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## KEY TO DATES AND PAGES

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is not completely reducible or where it is complicated by imperfect descent of the testis or other condition rendering the satisfactory fitting of a truss impossible. (2) Those in which there is active venereal disease of any kind or a definite history of tuberculosis. Mayer also considers a history of specific disease as a contraindication. (3) Those cases where the intelligent co-operation of the patient cannot be assured. For this reason it is not recommended for children, as their mothers cannot as a rule be relied on to see that the truss is properly worn day and night. In children, too, the loss of time entailed by an operation is not a serious factor. (4) Cases of haemophilia.

In twenty-five patients of ages varying from 5 to 70 years (three of them scrotal) who have completed treatment before the end of January, 1932, the result in eighteen has been an entire success. The remaining seven cases call for comment.

*Case 1.*—Abandoned after two injections because I was dubious as to the satisfactory progress of the treatment. At operation, a fortnight after the first injection, it was found that the inguinal canal was filled with young scar tissue and the conjoined tendon was very hard, but looked normal. The sac, together with a snip from the lower edge of the internal oblique, was sent for section, and the report showed dense fibrosis round the sac, with much new vessel formation; no peritonitis. The strip of muscle showed fibrous tissue only.

*Case 2.*—Bricklayer, aged 51, with scrotal hernia since the age of 41. After twelve injections there was a hard mass in the right inguinal region, and when the patient stood without his truss he could cough, for the first time in his memory, without the scrotum being filled. Unfortunately, he was then allowed to leave off his truss at night, and a few days later developed a small strangulated hernia, which had to be operated on immediately. The inguinal canal was found to be filled with a dense mass of adhesions, so that it was impossible to separate the sac from its investments. A knuckle of bowel was found nipped at the neck of the sac, which latter was sutured as best possible in the circumstances. The patient on leaving hospital was advised to wear his truss as a precaution. The mistake in this case was in allowing the patient to leave off his truss too soon. He was one of the earliest in the series, and the first to be allowed to leave off his truss at all. All patients have since been made to wear their trusses for two to three weeks after the last injection before tentatively leaving them off at night in bed.

*Case 3.*—Greengrocer (late blacksmith), aged 64, with large left scrotal hernia which recurred immediately after operation in Westminster Hospital in 1925. He actually had a recurrence of the hernia before leaving hospital. This was due to bronchitis. This patient had twenty-two injections in 1930 and 1931, the last in May, 1931, but is still uncured. Failure is attributed to the truss being faulty. This is also one of the earlier cases.

*Case 4.*—Schoolmaster, aged 41, had a double hernia operated on in 1925, followed by recurrence on left side in 1928. Operated on again in April, 1929; recurrence October, 1929. The left external oblique presented a slit two inches long through which there was a bulge on coughing. The right side was also weak. After twenty-two injections on the left side and fourteen on the right the condition is considerably improved. There is a hard mass in both inguinal regions, and the slit in the left external oblique is no longer obvious. It is not claimed that this result is perfect, and the case was undertaken as an experiment. Nevertheless, the patient is very pleased with its results, and says he feels much stronger in both inguinal regions.

*Case 5.*—Little girl, aged 9 years: right inguinal hernia. After a dozen injections the hernia was not cured, and she underwent a radical cure some six months after cessation of treatment. At operation it was found that the external and internal oblique were closely adherent, and had to be dissected apart with the edge of the scalpel. A small tongue of omentum was adherent to the sac, and without doubt this was the cause of the failure.

*Cases 6 and 7.*—These have had small recurrences, and are having some more injections.

It should be noted that cases with a single inguinal hernia may develop a hernia on the opposite side during the course of the treatment when the second ring is weak. This has occurred in two instances.

The cure of eighteen cases out of twenty-five treated (76 per cent.) is highly satisfactory when it is realized that the work has been experimental, and, although the technique followed has been evolved and used successfully for over thirty years by Dr. Mayer in the United States, I have had no opportunity of seeing the work of that pioneer, having had to learn from personal failure and perfect my technique by the laborious method of trial and error. It is recommended that those who may wish to investigate this new line of treatment should ensure for themselves that they will have sufficient cases for experiment; one or two are not enough. In addition to the twenty-five cases mentioned above, I have another seven or eight whose treatment is already completed, but whose cure is still too recent to be claimed as established. There are also another ten or twelve in various stages of treatment.

