

whom showed lesions of more than one system, as indicated in the third column. The hospital-class patients were treated at the British Red Cross Society's Clinic for Rheumatism from among those under Dr. C. B. Heald. Their disabilities were rheumatic manifestations of various kinds.

TABLE I.—B.R.C.S. (a) and Private Patients (b)

Number of Patients	Average Number of Treatments	Systems Affected	Systems Cured	Systems Improved	Systems <i>in statu quo</i>	Systems Worse
(a) 32	6.3	32	15	14	2	1
(b) 61	5.2	101	51	48	2	—
93	5.7	133	66	62	4	1

The classification of patients under the heading of "cured" and "improved" is, of course, arbitrary. The method employed was that when the tonsils appeared healthy clinically and pathologically the patient's condition was assessed, and where symptoms were completely relieved the result was described as "cured." Where symptoms were alleviated only, the condition was noted as "improved." The private patients were treated for conditions of the upper air passages, such as chronic catarrh of the nasal passages, larynx, pharynx, and Eustachian tubes, frequent colds, and sore throats. There were also patients treated for rheumatic conditions and disabilities of the digestive tract, such as flatulent indigestion, cholecystitis, and colitis—probably secondary infections from the tonsils, either from swallowing pus or by infection through the lymphatic channels.

Table II illustrates the results of tonsil treatment on affections of the locomotor alimentary systems and upper air passages.

TABLE II.—Private Patients Only

System Infected	Cured	Improved	<i>In statu quo</i>	Worse
Locomotor ...	10	18	—	—
Alimentary ...	4	11	1	—
Upper air passages ...	24	7	1	—
Other systems ...	12	13	—	—

In addition to the cases included in the above tables, a small number of cases of neuritis, persistent headaches, asthma, bronchitis, gingivitis, toxic myocarditis, and conjunctivitis associated with obviously unhealthy tonsils were treated by electro-coagulation with gratifying results, the proportion of those cured to those who showed improvement being 12 to 13. A remarkable feature of the records is the fact that forty-six out of the sixty-one private patients volunteered the information that as treatment proceeded they had more energy, or were less tired.

Table III shows the comparative results of treatment of rheumatism of the periarticular and articular type on the one hand and of the muscular type on the other.

TABLE III.—B.R.C.S. Patients Only

Type of Rheumatism	Number of Patients	Average Number of Treatments	Cured	Improved	<i>In statu quo</i>	Worse
Periarticular and articular	17	6.0	5	9	2	1
Muscular ...	15	7.1	10	5	—	—

From this it is evident that the results of treatment of the muscular type are better than in the type affecting the joints. It is curious that the successful treatment of the muscular type of case was more prolonged than that

of the less amenable joint type. A possible explanation is that secondary foci of infection developed in the articular cases when these were old-standing, causing more or less permanent injury to the joint.

A small number of B.R.C.S. patients were given electro-coagulation treatment only, and Table IV shows the results.

TABLE IV.—B.R.C.S. Patients having no other Treatment

Number of Patients	Average Number of Treatments	Cured	Improved	<i>In statu quo</i>
12	6.5	10	2	—

These cases were of fairly recent origin, and, therefore, presumably more responsive to treatment. This would appear to tally with our explanation with regard to joint cases.

This treatment was started eighteen months ago, and therefore is to be regarded as being still in an experimental stage. For the same reason the number of complete cases is too small to be of great statistical value, but we consider that this method of therapy has a distinctly promising future.

SUMMARY

The treatment described attempts to relieve or cure certain disabilities caused by the broadcasting of poisons from unhealthy tonsils.

It is of advantage in that a considerable amount of healthy tonsil remains.

No damage and little discomfort attends the process, and the patient can follow his ordinary occupation and habits.

Patients of any age can be treated, the actual range being from 3 to 74 years.

Complications such as secondary haemorrhage have never occurred.

REFERENCES

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Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

MUMPS AND APPENDICITIS

The following case may be of interest in view of the suggested rarity of this combination of diseases.

On December 12th, 1932, a boy of 11 years was taken ill with bilateral swelling of the parotid submaxillary glands. There was pain on swallowing and on opening the mouth, no abdominal pain, but frequent vomiting. There was mumps in the village, and the boy was thought to have contracted the disease. Two or three days earlier he started vomiting, and I was asked to see him. His temperature was 101° F., pulse 100. The abdomen moved on respiration; there was no pain, tenderness, or rigidity. The vomit was bile-stained; the bowels were constipated, but opened with medicine. The case was diagnosed as a severe attack of mumps, and the patient was put to bed. On the following days the boy was fairly comfortable, although he was still vomiting and the temperature and pulse were still raised. As appendicitis was suspected he was seen by another doctor on December 14th, but there were still no physical signs, and we decided to await development.

