blood. To do this a tooth must be extracted. But it would be a wise precaution, especially in the case of an individual already suffering from valvular disease, or one who may seem for other reasons to be liable to have a weak resistance, to extract *one tooth* only in the first instance, under a general anaesthetic such as nitrous oxide; to make a culture from the tooth; and to test the patient's blood for bactericidal power against it. If the blood has no bactericidal power, an attempt may be made to improve it by graduated doses of vaccine, beginning with very small doses, before any more teeth are removed. In any case of this kind a general anaesthetic, and not local infiltration, is indicated.

> REFERENCE ¹ Clinical Journal, September 3rd, 1930.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

HAEMATOMA OF THE GASTRO-COLIC OMENTUM This is a case of such rarity that I am prompted to submit it for publication.

A married woman, aged 31, attended the out-patient department, Soho Hospital for Women, on June 16th, 1931, complaining of an abdominal swelling, which she had noticed for fourteen days, and which at times disappeared. During the previous two days it had increased in size, and had become tender. In the preceding week vomiting had occurred twice, and was accompanied by severe pain in the region of the swelling. She noticed that on walking there was a dull aching sensation around the umbilicus. Both micturition and menstruation were regular. The patient had four children, and her confinements had been normal.

On examination there was found to the left of the midline, and just above the umbilicus, a circumscribed, dull, tender mass about the size of a small orange. It was freely movable. Examination of the pelvis, cardio-vascular, respiratory, and urinary systems revealed nothing abnormal. Radiograms of the kidneys demonstrated no displacement of these organs.

Laparotomy was performed on July 7th. A purple-coloured lobulated mass was found lying in the gastro-colic omentum. Inferiorly it was attached to the upper and anterior aspect of the middle of the transverse colon, while superiorly it was found adherent to the greater curvature of the stomach. The mass was easily liberated from the colon, but was firmly fixed to the wall of the stomach. During the manipulations the capsule ruptured. The fluid discharged was tarry and glutinous, bearing a marked similarity to the contents of a chocolate cyst of the ovary. The greater portion of the mass was removed, but the upper part was so densely fixed to the stomach that it was deemed wiser to leave it. Into this remaining loculation a small rubber drainage tube was passed. The rest of the abdominal viscera were examined, and appeared to be normal. The drainage tube was removed after twenty-four hours. Convalescence was uninterrupted, and the patient left the hospital three weeks after the operation.

The pathological report recorded the presence of a mass of blood clot, with a capsule of fibrous tissue ; no omental tissue was to be seen.

The literature on the subject is scanty. Louis Timbal¹ published a monograph in which he described two cases of haematoma of the great omentum ; both patients died. There are three varieties of blood cysts: (1) a true serous cyst into which bleeding occurs; (2) a primary encysted haemorrhage of the mesentery o: omentum due to a rupture of an arteriole; (3) a haemorrhage into the general peritoneal cavity, which becomes secondarily encysted

in the mesentery or omentum. Trauma is a most constant factor in the aetiology. It is interesting to note that there was no history of injury in this case. Only by pathological examination can the types be differentiated. In the case described there was merely a mass of blood clot surrounded by fibrous tissue. The haemorrhage had not taken place into a true and pre-formed sac, since no serous covering could be identified in the microscopical section.

I should like to express my gratitude to Mr. H. Sidney Forsdike for allowing me to publish this case.

W. C. W. NIXON, F.R.C.S.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

SOUTH-EASTERN COUNTIES DIVISION

Specific Therapy of Puerperal Fever, Erysipelas, and Scarlet Fever

At a meeting of the South-Eastern Counties Division of the Edinburgh Branch, held on March 16th, with Dr. MARSHALL in the chair, an address was delivered by Dr. T. W. BENSON, medical superintendent of the City Hospital, Edinburgh, on the specific therapy of puerperal fever, erysipelas, and scarlet fever.

