

(Fig. 2, A). Should the portion of vein selected have any tributaries they should be ligated as a preliminary to tying the main vein. It is essential that the vein should be tied cleanly, without the inclusion of any connective tissue, and attention to this with the large stumps beyond the ligatures precludes any chance of a ligature slipping. The wound can be closed with fine silkworm-gut passed through hypodermic needles (Fig. 2, B), so as to reduce the number of instruments required. The retractor and vein stretcher has been made for me by Messrs. Mayer and Phelps, and I have found it useful in other minor operative

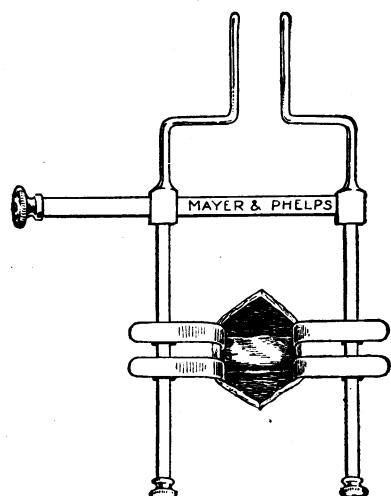


FIG. 1

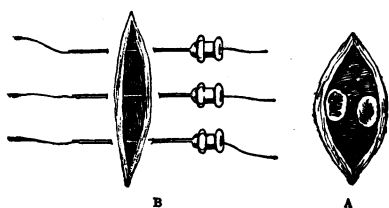
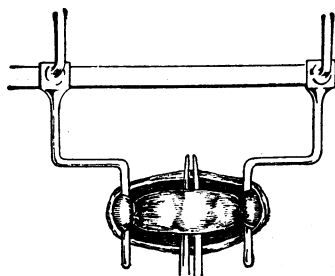


FIG. 2

procedures, usually performed single-handed, where the main difficulties are to keep the wound open and to check oozing. These are overcome by this small instrument.

#### Specific Advantages

The advantage of this procedure over injection alone is that it hastens the treatment, because a much smaller number of injections are needed to produce results. Such an advantage is too obvious to stress. It is, moreover, absolutely certain to produce results, whereas injection alone often disappoints. The veins below the ligature collapse, so that bulky clots do not form, there is less pain, and the induration of the vein resolves more quickly. Lastly, the method gives a greater guarantee against recurrences than injection alone. I have now treated over one hundred cases by this method without complication of any kind, and I have come to regard it as a very

valuable adjunct to injection treatment of varicose veins of certain types. Moreover, it seems to be perfectly safe, and does not necessitate the patient lying up or abstaining from work. The results are so good that I am surprised multiple ligation was not the method of choice in pre-injection days instead of the rather ruthless and unsurgical procedures often employed in the past, with results which did far from justification to them.

The following illustrates well the type of case which benefits most from this treatment.

#### CASE RECORD

Miss J. had had repeated attacks of ulceration for the last ten years. She was of stout build. Both legs showed the scars of ulceration, and there were extremely bulky and extensive varicose veins from the groins to the feet. The ulcers had always healed as a result of long rests in bed. Most of the doctors she had consulted previously had held the veins to be too hopelessly diseased to make a cure by injection worth attempting. One doctor had made a series of seven injections in one leg, from one of which she developed a necrosis, but from none of them did any thrombosis result. On account of this history, and the extent of the veins, I regarded her as a case best treated by a combination of injection and ligation. With the right leg I performed three ligation-injections and three simple injections, and secured a complete and uniform thrombosis of all the veins, without any severe reaction. On the left leg two ligation-injections and three simple injections sufficed to effect a very satisfactory cure. I feel sure that with injection alone the treatment would have been very tedious—possibly rather painful—and in this type of case the veins would be likely to recur.

I wish to thank Messrs. Mayer and Phelps for supplying the blocks.

