

## DIAGNOSIS AND TREATMENT.

The diagnosis of sterility rests on the examination of the patient and of the semen. If necrozoospermia is found a search must be made for signs of infection in the genital tract. Azoospermia means either that there is a blockage in the ducts or else that spermatozoa are not being formed. To differentiate between the two conditions the testes must be punctured with a hypodermic needle and the extracted fluid examined microscopically. Should spermatozoa be present a searching investigation must be made to discover the site of the obstruction. Most frequently this is situated either in the epididymal canal or in the ejaculatory ducts. A history of epididymitis and the persistence of a thickening in the lobus minor are strongly in favour of the former. If neither is found, posterior urethroscopy should be carried out with, whenever possible, catheterization of the ejaculatory ducts. Additional information may be obtained by injecting a dye into the vas at the neck of the scrotum and watching for its appearance in the urethra.

Unfortunately surgery as yet offers little help for the treatment of stenosis, whether it be in the epididymis or in the ejaculatory ducts. Numerous operations have been devised for effecting a fresh anastomosis of the vas with the epididymis so as to overcome any blockage that may exist in that situation. Successes, however, are of the greatest rarity, owing chiefly to the difficulty of ensuring that the anastomosis remains patent. Obstruction in the ejaculatory ducts may sometimes be overcome by catheterization and by energetic treatment of a residual infection in the prostate by means of massage.

If sterility be the result of aspermatogenesis a careful search must be made for its cause. The history of past illnesses, the habits, mode of life, and diet of the patient, must all be reviewed and every effort made to improve the general health. The fact that conception frequently occurs at the end of a long summer holiday is an indication of the close relationship that exists between general physical efficiency and fertility. Veterinary surgeons deal with sterility in stalled animals by letting them run wild in the fields. If bank clerks and other followers of sedentary occupations could be treated similarly their fertility would undoubtedly be increased.

The importance of infections, whether in the genital tract or elsewhere in the body, has already been emphasized. All septic foci must, therefore, be dealt with, however remote may seem the connexion with the patient's sterility.

Endocrine therapy is worth trying in cases of aspermatogenesis even when the ductless glands do not appear to be implicated. Anterior lobe pituitary extract is by far the most useful of the endocrine products, and should be persevered with for six months. At the end of this time the testes should again be examined for the presence of spermatozoa. Drugs, except when given as tonics, are, so far as I know, useless. It has been said that testicular grafts have a stimulating action on the patient's own glands, but as I have not used them for this purpose I can neither confirm nor refute this statement. If signs of hypothyroidism are present treatment with thyroid extract is likely to have a stimulating action on the tubules.

In view of the part played by sunlight in the seasonal growth of the testicles of birds I am tempted to think that small doses of ultra-violet light might exert a favourable action on some cases of aspermatogenesis. However, as yet I have no observations of this to report to you.

## CONCLUSION.

In this paper I have laid emphasis on the type of sterility that is unassociated with any obvious physical defects. I have done so deliberately because I feel that in the past we have occupied ourselves too much with questions of anatomy, too little with the physiology of reproduction. We have searched for displacements of the womb and abnormalities of the cervix, and having corrected these have felt satisfied that we have done all that is within our power and that the rest must be left to Nature. But it is not enough that the spermatozoa should enter the uterine cavity and that the ovum should be thrown into the Fallopian tube. For the meeting and

fusion of these two cells certain conditions are necessary, concerning which we at present know little or nothing. Wolbarst's insistence on the importance of examining the behaviour of spermatozoa when in contact with the female secretions is a move in the right direction. But more than this is necessary. We must understand more fully the part played by the secretions of the secondary glands of sex. We must study the reaction of the spermatozoa to the various fluids it meets in its perilous journey from the seminiferous tubules to the ovum, the secretions of the epididymis, the vesicles, the prostate, the cervix, and the uterus. We must discover the reason of our failure to inseminate a healthy woman with what are apparently healthy spermatozoa.

We are struggling to treat sterility with an utterly insufficient knowledge of the physiology of impregnation—shooting arrows haphazard into the air in the hope that one perchance may reach its mark. If we are to obtain the exact knowledge on which a scientific treatment can alone be based we must work, not apart, as people viewing the problem from the point of view of the gynaecologist or the genito-urinary surgeon, but together, as colleagues engaged on a single task. Only then can we hope to fill in some of the gaps in our knowledge and to establish our treatment on a scientific basis.

## REFERENCES.

- <sup>1</sup> Hewer, Evelyn: *Journ. of Physiol.*, 1914, 47, 479. <sup>2</sup> Fukui, N.: *Japan Medical World*, February 15th, 1923. <sup>3</sup> Paul, C. B.: *Journ. of Physiol.*, 1905, 34, p. xiv. <sup>4</sup> Osborne, T. B., and Mendel, L. B.: *Journ. of Biol. Chem.*, 1919, 38, 223. <sup>5</sup> Mason, Karl E.: *Proc. Nat. Assn. of Sciences*, vol. ii, 1925, p. 377.

