

3. In diffuse suppurative labyrinthitis the labyrinth should be opened and drained as soon as destruction is complete, as shown by the caloric test. As vertigo is absent in latent labyrinthitis perhaps this should not be included in our discussion. It may, however, be laid down as a general rule that in latent labyrinthitis if any operation at all is done it should include drainage of the labyrinth unless it is already obliterated by fibrous tissue.

WHERE INFECTION HAS REACHED THE POSTERIOR FOSSA

In this group are: (i) cerebellar abscess; (ii) retro-petrous collections—(a) extradural retro-petrous abscess, (b) localized meningeal collections, either serous or purulent.

Cerebellar Abscess

The signs of cerebellar abscess are classified as (a) signs of increased intracranial pressure, and (b) localizing signs due to disturbance of special cerebellar function.

We are concerned here only with the signs due to disturbance of special function, and particularly with one sign—vertigo. Vertigo is the most common special sign of cerebellar abscess, but a few cases have been described in which no vertigo was present in the early stage. The difficulty in distinguishing between cerebellar and labyrinthine vertigo may be great, and it is increased by the fact that between forty and fifty per cent. of all cases of cerebellar abscess are caused by extension of a labyrinthine suppuration. Some generalizations are permissible.

1. In labyrinthine lesions vertigo is more noticeable than motor anomalies of equilibrium. In cerebellar lesions the opposite is true.

2. In cerebellar lesions the irritative signs are more noticeable than the compensatory; in acute labyrinthine lesions the irritative stage is very short.

3. In acute labyrinthitis the signs such as vertigo follow an orderly course, progressing rapidly until destruction is complete, remaining for a while at a maximum, then gradually diminishing. In cerebellar abscess vertigo and other local signs increase as the disease advances, but unevenly; there are remissions and exacerbations.

In cases of cerebellar abscess with an intact labyrinth there are some recognized peculiarities of the vertigo. The sense of movement is in the direction of the nystagmus, that is, of the rapid component, but the actual falling is often in the same direction; it is usually towards the affected side. The vertigo and nystagmus, unlike labyrinthine vertigo and nystagmus, are not usually altered by changing the position of the head.

When labyrinthine function is lost and vertigo and nystagmus persist or increase, especially if any signs of intracranial hypertension are present, a cerebellar abscess should be suspected. The direction of nystagmus and of the sensation of movement are unreliable guides.

Retro-petrous Collections

(a) Extradural retro-petrous abscess. This is a rare condition, and is usually due to caries of the petrous associated with suppurative labyrinthitis. The vertigo is usually that of labyrinthine destruction, and the diagnosis is made more on the signs of meningeal irritation.

(b) Localized meningeal collections are characterized by signs of cerebellar irritation, intense vertigo associated with headache and sometimes mastoid tenderness.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

EXFOLIATIVE DERMATITIS: ? STREPTOCOCCAL SEPTICAEMIA

The following case is of interest because of the unusual nature of the terminal symptoms.

The patient, a man aged 56, was a gifted musician and rather highly strung, though otherwise very healthy. About the middle of May, 1930, he began to be troubled by irritation of the skin, which in June began to peel. Between July 8th and July 20th he was treated as an in-patient at a provincial hospital. His condition at that time was considered to be a seborrhoeic eczema, and affected the neck and ears, the arms and legs. He improved, and took his own discharge. The improvement was not maintained, and on October 17th he was admitted to another hospital. On this occasion he was found to have a generalized affection of the skin, which came off in sheets. The toe-nails were likewise affected. The glands in the axillae and groin were enlarged, hard, and painful. Examination of the blood and urine did not then reveal any abnormality, and he improved for a while, until transferred to this hospital on November 9th on account of cardiac complications.

