*Indications for Operation*

This method of operation has been employed for:

1. The excision of areas of disease of the tongue and palate.
2. The excision of malignant disease of the breast.
3. Excision of areas of necrosis and ulceration following malignant disease.
4. Radium and *x*-ray necrosis and ulceration.
5. Excision of tissue in vascular areas, in which it is difficult to control haemorrhage by other means (bladder and brain).

The cases which have been selected for diathermy were those in which surgical operation by other means would be difficult owing to the danger of haemorrhage or the inability to dissect successfully the adherent masses of scar tissue. The operation for excision of the breast by diathermy has invariably healed by first intention. At times it has been possible to excise a mass of adherent malignant glands, even when in close proximity to the axillary vessels. Foul and sloughing malignant ulcers have been excised, and the base has been coagulated, leaving clean granulating surfaces with consequent relief of pain and discomfort. It has been possible to heal cases of *x*-ray ulcerations and radium burns in the same way, such treatment giving immediate relief of the pain associated with these lesions. After diathermy operations a solution of flavine in liquid paraffin applied once every day is a suitable dressing. On the seventh to tenth day after operation a slough separates, leaving a clean granulating surface. Healing at this stage may be accelerated by means of ultra-violet irradiation. In successful cases wide areas may be excised or destroyed by the diathermy current, and will finally heal completely without the necessity of skin graft. Diathermy operations of the tongue, tonsil, and palate cause more severe reaction; oedema is marked, and secondary haemorrhage may occur at the stage of separation of the slough. It is more difficult to obtain healing by first intention. I have attempted to dissect tonsils by means of the cutting diathermy current with the help of Mr. E. Steeler. In all, twenty cases were done. We obtained good results in eighteen cases, but in two cases secondary haemorrhage occurred nine days after operation. The destruction of enlarged tonsils by the technique of coagulation has given favourable results in adult patients. Surgical diathermy is a very useful agent for the removal and destruction of naevi, moles, and warts. The operation is rapid and bloodless, it can be performed without anaesthesia, and results in a successful healing with no unpleasant disfigurement or scar.

I am indebted to Mr. Stanford Cade and Mr. Douglas Harmer for their valuable help in giving me the opportunity to assist them at operations.

# Memoranda

## MEDICAL, SURGICAL, OBSTETRICAL

### SUICIDAL CUT THROAT: RECOVERY

The following case of a suicidal cut throat recovering, after very severe injuries, seems of sufficient interest to publish.

On January 19th, 1931, in answer to an urgent call to the receiving ward at the West Middlesex Hospital, I found a well-nourished man, aged 30, sitting fully dressed, with a loose scarf bandage draped around his neck, and his head slightly flexed and rotated to the left. On examination I found the patient almost aphonic, with a circular cut in the neck 5 inches in length, extending from about 1 inch to the right of the mid-line, to 4 inches to the left of the mid-line, at the level of the upper border of the thyroid cartilage. There was comparatively little bleeding, although the cut extended through all soft tissues, including the infrahyoid group of muscles, the thyrohyoid membrane, the tip of the epiglottis, and the lateral walls of the pharynx, back to the vertebrae. There was abundant discharge of mucus. Temperature 97°, pulse 130, respirations 24.

I learned that this was a suicidal cut, inflicted with an ordinary razor in a moment of financial anxiety. I ordered a hypodermic injection of morphine 1/4 grain to be given statim. After consultation with the medical superintendent, Dr. J. B. Cook, we decided against any attempt at surgical repair. Warm saline dressings were applied to the neck, and rectal glucose and coffee salines were given six-hourly: also a hypodermic injection of adrenaline co. 1 in 1,000, with atrop. sulph. 1/200 grain, and strychnine hydrochlor. 1/100 grain.

On January 22nd the patient started taking sips of water and diluted milk by mouth; the rectal salines were gradually discontinued, and by the 25th he was taking an ordinary fluid diet and the neck wound was healing up rapidly. On February 17th the patient started getting up; and, except for an attack of influenza which developed on the 22nd, he made an uninterrupted recovery. He was bright, and quite normal mentally, during the whole of his stay in hospital, and was discharged cured on March 19th.

I have to thank the medical superintendent for allowing me to publish these notes.

