

in these cases. I have latterly observed an absence of any excoriation of the nasal vestibule on the treated side as compared with the untreated side in cases of non-seasonal watery rhinitis, which suggests that the chemical nature of the nasal secretion is altered, some irritant constituent becoming non-effective.

Vasomotor Rhinitis.—Twelve cases were treated, and in general the results were not so definitely satisfactory. Two cases were sufficiently relieved to require no further treatment. One of these is a medical man with a busy panel practice, who was considerably hampered in the performance of his duties, but who is now able to enjoy his work again. Four cases which have been treated at fortnightly intervals for six months are better, but still have occasional, but fewer and milder, attacks. Six patients did not have the patience to continue after two or three treatments. Most cases of seasonal and non-seasonal rhinitis have an apparently normal nasal mucosa during the quiescent period. In many cases a pallor or bluish tint is constantly present. In a few cases small cysts or even a well-defined polyp can be seen attached to the outer surface of the anterior part of the middle turbinate. The normal reddish hue of the nasal mucosa returns after successful treatment by ionization.

Ozaena.—The following is the only case of ozaena that I have seen cured. V. M., female, aged 24, was first treated by nasal ionization with copper sulphate 1 per cent. solution in January, 1931. Treatment was given for three months at fortnightly intervals, and continued at three- and four-weekly intervals from March to October. There has been no treatment since. Present condition (February, 1932): there are no scabs and no discharge, and the originally crusted and atrophied middle turbinates may now be described as oedematous. The odour has entirely vanished.

SUMMARY

Further details of the technique of intranasal ionization are described, and a report given of the results of the treatment in ninety-one cases of hay fever, twelve of vasomotor rhinitis, and in the only case of ozaena that has yet been fully treated. These results, which cover a series of cases treated during the last year, bear out the hopeful prognosis suggested in a previous communication.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

STREPTOCOCCAL (HAEMOLYTIC) MENINGITIS: RECOVERY

We feel that the following case justifies publication, not so much on account of its happy issue, but because this appears to have been directly determined by treatment.

HISTORY OF THE CASE

A farmer, aged 45 years, was seen by one of us (T. R. T.) on November 30th, 1931, complaining of extreme lassitude and malaise. There were no physical signs at this time to account for the symptoms. The patient had been in the habit of working on his farm from 4.30 a.m. to 7 p.m. for several years, and apart from earlier evidence of generalized arteriosclerosis and recurrent bronchitis his medical history was unimportant.

On December 3rd he first experienced headache, and was found to have a temperature of 101° , and a pulse of 100. For the next few days his condition did not alter greatly, except that a hacking cough developed and constipation was obstinate. Vomiting then began, and was accompanied by increased severity of headache, felt chiefly in the frontal and occipital region. Scattered rhonchi were detected in both lungs and moist sounds at the right base. Vomiting persisted until we saw this case together on the evening of December 9th, when the following abnormalities were observed. The patient was thin, flushed, and confused. He groaned continually, and complained bitterly of headache. Temperature 101° , respiration 26, pulse 100, and bounding in character. Thickened and tortuous arteries in arms and retinae. Signs

of partial collapse at base of right lung. Advanced pyorrhoea, imparting sweet odour to breath. Red, dry, glazed pharynx, and dry, furred tongue. Urine: specific gravity 1020, trace of albumin. The pupils were contracted, headache was severe and aggravated by the slightest movement of the head. There was moderate stiffness of the neck, and any attempt at flexion was resented. The tendon reflexes were diminished, the plantar responses flexor. Kernig's sign was absent. Occasional twitchings of the limbs were observed.

Lumbar puncture produced fluid which was slightly turbid, but not obviously under pressure. Investigation by Dr. C. Dukes gave the following results. Blood: leucocytes, 10,200 per c.mm. Cerebro-spinal fluid: turbid; 700 leucocytes per c.mm.; stained films revealed large number of streptococci; cultures gave a pure growth of haemolytic streptococci.

In view of the inflamed condition of the gums and pharynx it was thought probable that this area provided the portal of entry for the organisms, and that the meningitis was of blood-borne origin.

TREATMENT

On December 10th, 10 c.cm. of scarlatinal antitoxin (B. W. and Co.) was given intravenously, and this was repeated on the following day, together with 10 c.cm. intrathecally. The patient showed, after the first dose, some improvement in the condition of his mouth and in the relief of headache. Within six hours of the intrathecal injection his appearance was quite changed, all malaise having disappeared; this was accompanied by a return of appetite. A third intravenous injection was given on December 12th, from which date he made a rapid and uneventful recovery.

COMMENT

The transformation of an apparently moribund patient, suffering from a disease of high mortality, to a cheerful convalescent in the course of two days was most dramatic, and seems clearly referable to the efficacy of the serum employed.

T. R. TROUNCE, M.R.C.S., L.R.C.P.

London, W.1.

A. H. DOUTHWAITE, M.D.

PROSTATECTOMY IN A NONAGENARIAN (AGED 95)