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE IDIOPATHIC DILATATION OF THE  
STOMACH.

THE following case may be worthy of record on account of its comparative rarity, the unusual physical signs presented, and the nature of the findings at necropsy, which were inconsistent with the commonly stated etiology.

On July 18th, 1928, the patient, a girl 24 years of age, with no previous history of ill health, was suddenly seized with vomiting, which persisted until shortly before her death three days later. During the previous week her appetite had been deficient and her general condition somewhat below its usual standard. For three days there was absolute constipation.

*Condition on Admission to Hospital, July 21st, 1928.*—The patient was collapsed; she complained of abdominal pain and suffered from thirst. Moderate quantities of brown fluid were vomited at short intervals. The abdomen was not distended, though it was a little fuller in the hypogastrium than in the epigastrium. A wave synchronous with the cardiac systole passed from the left hypochondrium to the hypogastrium, and a splashing and gurgling sound, also synchronous with systole, was distinctly audible without using the stethoscope. On auscultation with the stethoscope sounds were heard resembling those described as Hippocratic succession in the chest. The apex beat of the heart was visible in the mid-axillary line, and was diffuse and slapping in character. The right border of the heart was one inch to the right of the sternum, but there was no visible epigastric pulsation. *At the necropsy* the most noteworthy features were: (1) The stomach was so enormously distended that the greater curvature sat on the brim of the true pelvis, where it bent on itself, a portion returning towards the duodenum; (2) the distension extended along the entire duodenum and did not cease abruptly—that is to say, the distended gut gradually gave place to the collapsed lesser bowel about a foot from the duodeno-jejunal flexure; (3) a ring of lesser dilatation indicated the position of the pyloric sphincter; (4) the whole of the small intestine was collapsed and prolapsed in the pelvis minor; the mesentery was longer than normal. The thymus gland weighed 1/3 oz., and the thyroid gland 1/4 oz. In the suprarenal gland there was no depletion of the cortical lipid. There was no other relevant pathology.

From a consideration of the facts it would seem justifiable to suggest that, although there was in fact a prolapse of the small gut into the pelvis, the mesentery was not the constricting agent. Again, because of the absence of a definite delimitation of the distension, it may be suggested that the cause, rather than being an affair of simple mechanics, may be related in some way to the nervous mechanism for the control of tonus of the gut.

I am indebted to Dr. W. H. Thompson for permission to publish this case.

FRED GRUNDY, M.B., Ch.B. Leeds,  
M.R.C.S. Eng.

Bradford.

## FOUR CASES OF GLIOMA RETINAE IN ONE FAMILY.

GLIOMA retinae is a rare condition; in the course of the last five years only 11 cases have been treated at the Royal Eye Hospital. During this time 114,764 patients were seen; this hospital, being the only London eye hospital south of the Thames, draws its material not only from South London, but from the suburbs and a large area of the country. The occurrence of four cases of glioma retinae would seem to be worthy of record; the mother of this family has had five children, of whom one died at birth and one is sound. The clinical histories of the other three children are as follows.

Leonard was born in 1919. In August, 1921, he was found to be suffering from a glioma of the right eye, which was enucleated. In January, 1923, he was readmitted with a glioma in the left eye. The white mass was quite evident by focal illumination, although he could still see to play with his toys in his cot. On removing this eye I found a mass of growth as big as a hazel nut projecting through the sclerotic. In spite of the orbit having been eviscerated, the growth recurred *in situ* in the following May, and he did not long survive.

Walter was born in 1921. At the age of three months the right eye was removed for glioma. He remains healthy.

Ernest was born in March, 1928. I saw him in May with a glioma in the right eye, which was enucleated.

This remarkable family history therefore shows four children surviving their birth; three have been affected by retinal glioma, two losing one eye each, and one losing both eyes and subsequently succumbing to a recurrence.

We can trace this terrible misfortune for the mother to an operation which was performed in May, 1897, when the right eye of a child aged 2 years and 3 months was removed for glioma; this patient became later the father of the family here reported.

For one who has seen a child dying from glioma there can be no alternative but to remove the eye, even if it be the only one. From the individual point of view—from that of the child perhaps, from that of the parent certainly—it is the right and only course; but what a disaster for the community and the welfare of the race! I fear this is only one instance of what the progress of surgery and medicine is capable of doing for man by preserving individuals suffering from an hereditary taint, who would, in the ordinary course of nature, be eliminated.