On December 16th pain, referred to the umbilicus, was complained of for the first time, and a definite swelling could now be felt in the right iliac fossa. Temperature 101.8° F., pulse 106. The boy looked very well, and the parotid swelling was beginning to subside, although it was still present. He was removed to hospital and operated on at once. A perforated swollen appendix was found and removed,

and the abscess cavity was swabbed out. This was shut off from the rest of the abdomen by what looked like old-standing adhesions and omentum. A large drainage tube was inserted. Uneventful recovery followed.

COMMENTARY

In this case, as in those referred to in the *British Medical Journal* of January 21st (p. 98), the appendix appeared to be infected as the glands of the neck subsided, about a week after onset of disease. The boy had never been ill before, although the adhesions pointed to previous attacks. The boy's grandmother and an aunt had both died of peritonitis following appendicitis in 1932, and yet, in spite of the family history, the case was very difficult to diagnose, there being no complaint of pain, no tenderness, and no rigidity until an abscess had definitely formed. I heard of a similar case last year, operated on by the same surgeon. In this case, although the mumps organism undoubtedly lit up the condition, the character of the pus was that usually associated with *B. coli*, and the number of adhesions suggested previous attacks.

Buckingham.

BARBARA FINCH, M.B., B.S.

EMBOLISM OF RETINAL ARTERIES

In the *British Medical Journal* of November 12th, 1932 (p. 878), I recorded a case of embolism of the central artery of the retina, in which, thanks to Dr. Ewing faithfully carrying out my instructions, vision was restored—permanently, I hope, for it would indeed be an unheard-of piece of ill luck if a similar accident befell the patient for a second time. The following are two further cases which I promised to report.

Case 1.—Mrs. A., middle-aged, of Clacton, was sent to me on November 27th, 1930, by Dr. Percy Coleman. Fourteen days previously, during a heavy cold, she had suddenly lost half the visual field of her left eye, which "became quite black," and sight was very seriously impaired. She felt a little pain over the brow. Vision was reduced to 6/36, and fundus examination showed the inferior temporal retinal artery to be blocked. Attenuated and fragmented filaments of blood column could be seen moving jerkily, but, strange to say—and I do not recall observing this before—they moved in a centripetal sense—that is, towards the heart. Possibly this may be due to a force somewhat similar to that utilized in the hydraulic air pump, the current in the inferior nasal artery sucking remnants of blood in the temporal branch towards its own direction. I started massage at once, with no immediate result, and ordered it to be kept up thrice daily for three minutes, after pilocarpine instillation and warm fomentations. On December 2nd blood was circulating in the inferior temporal artery. Vision was 6/12 ptl.; treatment was persevered with. On December 16th the vision had reached 6/9 ptl.; treatment was stopped. On January 13th, 1931, vision had dropped to 6/24. Treatment was resumed and 5 per cent. dionin added at night. After one month (February 17th, 1931) vision was 6/6, and though the temporal artery still looked somewhat beaded the blood column was no longer interrupted. A few punctate and fibrillary haemorrhages were seen on the disk. On March 31st, 1931, everything was normal—V=6/5, and with presbyopic correction J1. Treatment was stopped and glasses ordered. Dr. Coleman has seen the patient quite recently. She has had no further trouble. Heart and kidneys he found normal.

Case 2.—Mr. X, aged 61, owned a restaurant. He consulted me on May 14th, 1930. There was extreme arteriosclerosis. For a fortnight he had had pain in the left temple, and the vein was swollen. On May 13th, when he awoke, the white curtains in his bedroom looked blue, and he had blue vision all day. By evening he could not see people. Five years previously he suddenly lost the sight of his right eye, which never recovered. That eye was totally blind, the optic nerve being atrophic: threads for arteries. It was obviously a case of embolism of the central retinal artery. On examining the left eye I found the retinal vessels

exquisitely arteriosclerotic, there being hardly any blood circulating in them. Vision and field of vision were almost extinct, but light perception was still present. I communicated with the patient's local physician, Dr. Charles Fox of Clacton, and the same treatment was instituted and carried through as far as the patient would allow. But he would not persevere. Nevertheless, I saw him on September 30th, 1930, for the last time, when he said he could see a great deal better. In fact, his vision was fingers counted at 2 metres, and his visual field for hand movements was full all around. I persuaded him to go on with the treatment, but I never saw him again. On June 22nd, 1931, I saw his wife, who told me that his sight had recovered very considerably after I saw him, and that he was able to carry on his business till the end. He died suddenly on March 1st, 1931, of "embolism," so his wife stated.

I wish here to express my thanks to Dr. Ewing of Frinton, and Dr. Percy Coleman and Dr. Charles Fox of Clacton, for their collaboration in these cases and their permission to report them.

Colchester.