Dr. William S. Dickie, in the *British Medical Journal* of February 20th, records a case of radical cure for hernia in a male aged 90. This case raises the question of the suitability of elderly subjects for operative intervention. All of us must suffer from a natural reticence and shrink from disturbing that peace and sanctity due to the aged. It has been my lot to have operated upon rather more than my share of octogenarians of both sexes. Urgent situations, such as intestinal obstruction, acute gall-bladder, and acute appendix, have rendered operation inevitable for the saving of life or to overcome pain which rendered life intolerable. These are justifications for operation at any age, and the aged are no exception, especially as they withstand surgical shock in a remarkable way. Moreover, it generally happens that those who have lived to such great ages have the will to go on living, a factor notorious for its aid during convalescence. In more recent years I have performed a considerable number of successful prostatectomies in patients over 79 years of age, and in each case the subject and his relations have rejoiced in the result. Nonagenarians, however, undergoing this operation—and successfully—are sufficient rarities to justify publication. One, aged 95, I operated upon in collaboration with Mr. John E. Payne, F.R.C.S., of Eastbourne, in October, 1931. As an example of the will to live, this patient asked me before operation to cure his inguinal hernia at the same time, as his truss interfered with his golf! The operation was performed in two stages—the first on October 2nd and the second on October 16th. Urine was passed naturally on the eleventh day after prostatectomy, and he was healed and getting up on the twenty-first day. To-day he is in the best of health and has resumed his golf. In aged

prostatic subjects I regard the following as being factors more likely to procure a favourable outcome (in addition to the universal precautions to be taken in every prostate case, too well known to require mention just now). (1) At least a week's pre-operative preparation—thus allowing the bowel to be emptied gradually and so avoiding the necessity for drastic purgation in the forty-eight hours preceding operation—and the establishment of a suitable diet, including glucose. (2) A two-stage prostatectomy. (3) The careful choice of an anaesthetic. For the first stage gas and oxygen suffice, and for the second, nerve blocking of the rectus abdominis with 1/2 per cent. novocain, and sufficient gas and oxygen, with perhaps a small amount of ether, to procure unconsciousness. (4) The routine post-operative use of a repeated injection of atropine and strychnine to dry up respiratory secretion, and thus to prevent pulmonary complications, as well as to act as a cardiac stimulant. (5) Meticulous precautions against any loss of blood. In the two-stage operation a haemostatic bag appears to present advantages over the other agents. This need not be inflated, but is introduced as a precautionary measure and retained *in situ* for four days, and can be distended or drawn upon if occasion arises.

The case quoted is the oldest in my series. My youngest, aged 43, from whom I removed a prostate as large as a tangerine orange, eventually made a good recovery, but during his convalescence gave actually as much cause for anxiety as the nonagenarian, if not more. It is interesting to note that the mean age of these two cases is 69, a figure given as the average for prostatic subjects who seek advice.

JOHN EVERIDGE,
Senior Urologist and Lecturer in Urology,
King's College Hospital.

Reports of Societies

MANIPULATION AS A THERAPEUTIC MEASURE

At the meeting of the Section of Physical Medicine of the Royal Society of Medicine on April 15th, with Dr. F. G. THOMSON in the chair, Sir ROBERT JONES gave an address on manipulation as a therapeutic measure.

Sir Robert Jones said that manipulation formed an important weapon in the armoury of the orthopaedic surgeon. The surgeon was called upon to decide not only which of the many types of movements he would employ, but whether any of them were needed; he also had to point out the dangers which might be encountered if manipulation were prescribed for the wrong type of case. The speaker limited his remarks to movements which had for their object the restoration of function in the joints, and he applied the term "manipulation" to the reduction of a few congenital and acquired deformities. A stiff joint was due to adhesions, the division of which into extra- and intra-articular was useful, though largely artificial. Extra-articular adhesions stiffened a joint by the involvement of surrounding structures. The intra-articular variety might consist merely of a fixation between the folds of the synovial membrane or of any tissue within the joint cavity. Adhesions relating to injury, such as strain, fractures, or displacements, required more radical treatment than those associated with definite destructive infections. If adhesions were the result of inflammatory lesions, such as arthritis, rest was indicated until active disease or pain was modified or complete recovery had taken place. Unqualified practitioners often treated arthritis as if it merely required the breaking down of adhesions. A rule of differential diagnosis which, with

few exceptions, would stand the test was as follows: a joint of which the movement was limited in all directions was, or had been, subject to arthritis, while if movements were limited in certain directions only, being normal in others, the joint was usually not arthritic. This did not apply to septic infections or to joints temporarily stiffened from long fixation. The spinal column well illustrated the differential diagnosis. A patient might complain of pain in the back, with or without pressure. If he was able freely to flex, extend, rotate, and laterally bend his spine in each direction, his freedom from both arthritis and adhesions might safely be assumed. If he could not flex fully, or deviate laterally, or rotate, but could hyperextend normally, arthritic changes might be assumed to be absent. Stiffness rapidly following trauma, excluding fractures and dislocations, was suggestive of adhesions. The same was true of superficial tenderness over a limited area, either on movement or pressure, or both. In arthritis the joint was usually warmer than the whole articulation, while adhesions, although they might produce a localized rise of temperature, usually showed no difference from the normal. Muscular wasting in an inflamed joint was in excess of that caused by mere desuetude; this was not the case with mere adhesions. Radiography was an essential diagnostic agent, and not only should surgeons insist on procuring a film, but should welcome the radiologist's help in reading it. Some surgeons said, "Give me the film, and I can read it for myself," which was stupid and arrogant, and never to the patient's advantage. If *x* rays portrayed no changes in the joint, the absence of tuberculous, septic, or rheumatic invasion could be safely assumed; this did not exclude synovial tumours in the young, nor an enlarged post-patellar pad, nor a displaced semilunar cartilage. There were other signs to which appeal could be made for differentiating such conditions—for example, a slightly bent knee, which might have existed for weeks or months, with negative radiographic appearances, was suggestive of a displaced semilunar cartilage.

