAL HOSPITAL.—(1) House-Physician. (2) Second Casualty Officer (male). Salary £150 per annum each.

OLDHAM ROYAL INFIRMARY.—Two House-Surgeons. Salary £175 per annum.

OLDHAM COUNTY BOROUGH.—Female Assistant Resident Medical Officer (unmarried) at the Boundary Park Municipal Hospital. Salary £200 per annum.

OXFORD: RADCLIFFE INFIRMARY AND COUNTY HOSPITAL.—(1) Three House-Surgeons. (2) House-Physician. (3) Obstetric House-Physician. Salary £120 per annum.

POOLE: CORNELIA AND EAST DORSET HOSPITAL.—House-Surgeon (male). Salary £150 per annum.

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN, W.10.—House-Surgeon and Casualty Officer. Salary £75 per annum, rising to £100 on appointment as Senior Resident.

QUEEN CHARLOTTE'S MATERNITY HOSPITAL, Marylebone Road, N.W.1.—(1) Assistant Resident Medical Officer. (2) Resident Anaesthetist. Salary for (1) £80 per annum, rising to £100 on appointment as Senior, and for (2) £80 per annum.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.2.—Casualty Officer. Salary £100 per annum.

ROYAL EYE HOSPITAL, St. George's Circus, S.E.1.—(1) Twelve Salaried Refractionists. (2) Twelve Clinical Assistants. (3) Pathologist.

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL, Great Portland Street, W.1.—House-Surgeon (male). Salary £150 per annum.

RYDE: ROYAL ISLE OF WIGHT COUNTY HOSPITAL.—(1) Member of Honorary Medical Staff. (2) Resident House-Surgeon, salary £180 per annum.

ST. JOHN'S HOSPITAL, Lewisham, S.E.15.—Resident Casualty Officer. Salary £100 per annum.

ST. PAUL'S HOSPITAL FOR GENITO-URINARY DISEASES, Endell Street, W.C.2.—(1) Resident Medical Officer. (2) House-Surgeon. Salary £200 and £150 per annum respectively.

ST. VINCENT'S ORTHOPAEDIC HOSPITAL, Eastcote.—Resident Medical Officer (unmarried). Salary £150 per annum.

SALFORD ROYAL HOSPITAL.—(1) House-Surgeon attached to the Orthopaedic Department. (2) House-Surgeon. Salary £125 per annum each.

SEAMEN'S HOSPITAL SOCIETY.—(1) Two House-Physicians at the Hospital for Tropical Diseases, Endsleigh Gardens, W.C. (2) House-Physician and House-Surgeon at Dreadnought Hospital, Greenwich. (3) Medical Officer at Albert Dock Hospital. (4) House-Surgeon at Tilbury Hospital. Males. Salary for (1) and (4) £150, and for (2) and (3) £110 and a proportion of fees.

SHEFFIELD ROYAL HOSPITAL.—Resident Anaesthetist (male). Salary £80 per annum, rising to £100 after six months.

SHREWSBURY: EYE, EAR, AND THROAT HOSPITAL FOR SHROPSHIRE AND WALES.—House-Surgeon (unmarried). Salary £200 per annum.

SOUTH SHIELDS: INGHAM INFIRMARY.—Junior House-Surgeon (male). Salary £150 per annum.

STAFFORDSHIRE GENERAL INFIRMARY.—(1) House-Surgeon. (2) House-Physician. Salary £200 and £150 per annum respectively.

STOCKTON AND THORNABY HOSPITAL, Stockton-on-Tees.—Junior Resident Medical Officer (male). Salary £150.

STOKE-ON-TRENT: NORTH STAFFORDSHIRE ROYAL INFIRMARY.—Assistant House-Physician. Salary £125 per annum.

SWANSEA HOSPITAL.—House-Surgeon (male, unmarried). Salary £150 per annum.

TYNEMOUTH COUNTY BOROUGH.—Assistant Medical Officer of Health (male). Salary £540 per annum.

WALSALL COUNTY BOROUGH.—First Assistant Resident Medical Officer at Manor Hospital. Salary £200 per annum.

WEST BROMWICH AND DISTRICT GENERAL HOSPITAL.—(1) House-Physician. (2) Casualty House-Surgeon. Males, unmarried. Salary £200 per annum.

WEST HARTLEPOOL: CAMERON HOSPITAL.—House-Surgeon. Salary £150 per annum.

WEST LONDON HOSPITAL, Hammersmith Road, W.6.—(1) House-Physician. (2) Two House-Surgeons (males). (3) Resident Anaesthetist. Salary £100 per annum.

WEST NORFOLK AND KING'S LYNN HOSPITAL.—(1) Senior House-Surgeon. (2) Junior House-Surgeon. Salary £150 and £100 per annum respectively.

WILLESDEN URBAN DISTRICT COUNCIL.—Resident Medical Officer at the Willesden Municipal Hospital. Salary £250 per annum.

WOLVERHAMPTON AND MIDLAND COUNTIES EYE INFIRMARY.—House-Surgeon. Salary £150 per annum.

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL, S.E.18.—House-Surgeon. Honorarium £100 per annum.

YORK: COUNTY HOSPITAL.—House-Physician. Salary £150 per annum.