GEORGE YOUNG, M.D.

Reports of Societies

DUODENAL FEEDING

At a meeting of the Medical Society of London, held on February 13th, with the president, Sir JOHN BROADBENT, in the chair, a discussion took place on the treatment of peptic ulcers by duodenal feeding.

Dr. ERNEST YOUNG, in opening, explained how the method of using the duodenal tube for the treatment of gastric and duodenal ulcers had been introduced by Einhorn in America, but had not become at all popular in this country. He thought the method demanded more recognition, and he himself had treated all his private cases by this means in the last few years. Briefly, he continued, the method consisted of passing a soft rubber tube into the duodenum for a minimum period of twenty-one days, during which time the patient is given seven feeds at two-hourly intervals through the tube, thus putting at complete rest the stomach and first part of the duodenum and allowing the ulcer to heal. The best tubing to use was No. 6 drainage tube, and Dr. Young employed a piece forty inches in length with marks at twenty-three and thirty inches. This was connected as required by a further length of tubing to a glass container of 300 c.cm. capacity. The tube was passed first in the early morning upon a fasting stomach with the patient in the sitting-up position. After the twenty-three-inch mark reached the teeth a few sips of water were given and the tube passed on up to the thirty-inch mark. Gastric peristalsis soon passed the lower end of the tube through the pylorus, and the presence of the tip in the duodenum could easily be demonstrated either by aspirating with a syringe to see if bile could be obtained or by giving the patient a little milk to drink by the mouth and again aspirating, when there should be no immediate return of milk. Usually the tube passed into the duodenum within ten minutes, and with the tube at the thirty-inch mark opposite the teeth the lower end was seven inches beyond the pylorus and thus well away from any duodenal ulcer. Feeding was then begun, the diet used being principally egg-and-milk alternately with Benger's food, in quantities of about 8 oz. The appetite generally remained keen, and if the patient woke in the night and felt hungry an extra feed could be given. On the evening of the last day of the period of "active treatment" the tube was withdrawn and the next day a light diet begun at once, without any intermediate stage of "slops." This light diet was followed after ten to fourteen days by a slow return to a normal diet, which was carefully chosen. Some pain in the oesophagus might be felt for the first day or so, but soon ceased, and the pain of the ulcer disappeared during the first day of treatment and did not return. If duodenal discomfort occurred an alkaline powder could be given, and Dr. Young was also in the

CINEMATOGRAPHIC DEMONSTRATION OF LIVING TISSUE CELLS

H.R.H. the Duke of York attended a reception on February 21st given by the Prime Minister and Miss MacDonald at 10, Downing Street, to see the film prepared under the auspices of the British Empire Cancer Campaign by Dr. Ronald Canti, clinical pathologist to St. Bartholomew's Hospital.

This is the remarkable film of which earlier versions have been shown by Dr. Canti to many medical audiences in recent years.¹ It demonstrates by microphotography the cultivation outside the body of normal living cells, and those of Jensen's experimental rat sarcoma. Three weeks' continuous photography of growing tissue has been speeded up and condensed into a film that takes about half an hour to exhibit on the screen with explanatory captions. Movements of the cells are accelerated 50, 80, 160, 480, and 960 times in different sections of the film. The growth and reproduction of animal cells in artificial culture is shown in the most graphic manner, magnified many thousand times on the screen, and made visible by direct and by dark-ground illumination. The final section of the picture displays dramatically the immobilizing effect of radium upon cancer cells undergoing rapid multiplication.

The Marquess of Reading—chairman of the Grand Council of the British Empire Cancer Campaign, of which the Duke of York is president—in introducing Dr. Canti, said that this work was a typical example of the assistance given by the Campaign in financing researches into the problems of malignant disease. The expense of making this film, including the construction of a special apparatus now at St. Bartholomew's Hospital, had been defrayed by the Campaign. Dr. Canti gave a brief account of the origin and development of this method of demonstrating by cinematography the growth of normal and malignant tissue cells, and the effect upon them of radium irradiation.

MEDICAL CONGRESSES, 1933

The following congresses and conferences on medical and allied subjects have been announced for 1933. Particulars are given below in the following order: date, name of organizing body, place of meeting, name of person to whom inquiries should be addressed. More detailed information about these meetings is given from time to time, as it becomes available, in our news columns.

April 5-7.—British Congress of Obstetrics and Gynaecology. Birmingham. Mr. W. E. Barnie-Adshhead, 89, Cornwall Street, Birmingham.

April.—International Congress of Ophthalmology. Madrid. Dr. F. Poyales, Olazaga, 3, Madrid.

May 29.—International Congress of Military Medicine. Madrid.

July 5-9.—International Union for the Protection of Childhood. Paris. Comité National de l'Enfance, 26, Boulevard de Vaugirard, Paris XV.