In the treatment of joints injured or diseased, the object was to obtain the best functional results, and these were forthcoming by rest or movement, or a combination of both. In certain cases, after many years of firm fibrous ankylosis, a varying degree of voluntary movement took place. This was specially the case in the hip, and was usually associated with a disappearance of the femoral head and neck when the joint surfaces had been relieved from contact. He had often been confronted with tuberculous joints where this movement had been their undoing, even after many years of recovery. It was for this reason he had advocated an early operative bony ankylosis, especially in the child. There were certain rules to be observed before movements were undertaken, either by the surgeon or by the patient. A precise diagnosis must be made that the pathological conditions might be appreciated. Torn ligaments and the like should be prevented from strain. A joint might be moved in many directions provided the injured tissues were not stretched, though passive movements should be carefully supervised. Massage of a gentle type could be safely practised immediately following an injury, even before any effusion had taken place. Such massage checked effusion, relieved pain, and allowed the tissues to proceed to rapid recovery. The masseur should be warned against associating massage with movement. When a ligament was torn it was his practice to apply a pressure band. Local effusion was lessened, or even prevented, by pressure. In the stage of effusion he forbade any movement causing pain. With regard to stiffness due to fixation of a joint, he laid stress on certain principles. Joints kept at rest should never be hyperextended. That was a form of trauma

attitude was grateful to the afflicted, so that when no advantage was gained there was the remembrance of unremitting attention. Hermann Pagenstecher came of a family of civil servants. His father was chief ranger of the forests of Nassau, and his grandfather professor of jurisprudence. He studied at several German universities and in England. He obtained his first appointment at the University Hospital of Greiswald, but in the next year, 1869, migrated to the Wiesbaden Eye Hospital at his old home. There he worked for the rest of a long life. His publications were few, and have made no permanent mark on the literature of ophthalmology. Those who knew him well speak highly of his kindness of character.

A "HOPE DEFERRED" BUDGET

When revenue was flowing into the Exchequer in almost unprecedented volume in the early months of this year speculation was rife as to what relaxations of the fiscal pressure the Chancellor would be able to grant, and the claims of the income tax payer to a reduction of at least sixpence in the pound were openly discussed. Those hopes, and others with them, are deferred by the present Budget. It is as obvious that taxpayers are bearing too heavy a load as it is that the removal of part of it would enable industry to go forward with renewed vigour and confidence; but the time has not yet come when the restraints of prudence will allow a Chancellor to forgo the practical certainty of balancing his Budget which is provided by a maintenance of the present high rates of duty. A reduction would stimulate trade and thereby increase the profits on which the reduced rate would be levied, but the Chancellor cannot risk the bird in the hand for the two in the bush. Modern direct taxes are graduated to fall with increasing severity on larger incomes and estates. In times of prosperity they thus provide relatively high yields, and, conversely, in bad times, when incomes and estates are reduced by special circumstances to much smaller dimensions, the average rate at which the tax is paid is thereby reduced and the yield of the tax is doubly depressed. Something of that sort evidently occurred for 1931-32 in connexion with the Death Duties, which showed a drop of £18,000,000 as compared with the estimate, though probably that unfortunate result was due not only to a reduction in the average value of estates, but also to difficulties of realization affecting the payment of the duties to the Exchequer. So, with the certainty that even the maintenance of the old income tax and surtax rates—to be levied according to the generally reduced amount of the profits of 1931—will not maintain the yield of those taxes at last year's level, Mr. Neville Chamberlain has found himself compelled to call on taxpayers to maintain their present strenuous efforts for another year. It is undeniably rather discouraging. Last autumn it was realized that the national credit, both at home and abroad, was in definite danger, and the nation struggled successfully, though certainly "not without dust and heat," to meet the demands necessarily made on them if the national accounts for 1931-32 were to be balanced on a thoroughly sound basis. Now, like a runner who has reached the tape, the nation is called upon to set its teeth and complete another lap of the course, if possible, at the same pace,

and without any firm confidence that the necessary "second wind" will be forthcoming. But if confidence is absent, hope is not; the Budget has deferred hope, but has not by any means destroyed it. Indeed, in some respects the estimates for the coming year are distinctly hopeful, the more so as the sober and prudent policy adopted by the Chancellor justifies the assumption that the estimates of individual items in the statement can safely be relied on for fulfilment. He made it clear, too, that, though no reduction in the direct taxes could be granted this year, at least the fact had been convincingly demonstrated that "we have approached the practical limit of the return from direct taxation." The obvious corollary to that statement is that if a further rise in the rates of duty would produce a smaller return in the long run, it may be that a reduction in the rates would at least produce no less; at any rate, such a policy should be given a chance at the earliest moment consistent with reasonable caution.

We much regret to announce the death of Sir W. Watson Cheyne, Bt., F.R.S., Past-President of the Royal College of Surgeons of England, and consulting surgeon to King's College Hospital.

CENTENARY MEETING, 1932

THE MUSEUM

It has been decided to form a Museum in connexion with the Centenary Meeting of the British Medical Association, and the arrangements have been entrusted to the special Museum Committee, constituted as follows: Sir Arthur Keith (chairman); Dr. D. Evan Bedford, Dr. A. B. Bratton, Dr. R. G. Canti, Dr. E. Ffolliott Creed, Dr. Sydney H. Daukes, Dr. J. G. Greenfield, Dr. H. K. Graham-Hodgson, Dr. Donald Hunter, Mr. P. H. Mitchiner, Dr. John O. Oliver, Mr. Thomas G. Stevens, Mr. C. P. G. Wakeley. The honorary secretaries are Mr. Mitchiner and Dr. Oliver.

Owing to drastic cutting of funds, it will be possible only to illustrate fully certain of the topics under discussion, but it is hoped that all members desirous of exhibiting specimens will be able to do so. The committee welcomes the offer of the authorities of McGill University to send from Montreal, and exhibit at their expense, Dr. Maud Abbott's splendid collection illustrative of congenital diseases of the heart, and hopes that other exhibits may be forthcoming on similar lines. The committee hopes also that it will be possible to arrange for a cinematograph section to be run in connexion with the Museum.

