

needle in all directions so as to mix the liquid injected with that in the hydrocele.

5. The hypodermic needle is withdrawn and the scrotum is kneaded, so as to ensure the fluid reaching all parts of the sac. The puncture holes are then dressed with collodion.

No suspensory bandage is necessary, and the patient can get up if he wishes. After the injection he may feel slight pain in the testicular region radiating up the cord, but in a large number of cases there is no pain at all. At the end of a few hours the scrotum swells, becomes heavy and oedematous, and some liquid re-forms, but this is all reabsorbed. Soubeyran claims that at the end of four or five days regression begins, and is complete in two or three weeks.

It is also claimed that this injection of Morestin's fluid is quite safe for use in congenital hydroceles in children, but that iodine in these cases would be very dangerous on account of the risk of penetration into the peritoneum through the open mouth of the sac.

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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

UNSUSPECTED TRICHINOSIS.

THE following case seems to be worth recording, if only on account of the rarity of this disease in England.

On March 6th one of us (E. H.) was called to see a young woman, aged 27, who complained of having a swollen face; this had come on overnight, and she only remembered having had a cold a few days previously. On examination oedema of the face was noticed, and particularly oedema of the eyelids. On the next day the oedema increased, and was specially intense over the maxillae. The temperature was 99.2° F. As an infection of the antra was suspected, Dr. Vitenson washed out both, with negative results. Examination of the urine, which had a peculiar deep red colour, was also negative. On the following day the temperature rose to 102° F., and the patient complained of pains all over; there was headache and pain on moving the eyes. The exhibition of salicylates gave no relief.

On March 9th the temperature rose to 102.3° F., and the pains increased in severity; moving the patient caused her to scream with pain. Chewing, opening of the mouth, and yawning were extremely painful. The biceps, deltoid, masseter, and temporal muscles were extremely sensitive to the touch; the joints, however, were not affected. The knee-jerks were slightly diminished. On the 10th and 11th the same picture was present, but, in addition, the neck muscles began to hurt, and the abdominal muscles were tender.

A provisional diagnosis of trichinosis was made reluctantly, but the subsequent blood count verified it. On March 12th the count was: polymorphonuclears 43 per cent.; lymphocytes 24 per cent.; mononuclears 9 per cent.; and eosinophils 24 per cent. On the next day the eosinophils had risen to 25 per cent.; there was hoarseness and slight difficulty in deglutition. A specimen of faeces was examined, but nothing abnormal was found. On March 14th and 15th the patient complained of severe pain in the girdle area and hiccup. There was throughout the illness obstinate constipation, with insomnia and depression. Treatment with 5-grain doses of thymol three times daily was started, and during the next few days the illness began to abate. The temperature on the 18th went down to normal; there was slight itching of the soles of the feet and palms of the hands, and severe itching of the nose. On March 21st eosinophils had risen to 40 per cent., and the blood status on March 23rd was as follows: leucocytes 13,000; polymorphonuclears 39 per cent.; lymphocytes 18 per cent.; hyalines 3 per cent.; and eosinophils 40 per cent.

On going into the history of this case we were able to discover that a few weeks previously the patient had eaten a piece of raw bacon on bread, not wanting to make a fire and fry it. That we think was the probable source of infection.

We are recording this case here, although the patient has not quite recovered and our investigations are not completed, because we think it quite possible that other cases of this disease may occur, and are occurring at present in London. It is very likely that they are being mistaken for rheumatism, as trichinosis is practically unknown in this country. It is agreed that this disease almost invariably appears in epidemic form, and we are wondering whether there will be further cases. We also would like to suggest a tightening up of meat inspection, since it is extremely easy to overlook trichinosis if no microscopical examination of the meat is made. It is true that the frying of the bacon makes the trichinae innocuous, but there is need to warn the public against eating raw bacon in any circumstances, since trichinosis is an extremely distressing disease and may assume epidemic character if precautions are not taken.

E. HERZBERG.
I. VITENSON.

London, W.I.