MARJORY W. WARREN, M.R.C.S., L.R.C.P.,
Assistant Medical Officer, West Middlesex Hospital, Isleworth.

### TREATMENT OF PERNICIOUS ANAEMIA

The following brief history of a case of pernicious anaemia, which I have had under my observation for nearly three years, and now appears to be cured, may be of some interest from the point of view of treatment.

I first saw the patient, a man aged 54, on July 24th, 1928. He was then complaining of shortness of breath and weakness. His heart was dilated, auscultation revealing a mitral systolic murmur, and there was some oedema of both legs; he was very pale, and at first I thought of aortic disease. He gave a history of not feeling well for a year, and of having weakness in the right arm and leg. The knee-jerk on the right side was very feeble, and the hand-grip on the same side was weak. Examination of a blood film showed a typical picture of pernicious anaemia, with the exception that there were very few nucleated red cells. I was at the time unable to make a blood count, but the haemoglobin was 60 per cent. There were some petechiae scattered over the chest and back.

I prescribed half a pound of raw liver daily, and 5 minims of liquor arsenicalis and 10 grains of ferri et ammon. cit. to be taken three times a day. The patient responded fairly quickly, so that on September 11th the haemoglobin was 80 per cent., and on October 6th 90 per cent. The dose of liquor arsenicalis had been increased to 8 minims. He ceased attending in the early part of October.

He again appeared in June, 1929. His condition had deteriorated, and his haemoglobin was only 60 per cent. He had acquired a distaste for raw liver, and had not been taking it very regularly, I think. I put him on liver extract, in full doses, and the arsenic mixture as before. On July 20th a blood count showed 1,800,000 red cells per c.mm., and the haemoglobin was 75 per cent. Instead of the arsenic mixture dilute hydrochloric acid was given in 30-minim doses three times a day, with tincture of nux vomica and gentian. On October 17th the red cell count was 1,250,000 and the haemoglobin 60 per cent. On October 21st the haemoglobin had gone up to 80 per cent. He was now taking raw liver as much as possible, and the extract only at intervals.

He did not attend again until April 19th, 1930. His condition was then so grave that I suggested treatment in a hospital, with a view to transfusion of blood, but he would not agree to this. He was extremely weak and dyspnoeic. His right leg had again become weak. A blood count showed that the red cells were down to 950,000 per c.mm., and the haemoglobin was 50 per cent. Throughout his illness he had an extremely high colour index. His appetite was very poor, and he found it impossible to take raw liver on account of the nausea and loathing it produced. He had been receiving the equivalent of 6 ounces of liver, as liver extract, daily. I now gave him 1 drachm of glycerin of pepsin, with 30 minims of dilute hydrochloric acid (later increased to 40 minims), and 10 minims of tincture of nux vomica, three

times a day after meals. His nausea quickly disappeared, and he was then able to take the juice of 8 ounces of raw liver daily. The liver was cut up into very small pieces and all the juice expressed. From this moment he never looked backwards.

On April 26th the red cells were 1,465,650 per c.mm., and the haemoglobin was 60 per cent. On May 3rd the red cells were 1,856,250, and the haemoglobin was 70 per cent. On May 20th the red cells were 3,416,000, and the haemoglobin was 70 per cent. During this period there was a considerable increase of nucleated red cells. On July 12th the red cells had increased to 4,166,250, and haemoglobin to 90 per cent.; on July 19th the red cells were 4,875,000, and on August 1st the red cells numbered 5,373,250, and haemoglobin was 100 per cent. He is now taking 4 ounces of raw liver juice daily as a prophylactic.

The interesting point is that, his irregular attendance apart, the patient's improvement was slow until, in addition to his raw liver, he took glycerin of pepsin and acid mixture. He improved certainly with arsenic, and to a lesser degree with dilute hydrochloric acid, but it was not until I gave him the glycerin of pepsin that a really striking improvement occurred. A rise in the red cell count from 950,000 to 5,373,250 in less than four months is certainly remarkable. The grip of his right hand is now quite strong, and there is only slight weakness in his right leg. In fact, the man is hardly recognizable as the wreck I saw a year ago.

In future I shall certainly put any more patients with pernicious anaemia on to glycerin of pepsin or some other form of stomach extract straight away, in addition to the raw liver juice. Liver extract did not seem in this case to be nearly as effective as the fresh raw product.