#### REFERENCES

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- <sup>2</sup> Howard, H. J., Jackson, C. R., and Mahon, E. J.: *Archiv. of Surg.*, 1931, xxii, 352.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### BASOPHILIC HYPERPITUITARISM (CUSHING'S ENDOCRINE PITUITARY SYNDROME) AND ? BASOPHILIC HYPOPITUITARISM

If Professor Harvey Cushing is right in his suggestion that the remarkable syndrome which he has recently discussed (*Johns Hopkins Hosp. Bull.*, 1932, 1, 137) is due to the presence of a basophil adenoma in the anterior lobe of the pituitary body, and for which he has suggested the term "pituitary basophilism," it might well, for convenience, be referred to as "Cushing's syndrome," at all events till more is known on the subject. My own case of Cushing's syndrome I described (*Brit. Journ. Dermatol. and Syph.*, 1926, xxxviii, 1) under the cumbersome heading of "Cutaneous striae, purpura, high blood pressure, amenorrhoea, and obesity," and to complete the clinical title I might have added "with severe trophic changes in the skin of the legs." Incidentally I should like to correct a slight error in Professor Cushing's careful reference to the case. The minute basophilic adenoma in the anterior lobe of the pituitary body was discovered by Dr. E. Bock (a pupil of Professor Aschoff), who was at that time working as pathologist at the German Hospital. This was almost the first case of the kind in which a pituitary basophilic adenoma was definitely stated to have been present. I afterwards lent the paraffin block, and a photomicrograph of an admirable section made by Professor H. M. Turnbull was sent to Professor Cushing, whence that slight error.



Of the various cases collected by Professor Cushing, his own patient, described in 1912, is still living, and I may add that a very typical example in a young woman aged 33 years, who had characteristic cutaneous leg changes, was seen by me, with Dr. Adolphe Abrahams, in 1928, and is, so far as I know, getting on fairly well in the circumstances, with high blood pressure and albuminuria. The high blood pressure and the renal changes in these cases are of the greatest interest, and suggest that a pituitary basophilic adenoma, like certain extremely rare primary endocrine tumours of the chromaffin cells of the suprarenal medulla, may be an exceptional cause of persistent high blood pressure and of arteriolo-sclerotic changes.

Formes frustes of Cushing's syndrome will doubtless come under observation from time to time, but their clinical recognition will be difficult and doubtful. If Cushing's syndrome is really due to basophilic hyperpituitarism, which, I suggest, is a convenient term to distinguish it from acidophilic hyperpituitarism—the cause of acromegaly and acromegalic gigantism—it may be asked whether basophilic hypopituitarism ever occurs, and, if it does occur, whether it gives rise to any characteristic clinical syndrome. In this connexion I cannot help thinking of the so-called lipodystrophia progressiva superior, in which the subcutaneous fat disappears in the upper part of the body, but persists, or is even increased, in the lower limbs, whereas in Cushing's syndrome there is excess of fat in the trunk, though the legs may, I believe, become thin. Both syndromes affect females much more than males. One might even think of a temporary basophilic hyperpituitarism as part-factor in connexion with so-called "idiopathic" striae atrophicae of adolescents and striae connected with typhoid fever and other infections.

The size of an "endocrine tumour" is not necessarily an index of its total endocrine activity, and this should be remembered in regard to the possible effects of basophil as of eosinophil adenomata. Similarly, the cases with the severest thyrotoxic symptoms in Graves's disease are not necessarily those with the largest goitres. In this connexion one may also note that in myelosis and lymphadenosis the bone marrow may be full of immature white cells, even though the circulating blood shows an absolute leucopenia.

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Senior Physician to the German  
Hospital, London.

#### CASE OF SUSPECTED RAT-BITE FEVER

The following are some notes of a rather unusual type of infectious disease recently seen at Cumnock, Ayrshire.

On July 29th, 1931, the patient, aged 10, was playing in the burgh rubbish coup when he was bitten by a rat on the dorsum of the right big toe. The rat appeared to be in poor condition, for it was caught by the boy and swung round by the tail before biting him. The wound was dressed, and iodine applied; healing took place in the usual way, and was not characterized by any unusual feature.