Reports of Societies.

COLIFORM INFECTIONS OF THE GENITO-URINARY TRACT.

AT the meeting of the Medical Society of London, on March 24th, with Mr. DONALD ARMOUR in the chair, Sir THOMAS HORDER opened a discussion on coliform infections of the genito-urinary tract, dealing particularly with their clinical aspects.

Sir Thomas Horder remarked that before beginning to study this disease certain associated pathological conditions must be borne in mind or a broad view be taken of the pathogenesis. The mechanism of infection must be considered if the cases were to be dealt with on a right basis. The avenue of infection of the urinary tract was dubious. Although proof was extremely difficult, there was no reason *a priori* against the view that in an acute case the urinary tract had been invaded from the blood stream. Those concerned were generally content, however, to regard the infection as not haematogenous, but entirely local. The evidence of occasional positive blood culture did not take one very far. The lymphatic route was equally difficult to prove, and almost impossible to disprove. The proximity of the colon to the renal pelvis, and perhaps the special tendency of the right kidney to infection, were highly suggestive, but nothing more. An ascending route was postulated when there were urethral or bladder infections of an obvious kind, generally associated with prostatic enlargement, stricture, neoplasm, or calculus; it was possible that this route was followed in some cases, for which the term "primary" was used. It did not follow that because there was no evidence of interaction going on in the bladder the route of invasion of the renal pelvis was not the ascending one. The female urethra was very short, and the disease was more common in women than in men. But the argument at all points was difficult. He had seen what appeared to be a well-marked case of direct infection from wife to husband during the honeymoon, and more than once had seen what seemed to be direct infection from husband to wife. In all these questions it had to be borne in mind that the renal pelvis was by far the most susceptible part of the urinary tract. It did not necessarily follow that when the form of onset suggested a pyelitic origin the organism was not present in other parts of the tract at the same or an earlier period. He had wondered whether in some cases the prostate was the organ or tissue through which the infection reached the tract. Very acute cases occasionally occurred in young adults in which the initial symptoms were urgent dysuria, strangury it might be, and with no clinical suggestion of pyelitis. Quite certainly the prostate was not infrequently the source of reinfection in cases which had for a time been quiescent.

The frequent association of disease in the alimentary tract with urinary infection was universally accepted, and perhaps occasionally overstressed, but that was a less serious error than to overlook it. The alimentary tract might show merely an associated coliform infection, but

