The leucoblasts in the blood showed normal red corpuscles and considerable leucoerythroblastic, with differential count: polymorphs 50 per cent., eosinophils 2 per cent., mast cells 1 per cent., lymphocytes 29 per cent., mononuclears 15 per cent., plasma cells 1 per cent., myelocytes 1 per cent., leucoblasts 3 per cent. Leucoblasts in films from angles were new to me at the time (September, 1920), and, with the remarkable glandular enlargement, suggested incipient leukaemia. In referring to glandular fever Professor Gulland said that he had never seen mycoblasts (leucoblasts) in the blood of these cases. As textbooks are reticent about these cells, it may be useful to describe them briefly.

The leucoblast resembles a large mononuclear cell. Its basophil cytoplasm is amply and may show azure granules. Its large oval or reniform nucleus stains well in a stained smear. But cells differ in age, and, therefore, vary in form and staining. The form commonly seen is (1) a big cell with large kidney-shaped nucleus and ample light blue cytoplasm with or without scanty azure points. Development now proceeds in one of two directions: (2) the nucleus stains with denser stripes, and the cytoplasm shows numerous coarse, dark violet granules; or, (3) the nucleus becomes irregular, even polymorph, and the cytoplasm paler or lilac; these cells are soon indistinguishable from large mononuclears.

Some of the first are easily identified, and the second form is more characteristic and not to be mistaken for myeloblasts of the blood. For this reason I included only the second form in my differential count and underestimated the leucoblasts present.

The description is in terms of Romanowsky staining, and for identifying leucoblasts I prefer the polychrome Mörison blue method, because it brings out the coarse, violet granules better and in a greater proportion of cells, just as in benign tertian infections it deeply stains Schüffner’s dots. Jenner-Giemsa fails to do this.

West Ealing.

Robert Craik, M.D.

PULMONARY EMBOLISM FOLLOWING FRACTURE OF LEG.

The following case is of interest in connexion with the modern treatment of fractures by early massage, and raises the question whether it is likely to cause separation of blood clot and the resulting tragedy of pulmonary embolism. The case occurred at the height of the recent influenza epidemic, and splints were taken down only three or four times when the joint was very gently massaged by myself. Had my attentions been more frequent or vigorous I should probably have saved myself with being the unwitting instrument of causing this unfortunate man’s death. It would be of interest to know how often pulmonary embolism follows fractures, whether treated by massage or otherwise.

A stone-breaker, aged 62, of spare build and in good health, fell when getting over a stile and sustained a simple Pott’s fracture of the ankle, the about an inch and a half above the external malleolus and the medial malleolus torn off. Under chloroform the fracture was set and kept in position by lateral splints; the leg was hung in a Salter’s cradle. Union was perfect, and movement quite good. Three weeks after the injury the patient complained of pain in

the left side for which I was unable to account; I could detect no abnormal sounds, and put it down to a slight pleurisy due to his sleeping three feet away from an open window. I ordered mustard plasters, which were used for five days; the pain did not subside, though the patient was in excellent health and in the very best of spirits, expecting to be allowed up, on crutches in a few days.

On the twenty-fourth day of the injury the patient was laughing and joking with his neighbours; on the twenty-fifth day his daughter was awakened at 6 a.m. by her father’s peculiar breathing; she got up and went for a neighbour. The patient was dead before her return in a few minutes. A post-mortem examination was not performed.

As there was no heart lesion or other organic disease I think there is no doubt that this was a case of pulmonary embolism.

Eskine Faraker, M.R.C.S., L.R.C.P.
Relton Mandeville, Somerset.

Reports of Societies.

CLEFT PALATE.

A discussion took place in the Section of Surgery of the Royal Society of Medicine on June 1st on the operative treatment of cleft palate. In the afternoon a number of cases in which operation had taken place some years previously with good anatomical and phonetic results were exhibited, and a discussion began at five o’clock which, with a brief interval for dinner, continued until after ten.