When admitted he was thin, weak, and ill. The skin was taut, greyish, and shiny, with scattered exfoliating patches. No petechiae were noted. The right knee-joint was swollen and tender; the left ankle-joint was similarly affected, but to a less degree. A few enlarged glands were found in the axillae, together with what appeared to be recently healed furuncles. The teeth were in extremely bad condition. The heart appeared to be slightly enlarged, and systolic murmurs were heard at the apex and base. No thrill was detected. The liver was enlarged to three fingerbreadths below the costal margin, and the abdomen contained free fluid. Albuminuria was present. Temperature 99.8° F., pulse 80, respirations 20. The next day the temperature rose to 104.4°, and slight delirium was noted. The Wassermann and Widal tests were negative. The right knee-joint was aspirated, and

a thin yellow pus was found, direct smears and cultures of which showed long-chained streptococci. Although the general condition was rapidly getting worse a distinct improvement in the skin had followed the use of zinc and boric ointment. By the fourth day exfoliation had almost ceased, but it was increasingly evident that this was of little moment. Fever persisted, and delirium and weakness became more marked. The knee-joint was repeatedly aspirated. The legs became oedematous, and the patient finally died in coma seven days after admission.

At necropsy a number of minute petechiae were seen in the skin. They were partly hidden beneath the few remaining patches of exfoliation. The pleural cavities contained about a pint of clear fluid. A thin purulent fluid was found in the pericardium. The heart was rather pale, and long, soft vegetations were found on the aortic and mitral valves. A gland near the aortic arch contained pus. There was a scarred white nodule near the apex of the right lung. The liver, spleen, and kidneys were enlarged and congested. There was considerable free fluid in the peritoneum. The synovial membrane of the right knee-joint was injected and roughened. No other abnormalities were noted. Sections of the kidneys showed an acute haemorrhagic glomerulo-tubular nephritis. A few Gram-positive cocci in pairs were observed. Sections of the liver showed old cirrhotic changes, with marked hyaline degeneration.

It is interesting to speculate on the course of events in this case. The relationship between the long-continued exfoliation and the apparently terminal embolic phenomena is uncertain. What part was played by the grossly septic teeth is doubtful; but it is possible that the endocardium was directly infected from this source, and not from the primary disease of the skin. The latter might have been traceable to the oral sepsis.

Cases of exfoliative dermatitis complicated by endocarditis and pericarditis, arthralgia, etc., have been reported by various authors, and some of these appear to have recovered.

G. C. PETHER, M.B., M.R.C.P.

St. Charles Hospital, London, W.10.

RICKETTSIA-LIKE BODIES IN RHEUMATIC CARDITIS

We have examined microscopically sections of hearts from cases with carditis following on rheumatic fever. In all these cases Aschoff's bodies are definitely present. This is a preliminary notice to state that in these sections we have found Rickettsia-like bodies. These are often present in the Aschoff bodies, usually at the margin of the muscle bundles. The Rickettsia-like bodies are present in swollen endothelial cells of capillaries and in fibrous tissue cells. We cannot recognize them in sections stained by haematoxylin and eosin or stained by Gram. They are only seen in sections stained by Leishman and Giemsa. The colour of the minute bodies when stained by Giemsa is red if the Giemsa stain is slightly decolorized, and of a purplish shade when stained by Leishman. They have been found in eight cases of rheumatic hearts examined. The importance of this observation, if confirmed by further examinations, lies in the fact that it would place rheumatic fever in the same group of diseases as typhus, trench fever, and Rocky Mountain fever, as well as in heartwater fever of cattle in South Africa.

The belief that streptococci were not the explanation of the cause of rheumatism led up to the research, which resulted in the finding of these bodies.

Ross Institute and Hospital for
Tropical Diseases.

J. TERTIUS CLARKE.
MACKENZIE DOUGLAS.

Reviews

PULMONARY TUBERCULOSIS

The reviewer's task is an easy and pleasant one when he is handed a second edition whose early appearance he has foretold. Such a one is the second edition of Dr. BURRELL's *Recent Advances in Pulmonary Tuberculosis*.¹ It is still a short book of 238 pages, and it was reviewed so recently in these columns that a detailed description is unnecessary. It gives in short, readable style the recent advances in the study and treatment of pulmonary tuberculosis which have been generally adopted as sound, and does not confuse the reader with descriptions of ultra-modern conceptions which are still on their trial. Thus the book retains all the good qualities of the first edition, but has been enlarged mainly in the direction of surgical methods of treatment. The description of B.C.G. results has been brought up to date, and sections added on special dietetic treatments. We recommended his excellent book to the student and the general practitioner when it first appeared, and the immediate demand for a second edition confirms our recommendation.

