some hope of success. Thus, in the case illustrated, after the miliary foci had resolved, phrenic avulsion was performed on the right side where a soft-walled cavity had developed in the subapical region. Within four weeks of the operation the cavity had shrunk to half its original size, and its complete closure is now anticipated.

SURGICAL MEASURES IN SUPPORT OF COLLAPSE THERAPY

When artificial pneumothorax is impracticable or inexpedient, phrenic avulsion is often of great value in giving a measure of rest to the lung, and, by relaxing tension within the hemithorax, allowing scar tissue to contract. After phrenic avulsion soft-walled basal cavities often heal rapidly—an example of a very large cavity closing within a few weeks of the operation is given—and in some instances even apical cavities will close in a similar manner. An upper lobe cavity persisting after artificial pneumothorax owing to an adherent apical cap may heal in this way. Phrenic avulsion may also be employed to close a basal cavity on one side while artificial pneumothorax is carried out for the opposite lung. The risks inseparable from a bilateral pneumothorax may thus be avoided.

When a cavity is situated beneath the pleura the overlying visceral pleura is usually inflamed, and unless artificial pneumothorax is induced at a very early stage pleural adhesions form. When the remainder of the lung collapses the area in which the cavity is situated remains anchored to the chest wall, forming a cone of pulmonary tissue containing the vomica. Severance of the adhesions is then essential. A thoracic endoscope, similar in principle to a cystoscope, is introduced into the pneumothorax cavity through a cannula. A second trocar, inserted through another intercostal space, permits of the introduction of a cutting instrument—either diathermy knife or actual cautery. After coagulation of the adhesion by diathermy to prevent haemorrhage, the adhesion is then divided as near to the chest wall as possible. The latter precaution is essential, because lung tissue is always present in the base of the cone, and perforation of the lung is attended by disastrous consequences. Thoracoplasty, sometimes beneficial in the fibroid forms of disease common in later life, is rarely indicated in adolescence or early adult phthisis, and need not be considered here.

Drug treatment, except as a palliative measure, is of no avail, but the intravenous injection of gold salts is sometimes followed by resolution of recent disease of exudative type. Thus, when, as sometimes happens during the collapse of one lung, a flare of exudation appears in the opposite side, sanocrysin or some similar preparation may lead to rapid resolution of the fresh area of disease and disappearance of tubercle bacilli from the sputum. The method of action of gold salts is obscure, and as they are apt to cause serious reactions their use should be restricted to selected cases. One might compare the effect of sanocrysin to that of a bucket of water in a case of fire—it is useful to extinguish an incipient outbreak or to suppress local outbursts after the main fire is under control, but more than this must not be expected.

Not every case of tuberculosis is curable. Some patients go downhill despite all our treatment. The cynic might remark that many patients recover in spite of all our treatment. But I hope the examples shown have demonstrated that modern treatment is effective in curing many cases of grave disease, and that early treatment cures most of the less virulent forms. Delay in diagnosis, whether due to the patient's reluctance to admit ill-health or to the doctor's neglect of warning symptoms, is responsible for many, if not for most, of the deaths from consumption in early life. As a rule, the patient's ultimate fate is in the hands of the general practitioner, because the first complaint is made to him.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

SPONTANEOUS RUPTURE OF THE SPLEEN DUE TO NITROBENZENE POISONING

The following record of an unusual case appears to be worthy of publication.