Dr. Benson considered that these diseases were all manifestations of infection by haemolytic streptococci, but there were essential differences in the disease processes. In scarlet fever the streptococcus remained, in the majority of cases, localized in the throat, the systemic disturbance-as evidenced by rash, pyrexia, headache, and vomiting-being due to the absorption of soluble exotoxins. In erysipelas the infecting organisms were situated in the deeper layers of the skin, where was set up the inflammatory process which showed the characteristic tendency to spread. Constitutional disturbance pointed to the absorption of toxin; the fact that erysipelas, characterized by severe systemic disturbance, not infrequently occurred in Dick-negative individuals suggested that the toxaemia was due to an endotoxin. In puerperal infection a new problem appeared—namely, the invasive power of the haemolytic streptococcus. A serum to be effective required not only to be able to neutralize toxins produced by infecting organisms, but to destroy germs it must be bactericidal as well as antitoxic. The facts that the exotoxins produced by different strains of Streptococcus haemolyticus seemed to have no qualitative difference, and the majority of them were neutralized by a single antitoxin, had an important bearing on the serotherapy of streptococcal infections in general. Therapeutic serums could be divided broadly into two groups: antitoxic and anti-bacterial. Antitoxic serum aimed at the direct neutralization of bacterial exotoxins, and proved reliable in practice. The acute toxaemia shown in diphtheria, tetanus, and scarlet fever was of only a few days' duration, and the injection of an adequate amount of neutralizing serum would enable the patient to tide over the acute stage. On the other hand, anti-bacterial serums had proved disappointing. It was necessary to aim at the actual destruction of invading germs and the neutralization of endotoxins. Here adequate dosage was essential, and since the bacteriaemic phase might be protracted, the injection might have to be continued over a comparatively long period. The following commercial therapeutic serums against haemolytic streptococcal infections were now available : scarlet fever antitoxic serum, erysipelas antitoxic serum, and puerperal fever antitoxic serum. The essential difference between these modern serums and the polyvalent anti-streptococcal preparations

¹ Les Kystes Sanguins du Mésentère, Rev. de Chir., 1910, xli, 45, 227.

Exemptions for medical and surgical goods are specified in other sections, as follows:

Articles manufactured wholly or partly of the metals aluminium, copper, lead, nickel, tin, zinc, and alloys including any of these metals and parts of such articles (but not including . . . scientific and medical instruments and parts thereof), additional duty, 10 per cent.

Cutlery: knives with one or more blades made wholly or partly of steel or iron (other than surgical knives), additional duty, 10 per cent.

Deaf and Mentally Defective Children: Education

Replying to Mr. Charles Edwards, on April 21st, Sir D. MACLEAN said that on December 31st, 1930, the latest date for which figures were available, the number of children, in England and Wales, ascertained by school medical officers to be deaf was returned as 3,621, of whom 1,915 were boys and 1,706 were girls. The number of partially deaf children was 1,882, of whom 973 were boys and 909 were girls. The period of compulsory education for deaf children was from 7 to 16 years of age. Special schools for the totally deaf provided accommodation for 4,386 children, and in addition there were 222 places in schools certified for the partially deaf. It was estimated that the average cost of the education of deaf children was approximately £39 per child per annum in day schools and £72 in residential schools. To lower the school age for these children would require legislation.

Replying to Mr. Edwards, on April 21st, Sir D. MACLEAN said that at the same date the number of educable mentally defective children of school age, ascertained by school medical officers in England and Wales, was about 32,100-18,700 boys and 13,400 girls. It was known that the actual number of such children was considerably larger. There was accommodation in special schools for about 16,600 mentally defective children, and the average cost of the education was about £23 per child per annum in day schools, and £67 in residential schools. Sir D. Maclean said he would inquire into the statement that mentally defective children were very often mixed up with deaf children at schools for the deaf, and that, if such was not the case, much more accommodation would be available for those who were merely deaf. He was not prepared at present to call on local authorities to provide school accommodation for the mentally defective children above the number for whom it was now available.

