

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

AN UNUSUAL TUMOUR OF THE GLUTEAL REGION

A married woman, 28 years of age, was sent to see me with a view to having a tumour in the buttock excised. The tumour had been first noticed twelve months ago, since when it had gradually increased in size, and latterly it had become very painful when she sat down. It was situated in the upper and inner quadrant of the left buttock towards the sacrum. It was deep-seated, about the size of a tangerine orange, cystic, but not freely movable. Firm pressure over the swelling was painful, and a curious sensation suggestive of "egg-shell-crackling" could be felt.

On the evening of her admission to hospital the patient informed her sister that three years ago, as she had missed two menstrual periods, she had inserted a bone knitting-needle into her vagina, which needle she had never recovered.

At the operation, after incising the deep fascia, a tense swelling with glistening walls was exposed. The finger was easily passed round the tumour, except on its deep surface, where it was fixed. Here a sharp object, like the blunt end of a pencil, could be felt. This was held with a stout pair of artery forceps till the tumour was detached on its deep surface with scissors and excised. Gentle traction on the forceps eventually delivered the knitting-needle which had been missing for three years.

The tumour itself proved to be a large adventitious bursa with thickened walls, and containing broken down granulation tissue and a few melon-seed bodies. Apparently the needle had made its exit from the pelvis through the upper part of the great sacro-sciatic foramen. The bony needle was smooth in surface, had retained its original colour, and was $4\frac{1}{4}$ inches long.

Fuller facts were elicited from the patient during her convalescence. She stated that after immersing the needle in lysol and smearing it with vaseline she inserted it as far as she could into her vagina while in the squatting position. The manipulation was painless and there was no bleeding. A week later she had fairly profuse haemorrhage and "something came away." She did not lie up, and was able to do her ordinary housework. She had had no trouble since, except pain on sitting down for the last six months.

Ulverston.

GRAHAM W. CHRISTIE, F.R.C.S.Ed.

A FATAL CASE OF VINCENT'S ANGINA

Vincent's angina is usually a relatively mild affection in this country. J. D. Rolleston¹ states that he has never seen a fatal case, and the following example may therefore be worthy of record.

A man, aged 32, was admitted to hospital on August 14th, 1931, with a diagnosis of diphtheria. The illness was said to have begun eight days previously with headache, sore throat, and diarrhoea.

On admission the patient complained of severe headache, sore throat, and difficulty in swallowing. His temperature was 100.6° F., pulse 104, and respirations 22 per minute. Several of the lower teeth were carious and loose, with pus oozing out of the margins of the gums. The right tonsil was ulcerated and almost covered by a dark grey slough spreading on to the anterior pillar; a much smaller but similar patch was present on the left tonsil. The uvula was not affected, but the gland at the angle of the jaw on the right side was slightly enlarged and tender. The characteristic fetor of Vincent's angina was unpleasantly in evidence. There was no nasal discharge, and examination of the chest and abdomen showed nothing abnormal except slight albuminuria. A throat smear showed the typical combination of spirilla and fusiform bacilli, the former predominating. Pus from the gum margins contained

streptococci and staphylococci, but no fusi-spirillar organisms. No Klebs-Loeffer bacilli were present in the smear or culture from the throat.

Ulceration of the right tonsil and surrounding tissue became slowly more extensive, and involved the right side of the uvula. Diphtheria antitoxin had no effect on the local or general condition. Local treatment with tincture of iodine, hydrogen peroxide, and salvarsan did not appear to check the spread of the ulceration, but considerably lessened the fetor, which could often be distinguished at some distance from the patient's cubicle. On the fifteenth day of the illness numerous small blisters, filled with blood-stained fluid, appeared on the outer aspect of both hips. By this time the patient's general condition was deteriorating. The temperature remained between 102° and 103°, the pulse became rapid and soft, and delirium was rarely absent. Blood culture on the twenty-second day yielded only *Staphylococcus albus*—probably a contamination; the patient gradually sank and died two days later, the illness having lasted twenty-four days. The condition of the throat did not alter materially during the later stages.

Post-mortem examination showed that the pharynx and larynx were not involved in the ulcerative process. Multiple small abscesses were found in the cortex of both kidneys, and there were signs of a commencing pericarditis and left interlobar pleurisy. Streptococci were the only organisms found in pus from the renal abscesses.

It seems reasonable to suppose that the ulceration produced by the fusi-spirillar organisms paved the way for an invasion of the blood stream by the pyogenic organisms from the gums and teeth, and that, given an otherwise healthy mouth, the disease might have taken its usual favourable course.

Romford.