Dr. H. Charles, Sir G. Lenthal Cheatle, Dr. R. J. Clausen, Dr. F. W. Cock, Dr. S. W. Coffin, Mr. F. Coleman, M.C., Dr. C. Corfield, Miss E. Courtauld, M.D., Dr. H. P. Crampton, Mr. A. W. Cuff, F.R.C.S.
 Mr. W. Dall, Dr. A. S. Daly, Lord Dawson of Penn, Dr. E. V. Dunkley.
 Dr. W. J. Essery, Dr. F. T. Evans.
 Mr. H. A. T. Fairbank, F.R.C.S., Dr. H. P. Fairlie, Dr. H. W. Featherstone, Mrs. Filton, Dr. A. C. Flemming.
 Dr. E. W. Gandy, Dr. H. B. Gardner, Dr. A. G. Gibson, Mr. Richard Gill, F.R.C.S., Dr. T. S. Good, Mr. E. L. Pearce Gould, F.R.C.S.
 Dr. C. F. Hadfield, Dr. J. K. Hasler, Dr. C. L. Hewer, General T. E. Hickman, Dr. C. W. M. Hope, Dr. Maynard Horne, Dr. Cecil Hughes.
 Dr. A. E. W. Idris.
 Miss E. M. Joyce, Prebendary F. Wayland Joyce, Dr. S. Johnston.
 Dr. T. P. C. Kirkpatrick.
 Mr. T. P. Legg, F.R.C.S., Dr. A. Livingstone, Mr. C. E. Lloyd, Miss E. M. Lloyd, Dr. F. W. Loughurst, Dr. C. J. Loosely, Dr. W. A. Low, Mr. V. Warren Low, F.R.C.S.
 Dr. W. J. McCardie, Dr. N. McDonald, Dr. I. W. Magill, Dr. A. W. Matthew, Dr. Z. Mennell, Mr. and Mrs. Moriarty, Dr. G. I. Moriarty.
 Mr. G. Northeroft, The Bishop of Norwich.
 Mr. C. Max Page, F.R.C.S., Dr. G. R. Phillips, Dr. H. R. Phillips, Dr. M. Phillips, Dr. K. B. Pinson, Dr. H. Pinto-Leite, Dr. E. Playfair, The Earl of Plymouth, Dr. L. Powell, Mr. F. L. Pradier.
 Dr. H. A. Richards, Dr. A. White Robertson, Sir Humphry Rolleston, Bt., Mrs. Rotton, Dr. E. S. Rowbotham, Dr. J. F. Ryan.
 Sir Percy Sargent, F.R.C.S., Mr. C. Schelling, Sir F. E. Shipway, M.D., Dr. J. H. Shirley, Mr. H. F. Shuker, Mr. H. H. Shuker, Mrs. Sievers, F. W. Sievers, Esq., R. F. Sievers, Esq., Dr. Harold Sington, Miss Skeather, Dr. H. R. Spencer, Dr. W. Stobie, The Rev. H. Summerhayes, Mr. John Summer.
 Dr. Edward Tate, Dr. L. K. Thomas, Miss Blanche Thompson and Collections, Mr. C. A. Thompson, Miss E. A. Thompson, Mr. F. H. Thompson, Mr. G. Hickman Thompson, Miss Isabel Thompson, Sir St. Clair Thomson, M.D., F.R.C.S., Sir J. W. Thomson-Walker, F.R.C.S., Dr. J. F. Trewby, Mr. Wilfred Trotter, F.R.C.S.
 Dr. E. W. Ainley Walker, Dr. Henry S. Wellcome, Sir William Wheeler, Mr. A. J. Wright, F.R.C.S.

Obituary.

DR. JOHN DIXON died, on March 31st, at his home in Jamaica Road, Bermondsey, at the great age of 98. He came of a long-lived Yorkshire family, and, so far from being bedridden, was able to attend, with obvious relish, the Buckston Browne annual dinner of Fellows and Members of the Royal College of Surgeons of England last November. He was born at Hesse, in the West Riding, and after apprenticeship to a country surgeon entered Guy's Hospital in 1851, graduating M.D. at St. Andrews University in 1854, in which year he also obtained the diplomas of M.R.C.S.Eng. and L.S.A. He was admitted a licentiate of the Royal College of Physicians in 1861. For many years he had a large practice in South London, and combined with this the work of medical officer of health for Bermondsey, surgeon to the Surrey Dispensary, Poor Law district medical officer, public vaccinator, and certifying factory surgeon. He was also honorary surgeon to the 10th Surrey Volunteers from 1859 to 1869, was appointed a Justice of the Peace for the County of London in 1901, and became Master of the Loriners' Company in 1911. Dr. Dixon is believed to have been the oldest Freemason in the country, if not in the world, having been initiated in the Mount Lebanon Lodge as long ago as January, 1856. He was installed Master in 1860, the centenary year of that Lodge, and again half a century later. During his seventy-four years of active connexion with the craft Dr. Dixon held many high offices. Entering the Royal Arch Degree in 1857, he was a founder of the Mount Lebanon and Caveac Chapters, Past Assistant Grand Director of Ceremonies of England, and Past Grand Standard Bearer of England. He was also a founder and first Master of the Southwark Mark Lodge, and was installed again in 1826, when he was made Past Grand Senior Overseer of England. John Dixon was born in the year that the British Medical Association was founded. He joined it in 1874 and remained a member until his retirement from active practice. Up to his last illness he was a heavy cigar smoker and enjoyed dining out. He always spoke of Bermondsey as a very healthy district, and boasted that he had never been laid up by ill health.