July 20-22.—International Congress of Paediatrics. London. Dr. Findlay, 61, Harley Street, W.1.

July 19-22.—International Society of Orthopaedic Surgery. London.

July 25-29.—British Medical Association. Dublin. Medical Secretary, B.M.A. House, Tavistock Square, W.C.1.

September 7-9.—Association Professionnelle Internationale des Médecins. London. Dr. F. Decourt, Mitry-Mory, France.

September 25-30.—South African Medical Congress. Capetown. Dr. A. W. Sichel, Capetown.

September.—International Congress of Mental Hygiene (European Reunion). Rome.

September.—Société Anonyme des Eaux Minérales d'Evian-les-Bains. Evian-les-Bains. Secretary of Society, 21, Rue de Londres, Paris IX.

1933.—International Society of Microbiology. Berlin.

1933.—Anti-War Congress (Meeting of International Medical Conference). London.

1933.—German Pathological Society. Rostock.

1933.—German Physiological Society. Innsbruck.

¹ *British Medical Journal*, August 20th, 1927, p. 313; December 28th, 1929, p. 1210.

TRYPANOSOMIASIS AND TSETSE FLY CONTROL

In 1925 a Tsetse Fly Committee was set up as a sub-committee of the Committee of Civil Research to report on the action to be taken in connexion with the control of the tsetse fly in Africa and the prevention and cure of trypanosomiasis. In 1927 it was made a standing advisory committee. Since its original appointment the committee has met at frequent intervals and reported from time to time to the Committee of Civil Research, and later to the Economic Advisory Council. The medical members are Dr. A. G. Bagshawe, Sir Walter Fletcher, Dr. A. T. Stanton, and Dr. C. M. Wenyon. Its report, now issued,¹ surveys the work which has been done since the original constitution of the committee. The important developments in the various fields in this period have been as follows.

TREATMENT OF ANIMAL TRYPANOSOMIASIS

The period under review has been marked by progress in the recognition of the nature and complexity of the problem presented by animal trypanosomiasis, and this has been accompanied by an advance in regard to the fundamental question of diagnosis. Of special importance has been the recognition of the part played by latent trypanosomiasis in increasing the losses connected with rinderpest immunization, especially in West Africa, and the successful application of measures to eliminate or minimize this factor. Drug treatment has also made progress. In the camel trypanosomiasis of the Sudan improved methods both of diagnosis and of treatment have now made it possible for the disease to be attacked with a very considerable degree of confidence. In the trypanosomiasis of cattle the action of antimony compounds has been further studied and methods of administration improved and standardized. Pending further advances along other lines this treatment, if not ideal, is rendering immense services in controlling losses and rendering possible agricultural and mining developments that otherwise could be carried through only with great difficulty. The success that has been attained has, however, emphasized the need for the prosecution of further research on the widest practicable scale.

TREATMENT OF HUMAN TRYPANOSOMIASIS

Work on human trypanosomiasis in recent years shows that germanin (Bayer 205), if given in the early stage of infection by *T. gambiense*, is curative, but that in *T. rhodesiense* infection the results are less certain. In all cases in which the central nervous system is implicated tryparsamide is the drug of choice, all observers testifying to its merits in this respect. The present tendency in British territories in Africa is to give first germanin and later a course of tryparsamide, and this is probably the best form of treatment in cases in which it is impracticable to ascertain the state of the spinal fluid by lumbar puncture. The value of germanin for the prevention of sleeping sickness in a native community is not yet satisfactorily established. Trials of more recent drugs continue.

TSETSE FLY CONTROL

The report shows clearly how serious is the tsetse fly menace in many parts of Africa. Over large stretches of territory no economic progress will be possible until this problem has been successfully tackled, and even in areas that are at present settled there is often a danger that an advance of fly may take a heavy toll both of human life and of live stock, on which the native largely depends for his existence. In extreme cases there may in present conditions be no alternative to the evacuation of the population and the surrender of territory to the fly.

¹ Economic Advisory Council. Tsetse Fly Committee Report. Developments in the Treatment of Animal and Human Trypanosomiasis and in Tsetse Fly Control in the Period 1925-31. London: H.M. Stationery Office. 1933. (6d. net.)

Dr. HENRY JOHNSON HILDIGE of Pinner died on February 10th after a long illness. He was born in Dublin in 1867 and received his medical education at the Royal College of Surgeons of Ireland, taking in 1888 the diplomas of L.R.C.P. and S.I. In 1909 he obtained the M.D. degree of Durham University. After serving as resident house-surgeon to the Meath Hospital, Dublin, Dr. Hildige practised for a short while at Stanmore, subsequently moving to Pinner, where he worked for over forty years. He was honorary surgeon to the Stanmore Cottage Hospital and to the Northwood and Pinner Hospital. During the war he rendered valuable services at the V.A.D. hospital at Pinner. In 1922 he was chairman of the Harrow Division of the British Medical Association. He is survived by his widow, two sons, and one daughter.