T. W. LETCHWORTH, M.B., F.R.C.S.,  
Surgeon, Royal Eye Hospital.

## PHTHISIS AT THE AGE OF 85.

THE following case of pulmonary tuberculosis in a woman aged 85 seems worthy to be recorded.

A widow, aged 85, whom I have known for several years, but who has never previously consulted me professionally, sent for me in November, 1927, for a slight sprain of the ankle. Her mother and father had been healthy and had lived to old age. Her brother and two sisters were healthy also. The patient had been a widow for forty years. She had had five children, of whom four were living and healthy. She had always had very good health, and could not remember having seen a doctor since her last confinement.

While attending her for the sprained ankle she mentioned that she had "wheezing" and a slight cough. The cough had commenced in June, 1927, and had continued off and on. She felt very annoyed that she should be troubled with it, and could not understand why she should be ill, since up to then she had been very active, taking long walks and frequently visiting theatres and amusements at night. I examined her chest and found a general bronchitis which is common in old people. The temperature was normal and the sputum scanty, but difficult to expectorate.

During December she became worse, with pyrexia up to 101° F., but mostly between 99.2° and 100°. In January, 1928, the left upper lobe began to break down and night sweats commenced. The sputum became muco-purulent, and on examination tubercle bacilli were found in large numbers. In February she had a brisk haemoptysis lasting three days. Since then the disease has advanced rapidly, and now practically the whole of the left lung is involved and the right apex in addition. I have had the sputum examined on three separate occasions, and it has always been strongly positive. She is rapidly losing ground and the pyrexia is constant.

I can trace no reason for the disease coming on so late in life; she has not lived with anyone who has had similar trouble. The only thing I can find is that she has always had in the house a number of animal pets, especially cats, but these, she declares, have always been healthy.

East Sheen.

D. A. CHAMBERLAIN, M.R.C.S., L.R.C.P.

## Reports of Societies.

## MEDICAL AMBITIONS AND IDEALS.

PRESIDENTIAL ADDRESS TO THE MEDICAL SOCIETY OF LONDON.

At the first meeting of the session of the Medical Society of London on October 8th, Dr. WALTER CARR, the president, delivered his address from the chair. At the preliminary business meeting of the Society it was announced that John Ward's diary, one of the valuable possessions of the Society, had been sold for £10,000, of which sum £9,000 had been invested and £1,000 devoted to improvements in the library.

Dr. Walter Carr, who mentioned that he had been a Fellow of the Society for just upon forty years, took for his subject "Medical ambitions and ideals." Medical men, he said, were necessarily moved by the same impulses as others, although their ambitions might be somewhat more altruistic and less directly selfish than those of the majority of their fellows. Three motives in particular influenced those who aimed at becoming leaders or rulers in any department of life. The first was the love of power and influence, which really meant the desire to rule over other people; even the acquisition of wealth was generally coveted, not for its own sake, but as a necessary step towards the attainment of such authority. The second motive was the desire to bring about uniformity. Here man differed from nature, for whereas the keynote of nature was diversity, uniformity was always man's ideal, and the more capable a man was, and the more convinced as to the rightfulness of his views, the more determined was he likely to be, especially as he got older, to make others think, talk, and act as he did himself. Finally, a man liked to convince himself and other men that in exercising power he was not acting from selfish motives, but was really anxious to benefit others. The most typical and successful example of the exercise of these three motives on a large scale was afforded by the Catholic Church in the Middle Ages, when it attained supreme power over practically every department of human life, established uniformity of belief by ruthlessly extirpating every form of heresy and schism, and justified all its deeds of tyranny and cruelty on the plea that it was acting in the best interests of its victims. Now that the power and influence of the mediaeval Church had declined, it would seem that the medical profession might aspire, perhaps, to replace it!

## A Medical Bureaucracy.

The speaker then, adopting a tone of gentle irony, indicated how medical men might attain these ambitions. Power over their fellow men would, of course, be gained through a State medical service, at the head of which would be the chief medical officer to the Ministry of Health—not the Minister of Health himself, who, to his chief medical officer, would be as king to cardinal. Indeed, the position of the chief medical officer would be like that of Pope in the mediaeval Church; under him would be inspectors and consultants—at present called regional medical officers—who would correspond to bishops, while district medical officers, to each of whom would be allotted the care of a certain number of people, would be like parish priests. Separate staffs of doctors would be trained to take charge of the State and municipal hospitals, to act as medical officers of health, and to be responsible for the many departments of preventive medicine.