The boy was first seen by the family doctor on August 21st, when he complained of severe headache and general malaise of four days' duration. The temperature was 104.5° F., and the pulse relatively slow, 100. (This was noticeable in all the subsequent attacks.) There was some tenderness on pressure in the right iliac fossa; enlargement of the inguinal glands would probably account for this. The urine showed a small quantity of albumin, but no casts. At this stage the possibility of typhoid fever was considered. The Widal test, however, was negative. There was on this occasion a small patch of erythema at the root of the nose. This was ascribed to a "bite"; it reappeared in subsequent attacks. The boy's temperature came down by lysis in four days, and on August 27th he was able to get up.

On September 3rd he had a recurrence. His face was swollen, and he complained of pain in the calves. There was some redness of the fauces, with huskiness of the voice, and this occurred in subsequent attacks. The glands in the posterior triangle of the neck were enlarged and tender, as were also those in the axilla and groin. No palpable splenic enlargement was noted. On this occasion the temperature came down by crisis in twenty-four hours to 99° F. At this time the possibility of rat-bite fever was not entertained, as no history was obtained of the rat bite.

On September 11th a further recurrence took place. A rash now appeared on the face, abdomen, and buttocks. This was in the form of small rings, with a markedly erythematous outline and a pale, smooth centre. The temperature again came down by crisis, and the rash rapidly faded.

On September 16th he had another recurrence, the temperature being 105° F. The erythematous patches were more conspicuous, and definitely more numerous than formerly. At this juncture the history of the rat bite was obtained, and the condition was diagnosed. The glands were again enlarged and tender. He had subsequent attacks every four to five days, with acute onset; temperature 104° to 105° F., and coming down by crisis in eighteen to twenty-four hours. He remained well between the attacks.

The week after this attack he was given stabilarsan 0.1 gram, followed at intervals of a week by further doses of 0.15 and 0.3 gram. It was thought this dosage would be sufficient to stop the attacks entirely, but a further recurrence necessitated a larger dose of 0.4. No further attacks took place.

He was later admitted to the Victoria Infirmary, Glasgow, and was under the charge of Dr. Douglas Russell. His temperature, however, remained normal, and no rash developed, although he had no further treatment. He is now well, and at home.

Blood films taken during the attacks showed no abnormality apart from some leucocytosis. A sample of blood was also injected into a guinea-pig without any result.

I am indebted to Drs. McQueen, Armitage, and Hay of Cumnock for bringing this case to my notice; also for the clinical details.

PETER HUTCHISON, M.B., Ch.B., D.P.H.,  
Senior Assistant M.O.H., County of Ayr.

## Reports of Societies

### DIAGNOSIS OF PREGNANCY

At a meeting of the London Association of the Medical Women's Federation; held on April 26th, with Dr. LETITIA FAIRFIELD in the chair, Lady BARRETT proposed that a group should be formed for the study of anaesthesia in midwifery, the group to be composed of women obstetricians and gynaecologists in London. This proposal was accepted.

Dr. GLADYS DODDS then delivered an address on the Zondek-Aschheim test. Tests for pregnancy used in the past, she said, had shown a large percentage of error, but the accuracy of the Zondek-Aschheim test had been confirmed by everyone who had used it. During pregnancy the urine contained oestrin and a hormone secreted by the anterior lobe of the pituitary. It was upon the anterior lobe hormone that the test depended; this stimulated the development of ovarian follicles and ovulation, as a result of which oestrin was secreted. It was non-specific, inducing changes in the ovary of the female and in the testis of the male; oestrin, however, was a specifically female hormone. When the urine of a pregnant woman was injected into immature mice it produced ovarian changes, which could be used for the diagnosis of pregnancy. The exact day on which the anterior lobe hormone first appeared in the urine of a pregnant woman had not been ascertained. It was present by the third day after the first missed menstrual period, and it was thought to appear after embedding of the ovum. The



School of Tropical Medicine as scientific secretary to the Yellow Fever Bureau, during which period he was associated with Sir Ronald Ross, Sir Rubert Boyce, and other leading tropical scientists.