Masson et Cie of Paris publish a series of monographs on modern medical and surgical procedures for the use of the general practitioner (the practical Frenchman, knowing that modern methods will soon become out of date, sticks faithfully to his paper-covered books) comparable to those produced by certain English firms; and for them Dr. LÉON-KINDBERG contributes *La Collapsothérapie de la Tuberculose Pulmonaire*.² Those who are familiar with his *Les Abscès du Poumon* of the same series will expect something good, and they will not be disappointed. It is essentially a description of the various methods of collapse, the types of cases for which they are suitable, intercurrent treatment, possible complications, and the results that may be expected. It includes artificial

pneumothorax (ordinary, selective, and bilateral), adhesion cauterization, oleothorax, phrenic evulsion, and the various thoracoplastic operations. Details of technique are almost completely omitted; in fact it contains exactly the information that the general practitioner wants. An interesting paragraph in the opening chapter ascribes the first suggestion for the use of lung collapse to a Dr. Bourru, writing in 1770; he does not seem to have followed up his suggestion practically. Dr. Léon-Kindberg's book is worthy of a stiff cover and an English translation.

Précis d'Auscultation dans la Diagnostic de la Tuberculose Pleuro-pulmonaire,³ by Dr. RENÉ BURNAND, is really a series of studies of clinical types of pulmonary tuberculosis, with dissertations on their x-ray appearance and physical signs. Dr. Burnand feels that modern practice tends to supplant physical examination of the chest by x-ray examination. He feels that this is very wrong, that careful auscultation should always be practised, and that it should supplement and be supplemented by x-ray examination. He is perfectly right; but is it worth writing a book about it? It is the duty of the physician to treat his patient as well as lies in his power. The detailed methods that he uses are his own affair, and if he finds that he can do his work efficiently by x-ray examination alone and without auscultation there is no reason why he should use his stethoscope; though it is well known that efficient work does demand the use of both methods, the balance between the two is a purely personal matter. In developing his theme Dr. Burnand describes and charts at some length the finer details and perfections of his auscultatory observations. The broad principles of physical examination can be taught by textbook, but the finer points cannot. Physical examination is of no importance in itself; it is but a means to discover the physical condition of unseen viscera, and all experts will differ in the importance they attach to, and the use they make of, different methods. Consider, for instance, the late Clive Riviere: with his mastery of percussion his fingers and ears were almost eyes to him, but he could not pass on that skill by textbook teaching; even to those who diligently worked with him he could only impart a tithe. Physical examination and auscultation will always be used by those who can gain information by them, but the delicacy of perception that makes them more valuable to some than to others is either given by nature or gained by experience; it cannot be taught.

FRENCH WORKS ON DERMATOLOGY

The work of the modern dermatologist consists more and more in the treatment of minor blemishes of the skin by means of physical agents of one kind or another, and Dr. A. ACQUAVIVA has done the specialty good service in providing in a single volume⁴ a succinct account of the indications and technique of the various forms of mechanical and electrical apparatus now available for dermatological physiotherapy. The book is divided into two parts. In the first the different forms of treatment are enumerated and described, ranging from the ancient methods of scarification and the use of caustics to diathermy and radium; the second is concerned with the dermatoses amenable to physiotherapy, and the best technique for dealing with each of them. An interesting chapter is that on what he calls facial "massotherapy," which involves the use of forceps with blades bent at almost

¹ *Recent Advances in Pulmonary Tuberculosis*. By L. S. T. Burrell, M.D., F.R.C.P. Second edition. London: J. and A. Churchill, 1931. (Pp. ix + 240; 17 figures, 32 plates. 12s. 6d.)

² *La Collapsothérapie de la Tuberculose Pulmonaire*. Par Michel Léon-Kindberg. Médecine et Chirurgie Pratiques. Paris: Masson et Cie. 1931. (Pp. 181; 19 figures. 22 fr.)