E. JAMES, M.D., D.P.H.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

CALCUTTA BRANCH

Pregnancy Anaemia in India

At a meeting of the Calcutta Branch, held on December 11th, 1931, at the Calcutta School of Tropical Medicine, with Dr. KEDARNATH DAS, president of the Branch Council, in the chair, Dr. N. GUPTA read a paper on anaemia in pregnancy.

Dr. Gupta said that ankylostomiasis and other helminthic infections, malaria, leishmaniasis, dysentery, tuberculosis, syphilis, and sprue were more or less responsible for tropical anaemia. The extent to which one or more of these diseases were involved in the aetiology of pregnancy anaemias was an important question. There was certainly a large group of cases where one did not find any cause. Pregnancy seemed to be essential, and not a mere accident in the malady. The symptom-complex, the blood picture, the course of the disease, the dramatic end, the morbid anatomy, and histopathology were invariably the same. The speaker's series consisted of 203 cases admitted as indoor patients in the Eden Hospital in the previous three months, at or near full term. It also included a few cases complicated with secondary infections.

The anaemia occurred in all communities—villages and towns—amongst Hindus, Mohammedans, and Christians. The urban districts suffered more than rural areas, the condition being more common amongst the poorer classes of Bengal than the better and richer ones. Mohammedans suffered almost equally with the Hindus, although the number of cases attending the hospital was very much less than that of the Hindus; the Anglo-Indians and the Jews suffered less in proportion as well as in severity, as they sought early ante-natal care. Europeans

¹ *Acute Infectious Diseases*, 1925.

Maternal Mortality Report

Mr. E. BROWN, on May 31st, informed Mr. Rhys Davies that the final report of the Departmental Committee on Maternal Mortality was expected to be ready for publication towards the end of the summer.

Trypanosomes of Nagana.—Sir P. CUNLIFFE-LISTER told Captain Peter Macdonald, on May 25th, that a theory had recently been advanced that the trypanosomes of Nagana transmitted by tsetse flies originated in plants and not in animals. This theory was not borne out by the observations of expert investigators, however, and was not generally accepted by the highest authorities.

Psittacosis.—Sir HILTON YOUNG informed Mr. Temple Morris, on May 26th, that psittacosis was receiving continuous attention in his Department in the light of all the information available on the subject, but he was not satisfied that the risk of the spread of the disease through the importation of parrots had so far diminished that the restrictions on their importation could safely be relaxed at present. Mr. Temple Morris, in putting the question, asserted that no case of psittacosis had been reported in Argentina for over a year.

"Cheap" Disinfectants.—Replying to Mr. Glossop, on May 26th, Sir HILTON YOUNG said he had no power under the existing law to warn the public of the danger of using lysol and other disinfectants sold at cheap stores in such a diluted form that when diluted in accordance with usual practice they were useless. He proposed to await the final report of the Maternal Mortality Committee, which would include observations on the subject of the use of lysol in midwifery. His attention had been drawn to the result of a High Court appeal relating to the sale of disinfectants.

Butter-fat Content of Imported Cream.—Sir HILTON YOUNG told Sir C. Cayzer, on May 26th, that he was aware of a report by Walsall borough analyst with regard to imported cream sold in tins, which was stated to contain only 22 per cent. of butter-fat as against the usual 50 per cent. in fresh cream. He had no power to make regulations providing that all tinned cream should bear a label stating the precise butter-fat content of the cream therein.

Contagious Abortion in Cattle.—On May 30th Sir J. GILMOUR, replying to Lord Scone, said that contagious abortion in cattle had not been made a notifiable disease, as it did not lend itself to legislative control. Veterinary research had, however, made available a reliable test by which affected animals could be detected, and also an immunizing agent suitable for use in heavily infected herds. The Government was undertaking an investigation into the means of securing a reduction of disease among dairy herds, and contagious abortion was one of the diseases included in the inquiry.

Driving Licence Test in Cases of Physical Disability.—Mr. PYBUS, replying to Mr. Remer on May 30th, said that the Road Traffic Act, 1930, empowered him to prescribe a test for applicants for driving licences suffering from certain physical disabilities, and a driving test for this purpose had been prescribed. The question whether there should be a general driving test was discussed at considerable length during the passing of the Bill, and he would not feel justified in introducing amending legislation on the point.

First-aid Equipment on Motor Vehicles.—On May 30th Mr. PYBUS told Mr. Clafry that he had considered the question of requiring all motor vehicles to carry first-aid outfits. He did not propose for the moment to extend the scope of the existing regulations, which required that these outfits should be carried on public service vehicles which were used as express or contract carriages.