DR. PEVERELL SMYTHE HICHENS, who died at Guernsey on March 29th, at the age of 59, received his medical education at St. Thomas's Hospital, and graduated M.B., B.Ch.Oxon., in 1895, proceeding M.D. in 1903. He obtained the diplomas M.R.C.S., L.R.C.P., in 1896, became M.R.C.P. in 1899, and was elected F.R.C.P. in 1911. After holding the posts of house-physician to St. Thomas's Hospital and assistant resident medical officer at the Hospital for Consumption and Diseases of the Chest, Brompton, he practised at Northampton and was appointed physician and later consulting physician to the Northampton General Hospital; he was also consulting physician to the Northants Sanatorium. He contributed to our columns in 1903 an article on the sanatorium treatment of pulmonary tuberculosis, with special reference to the Nordrach methods, and subsequently published reports of clinical cases. He held a commission as lieutenant-colonel R.A.M.C.T.A.; during the war he served in France at the casualty clearing station of the 1st South Midland Division, and subsequently at the 35th General Hospital. He removed to Guernsey about six years ago, and was a member of the Guernsey and Alderney Division of the British Medical Association.

The following well-known foreign medical men have recently died: Dr. SCORITCHENKO-AMBODIE, the oldest professor in the academy of military medicine at Leningrad; Dr. AMILCARE BIETTI, director of the ophthalmological clinic at Bologna, aged 60; and Dr. DOMINGO CARRER, a psychiatrist of Buenos Aires.

The Services.

NAVAL MEDICAL COMPASSIONATE FUND.

A MEETING of the subscribers of the Naval Medical Compassionate Fund will be held at 3.30 p.m. on April 24th at the Medical Department of the Navy, Queen Anne's Chambers, Tothill Street, Westminster, S.W.1, to elect six directors of the Fund.

DEATHS IN THE SERVICES.

Fleet Surgeon William Redmond, R.N. (ret.), died at Vancouver, on February 15th, at the great age of 90. He was educated at Trinity College, Dublin, and at the Richmond Hospital in that city, and took the L.R.C.S.Ed. in 1860, and later the L.R.C.P.Lond., after which he entered the Navy. He attained the rank of fleet surgeon on August 8th, 1881, nearly half a century ago.

Surgeon Captain Oswald Rees, R.N. (ret.), died at Abbotsbury, Dorset, on February 12th. He was educated at Glasgow, where he graduated as M.B. and C.M. in 1889, and as M.D. in 1894. After filling the posts of resident assistant of Glasgow Western Infirmary, and of senior resident officer of Macclesfield General Infirmary, he entered the Navy. He attained the rank of surgeon commander on May 15th, 1909, and retired, with an honorary step as surgeon captain, on April 12th, 1920. He then went into practice at Abbotsbury, where he was medical officer and public vaccinator of the Abbotsbury district of Weymouth Union and of the Long Bredy district of Dorchester Union. In 1923 he became a member of the county council for the Abbotsbury Division and a member of the general purposes health and housing committees. He also rendered great service on the Dorsetshire Insurance Committee, but, owing to ill health, had to resign last year. From 1925 to 1928 he was chairman of the West Dorset Division of the British Medical Association. In 1897 he had served as surgeon of H.M.S. *Jackdaw* on the River Niger, and received the Sir Gilbert Blane medal for his journal; in 1901-4 he was staff surgeon at Simonstown Royal Naval Hospital, and received the South African medal for his services in the war; in 1905-7 he was secretary of the Admiralty Committee on Deep Diving, and received the thanks of the Admiralty for experimental work carried out in connexion with this committee. In 1908-9 he served as staff surgeon of H.M.S. *Fox*, employed in blockading the Warsangli coast of Somaliland; and in 1908-10 in suppression of traffic in firearms across the Persian Gulf, during which time four dhows were captured; in April and May, 1909, he formed one of the party landed for the occupation of Bushire and the protection of the Residency; the officers and men so employed received the thanks of the Foreign Office for the occupation of Bushire, and of the Colonial Office for service in Somaliland.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE University College Committee has re-elected Viscount Chelmsford and Sir John Rose Bradford, P.R.C.P., as its chairman and vice-chairman respectively for 1930-31.