The patient, a man aged 39, was a chemical worker, dealing chiefly with nitro-compounds of benzene. Several times he had had to give up his work for periods of two to three weeks owing to attacks of "chemical intoxication," the main symptoms of which were headache and lassitude and the main sign cyanosis, but for a whole year before the illness now being described he had been steadily at work. On January 7th, 1930, he had to give way to increasing fatigue and malaise, and again ceased work. His wife thought that he looked slightly cyanosed, and one of his usual "attacks" was diagnosed. Two days later, while in bed, he was seized with severe pain localized to the left hypochondrium, passing off in an hour or two. When the pain was at its height his temperature was 101° F. After two days the pain again returned, this time continuing until his admission to hospital, three days later, on March 15th, 1930. On admission he was extremely pale and looked very ill. There was a suggestion of conjunctival jaundice. He was complaining of severe abdominal pain, by now quite generalized, aggravated by an occasional ineffectual cough. He said that he felt sick, but there was no vomiting. He was not constipated. The pulse rate was regular at 100 per minute, respirations 28, and temperature 100.2°. Despite careful inquiry no history of trauma could be elicited. The abdominal respiratory movements were normal and there was no distension. Definite resistance could be made out in the left hypochondrium, with a dull percussion note here and in Traube's space. The left upper quadrant was very tender. There was no evidence of any intrathoracic lesion. The urine on examination gave no information. Laparotomy revealed a haemoperitoneum, the origin of which turned out to be a tear, about 1 inch long, on the hilar surface of the spleen, near its lower pole. Splenectomy was performed. The patient recovered satisfactorily and is still in good health. Two days after the operation the blood count (done for the first time) showed a normal picture. The platelet count was 277,600 per c.mm. The spleen was normal in size and consistency, and apart from the tear, which was quite superficial, looked quite healthy. Microscopical examination revealed only some thrombosis in veins near the surface. The appearance was otherwise normal. There was no subcapsular haemorrhage. The Liverpool city analyst reported that the spleen contained a trace of nitrobenzene.

DISCUSSION

Spontaneous rupture of the abnormal spleen occurs most commonly in malaria—of the natural or therapeutic variety. It sometimes happens in typhoid fever, in the acute infections in general, in blood diseases, and in pregnancy, parturition, and the puerperium. In all these conditions either damage to vascular endothelium by circulating toxins is liable to occur, or upset of the platelet balance may take place, predisposing in both cases to thrombosis. Spontaneous rupture of the apparently normal spleen is very rare indeed. Susman[1] collected six cases and reported another, Bailey[2] collected four more and reported one, while Byford,[3] Nixon,[4] and Dardinski[5] have reported one each—a total of only fifteen cases.

Why does the spleen rupture? Three factors must be considered. First, it is to be noted that there is generally a fairly considerable subcapsular haemorrhage. Now a subcapsular haemorrhage due to a breach of the endothelial continuum would tend to accumulate and increase if the opening were valve-like, but probably not otherwise.

[1] Susman, M. P.: *Brit. Journ. Surg.*, 1927, xv, 47.
[2] Bailey, H.: Ibid., 1929, xvii, 417.
[3] Byford, W. H.: *Arch. of Surg.*, 1930, xx, 232.
[4] Nixon, P. I.: *Journ. Amer. Med. Assoc.*, 1932, xcvi, 1767.
[5] Dardinski, V. J.: Ibid., 1932, xcix, 831.

Secondly, a lesion of the nature of thrombosis at the surface would be likely, by devitalizing a very small volume of tissue, to cause just such a breach. In the present case some *minute* thrombosis certainly took place, the result, very probably, of the exogenous chemical toxaemia. Lastly, it must be remembered that the spleen is a muscular organ, contracting rhythmically about once a minute, and more violently during effort of any kind. These movements might be responsible for the endothelial tear in the first place, and afterwards, by a more or less gentle syringe-like action, for the progressive increase in size of the subcapsular haematoma, which ultimately ruptures.

I have to thank Mr. C. A. Wells, who operated on this patient, for permission to publish the case.

C. L. G. PRATT, M.D.,
Formerly Medical Registrar, Royal Southern Hospital, Liverpool.

TURPENTINE IDIOSYNCRASY

The following case of idiosyncrasy to turpentine may be of interest on account of the rarity of such susceptibility.

The patient, a man aged 24, sustained a sprain of the left wrist in December, 1932. The skin was not broken and he was given linimentum album *B.P.C.* to rub in. At the end of a fortnight he found some blebs on the wrist, and calamine lotion was prescribed. The next day there was considerable swelling of the forearm and a vesicular eruption on the wrist. The face was puffy and an erythematous rash was present on the neck.