From the Liverpool School of Tropical Medicine he undertook a number of scientific expeditions: (1) The yellow fever expedition to Yucatan, 1911-12. (2) The International Congress of Hygiene at Washington, September, 1912, at which he read a paper on the nature and control of yellow fever. (3) Expedition to Jamaica, 1912-13, to investigate the nature of a disease called "vomiting sickness." This expedition was undertaken at the desire and with the support of the British Colonial Office. He visited also at this time Trinidad, Barbados, the Panama Canal zone, and Columbia. (4) Expedition to West Africa, 1913-14, under the Yellow Fever Commission of the Colonial Office, when he worked at Accra, and at the Research Institute at Yaba, near Lagos.

From 1915 to the time of his death he was working in the Belgian Congo, and devoted seventeen years to the organization and development of the medical service of the S.A. des Huileries du Congo Belge (one of Lever Brothers' companies), being appointed principal medical officer in 1917, a position which he took up at the express wish of the late Lord Leverhulme. During the outbreak of yellow fever at Matadi (Belgian Congo) in 1917, Professor Seidelin readily collaborated with the Government in combating the epidemic. Under his able leadership the medical service of the S.A. des Huileries du Congo Belge developed rapidly into a highly organized and efficient centre of scientific activity. He was assisted by thirteen doctors, four sanitary agents, and some 130 native dispensers. He designed and supervised numerous hospitals for Europeans and for natives, dispensaries and lazarets, and carried on a great and highly successful campaign against sleeping sickness. During the seventeen years he was in the Congo he did much bacteriological and pathological research work, and issued numerous publications. He was honoured by the Belgian Colonial Government in 1929 with the decoration of Chevalier de l'Ordre Royal du Lion.

Seidelin had great personal charm, and was a linguist of outstanding ability, being equally fluent in Danish, English, French, Spanish, and German, and he had a wide knowledge of European literature. He will be greatly missed by all who had the privilege of knowing him.

Dr. HAROLD HARRIS ELBOROUGH SCATLIFF, who died at Brighton on April 29th, aged 56 years, was educated at Brighton College, Keble College, Oxford, and St. George's Hospital Medical School. He graduated M.A. Oxon. in 1902, and obtained the diplomas of the English Conjoint Board in the following year. He was honorary surgeon to the Brighton Throat and Ear Hospital, to the St. John's Convalescent Home (for throat and ear cases), and to the Aged Pilgrims' Friendly Society Home, as well as physician to St. Saviour's Hostel, Brighton. In the R.A.M.C.(T.F.) he attained the rank of major on the staff of the Second Eastern General Hospital, and received the Territorial Decoration. Dr. Scatlift was a man of generous nature and wide interests. The variety of his services to his fellow men was betokened by the number of organizations represented at the funeral service at St. Mary's Church on May 3rd, where many members of the Brighton Division of the British Medical Association assembled to pay respect to their colleague's memory. His widow, Dr. Helen Mary Scatlift, is honorary physician to the New Sussex Hospital for Women and Children.

The following well-known foreign medical men have recently died: Dr. MAURICE VALLAS, professor of surgical pathology at the Lyons Faculty of Medicine, aged 66; Dr. LOUIS ERNEST BARIÉ, honorary physician to the

Paris hospitals; Dr. MARCEL NATHAN, a Paris psychiatrist, aged 53; Dr. ERNEST REVILLIOD, a prominent physician of Geneva; Dr. HEINZ DAHMANN, extraordinary professor of oto-rhino-laryngology at the Düsseldorf Medical Academy; Dr. PAUL SAXL, an eminent Vienna physician, aged 50; Dr. GEORG KOSTER, extraordinary professor of psychiatry and neurology at Leipzig University, aged 65; Dr. W. J. GOLD, a prominent paediatrist of Moscow; Dr. MAX RUBNER, the eminent hygienist and physiologist of Berlin, aged 78; Dr. ALBERT GROSSE, professor of clinical obstetrics at the Nantes School of Medicine; and Professor BALDO ROSSI, surgeon and rector of Milan University, aged 64.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

At a congregation held on May 13th, the following medical degrees were conferred:

M.D.—R. K. Debenham.  
M.B., B.CHIR.—H. B. Padwick.