CERTIFYING FACTORY SURGEONS.—The following appointments are vacant: Llanbythter (Carmarthenshire); Paisley (Renfrewshire). Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.

POST-GRADUATE COURSES AND LECTURES.

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION.—Queen's Hospital for Children, Hackney Road, E.2: Special Course, all day. Fee £2 12s. 6d. for two weeks. Syllabus and ticket of admission from the Fellowship of Medicine, 1, Wimpole Street, W.1.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.1. Fri. 4 p.m., Acute Mastoiditis.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: Mon. and Thurs. 10.30 a.m. Maternity Hospital: Mon., Tues., Wed., Thurs., and Fri., 11.30 a.m.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcement of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

MARRIAGES.

ANDERSON—HYTCH.—At St. George's Church, Bloomsbury, on June 21st, 1930, by the Rev. W. C. Roberts, M.A., Rupert George Anderson, M.B., Ch.B.Ed., D.P.H.Lond., only son of the late D. L. Anderson, C.A.; F.F.A., Glasgow, and of Mrs. Anderson of London, to Dorothy Preston Hytch, M.R.C.S.Eng., L.R.C.P.Lond., only daughter of Mr. and Mrs. E. Preston Hytch of Normandy, Surrey.

GEDYE—LOCKE.—On August 20th, at St. Paul's Church, Clifton, Bristol, Francis Ronald Gedye, M.B., Ch.B., son of the late Rev. E. F. Gedye, to Doris Kathleen Locke, daughter of Mr. and Mrs. T. W. Locke of Redland, Bristol.

MACKINTOSH—HAWORTH.—On August 26th, 1930, at Christ Church, Didsbury, by the Rev. E. N. Gies, assisted by the Rev. E. R. Hayes, Vicar of Melling Church, James Mackintosh, M.C., M.R.C.V.S., of Embo, Sutherland, to Doris Adeline Haworth, M.B., Ch.B., D.P.H., widow of the late Dr. Albert Haworth, M.Sc., M.B., Ch.B.

NATURALLY RICH

IN VITAMIN "D"



A "RESURRECTION"

GUILDFORD

30/6/30

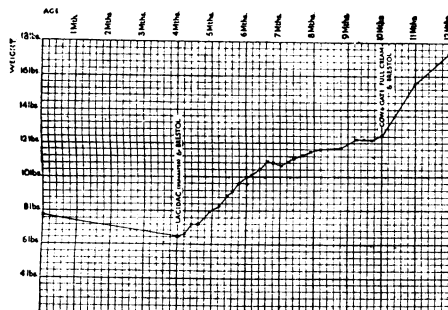
"Baby Hook, came under my care shortly after birth suffering with marasmus following whooping cough. Broncho-pneumonia developed and was with great difficulty cleared up, leaving the child in a very low condition. Feeding proved a difficult problem, several things were tried without beneficial results. The results with Cow & Gate were truly wonderful, indeed it is a case of 'a resurrection.'"

(Signed).....M.B.Ch.B.

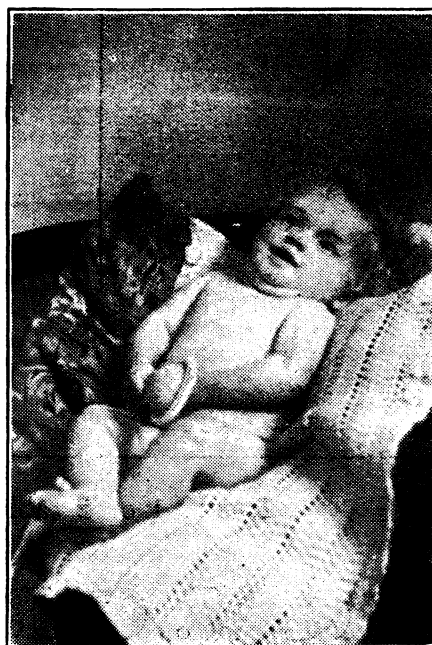
Lacidac (separated) and Brestol, the Cow & Gate Humanised Cream, were used in the early days of treatment. Cow & Gate Full Cream and Brestol being used subsequently.



BEFORE—4 months' old, 6 lbs. 9 ozs. in weight.



Progress Chart



AFTER—10 months' old, 12 lbs. 6 ozs. in weight.

June 1930. Baby Hook has now won a prize in a Baby Competition!

Write for literature and clinical samples of Lacidac and Brestol.

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Support HOME Agriculture—Cow & Gate Products are all made from ENGLISH MILK.

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and

O L D A G E

Stimulates metabolism
Increases muscle tonicity
Raises respiratory exchange
Effects marked subjective improvement



“ Old age being caused by degeneration of the endocrine glands, especially the thyroid and sexual glands, all that is necessary to secure rejuvenation is to improve the condition of these glands. The best and easiest way to do this is to administer by the mouth extracts of these glands after their extirpation from healthy animals. . . .

“ The persons treated looked considerably younger after it, to the extent of ten or fifteen years; and sometimes even more. The wrinkles in the face already began to disappear four or five weeks after the treatment, and, at the same time, previously corpulent persons, losing their excess of fat, were made to look slender, thus imparting a youthful impression.”

(Lorand, “ Life Shortening Habits and Rejuvenation,” 1922.)

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