UNIVERSITY OF LEEDS.

THE following candidates have been approved at the examinations indicated:

M.D.—H. G. Garland (with distinction), R. Marinkovitch, J. M. Robson, Ch.V.—L. N. Pyrah.

FINAL M.B., CH.B.—*Part I*: J. E. Abell, P. R. Allison, E. L. Brittain, J. M. P. Clark, J. L. Coleman, J. Fielding, J. J. Fry, R. A. Hall, G. P. Holderness, J. M. Holmes, G. Hyman, A. G. James, E. A. James, G. Marquis, H. Mattison, B. S. Platt, M. R. Potter, S. Rosenbloom, M. G. Ross, N. Ross, J. Scholfield, B. Schroeder, P. Science, C. K. Shain, J. Shapiro, J. Sheruovitch, F. Staub. *Part II (Old Regulations)*: G. Hirst, Eugenie C. Illingworth. *Part III (Old Regulations)*: W. H. Craven, Eugenie C. Illingworth, S. Rosenberg, L. Seaton, W. E. Smart (second class honours), S. Thompson. *Parts II and III (New Regulations)*: Bessie Brown (second-class honours), W. R. Everatt, J. F. Galpine, R. G. S. Meadley.

D.P.H.—G. M. D. Lobban.

The following scholarship and prizes have been awarded:

Infirmary Scholarship and Littlewood Prize: H. S. Shucksmith. Scattergood Prize: M. Ellis. Hardwick Prize: L. Seaton. Edward Ward Memorial Prize: L. Seaton. Foyle Prize: G. F. Butler.

UNIVERSITY OF DUBLIN.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

Post-Graduate Course.

ARRANGEMENTS are being made for a three weeks' post-graduate course, on the same lines as in former years, to be held from September 15th to October 4th. A limited number of members of the class can be accommodated in the College rooms or, in the case of women, at Trinity Hall.

CONJOINT BOARD IN SCOTLAND.

THE following have been admitted Diplomates in Public Health:

A. A. Hamilton, S. S. Misra, C. W. Clayson, H. C. Mehta, W. A. McE. Stewart, J. L. Chisholm, D. A. Fraser.

The following candidates have passed Part I:

G. H. H. Maxwell, W. D. Bertram, E. L. Godfrey, R. H. Dawson, Margaret B. McLaren, Dorothy D. W. Brander, Anna M. M. Kerr, T. P. Annal, Winnifred N. Henderson, Jessie E. M. Munro, J. A. Burgess, A. D. Gorman.

Medical News.

A BANQUET will be held at the Mansion House, London, on April 8th, with H.R.H. the Duke of York presiding, in aid of the fund which the Right Hon. Sir Leslie Wilson is raising to meet the cost of alterations and extensions in the Hospital for Tropical Diseases, Gordon Street, Endsleigh Gardens, W.C. The medical superintendent, Dr. W. E. Cooke, has just returned from his five months' tour of Malay, India, and Ceylon.

A NEW health centre, erected and equipped by the Willesden Urban District Council at Harrow Road, Stonebridge, N.W., will be opened at 2.30 p.m. on Tuesday next, April 8th, by the Minister of Health, the Right Hon. Arthur Greenwood, M.P.

PROFESSOR MURDOCH of Brussels will give a lecture at 6 p.m. on May 8th at the British Institute of Radiology, 32, Welbeck Street, on recent advances in radium therapy, with special reference to the measurement of dosage. All medical practitioners interested will be welcome.