Vaccination Pads.—Mr. NEIL MACLEAN gave notice that on June 2nd he would ask the Financial Secretary to the War Office for what reasons an Army order or instruction had been issued to Army medical officers instructing them to discontinue the use of boric lint and of vaccination pads, and notifying them that when the present stocks were exhausted no further issue of vaccination pads, etc., would be made; whether this order meant vaccination in the Army was to cease; and, if not, what was the purpose of this order.

Medico-Legal**FALSE USE OF THE TITLE "PHYSICIAN AND SURGEON"**

At the Marylebone police court on May 25th, Mr. A. E. Shakesby, bonsetter, of Dorset Square, Regent's Park, was fined £5, with £5 5s. costs, on each of two summonses for falsely using the title "physician and surgeon," in contravention of the Medical Act, 1858. This conviction followed proceedings in the High Court, fully reported in the *Journal* of May 21st (p. 965). In December last the Marylebone magistrate dismissed a summons taken out by the Medical Defence Union against Mr. Shakesby for false use of the title, on which occasion evidence was given that a doorplate at the defendant's residence bore the inscription "Osteopathic physician and surgeon." The magistrate, however, stated a case for the higher court, which was heard on May 10th and 11th by the Lord Chief Justice, Mr. Justice Avory, and Mr. Justice Macnaghten, who unanimously allowed the appeal, and referred the case back to the magistrate with direction to convict.

Universities and Colleges**UNIVERSITY OF CAMBRIDGE**

At a congregation held on May 28th the following medical degrees were conferred:

M.D.—J. R. H. Towers.
M.B., B.CHIR.—L. P. J. Evans.
B.CHIR.—F. J. Wright.

UNIVERSITY OF LONDON

A course of two lectures on the physiology of the adrenal gland will be given by Dr. A. T. Wilson at the Middlesex Hospital Medical School, Mortimer Street, W., on June 13th and 16th, at 5 p.m. Admission is free, without ticket.

Sir Ernest Graham-Little, M.P., has been appointed to represent the University at the Centenary Meeting of the British Medical Association in July next.

The Dunn exhibitions in anatomy and physiology for 1932 have been awarded respectively to Mr. J. E. Spalding and Mr. W. N. Mann, both of Guy's Hospital Medical School.

Medical News

The Cavendish Lecture before the West London Medico-Chirurgical Society will be delivered by Sir Thomas Horder at the Kensington Town Hall, on June 24th, at 8.15 p.m. The subject will be the present position of therapeutics in infective diseases. The annual conversation will follow.

The Osler Oration before the Canadian Medical Association will be delivered on June 24th by Dr. Francis R. Packard, editor of the *Annals of Medical History*.

An open-air lecture on the contribution of plants to the study of heredity will be given in the Chelsea Physic Garden, Swan Walk, Chelsea, by Dame Helen Gwynne Vaughan, D.Sc., on Thursday, June 9th, at 5 p.m. Sir William J. Collins, M.D. (chairman of the Chadwick Trustees) will preside. Gardens open at 4 o'clock.

The seventeenth Guthrie Lecture will be delivered before the Physical Society on June 17th, at 5 p.m., at the Imperial College of Science and Technology, South Kensington. Dr. Max Planck (formerly professor in Berlin) is this year's lecturer, and his subject will be "The concept of causality in physics."

The Bakerian Lecture will be delivered before the Royal Society on Thursday, June 9th, at Burlington House, by Professor W. A. Bone, F.R.S., on the combustion of hydrocarbons. A portrait of Lord Rutherford, painted by Mr. Oswald Birley, will be presented to the Society before the meeting.

The next series of eight lectures and demonstrations on tropical hygiene, intended for men and women outside the medical profession proceeding to the Tropics, will be given by Lieut.-Colonel G. E. F. Stammers, from June 14th to 23rd. The synopsis and other particulars can be obtained from the secretary, London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C.1.

Part 3 of the post-graduate courses for ship surgeons, arranged by the Seamen's Hospital Society, will be held at the Dreadnought Hospital, Greenwich, from July 11th to July 29th. Full particulars can be obtained on application to the secretary, Seamen's Hospital Society, Greenwich, S.E.10.

The Fellowship of Medicine reminds its members that Professor Arthur Hall will give the second of his series of lectures on epidemic encephalitis, at Bush House, Aldwych, on June 9th, at 8.30 p.m. Courses beginning on June 6th and lasting until June 18th include medicine, surgery, and specialties at the Prince of Wales's Hospital, Tottenham, diseases of the chest at the Victoria Park Hospital, and gynaecology at the Chelsea Hospital for Women. All these courses occupy the whole of each day. An evening course of clinical instruction for the M.R.C.P. examination will take place on Mondays and Fridays, June 6th to July 1st, at the National Temperance Hospital at 8 p.m.; the last two days will be devoted to pathology. A course in diseases of childhood will be given at the Children's Clinic and other hospitals from June 27th to July 9th, and a course in dermatology at the Blackfriars Skin Hospital in the afternoons during the same period. The above courses and lectures are open only to members. A system of clinics given by a panel of teachers is now in force, whereby graduates can choose clinics throughout the week in various subjects. Full details may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1.

