

## Medical News

The Royal College of Physicians of London is closed for cleaning, etc., and will reopen on Monday, September 12.

At a special meeting of the governors of The Warneford, Oxford, held at New College, Oxford, on July 28, Dr. Robert Gow McInnes, M.R.C.P.Ed., D.P.M., was appointed physician superintendent of the hospital.

A Royal Commission has been set up to investigate social and economic conditions in Jamaica, Trinidad, British Guiana, British Honduras, Barbados, and the Leeward and Windward Islands. The chairman is Lord Moyné, and one of the members is Dr. Mary Blacklock, wife of Professor D. B. Blacklock of Liverpool. She has been professor of pathology at Lady Hardinge College, Delhi, and is now curator of the museum of the Liverpool School of Tropical Medicine and a member of the Colonial Advisory Medical Committee.

An international balneological association has been founded in Budapest. The first meeting will be held in Germany in 1938, the next in 1940 in France, and the third in Italy in 1942 during the World Exhibition.

A meeting of the Osler Club of London was held at the Langham Hotel on July 12 in honour of the eighty-ninth anniversary of the birth of Sir William Osler. Dr. Archibald Malloch delivered the eleventh Oslerian oration on "Osler," recounting the story of his life and work in a happily personal way that made him live again. Among those who spoke were Dr. Harvey Cushing and Dr. Charles Singer. Thirty-six members and friends sat down to dinner and honoured in silence the toast to the memory of Sir William Osler.

## Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, W.C.1.

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All communications with reference to ADVERTISEMENTS should be addressed to the Advertisement Manager. Orders for copies of the *Journal* and communications with reference to subscriptions should be addressed to the Secretary, B.M.A. House, Tavistock Square, W.C.1.

The TELEPHONE NUMBER of the British Medical Association and the *British Medical Journal* is EUSTON 2111.

The TELEGRAPHIC ADDRESSES are  
EDITOR OF THE BRITISH MEDICAL JOURNAL, *Aitiology Westcent, London.*

SECRETARY, *Medisecra Westcent, London.*

The address of the B.M.A. Scottish Office is 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh), and of the Office of the Irish Free State Medical Union (I.M.A. and B.M.A.), 18, Kildare Street, Dublin (telegrams: *Bacillus, Dublin*; telephone 62550 Dublin).

## QUERIES AND ANSWERS

### Green Stools at 74

"MEWT" writes: I have a patient aged 74 of active disposition but slightly neurotic. He has been passing green stools for the last two months. The tongue is fairly clean, though there are symptoms of occasional gastritis, notably some pain, especially at night. X-ray examination has shown some diverticulitis. The diet has been curtailed and kept simple, and there has been an improvement lately in the condition. Can anyone tell me what is the cause of the trouble and whether any treatment is of real value?

### Finger-prints of Twins

Dr. L. W. LA CHARD (St. Kitts, Leeward Islands) writes: With reference to Dr. R. Cotten's (May 21, p. 1142) note on finger-prints of twins, may I state that during the five years that I was occupied in inaugurating the finger-print system in Northern Nigeria, and was attached to Scotland Yard to study the system as carried out in England, I came across many sets from known twins, but never once did I see any that were identical. One curious feature, which I pointed out in my *Correlation of Finger-prints and Racial Characteristics* (1913), was that in the cases of twins the whorl type of impression prevailed and the loop type was quite uncommon. This, incidentally, is the mark of lower racial standard; the higher the race in the ethnological scale the less the proportion of whorls and the greater the proportion of loops. In monkeys, several hundreds of whose digital impressions I recorded, a loop is unknown. It would seem that there is a field for research into atavistic possibilities, and, while I think there can be no doubt that finger-prints of twins differ just as others do, it is worthy of inquiry as to why they are definitely characterized by the predominance of the racially inferior type of impression.

### Syphilis in South Africa

Dr. E. E. BARNETT (Sefhare Hospital, Bechuanaland Protectorate) writes: Here, as in many parts of the Empire, we are faced with a population largely syphilitic and much too poor to pay for treatment sufficient to cure the disease. Treatment is therefore undertaken by the Government or Mission Hospitals. Because of the enormous cost of adequate treatment, even if it could be enforced, the accepted aim in most areas like this is to "sterilize" the patient—that is, to render him non-infectious. This is done by means of a short course of injections—for example, six graded injections of N.A.B. and a further six of bismuth. In addition, where necessary, iodides are given by mouth. What I am anxious about is this: Are we not encouraging the persistence of a strain of arsenic-resistant spirochaete by this technique? If so, is not our last state likely to be worse than our first when that minority of patients who are not rendered non-infectious by treatment have again infected the population? I should be grateful for information as to whether any work has been done on this problem, and, if so, with what result.

## LETTERS, NOTES, ETC.

### The Medical Directory: Uncommunicated Addresses

The Editor of the *Medical Directory*, 104, Gloucester Place, Portman Square, London, W.1, desires to notify members of the medical profession that certain of their number have not communicated to him their present addresses. He asks that the persons in question will kindly give the information without delay. Otherwise the words "(address uncommunicated)" will appear in lieu of an address in the forthcoming 1939 issue.

### Protest from Valhalla

We have received the following letter signed "Fras: Drake" and written from "The Golden Hind, off Plymouth Hoe": I anxiously scanned your account of the B.M.A. Annual Dinner at Plymouth, in the hope that someone would have recalled the fact that it was actually held on the 350th anniversary of my fight with the Spanish Armada. Apparently no one did. I feel rather neglected, especially as I married a Sydenham, as your great Thomas Sydenham was so proud to remember.

### Unilateral Nystagmus

Mr. SYDNEY TIBBLES (London, W.) writes: A woman aged 25 was sent to me complaining that her sight was bad. The results of the examination were as follows: vision in the right eye, 6/60, and Jaeger 6, not improved; vision in the left eye, 6/18, and Jaeger 1, with glass 6/6, and Jaeger 1. Both eyes had a fair amount of mixed astigmatism, and the right eye, apart from a vertical nystagmus, was normal, the low degree of vision being the result of the nystagmus. The movements were fine and rapid. The general health was good, and the patient, who had no other nervous symptoms, said she had always had this condition. Most ophthalmic textbooks deny the possibility of unilateral nystagmus occurring, though Gordon Holmes mentions it in an article on nystagmus in the *Dictionary of Practical Medicine*.