³ *L'Auscultation dans la Diagnostic de la Tuberculose Pleuro-pulmonaire*. Par René Burnand. Préface du Professeur F. Bezançon. Paris: Masson et Cie. 1930. (Pp. viii + 195; 51 figures. 40 fr.)

⁴ *Les Dermatoses Inesthétiques; leur Traitement par les Agents Physiques*. Par A. Acquaviva. Paris: N. Maloine. 1930. (Pp. 412; 72 figures. 70 fr.)

National Insurance Medical Service

Mr. GREENWOOD said, in reply to Commander Kenworthy on July 30th, that he was unaware of any regulations whereby insurance doctors were forbidden to give certain medical treatments to panel patients which would be given to private paying patients and which treatments were in general use in private medical practice. Insurance practitioners were required in all ordinary cases to give to their patients all proper and necessary medical services other than those involving the application of such special skill and experience as was not to be expected of general practitioners as a class, and to order or supply such drugs and prescribed appliances as were requisite for the treatment of any patient.

In reply to Mr. Graham-White, on July 30th, Mr. GREENWOOD said the approximate amount of national health benefit paid in any recent year in respect of sickness arising from rheumatic diseases could only be obtained after special investigation. It had, however, been estimated on good authority that one-seventh of the total invalidity among insured persons was due to rheumatic diseases. On this basis the cost involved for the year 1930 would be about £2,500,000.

Replying, on July 30th, to Mr. T. Lewis, Mr. GREENWOOD stated he had already addressed to all insurance medical practitioners a memorandum concerning the issue of medical certificates to insured persons. Provision had also been made by an amendment of the Medical Benefit Regulations for dealing with cases where medical practitioners were found, after due inquiry, to have failed to exercise reasonable care in the issue of certificates.

On July 30th Mr. GREENWOOD stated that the total of the surplus funds of approved societies and branches as ascertained at the second valuation amounted to £42,413,319, from which amounts totalling £26,619,161 were certified for distribution in additional benefits in the ensuing quinquennium. The summarized results of the third valuations would be issued shortly after the recess.

Mr. GREENWOOD told Commander Kenworthy, on July 30th, that no regulations under the National Health Insurance Act precluded an insurance doctor from administering injections of asthmalylin for the cure of asthma, nor was he aware of any case in which a surcharge had been made for giving such treatment. Asked whether a doctor who prescribed this drug could be called upon to justify its prescription and be surcharged if he were not able to make out his case, Mr. Greenwood said the regulations against extravagant prescribing might operate in certain cases.

Diagnosis of Cancer

Mr. GREENWOOD told Dr. Morris-Jones, on July 30th, that his attention had been drawn to the recent investigations of Dr. Bendien into the possibility, by means of blood tests, of making certain diagnosis of cancer in its early stages. In common with all other investigations into this disease, this would be considered by the Departmental Committee on Cancer, on which the Medical Research Council was represented.

Asked by Sir N. GRATTAN-DOYLE whether any special financial assistance was being given by his Department to further this line of research under hospital conditions in Great Britain, Mr. GREENWOOD said that any recommendations of the Departmental Committee on Cancer about further investigation would receive his consideration.

Ventilation of House of Commons.—In reply to Mr. Strauss, on July 29th, Mr. LANSBURY stated that, in view of the representations which had been made to him by members of all parties, and particularly by the medical members of the House, he proposed to call for a joint report from the Government chemist and the Department of Scientific and Industrial Research on the air and general ventilation conditions throughout the whole of the House of Commons.

Centres for Actinotherapy.—On July 28th Miss LAWRENCE told Mr. Mills that, since April 1st, 1930, the approval of the Ministry of Health had not been necessary to the provision of centres for artificial sun-ray treatment, except where the centre was to be used for the treatment of tuberculosis, and was to be provided in premises not previously approved for that purpose. Up to April 1st last 269 centres had been approved. In the last two financial years there had been seventeen applications from local authorities.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

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

M.D.—*R. W. B. Ellis, *J. E. D. Crozier, A. E. Naish, W. D. Newcomb, A. W. Spence, E. E. Llewellyn.

M.B., B.CHIR.—R. H. B. Snow.