H. C. KEATES, M.D. B.S.Lond.,
London, S.W. Lieutenant-Colonel I.M.S. (ret.).

# Reports of Societies

## THE OBSTETRICAL PROBLEM OF CONTRACTED PELVIS

At the meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine on May 15th, under the presidency of Sir EWEN MACLEAN, a discussion was held on the relative value of the induction of premature labour, test labour, and Caesarean section in minor degrees of contracted pelvis.

Mr. R. ALAN BREWS said that the practice at the London Hospital in all cases of contracted pelvis was either elective Caesarean section or test labour. In the three years covered by his statistics induced premature labour for contracted pelvis had never been done. The cases treated were those in which there was true clinical disproportion—a head which could not be engaged and which would not go into the pelvis without holding. He had divided them into two groups—namely, those in which the diagonal conjugate was above 4¼ inches, and those in which it was between 3½ and 4¼ inches. The total number of deliveries in the hospital had been 5,284 in three years, and the number of cases in which test labour or Caesarean section had been employed in the treatment of minor degrees of contracted pelvis was only 45. The number of spontaneous deliveries had been 29, of assisted deliveries 3, and of Caesarean section following test labour 13. No maternal mortality had resulted, and morbidity had occurred in only two cases. The foetal and neo-natal mortality had been 4.8 per cent. The cases treated by Caesarean section had been attended by no foetal mortality, as well as by no maternal mortality or morbidity. The advantages of test labour were that the uterus and the pelvis were given a chance of showing what they could do, and that all the infants were full term. Uterine inertia, occipito-posterior positions, and early rupture of the membranes were difficulties that had to be dealt with. Pelvic measurements were of great value when dealing with test labour; in the vast majority of cases with large pelvic measurements the child came through perfectly easily, and there was a normal puerperium.

Mr. G. F. GIBBERD considered that a satisfactory definition of moderately contracted pelvis was impossible. The standard adopted at Guy's was "the degree of disproportion where intervention seems necessary." The total deliveries in three years had been 5,045, and 186 patients had been treated for contracted pelvis; of these, 133 had been unselected, and in 53 some difficulty had been anticipated before admission. Inductions had been performed in 83 cases, trial labour followed by Caesarean section in 42, and forceps delivery in 61. His figures did not take into account the cases in which trial labour ended in spontaneous delivery. Although forceps delivery figured largely in the results, his hospital did not advocate it as a method of treatment. It had been used in the inevitable rubbish heap of cases in which other treatment might have been tried had there been earlier opportunity; and also in cases in which induction of premature labour had wrongly been considered unnecessary. The infant mortality attending forceps delivery (18 per cent.) was therefore not so much a condemnation of forceps delivery as an indication of how far other methods fell short of the ideal. In his view there was room both for trial labour and for induction of premature labour. By the use of both methods, and by forceps when some degree of disproportion held up the second stage of labour, he felt that better results were forthcoming than by rigid adherence to one method in all cases.

Dr. J. W. A. HUNTER brought forward figures for St. Mary's Hospitals, Manchester. He had made a careful examination of the records of 850 cases treated during the past five years for a minor degree of contraction, choosing only those cases which had been delivered in hospital after attending the ante-natal clinic. Figures for primigravidae and multiparae were presented separately. He said that a large proportion of the cases had been treated by induction—77 per cent. in the one group and 54 per cent. in the other. The average time of induction of labour had been the thirty-eighth week. Medicinal induction—namely, castor oil, quinine, and pituitrin, or in a few cases castor oil and quinine only, or ovarian extract only—had been successful in 68 per cent. of cases. The resulting delivery in 82 per cent. of cases had been by natural forces. There had been one maternal death out of 277 inductions of premature labour in the primiparae, and none out of 270 inductions among the multiparae. The cases delivered by Caesarean section in the first group had numbered 37, with no maternal deaths, and in the second group 164, with 4 deaths. The high proportion of Caesarean sections among the multiparae was because many of the women had been known to have had stillbirths previously. As to trial labour, there had been 23 cases in the first group, and 41 in the second. Induction with delivery by Caesarean section had been practised in 16 cases, with 2 maternal deaths; and trial labour with delivery by Caesarean section in 32 cases, also with 2 maternal deaths. One significant point was the high foetal or infant mortality resulting from trial labour (14.3 per cent. in the primiparae, and 21.9 per cent. in the multiparae). He put forward a plea for the method of induction of premature labour. Out of the 275 cases in which induction of premature labour had been practised in multiparae, just over half the previous confinements of these women had resulted in stillbirths, or the infants had died shortly after delivery. The way in which infant welfare centres now looked after premature children, practically not allowing them to die, could be set against the disadvantage of the method from

