

Reports of Societies

MALE STERILITY

At the last meeting of the Section of Obstetrics of the Royal Academy of Medicine in Ireland, with the president, Dr. J. S. QUIN, in the chair, Professor O'DONEL BROWNE read a paper on the hormonal treatment of male sterility.

Dr. Browne described two cases in which the wives of the men concerned had been thought to be sterile; after treatment of the husbands with testoviron and proviron for a few months both women became pregnant. The discussion which followed was opened by the PRESIDENT. Dr. Quin thought that Dr. Browne had dealt rather lightly with the male sex in attributing only 20 per cent. of sterile marriages to them; other figures would suggest that the proportion was nearer 40 per cent. It had been shown recently that the individual might be worse after the prolonged use of testoviron than he had been before it was started. Prolonged administration seemed to result in atrophy of the testes and might lead to a complete loss of all male characteristics. It was necessary always to bear in mind the possibility that a man might be incapable of fertilizing one woman but not another, and similarly the woman A might mate unsuccessfully with the male B but successfully with C.

Methods of Investigation

Dr. BETHEL SOLOMONS said that he remembered the time when it was considered an insult to a male to be asked to be examined, and he quoted Meaker's figures, to the effect that defective production of spermatozoa was responsible for 48 per cent. of cases of infertility. Ignorance on the part of the hospital patient prevented full examination in many instances. He had had to persuade men that it was not against their religious tenets that a Huhner test should be done; this test should be carried out within an hour of coitus. While a simple examination of the semen was easy, the full examination of the male was a complicated process. It was important that semen should be examined not only for causes of sterility but for causes of frequent stillbirth and abortion. It was unfortunate that a complete hormone estimation of male and female could not be done in Dublin, and he hoped that this defect would soon be remedied and some research carried out. His experiences with testoviron varied; he had met with success and failure.

Dr. R. M. CORBET said that he had for some time past endeavoured to carry out a Huhner test where the woman appeared to be normal. Until lately, however, where a fault appeared on the male side, but little could be done about it. He had treated one case with testosterone propionate. In May, when this treatment was started, there were only a few spermatozoa, and those dead; in October the spermatozoa were almost normal in number and motility. Now the man's wife was two months pregnant.

Mr. J. C. FLOOD said that when the male was being investigated from the point of view of sterility, he felt that before any endocrine treatment was undertaken the patency of the woman's tubes should be determined.

General Discussion

Professor J. BRONTE GATENBY, referring to the sending away to England of semen for examination, said that it should be remembered that spermatozoa died very quickly and it would be impossible to determine whether they were motile or not because in a great many cases they would be dead before they reached England. Mr. SEYMORE HEATLEY said that he had examined and tried to treat eighty-three cases of male sterility. There was no doubt that 45 to 50 per cent. of sterile marriages were due to a fault on the male side. It

was necessary to take a very accurate sexual history from the patients, and in a number of cases it would be found that the men were chronic masturbators and seemed to prefer masturbation to normal sexual intercourse. It was necessary to make sure that the male had no stricture, and it was important to find out whether he suffered from any obstruction. Such obstruction might be in the ejaculatory ducts or in the vasa; anastomosis of the vas at the upper pole of the epididymis was often helpful. There were only two successful methods of examining semen, the condom method and Huhner's method; semen obtained by prostatic massage was worthless. Two common causes of male sterility were tuberculosis of the prostate and epididymitis. He personally had been very disappointed with the results he had obtained following the use of testoviron. In thirty-five or forty cases he had only obtained one positive result.

Dr. O'DONEL BROWNE, in reply to the discussion, said he understood that testoviron alone was now regarded as efficient and proviron was no longer necessary. He emphasized the difficulty which might occur when a patient was referred to a specialist for the express purpose of curing a misplacement or performing cervical dilatation or some other operation. He believed that the treatment of sterility in general throughout the country would be more efficient if the general practitioner would raise the question of male sterility before advising any treatment for the wife. The injection or other treatment of male sterility should be in the hands of the patient's usual medical attendant, and he strongly opposed any suggestion that the gynaecologist should interfere. Although he realized the disadvantages of Huhner's method in the investigation of male sterility, he regarded it as the most satisfactory test and did not favour the collection of sperms from a condom.