During the next three days all the physical signs rapidly increased. The left arm became very hot and swollen, and vesicular eruption spread over the whole limb. Later the right hand and arm were similarly affected. Urticaria wheals appeared over the whole body, especially the thighs, and vesicles on both ears. The general condition remained good, but the patient was unable to take any solid food. The skin affection then began to subside, but he continued to vomit any food. The gastric symptoms persisted for a few days longer and then passed off; the urticaria also subsided. The skin pealed off the places where there had been vesicles. The duration of the illness was three weeks.

One other case, not quite so severe, came to my notice last year. This idiosyncrasy must be rare since turpentine is so frequently administered by the bowel in enemata and applied in lotions. The effect which might be produced in a susceptible patient should there be absorption by the bowel is a matter for speculation. I can find no mention of this form of poisoning, or any suggestion as to treatment, in the literature. I should be glad to hear of any similar experience.

Newport, I.W. W. W. JEUDWINE, M.D.

Reports of Societies

CHRONIC PANCREATITIS

At a meeting of the Medical Society of London on March 13th, with Sir JOHN BROADBENT in the chair, a discussion took place on chronic pancreatitis.

Mr. A. J. WALTON said that in investigating and correlating his experience of this disease the clinician was always up against the difficulty that his results must be in large part hypothetical. After glancing at a few cases in which chronic pancreatitis was associated with some other lesion, such as cysts, pseudo-cysts, and calculi, Mr. Walton based his principal remarks on sixty-one cases of primary chronic pancreatitis. It was within the knowledge of surgeons, he said, that the prognosis in the operative treatment of acute pancreatitis was improving enormously, and he thought all would be agreed that the improvement was due to the fact that the cases which were met with were less severe than formerly. In the old days the abdomen was found distended, full of a port-wine-coloured fluid, and with a large number of fat necroses widely scattered. Nowadays the fluid was clear, and although there were quite a number of fat necroses, they were not so widespread. Another group of cases might be regarded as subacute, where the fat necroses were perhaps limited to the lesser sac. In a certain number of cases of chronic pancreatitis one could recognize at operation definite scars on the posterior wall of the lesser sac signifying old fat necroses. One could find also in the past history of cases of acute and subacute pancreatitis suggestions of the chronic condition. Of twenty-eight cases of acute pancreatitis of which he showed a table, nine revealed a past history of the chronic condition, three had persistent symptoms of chronic pancreatitis after operation, and one of them had a later acute attack for which another operation was done; ten out of the twenty-eight had gall-stones. In fifteen cases of subacute pancreatitis there was a past history of the chronic condition in nine, five showed persistent symptoms after operation, five had gall-stones, and one had diabetes. Of the sixty-one cases of chronic pancreatitis which formed the basis of his remarks not one developed an acute pancreatitis later.

With regard to the pathological changes, these were definite enough post mortem. At operation it was difficult to determine with the fingers the normal hardness and size of the pancreas, and, further, chronic pancreatitis of what he called the "irregular type" might be localized to the head of the gland, and it was difficult to distinguish between the chronic pancreatitis of this kind and a carcinoma. On the other hand, in the type of case where the fibrosis was more evenly distributed it led rather to atrophy of the pancreas, which took on a shrunken and distorted condition. Among these sixty-one cases there were later chronic symptoms in nine, gall-stones in fifteen, later carcinoma in three, later diabetes in four, later cholangitis in one, and later duodenal ulcer in one. The distribution of the cases was almost equal as between the sexes. The majority of them came forward at ages between 40 and 60. In certain cases of acute pancreatitis the view had to be accepted that the infection passed up the common duct. Looking at the infections of all viscera to-day, the evidence was more and more against infection by what might be called the obvious path. In the gall-bladder there was very little evidence of infection passing up from the duct, and the same was true of the kidney. There was an increasing body of opinion that many of these cases of acute and chronic pancreatitis were due to a blood-borne infection.