Mr. V. Warren Low presided.

Sir James Berry exhibited several patients upon whom he had performed his lateral approximation operation, and the speech results were demonstrated at the meeting. The test sentence which they were asked to repeat was: “On a bridge, by a church, I met a flock of turkeys”; but one of the patients, a young man, said that he was not going to utter such nonsense, and he made a perfect little speech, in which he paid a tribute to his old nurse, who had taken pains after the operation in his childhood to educate him in voice formation. Sir James Berry said that the main, almost the only, object of operating upon a cleft palate was to enable the person to speak intelligibly. The view formerly held by some that the operation might be regarded as a life-saving one was now, he thought, exploded. A small proportion of clefts which were very narrow and limited to the soft palate could doubtless be closed within the first weeks or months of infancy by the operation of lateral approximation; but in the majority it was impossible at this very early stage to perform the operation with any reasonable chance of success owing to the width of the cleft and the lowness of the palatine arch. The age of operation should be the earliest at which, in the experience of the operator, a lateral approximation operation would give a reasonable chance of closing the cleft. Generally this was from 18 months to 4 years. In the really difficult cases, such as a wide cleft involving the soft and most of the hard palate, it was often a good plan to close the cleft of the soft palate first and to leave the hard palate unclosed for a time, rather than risk failure of the operation line of the attempt. It was the soft palate that was most important to close. If the hard palate was closed and the soft left unclosed after an operation little good usually was done; on the other hand, if the soft palate were successfully closed and the hard palate left unclosed the patient might be greatly benefited. His own views as to operation were based upon 275 cleft-palate patients, upon whom he had operated during the last thirty-three years. Before operation gross defects of teeth and tonsils should be remedied, though he thought routine excision of tonsils or adenoids unnecessary. In the case of wide and difficult clefts he had frequently occasion to believe that approximation to the use of deep tension stitches and rubber plates after the
BIRTHDAY HONOURS.

The honours list issued on the occasion of His Majesty's birthday included the names of the following members of the medical profession:

K.C.V.O.
Edward Farquhar Buzzard, M.D., F.R.C.P., Physician Extraordinary to the King; Physician to St. Thomas's Hospital.

K.B.E. (Civil Division).
Charles Percy Barlow Claire, M.R.C.S., L.R.C.P., F.R.C.S., Consulting Surgeon, Royal Prince Alfred Hospital, Sydney, in recognition of services to the Commonwealth of Australia.

Knighthood.
Charles James Martin, C.M.G., M.D., D.C.L., F.R.S., M.B., F.R.C.P., Director of the Lister Institute, London (formerly Chairman of the Science Committee of the British Medical Association).

Louis Edward Barnett, C.M.G., M.B., M.R.C.S., L.R.C.P., Professor of Surgery, Otago University, Dominion of New Zealand; President of the Australasian Medical Congress held at Dunedin, 1927, under the auspices of the British Medical Association.

C.B. (Military Division).
Major-General John MacFarlane Sloan, C.M.G., D.S.O., M.B., late R.A.M.C., Deputy Director of Medical Services, Southern Command, India.

C.B. (Civil Division).
Colonel Charles Pye Oliver, C.M.G., T.D., M.D., late Territorial Army.

C.V.O.
Henry Linnington Martyn, M.V.O., M.B., F.R.C.S., Surgeon Apothecary to H.M. Household at Windsor.

C.F.E.
Lieut.-Colonel John Cyril Holdich Leicester, I.M.S., lately Consulting Surgeon-General to the Government of Bengal. Major Alfred George Treffers, I.M.S., Surgeon to His Excellency the Governor of Bombay.

C.B.E. (Military Division).
Surgeon Captain Alfred James Hewitt, R.N.

C.B.E. (Civil Division).
Neil Morrison MacFarlane, M.D., C.M., Principal Medical Officer, Basutoland.


O.B.E. (Military Division).
Surgeon Commandant Guy Leslie Bockett, R.N.