Dr. GEORGE PARSONS, who died suddenly on February 9th at his residence in Hawkshead, near Ambleside, at the age of 84, received his medical education in Dublin, where he graduated M.B. in 1869, and obtained the diplomas L.R.C.S.I. and L.M. in the same year. For the last sixty-four years he had been carrying on an active practice in Hawkshead, without having had a day in bed or off duty on account of illness, a fact which possibly establishes a record. He held the posts of district medical officer and public vaccinator to the Ulverston Union, and was a certifying factory surgeon; he had been a member of the Lancashire County Panel without interruption since 1918. He took great interest in many activities of the district, was chairman of the local institute trustees, and for twenty-four years had been secretary to the Town Hall Estate. In earlier life he had been a strong supporter of the Volunteer movement; he held a commission for some time in the Hawkshead company, and retired eventually with the rank of major. He had associated himself actively with the local branch of the British Legion since its formation. Dr. Parsons was a member of the British Medical Association. He had been twice married, but leaves no family.

There died in Bournemouth on January 29th, after a long and trying illness, Dr. VICTOR EDGAR SORAPURE, at the age of 59. His ill-health was the result of infection contracted during a bout of strenuous work, and aggravated by neglect of his own health in favour of what he conceived to be his duty. Dr. Sorapure graduated M.B., Ch.B.Ed. in 1899, and in 1906 obtained the F.R.C.S.Ed. He then settled in New York, where he rapidly rose to an eminence worthy of his talents, eventually being appointed to the chair of clinical medicine at Fordham University. He brought to his duties there a clinical insight, fortified by an extensive acquaintance with the literature, and a capacity for precise and accurate detail that made him as a clinical teacher always learned, always interesting, sometimes illuminating. The outbreak of the war brought him home. It is characteristic of the man that he deliberately discarded academic work, which had for him a peculiar appeal, and the claims of a lucrative professional connexion, without, so far as could be gathered from himself, ever a thought of regret. Too old for service over-seas, he took up duty at Hampstead General Hospital, where he worked for several years. Subsequently he practised in Wimpole Street, and again his peculiar merit soon brought him a wide clientele. He was particularly valuable as a consultant in the difficult type of case where both the patient and the anxious relatives have to be handled. A colleague writes: Sorapure was a man of high intellect. His clinical insight, amplified by observation and experience, bordered sometimes on the uncanny; but though conscious of this special faculty for diagnosis, he never allowed intuition to stand unsupported by the most exacting investigations, in which he could display a patience almost irritating. He was aided by possessing a curiously pliable and receptive mind, totally lacking that rigidity so common in later life. With a perfect fund of therapeutic detail, he possessed to the full a capacity for having something really useful up his sleeve for any emergency, so that whoever called him in as a consultant always learnt

something himself. Much more might be added to illustrate that elusive but definite quality of personality which in him was so attractive. It has been said, and with a certain justice, that no patient ever left him, save for geographical reasons. Sorapure was a man of outstanding character, personality, and intellect. The lack perhaps in a certain degree of what is commonly termed "worldliness" may have detracted from his success in certain directions, but added a quality worthy of the man.

M. RENÉ VALLERY-RADOT, author of the well-known life of Pasteur, and until lately president of the council of administration of the Institut Pasteur, has recently died in his eightieth year.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

It is announced that the gift of £500 from the Rockefeller Foundation as a grant to the Molteno Institute of Parasitology is to be devoted to the purchase of instruments and for assistance in connexion with investigations carried out by Professor Keilin.

UNIVERSITY OF LONDON

A lecture on "Thirty years' progress in the study of rheumatic heart disease," prepared by the late Dr. Carey Coombs of Bristol, will be read by Dr. C. Bruce Perry (Bristol) at University College Hospital Medical School, University Street, W.C.1, on Tuesday, March 14th, at 5.30 p.m.; Dr. F. J. Poynton will preside. The lecture, which will be illustrated by lantern slides, is addressed to students of the University and to others interested in the subject. Admission is free, without ticket.

A course of lectures for medical practitioners on mental deficiency and other mental conditions closely allied to it, supplemented by a course of clinical instruction, has been arranged by the University Extension and Tutorial Classes Council in co-operation with the Central Association for Mental Welfare. The course, which begins on Monday, May 8th, is divided into two parts, the first from May 8th to May 13th, and the second from May 15th to May 20th. The whole course may be taken, or Parts I and II may be taken separately. The course will be based on the requirements for the University of London diploma in psychological medicine. The University will grant certificates of attendance to those who have attended regularly either part or both parts of the course, taking both theoretical and practical work. The course will be held only if enough applications are received to make it financially possible. All communications should be addressed to Miss Evelyn Fox, c.o. University Extension Department, University of London, Imperial Institute Road, S.W.7.