The question of health entered in some way into practically every part of a man's life and being—from the moment of his conception to the final disposal of his remains after death. Therefore the State, through the medical profession, would not only provide ante-natal care, would ensure that every baby was born in a suitable institution, and would look closely after the individual through infancy, childhood, and school life, but would have the final voice in settling his vocation (this would be determined by the school and family doctors in consultation with the psychologist), his hours of labour, length of holidays, age of retirement,

deceive himself by a mere play of words, and he was never ashamed of admitting his ignorance. He might have theories, but he frankly admitted that they were theories and merely signposts for directions of inquiry. He was also undoubtedly possessed of the rare faculty of imagination, which is not surprising when we recollect that both his father and uncle were distinguished artists.

As well as being a searcher after truth himself, he had the gift of inspiring others with the same ambition, and no man ever attracted a larger band of workers round him. His department was always open to anyone who needed facilities to work at a problem, and when once a man or woman gained entrance to a corner in his workshop Paton gave of his advice and help in no stinted fashion. His was the department to which all those eager to engage in comparative medicine and surgery turned. Not only was he an excellent director, but he was at the same time an ideal co-worker. He was a stimulating colleague; he always took a big share in the work of any investigation with which he was associated; and he gave and took criticism in the freest manner, so that at the end of the task one's admiration for his mental powers and regard for his genuineness were enhanced.

That Paton was a big and generous man there is no question. He had a great presence; he was tall, with regular, almost beautiful, features, and a kindly expression. He was as open as the day; in fact, his frankness and his loyalty to friends and his intolerance of dishonesty must often have brought trouble to himself. With the utmost truth it may be said that his is a memory which will remain as a great stimulus to a vast number of students and co-workers.

L. F.

[The photograph reproduced is by J. Russell and Sons, Ltd., London.]

Dr. JAMES THOMAS CURRIE LAING, who died in London on October 7th at the age of 57, received his medical education at Edinburgh, where he graduated M.B., C.M. in 1892. He was a member of the British Medical Association. We are indebted to Sir James Purves-Stewart for the following appreciation: The death of Dr. J. T. C. Laing, or "Jimmy Laing," as he was affectionately called by his friends, colleagues, and patients, comes as a shock and an irreparable loss to all who knew him. Jimmy Laing was the finest type of Scot, a man of strikingly handsome physique and athletic build, tall, lean, and muscular, in his youth a fine boxer and throughout his life a keen sportsman. After graduating in Edinburgh in 1892 he was for a time house-surgeon to the late Professor Annandale. He then lived several adventurous years, first at the Klondyke gold rush, when he held the post of assistant surgeon at the Good Samaritan Hospital, Dawson City, and later as a surgeon attached to the Canadian Scouts in the South African war. Subsequently he was induced to settle in London, where, by sheer force of personality, he speedily built up a practice of ever-increasing importance, not confined to London, but ultimately extending far beyond it. During the late war he did valuable work in London as physician to various hospitals for officers, and was mentioned in dispatches. For many years he was the popular secretary of the Edinburgh University Club of London, and later its vice-president. Up till about a year ago he sustained the burden of a large practice, apparently without effort. It then became evident to his friends that his physical strength was flagging. Despite a voyage to South Africa early in the present year, he found himself unable to continue his work in London, and accordingly spent the summer quietly in Scotland until a few days ago. He then returned to his home in London, where he rapidly succumbed to a pulmonary affection at the age of 57. Success never spoiled him, nor did he ever waver in loyalty to his friends. There was a singular charm about him which seemed automatically to attract the affection of his fellow men. His loss leaves a gap in the wide circle of his friends throughout the country which cannot be filled. If it be true of the good man that his works do live after him, then surely Jimmy Laing's memory will remain warm in the hearts of all who had the privilege of his friendship. Gay, debonair, humorous, modest, kindly, and wise, every-

one who knew him will agree that he possessed all these qualities. He leaves behind him a widow and youthful daughter and son, to whom the deep sympathy of his friends will be extended.

We regret to announce the death, at the age of 73, of Professor HOLGER RASMUS EMIL MYGIND, who was a pioneer of otology and laryngology in Denmark. He was the author of works on congenital deafness and deaf-mutism, and of a small textbook on diseases of the upper respiratory tract. An English translation of his work on deaf-mutism appeared in 1894. He had many friends in England, and his widow is the daughter of Mr. S. Nash, formerly Danish consul at Cardiff.

The following well-known foreign medical men have died recently: Dr. PROKOP FREIHERR VON ROKITANSKY, professor of medical pathology and therapeutics at Innsbruck; Dr. GUSTAV VON SCHLEICH, professor of ophthalmology at Tübingen; and Professor H. VON BARDELEBEN, a Berlin gynaecologist, aged 54.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

THE outgoing Vice-Chancellor, the Rev. G. A. Weekes, in the course of his valedictory address in the Senate House on October 1st, referred to the recent offer by the International Education Board of the Rockefeller Foundation to contribute £250,000 to the University Library Building Fund, and explained that this munificent offer formed part of a larger proposal to provide for new and much needed developments in the physical and biological studies of the University. The offer in its entirety amounted to a gift of £700,000, on condition that the University should raise the balance of the sum required for the completion of the whole scheme. The offer had been considered, with approval, by the Council, the General Board, and the Financial Board, but had not as yet been laid before the University. Mr. Weekes referred also to the loss sustained by the University through the death of Mr. G. E. Wherry, consulting surgeon to Addenbrooke's Hospital, and for many years university lecturer in surgery. The building in Tennis Court Road, which has been provided for the departments of pathology and animal pathology by a grant from the trustees of the Rockefeller Foundation and by the Gates Bequest, is now in occupation, and will be ready for the formal opening ceremony next term.