One case of particular interest, as showing that previous unsuccessful operation is no contraindication to the injection treatment, is that of a publican who was operated on in January, 1930, for a left inguinal hernia. He had a bad cough after the operation, and the hernia recurred in October of the same year. When first seen in August of 1931 he had a left scrotal hernia the size of a turkey's egg. He had nineteen injections, the last on January 11th this year. At the end of February he gave up wearing his truss, except when shifting barrels before opening in the morning, and he goes the whole day through without a truss. Seen towards the end of April, 1932, he was without any hernia visible or palpable on standing and coughing. He is not included in the above series.

The above evidence, it is hoped, will suffice to convince the profession that the new method of treatment is worthy of thorough and impartial investigation. The opinion of the man who has never seen or heard of the treatment or who has attempted one or two cases half-heartedly and failed through faulty technique is of no value. It must be realized, however, that this is essentially a specialist treatment, and the man who only injects one or two cases a year can never learn an efficient technique.

I have to thank Mr. Stanford Cade for drawing my attention to the treatment, and the Librarian of the Royal Society of Medicine, the Manchester Medical Society, and Messrs. Parke, Davis and Co. for their help in obtaining literature on the subject.

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- <sup>2</sup> *Med. Journ. and Record*, 1927, cxxv, 528, 596, 672; 1928, cxxviii, 415; 1929, cxxix, 71; 1930, cxxxi, 90.
- <sup>3</sup> Wolfe, Ralph: *Ibid.*, 1931, cxxxiii, 243.
- <sup>4</sup> *Ibid.*, 1927, cxxv, 672.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### ANTI-STREPTOCOCCIC SERUM BY THE MOUTH

In streptococcal throats in children under 12 anti-streptococcic serum can be given by the mouth during the night at least three hours after any food. It should be given neat in a spoon, and no water after it. It seems to act locally on the throat, to have the same general effect as if given hypodermically, and there is no risk of any serum reaction. I saw the following striking case with Dr. Cawston of Lewes.

#### CASE I

A girl of 9 had been ill for nearly a fortnight with signs of acute endocarditis and pains and slight swelling in some joints. She had been given sodium salicylate in large doses at first, and later aspirin, but her condition had become worse and her temperature higher each day, reaching 103.8° the day I saw



her. She looked very ill; her pulse was 128. The apex beat was a good inch outside the nipple line. At the apex could be heard a short first sound, blowing systolic murmur, and a markedly reduplicated second sound, making a typical *bruit de galop*. Her tonsils were enlarged and inflamed, appearing streptococcal. She was given 10 c.cm. of anti-streptococcal serum by the mouth that night, and in each of the next nine nights. The highest temperature on the day after the first dose was 100.8°, after the second 100°, after the third 99.6°, after the fourth 98.8°, while the pulse had come down to 96, with marked improvement in the child's condition. The endocarditis, of course, took a long time to subside, but the temperature never again rose above 99°.

#### CASE II

Another case, seen with Dr. F. Gordon Watson, was one of acute nephritis in a boy of 10, who had had chocolate haematuria and scanty urine for a fortnight. His throat looked streptococcal. Ten c.cm. of anti-streptococcal serum was administered by the mouth each night; after two days the haematuria ceased, and the child's condition improved. The serum was continued for a week and the boy made a slow but good recovery.

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## Reports of Societies

### THE PRESENT POSITION OF TREATMENT IN INFECTIVE DISEASES

#### SIR THOMAS HORDER'S CAVENDISH LECTURE

At a special meeting of the West London Medico-Chirurgical Society, held at Kensington Town Hall on June 24th, with Dr. H. H. MILLS in the chair, the annual Cavendish Lecture was delivered by Sir THOMAS HORDER, Bt., whose subject was the present position of treatment in infective diseases.