### UNIVERSITY OF LONDON

Lord Dawson of Penn and Dr. A. M. H. Gray have been reappointed to the Senate for the period 1932-6 by the Faculty of Medicine and the General Medical Schools respectively.

#### LONDON HOSPITAL MEDICAL COLLEGE

A course of six lectures on the structure of molecules in relation to biology and medicine will be given by Dr. J. R. Marrack in the Bearsted Clinical Theatre of the London Hospital, at 5.15 p.m., on June 14th, 16th, 21st, 23rd, 28th, and 30th. The course is open to students of the University, and members of the medical profession are cordially invited.

The prizes and certificates gained by successful students during the current academic year will be presented in the College library by the Hon. Sir William H. Goschen (chairman of the House Committee of the hospital) on Friday, June 24th, at 3 p.m.

#### MIDDLESEX HOSPITAL MEDICAL SCHOOL

A series of six lectures on certain aspects of the reflex control of the circulation will be given by Professor Samson Wright at the Middlesex Hospital Medical School, Mortimer Street, W., on Mondays and Thursdays, May 23rd, 26th, and 30th, and June 2nd, 6th, and 9th, at 5 p.m. Admission to the lectures is free, without ticket.

### UNIVERSITY OF EDINBURGH

A graduation ceremonial took place in the Upper Library Hall on May 5th, when the following degrees and diplomas were conferred:

PH.D.—W. A. Bain.  
DIPLOMA IN PUBLIC HEALTH.—Euphemia T. Guild, Janet C. Ronaldson.  
DIPLOMA IN PSYCHIATRY.—C. D. Bruce, A. S. McCulloch, Flora M. Stewart.  
DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—J. E. Dovey, J. M'K. A. Lowson, Major T. Menzies, R.A.M.C.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

A meeting of the Council of the Royal College of Surgeons of England was held on May 12th, when the President, Lord Moynihan, was in the chair. It was announced that the Lister Medal for 1933 for distinguished contributions to surgical science had been awarded to Sir Charles Ballance, K.C.M.G., C.B., who will deliver the Lister Memorial Lecture at the College in 1933.

It was reported that a bequest to the College by the late Mr. J. W. Groves had now become payable. The bequest is expected to amount to about £10,000, and the interest derived from it is intended for the purposes and objects of the museum, including the purchase of collections.

A diploma in gynaecology and obstetrics was granted jointly with the Royal College of Physicians to D. P. de Villiers.

Diplomas of membership were granted to 154 candidates who had passed the final examination in medicine, surgery, and midwifery of the examining board in England. (The list of the successful candidates was printed in the report of the meeting of the Royal College of Physicians of London in our issue of May 7th, p. 868.)



"physician and surgeon," his lordship, with respect, differed. He thought that the learned magistrate unconsciously fell into contradiction when he said, on the one hand, that the words were merely amplification, and on the other that they qualified the title. He agreed with him that the words "physician and surgeon" were an amplification of the description "bonesetter," and by that amplification the respondent was representing himself to be, in fact, a physician and surgeon, and by so representing himself brought himself within the Act, implying that he was recognized by law as a physician and surgeon. There was one other passage in the judgement of Lord Coleridge, to which the Lord Chief Justice had alluded, namely: "It is obvious that there are different qualifications and examinations for the different heads of medical practice, and that those to which a doctor of medicine must be subject, and upon which he must enter, are quite different from those required for an apothecary." (The case then being dealt with was one in which the man was registered as an apothecary, and had further represented himself as a doctor of medicine.) Lord Coleridge proceeded: "To call yourself a physician because you are an apothecary is a fraud upon the public, the very thing that this Act of Parliament was intended to prevent. It was intended by the legislature that persons who employed a medical practitioner should know what sort of examination he has passed, and under which of the various heads of medical practice he is classed." "That appears to me," Mr. Justice Avory went on, "a *fortiori* in this case, when a person who is not qualified and who describes himself as 'bonesetter'—that is, a person not qualified—in addition represents himself to be qualified as a physician and surgeon—in other words, as a person who has been registered or is recognized by law as a physician and surgeon." On those grounds he agreed that the appeal should be allowed and the magistrate directed to convict.