Classifying his sixty-one cases from the point of view of symptoms, Mr. Walton said that there was diabetes at onset in five, jaundice in thirty-five, and pain in twenty-one. In the cases in which there was obstructive jaundice its onset as a rule was slow and steadily progressive, but some showed a premonitory attack lasting a week or two, clearing up under treatment over several months, and then changing to a progressive condition. As to pain, this in the early stages was a periodic dyspepsia. It was not the pain characteristic of ulcer. If a patient had had gastric or duodenal ulcer he would present a clear-cut history, so that in 99 per cent. of cases a positive diagnosis could be made without *x* rays or a test meal. The pain in chronic pancreatitis might superficially resemble the pain in these other conditions, but not in detail. In the later stages pain would be continuous, and over and above this there would be nearly always attacks of pain of great severity. In a few final words on treatment Mr. Walton said that in the type of case where the patient had the milder degrees of pain suggestive of gastric or duodenal ulcer the treatment should be medical. Cases with calculi must go to operation, and might be cases of profound difficulty. In cases with obstructive jaundice one had to do an anastomosis between the dilated gall-bladder and the duodenum, an operation associated with considerable danger of ascending infection. In the group of cases where the lesion of the gall-bladder was mild and there was a possibility of dilatation of the duct, although no jaundice, he did a cholecyst-duodenostomy.

the silver, and later the gold, Kaisar-i-Hind medal. Knighthood followed in 1928, when he retired. He received from the Aga Khan a warmly appreciative message of farewell in a silver casket, and money was raised for the erection of a tuberculosis sanatorium in the Deccan, to be named after him as a practical expression of the gratitude of India. He spent the few years of his retirement in California, where he continued actively to help on the work he loved by writing articles and speaking on its behalf.

Dr. JOHN TATE CREERY of Coleraine, Co. Derry, died on March 7th in his seventy-sixth year, just a week after the death of his wife. He was a son of Canon Andrew Creery, a distinguished minister of the diocese of Down and Connor, and his mother was Alice, daughter of John Tate. Dr. Creery graduated M.B., B.Ch. at Trinity College, Dublin, in 1880, and settled at Coleraine in October, 1882, being appointed dispensary medical officer two years later. In 1887 he married the daughter of Lieut.-Colonel T. Stering, who was killed at the Relief of Lucknow while spiking one of the enemy guns. While Dr. Creery carried on a busy general practice, he gave most devoted and faithful service to his poor dispensary patients. With him his patients' welfare always came first; his own health or any personal profit or gain was never considered. He found time to do a great deal of medical reading, and always took a deep interest in new medical knowledge. A keen B.M.A. man, he seldom missed a meeting. He was a past chairman of the North-East Ulster Division. In 1929 he read a paper entitled "Calcium and its intelligent use," which revealed a knowledge of the recent literature and a mental alertness which for a man of his age were remarkable. Dr. Creery was a perfect example of the old family practitioner, respected and loved by his patients, their friend and guide in trouble. He was very popular with his medical colleagues, many of whom from a wide area attended his funeral. Dr. Creery was an all-round sportsman, and in his earlier days played golf and football; he was also keen on hunting and rowing.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Rede lecturer for 1933 is Sir Charles Sherrington, O.M., G.B.E., M.D., Honorary Fellow of Gonville and Caius, Waynflete professor of physiology, and Fellow of Magdalen College, Oxford, who has chosen as his subject "Mechanism and the brain." It will be delivered in the Arts School on Wednesday, May 24th, at 5 p.m.

UNIVERSITY OF DURHAM

At the June Convocations the honorary degree of D.C.L. will be conferred on Lord Horder of Ashford, K.C.V.O., M.D., physician in ordinary to the Prince of Wales, and senior physician to St. Bartholomew's Hospital.

UNIVERSITY OF BIRMINGHAM

Professor J. T. J. Morrison, M.A., M.Sc., F.R.C.S., on his retirement from the chair of forensic medicine and toxicology, has been elected by the Court of Governors emeritus professor and a life governor of the University.