A SHORT course of lectures on functional nervous disorders for practitioners and medical students will be given at the Tavistock Square Clinic for Functional Nervous Disorders, 51, Tavistock Square, London, W.C.1, from May 19th to 31st inclusive. The fee for the course is £2 2s. for practitioners and 10s. 6d. for students.

A TWO weeks' post-graduate course in cardiology will be held at the Liverpool and District Hospital for Diseases of the Heart from April 29th to May 12th. Lectures will be given on various aspects of heart disease, and there will be clinical and cardiographic demonstrations. The fee for the course is one guinea, and its membership is limited to twenty. Further information may be obtained from Miss Lewis, Liverpool and District Hospital for Diseases of the Heart, Oxford Street, Liverpool.

THE Fellowship of Medicine announces that there will be an all-day post-graduate course at the Central London Throat, Nose and Ear Hospital, Gray's Inn Road, from April 28th to May 24th, including demonstrations, operations, and lectures.

A two weeks' course in diseases of infants will be held at the Infants Hospital, Vincent Square, from April 28th to May 11th, for medical officers of welfare centres and others interested, the number being limited to fifteen. Each afternoon from 2 o'clock onwards there will be demonstrations and special lectures, and during the course visits will be paid to the United Dairies Pasteurizing Plant, and to the Venereal Disease Centre, Thavies Inn, for syphilitic infants. A course in psychological medicine will be held at the Maudsley Hospital, Denmark Hill, from April 28th to May 30th, consisting of special lectures every afternoon and clinical instruction. In preparation for the M.R.C.P. examination there will be a course of lectures from May 13th to July 4th, on Tuesday and Friday evenings at 8.30 p.m., at the Medical Society lecture room; in addition, there will be two ophthalmic demonstrations. Syllabuses for these courses may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

THE honorary secretary of the Beit Memorial Fellowships for Medical Research announces in our advertisement pages that an election for Junior Fellows will take place in July next. The successful candidates will be required to begin work in October. The Junior Fellowships are of the annual value of £400, and the usual term is for three years. Full information and forms of application may be obtained from Sir James K. Fowler, M.D., 35, Clarges Street, London, W.1.

IN connexion with the first International Congress of Microbiology which is to be held in Paris from July 20th to 25th, an itinerary with list of prices may be obtained from Thomas Cook and Son, Ltd., Berkeley Street, W.1, or from any of their branches. The proposed arrangements have been made in consultation with the National Committee for Great Britain and Ireland of the International Society for Microbiology, of which the secretary is Dr. R. St. John-Brooks, Lister Institute, Chelsea Bridge Road, S.W.1.

THE tenth congress of the International Society of Urology will be held at Madrid from April 7th to 12th, under the presidency of Professor Leonardo de la Peña. The *Transactions*, which contain abstracts of the papers in English, French, and Italian, have already been sent to members of the society.

THE Flemish Congress of Natural Sciences and Medicine will be held at Antwerp from April 25th to 28th. Further information can be obtained from the secretary, Dr. P. De Maeyer, Rue Guimard 13, Ghent.

THE Memorandum on British Patent Law Reform, which was compiled by a joint committee representing the Association of British Chemical Manufacturers, the Chemical Society, the Institute of Chemistry, and the Institute of Chemical Engineers, and submitted to the Board of Trade Patent Committee, has now been published, and copies may be obtained (price 1s.) from the Association of British Chemical Manufacturers, 166, Piccadilly, London, W.1. The committee includes in its Memorandum the details of a scheme, to be administered by some department of State, for the dedication to the British public of medical patents. A similar scheme has been approved by the Council of the British Medical Association, and is being reported to the Representative Body.

THE International Labour Office has issued from 12, Victoria Street, S.W.1, seven further brochures in the series *Occupation and Health*. The subjects dealt with are: No. 177, blood (changes due to occupation); No. 178, clothing or garment trade; No. 179, cork and linoleum industry; No. 180, cotton industry; No. 181, cyanogen and its compounds; No. 182, cerium; and No. 183, coal tar. With brochure No. 183 the subjects coming under the letter "C" are complete, and can therefore be bound.