It has been decided to group the Museum into the following sections, each under the arrangement of the member named, to whom all communications as to exhibits in the appropriate section should be addressed.

Medicine (with Diseases of Children and Orthopaedics), Dr. Hunter.
Surgery, Mr. Wakeley and Mr. Mitchiner.
Obstetrics and Gynaecology, Mr. Stevens.
Neurology (with Mental Disorder), Dr. Greenfield.
Pathology and Bacteriology, Dr. Bratton.
Radiology, Dr. Graham-Hodgson.
Tropical Medicine, Dr. Daukes.
Oto-Laryngology.

Each specimen must be forwarded only through the gentlemen named above, and must be clearly labelled on a card, which will be sent on application. Specimens can be received at the B.M.A. Centenary Museum, Royal School of Mines, Prince Consort Road, S.W.7, between July 14th and July 20th, 1932, and must be reclaimed immediately after the close of the Meeting on July 29th.

are, or are not, capable of catering efficiently for the pathological needs of the 18,000 or so beds in L.C.C. general hospitals. If they are so capable, they are wasteful; if not, Sir Ernest has again perpetrated a hoax.

One point which has so far escaped mention in the correspondence is probably the cause of Sir Ernest's exasperation at the L.C.C. proposals. Hospital practice is becoming more and more dependent on ready and speedy (to say nothing of reliable) laboratory work. Sir Ernest is indignant at the suggestion that municipal hospitals should be anything but completely dependent upon the voluntary ones, and so, astutely, fastens upon this vital matter for his attack.

Is there a prize for the most prolific correspondent in the press?—I am, etc.,

Rotherhithe, S.E., April 17th.

R. KELSON FORD, M.D.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—(*Part I*): G. I. Benjamin, C. C. Divanji, E. D. G. Gillies, J. Lumb, A. B. Sullivan, J. B. Watson. (*Part II*): J. S. Brown, G. T. Calthrop, E. N. Cook, E. R. Crisp, Marjorie P. C. Greene, J. P. Grieve, H. J. Ham, J. P. Hederman, M. H. Hellman, J. N. Jacobson, J. L. Razdan, F. G. Stewart, E. R. Williams.

UNIVERSITY OF LONDON

UNIVERSITY COLLEGE

Applications for the Bayliss-Starling memorial scholarship of the annual value of about £120 (with exemption from tuition fees) should be sent to Mr. C. O. G. Douie, secretary, University College, Gower Street, W.C. (from whom copies of the regulations may be obtained) not later than Saturday, May 14th. The scholar will be required to follow a course of study approved by the Jodrell Professor of Physiology, involving a training in the principle of, and method of research in, physiology and biochemistry.

An examination for the Bucknill Scholarship (160 guineas) and two exhibitions (55 guineas each) will be held in May. Entry forms and full particulars can be obtained from the secretary, University College.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The following candidates have been approved at the examination indicated:

DIPLOMA IN PUBLIC HEALTH.—*Part I*: C. A. Bozman, C. J. H. Brink, C. G. H. Campbell, E. J. de Verteuil, Mary G. H. Dickson, A. R. Forbes, Agnes B. Franclyn, T. O. Garland, J. C. P. Grey, T. C. John, F. B. Khambatta, G. Macdonald, H. A. Mackenzie-Wintle, Dorothy Makepeace, R. B. Mayfield, R. M. Morris, A. R. Thompson, K. C. Uppal.

LONDON HOSPITAL MEDICAL COLLEGE

An open scholarship of the value of £100, offered by the London Hospital Medical College, has been awarded to W. A. Law of St. John's College, Cambridge.

UNIVERSITY OF GLASGOW

A graduation ceremony was held on April 16th, when Principal R. S. Rait conferred the following, among other degrees, and presented University and special prizes to the successful candidates.

M.D.—*P. J. Molloy, *D. Russell, J. W. Crawford, J. F. Hamilton, M. S. Purvis, B. Reid, S. C. Shanks.

M.B., Ch.B.—(The list of successful candidates for these degrees was printed in our issue of April 16th, p. 732.)

UNIVERSITY PRIZES.—Bellahouston Gold Medals: J. W. S. Blacklock, Olive C. H. C. MacRae; Macewen Medal in Surgery: W. H. M. Wilson.

SPECIAL CLASS PRIZES.—Surgery—Macleod Gold Medal: A. M. Pugh; Laryngology and Rhinology—Asher Asher Gold Medal: A. M. Aitken.

* With commendation.

NATIONAL UNIVERSITY OF IRELAND

UNIVERSITY COLLEGE, CORK

The following candidates have been approved at the examination indicated:

D.P.H. (*Part I*).—Mary C. O'Connell (second-class honours), Nora O'Connor.

ROYAL COLLEGE OF SURGEONS

A meeting of the Council of the Royal College of Surgeons of England was held on April 14th, when Lord Moynihan, the President, was in the chair. Sir Henry Newland was introduced, and presented an address on behalf of the Royal Australasian College of Surgeons, of which he is president. The following diplomas were granted:

F.R.C.S.—H. O. Clarke (Dublin, Middlesex, and St. Thomas's). M.R.C.S.—Sarah N. S. Barker (Leeds), A. L. Kenyon (Manchester), and R. S. Sandhu (Punjab). D.T.M. and H.—G. Ameratunga, R. MacN. Buchanan, Dorothy D. Chacko, Jane G. Evans-Freke Cummins, G. C. H. Franklin, H. S. Gear, A. Hoff, C. G. Hoole, S. R. Iyengar, S. Petiyagoda, A. V. Pieris, G. W. Puvimanasingham, H. Richards, J. Redger, B. N. Sharina, Mabel I. Silver, R. Sivasambandan, J. T. Smith, R. H. B. Snow, C. A. Stanley, R. T. Unruh, J. E. Walcott. (All these candidates pursued the courses of study at the London School of Hygiene and Tropical Medicine.)