Flood Relief for China

On April 25th Sir JOHN SIMON, replying to Mr. Rhys Davies, said that in September, 1931, the Assembly of the League of Nations adopted two resolutions in regard to the floods in China, and the Council of the League instructed the Secretariat to communicate copies to all the Governments. In response to this appeal many contributions were made directly to China, and, in addition, the following were notified to the League: Contributions in money were made by the Belgian and United States Red Cross, the Red Crescent Society of Turkey, and the Swedish Red Cross. Contributions of medicines, etc., were made by the University of Toronto, the State Serum Institute of Denmark, the Pasteur Institute of Saigon, and the Governments of Egypt, Indo-China, India, the Netherlands, the Netherlands East Indies, Norway, Poland, Spain, Sweden, and Yugoslavia. Contributions of medical personnel were made by the Governments of Egypt, the United States, Indo-China, the Netherlands East Indies, and Spain. When the laboratory resources of China were organized in view of the necessity for vaccines and serums all needed supplies were produced without difficulty, so that the health authorities found it unnecessary to accept many offers of this kind. Among contributions actually sent was one of anti-plague vaccine from the Government of India. The medical director of the Health Section of the League arrived at Nanking in September, and placed himself at the disposal of the Chinese Government and the Flood Relief Commission. He remained in China till late in December. Professor Cinca and Drs. Borcic, C L. Park, A. Stampar, and T. F. Huang, all of the League Health Organization, made survey, gave advice, and organized anti-epidemic campaigns. These activities were co-ordinated by Sir J. Hope Simpson, who, at the request of His Majesty's Government, placed his services at the disposal of the Chinese Government, and was appointed to be head of the National Flood Relief Commission.

Indian Medical Council.—Sir S. HOARE, replying to Mr. Morgan Jones on April 25th, said that the Indian Medical Council Bill was introduced in the Indian Legislative Assembly on March 23rd. He had not yet heard whether it had made further progress.

Blind : Statistics.-Replying, on April 21st, to Mr. Hutchison, Major Elliot said the latest returns from local authorities showed that the number of registered blind persons in England and Wales was 52,727 on March 31st, 1929. According to unofficial figures obtained from the Counties' Associations for the Blind, there were 60,598 registered blind persons in England and Wales on March 31st, 1931, and the number of registered blind persons in Scotland was 8,821. The number of blind persons in receipt of pensions under the Blind Persons Act, 1920, on December 31st, 1931, the latest date for which figures were available, was 24,387. In reply to Mr. Magnay, Mr. ERNEST BROWN said the increase in the number of the registered blind was probably due to more complete registration, and did not necessarily indicate any actual increase in the number of blind persons. Many persons who had been blind for some time, but were previously unaware of the services provided under the Blind Persons Act, had been led to seek registration in order to obtain the benefits available under that Act.

Slum Clearance by Wallasey Corporation.—Replying to Dr. Clayton, on April 21st, Mr. ERNEST BROWN said that the clearance orders made by the Wallasey Corporation concerning houses in the Moreton area of Wirral had been the subject of the prescribed local inquiry, and that with certain modifications the areas concerned had properly been declared to be clearance areas. In the circumstances the Minister of Health had no power to mitigate any hardships incurred by occupants. Mr. RHYS DAVIES asserted that this area was one of the most insanitary in the country.

Opium Manufacture.—On April 25th Sir S. HOARE said that information as to the quantity and value of the opium manufactured in 1931-32 at the Government of India's opium factory was not yet available.

Foot-and-Mouth Disease in Kent.—Sir J. GILMOUR states that no fresh cases of foot-and-mouth disease have been confirmed in Kent or elsewhere in Great Britain since that of April 18th at Cheriton. The herd of 70 cattle in which affected animals were discovered was slaughtered, and the remaining stock on the farm treated with serum as a protective measure. The origin of this outbreak had not yet been discovered.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Linacre Lecture (1932) will be given by Dr. J. J. R. Macleod, F.R.S., Regius Professor of Physiology, University of Aberdeen, on Friday, May 6th, in the anatomy lecture theatre at the new museums.

UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE (with Special Knowledge of Psychiatry).-J. L. Clegg, D. C. Dewar.

UNIVERSITY COLLEGE

The examination for the Bucknill Scholarship, value 160 guineas, and for two exhibitions, value 55 guineas each, will begin on May 23rd. The subjects for the examination are chemistry, physics, botany, and zoology. The scholarship and the two exhibitions are tenable at University College, London. Entry forms should be obtained from the secretary of University College not later than May 9th.

UNIVERSITY OF GLASGOW

To the list of recipients of the M.D. degree (with commendation) published last week at page 777, should be added the name of George Brown.

The Services

ARMY ADVISORY COMMITTEE ON MAXILLO-FACIAL INJURIES

The War Office announces that a Standing Advisory Committee under the Director-General, Army Medical Services, has been formed in order to investigate and report on the treatment of maxillo-facial injuries. The committee will make recommendations in regard to the provision of special facilities and equipment for these cases, the general methods of treatment, and the training of dental officers in the principles of preliminary treatment in the field.

The following are the members of the committee at present appointed: Colonel J. P. Helliwell, C.B.E., Assistant Director-General, A.M.S., for Dental Services, (Chairman); Mr. W. Kelsey Fry, M.C., M.R.C.S., L.D.S. (appointed by the British Dental Association); Sir Harold D. Gillies, C.B.E., F.R.C.S.; Mr. W. Warwick James, O.B.E., F.R.C.S., L.D.S.; Major S. H. Woods, O.B.E., The Army Dental Corps (Secretary).

Medical News

The discourse to be given by Sir William Bragg at the Royal Institution conversazione on Friday evening, May 6th, will be related to the various developments in pure and applied science which have depended on the use of the x-ray methods of analysing crystal structure. In order to supplement the discourse, an exhibition is being arranged which will demonstrate more fully the work that has been done. Members of scientific societies or senior students of universities and technical institutions and others interested in this work, will be welcome if they present themselves at the Royal Institution, 21, Albemarle Street, W.1, at any time between 10 a.m. and 6 p.m. on May 9th or 10th. The managers request such visitors to leave their names and addresses.

A course of lectures on the contributions of psychoanalysis to anthropology will be given by Dr. Susan Isaacs on Friday evenings at 8.30 from May 6th to June 24th, at the London Clinic of Psycho-Analysis, 36, Gloucester Place, W.1. The lectures are intended for medical practitioners, medical students, and students of anthropology; fee for the course, $\pounds 2$ 2s., to be paid to Dr. Bryan, 35, Queen Anne Street, W.1.

The annual meeting of the Lebanon Hospital for Mental Diseases, near Beirut, Syria, will be held at Friends House, Euston Road, N.W.1, on Wednesday next, May 4th, at 3 o'clock, with Dr. E. W. G. Masterman in the chair. The speakers will include Dr. Nathan Raw and Dr. Doris Odlum.

The West Kent Medico-Chirurgical Society will hold a dinner and dance at Chiesman's Restaurant, Lewisham, S.E., on Thursday, May 12th, at 7.30 p.m. Guests may be invited. The price of the ticket is 7s. 6d. (exclusive of wines). Applications for tickets should reach the honorary secretary (Dr. C. J. B. Buchan, 267, Baring Road, Grove Park, S.E.) by April 30th.

The eighty-seventh half-yearly dinner of the Aberdeen University Club, London, will be held at the Trocadero Restaurant, at 7 for 7.30 p.m., on Thursday, May 19th, under the chairmanship of Sir Arthur Keith, M.D., F.R.S., Rector of the University. Secretary's address: 9, Addison Gardens, W.14.