Local News

SCOTLAND

Honour for Professor T. K. Monro

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on May 1, Professor T. K. Monro was admitted an Honorary Fellow. The president, Dr. John Henderson, said:

"The roll of Honorary Fellows is always a small one, as it represents the highest honour which we, as a Faculty, can bestow, and is reserved for those who, after very careful consideration by Council and Faculty, are deemed worthy of that honour. Dr. Thomas Kirkpatrick Monro was selected as worthy on many grounds for such distinction at our hands and his election was unanimous. All the rules and regulations have been complied with, and it is now my pleasing duty and great privilege in your name to admit Dr. Monro as an Honorary Fellow and to enrol his name amongst those who have distinguished themselves in various fields of medical work whom we have delighted to honour and who have honoured us in accepting election. Dr. Monro is well known to you all as a physician and teacher of distinction, a wise Councillor and an ex-President of this Faculty, a medical historian, and an author whose work has not entirely been confined to the field of medicine. He has already been honoured by his own University, who conferred on him the honorary degree of LL.D. . . ."

New Edinburgh Crematorium

A new crematorium at Seafield, Edinburgh, was opened on April 28 by Lord Salvesen, who said that the custom of burial which had been universal for the last 1,800 or 1,900 years was derived from the Hebrews, although even among them there seemed to have been exceptions, because it was recorded that King Saul was cremated. In 1874, at the instance of Sir Henry Thomson, a celebrated surgeon, a cremation society was formed by a number of men because of their abhorrence of the process of decomposition, and a crematorium was then erected at

Woking. The prejudice at that time against cremation was, however, very strong, and the Home Secretary prohibited cremation in that building; for a number of years cremation was regarded by the Government as an illegal method of disposal of the dead. In 1884 Dr. Price, another member of the medical profession, was arrested for having cremated the body of a newborn infant among the hills of Wales. He was put on trial, but under the direction of the judge the jury acquitted him and the judge laid down the law to be that cremation was not illegal so long as it did not create a nuisance. Immediately afterwards the crematorium at Woking began operations, and in 1890 a crematorium was opened in Glasgow. As late as 1928 there were only eighteen crematoria in the British Isles, and the movement advanced very slowly. Lord Salvesen believed that the establishment of the first Edinburgh crematorium had given a real impetus to the movement in Scotland, for progress in recent years had been phenomenal, and there were now forty-eight crematoria in the British Isles, including six in Scotland. At the Edinburgh crematorium last year there were no fewer than 1,085 cremations, and in proportion to its population Edinburgh had the largest number of cremations in the British Isles, and was now the only town to possess two crematoria.

ENGLAND AND WALES

Criteria of Fitness

The National Fitness Council for England and Wales met on May 2 in the Conference Room at the Ministry of Health, with Lord Aberdare in the chair. Lord Dawson of Penn, speaking of the work of the Medical Committee, said that the subcommittee set up to determine the criteria of fitness had agreed upon the following definition for the purposes of the National Fitness Council:

"Fitness is a state of physical, mental, and spiritual well-being in which the individual can perform and enjoy the activities of his leisure and working hours."

Dealing with grant applications, Sir Henry Pelham, chairman of the Grants Committee, reported that applications dealt with up to April 15, 1939, from voluntary organizations and local authorities amounted to 1,149, involving a total expenditure of over £6,000,000. Emphasizing the volume of work with which the Grants Committee was dealing, Sir Henry stated that in the last two months 200 applications for grant had been received, involving a capital expenditure of £800,000. This included grants for playing fields, which were dealt with in conjunction with the National Playing Fields Association. Mr. Philip Noel Baker, M.P., speaking on the attitude of the National Fitness Council to the Access to Mountains Bill now before Parliament, said that it was proposed to issue a memorandum on the subject of outdoor activities generally. It was agreed to incorporate in the memorandum an intimation of the council's hope that all those concerned to promote walking, rambling, camping, etc., would do their utmost to build up a sensitive public conscience in regard to the avoidance of damage and disfiguration of the countryside, as well as a high standard of individual conduct. The address of the National Fitness Council is 1, Queen Anne's Gate Buildings, Dartmouth Street, S.W.1.

Special Libraries and Information Bureaux

Nearly seventy people were present at the annual luncheon of the Association of Special Libraries and Information Bureaux at the Café Royal, London, on April 28. The president, Sir William Beveridge, spoke of the double life now led by all people: their life of ordinary daily work, of friendly intercourse and co-operation throughout the world, and that other life of horror and hate in politics and international tension. If it were difficult to know which was the real world and which was

a dream universe, at least it was possible to know which was the sane world. Dwelling for the moment in the sane world, he spoke of his own experiences as an author, and emphasized that however much the writing of a book might be a "one-man job," its preparation nevertheless rested upon the co-operation of many others. In many ways more time was spent in finding the information than in its co-ordination into a book. ASLIB could be called a labour exchange for knowledge, and its function as a distributor of information had a real importance, as medical and scientific authors would be the first to acknowledge. Sir Stephen Gaselee, librarian of the Foreign Office, spoke of the libraries of Government Departments, which are primarily intended for members of those departments, but in many of them facilities exist for their use by the public. Mr. Stephen Heald referred to the great importance of accuracy in information on international affairs, especially in the present propaganda-ridden world. As secretary of the Information Department of the Royal Institute of International Affairs he could speak with experience of the difficulties—and of the real danger in over-simplification of news. Hence in any authoritative report more time had to be given to the checking than to its initial preparation.