SOCIETY OF APOTHECARIES OF LONDON

Master of Midwifery

With reference to the examination for the Society of Apothecaries' diploma of Master of Midwifery, the Court has had under further consideration the qualifications—theoretical, practical, and administrative—which are necessary for the successful conduct of ante-natal and infant welfare clinics. It was considered desirable that a separate paper dealing with the application of the principles of public health and administrative practice to maternity and child welfare should be substituted for the present practice of including questions on these subjects in the obstetrics and paediatrics papers. In order that such a paper might meet adequately the needs of the situation it was felt that it should be set and marked by examiners specially chosen as having had wide experience in public health appointments. Arrangements to this end are now being made, and will come into force at the May examination.

LONDON INTER-COLLEGIATE SCHOLARSHIPS BOARD

Medical Scholarships

The London Inter-Collegiate Scholarships Board announces that an examination for fifteen medical scholarships and exhibitions, of an aggregate total value of £1,858, will commence on May 15th. They are tenable at University College and University College Hospital Medical School, King's College and King's College Hospital Medical School, the London (Royal Free Hospital) School of Medicine for Women, and the London Hospital Medical College. Full particulars and entry form may be obtained from the secretary of the Board, Mr. S. C. Ranner, the Medical School, King's College Hospital, Denmark Hill, S.E.5.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons has this week debated foreign affairs and the reduction of unemployment. The Agricultural Marketing Bill was read a second time and the Estimates for the Navy, Army, and Air Force were reported. In the House of Lords the Pharmacy and Poisons Bill was down for third reading and the Housing (Financial Provisions) Bill for second reading. A Select Committee of Peers was nominated to examine the Road Traffic (Compensation for Accidents) Bill. The Pharmacy and Poisons Bill passed the report stage in the House of Lords on March 16th without discussion.

The Estimates Committee of the House of Commons took evidence from a representative of the Board of Control, on March 21st, regarding expenditure under that body. A report will be made later to the House.

The Government has tabled a motion for the appointment of a Select Committee of both Houses to examine proposals for the future government of India.

The Parliamentary Agricultural Committee discussed, on March 21st, proposals for the compulsory treatment of all cattle to protect them against the warble fly.

The Budget will be opened in the House of Commons on April 25th.

The Gift Coupons Bill has been withdrawn.

Public Health and Local Expenditure

The Ministry of Health has issued a circular to local authorities enumerating which among the economies recommended by the Ray Committee on Local Expenditure should be acted upon. The circular remarks that

> "the public health is not and cannot be a static service. Circumstances change and fresh needs develop as medical and health knowledge and practice grow. In such a service complete stagnation would be very false economy, and some measure of development and new expenditure is inevitable. An outstanding instance is the maternity and child welfare service."

In this circular the Minister indicates that he would regret if the appropriation of Poor Law infirmaries as general hospitals was not made where desirable on public health grounds. The Minister commends the remarks of the Ray Committee about the isolation of cases of scarlet fever. He has consulted the Board of Control about recommendations concerning that body, and communicates its views. He wishes further experience of the present arrangements before reconsidering the functions of the Board on the transfer of administrative duties to the Ministry. The Minister and the Board dissent from observations of the Ray Committee about the Mental Deficiency Service.

Social Services for Country Dwellers

During a debate on rural industries, on March 15th, Dr. O'DONOVAN said if village life and rural industries were to prosper there must be fostering care by the Government for the village labourer's wife. At present the social services at her disposal were impoverished. Every city had expensive buildings staffed by expensive experts for maternity and sickness. The country village had the country doctor and the village midwife working under great difficulties. The Government must return to the country in the form of social services some of the money they took from it. They must have services comparable to those received by town dwellers, and a first-class parish doctor.

Dr. ELLIOT, replying to the debate, said he appreciated Dr. O'Donovan's contention that social services should, to some extent, be available for the country dweller.