the incident, which must have happened more than forty years ago, and he was much interested to hear that I remembered it. His teaching was largely based on his knowledge of pathology, and at the Medical Institution and in his class-rooms his expositions were frequently illustrated by excellent water-colour paintings of specimens of fresh preparations, and also of clinical conditions.

Dr. Glynn's life was a busy one. A large consulting practice, added to his professorial and hospital work, afforded him little time for leisure. In the 'nineties it used to be said that it was hardly proper for any well-known citizen to die without being seen by him or by another eminent contemporary physician. His temperament, however, was one of great activity, and it would have been impossible for him to leave any time unoccupied. He was an artist of considerable merit, and had a fine appreciation of colour. As a landscape artist he produced many paintings which, in some respects, resembled those of Robert Fowler, who was frequently his guest during the summer vacations. I expect that Fowler interested him beyond the artistic side of his character in that he suffered from agoraphobia, and invariably had a companion with him when he was working. Another aspect of Dr. Glynn's life was his love of music. He was an organist, and he delighted in singing. He retained his singing voice even when he was over 80 years of age. He had a great sense of humour, which permeated both the professional and social sides of his life. He, Sir Mitchell Banks, and Edgar Browne were a never-failing source of entertainment at dinners and social functions. At the Chester Medical Society's annual dinners, for example, the spontaneous wit and repartee emanating from all three of them were as much an annual event as the dinners themselves.

On the death of an old friend memories of the past crowd in to the mind ; but one must forbear reference to them, and while rejoicing that a long life given to useful work and to the establishment of indelible traditions has been lived, yet we mourn in that we shall neither see nor hear again one who has been a devoted friend to, and a distinguished member of, our profession.

[The portrait reproduced is from the painting by R. E. Morrison.]

# Universities and Colleges

## UNIVERSITY OF LONDON

A special meeting of the University Court, on May 18th, had before it a letter from the clerk to the Goldsmiths' Company, stating that the Court of the Company had had under consideration the prospective needs of the University in connexion with the establishment of its own headquarters in Bloomsbury, and has decided to offer, subject to the consent of the Charity Commissioners, and to certain other conditions, a sum not exceeding £50,000 towards the cost of erecting and equipping the library building of the new headquarters. The Court, in accepting this munificent offer, has conveyed to the Goldsmiths' Company an expression of its cordial thanks and high appreciation of this further evidence of the interest taken by the Company in the life and growth of the University.

### UNIVERSITY ENTRANCE SCHOLARSHIPS

*Combined Hospital Examination*

The Medical Schools of Guy's and St. Thomas's Hospitals, and the Medical College of St. Bartholomew's Hospital, have recently had under consideration the methods of award of university entrance scholarships, and are unanimously of opinion that, in the interests of medicine, scientific merit and attainments should be the determining factors. They have therefore agreed that their university entrance scholarships shall be awarded as a result of open competitive examination, and they have arranged to hold a common examination for the purpose. Each school offers annually a scholarship of £100 and an exhibition of £60, and the scholarships and exhibitions will be awarded by the deans of the three schools sitting in conference, after receiving reports from the examiners. The scheme will come into operation in July, 1932, when the examination will be held at St. Thomas's. Thereafter the examination will be held at each of the schools in rotation. Candidates will, of course, be entitled to express their preference for any particular school, and the stated preference will be taken into consideration when the scholarships are awarded. They will be open to students who have completed their examinations in anatomy and physiology in a British school or university outside the London metropolitan area.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND

An ordinary Council meeting was held on May 14th, when the President, Lord Moynihan, was in the chair.

Mr. Ernest F. Neve and Mr. G. H. Edington were introduced and admitted Fellows of the College.