UNIVERSITY OF BIRMINGHAM

A course of post-graduate demonstrations arranged by the University Clinical Board will be given at the General Hospital, the Queen's Hospital, and the Children's Hospital, Birmingham, on Tuesdays and Fridays, from 3.30 to 5 p.m., commencing on March 17th and terminating on July 18th. The course will be given by members of the medical and surgical staffs of the hospitals, and will include demonstrations on cases. The fee is £2 2s.

UNIVERSITY OF DUBLIN

The Senate of the University decided at its meeting on February 18th to confer, on July 5th, the degree of Sc.D. (*honoris causa*) upon Dr. John Scott Haldane, F.R.S., Fellow of New College, Oxford, Professor and Director of the Mining Research Laboratory, Birmingham University, and Donellan Lecturer in the University of Dublin in 1930.

QUEEN'S UNIVERSITY, BELFAST

The Senate has appointed J. T. Lewis, M.D., M.R.C.P., to be part-time lecturer in materia medica and therapeutics from October 1st next.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

At the monthly meeting, held on February 3rd, M. G. Kelly was admitted a Member of the College and R. B. Phillips a Licentiate in Midwifery.

Road Accidents in the last Five Years.—Replying to Mr. Lewis, on February 15th, Mr. PYBUS stated that figures compiled by the Home Office relating to the number of persons killed or injured in street accidents in Great Britain for the years 1928-32 were as follows:

	Killed	Injured
1928	6,138	164,838
1929	6,696	170,917
1930	7,305	177,895
1931	6,691	202,119
1932	6,651	206,410

(Figures for 1932 provisional.)

The following were the number of persons killed or injured in accidents reported as being attributable to mechanically propelled vehicles:

	Killed	Injured
1928	5,489	133,431
1929	6,017	140,248
1930	6,551	146,243
1931	5,936	164,406
1932	Figures not yet available	

The provisions of Part I of the Road Traffic Act, 1930, came into operation on January 1st, 1931, and in that year the figures for fatal accidents for the first time showed a decrease. If the provisional figures for 1932 were confirmed there would be a further slight decrease. The number of persons injured showed a continued increase; this might be due, to a considerable extent, to the new requirements in the Road Traffic Act, 1930, with regard to the reporting of accidents.

Foot-and-mouth Disease at Reading.—Replying, on February 16th, to Sir Percy HARD, Dr. ELLIOT stated that he had no reason to think that disinfection of Reading market was not carried out strictly in accordance with the regulations. There was only one outbreak of foot-and-mouth disease directly associated with the market. This occurred on January 25th, and there was no evidence of the spread of the disease as the result of inadequate disinfection. So far as concerned the preceding outbreaks, all the evidence pointed to infection having originally been contracted at the Reading loading docks of the Great Western Railway, and not Reading market. As all these infections, so far as could be traced, were contracted within the course of twenty-four hours in the loading banks, it would appear that disinfection must have been thorough and efficacious, especially in view of the fact that it was being carried out as a matter of routine and before any of these outbreaks were discovered.

Midwifery Service in Finsbury.—In reply to Mr. Hicks, on February 16th, Sir HILTON YOUNG said that early last year Finsbury Borough Council decided not to proceed with the erection of a proposed maternity and child welfare centre, and to substitute for the services of the municipal midwives a midwifery service provided by arrangement with the hospitals and nursing associations which served the borough. He was not aware that there had been any reduction of maternity and child welfare services in this borough. In due course a review would be made of the working of the midwifery scheme.

Loans for Water Supply Schemes.—Sir HILTON YOUNG told Mr. Levy, on February 16th, that he was always ready to entertain applications for sanction of loans for schemes of water supply which were remunerative or urgently needed on public health grounds. During the six months ended January 31st loans amounting to £484,500 were sanctioned.

Death from Generalized Vaccinia.—In reply to Mr. Groves, on February 16th, Sir HILTON YOUNG said he had made inquiries into the death of an infant after vaccination. There was no doubt that the child died from generalized vaccinia, a very rare sequel of vaccination, which was explicable only on the assumption of a peculiar susceptibility of the individual to the vaccine. The same batch of lymph had been used for at least 1,200 other vaccinations without ill effect. Mr. GROVES mentioned that an inquest on this case was held in Liverpool on January 20th.

Ambulance Exchange at Town Boundaries.—Sir HILTON YOUNG told Mr. Doran, on February 16th, that he would consider any evidence alleging injurious effects resulting from the practice of transferring sick patients from one hospital ambulance to another at the various metropolitan and other town boundaries.