Mr. J. H. Badcock of Harley Street and Mr. H. B. Roderick of Cambridge, being Members of the College of over twenty years' standing, were elected to the Fellowship.

The Jacksonian Prize for 1931 was awarded to J. Paterson Ross, F.R.C.S., of St. Bartholomew's Hospital, for his essay on the surgery of the sympathetic nervous system. A certificate of honourable mention for an essay on the same subject was granted to Lambert Charles Rogers, M.R.C.S., of the Royal Infirmary, Cardiff.

The subject for the Jacksonian Prize for 1932 is the pathology, diagnosis, and treatment of diverticula of the large and small intestine, and for the year 1933 the pathology, diagnosis, and treatment of localized rarefying changes in bones as illustrated by "Perthes's (or Legge's) disease," "Schlatter's disease," "Kümmell's disease," and allied diseases.

Lord Moynihan was appointed the delegate of the College at the Centenary Meeting of the British Medical Association, to be held in July.

The President announced that the trustees of the late Viscount Leverhulme had made a grant of £1,000 for research scholarships, and proposed to allocate a similar sum in future years, and a resolution expressing appreciation of the gift was unanimously adopted.

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At the quarterly meeting of the Council, held on April 11th, it was decided that in future the president, treasurer, and honorary secretary should be elected at the July meeting of the Council, and take office at the autumn meeting. Professor W. Blair-Bell (Liverpool) was re-elected president until the autumn meeting of the Council in 1932, when the maximum term of office allowed by the Articles of Association expires. The term of office of Professor Munro Kerr (Glasgow) having expired, Sir Ewen J. Maclean (Cardiff) was elected vice-president in his stead. Dr. J. S. Fairbairn (London) was re-elected vice-president. Mr. Eardley Holland (London) was elected treasurer, and Professor W. Fletcher Shaw (Manchester) honorary secretary. Dame A. Louise McIlroy and Sir Henry J. F. Simson were co-opted to the Council until the next annual general meeting. The president intimated that the extended time for acceptance of invitations to the Foundation Fellowship or Membership had now expired (the Dominions and India excepted). It would henceforward be necessary for all prospective entrants to the College to obtain the ordinary membership. It was also announced that reference committees had been established in Canada and India, and that all applications for Membership from these Dominions would now be referred to these committees, and only candidates whose applications were endorsed by the respective reference committees would be permitted to take the examination for membership. In response to an invitation from the British Medical Association, the honorary secretary (Professor W. Fletcher Shaw) was appointed delegate from the College to the Centenary Meeting in July. Dr. J. S. Fairbairn and Dame Louise McIlroy were appointed delegates to the congress of the Royal Sanitary Institute, to be held at Brighton in July.

Annual General Meeting

The annual general meeting of the College was held on April 11th. The following were admitted Fellows: Trevor Berwyn Davies, Donald McIntyre, Alexander Croydon Palmer, and Wilfred Shaw. The following were admitted to the Membership: Elizabeth Grace Elspeth Baillie, Arthur Capel Herbert Bell, Alison Mary Hunter, Elinor Drinkwater Jackson, Ralph Lodge, Louisa Martindale, Charles David Read, William George Richards, and Albert Sharman. It was announced that the following had been elected to the Council to fill the vacancies caused by the statutory retirement of one-third of

the members thereof:—Representatives of the Fellows: London, J. S. Fairbairn; Provinces, Sir Ewen J. Maclean and Miles H. Phillips; Scotland, J. M. Munro Kerr. Representatives of the Members: Provinces, C. P. Brentnall; Scotland, R. A. Lennie; Northern Ireland and the Irish Free State, R. H. J. M. Corbet. The president announced that, through the help of an anonymous donor, the Council has decided to purchase a home for the College in London. It was felt that the present satisfactory state of the College finances and the very generous help accorded by Lord Riddell justified the undertaking, though it was fully realized that it was a big financial responsibility. The president pointed out that Lord Riddell's donation was for a period of seven years only, and he emphasized the necessity of the College making efforts to secure sufficient capital to produce the necessary income at the end of seven years to replace the present income. The president intimated that the Council had decided that the opening of the College house should take place, if possible, on the same day as the annual dinner in the autumn. The meeting unanimously approved of the memorandum on the obstetrical and gynaecological training of medical students, prepared by the Council for submission to the General Medical Council.

CONJOINT BOARD IN SCOTLAND

The following have been approved at the examination indicated, and have been admitted L.R.C.P.Ed., L.R.C.S.Ed., and L.R.F.P. and S.Glas.:

FINAL PROFESSIONAL EXAMINATION.—B. D. J. van Rensburg, L. J. Wigston, P. H. A. Gromelski, M. A. Walker, M. U. Ahmad, R. L. Chamberlain, M. Cohen, H. A. Bramwell, A. Reid, Euphemia Cardwell, A. E. Albuquerque, J. T. Cumming, W. C. Ross, J. Meyer, M. M. Ghosh, J. B. Macdonald, M. M. El Hennawi, J. Stewart, M. J. Moynihan.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

Mr. Neville Chamberlain opened the Budget in the House of Commons on April 19th. He proposed no change in the rates of the income tax, surtax, petrol tax, or motor licence duties. The tea duty is reimposed at 2d. a pound on tea of Empire origin, and at 4d. a pound on tea of foreign origin. Discussion of the Budget proposals continued till April 21st.