*Diplomas*

Diplomas of Membership were granted to 161 candidates. (The names were published in reports of meetings of the Royal College of Physicians of London printed in our issues of May 9th, p. 820, and May 16th, p. 873.)

The diploma of Fellowship was granted to Alfred Richard Denis Pattison.

The Diploma in Gynaecology and Obstetrics was granted, jointly with the Royal College of Physicians, to Wallace Freeborn.

*Honorary Gold Medal*

The Honorary Gold Medal of the College was awarded to Mr. G. Buckston Browne, in recognition of his valuable contributions to the surgery of the genito-urinary system, and of his great liberality in the endowment of an Institute for Surgical Research.

*Fellowship Examinations*

The Huddersfield Royal Infirmary was recognized for the twelve months' surgical practice required of non-Members before admission to the Final Fellowship Examination.

The secretary reported that twenty-four candidates had applied for admission to the Primary Examination for the Fellowship to be held in Australia.

*Vacancy on Court of Examiners*

The President reported that the vacancy on the Court of Examiners occasioned by the retirement of Mr. L. Bathe Rawling would be filled up at the ordinary meeting of the Council on June 11th.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON

*Lectures*

At a meeting of the Royal College of Physicians held on May 14th, with the President, Lord Dawson of Penn, in the chair, the following lectureships were announced:

Lumleian (1932), Dr. C. E. Lakin.
Goulstonian (1932), Dr. L. J. Witts.
FitzPatrick (1932), Dr. James Collier.
Croonian (1933), Dr. W. E. Dixon.

*Diploma*

A Diploma in Gynaecology and Obstetrics was granted, jointly with the Royal College of Surgeons, to Wallace Freeborn, M.B., Ch.M.Sydney.

## ROYAL COLLEGE OF SURGEONS OF EDINBURGH

A meeting of the Royal College of Surgeons of Edinburgh was held on May 13th, when Dr. James Haig Ferguson, President, was in the chair. The following twenty-three successful candidates out of eighty-three entered, who passed the requisite examinations, were admitted Fellows:

W. A. D'A. Adamson, S. S. Ahluwalia, G. L. Alexander, A. L. Dawkins, H. E. Emmett, E. L. Farquharson, G. J. Hanly, R. W. Hendry, R. W. Johnson, I. Kallmeyer, C. H. Leedman, J. F. Macdonald, L. G. McQueen, B. T. Mayes, S. J. G. Nairn, Belinda E. Nesbitt, P. Pattabhiramaiya, A. A. Pullar, I. M. Robertson, K. G. W. Saunders, W. G. E. Shand, G. D. Shaw, W. C. Wickremesinghe.

The Bathgate Memorial Prize, consisting of bronze medal and set of books, was, after a competitive examination in materia medica, awarded to N. W. Nisbet (Edinburgh).

# Medical News

The Royal College of Physicians of London will be closed to-day (Saturday, May 23rd) and on Monday, May 25th.

The house and library of the Royal Society of Medicine will be closed to-day (Saturday, May 23rd) and on Monday, May 25th.

The annual summer dinner of the Glasgow University Club, London, is to be at the Café Royal, 68, Regent Street, W., on Friday, June 12th, at 7.30 p.m., with Professor Gilbert Murray, LL.D. in the chair. Any Glasgow University men who, though not members of the club, would like to be present are invited to communicate with the honorary secretaries, 62, Harley House, N.W.1.

A garden party in aid of the educational work of the Royal Medical Benevolent Fund Guild will be held at the Royal Botanic Gardens, Regent's Park, N.W., on Tuesday, June 2nd, from 2.30 to 8.30. H.R.H. the Duchess of York (patroness of the Guild) has consented to be present. Particulars and tickets of admission may be had from the honorary treasurer, Mrs. E. D. D. Davis, 46, Harley Street, W.1. (Telephone, Langham 1178.)

A meeting of the Medico-Legal Society will be held at 11, Chandos Street, W.1, on Thursday, May 28th, at 8.30 p.m. Dr. Nathan Raw will read a paper on dangerous drugs ; a discussion will follow.

The fourth Hugh Owen Thomas Memorial Lecture will be given in the Liverpool Medical Institution on Thursday, May 28th, at 4.30 p.m., by Mr. D. McCrae Aitken, F.R.C.S. The subject will be " Principles of rest and exercise in the treatment of joints."