### UNIVERSITY OF LONDON.

At the September matriculation there were 100 successful candidates in the first division and 373 in the second division; 27 others took the supplementary certificate in Latin.

### UNIVERSITY OF LEEDS.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B. (Part D).—J. Kak, H. T. Knowles, J. Loofe, and G. J. Marks.

### UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examination indicated:

D.P.H.—Enid Baile, C. A. Birch, Margaret W. Blackwood, R. T. Chadwick, A. Wahid.

### UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—T. Anderson, T. H. Anderson, J. Barr, N. Bernstein, D. Cameron, I. Campbell, H. Chapman, T. L. Chapman, W. J. Christie, Mary C. Clark, J. E. H. Cogan, E. Collier, R. Cordiner, W. L. Cuthbert, N. Douglas, G. S. Easton, T. Elliott, J. Ferguson, W. J. L. Francis, J. B. Gaylor, D. Glen, R. E. Glen, Christina A. Greenshields, Elizabeth Grierson, B. Gyar, D. M. Hart, T. A. Haslett, J. B. Henderson, J. A. Hill, J. Jamieson, Elizabeth P. Macadam, D. Macartney, W. G. T. Macfie, A. M. Macgregor, A. MacInnes, C. MacKenzie, W. Mackie, G. MacKinnon, H. R. MacLennan, J. S. McMillan, A. Macnab, W. H. W. McWhirter, \*A. Miller, J. G. Miller, R. G. Miller, \*G. L. Montgomery, J. V. Ogilvie, W. L. Read, W. Robertson, J. A. Ronghead, D. Russell, T. S. Scott, J. Simpson, C. E. Stewart, Margaret O. Templeton, A. G. Thomson, J. Tidd, J. Trotter, A. Weir, Bessie L. M. Weir, C. H. Wilkie, W. J. Woodward, \*J. Yonace, D. K. M. Chalmers, D. M. Haugh, Mary E. Minihan, E. A. Robertson.

\* With distinction in midwifery.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE annual meeting of Fellows and Members will be held at the College, Lincoln's Inn Fields, W.C., on Thursday, November 15th, at 3 p.m.

## Medical News.

THE fourteenth annual conference of the National Association for the Prevention of Tuberculosis will be held in the Great Hall of the British Medical Association House, Tavistock Square, W.C.1, on October 15th and 16th. Sir Arthur Stanley will formally open the conference. The first day's discussion will be on the occurrence of tuberculosis among primitive people, and the speakers will include Dr. R. C. Ferguson, Director of Medical Services of the Saskatchewan Anti-Tuberculosis League; Dr. J. J. Vassall, ex-Director of Health for French Equatorial Africa; and Professor S. Lyle Cummins. On the second day the subject for discussion will be the principles underlying a national anti-tuberculosis scheme, and the speakers will include Sir Robert Philip, Dr. Howard Holbrook, medical director of the Mountain Sanatorium, Hamilton, Canada, and Dr. G. Lissant Cox, tuberculosis officer for Lancashire.

A DINNER of the combined Yorkshire Associations of Scottish Graduates will be held at the Queen's Hotel, Leeds, on Friday, October 19th, at 7 p.m. The guests of the evening will be the three parliamentary representatives of the Scottish Universities, Sir George A. Berry, M.B., LL.D., Mr. John Buchan, LL.D., and Mr. J. M. Cowan, M.A. The chair will be taken by Dr. J. B. Baillie, Vice-Chancellor of Leeds University. All graduates of these universities resident in Yorkshire, whether members of the various associations or not, are invited to attend and to bring guests (including ladies) if they so wish. Tickets and any further information may be obtained from the honorary secretary of the combined dinner, Dr. William MacAdam, 40, Park Square, Leeds.

THE St. Thomas's Hospital annual old students' dinner will be held on Friday, October 26th, at 8 o'clock, at St. Thomas's House, Lambeth Palace Road, S.E. The chair will be taken by Mr. E. F. White, F.R.C.S.

AT the annual festival service of the Guild of St. Luke in Westminster Abbey on Sunday, October 21st, at 6.30 p.m., the preacher will be the Rev. Canon C. S. Woodward. No tickets for admission are required, and medical practitioners are invited to attend.