AN official communication has been received, as we go to press, from the Radium Commission reporting on the progress of the national organization which it is engaged in setting up. In pursuance of its policy of concentrating national radium at a limited number of centres where there are medical schools with complete clinical courses, twelve "National Radium Centres" have been nominated as follows: Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, and Sheffield; Aberdeen, Dundee, Edinburgh, and Glasgow; Cardiff. London has been treated as a separate problem, in view of its position as the metropolis of the whole country, and steps have been taken to organize two centres to carry out special work of general and national importance. One centre is at the Westminster Hospital, and the other, for the development of post-graduate teaching in radium therapy, is at the London Radium Institute and the Mount Vernon Hospital, Northwood, which are being reorganized as a joint teaching centre, styled the "Mount Vernon and Radium Institute." In all, some seventeen grams of radium have so far been ordered and provisionally allocated to national centres. The full text of the Radium Commission's statement will appear in our next issue.

THE KING has confirmed the appointment of Dr. G. Cecil Strathairn, Director of Health, to be a nominated official member of the Legislative Council of the Colony of Cyprus.

DURING 1928 more than fifty lectures on malaria, illustrated with lantern slides, were delivered in the Chinese schools and clubs in Perak and other towns in Malaya, about 10,000 people attending them. Audiences were recruited by an attendant perambulating the towns with a handbell. The importance of the crusade is illustrated by the fact that, out of 34,153 deaths in the Federated Malay States in 1925, no fewer than 14,377 were registered as being due to fever.

THE Grand Prix of the Société des Gens de Lettres has been awarded this year to a medical man, Dr. Pierre Dominique Jacques Lucchini, who writes under the name of Pierre Lominque.

PROFESSOR SEMASCHKO of Moscow has resigned his post of commissioner of public health.

THE Académie des Sciences has decided to recommend the Institut de France to award the Osiris prize of 200,000 francs to Professor Gley, who holds the chair of physiology at the Collège de France.

DR. MORAX, ophthalmologist to the Hôpital Lariboisière, has been elected a member of the Académie de Médecine in the surgical section.

DURING the academic year 1928-29, 1,069 diplomas of doctor in medicine were conferred by the various French faculties.

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.

The TELEPHONE NUMBERS of the British Medical Association and the *British Medical Journal* are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

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FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), Articulate Westcent, London.

MEDICAL SECRETARY, Mediscra Westcent, London.

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.

SUPPLY OF PRESSURE APPLICATORS IN THE FINSSEN LIGHT TREATMENT.

"J. B." writes: I should be glad to learn where it is possible to obtain pressure applicators for circulating water, such as are used in the Finsse light treatment. I have applied to one or two electrical firms, but they apparently wish to sell the whole Finsse-Reyn apparatus, and just at present I want applicators only.

TREATMENT OF ASTHMA.

"A. V." writes to suggest that "M. E. P." (March 22nd, p. 575) should try the mercury vapour lamp at 2 ft., beginning with two minutes and leading up to six minutes for twelve applications, and repeating the treatment after a month's rest.

ENLARGED PROSTATE AND PROSTATECTOMY.

"H. W." writes: I have to record one case where innunction and massage of the prostate per rectum with a neutral petroleum unguent of iodine greatly relieved the frequency of micturition; the stream of urine passed is much fuller, indicating that the iodine is having a local effect. Since we often see glandular and indurated masses disappear with massage and iodine in other situations, can we not hope by this or other methods to avoid operative intervention, in some cases at least? I should be glad to have an expression of opinion with regard to the permanent effect of remedies other than surgical treatment, which has its limitations. I note in the *Journal* of March 15th (p. 494) that reference is made to static electricity as a method of reducing the hypertrophy and symptoms.

LETTERS, NOTES, ETC.

EARLY DIAGNOSIS OF TUBERCULOSIS.