Miss Helen Keller, the famous American blind-deaf writer, is now on a visit to Europe to receive the degree of LL.D. at Glasgow University. Her first public appearance in London will be on Monday, July 4th, when she will attend a complimentary luncheon at the headquarters of the National Institute for the Blind in Great Portland Street, and open the institute's new school for blind masseurs.

The congress of the International League against Rheumatism, which was to have taken place in Rome in May, will be held in Paris from October 13th to 15th.

The issue of the *Zentralblatt für innere Medizin* for April 30th is dedicated to Professor Volhard of Frankfurt, on the occasion of his sixtieth birthday.

Dr. Joseph Sillars, who has retired after thirty years' practice in Kirriemuir, was the recipient on May 20th of a wallet containing notes to the value of £130 from patients and friends in the district. Bailie John Barrie, who made the presentation, referred to the skill and devotion to duty which Dr. Sillars had shown in his long connexion with the burgh, and expressed the regret of his patients that he had felt compelled, through failing health, to retire to his native Arran.

Dr. Julius Grober, professor of internal medicine at Jena, has been invited to deliver addresses before the American Congress of Physical Therapy in New York and a number of other American universities.

The Société Nationale de Chirurgie has awarded its gold medal to Professor Leriche of Strasbourg. The medal, which is accompanied by a prize of 5,000 francs, was instituted by Professor Lannelongue, and has been successively awarded to Sir Victor Horsley, Dr. Henri Gaudier, and Dr. Crile of Cleveland.

Professor Joseph Arcé of Buenos Aires and Professor Charles Langdon Gibson of New York have been elected corresponding members of the Académie de Médecine in the Section of Surgery.

Geh. Rat. Prof. Dr. Hermann Kirmmell of Hamburg, who is best known for his work in renal and abdominal surgery, celebrated his eightieth birthday on May 22nd.

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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The address of the Irish Office of the British Medical Association is 18, Kildare Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumshugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

QUERIES AND ANSWERS

Treatment of Moles

Dr. J. CURTIS WEBB (Cheltenham) writes in reply to "M.'s" query in the *Journal* of May 28th: I have found indirect fulguration from a high-frequency apparatus a certain cure for moles. They are completely destroyed, and a small white scar remains. There is no possibility of the development of melanotic sarcoma. I have not found x rays or radium so satisfactory as the above.

Sunburn

Dr. HERBERT CARDIN (London) writes, in reply to "Ships" (May 7th, p. 872): The agonizing pain of a really severe sunburn, or any other burn or scald, cannot be realized by those who have not experienced it. The "shock" is entirely due to the pain, which can be almost immediately relieved by the application of ice or cold water. I have had considerable experience of scalding from burst pipes of superheated steam and boiler gauges (glass), and I at once send the steward for ice to apply to the scalded man. The area of blistering is much reduced, and shock is eliminated. I saw many soldiers who had come out from England during the war "scalded" by the sun when bathing in the Suez Canal; lint dripping with ice water, applied to their backs, cured them all. Carron oil is the very worst application to a scald. Until all the pain has been got rid of it is useless to think of further treatment, and then almost anything does.

Wasp Stings and Bee Stings

Dr. J. PERCIVAL BROWN (Bacup) writes: I have for a long time used and recommended to first-aid classes weak acetic acid or vinegar as likely to be successful in most cases. My belief is that the venom is largely alkaline. The old use of the blue-bag I found at times of no value. An old country chemist and I once discussed it, and he, like I do, considered the venom mostly alkaline, but probably in certain seasons more acid (that is, one gland may act more at such times), which explains Colonel Samman's remarks about two glands (March 5th, p. 455). I agree with Professor A. E. Boycott's experiments and what he says about the books (p. 455), for even if there is another poison, the vinegar, or dilute acetic acid, seems to give relief in many cases.

Income Tax

Various Appointments

"E. K. J." qualified in January, 1930, and between then and June, 1931, held four medical appointments for short periods. Since June, 1931, he has held the same appointment. What should be the basis of his liability?

** In strictness such earnings are chargeable to tax on the basis of the current year, but now that he holds a semi-permanent appointment his liability for the second year's income from that post will be determined by the amount of the emoluments payable to him for his first year there.