B. CHIR.—*E. H. W. Lyle, R. G. Orr, C. R. T. Lane, H. S. Buckland, P. G. Scott, H. C. Stewart, J. W. Summerhayes, W. A. Fell.

* By proxy.

UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

M.S.—Branch I (Surgery): M. Coleman, R. S. Pilcher. Branch IV (Laryngology, Otology, and Rhinology): A. G. Tresidder.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The following candidates have been approved at the examination indicated:

ACADEMIC DIPLOMA IN BACTERIOLOGY.—Dora C. Coiebrook, Catherine B. Hendry, C. O. Karunakaran, A. R. Martin, A. E. Oxford (awarded mark of distinction), F. W. Priestley, W. D. B. Read, G. Robinson, Pauline C. Witherow.

GUY'S HOSPITAL MEDICAL SCHOOL

The following awards of senior science scholarships have been made:

War Memorial Scholarship (£100): M. Spink. Open Senior Science Scholarship (£80): J. R. Dickinson.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

An ordinary meeting of the Council was held on July 30th, when Mr. R. P. Rowlands, Vice-President, was in the chair.

Diplomas

Diplomas of Membership were granted to the following candidates:

A. M. M. Ali, E. Anthony, Grace M. Archer, H. G. E. Arthure, Doris Ascough, P. T. Ashby, E. S. Asiedu-Ofei, E. J. Baldwin, A. V. Baliga, K. Baxter, R. A. Beaver, W. D. Bell, W. H. Bradbeer, R. J. B. Broad, G. O. Brooks, J. M. L. Burtenshaw, C. R. Caffry, Beatrice L. Campion, R. M. Cantor, P. Chandra, E. F. Claridge, Barbara G. C. Clarke, A. C. Cohen, C. P. Collins, J. G. Connell, H. A. Constable, A. B. Cook, E. J. Current, D. Davidson, V. S. H. Davies, J. R. Duffield, S. Durham, K. V. Earle, G. G. M. Edelsten, G. R. Ellis, E. St. J. C. Emerson, L. S. Everett, P. B. Fernando, G. A. Fleet, M. J. Garber, H. N. Garrus, V. Glass, S. Goide, C. E. D. H. Goodhart, G. H. Gool, W. H. Greany, H. F. Green, A. Greenberg, H. J. Griffiths, Hilary S. M. Hadaway, Winifred S. Hall, H. A. R. Hamilton, D. C. Harris, A. E. T. Hart, E. S. Harverson, J. R. Heming, E. Hin, L. C. Holland, J. H. Hughes, Blaguigna Innitch, N. M. James, J. E. Jenkyn-Thomas, W. P. Jensen, D. Johnson, Annie L. Jones, Esther P. W. Jones, Alice M. Kaye, C. A. Keane, Mary L. R. Kennard, S. J. Knight, M. Kosloff, N. L. Lamb, J. S. Lane, P. R. K. Lane, A. M. P. Laurent, H. G. Letcher, T. M. A. Lewis, H. L. Lightstone, M. A. Lloyd, J. W. McLaren, J. W. Macmillan, G. A. M. Madel, J. W. Meanley, E. K. K. Menon, A. K. Monro, P. B. Moroney, W. J. Morris, I. Moshinsky, H. C. Muirhead, R. W. C. Murray, T. F. B. Noble, L. G. Norman, Catherine O'Connor, Angela M. S. A. Offenheim, Lily M. O'Hanlon, G. F. Petty, A. L. Potter, Eluned M. Puleston-Jones, J. Rabinovitch, G. F. Rees-Jones, D. Y. Richardson, J. C. Roberts, H. D. Robertson, C. H. Rogerson, N. L. Rusby, P. C. Sanyal, M. N. Sardana, T. Schrire, E. Sharp, E. W. H. Shawcross, M. H. Shervell, Rosalie Shoenberg, A. B. Simmons, H. Simmons, H. Singh, J. C. Smith, D. G. Snell, R. G. W. Southern, Gladys M. G. Spencer, Violet Spiller, A. A. Sreenivasan, T. Standing, C. Starkie, V. Swaminathan, R. A. Sykes, A. K. Talkhan, G. Tattersall, Winifred P. Thomas, W. F. Townsend-Coles, J. G. Vincent-Smith, A. B. Waters, J. H. Way, G. Wells, M. Westwood, S. O. Widmann, E. W. M. Williams, Dorothy Woodman, S. L. Wright, A. H. Zair, J. Zeitlin.