Major Charles Morgan Finny, M.B., F.R.C.S., R.A.M.C.

Major John Heathley Spencer, M.D., R.A.M.C.

Captain Harold Williamson, M.B., F.R.C.S., I.M.S.

O.B.E. (Civil Division).
Dr. Edwurd Lloyd, M.B.E., Church Missionary Society, Captain Mohamed Fazl-ul-Din, I.M.S., Agency Surgeon at Jandola, South West Africa.

Attilio Critien, M.B.E., M.D., Chief Government Medical Officer and Superintendent of Public Health, Malta.

Mrs. Charlotte Elizabeth Ferguson Davis, M.D., in recognition of her services in the Straits Settlements.

John Randall, M.B., Senior Member of the Legislative Council of Barbados.

Major Hasan Suhrawardy, Indian Territorial Medical Corps, medical practitioner, Bengal.

M.B.E. (Military Division).
Subassistant Surgeon Subedar Gurbux Singh, I.M.D.

Quartermaster and Lieutenant Joseph Edward Pugh, R.A.M.C.

Jamadar Saved Gul Azeem Shaikh, Subassistant Surgeon, 2nd Cavalry Regiment, Iraq Levies.

Assistant Surgeon (2nd Class) Henry Caryll William Windsor, I.M.D.

M.B.E. (Civil Division).
Kobad Dhumbari Mugaseth, Medical Practitioner, Calicut, Madras.

Kaiser-i-Hind Medal (First Class) (for Public Services in India).
Miss Ethel Cruickshank, R.N., R.S., Medical Officer in Charge of the Kimnaird Women's Hospital, Lucknow.

Dr. Carl Fredrik Kugelberg, Church of Sweden Mission, Turquant, Radiad District, Madras.

The Rev. Caleb Davies, Medical Superintendent, Sonthal Mission Hospital, Sarenga, Bankura, Bengal.

Union of South Africa.

[From our Correspondent in Pretoria.]

ENCEPHALITIS LETHARGICA.

Although several outbreaks of rabies, more or less serious, were described as having occurred in South Africa last century, the disease has only been almost entirely unknown in the Union during the past thirty years. There has been nothing comparable to the post-war prevalence which occurred on the continent of Europe. Of late years, however, disquieting evidence has emerged of the existence of rabies among two species of wild animals of the Union—the yellow mongoose and the bat. Both are small carnivores, the former belonging to the Viverridae and the latter to the Felinea. Both are shy animals, normally never approaching homesteads. But according to reliable native evidence they periodically go mad, and will then approach human habitations and actually attack persons. These natives maintain that a person was mad after being bitten will often within a period of a month or two die after having shown signs of madness.

Since 1916 six cases have been described by country practitioners with symptoms indistinguishable from those of rabies, where the biting animal was shown to have been a mongoose. These cases have invariably been fatal after an illness never lasting longer than six days; in all it was found on subsequent inquiry that the patient had been bitten a month or six weeks previously by a mongoose. Unfortunately in none was pathological confirmation possible, as post-mortem material, when forwarded, was not reliably arrived at the laboratory in a decomposed state, so that neither recognition of Negri bodies nor inoculation tests were possible.

In December, 1920, a European male child on a farm in the northern Free State died two days after symptoms of rabies had appeared; six weeks previously he had been bitten in the shoulder while interfering in a fight between his domestic cat and a mongoose. The cat survived until after the death of the child, when it was killed and the head sent to the South African Institute for Medical Research in Johannesburg. The result of the examination was negative. Three years later a case was reported from a farm in the Middelburg district of the Transvaal. Eight weeks previous to the onset of symptoms the patient, an agricultural student, aged 21 years, had given chase to a yellow mongoose which he had come across wandering aimlessly on the veld. Ordinarily this creature is very active, and quite impossible to catch by chasing; yet this specimen was caught after being followed by its captor through four well-strung barbed wire fences. It was, therefore, certainly not in normal health. When caught it bit the man savagely in the fingers, and held on so pertinaciously that a knife had to be used as a lever to open the jaws. The case was described by the attending practitioner in the South African Medical Record, and the careful account left little doubt that the case was one of rabies. The relatives would not consent to a post-mortem examination, and the practitioner was unaware that such an examination could be ordered by the magistrate under Section 34 of the South African Public Health Act. The Department of Public Health was notified too late for confirmation by post-mortem and laboratory examination to be possible.