Sir Thomas Horder said that there was no field of therapeutics in which greater differences of opinion and of practice existed than in that of diseases due to microbic infection. He first sketched the history of treatment of these diseases, reminding his audience that forty years ago there was no such thing as immunotherapy, except, of course, for the daring pioneer introduction of Jenner. That extraordinary but very isolated leap which preventive medicine took as the result of the empirical observation of an English country doctor stood as a solitary example of the principle of immunization for very many years. Infective diseases other than small-pox had continued for long to be treated on general or non-specific lines. The first attempt to deal with these diseases in more radical fashion took the form of what was now called chemotherapy, in which such means as carbolic acid were crudely employed. Afterwards came an epoch-making advance with the isolation of the toxin of diphtheria and the introduction of an antitoxin. Hope had run high that along this line of passive immunization effective remedies would be found quite soon for many other microbic diseases, but the hope had proved to be greatly deferred. The knowledge that in tetanus, as in diphtheria, the symptoms of the disease were due to an intoxication of the body by poisons produced by the bacillus at the local site led to the preparation of a tetanus antitoxin, and this proved to be of considerable prophylactic value, though its curative value was slight. With regard to pyogenic infections in general, in septicæmia, pneumonia, typhoid fever, and many other infective diseases, the problem was found to be much more difficult than in diphtheria and tetanus, but in a fitful way such

remedies continued to be used. When the principle of active immunization was introduced by Wright, hopes were raised once more, especially as it was announced that there was a method of almost mathematical accuracy whereby this new system of therapeutics could be controlled—namely, by the opsonic index; but in the course of years this new enthusiasm had gradually waned, and the opsonic index became discredited. Tracing further the progress of chemotherapy, Sir Thomas Horder mentioned mercurochrome as probably the nearest approach to an ideal blood antiseptic so far discovered, also the value of emetine in amoebic dysentery, and tartar emetic in kala-azar; but it was clear that microbes of the bacterial order were much more resistant to germicidal agents than were those of the protozoal order, also that the action of the salts of heavy metals, probably of mercury itself, was not direct upon the infecting organism, but indirect through the tissues. Time and custom, Sir Thomas Horder proceeded, were the tests of all things, remedies amongst them. No fear need be felt lest a good thing by way of remedy for disease should go begging. A medicine which “delivered the goods” and was of real benefit to humanity could not fail of due recognition. Like good wine, good medicine needed no bush. “If anything could stir a doubt in my mind that certain pills are worth a guinea a box, it would be the blatant affirmation of the fact mile by mile all the way from London to Reading.” So great was the desire for life on the part of patients and their friends, and so keen was the medical man to effect a cure, that the customary practice of the average doctor might be trusted to reflect broadly—or even narrowly—the merits or demerits of any therapeutic measure before it had been available for a couple of years.

#### Active and Passive Immunization

Sir Thomas Horder then dealt more particularly with active immunization by antigen inoculation and passive immunization by the administration of immune serums. In both respects some disappointment was felt, though at the same time it was unlikely that the last word had been said as regards either type of remedy. In antigen therapy the method of Besredka, whereby the antigenic principle was brought into actual contact with the tissues affected, had not yet received actual trial, at least in this country; even if the claims made by the author and some of his school were not entirely justified, at least the method deserved full exploration. It meant that in skin lesions the antigen should be applied externally in lotions and dressings; that in lesions of the alimentary tract it should be administered by the mouth, and in urinary tract infections by means of bladder irrigation or possibly by injection into the pelvis of the kidney. The lecturer discussed various directions in which immunized serums might prove serviceable, especially the direction of univalence. He referred to the work done recently on measles in the use of a serum from human convalescents. Here the method of election in attacking the serious problem of measles was what might be termed “sero-attenuation.” The use of serum from convalescents had also been applied in somewhat sporadic fashion in poliomyelitis and encephalitis, but as so little was known of the incubation period, and nothing at all of susceptibility, the experience in measles could hardly be expected to be repeated in this field. Although epidemics of encephalitis had been in abeyance during recent years, the fact that sporadic cases were rarely wanting, as well as the very distressing nature of the disease and its pathetic residues, made some sort of prophylactic treatment very desirable. So far, however, the problem of attenuation had remained unsolved. Should encephalitis again become endemic some sort of mobilization of serum from convalescents on the lines

## INTERNATIONAL VITAMIN STANDARDS

We have received for publication the following statement, which has been prepared with the object of making known to all those interested that the international standards for the vitamins A, B<sub>1</sub>, and D, recently adopted by the Health Organization of the League of Nations, are now available for research workers, laboratories, and institutions in Great Britain and Ireland.