Milk for Expectant Mothers.—On March 21st Miss RATHBONE asked the Minister of Health whether he was aware that analysis of the reports of the medical officers of health showed that only about half the county councils and about a fourth of the borough councils exercised their power to provide milk for expectant mothers during the last three months of pregnancy and during lactation; and whether, in view of the high maternal mortality rate and the privation suffered by many mothers owing to their husbands' unemployment, he would urge on local authorities that they should all put this power into operation. Mr. SHAKESPEARE said that the information available to the Department indicated that such provision was made by at least 80 per cent. of the county and borough councils. The Minister did not think the issue of a circular would be useful.

Deaths following Vaccinia and Vaccination in 1932.—Sir HILTON YOUNG informed Mr. Groves, on March 21st, that three death certificates were received in 1932 on which vaccination or vaccinia was mentioned as a cause of death. The ages of the deceased persons were 3 months, 5 months, and 6 months respectively. In addition, there were five cases in which the practitioner had entered vaccinia or vaccination as one of the causes of death, but where, in the course of the customary inquiries, it was ascertained that neither vaccinia nor vaccination had contributed to the fatal issue, and the original certificate was withdrawn. He further told Mr. Groves that three deaths were registered in 1932 as due to small-pox. In one of these some other disease was mentioned on the death certificate. The ages of the persons covered by the certificates were 3 weeks, 56 years, and 79 years.

Pulmonary Tuberculosis in the Navy.—Replying to Sir Bertram Falle, on March 15th, Sir EYRES MONSELL stated that the number of naval ratings and Royal Marines invalided during the year 1932 was 979. The number invalided with pulmonary tuberculosis was 190, and to 148 of these pensions were granted on the attributable to service scale.

Essex County Council Bill.—The Essex County Council Bill, which contains provisions for the licensing of establishments for massage and special treatment in the county and exempts establishments carried on by medical practitioners, was read a second time in the House of Lords on March 16th, and referred to a Select Committee.

Health Insurance Arrears due to Unemployment.—Sir HILTON YOUNG told Mr. Banfield, on March 16th, that all possible steps were being taken to ease the position of unemployed persons who would be in arrears next June as members of their approved societies under the National Health Insurance Acts. They had been informed by a leaflet of the changes arising under the provisions of the National Health Insurance Act, 1932. Arrangements had been made under which arrears due to unemployment might be redeemed by instalments at any time from now to the end of next November.

In reply to Mr. D. Grenfell, on March 16th, Sir HILTON YOUNG stated that no extension of the scope of voluntary insurance under the National Health Insurance Acts was in prospect. Persons who had been forced to leave insurable occupations had for the most part had an opportunity of becoming voluntary contributors under existing legislation.

Water Supply Schemes.—On March 20th Mr. SHAKESPEARE, replying to Sir P. Hurd, said that the Minister of Health was always ready to entertain applications for schemes of needed water supply, and his staff constantly advised local authorities on such schemes.

Gas Masks for Sewermen.—Replying to Mr. Hutchison, on March 16th, Sir HILTON YOUNG said local authorities were not required to keep gas masks to be worn by employees descending into sewers; they would not be effective in all cases of danger. It was the practice to make tests before men descended into sewers.

Chemical Treatment of Glasgow Sewage.—On March 21st Mr. SKELTON, replying to Mr. Kirkwood, said the Department of Health for Scotland had received no complaints regarding the action of the Glasgow Corporation in suspending the chemical treatment of sewage entering the Clyde from the sewage works at Dalmuir. The medical officer of health for Glasgow was of opinion that there had been no danger to public health from the action taken. The Corporation recently approved a recommendation that provision should be made in next year's estimates for the resumption of the chemical treatment of the sewage at the sewage works, from June 1st, 1933.

Notes in Brief

Complaints from residents in Chiswick concerning the odour arising from the Chiswick sewage works are being investigated, and it is hoped a remedy will shortly be found.