Last June a case was reported from a farm in the Wolmaransstad district of the Transvaal. A European boy, aged 7, was bitten by a yellow mongoose in the right hand, between the thumb and the first finger. He had found the animal lying ill in a prospector's hole. On lifting it, it took such a firm hold of the boy's hand with its teeth that his companions had to hit the animal with stones to induce it to let go. The wound healed cleanly, but some six weeks later the boy became drowsy and the site of the bite painful. Typical symptoms developed; spasm of the throat muscles of increasing violence occurred on attempting to drink; by the morning of the third day the lad was quite unable to swallow anything; the mere mention of fluid would bring on a violent spasm. Death occurred on the
improved. It was not true to say that he was dying, but his health was not improving and consequently the Government released him unconditionally.

Shop Acts, 1920 and 1921.

When the Committee which is considering the Shop Acts of 1920 and 1921 met on May 31st Dr. Marion Phillips and Mrs. Adamson gave evidence on behalf of the Standing Joint Committee for the Prevention of Licensing Examinations. They stated that inquiries showed that there was no real demand for longer hours in confectioners' shops. Girls employed were often extremely young and after two or three years of long hours. Instances were given of sickness and general debility among them.

The General Medical Council.—Answering Mr. Macquisten, on June 11th, Mr. Chamberlain said that he did not think that modern developments in therapeutics necessitated any revision of the powers and duties of the General Medical Council. He added that the Earl of Harewood, as Macquisten suggested, had asked for the appointment of a Royal Commission to inquire into the powers of the General Medical Acts and the powers and privileges of the General Medical Council.

Number of Insured Persons.—Mr. Chamberlain announced that at the end of 1926 there were, exclusive of persons over 70 who had medical care, contributions, 2,957,000 males insured in England and Wales under the National Health Insurance Act and 4,666,000 females. Since the end of 1925 the increases were 251,000 and 289,000 respectively. In Scotland the comparable figures at the end of 1926 were 1,144,000 males and 571,000 females, being an increase in the year of 26,000. In Northern Ireland the figures for contributions were now material change from those for 1925, which were 194,500 males and 139,700 females.

Notes in Brief.

The latest official information from the Bombay Presidency indicates that conditions continue to improve in the four districts affected by cholera. In the week ended April 30th, 1,092 attacks by, and 525 deaths from, cholera were reported in these districts.

In a reply to Mr. Groves, Mr. Chamberlain said he would not introduce legislation requiring parents who believed in vaccination to make a statutory declaration of belief in order to have the right to subject their children to it.

Mr. Chamberlain states that the substantive regulations dealing with the making up of the 1922 annual report of the Joint Health Committee and report should be laid before Parliament, and will be available immediately after the Whitsun recess.

Mr. Baldwin has stated that no useful purpose would be served by setting up a Royal Commission on the financial difficulties of the national hospital system.

The Ministry of Health announces that it is proposed to instal artificial light treatment at the North Wales Sanatorium, Denbigh.

Arrangements have been made for it at the Orthopaedic Hospital at Gobowen and at the Wrexham Dispensary.

A bill to provide for the humane slaughter of animals in Scotland was presented, June 2nd, by Colonel Moore, supported by Dr. Drummond Sheilds.

No women police doctors have been appointed in the Metropolitan Police Force.

No standard tests are prescribed to ensure that imported condensed milk complies with the Public Health (Condensed Milk) Regulations, which are made at discretion by the Government chemist and by public analysts.