The Health Services

In the course of the debate, on April 12th, on Dr. Morris-Jones's motion with regard to the progress made by local authorities in improving their public health services since the passing of the Local Government Act of 1929, Sir W. JENKINS said that the Opposition disagreed with the methods adopted by the Government to economize on public health, social services, and education. Every effort had been made to get agreement between national hospitals and voluntary hospitals, but in the depressed industrial areas the voluntary system had failed, and more and more came the responsibility for rate-aiding those institutions. Mr. ELLISTON said that medical officers in all parts of the country were watching with great vigilance for early signs of the malnutrition or failure of health of the people on account of the difficulties of life at present. Doubts were felt whether the money that was being spent on research was being laid out in the best way. There was a general feeling that there should be less laboratory and more field research into the ordinary practical problems which were met with every day in the public health departments. All those engaged in public health administration were impressed with the importance of the greater education of the people in health matters. Mr. LANSBURY expressed the belief that next year's reports of the medical officers of the London County Council and the medical officers of the Board of Education and the Ministry of Health would show that there was a very marked difference in the physique of school children. He asked the Minister of Health if there was any possibility of the Bill, which Mr. Greenwood had prepared, dealing with maternal mortality being introduced. He wanted to see a national medical service throughout the country, and while that was coming on, he would like to see, especially in London, real co-operation and co-ordination in the work of the voluntary and municipal

hospitals. Mr. ERNEST BROWN said that the report of the chief medical officer of the Ministry of Health for 1930 contained a most valuable section dealing with the problem of cancer, and another dealing with rheumatic diseases. So far from being lax in the matter, the Ministry was thoroughly alive to the need of research, as well as of action, in connexion with these diseases.

Cost of Health Services

A statement furnished to Mr. Barclay-Harvey by Sir Hilton Young, on April 15th, compared the expenditure of local authorities in England and Wales on health services in 1912-13 and in 1929-30 before the Government grants were consolidated in a block grant under the Local Government Act, 1929. Total expenditure other than loans in 1912-13 included: tuberculosis, £95,500; port sanitary services, £47,500; mental hospitals, £4,288,000; venereal diseases, maternity and child welfare, welfare of the blind, mental deficiency, nil. In 1929-30 the total expenditure other than capital expenditure included: tuberculosis, £3,339,000; venereal diseases, £411,000; maternity and child welfare, £2,403,000; port sanitary, £107,000; welfare of the blind, £469,000; mental hospitals, £9,000,000; mental deficiency, £1,500,000.

Home Administration: Industrial Diseases and Young Offenders

Opening the discussion on the Home Office Estimates in the House of Commons on April 15th, Sir HERBERT SAMUEL said fewer crimes were committed by elderly people. Young men between 25 and 30 were the most difficult offenders, and he attributed this to the breaking up of normal family life for a period of years during the war; economic depression also contributed. The Home Office advisers held that on the whole the cinema conducted more to the prevention of crime than to its commission. On the industrial side the Home Office had, within the year, issued new codes of regulations dealing with the building trade, with sugar factories, and with the industry of chromium plating. The Silicosis and Asbestosis Act had been put into operation. In factories safety organizations were being promoted.

Mr. RHY'S DAVIES asked for news of lead-paint poisoning. Had there been continued improvement since the passing of the Convention to prevent the use of lead paint inside buildings? The number of cases of nystagmus in coal mines was increasing. What was being done in that matter? Discussing the treatment of young offenders, he hoped that a youth suffering from mental instability was not sent to prison or to Borstal without some examination into his mental or physical deficiency.

Sir VIVIAN HENDERSON said a careful examination of mental condition was made. Borstal lads were classified in different institutions, and that at Feltham in Middlesex, where there was a doctor in residence, was specially reserved for unstable cases. Cases often occurred where it was obvious that a crime was committed by a lad because of his mental condition, but where one could not convince two doctors that the lad was certifiable.

Sir W. GREAVES-LORD, alluding to nystagmus, said attention had lately been called to the peculiar way rules were being made under the Workmen's Compensation Acts, and to the way in which they were defeating the objects of the Acts. He hoped the Home Secretary would try to bring the forms used in connexion with medical referees, and the rules, more in accord with the intention of the Acts. Nystagmus had increased largely owing to the way the courts and the medical profession between them had treated it. That had tended to the belief that the disease was incurable. He hoped the Home Secretary would do something for criminal offenders over 21 who were not certifiable but not completely sound mentally.

Mr. TINKER said that in the mining industry it was difficult to establish a case of silicosis. Proof had to be given of the presence of a certain percentage of silica. The latest figures for nystagmus, those for 1930, showed that 3,248 men were granted certificates of incapacity in that period. His view was that the cramped position of the miner and the strain on the muscles of the head contributed to causing nystagmus

of the Lichfield Orthopaedic and After-Care Clinic, and president of the Lichfield City Institute. He rendered untiring services on behalf of the wounded during the war, and in 1916-19 was chairman of the Mid-Staffordshire Local Medical War Committee. In December, 1917, he was appointed county treasurer of the British Red Cross Society, after serving as assistant county treasurer since March, 1915. In view of the shortage of beds throughout the country for the reception of the wounded at the outbreak of the war he converted his drawing-room into a ward, and from October, 1915, to February, 1919, he organized a service of trailers for the conveyance of the wounded from the railway station to the local hospitals. In recognition of his war work he received the honour of C.B.E.