The annual oration to the St. John's Hospital Dermatological Society will be given on Wednesday, May 27th, at 5.30 p.m. by Dr. S. Lomholt of Copenhagen, on the effects of concentrated ultra-violet light upon the skin, and its uses in dermatological therapy.

Particulars of the lectures and demonstrations arranged for next week by the Fellowship of Medicine will be found at page 208 of the *Supplement*. The special evening lectures to candidates for the M.R.C.P. are being continued. Copies of syllabuses for all courses and tickets of admission can be obtained from the Fellowship, 1, Wimpole Street, W.1.

At the meeting of the Central Midwives Board for England and Wales on May 7th the correspondence included letters from the Ministry of Health enclosing, for the information of the Board, copies of the Colchester, Lowestoft, and Walthamstow (Supervision of Midwives) Orders, 1931, which Orders create the borough councils of those places respectively local supervising authorities. It was agreed, on the motion of Dr. J. J. Buchan, " That the chairman of the Board, for the time being, be, by virtue of his office, a member of all committees of the Board, and of all subcommittees which may, from time to time, be appointed by such committees or any one of them."

The New York correspondent of the *Times* records the exhibition, on May 16th, at the General Electric Laboratories at Schenectady, of an *x*-ray tube having a power far beyond that of any other yet devised. Within the tube electrons were discharged at a speed of 184,000 miles a second, under the pressure of an electrical current of 900,000 volts. The rays, after penetrating a layer of copper three millimetres thick, and then 4 inches of iron, were still powerful enough to take an *x*-ray picture. The tube has been made by Dr. W. D. Coolidge, and it will be used in the Memorial Hospital, New York, for the treatment of cancer.

The committee of award has made appointments to twenty-seven Commonwealth Fund Fellowships tenable by British graduates in American universities for the two years beginning September, 1931. These fellowships are offered by the Commonwealth Fund of New York, of which Mr. Edward S. Harkness is president. The list includes the name of J. H. Biggart, M.B., B.Ch., B.A.O., Queen's University, Belfast, who is appointed to Johns Hopkins University, Baltimore, with a fellowship in medicine.

The fifty-fifth Congress of the German Society for Surgery was held at the Langenbeck-Virchow House, Berlin, on April 8th, under the presidency of Professor Schmieden of Frankfort-on-Main, when the chief subject discussed was the surgery of the peripheral nerves, introduced by Professor Kuttner of Breslau.

The third International Congress of Radiology will be held in Paris from July 26th to 31st, when the following subjects will be discussed: radiological examination of the mucosa of the alimentary canal; radiological examination of the urinary system by excretion of opaque substances; pre- and post-operative treatment of mammary cancer (recurrences and metastases excepted); radiotherapy of inflammatory diseases; and diathermy in inflammatory diseases. The subscription is 300 francs for members of the congress, and 50 francs for persons of the members' families. Members of the congress will be allowed a reduction of 50 per cent. on their fares when travelling on French railways to and from the congress. Summaries of communications, not exceeding 400 typewritten words in English, French, or German, should be sent to the office of the congress, 122, Rue la Boëtie, Paris, VIIIe.

Dr. C. P. Oliver, C.B., C.M.G. of Maidstone has been appointed a deputy lieutenant for the county of Kent.

# 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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MEDICAL SECRETARY, *Medisecra 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

### Inflammation at Site of Old Vaccination Scars

Dr. WILLIAM J. LEDGERWOOD (Holsworthy) writes: Could any of your readers give me an explanation of the following case, and suggest what treatment might be employed? A girl, aged 16, came to me last September complaining of great pain and stiffness in the left upper arm. The arm in the region of the vaccination scars was red, hot, swollen, and very tender. Three of the vaccination scars (the vaccination having been performed in infancy) were of a dark purple colour. She told me that the trouble began in the scars, which became purple and painful, and then the surrounding skin became inflamed. Later, small vesicles formed on the inflamed skin, and eventually, after about six weeks, during which many applications were tried, the condition cleared up, the vaccination scars looking quite normal. She has just returned to me, complaining of pain in the arm and with purple discoloration of the same three vaccination scars.