Mr. Justice Macnaghten said that he was of the same opinion. The appeal was therefore allowed, with costs against the respondent.

#### ACTION FOR NEGLIGENCE AGAINST IRISH DOCTOR

At the Sligo Circuit Court on May 3rd and 4th, before Judge Moonan and a jury, an action was brought by Mrs. Sarah Boyle, widow, against Dr. Michael Martin of Cashelgarron, claiming £300 damages on account of alleged negligence in the treatment of her late husband. The deceased, a farm labourer, aged 40, was taken ill with severe abdominal pains on December 21st, 1930. On the following day Dr. Martin was called in and gave certain medical treatment, but the pain and other symptoms continued, and on December 29th the patient was removed, on the doctor's instruction, to the fever hospital. Here the physician, Dr. Hugh M'Loughlin, called in Dr. C. J. McCarthy, surgeon in charge of the county surgical hospital, who found the patient to be suffering from a very acute and gangrenous appendix. An operation was performed, but the patient eventually died in the surgical hospital. It was urged on behalf of the plaintiff that Dr. Martin should have been aware of the appendicitis, instead of which he at first gave certificates indicating that the patient was suffering from dyspepsia, and afterwards, apparently suspecting typhoid, had the patient removed to the fever hospital for observation. Dr. McCarthy, who gave evidence on subpoena, said that the appendix was gangrenous, but it was difficult to say for how long it had been in that condition—probably for more than the day that the patient had been in hospital, judging from the considerable amount of pus. He agreed on certain points of similarity between appendicitis and typhoid. Dr. M'Loughlin testified that the deceased was brought to hospital as an observation case, but he could find no symptoms of fever. The case to some extent simulated typhoid, and he would not consider Dr. Martin careless if he had treated it as such some days previously. When he himself first saw the patient he ruled out appendicitis, and he believed that the appendicitis developed after admission to hospital.

The judge, without calling on evidence for the defence, directed the jury to dismiss the case. What was required of a doctor was reasonable care and skill, not the extraordinary skill which might be expected from those eminent in the profession. Dr. Martin, by the evidence of the widow herself, was careful in his examination, and as he was a qualified

practitioner the onus was on the plaintiff to show a lack of skill. Point had been made of the statement that on the day before the patient was removed to hospital the doctor did not call until some hours after he had been sent for, but this was no evidence of negligence, especially as it was not proved at what hour he actually received the message. Nor was an erroneous diagnosis evidence of negligence, for that depended upon whatever difficulty there might have been in diagnosing appendicitis at the time the doctor saw the patient, and both the medical witnesses called by subpoena for the plaintiff agreed as to the difficulty of making the diagnosis at that stage.

The jury therefore, on the judge's direction, answered "No" to the question: "Did the defendant treat George Boyle negligently?"

## Medical News

The Bolingbroke Lecture before the South-West London Medical Society will be given by Sir Humphry Rolleston at the Bolingbroke Hospital, Wandsworth Common, S.W., on Wednesday, May 25th, at 9 p.m. The subject is "Advances in medicine during the last fifty years." Members of the medical profession are cordially invited.

The Glasgow University Club, London, will dine at the Café Royal, 68, Regent Street, W., on Friday, June 10th, at 7.15 for 7.30 p.m. The Very Rev. Sir George Adam Smith, D.D., LL.D., Principal of the University of Aberdeen, is to be in the chair. Any Glasgow University men who, though not members of the club, desire to attend, are requested to communicate with the honorary secretaries, 62, Harley House, N.W.1.