Diplomas in Tropical Medicine and Hygiene were granted, jointly with the Royal College of Physicians, to the following:

E. S. Adderley, B. P. Baliga, C. J. H. Brink, W. A. Burnett, R. Caldera, H. Chaudhuri, H. D. Cronyn, B. R. Das, C. H. Howat, A. J. Johnson, F. B. Khambatta, R. K. Khanna, P. B. Lee Potter, H. W. H. McClelland, S. H. Moore, Ethel Morris, J. L. Razdan, J. A. Rosset, V. Sivalingham, M. M. Syddiq, J. Taylor, P. G. G. Unnthau, L. A. F. Wiles, A. W. Williams, W. E. S. Winn.

Diplomas in Ophthalmic Medicine and Surgery were granted, jointly with the Royal College of Physicians, to the following:

M. Basheer, G. H. B. Black, M. G. J. Booyesen, G. A. Brew, Eleanor M. P. Brock, C. Budeiri, A. Campbell, M. Franks, A. W. Green, Lieut.-Col. E. G. Kennedy, I.M.S., Edith G. Limmex, S. Macky, K. C. S. Menon, Catherine E. Orr-Ewing, B. W. Roffey, K. Saha, R. Sampson, M. N. Sardana, R. C. Tarapore, H. L. St. V. Welch.

Primary Fellowship Examination in Toronto

On the nomination of the Canadian Medical Association, Dr. J. C. B. Grant, Professor of Anatomy, and Dr. C. H. Best, Professor of Physiology, were appointed assessors for the Primary Examination for the Fellowship to be held in Toronto next October.

CONJOINT BOARD IN SCOTLAND

The following candidates have been approved at the examination indicated:

FINAL PROFESSIONAL EXAMINATION.—G. Ameratunga, S. Petiyagoda, T. F. Kirkpatrick, H. J. Smith, H. T. Anthonisz, T. A. M. Ashforth, G. L. Whitton, C. F. W. de Saram, B. A. Armitage, M. W. Joseph, L. J. Goggins, R. J. F. L. Talbot, C. M. Douglas, G. W. Puvimanasinghem, S. R. Iyengar, S. Grasse, F. A. Ebert, A. M. C. Stephenson, I. M. Sclare, J. A. Walsh, W. Kelly, M. Snellie, S. V. Rajah, M. E. Rubin, A. G. Williams, G. D. Morgan, P. A. V. Pillai, H. F. Ezzat, S. Freeman.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—K. W. Bruce, G. B. Carter, M. Ditton, A. A. Grace, B. N. Halder, R. Schauder, C. F. Williamson.

MEDICINE.—H. W. Davies, G. R. Germany, A. R. Madden, O. L. Matthews, M. R. Tuteur-Samuel.

FORENSIC MEDICINE.—O. A. P. Clark, R. R. Clipstein, G. Handelsman, O. L. Matthews, C. Morgan, M. S. Mules, Grantley Smith.

MIDWIFERY.—G. B. Carter, Sidney Smith, V. M. White.

The Diploma of the Society has been granted to Messrs. G. R. Germany, A. R. Madden, O. L. Matthews, R. Schauder, M. R. Tuteur-Samuel, and C. F. Williamson.

Medical News

The Fellowship of Medicine has arranged two special courses for August—namely, a course in urology now in progress at the All Saints' Hospital until August 29th, and a course at the Queen's Hospital for Children from August 17th to 29th. Lunch and tea are kindly provided by the hospital authorities. Fee, £2 2s. A comprehensive course will be given at the Brompton Hospital from September 7th to 12th (fee £3 3s.); an afternoon course at the Infants Hospital from September 14th to 26th (fee £3 3s.); psychological medicine at the Bethlem Royal Hospital from September 8th to October 3rd; ophthalmology at the Central London Ophthalmic Hospital from September 15th to October 10th (fee £3 3s.). A revision course will be given at the Westminster Hospital from September 14th to 26th (fee £5 5s.), and a similar course at the Metropolitan Hospital from September 28th to October 10th (fee £3 3s.). Detailed copies of syllabus may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1.