In June of last year, under the auspices of the Permanent Commission on Biological Standardization of the Health Organization of the League of Nations, a conference of experts was held in London with the object of discussing the possibility of adopting standards and defining units for certain of the vitamins. As a result of their deliberations the conference made a series of important recommendations to the Permanent Standards Commission, and these are set out in the Report (No. C.H. 1055 (I)) recently published from Geneva. Briefly, the conference recommended the adoption of a standard, and the definition of a unit in terms of such standard, for the four vitamins A, B<sub>1</sub>, C, and D. The conference further recommended that in the case of the two vitamins A and D the final preparation of the standard should be undertaken by the National Institute for Medical Research, Hampstead, and that the standard for vitamin B<sub>1</sub> should be prepared in Java. The National Institute at Hampstead was further nominated to act, on behalf of the Health Organization of the League of Nations, as the central laboratory for the storage and distribution of the three standard preparations for vitamins A, B<sub>1</sub>, and D. In the case of vitamins A, C, and D, it was recommended that the proposed standards and units should be adopted for a period of two years in the first instance, the standard for vitamin B<sub>1</sub> being given a preliminary currency of five years. In the case of vitamin C no preparation or storage of a stable standard was involved by the recommendation of the conference, which was satisfied, for this vitamin, to recommend the use of fresh lemon juice as a standard, and to define the unit as the antiscorbutic activity of 0.1 c.cm. of the juice, prepared according to a simple method described in the report.

### VITAMIN A

Carotene was recommended as the international standard for vitamin A, and the unit was defined as the vitamin A activity of 1  $\gamma$  (0.001 mg.) of the standard preparation of carotene. Eight laboratories have contributed varying quantities of carotene, and these have been mixed at the National Institute for Medical Research; the mixed carotene has been purified by recrystallization until the melting point was above 179°C. The highly purified preparation has been distributed in 10 mg. quantities into small ampoules in an atmosphere of pure nitrogen, reduced to dryness, and the ampoules sealed.

### VITAMIN D

With regard to the international standard for vitamin D, the conference recommended that the standard solution of irradiated ergosterol, which has been issued from the National Institute for Medical Research, Hampstead, for the past two years (*British Medical Journal*, August 30th, 1930, p. 331), should be adopted as the international standard. On account of the fact that this standard preparation had been intended, primarily, for the needs of this country alone, it was considered desirable to prepare a larger quantity to meet the needs of other interested countries—nineteen in all—for a period of some years. Accordingly, a second and larger quantity of irradiated ergosterol has been prepared at the National Institute for Medical Research, and this has been assayed in terms of the original standard preparation. The comparative examination of the new and the original standard preparations has been carried out by eight different laboratories in five different countries, and these eight groups of workers are unanimous in agreeing that the new standard now available is exactly

equivalent to the original standard. There is, accordingly, now available an adequate amount of this standard preparation of vitamin D to meet the requirements of all workers throughout the world for some years to come. The unit recommended for international use is defined as the vitamin D activity of 1 mg. of the international standard solution of irradiated ergosterol.

### VITAMIN B<sub>1</sub>

The standard for vitamin B<sub>1</sub> recommended for international adoption is a concentrated preparation of the antineuritic vitamin B<sub>1</sub>, adsorbed on kaolin. The standard has been prepared in the Medical Laboratory, Batavia, Java, and is stored at the National Institute for Medical Research, Hampstead, from which it will be distributed. The international unit has been defined as the antineuritic activity of 10 mg. of the international standard preparation. The standard preparation is very stable, and, provided it is protected from moisture, appears to retain its activity unchanged.

In the case of other countries, arrangements have been made to send suitable supplies of each of the above standards to approved national institutions for local distribution. Institutions or individual investigators in Great Britain and Ireland who wish to obtain supplies of one or more of these standards should apply to the Department of Biological Standards, National Institute for Medical Research, N.W.3, from which issues will be made at regular intervals.