Medical News

Dr. B. D. Pullinger will read a paper on the action of radium as seen in the pelvis, at a meeting of the London Association of the Medical Women's Federation, on Tuesday, March 28th, at 8.30 p.m., in the Members' Common Room, B.M.A. House, Tavistock Square. The meeting is open to all medical men and women.

The annual meeting of the Society for the Study of Inebriety will be held at 11, Chandos Street, Cavendish Square, W., on Tuesday, April 11th, at 4 p.m., to elect officers for the session 1933–4, to receive the report of the council and financial statement, after which Dr. E. W. Adams will read a paper on "Unusual forms of drug addiction." Each member and associate is at liberty to introduce visitors.

The Seamen's Hospital Society announces that Part 2 of the post-graduate courses for ship surgeons—that is, tropical medicine and hygiene—will be held at the Hospital for Tropical Diseases, Endsleigh Gardens, W.C., and the London School of Hygiene and Tropical Medicine, W.C., from April 3rd to 28th. Further particulars on application to the secretary, Seamen's Hospital, Greenwich, S.E.

The Fellowship of Medicine and Post-Graduate Medical Association announces that a week-end course in clinical surgery will be held at the Royal Albert Dock Hospital on April 1st and 2nd. All-day instruction will be given, with special reference to the relation of technique and end-result, as judged by the period of disability in the shipping industry. There will be a demonstration of medical ophthalmology at the Royal Westminster Ophthalmic Hospital, Broad Street, on March 30th at 8.30 p.m. A course in uterine infections in obstetrics and gynaecology is given during the first and third weeks of every month at St. Mary Abbots Hospital, Marloes Road, W.8. The course is held from Monday to Friday inclusive. Individual clinics are available daily in almost every branch of medicine and surgery; a list of the clinics is available, and those wishing to attend must make previous arrangements with the Fellowship. Forthcoming courses include: psychological medicine at the Maudsley Hospital, an evening course in physical medicine at the London Clinic and Institute of Physical Medicine, a week-end course in gynaecology at the Samaritan Hospital, dermatology at St. John's Hospital, and a week-end course in cardiology at the Victoria Park Hospital. Details of all these courses can be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1.

An intensive post-graduate course in English for oto-laryngologists—theoretical and practical—will be held under the auspices of the Dozentenvereinigung of the University of Berlin from July 24th to August 4th, by Professors van Eicken, Bayer, Claus, Creuzfeldt, Flatau, Grosmann, Simons, and Stahl, and Drs. Bernhard, Halle, Lange, Loeb, and Vogel. As practical work will be especially emphasized the number of participants is limited to fifteen. Further information may be had from the secretary of the English section, the Dozentenvereinigung, Berlin, N.W.7, Robert Kochplatz 7.

The annotation on Joseph Priestley in the *Journal* of March 11th did not mention Priestley's stay in Warrington, where he wrote the famous *History of Electricity* and made many experiments. On March 17th a meeting to commemorate the bicentenary of his birth was held at the Old Academy, Warrington, under the joint auspices of the Warrington Society and the Warrington Philomathic Society. The Priestley room and the Priestley collection of books were on view during the evening.

The Trade Marks Committee, under the chairmanship of Viscount Goschen, has begun its investigations, and persons and associations who wish to submit suggestions or to give evidence are invited to communicate with the secretary, Mr. R. W. Luce, Industrial Property Department, Board of Trade, 25, Southampton Buildings, W.C.2. The committee was appointed by the Board of Trade to report whether any, and if so what, changes in the existing law and practice relating to trade marks are desirable.

Two articles on a topic that is much before the profession at the moment have lately been published. One is "The medical curriculum and the general practitioner," by Dr. Arnold Gregory of Manchester, in the February issue of the *University of Leeds Medical Society Magazine*, the other is "The medical curriculum as viewed by a country general practitioner," by Dr. H. R. Clouston of Huntingdon, Quebec, in the March issue of the *Canadian Medical Association Journal*.