THE Long Fox Memorial Lecture will be delivered by Dr. J. Odery Symes in the Physiological Theatre of the University of Bristol on Tuesday, October 30th, at 8.30 p.m.; the subject is the relation of erythema nodosum to tuberculosis and other diseases.

A MEETING of the Tuberculosis Association will be held at the house of the Royal Society of Medicine, 1, Wimpole Street, W.1, on Wednesday, October 17th, at 5.30 p.m., when Professor R. H. Plimmer will read a paper on recent work of vitamins. At 8 p.m. there will be a discussion on artificial pneumothorax treatment from different aspects.

THE first meeting of the new session of the West Kent Medico-Chirurgical Society will be held at the Miller General Hospital, Greenwich, to-day (Friday, October 12th), at 8.45 p.m. After the routine business a series of clinical cases will be shown.

As already announced, the second international conference on light and heat and medicine and surgery will be held in the University of London buildings at South Kensington, from October 29th to November 1st. Sir Henry Gauvain will discuss light therapy in relation to surgical tuberculosis, Dr. M. Weinbren its use in pulmonary tuberculosis, and Dr. W. J. O'Donovan its application in skin diseases. Dr. W. Kerr Russell will speak on apparatus for the production of ultra-violet rays for medical purposes and Dr. C. B. Heald the development of new electro-therapeutic apparatus. Several speakers from foreign countries will take part in the conference. Dr. Franz Nagelschmidt (Berlin) will describe a new method of applying heat by diathermy and will open a discussion on foam treatment; Dr. W. Flaskaup (Erlangen) will discuss light and heat in gynaecology, Dr. A. J. Cemach (Vienna) will give an address on ultra-violet therapy in otorhino-laryngology, and Dr. M. J. Dorcas (Cleveland, U.S.A.) will read a paper on the distribution of energy from various types of arcs. An exhibition to be held in connexion with the conference will be opened on October 29th at 2.30 p.m. by Sir John Snell, chairman of the Electricity Commissioners, with Dr. F. E. Fremantle, M.P., in the chair.

The British Institution of Philosophical Studies has arranged for two courses of lectures during the forthcoming Michaelmas term: (1) Four great philosophers and the modern outlook, by Professor L. J. Russell; (2) Contemporary philosophy, by the director of studies, Mr. Sydney Hooper. A syllabus can be had on application to the temporary offices of the Institute, 88, Kingsway, W.C.2.

A COURSE of nine lectures on "The indebtedness of industry to pure science," under the auspices of the Faculty of Science, will be given at King's College, Strand, W.C., during the Michaelmas term on Wednesdays at 5.30 p.m., beginning on October 17th, when an introductory address will be delivered by Sir Oliver Lodge. The succeeding lectures will be given by members of the staff; among them will be an address, on November 7th, by Dr. F. A. P. Aveling on "The human factor," while a week later Professor R. J. S. McDowall will speak on "Physiology and national efficiency." Admission is free, without tickets.

AMONG the public lectures to be given at University College, Gower Street, W.C.1, during the winter months of the year is a course of three by Dr. John Owens on "Smoke pollution of the air and public health." The first lecture will be given on Friday, November 2nd, at 5.30 p.m., with Sir Napier Shaw in the chair, and the others on Friday, November 9th, and Wednesday, November 14th, at the same hour.

THE Fellowship of Medicine and Post-Graduate Medical Association announce that the opening lecture of its new series will be given by Mr. C. Max Page, on Monday, October 15th, in the lecture hall of the Medical Society of London, 11, Chandos Street, Cavendish Square, W.; the title of the lecture will be "Some points in the treatment of fractures." On Wednesday, October 17th, clinical demonstrations will be given by Mr. Jefferson Faulder, at the Golden Square Throat Hospital, at 3 p.m., and by Dr. G. B. Dowling at the St. John's Hospital for Diseases of the Skin, at 4 p.m., and at the same hour will be the second demonstration of the series undertaken by Dr. S. H. Daukes, at the Wellcome Museum of Medical Science, 33, Gordon Square, W.C.1, his subject being "The transmission of helminthic diseases." The above lectures and demonstrations are open to the medical profession without fee. A fortnight's morning course by the honorary staff of the Hospital for Sick Children will begin on October 15th, and Professor Louise McIlroy will give four lecture-demonstrations on ante-natal treatment at the Royal Free Hospital, beginning on Friday, October 26th. There will be a general practitioners' course at the Hampstead General Hospital from October 29th to November 10th, from 4.30 to 6 p.m. daily. Special courses will be held during November, in medicine, surgery, and gynaecology, at the Royal Waterloo Hospital for Children and Women, in neurology at the West End Hospital for Nervous Diseases, in ophthalmology at the Royal Westminster Ophthalmic Hospital, in proctology at St. Mark's Hospital, in urology at St. Peter's Hospital, and in venereal diseases at the London Lock Hospital. Copies of all syllabuses and other information may be obtained from the Secretary of the Fellowship, 1, Wimpole Street, London, W.1.