DR. W. M. CROFTON (University College, Dublin) writes: The making of an early diagnosis in tuberculous disease is indeed of first importance. But eliciting of physical signs in a lung, however delicate, is not making an early diagnosis; it is making a diagnosis of well-established disease, and this diagnosis is only confirmed by the finding of tubercle bacilli. At this stage of the disease apparently there is complete scepticism about the capacity to cure it by the methods at present in use. Wingfield writes: "When once it [phthisis] has progressed to the extent of being clinically recognized, it appears to be eventually almost universally fatal." This is typical of the almost universal opinion among tuberculosis experts, as elicited by Gordon Tippet. No one can make an early diagnosis. No one can say a case is cured, for so many cases apparently cured break down again. There is therefore no sound criterion of cure. Everybody connected with the disease is in a hopeless state of mind about it. Moreover, they are so pursued by ancient bogies that the only test, the subcutaneous tuberculin test, which has been proved to be reliable by hundreds of thousands of post-mortems in cattle, must not be used, since it is dangerous in human beings. The way general and focal reactions after tuberculin inoculation are spoken of and written about one would think they were uniformly fatal, instead of being manifestations of the immunizing process which leaves the patient on a higher plane of resistance to the tubercle bacillus than before such a reaction had occurred. There are, then, two kinds of opinion about the test: (1) that of those who do not believe in its absolute diagnostic value, and (2) that of those who believe in its diagnostic value, but think it too dangerous to use in human beings. The first class had better consult their veterinary brethren and ascertain its almost complete reliability, and the second ought to follow the work of those who use tuberculin in their treatment of the disease, and so get rid of this absurd phobia, which is holding up so seriously our control of the disease. Apart from it, there is no reliable test for either the early diagnosis of the disease or the cure of it.

MEASLES IN LATER LIFE.

DR. R. BALFOUR GRAHAM (Leven, Fife) writes: With reference to the case of measles at the age of 57, described by Professor A. J. Hall in the *Journal* of March 29th (p. 586), might I record a more remarkable one in point of age in a spinster, aged 76? Had it not been that there was measles about, and that the day attendant of the old lady had a case of measles in her own house (from which source, perhaps, came the infection), I should have doubted my diagnosis, but to make sure I asked Dr. J. M. Johnstone of Leven to see the case, and he at once confirmed it. There was nothing very remarkable about the course of the illness, the symptoms of which resembled pretty much those in Professor Hall's case, the only noteworthy point being that my patient made a complete and speedy recovery after about ten days' illness. She is not sure if she has ever had measles before, but a second attack is not uncommon in my experience.

DR. N. DOUGLAS MACKAY (Aberfeldy) records two cases of measles which occurred in his practice some years ago. The first, a woman aged 74, was infected during a local epidemic. Beyond a mild bronchial catarrh, too slight to be dignified with the name of complication, the attack ran a normal course, and the patient made a perfect recovery. The second case, in a woman aged 78, was sporadic so far as this district was concerned, and the only channel by which infection could have reached the patient was a daughter who, two weeks or so before the commencement of the attack, had returned home from visiting in a house where several children were down with measles. This was the only possible source that could be traced, and it was noteworthy that the daughter, a middle-aged woman, did not herself develop the complaint. Here, again, the disease ran a normal uncomplicated course, and ended in the perfect recovery of the patient. Both these old women were of the healthy, robust type, and each survived her unusual experience for several years.

DR. J. H. DREW (Weston-super-Mare) writes: It may be of interest to state that I have seen in the last few years three cases of measles in women aged 64, 68, and 55 respectively. The patient aged 64 was infected from a great-nephew, whom she had been nursing—eighteen days from rash to rash. She had a very profuse eruption, and ran a temperature of over 105° F. for four days, with severe bronchitis. The woman aged 68 was infected from children in the house, apparently from casual contact on the stairs; here again the attack was severe. The last case, in a woman of 55, occurred a few weeks ago, and was of a milder type, the temperature not exceeding 103.5°, and the bronchitis being slight.

VACANCIES.

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

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 107.