## ROCKEFELLER MEDICAL FELLOWSHIPS

The Medical Research Council announces that, on behalf of the Rockefeller Foundation, it has made the following awards of travelling Fellowships for the academic year 1932-3. These Fellowships are awarded to graduates who have had some training in research work either in the primary sciences of medicine or in clinical medicine or surgery, and who are likely to profit by a period of work at a chosen centre in America or, in special cases, in Europe, before taking up positions for higher teaching or research in the British Isles. In view of the high qualifications of so many of the candidates on this occasion the Council greatly regrets that it has not been possible to make a larger number of awards.

COLIN PANTON BEATTIE, M.B.Ed., D.P.H., Bacteriology Department, Edinburgh University.

WILLIAM DONALD WYKEHAM BROOKS, B.M.Oxon., M.R.C.P., St. Mary's Hospital, London.

ELEANOR MILDRED CREAK, M.D.Lond., M.R.C.P., Maudsley Hospital, London.

IAN GEORGE WILSON HILL, M.B.Ed., M.R.C.P.Ed., Royal Infirmary, Edinburgh.

WILLIAM ARTHUR MACKEY, M.B.Glas., Department of Surgery, Glasgow University.

DAVID JAMES MACMYN, M.B.Cantab., King's College Hospital, London.

JOHN CHASSAR MOIR, M.D.Ed., F.R.C.S.Ed., University College Hospital, London.

Dr. Brooks and Mr. MacMyn have been appointed on modified conditions while receiving emoluments from other sources.

The returns from universities and university colleges in receipt of Treasury grants for the academic year 1930-1 has been issued by the University Grants Committee (H.M. Stationery Office, 1s. 3d.). Of the full-time students to which this publication relates, medicine and dentistry claim 9,889 (20.8 per cent.); of these 8,702 were men and 1,187 women. During the period under review figures for Guy's Hospital Medical School and the London School of Pharmacy were included for the first time, and allowance has to be made for this in drawing comparisons with earlier years. The schedule of degrees and diplomas obtained during the year and analysed according to faculties gives a total of 1,025 degrees and 1,170 diplomas under "Medicine including dentistry" in Great Britain.

## Medico-Legal

### DOGS IN MOTOR CARS

An important decision was reached by the Court of Appeal, consisting of Lords Justices Scrutton, Lawrence, and Greer, on June 22nd, which virtually means that motorists can keep dogs, not known to be of a dangerous nature, in their cars without incurring liability should the animal injure a person who may trespass upon or tamper with the vehicle. The appeal, which was from a decision by Mr. Justice du Parcq, was brought by Dr. Bernard Ley of Ashburn Place, S.W. The parents of a child claimed damages from Dr. Ley because of injuries sustained by her through being bitten by his Sealyham terrier, which had been left tied inside his car in such a way that its muzzle could only protrude three inches beyond the car door. The child, although she in common with other children around had been warned by Dr. Ley, leaned over the car to look at the dog inside, and was bitten. The jury which sat with Mr. Justice du Parcq was unable to agree as to whether the dog was of a ferocious disposition, whether its owner was negligent in leaving the dog tied up in the car, and whether his negligence was the cause of the girl's injuries, but answered "No" to the question whether the girl was guilty of contributory negligence. No verdict was recorded, and the judge declined the defendant's application for judgement.

In the Court of Appeal Dr. Ley's appeal against this refusal to enter judgement for the defendant was allowed, and judgement was entered for Dr. Ley. Lord Justice Scrutton said that there was no evidence that the dog in this case was of a vicious character. He understood that the Automobile Association attached great importance to the case as raising the question whether owners might leave a dog known to be dangerous in a motor car to protect it, but the Lord Justice would not lay down any such proposition; a better case must be obtained before that point could be decided. Dogs generally, he said, were not in a class of vicious animals, and therefore the owner of a dog was not responsible unless the animal was known to have acquired vicious habits of which its owner was aware. The other Lords Justices concurred, Lord Justice Greer remarking that the doctor was entitled to leave the dog in his motor car for the reasonable protection of the car when he had to be absent, provided he took reasonable steps to protect those who were entitled to use the public highway. In this case the defendant had not only fastened the dog in the car, but had also warned the children to keep away.

## Universities and Colleges

### UNIVERSITY OF OXFORD

At a congregation held on June 23rd the following medical degrees were conferred:

D.M.—C. L. Elgood.  
B.M.—J. M. L. Burtenshaw.