An inquiry was held at the City Hall, Cardiff, on March 17th, by Dr. T. W. Wade, a medical officer of the Ministry of Health and the Welsh Board of Health, into the application of the Welsh National Memorial Association for authority to purchase and adapt large premises in Cathedral Road, Cardiff, for the purpose of a tuberculosis dispensary. Mr. Alban, general secretary of the association, stated that it was imperative to secure suitable property in the centre of Cardiff for a modern tuberculosis dispensary and clearing-house for treatment. The inspector, at the conclusion of the inquiry, stated that a report would be presented to the Ministry of Health.

Berlin has now the lowest birth rate in the world. In 1931 there were only 8.7 births per 1,000 of the population in Berlin, as compared with 14.7 in Paris, 15.8 in London, and over 20 in New York.

Dr. Mathilda Theyessen, who was the first medical student and the first woman doctor in Europe, has just celebrated her ninety-fifth birthday at Freiburg in Breisgau.

Dr. Souques, the Paris neurologist, has succeeded Dr. Meillière as president of the Académie de Médecine.

Professor Bohumil Prusik has been appointed director of the propaedeutical clinic in the Medical Faculty of the Charles University, Prague.

Brevet Colonel P. H. Mitchiner, T.D., R.A.M.C.(T.A.), has received the King's authority to wear the Insignia of the Third Class of the Order of St. Sava, conferred upon him by the King of Yugoslavia, in recognition of valuable services. Authority has also been granted to Dr. I. Ridge-Jones, *M.C.*, and Dr. I. D. Ramsay, O.B.E., to wear the Insignia of the Fourth Class of the Order of Al Rafidain, conferred upon them by the King of Iraq, in recognition of valuable services.

The late Mr. R. T. Richardson, solicitor of Barnard Castle, Durham, has bequeathed the bulk of his estate of £169,947 net personalty in trust for founding and endowing a cottage hospital and convalescent home in Barnard Castle.

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

Exudation after Dermatitis of Leg

"G.P." (Surrey) writes: A man over 50 came to me having the skin of the right leg covered by a thick crust, extending from a few inches below the knee to within a few inches of the ankle. The mass of crust, which is of a dark-greenish colour, is about two and a half or three inches wide. When removed in parts by ointment (ung. pic. carb.) and oiling, the surface underneath is smooth, shining, and dry: little or no pain on pressure, and little or no irritation, except when leg is near fire. He says "matter" appeared through the crust at one time, but I have never seen any sign of it. He has had the crust for ten months, and before its appearance the skin was red and irritated. The great trouble in the treatment is the rapidity with which the thick crust forms; it returns almost in a night. What could be done to prevent this?

*** The crust which appears so quickly on the patient's leg is no doubt composed of dried serum, the exudation of which takes place very quickly through a damaged epidermis which refuses to form a horny layer in the normal way. Such cases are by no means uncommon as a sequel of attacks of dermatitis in the lower limbs. To train the epidermis to re-form the horny layer is often by no means easy. Sometimes support of the limb by means of elastoplast bandages, to compress the part and reduce the tendency to exudation of serum, is effective, They should not be kept on too long, and if they produce irritation themselves they are useless. Rest in bed also tends to reduce exudation, and is effective, but patients are usually reluctant to submit to this restriction. Sometimes the epidermis may be stimulated by painting with various fluids, such as dilute silver nitrate (5 grains to the ounce), or with a dye solution, such as Bonney's solution, which consists of 1 per cent. each of brilliant green and crystal violet in a mixture of equal parts of rectified spirit and water. But at best these cases are tedious in recovery.

Cement-block Houses

Dr. EDWARD JACOMB (St. Aubins, Jersey) writes: I should be grateful if any of your readers would state their experience of houses built of cement blocks (that is, sand and cement, with a few stone chips mixed in. There is some authority for saying that such blocks both absorb and exude moisture; that it is almost impossible ever really to dry them, even in the Tropics or with the aid of central heating; and that if they ever do become dry, they then crack. Many houses are now being built of such blocks; but, if there is any truth in the above assertions, they would not appear to be very suitable residences for persons suffering from, or liable to, rheumatism, lumbago, etc.