Medical News.

The ninetieth annual report, for the year 1926, of the Royal Medical Benevolent Fund is a volume of 163 pages, a proportion of them, in the nature of things, being given to lists of donors and subscribers. Matter of most general interest will be found in the brief of the Committee of Management, presented to the annual meeting of the Fund on June 11th, 1927. It will be recalled that during the year there was an increase of £1,050 in new subscriptions, and altogether 622 persons were relieved by grants or annuities. The total amount raised, in the form of capital donations was £7,250, and from invested property £4,718. The total distribution was £10,770, and the working expenses were £1,367. Discussing the financial position generally the committee expressed the hope that the result of the visit of the organization set up by the British Medical Association, the income of the Fund would increase, and thus enable assistance to be dispensed on a larger scale. The Executive Council was thanked for the continued assistance of the Association in collecting subscriptions from its members; these amounted to £1,141 in 1926. Thanks are also tendered to the editors of the British Medical Journal and the Lancet for their help by publishing monthly reports of the meetings and in other ways.

The Services.

The annual dinner of the Indian Medical Service will be held at the Trocadero Restaurant on Wednesday, June 15th, at 7.30 for 8 p.m., when Major-General E. W. Lyons will take the chair. Tickets and all particulars may be obtained from the joint honorary secretary, Colonel J. J. Pratts, I.M.S. (ret.), 18, Newerv Mansions, Warwick Road, London, S.W.2.

Death in the Services.

Lieut.-Colonel Edward Temple Harris, D.S.O., I.M.S., died of peritonitis, on May 24th, at Mayoyo, Burma, aged 43. He was born on April 27th, 1898, the son of the late Dr. A. B. Harris of Islington, and educated at Christ's College, Cambridge, and at the Middlesex Hospital. He graduated B.A. and B.C. in 1920, and as an altitude for filling the post of physician at Middlesex Hospital, he entered the I.M.S. on August 31st, 1923, and attained the rank of lieutenant-colonel on February 1st, 1924. He served throughout the recent Burma war, and was thrice mentioned in dispatches, and received the D.S.O. in 1917.

Captain Gautam Kumar, I.M.S., died on April 4th, aged 32. He was born on June 15th, 1894, and educated at the Freehold Institute, 1911, where he graduated M.D. and B.S. in 1913. Entering the I.M.S. as a temporary lieutenant on July 23rd, 1913, he received a permanent commission on November 1st, 1920, and became captain July 23rd, 1921. He served in the latter part of the recent great war.

UNIVERSITY OF CAMBRIDGE.

At a meeting held on June 4th the following medical degrees were conferred:


M.B.—H. V. Dicks, H. V. Coverdale.

UNIVERSITY OF LONDON.

The following candidates have been approved at the examination indicated.


Honours.

*Distinguished in Pathology.

*Distinguished in Medicine.

*Distinguished in Surgery.

*Distinguished in Midwifery.

UNIVERSITY OF BIRMINGHAM.

Dr. I. De B. Glass, Daly, Lecturer in Experimental Physiology in the National School of Midwifery, has been appointed to the Chair of Physiology, vice Professor E. Wace-Carrier, retired.

At the annual degree congregation to be held on Saturday, July 2nd, the honorary degree of LL.D. will be conferred upon the following members of the medical profession: Sir David Ferrier, F.R.S., Sir Watson Cheyne, Bt., K.C.M.G., F.R.S., and Sir Walter Fieldler, F.R.S., secretary of the Medical Research Council.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At the annual meeting of the Royal College of Surgeons in Ireland, held on June 2nd, a resolution was moved by Sir Henry thanksgiving Mr. Charles B. Maunsell, the ex-President of the College, for the valuable services and success of the College, and, indeed, the profession in Ireland in general, in connexion with the settlement of medical registration in the Free State, after consultation with the members of the Executive Council of the Dalit.
In connexion with the approaching Annual Meeting of the British Medical Association in Edinburgh next month it may be well to remind members proposing to attend that the Hotels and Lodging Committees have taken over all the accommodation in the city. Dr. D. Brewer, the Medical Secretary, 6, Drumragh Gardens, Edinburgh, has undertaken the work of allocation, and members requiring rooms should communicate with him without delay. Very few rooms remain in hotels, but there are plenty in boarding houses and hostels, and there are plenty of double rooms. Members proposing to attend the meeting will require to have their own arrangements for accommodation are requested to notify Dr. Brewer.