Health Centre at Finchley

The Parliamentary Secretary to the Ministry of Health, Mr. Robert Bernays, speaking at Finchley on May 6, where he opened the borough's new health centre, said that the health services which attracted most immediate sympathy and attention were those concerned with mothers and children—the maternity and child welfare service and the school medical service. The health centre should contribute substantially to the advantage of these services in Finchley. In a new building specially planned for its purpose they could be organized and carried on with a new efficiency. For example, it would be possible in the new premises to combine both the necessary facilities for mothers and young children and those for children of school age who were in the charge of the school medical service. It was of the greatest importance that there should be continuity in supervising the health of children before and after school age, and it was a great advantage to have the responsibility for the supervision of both ages in the hands of the same medical officers. Mr. Bernays observed with pleasure that in 1937 the infant mortality rate in Finchley per 1,000 live births was as low as 40; this compared very favourably with the rate for the whole of the country, which was 58. The maternal death rate, too, stood at a very low figure—1.09 per 1,000 total births. The problem which local government and public health administration had had to face in areas of rapidly expanding population had been particularly formidable in Finchley, and the borough had tackled it with energy and determination.

At a quarterly court of the directors of the Society for Relief of Widows and Orphans of Medical Men Mr. H. Barwell took the chair. It was reported that £164 0s. 6d. had been received in subscriptions since the beginning of the year and a donation of £50 had been received from the Bovril Medical Agency. A claim for £1,008 11s. 2d., return of income tax for the year ended April, 1939, had been submitted to the Inland Revenue, and that amount was expected to be received shortly. The draft of the annual report for 1938, to be presented at the annual general meeting on Wednesday, May 24, was read and approved. Membership of the society is open to any registered medical man who, at the time of his election, is resident within a twenty-mile radius of Charing Cross. Full particulars may be obtained from the secretary of the society at 11, Chandos Street, Cavendish Square, W.1. Relief is only granted to the necessitous widows or orphans of deceased members.

He was never too busy to grant an interview or to discuss a project, and one always felt that the matter in hand was claiming his undivided attention. His advice was always practical, and whenever possible was backed up by some tangible help. Many of us have good reasons for remembering his inherent kindness, and a great many acts of spontaneous and open-handed generosity never saw the light and were only appreciated by the recipients. In many spheres of medical activity Robert Bolam will be sadly missed, not only by those who were privileged to enjoy his warm friendship but by many others who respected him and leaned upon him for his great knowledge of affairs.

Dr. Alfred Cox writes:

It would be an honour to be allowed to add my tribute to the memory of my old friend, whom I have known, admired, and loved for fifty years. He was junior to me as a student at Newcastle, but even then it was clear that he would go far. For a few years after coming to London I saw little of him, but was glad to note that he was taking an active part in local B.M.A. work. During the Insurance Act struggle he played a strong moderating part locally, and it was he who, with Dr. Hudson of Newcastle, took the first step to undo what he believed to be a bad error in tactics when the Annual Representative Meeting of December, 1912, decided against working the Act. He and Hudson sought me out during the Christmas holidays, which I was spending in the North, to inquire how the mistake could be most quickly rectified, and they engineered the request for the Special Representative Meeting of January, 1913, which released practitioners from their pledges to the Association. From then onward, as has been shown in your obituary notice, he took a permanent part centrally as well as locally.

I wish to emphasize his special gifts as a diplomatist, gifts which proved of immense service to our Association. The most spectacular exhibition of these was when he persuaded the Representative Body to accept the ambitious building scheme now nearing its completion. I fancy that he, Mr. Bishop Harman, and the architect were the only people who thoroughly understood this in detail. We expected a long and probably acrimonious discussion, but the Representative Body accepted it without a murmur—a real act of faith which is in course of being amply justified. There was another conspicuous example, though this was shown in the comparative privacy of a committee room at the Ministry of Health. I allude to the way in which, ably seconded by Sir Henry Brackenbury, he persuaded the representatives of the local authorities to accept what is known as the Askwith Scale of Remuneration for Public Health Officers. It was a very arduous job, but Bolam pulled it off by means of quiet confidence and beautifully managed persuasion, which it was an artistic pleasure to see. But this gift was shown at every meeting of our Council. I have served many Chairmen of that body, all good but differing greatly in their methods. I think I should put Bolam first for his uncanny ability to get other people to do what he wanted while not disturbing their belief that they were deciding the issue.