Dr. F. G. LAYTON, honorary secretary of the Walsall and Lichfield Division of the British Medical Association, writes:

Frank Mortimer Rowland of Lichfield is dead, and medicine in the Midlands is the poorer. For Rowland stood for something which, unhappily, is in danger of becoming extinct. He was an outstanding example of that sort of doctor who was content to be—just a doctor; which means, in practice, a very great deal more. Modern vulgarity vexed him. The fussy interferences of modern bureaucracy reduced him, as nearly as they could, to something approaching profanity. He refused to tolerate fools: particularly fools in office. Often was he perplexed by the officialism which accompanies the practice of medicine to-day; and he was exceedingly candid about it. His professional life was spent in Lichfield; and, as the years passed, he became ever more and more a typical citizen of Lichfield. He loved the place. He loved its churches. Particularly did he love the old-world room where, year after year, men gather from the ends of the earth to honour the memory of Samuel Johnson: to smoke churchwarden pipes (a difficult feat with modern tobacco; one which Rowland never tried): to drink Lichfield punch (which Rowland did, but only very delicately): to enjoy—or endure—many speeches. All through his professional life he was an active, energetic, and helpful member of the British Medical Association, willing to do a great deal more than just pull his weight. He was that highly desirable, and not too common, person—the Man Who Will Always Turn Up. His opinion on ethical questions was always of the utmost value; for he could see all round a problem, and believed very strongly in the sanctity of the Hippocratic Oath. He will be sorely missed.

Dr. JOHN HENRY SALTER, who died on April 17th at Tolleshunt d'Arcy, Essex, in his 91st year, was educated at King's College, and obtained the diplomas of M.R.C.S. Eng., and L.S.A., in 1864. He had served as medical officer and public vaccinator for the Tollesbury District and Fourth District of Lexden and Winstree, Admiralty surgeon and agent, medical referee to several well-known insurance companies, and as president of the Colchester Medical Society. He was a great sportsman, and was said to be one of the best shots in the country. His home was full of trophies of his shooting expeditions abroad, mostly in Russia. He was a member of the North-East Essex Division of the British Medical Association, a Deputy-Lieutenant of Essex, and chairman of the Witham bench of magistrates.

Dr. RICHARD E. THOMPSON of Tuam, co. Galway, died on April 2nd after a long illness. He was the son of the late Rev. M. N. Thompson, and was educated at Carmichael College and the Royal College of Surgeons in

Ireland, taking the diplomas of L.R.C.P. and S. in 1889. He had served as house-surgeon to the Tyrone County Infirmary and medical officer to the Glenties Union Hospital, and was a civil surgeon in the South African war, for which he received the Queen's and King's medals. Settling at Tuam twenty-seven years ago, he built up a large private practice, and was much beloved and respected by the poor, to whom his professional services were most willingly given. Dr. Thompson, who was a member of the South Connaught Division of the British Medical Association, was a prominent athlete in his student days, having won the gold cross for the heavy-weight championship in Ireland and many prizes for rowing as a member of the Pembroke Club. He had two brothers—the late Sir Henry Neville Thompson and Dr. Herbert C. Thompson of Stockport.

Medical News

The next reception of the Royal Society of Medicine will be held at 1, Wimpole Street, W., on Friday, April 29th. The President and Mrs. Watts Eden will receive Fellows and their friends at 8.30 p.m., and at 9.15 p.m. Dr. G. Norman Meachan will give a lecture recital entitled "Medical musicians."

The annual luncheon of the Irish Medical Schools' and Graduates' Association will be held at the Criterion Restaurant, London, at 1 o'clock on Wednesday, July 27th.

A meeting of the Medico-Legal Society will be held at 11, Chandos Street, W.1, on Thursday, April 28th, at 8.30 p.m. Dr. J. Bright Banister will read a paper on "The gynaecologist in the law courts"; a discussion will follow.

At the meeting of the West London Medico-Chirurgical Society to be held at the Rembrandt Hotel, Thurloe Place, S.W., on Wednesday, May 4th, at 7.30 p.m., a discussion on "Excessive surgery" will be opened by Mr. Hamblen Thomas, Dr. Geoffrey Evans, and Mr. Zachary Cope.

The annual meeting of the Medical Mission Auxiliary of the Church Missionary Society will be held at the Central Hall, Westminster, S.W., on Wednesday, May 4th. The chair will be taken by Field-Marshal Sir Claud Jacob at 7 p.m., and the speakers will be: Dr. H. T. Holland (Quetta, Baluchistan), Mrs. C. Bacon, M.B. (Kweilin, Kwangsi-Hunan), and Dr. J. Howard Cook, secretary of the medical committee. Tickets of admission may be obtained from the superintendent, Loan Department, Church Missionary Society, Salisbury Square, E.C.4. There will be a small number of reserved seats at 1s. each.

The next monthly clinical meeting for medical practitioners will be given at the Hospital for Epilepsy and Paralysis, Maida Vale, W.9, on Thursday, April 28th, at 3 o'clock, when Dr. Anthony Feiling (physician) will give a demonstration. Tea will be provided, and it will be a convenience if those intending to be present will notify the secretary.

A conference on voluntary eugenic sterilization will be held in the Caxton Hall, Westminster, on Monday, May 23rd. At the morning session, with Sir Allan Powell in the chair, medical and legal aspects of sterilization will be discussed by Sir Thomas Horder, Dr. R. Langdon-Down, and Mr. Cecil Binney, and sterilization in other countries by Mrs. C. B. S. Hodson and Miss Hilda Pocock. At the afternoon session, with Professor R. Ruggles Gates, F.R.S., in the chair, social and moral aspects of sterilization will be discussed by Professor A. M. Carr-Saunders, Mr. C. J. Bond, and others, and practical proposals by Wing-Commander A. W. H. James, M.P., and Dr. C. P. Blacker. An informal discussion will take place at 8.30 p.m., open to the general public, at which questions on all aspects of this subject will be invited. Information may be had from the conference secretary, 16, Mulberry Walk, S.W.3.

Sir Basil Blackett, Honorary Treasurer of the British Medical Association's Centenary Meeting, is standing as a Conservative candidate for the St. Marylebone Division at the forthcoming by-election caused by the retirement from the House of Commons of Sir Rennell Rodd.