### UNIVERSITY OF CAMBRIDGE

At a congregation held on June 21st the following medical degrees were conferred:

M.B., B.Chir.—E. A. Nicoll, C. H. Wrigley.  
M.B.—M. S. Montague Fordham.  
B.Chir.—H. F. Green, Manekji Hormasji Masina.

The following candidates have been approved at the examinations indicated:

THIRD M.B.—(Part I, Surgery, Midwifery, and Gynaecology): A. D. Aveling, S. E. Birdsall, C. P. F. Boulden, A. Bowen-Davies, E. J. M. Bowlby, H. W. L. Broadbent, C. C. Bryson, J. Cann, C. M. Carr, C. A. Clarke, J. W. Cope, W. D. Dick, W. Dykes Bower, R. H. Foster, K. H. Gaskell, D. W. C. Gawne, W. G. Gill, J. N. Groves, J. B. Harman, J. L. Jekyll, H. B. D. Kettlewell, N. Langdon-Down, A. B. MacEwan, M. H. Masina, G. A. Miller, T. D. F. Money, C. C. Morgans, B. C. Murless, R. W. Nevin, G. F. O'Connor, R. Q. Parkes, E. B. Pawson, R. V. Payne, R. G. Pulvertaft, J. P. Reidy, A. C. Rumsey, F. W. Shepherd, S. M. Silverstone, P. M. Smyth, G. V. Steward, S. K. K. Sze, G. W. Thomas, H. R. Thompson, T. M. Tyrrell, J. M. Vaisey, J. G. Warren, G. A. W. Whitfield. Women: P. M. Dobbs, J. C. Drury. (Part II, Principles and Practice of Physic, Pathology, and Pharmacology): A. R. Adderley, F. K. Boston, J. W. Bromley, D. B.

Cater, H. M. Chappel, J. W. Cope, G. W. Crimmin, A. M. Cunningham, E. J. Currant, T. D. Day, K. V. Earle, W. O. M. Ede, C. D. Evans, J. H. Fisher, W. H. Gabb, T. C. Gipson, C. S. Hall-Smith, J. B. Harman, A. S. Herington, E. Hinden, B. Holden, P. W. Hutton, S. S. Jaikaran, N. D. Jekyll, W. H. G. Jessop, R. A. Jones, B. F. Longbotham, A. N. McCrea, A. B. MacEwan, G. C. Martin, G. J. Meikle, R. V. F. Mercer, J. Metcalf, W. H. Mylechreest, R. W. Nevin, S. H. B. Platts, F. Radcliffe, R. A. Ratcliff, I. C. Robertson, M. L. Rosenheim, B. Rothery, J. L. S. Scott, S. M. Silverstone, P. M. Smyth, G. V. Steward, H. R. Thompson, G. M. Tickler, O. S. Tubbs, J. T. Turner, J. M. Vaisey, J. L. Wild, G. Williams, C. E. R. Wood, A. H. Zair. Women: E. G. Byrde, A. M. Naish, A. C. Taylor.

### UNIVERSITY OF LONDON

Mr. J. L. S. Hatton, Principal of East London College, has been elected Vice-Chancellor for 1932-3 in succession to Dr. J. Scott Lidgett, whose term of office expires on August 31st; Dr. W. R. Halliday, Principal of King's College, is appointed Deputy Vice-Chancellor vice Canon Douglas.

Dr. D. T. Harris, Assistant Professor in the Institute of Physiology, University College, has been appointed to the chair of physiology at the London Hospital Medical College.

The title of University Reader has been conferred on Dr. Evelyn E. Hewer, lecturer in histology at the London (Royal Free Hospital) School of Medicine for Women.

At a meeting of the Senate, on June 22nd, Sir Ernest Graham-Little, M.P., was reappointed as representative of the Senate on the Court of the University of London for a period of five years from October 1st next.

A university post-graduate travelling studentship of the value of £275 for one year has been awarded to Miss Muriel Hilary Eileen Long, B.Sc., M.B., B.S. (King's College Hospital), who will study surgery and its practice in Vienna, Cologne, Berlin, and Budapest.