Report on Economic Depression and Public Health.—Sir HILTON YOUNG told Mr. G. Macdonald, on February 16th, that he was aware of the memorandum prepared by the Health Section of the League of Nations on economic depression and public health. He did not think it necessary to supplement by another inquiry in Great Britain the information from official and other sources on conditions in England and Wales which had already been communicated to the Health Section of the League of Nations. Mr. RAMSBOTHAM told Mr. Rhys Davies, on the same day, that the effect of the economic depression on the health of school children was being carefully watched by the Board of Education and the local education authorities, as part of the ordinary work of the school medical service. Special measures to safeguard the health of the children were being taken in the areas where depression was most acute. As stated in the latest annual report of the Board's chief medical officer, the depressed state of industry did not appear to have exerted any measurable physical ill effect upon the child population.

Manufacture of Cheese.—On February 14th Mr. R. J. RUSSELL brought in a Bill to amend the Food and Drugs (Adulteration) Act, 1928, and to control the sale of cheese other than whole-milk cheese. The Bill proposed that the butter-fat in cheese should be standardized at from 40 to 55 per cent., and that all cheese not made of whole milk should be marked as "skimmed-milk" cheese.

Small-pox in Calcutta.—Sir SAMUEL HOARE, replying to Mr. Groves on February 20th, said that vaccination was compulsory in the city of Calcutta under the Bengal Vaccination Act of 1880. The number of small-pox deaths in that city was as follows: 1911, 41; 1912, 77; 1913, 120; 1914, 1,038; 1915, 2,560; 1916, 58; 1917, 28; 1918, 545; 1919, 1,870; 1920, 2,925; 1921, 89; 1922, 450; 1923, 157; 1924, 316; 1925, 3,923; 1926, 934; 1927, 2,860; 1928, 558; 1929, 393; 1930, 1,818.

Notes in Brief

The Deputy-Director of Sanitary Services recently made a tour of the mining district in the Kenya goldfield, and has furnished the Kenya Government with a report on the prevailing health conditions.

Medical News

The one hundred and fifty-ninth anniversary dinner of the Medical Society of London will be held at the Trocadero Restaurant on Wednesday, March 8th, at 7.30 for 8 o'clock.

A series of lecture discussions on "Mental hygiene in everyday life" will be given at 11, Chandos Street, W., on Wednesdays at 5.30 p.m., commencing on March 1st, when Dr. J. A. Hadfield will discuss "anxiety." On March 8th Dr. E. A. Bennet will speak on "confidence," on March 15th Dr. George Somerville on "superstition," on March 22nd Dr. John Rickman on "ambition," on March 29th Dr. C. W. Kimmins on "adaptability," and on April 5th Dr. E. A. Hamilton-Pearson on "discipline." Tickets, price 1s. 6d. each, or 7s. 6d. for the course, may be obtained from the Secretary of the National Council for Mental Hygiene, 78, Chandos House, Palmer Street, S.W.1.

The next series of eight lectures and demonstrations on tropical hygiene, which are intended for men and women outside the medical profession proceeding to the Tropics, will be given by Lieut.-Colonel G. E. F. Stammers, from March 6th to 15th. These courses of instruction, in addition to providing simple rules for guidance in regard to personal hygiene, will also embrace a short account of some of the more common diseases, with advice in regard to measures of protection and self-treatment. 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.

Dr. J. H. Driberg will deliver a public lecture on practical uses of anthropology, at Caxton Hall, Westminster, to-day, Friday, February 24th, at 5.30 p.m.

A joint conference will be held at Bath on Saturday, March 4th, with the object of drawing attention to the claims of British health resorts and of co-ordinating effort and securing closer co-operation in propaganda. The Right Hon. Douglas Hacking, M.P., will preside.

A three months' course of lectures and demonstrations on clinical practice and in hospital administration will be given at the Brook Hospital, Shooter's Hill, Woolwich, on Mondays and Wednesdays and alternate Saturdays, beginning March 6th. Particulars may be had from the medical officer of health, L.C.C. Public Health Department (Special Hospitals), County Hall, S.E.1.

The following lectures, arranged by the Institute for the Scientific Treatment of Delinquency, will be given at 8.30 p.m. in University College, Gower Street, W.C.: March 3rd, Mr. Kingsley Martin, on "Crime and publicity"; March 17th, Dr. R. G. Gordon, on "The relationship of delinquency to the broken home." Admission free, discussion invited.

On Friday, March 3rd, the director of the Zuider Zee Works (Mr. V. J. P. de Blocq van Kuffeler) will give an illustrated lecture in aid of King Edward's Hospital Fund, describing the way in which this unique engineering achievement has been carried out under his supervision. The lecture will be at 5.30 p.m., at Drapers' Hall, Throgmorton Street, E.C., and the chair will be taken by His Excellency the Netherlands Minister. Tickets (3s. reserved, and 2s. unreserved) can be obtained from the secretary, King Edward's Hospital Fund for London, 7, Walbrook, E.C.4.