A quarterly court of the directors of the Society for Relief of Widows and Orphans of Medical Men was held on April 13th, when the president, Mr. Warren Low, was in the chair. The deaths of two members were reported, and one widow in receipt of a grant had also died since the last court. The latter came on the funds in 1897 and died in January, 1932, having during that period received in grants £2,120. Her late husband had been a member for eight years, and had paid in subscriptions £16 16s. Grants were allocated to the amount of £166, of these £91 were voted to orphans who had reached the age of 16, at which age the ordinary grants cease, to enable them to continue their education or start in some professional or business career. One widow with her two children applied for assistance, and a grant of £60 per annum was voted to the widow and one of £50 per annum to each child. The annual general meeting of the society will be held on May 11th. Membership is open to any registered practitioner who at the time of his election is resident within a twenty-mile radius of Charing Cross. Full particulars will be sent to any medical man on application to the secretary at the offices of the society, 11, Chandos Street, Cavendish Square. A subcommittee was formed with the object of devising means to get the society better known, as many medical men do not seem to have heard of its existence.

The Fellowship of Medicine and Post-Graduate Medical Association (1, Wimpole Street, W.1) has arranged a morning course at the Hospital for Sick Children, and an afternoon course at the Infants Hospital from April 25th to May 7th. An afternoon course in psychological medicine will be given at the Maudsley Hospital from April 25th to May 21st, and in dermatology at the St. John's Hospital from May 2nd to May 28th. An evening course in physical medicine will be given at the London Light and Electrical Clinic, Ranelagh Road, on Mondays and Wednesdays, from May 2nd to 25th. It will consist of lectures and demonstrations, and clinical cases and their treatment can be seen during the day by graduates attending the course. A week-end practical course in clinical surgery for F.R.C.S. candidates and others will be held at the Royal Albert Dock Hospital on Saturday and Sunday, May 7th and 8th. Arrangements are now proceeding with the details of the evening M.R.C.P. clinical and pathological course, and with the series of three evening lectures on "Epidemic encephalitis." All the above courses are open to members of the Fellowship of Medicine.

A course of instruction in the diagnosis and treatment of venereal diseases, which qualifies for the Ministry of Health and Victoria University of Manchester certificates, opened on April 20th at 6 p.m. in the municipal clinic, 155, Regent Road, Salford. Meetings will be held once weekly. The course for the Ministry certificate entails attendance for three months at the clinic, during which time 130 hours' instruction are given. For the University certificate, attendance is only required at fifteen lectures. There is no fee for the Ministry of Health certificate; for the University certificate a fee of two guineas is payable to the bursar at the University. Typed notes of the lectures will be issued to each member of the class, and for these a charge of ten shillings is made.

The ninth medical tour of the spas, climatic resorts, and sea-bathing therapeutic centres of Italy will be held from September 5th to 21st. A special train, composed of first-class carriages, will travel from Turin to Viareggio, enabling visits to be paid to Courmayeur, Aosta, Saint-Vincent, Stresa, Baveno, Orta, Acqui, Nervi, Rapallo, and other places. The fee for the whole "Nord-Sud" tour is 1,500 lire, covering all travel and hotel expenses, and participants will receive special coupons entitling them to obtain railway tickets at a reduction of 50 per cent. for the journey from the Italian frontier to Turin. The number of tourists is limited to 150, and the application

list will be closed not later than July 15th. Further information may be obtained from the Italian State Tourist Department, Waterloo Place, Regent Street, S.W.1.

An epidemic of influenza has recently occurred in Switzerland, where the number of fatal cases since the end of February is considerably higher than in the previous months.

Professor Achard, perpetual secretary of the Académie de Médecine of Paris, has been nominated foreign honorary member of the Académie Royale de Médecine of Belgium.

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.**

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QUERIES AND ANSWERS

Plantar Corns

Dr. F. W. COLLINSON (Preston) writes in reply to "Clavus" (April 9th, p. 692), and also to Dr. R. J. Morris (April 16th, p. 737): I would recommend them to use, instead of caustics and sandpaper, a "file," which can be obtained from a shoemaker's supply stores; it is a Swedish patent (C. O. Oberg and Co., Sweden, Patent No. 58), and has four different rasps. I have tried it on several occasions, and found it very satisfactory. One man was practically crippled with corns and plantar callosities, which he used to trim with a knife, but found the file much superior to any other method or treatment; his corns were cured, and he can keep the cuticle thin by filing when necessary; by the sound of the grating he knows when he is on the hard surface. He can walk with absolute comfort. A female patient is now using one of these files, and has found complete relief from discomfort. It can also be used for thickened toe-nails, being much better than scissors.

Dr. W. R. ACKLAND (Clifton) writes: From the description given by "Clavus" of his foot troubles I think I was afflicted in a similar way. I put it down to the flattening of the arches, which occurred when I got about after a long illness. I have found relief by wearing Scholl's lastic metapads, which support the pad of the foot in the metatarsal region.

Dr. WILLIAM GOSSE (Dorset) writes: In reply to the query about plantar corns (probably due to the dropping of the transverse plantar arch) I have found that a disk of rubber sheeting—about the thickness of the inner tube of a cycle tyre, and with a perforation the size of the corn—looped on to the toe or toes by a string loop, and worn under the sock will relieve and probably cure.

Unilateral Oedema

"O. E." (Coventry) writes: I should be grateful for advice as to the treatment of a case of long-standing oedema of one leg resulting from a "white leg" following a confinement thirty years ago. The condition has been made worse by two or three attacks of superficial phlebitis with thrombosis during the last seven years. The patient, who is 55, is otherwise quite strong and healthy, but is greatly incommoded by the weight of the one leg, which is practically twice the size of the other. An elastic stocking gives little relief.