The dinner will be held at the Piccadilly Hotel. Mr. Joseph Cuning will be in the chair, and Sir John Bland-Sutton, Bt., will be the official speaker. Medical visitors are invited to communicate with the honorary secretaries, E. T. C. Milligan and Bedford Russell, 86, Harley Street.

The annual meeting of the Sheffield Association of the Medical Women's Federation will be held in the Medical Library, the University, Sheffield, on Saturday, June 25th, at 3.45 p.m., when an address will be delivered by Dr. Helen Boyle (Brighton) on manifestations of nervous impression. A cordial invitation is extended to all members of the profession to be present.

The next meeting of the Biochemical Society will be held in the Biochemical Department, The Museum, Oxford, to-day (Saturday, June 11th) at 3 p.m.

Sir Richard T. Glazebrook, K.C.B., F.R.S., formerly Director of the National Physical Laboratory, has been appointed a member of the Advisory Council for Scientific and Industrial Research.

The General Medical Council has republished the report on the conditions under which medical and dental practitioners registered or lawfully qualified in their own country may practise abroad. The book first appeared in 1910 and since then four subsequent editions were issued up to 1931. Lists are included of countries in which medical practice is permissible without legal qualifications, and also of those where naturalization is an essential requirement. The information given is for the most part of a general nature, but in every case an address is supplied of an official from whom further information may be obtained. The volume, which is obtainable from Messrs. Constable and Co., Ltd., (10, Orange Street, London, W.C.2.), at the price of 2s. 6d. (postage extra), will be found very valuable by all who are contemplating medical practice in foreign lands. The Dental Board of the United Kingdom has prepared a memorandum (price 1s., post free) on the procedure to be adopted by those who wish to enter the dental profession of other countries. This information is made to the system of bursaries instituted by the Board, and it is suggested that a considerable increase in the number of dental students is desirable. Further information about dental bursaries is obtainable from the Registrar of the Dental Board, 44, Hallam Street, Portland Place, W.1.

An employment bureau for convalescent patients from tuberculosis has been opened by the Society of Students of Tuberculosis Institutions, with a temporary office at 122, Harley Street, W.1. Lists of vacant posts will be supplied at intervals to members of this society and the Tuberculosis Society.

The fifth congress of French-speaking pediatrists will be held at Lausanne next September, when the following questions will be discussed: Treatment of paralyses in childhood; vaccine treatment of bronchopneumonia.

The Accademia dei Lincei of Rome, founded in 1603, has received an annual donation of 4,275 dollars from the Rockefeller Institute for the purchase of scientific periodicals.

A Bust of Emil von Behring was recently unveiled in the hall of the University of Mexico, of which he had been made a doctor honoris causa in 1910.

During 1926, 1,614 cases of acute poliomyelitis with 171 deaths, and 6,878 cases of pneumonic fever with 1,872 deaths, were reported in Germany.

We have received a copy of the fourth volume of papers emanating from the Obstetrical and Gynaecological Clinic of the University. It consists of a collection of seventeen papers, dealing with Fetal, German English, or Danish, which have been published elsewhere, with an appendix dealing with the statistics of the clinic for the year 1925.

A Pamphlet describing the natural brine baths of Droitwich can be obtained from Mr. H. Berkeley Hiley, Bath Offices, Droitwich. A detailed account is given of the various forms of treatment and of the surrounding country, with numerous illustrations.