THE Marquis of Reading presided for the first time as Chairman of the Grand Council of the British Empire Cancer Campaign at its quarterly meeting held on October 8th. The proceedings opened with a vote of condolence on the death of Dr. Robert Knox, one of the founders of the Campaign and a member of the Grand Council. The following grants were approved on the recommendations of the appropriate committees of the Campaign:—£500 as a supplementary grant towards the maintenance of cancer research work at the Middlesex Hospital; £600 to the Cancer Research Committee of the London Association of Medical Women's Federation for the salary of its research officer for one year; £200 to Mr. Nevill Willmer of Manchester University for the continuation of his research work; £50 to the Clinical Research Committee of Guy's Hospital towards the cost of an investigation on organic compounds of lead with a view to their therapeutic use; and a sum of £1,500, spread over a period of three years, to the Middlesex Hospital for the salary of an assistant histologist. A donation of £3,000 was announced from an anonymous donor, in addition to a previous sum of £10,000 from the same benefactor. A letter was received from the newly formed International Cancer Committee, which has been set up to deal with the organization of International Conferences on Cancer in future years, and the Grand Council nominated Mr. W. Sampson Handley, Dr. R. G. Canti, and Professor Archibald Leitch as its representatives on this International Committee. Approval was given to the proposed scheme for setting up a special committee to investigate and report upon the data and results that had become available through the International Conference on Cancer held in July. The Grand Council elected Sir Thomas Horder as its representative on the Scientific Advisory Committee, nominated jointly by the Royal Society, the Medical Research Council of the Privy Council, and the Campaign.

THE post-graduate courses of instruction at the National Hospital, Queen Square, Bloomsbury, recommenced on October 8th, and will be continued on succeeding Mondays, Tuesdays, Thursdays, and Fridays, terminating on November 30th. The course consists of out-patient clinics, clinical lectures and demonstrations, lectures on the pathology of

the nervous system, and on the anatomy and physiology of the nervous system, together with clinical demonstrations on methods of examination. Any part of the course may be taken separately. The fee for the course, including pathology demonstrations, is £5 5s.; for those holding perpetual tickets £3 3s., and clinical clerks £4 4s.

THE Central Midwives Board for England and Wales, at a meeting on October 4th, had under consideration a communication from the Association of Municipal Corporations enclosing a letter to the Ministry of Health in regard to the conduct of cases before the Board. In this letter the Association urged the Ministry to give effect to a resolution adopted by the City Council of Canterbury expressing the opinion that the conduct of cases before the Central Midwives Board should be left in the hands of local authorities, that the attendance of witnesses should be made compulsory, and that all evidence in such cases should be given on oath. The Board approved Nether Edge Hospital, Sheffield, as a training school, subject to certain conditions, and also granted approval, *pro tem.*, as a lecturer, to Dr. W. B. Wishart.

THE fifth international congress for the treatment of industrial accidents and industrial hygiene, which was held at Budapest during the first week in September, was opened by Professor Kaufmann of Zürich, who delivered a lecture on the differentiation of trauma and disease. Sir Thomas Oliver read a paper on the influence of industrial poisons on the different organs, with special reference to lead, arsenic, and mercury. Among the other subjects considered were: the physiological response to the vapours of methyl and ethyl salts, the nervous sequels of accidents, pulmonary asbestosis, and the medico-legal aspects of occupational disease. The congress was visited by a large number of delegates from many countries.

As on several previous occasions the Société Médical du Littoral Méditerranéen has arranged an international medical tour of the Côte d'Azur to take place just after Christmas. Assembling at Marseilles on the evening of December 26th, the party will spend two days in visiting that neighbourhood and Toulon, proceeding afterwards to Hyères, Cannes, Juan-les-Pins, Antibes, Nice, Mentone, Monaco, and other places, where scientific demonstrations, therapeutic discussions, etc., will be arranged. Visits will be made to various centres of interest, including Dr. Voronoff's laboratory and the oceanographic museum at Monaco. At the conclusion of the tour, on January 5th, members of the party may proceed on an excursion to the Alps or on an excursion to Corsica, or may spend some days at Nice. Particulars may be obtained from Dr. M. Faure, 24 rue Verdi, Nice.

## Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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The TELEPHONE NUMBERS of the British Medical Association and the BRITISH MEDICAL JOURNAL are *MUSEUM 9861, 9862, 9863, and 9864* (internal exchange, four lines).