The annual general meeting of the Fever Group of the Society of Medical Officers of Health will be held at the house of the society on Friday, May 27th, at 3.30 p.m. A paper on isolation hospital construction, by Mr. W. H. Hobday, F.R.I.B.A., will be read.

A meeting of the Medico-Legal Society will be held at 11, Chandos Street, W., on Thursday, May 26th, at 8.30 p.m. Colonel L. W. Harrison, R.A.M.C., will read a paper on the medico-legal aspects of venereal disease; a discussion will follow.

A dance, organized by the Ladies' Guild of the Royal Medical Benevolent Fund, is to be held on Thursday, June 9th, in the Great Hall of the British Medical Association, Tavistock Square, W.C. This function will be the thirteenth of a series which, in the past, have proved both successful and enjoyable, and the committee is most anxious that members of the medical profession and others interested in this Fund should lend their support. Tickets (single 6s., double 11s.) may be obtained from Mrs. Oldershaw, 26, Upper Wimpole Street, W.1.

The ward at the Royal Free Hospital in memory of Dame Mary Scharlieb, M.D., M.S., will be dedicated by the Bishop of London on Tuesday, May 31st, at 4.45 p.m., and a memorial tablet will be unveiled by Lord Riddell, president of the hospital. The speakers will include Lady Barrett, Dr. Rosa Clark, and Dame Louise McIlroy.

The Duke of York will preside at the one hundred and eleventh annual court of the Seamen's Hospital Society on June 8th, when he will declare open the new surgical wing of the "Dreadnought" Hospital, and the out-patient department. Until 1870 the hospital was housed in the old *Dreadnought* man-of-war, moored off Greenwich. The present building and the new wing is one of the seven establishments of the Society, which now cares for over 33,000 sick and injured seamen every year.

A post-graduate course on the biology and pathology of tuberculosis will be held at the Institut Pasteur and the tuberculosis clinic of the Hôpital Laennec, Paris, under the direction of Professors Albert Calmette and Léon Bernard respectively, from June 13th to July 30th. The fee is 300 francs. Further information can be obtained from Dr. L. Nègre, Institut Pasteur, 96, Rue Falguière, Paris.



The Fellowship of Medicine and Post-Graduate Medical Association announces a whole-day course in medicine and surgery at the Prince of Wales's Hospital, Tottenham, from May 23rd to June 4th. This is especially suitable for general practitioners wishing for "refresher" work, and it will be followed by three similar courses, June 6th to 18th, June 20th to July 2nd, and July 4th to 16th. Other courses include: diseases of the chest, at the Victoria Park Hospital, June 6th to 18th, occupying the whole of each day; and gynaecology, at the Chelsea Hospital, June 6th to 18th, occupying most of each day. Epidiascope and laboratory demonstrations will be given at 10, Bedford Square, W.C., on clinical pathology, at 8.30 p.m., on May 25th and June 1st. Lectures on epidemic encephalitis will be given by Professor Arthur Hall on June 2nd, 9th, and 16th, at 8.30 p.m.; the first and third at 11, Chandos Street, Cavendish Square, and the second at Bush House, Kingsway. Four demonstrations on ante-natal treatment will be given by Dame Louise McIlroy at the Royal Free Hospital, on Wednesdays, June 1st to 22nd, at 5 p.m. The above courses and lectures are open only to members of the Fellowship of Medicine.

The summer post-graduate course at the Royal Northern Hospital, Holloway, will commence on May 23rd and terminate on July 6th. The periods from May 23rd to 27th, and from June 13th to 17th, will be an intensive course devoted to teaching in the wards and various departments of the hospital. The last three lectures and demonstrations of the series will be given at the Royal Chest Hospital, City Road, which is a branch of the Royal Northern Group. The lectures and demonstrations are open to all medical practitioners free of charge. Tea will be provided on each occasion at 4.15 p.m.

In view of the proposed inquiry by the Minister of Health into the scientific issues involved in the sterilization of mental defectives, a conference, organized by the Eugenics Society, will be held at Caxton Hall, Westminster, on May 23rd. In the morning Sir Thomas Horder will discuss medical and legal aspects, and Mrs. C. B. S. Hodson and Miss Hilda Pocock will give an account of sterilization in other countries; at the afternoon session Professors Carr-Saunders and Ruggles-Gates will discuss the social and moral aspects of sterilization.