### UNIVERSITY OF SHEFFIELD

A. H. Briggs has passed the Final M.B., Ch.B. examination with second-class honours and distinction in obstetrics and gynaecology. He has also been awarded the clinical gold medal and the A. H. Holroyd gold medal for anaesthetics.

### UNIVERSITY COLLEGE, DUBLIN

The following candidates have been approved at the examinations indicated:

M.D.—J. Duffy, E. J. T. McWeeney, T. O'Carroll, J. M. O'Connor, G. E. O'Riordan.

M.Ch.—C. J. Shorthall.

M.A.O.—Margaret M. Nolan.

M.B., B.Ch., B.A.O.—J. F. Sheehan, \*T. A. Brady, Mary Byrne, W. Canning, F. J. Clancy, W. C. Clyne, T. Crowley, J. F. Eustace, J. V. Glass, J. M. Kerr, P. J. O'Doherty, Mary E. Rudden. Exempted from further examination in Part I (Medicine and Pathology): J. J. Kennedy. Exempted from further examination in Part II (Surgery, Ophthalmology, and Midwifery): Irene A. Coster, J. Diver, P. (Ua Fearghail, Pol) Farrell, Colm McDonnell. Exempted from further examination in Pathology: Colm McDonnell, T. P. Powell.

DIPLOMA IN PUBLIC HEALTH (Part I): Mary Courtney, Maureen V. Magee, Johanna O'Shea. (Part II) †John J. Keane, \*J. I. Heany, \*Patricia M. J. Daly, \*F. N. Elcock, \*M. C. Purcell, \*E. F. Drum, \*M. F. Daly, P. J. Aird, T. Langan.

† First-class honours. \* Second-class honours.

## The Services

### HONORARY PHYSICIAN TO THE KING

His Majesty has approved the appointment of Major-General P. H. Henderson, D.S.O., M.B., late R.A.M.C., as Honorary Physician to the King, in succession to Colonel W. R. P. Goodwin, D.S.O., late R.A.M.C., who has retired.

### COMMISSIONS IN THE R.A.M.C.

The War Office announces that twenty-five permanent commissions in the Royal Army Medical Corps are being offered to qualified medical practitioners, under 28 years of age, registered under the Medical Acts. There will be no entrance examination, but candidates will be required to present themselves in London for interview and medical examination on July 26th. Applications should reach the War Office not later than July 18th. All information as to conditions of service and emoluments may be obtained from the Assistant Director-General, Army Medical Services, the War Office, Whitehall, S.W.1.

## Medical News

The fiftieth anniversary annual dinner of the West London Medico-Chirurgical Society will be held at the Hotel Rembrandt, Brompton Road, on Friday, July 8th.

The annual general meeting of the Royal Society of Medicine will be held at 1, Wimpole Street, W.1, on Tuesday, July 5th, at 5 p.m., when the officers and council for the session 1932-3 will be elected and the annual report of council submitted for approval.

The organizing secretary of the Papworth Village Settlement for the Tuberculous announces that the Duke and Duchess of York will pay a third visit to Papworth (near Cambridge) on July 8th. Her Royal Highness will inaugurate a new hospital for women at midday, and declare open the West Cambridgeshire Flower Show at 12.30 p.m. A French Picture Matinée will be held on July 5th, at His Majesty's Theatre, in aid of Papworth Hospital and Settlement and the Princess Beatrice Hospital; a special appeal will be made on behalf of the latter institution.

On July 4th Dr. Helen Keller, the American deaf-blind author, will open the new school for blind masseurs at the London headquarters of the National Institute for the Blind in Great Portland Street. The original school was housed in the building which the King opened in 1914, but owing to expansion since that time special accommodation has had to be built. After the opening ceremony Dr. Keller will be the guest of honour at a luncheon attended by medical men, representatives of various sports, and others interested in the modern application of massage treatment. The organizations to be represented at the luncheon include the Ministry of Health, the Board of Education, St. Dunstan's, the British Red Cross Society, the British Medical Association, the Society of Apothecaries, the Chartered Society of Massage and Medical Gymnastics, and the Association of Certificated Blind Masseurs. During the afternoon Dr. Keller will hold a reception in the Armitage Hall.