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### QUERIES AND ANSWERS.

#### TREATMENT OF POST-NASAL CATARRH.

"A. X." asks for advice with regard to the treatment of an otherwise healthy man, aged about 60, who has suffered from post-nasal catarrh for two years. No benefit has resulted from a course of antiscorbutic vaccines or the use of an atomizer. There is a copious, viscid, and sometimes purulent secretion from the pharynx and back of the nose, with occasional dribbling from the nostrils.

### INCOME TAX.

#### Fees Paid by Practitioners.

"W. J. M." has been requested by the income tax authorities to supply the names and addresses of medical men to whom he has paid fees of £10 and upwards during 1927-28 for assistance at surgical operations.

The relative statutory provision is Section 105 of the Income Tax Act, 1913, under which an "employer" can be called upon to give such particulars in respect of persons "employed" by him. The objection which, as it seems to us, our correspondent may very well be entitled to make is that the medical men in question are not in his employment, but both are in the position of jointly earning fees for work done for a patient. The question raises a somewhat difficult point of general law, but the normal case would, we think, fall outside the statutory rule.

### LETTERS, NOTES, ETC.

MR. FRANK ROMER (London, W.) asks our help in regaining touch with the secretary of a medical society with whom he has been in correspondence about the reading of a paper. His dilemma arises from the accidental destruction of letters and memoranda during a holiday.

### MALIGNANCY AND THE ENZYME.

DR. W. C. MINCHIN (Sheerness-on-Sea), in reply to Lieut.-Colonel V. N. Whitmore's inquiry (September 15th, p. 514), writes to suggest a simple explanation. While Murphy and his fellow workers are satisfied that cancer is due to a ferment, Gye has shown by filtering cancerous material that neither the filtrate nor the material left on the filter was active, though, when they were again mixed, activity was restored. Dr. Minchin suggests that these results are more similar than might appear at first sight, and he quotes Chaston Chapman's book on brewing, in which, after a review of some of Pasteur's work upon yeasts, reference is made to Buchner's discovery in 1897 that the liquid contents of the yeast cell, when added to a fermentable liquid, could excite fermentation in the absence of any cells. Buchner concluded that fermentation resulted from the activity of an enzyme secreted by the yeast cell, to which he gave the name "zymase." Harden found by passing yeast juice through a Chamberland filter impregnated with gelatin that neither the filtrate nor the residue could bring about fermentation separately, though by mixing the two portions activity was restored. Harden recognized, thus, that the enzyme which remained on the filter required contact with the filtrate, the active constituent of which he designated the co-enzyme; the true chemical nature of this is still undetermined. Dr. Minchin adds: I have shown in my book on the tubercle virus, published by Messrs. Baillière, Tindall and Cox, that yeasts are always to be found in cancerous and tuberculous material, even in the filtrates and diseased tissues. A direct photomicrograph in my possession of a section of a cancer growth of the tongue plainly shows budding yeasts when stained by the Ziehl method.

### EXAMINATION OF THE FAECES FOR TUBERCLE BACILLI.

DR. C. E. GALLAGHER (assistant medical officer, Leavesden Mental Hospital) has contributed to the annual report of the Metropolitan Asylums Board for 1927-28 an account of an investigation into the examination of the faeces for tubercle bacilli in the case of mental patients. He concludes that the direct smear examination of faeces is worthy of employment in all cases; in the event of a negative result being obtained the concentration method with ligroin may be tried. In some cases of febrile symptoms occurring in low-grade imbeciles such investigation of the faeces has been found to be helpful in clearing up the diagnosis, since these patients cannot, as a rule, be taught to expectorate their sputum, which they swallow.

### FALLING BIRTH RATE AND CRUMBLING EMPIRES.

DR. GEORGE JONES (Downe, Kent) writes: Dr. Stephenson, (October 6th, p. 634) refers to the fall of the West Roman Empire under Honorius in 410. He thinks it was due to the increase of the parasite class which demanded *panem et circenses*, both free and at the expense of the provincials. Now the East Roman Empire survived for another thousand years. Constantinople was no better than Rome. What does seem to have been the immediate cause of the fall of Rome was the murder of Stilicho at the instigation of the cowardly Emperor Honorius, who skulked in the marshes at Ravenna while the barbarians entered Rome. We ought to remember that under Justinian Africa and Italy were largely freed from barbarians, but the civilization of the West Empire was never recovered. There must have been other causes in operation; what they were Gibbon has hinted only too clearly to those who read between his sonorous lines. The utter misery of the West under the barbarians may be gathered from Salvian's *De Gubernatione Dei* or from Cardinal Newman's University Studies. Not even Russia has gone through worse experiences.

### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 48, 49, 50, 51, 54, and 55 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 52 and 53.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 163.