The National Safety Week Council announces that instead of one national safety week throughout Great Britain it is arranging this year a series of "weeks" in various localities at different dates. The principal "week" will be held in London from May 2nd to 8th, and the National Safety Congress will be held concurrently from May 4th to 7th. A list of the "safety weeks" so far arranged, and detailed information, may be obtained from the National "Safety First" Association, 119, Victoria Street, S.W.1. In aid of King Edward's Hospital Fund a further series of "Mock Trials" will be held in the theatre of the London School of Economics on Tuesdays, May 3rd, 10th, 24th, 31st, and June 7th and 14th, at 5.30 p.m. The programme of indictments and full particulars may be obtained from the secretary, King Edward's Hospital Fund for London, 7, Walbrook, E.C.4.

The Fellowship of Medicine and Post-Graduate Medical Association announces an afternoon course in diseases of the skin at St. John's Hospital, Leicester Square, May 2nd to 28th ; a course in physical medicine at the London Light and Electrical Clinic, Ranelagh Road, on Mondays and Wednesdays from May 2nd to 25th, at 9 p.m. ; and a week-end course in clinical surgery at the Royal Albert Dock Hospital, May 7th and 8th. A lecture-demonstration on rheumatic infection and heart disease in children will be given at 10.30 a.m. by Dr. B. Schlesinger at the Children's Heart Hospital, West Wickham, on Saturday, May 7th (applications to the Fellowship not later than May 3rd). Epidiascope and laboratory demonstrations will be given by Dr. Knyvett Gordon at 10, Bedford Square on Wednesdays, May 18th, 25th, and June 1st at 8.30 p.m. Particulars of all courses may be had from the Fellowship of Medicine, 1, Wimpole Street, W.1.

A post-graduate course on diseases of the nervous system will be held at the National Hospital for Diseases of the Nervous System, Queen Square, W.C., from May 9th to July 1st. It will consist of thirty-two clinical lectures and demonstrations, teaching in the out-patient department, and pathological lectures and demonstrations. The fee for the course will be £6 6s. A course of ten lectures on the anatomy and physiology of the nervous system will be arranged on Tuesdays and Thursdays at 12 noon if there are sufficient applicants; fee £2 2s. A course of ten clinical demonstrations, chiefly on methods of examination of the nervous system, will be given on Tuesdays and Thursdays at 5 p.m.; fee £2 2s.

The Metropolitan Branch of the Society of Medical Officers of Health has accepted an invitation for its members to visit the Cow and Gate Milk Powdering Factories at Wincanton and Somerton, Somerset, on Friday, May 6th.

A conference of the Southern Region (Western Section) of the British Health Resorts Association is being held this week-end at Bournemouth. At the morning session on Saturday, with Sir Thomas Oliver in the chair, Dr. R. Fortescue Fox will discuss "Centres of convalescence: the role of medical baths," and papers will be read by Drs. J. Browning Alexander, H. Gordon Smith, and Harold Simmons. At the afternoon session, with Dr. Alfred Cox in the chair, Colonel R. H. Elliot will discuss "The human side of the movement," and Dr. W. S. C. Copeman the medical policy of the British Health Resorts Association.

According to the *Times*, authorities at Havre are investigating some three hundred cases of poisoning amongst the crews of merchant vessels which have touched the port during the last three months. The cause of the outbreak is attributed to arsenic, in quantities from 0.46 to 0.77 of a grain per litre, in a stock of Spanish wine forwarded to various shipping companies for the use of their crews. At present opinion is divided as to whether some arsenious compound has been used for spraying the vines, or some alkali, intended to reduce the acidity of the wine, has been contaminated with arsenic.

Messrs. H. K. Lewis and Co., Ltd., announce for early publication volume i of *A Short Practice of Surgery* by Mr. Hamilton Bailey and Mr. McNeill Love; volume ii will be issued a little later.

Messrs. George Allen and Unwin Ltd., official agents for the publications of the League of Nations, announce that the League has decided to publish the material issued by its Health Organization in a new periodical entitled the *Quarterly Bulletin of the Health Organization*, the first number of which will be issued shortly.

Dr. W. H. France of Selston was called to the Bar by Grav's Inn on April 20th.