The one hundred and second session of the Harveian Society of London opened on February 9th with a clinical meeting at the National Hospital, Queen Square. On March 9th, at 8.30 p.m., Professor William Wright will deliver the Harveian Lecture, entitled "A pre-Harveian lecture on the anatomy and physiology of the central nervous system," at the Paddington Town Hall. At the meeting on April 13th a discussion, with cinema demonstration, on Bohler's influence on the treatment of fractures, will be opened by Mr. R. Watson Jones, Mr. E. P. Brockman, and Mr. Bryan Burns. A discussion on modern methods of treatment of acute specific fevers will be opened by Dr. R. A. O'Brien and Dr. William Gunn on May 11th. The Buckston Browne dinner will take place at the Star and Garter Home, Richmond, on June 8th at 7.30 p.m., and the summer meeting on July 20th, at 3.15 p.m., when Sir Buckston Browne will hold a reception at Down House, Downe, Kent, and give an address on Charles Darwin.

The London School of Dermatology announces that an examination for the Chesterfield Medal will be held at St. John's Hospital for Diseases of the Skin, Leicester Square, W.C., on March 20th and 21st at 10 a.m. It is open to all qualified medical practitioners.

The next lecture in the series Practical Problems in Medicine and Surgery, arranged by the Fellowship of Medicine, will take place at 11, Chandos Street, W., on February 28th, at 4 p.m. There will be a week-end course of practical demonstrations in general medicine and surgery at the New General Hospital, Southend-on-Sea, on March 4th and 5th; details of special arrangements with the Palace Hotel, Southend, can be obtained from the Fellowship of Medicine, 1, Wimpole Street, W. Forthcoming courses include medicine, surgery, and gynaecology at the Royal Waterloo Hospital, March 6th to 25th, all day; a course in orthopaedics at the Royal National Orthopaedic Hospital, March 6th to 18th, all day; an evening course in rheumatism, March 7th to 23rd, Tuesdays and Thursdays, at 8.30 p.m. A course in psychological medicine at the Bethlem Royal Hospital, March 14th to April 7th, Tuesdays and Fridays, at 11 a.m.; a course in neurology at the West End Hospital for Nervous Diseases, March 13th to April 8th, daily, at 5 p.m.

A five weeks' introductory series of lectures on psychotherapeutic theory and method will be delivered at the Institute of Medical Psychology, Torrington Place, London, from March 10th to April 11th, on Friday and

Tuesday afternoons, commencing at 4.45 p.m. This series forms part of a one-year course, but may be attended by medical practitioners who wish to take it as an isolated course of lectures, the fee being in their case £2 2s. The main course, after this introductory series of lectures, is arranged for two groups, consisting respectively of those who can only devote three hours twice a week, and those who, with a view to specialization, are prepared to allot a minimum of twelve hours in the week, attending on three days. Each of these groups is limited to six members, and neither will be held for less than four. A short intensive fortnight's course, with three lectures each day, will be conducted in June, and elementary and advanced courses in mental testing in the spring. Particulars of these and other lectures may be obtained from the honorary lecture secretary, 6, Torrington Place, W.C.1.

The London County Council has granted permission to Dr. T. Lumsden, director of the Cancer Research Laboratory at the London Hospital, to arrange for the treatment with anti-cancer serum of patients in the Council's hospitals who may assent to such treatment, provided that the work is carried on in each case under the supervision and control of the medical superintendent of the hospital concerned.

The news of Dr. Leonard Robinson's promotion to the rank of officer of the Legion of Honour will be warmly received by his many friends in Paris, where he is one of the most prominent members of the British colony, and in London: he was nominated chevalier of the order for his services during the war. The success of the conferences on tropical medicine in connexion with the French Colonial Exhibition of 1931 was due, in large measure, to Dr. Robinson, and this recognition of his services is therefore especially welcome.

The January issue of the *Canadian Medical Association Journal* contains a paper by the president, Dr. Alexander Primrose, being the first of a series of special articles on medical education.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, B.M.A. House, Tavistock Square, W.C.1.**

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QUERIES AND ANSWERS

Corneal Ulcer

Dr. RACHEL GETZ (Johannesburg) writes: I note with interest the letter by "M. C." in your issue of December 17th, 1932. May I make the suggestion that it is an ulcer of dental origin, and that the gums be x-rayed for any roots, unerupted wisdom teeth, apical abscesses, etc., and that these should be searched for before any local treatment for the ulcers is carried out. The nose and accessory sinuses should be carefully investigated.