A course of eight lectures on some problems of childhood, arranged by the National Institute of Child Psychology, is being held at Friends House, Euston Road, N.W., on Mondays, at 6.15 and 8.15 p.m.

The Fellowship of Medicine announces two demonstrations in medical ophthalmology at the Royal Westminster Ophthalmic Hospital on July 6th at 5 p.m.; these are especially suitable for M.R.C.P. candidates, but are open to all practitioners who are members of the Fellowship of Medicine. A course in proctology will take place at St. Mark's Hospital from July 4th to 9th. Lieut.-Col. R. H. Elliot will give three lectures for general practitioners, on "Migraine," on July 14th, 21st, and 28th at 5 p.m., at the Medical Society of London, 11, Chandos Street. The first of a series of discussion-demonstrations for general practitioners (free to members of the Fellowship) will take place at the National Temperance Hospital, on July 22nd at 8.30 p.m. The subject of the first will be "Certain aspects of indigestion."

The Health Exhibition in connexion with the forty-third Congress of the Royal Sanitary Institute at Brighton is to be formally opened by the Mayor of Brighton on Monday, July 11th.

The National Conference on Maternity and Child Welfare, on July 4th, 5th, and 6th, will be held in King George's Hall (Y.M.C.A.), Caroline Street, Great Russell Street, W.C., instead of at the Guildhall.

The thirty-sixth congress of French-speaking alienists and neurologists will be held at Limoges under the presidency of Professor Euzière, dean of the Montpellier Faculty of Medicine, from July 25th to 30th, when the following subjects will be discussed: constitutions in psychopathology, introduced by Dr. Achille Delmas of Ivry-sur-Seine; leuco-encephalitis and other diffuse affections of the white substance of the brain, introduced by Dr. Moreau of Liège; and the protection of the property of psychopaths, introduced by Dr. Lauzier of Clermont de l'Oise. Further information can be obtained from the

annual secretary, Dr. Calmettes, Asile de Naugeat, Haute Vienne.

The first Colyer prize, founded by the Royal Society of Medicine in 1926 to commemorate the twenty-five years' service of Sir Frank Colyer as honorary curator of the Odontological Museum, has been awarded by the Council of the Society to Mr. Martin A. Rushton, B.Ch., L.D.S., for his work on "matters regarding dental science during the past four years." Mrs. Lilian Lindsay, L.D.S., has been appointed to the lectureship on the history of dentistry, founded in 1927 in memory of Mr. C. E. Wallis by his brother. The date of the Wallis Lecture will be announced later.

The Dr. Martini Foundation Prize of Hamburg, of the value of 1,200 marks, has been divided equally between Dr. Otto Fischer of Tübingen for his studies on the pathology and epidemiology of East Africa, and Dr. Helmut Schmidt of Hamburg for his work on narcosis and anaesthesia.

The issue of *Paris Médical* for June 4th, which is devoted to infectious diseases, contains a comprehensive survey by Charles Dopter, Inspector-General of the French Army, on recent work on enteric fever, undulant fever, typhus, measles, cerebro-spinal fever, poliomyelitis, epidemic encephalitis, post-vaccinal encephalitis, spirochaetosis, ictero-haemorrhagica, amoebic dysentery, and Leishmaniasis.

The May-June issue of *Acta Rheumatologica* contains the programme of the third International Congress against Rheumatism, which will be held in Paris from October 13th to 15th under the presidency of Dr. R. Fortescue Fox.

The official organ of the Indian Medical Association, which was first published as the *Indian Medical World*, has since September last appeared as the *Journal of the Indian Medical Association*. The editor-in-chief is Sir Nilratan Sircar, M.D., and the secretary-in-charge Dr. Aghorenath Ghosh. The issue for March, 1932, was a special tuberculosis number.

## 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.

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The address of the Irish Office of the British Medical Association is 18, Kildare 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

### Oedema of the Feet

"E. S. W." writes: I should be pleased to know of any treatment that would help in a case of a woman, aged 42 years, who has had oedema of the feet and ankles for three years. Her general health is very good; there is no evidence of anaemia, heart, kidney, or pelvic trouble. In fact, she only complains of the local condition. She has had courses of calcium injections with parathyroid, and local treatment with massage and iodine preparations. Bandaging only makes the swelling appear higher up the leg.