The annual meeting of the French Association for the Advancement of Science is this year to be held in Brussels from July 25th to 30th. The Medical Electrolgy and Radiology Section will be under the chairmanship of Dr. Felix Sluys, and among the papers to be read is one by Dr. Glorieux of Bruges on injuries to the vertebral column. Professor Rechou of Bordeaux, and Dr. Delherm and Dr. Kahn-Morel of Paris, will present papers on the radio- and electro-therapeutical treatment of goitres. Professor Gunzburg, Brussels, will present a report on the electrical treatment of chronic rheumatic affection. Particulars of the work of the Section and conditions of membership can be obtained from Dr. E. Daubresse-Morelle, 154, Rue de la Roi, Brussels.

The International Congress of Phonetic Sciences will be held in Amsterdam from July 3rd to 7th, under the presidency of Dr. J. van Ginneken. The congress should appeal not only to those interested in phonetics, but also to psychologists, psychiatrists, neurologists, anthropologists, and biologists. Further information can be obtained from the general secretary, Dr. L. Kaiser, Rapenburgstraat 136, Amsterdam.

The fifth congress of the International Society for Logopedia and Phoniatri (remedial training of speech and voice) will be held in Budapest, July 14th to 17th. The reports will be given in German and in Italian. Communications and discussions at the congress can be held in English, German, French, and Italian. Further information may be obtained from Professor Dr. Fröschels, Vienna IX, Ferstelgasse 6, or from Doz. Dr. Stern, Vienna IX, Mariannengasse 15.

The fourteenth International Congress of Physiology will be held in Rome from August 29th to September 3rd, under the presidency of Professor Filippo Bottazzi of the

Naples Institute of Physiology. The subscription is 100 lire. Further information can be obtained from the general secretary, Professor Sabato Visco, R. Istituta di Fisiologia, Naples.

The Ministry of Health reminds county and county borough councils that they should submit, not later than September 30th next, a scheme, to be effective from April 1st, 1933, to March 31st, 1937, for payment of annual contributions to voluntary associations providing maternity and child welfare services. It should be prepared after consultation with associations in the existing scheme, and reasons must be given for any omission of such an association or any proposed variation in the amount of the annual contribution.

Dr. Ludwig Pick, professor of anatomy at Berlin University, has been elected Dunham lecturer at Harvard for the year 1931-32, and Dr. Friedrich Gudzent, professor of medicine at Berlin, has been invited by the Royal Egyptian Medical Society to lecture on gout and rheumatism at Cairo.

Major H. E. S. Richards, M.C., Chief Medical and Health Officer, Government of Grenada, has been re-appointed a member of the Executive Committee of the island of Grenada.

## 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

### Unilateral Oedema

Dr. CHARLES HAGENBACH (Hayle, Cornwall) writes: I have had very good results in a case where the oedema extends up to the groin. Elastoplast bandages were first used, but did not wear well and caused skin irritation, although gradually reducing the girth of the limb. I followed up with ceraban bandages, and the patient is now very comfortable. Three bandages were first required, but now two and a quarter suffice. They last ten or twelve weeks, and the skin is unaffected. The part around the knee gives way first, and may be replaced separately if desired. The top of the bandage should be finished with a double thickness, and short, unequal nicks—less than an inch in length—cut in it, so that there shall not be a definite edge over which the skin might bulge and become chafed. Liberal powdering of the outside of the bandage for a few days will overcome the stickiness resulting from body warmth.

### Plantar Corns

"WELCOME RELIEF" (Hull) writes in reply to "Clavus": I had tolerated severe discomfort for some years, making walking for any distance practically impossible due to plantar corns beneath the heads of the metatarsals, associated with an intensely irritable, exfoliative, and serous dermatitis between the toes. Having used a scalpel frequently, having sought the opinion of several professional