There was never a man who could be more relied on in a tight corner. He expected that his co-workers would do their best, and if they did they could be certain that Bolam would not fail them. His name is written large in B.M.A. history; indeed one sitting as I do in the building may almost say: "If you want to see his monument look around." But, above all, it is the man we mourn; one of the friendliest and most unassuming of men, full of public spirit and moral courage. He never came into this House without imparting to his colleagues some of his courage and cheerfulness.

Dr. CHARLES RUPERT STOCKARD, since 1911 professor of anatomy at Cornell University Medical College, died on April 7 in the Rockefeller Institute Hospital, New York City, of heart disease, aged 60. An editor of the *American Journal of Anatomy*, the *Journal of Experimental Zoology*, and the *American Anatomical Memoirs*, his work in the field of experimental production of monsters attracted world-wide attention.

Universities and Colleges

UNIVERSITY OF EDINBURGH

Mr. A. L. Bacharach will deliver a lecture on "Vitamin E" in the medical chemistry classroom, University New Buildings, Edinburgh, on Tuesday, June 6, at 5 p.m. Graduates and students are invited to attend.

UNIVERSITY OF DUBLIN

SCHOOL OF PHYSIC, TRINITY COLLEGE

The ninth series of John Mallet Purser Lectures will be delivered by Professor C. Heymans of the University of Ghent in the physiology theatre on Wednesday and Thursday, May 17 and 18, at 5 p.m. The subject of his first lecture is "The Regulation of Blood Pressure and Vasomotor Tone," and the second "The Role of the Cardio-aortic and Carotid Sinus Nerves in the Reflex Control of the Respiratory Centre." The Provost of Trinity College will take the chair.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

The Morison Lectures for 1939 will be delivered by Dr. Henry Yellowlees in the Hall of the Royal College of Physicians of Edinburgh on Thursday and Friday, June 8 and 9, at 5 p.m. His subject is "The Problem of Adolescence."

A quarterly meeting of the College was held on May 2, with the president, Dr. Alexander Goodall, in the chair. Dr. J. G. Kininmonth (Edinburgh) and Dr. A. C. P. Campbell (Edinburgh) were introduced and took their seats as Fellows of the College. Dr. Sarandindu Mohan Ghosal (India), Dr. Amulyaratnan Chakravarti (India), Dr. Thomas Arthur Howard Munro (Colchester), and Dr. Hugh Adair Raeburn (London) were elected Fellows of the College.

The Freeland Barbour Fellowship was awarded to Mrs. Edith K. Dawson, M.B.

The Services

HONORARY PHYSICIANS TO THE KING

Group Captain G. S. Marshall, O.B.E., R.A.F.M.S., and Group Captain H. L. Burton, R.A.F.M.S., have been appointed Honorary Physicians to the King.

HONORARY SURGEONS TO THE KING

Air Commodore W. Tyrrell, D.S.O., M.C., R.A.F.M.S., and Air Commodore A. S. Glynn, R.A.F.M.S., have been appointed Honorary Surgeons to the King.

MENTIONED IN DISPATCHES

The names of Captain M. F. Kellcher, M.C., R.A.M.C., and Squadron Leaders J. Magner and J. Kemp, R.A.F.M.S., have been brought to notice by the General Officer commanding the British Forces in Palestine and Transjordan in recognition of distinguished services rendered in connexion with the operations in Palestine during the period April 1 to October 31, 1938.

I.M.S. DINNER

The annual dinner of the Indian Medical Service will be held at the Trocadero Restaurant, London, on Wednesday, June 14, at 7.15 p.m., when Major-General C. W. F. Melville, C.B., will preside. Tickets may be obtained from Grindlay and Co., 54, Parliament Street, S.W.1, or from the hon. secretary, Major Sir Thomas Carey Evans, Hammersmith Hospital, Ducane Road, W.12.

DEATHS IN THE SERVICES

Major GRIFFITH HENRY REES, R.A.M.C. (ret.), died at Bognor Regis on April 24, aged 58. He was born on May 31, 1880, and was educated at Guy's Hospital, and took the M.R.C.S., L.R.C.P. in 1904 and the M.B., B.S. of London University in 1905. He entered the Royal Army Medical Corps as lieutenant on January 31, 1905, became major on October 15, 1915, and retired on July 21, 1925. He served in the war of 1914-18.