The autumn list of medical post-graduate courses in Berlin has now been issued. This booklet (printed in German) gives full details of the various special classes arranged for the next few months, and also an account of the permanent educational facilities which are available. Among the courses are internal medicine, from October 5th to 17th; children's diseases, during the same period; urology, from October 15th to 21st; and medical psychology and psychotherapy, from October 26th to 31st. Further information and copies of the booklet may be obtained from the Medical Information Bureau, Kaiserin Friedrich-Haus, Luisenplatz 2-4, Berlin, N.W.6.

Mr. Walter Bell, F.S.A., will conduct parties over the Tower of London on August 12th and 26th, at 2.30 p.m., in aid of King Edward's Hospital Fund for London. Mr. Bell will give short addresses on the Tower, its history and associations, before making a tour of the building. Application for tickets (price 7s. 6d.) should be made as soon as possible to the secretary of the Fund, 7, Walbrook, E.C.4.

At a meeting of the Paddington Medical Society to be held on Tuesday, August 11th, at the Great Western Royal Hotel, Paddington, at 9 p.m., Dr. A. Baldie will give an address entitled "The alcohol problem."

The first Congress of Medical Geography will be held at Geneva in October, when the subject for discussion will be hepatic cirrhosis.

The Board of Control, with the approval of the Minister of Health, has appointed the following as honorary consultants in connexion with diseases occurring among the mentally defective patients at Rampton State Institution, Retford, Notts: encephalitis lethargica, Professor A. J. Hall, M.D.; diseases of the ear, nose, and throat, Mr. Vincent Townrow; ophthalmic diseases, Dr. E. Gordon Mackie.

An international illumination congress will be held from September 1st to 19th in London, Glasgow, Edinburgh, Sheffield, Buxton, Birmingham, and Cambridge. It has been organized jointly by the National Illumination Committee of Great Britain and the Illuminating Engineering Society, London, and is under the auspices of the International Commission on Illumination.

The fourteenth Italian Congress of Paediatrics will be held at Florence from September 23rd to 26th, when the following subjects will be discussed: (1) empyema in infancy, introduced by Drs. Cocchi of Florence, Laurinisch of Naples, and Nasso and Castronuovo of Messina; (2) encephalitic syndromes in infancy, by Drs. Bergamini of Parma, De Toni of Bologna, and Taccone of Milan; and (3) directions for diet in children's communities, introduced by Drs. Brusa of Milan, Lucca of Turin, and Macciota of Cagliari. Further information can be obtained from the secretary, Professor Bruno Frambusti, R. Clinica Pediatrica, Via Maneli 15, Florence.

Dr. N. F. Seed of Hyde, Cheshire, was successful in his appeal to the Manchester Quarter Sessions on July 30th against a conviction at the Manchester Police Court, when he was fined £20 and had his licence suspended for three years on a charge of dangerous driving; the conviction was quashed.

A new medical periodical, *La Cure Marine*, has been founded, under the editorship of Dr. E. Delcroix, to deal with thalasso-therapeutics and kindred subjects. The editorial secretary is Dr. R. de Haene, 94, Boulevard van Iseghem, Ostend.

The Home Office of the Republic of Mexico has issued an order that no more foreign medical men can be allowed to practise on Mexican territory without authorization.

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.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

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

The **TELEGRAPHIC ADDRESSES** are:
EDITOR OF THE *BRITISH MEDICAL JOURNAL*, Aitiology Westcent, London.

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), Articulate Westcent, London.

MEDICAL SECRETARY, Medisecra Westcent, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS

Prepatellar Bursitis

"H. B. G." writes: Can any reader say whether it is safe to empty the fluid from an inflamed prepatellar bursa and inject the quinine and urethane solution used for treating varicose veins? If so, what technique should be followed? Does this bursa ever communicate with the knee-joint?