

obtained in the treated cases which tended to limit the severity of the pulmonary complications. The use of a concentrate rich in vitamin A as a prophylactic against secondary infections in a population of young children known to have been exposed to measles might well repay further study. Obviously too much cannot be expected in the way of rescuing cases already desperately ill with bronchopneumonia, since it is almost inconceivable that a sufficiently rapid effect can be obtained by such means.

The total failure to reduce the otological and cutaneous complications is disappointing, but here again it is reasonable to suppose that better results might have been achieved had it been possible to start the treatment during the incubation period, though it is unlikely that the problem will be solved by these means alone. In presenting the results of this experiment I am fully conscious of the dangers of founding arguments on the comparison of relatively small samples.

In a statistical investigation of this nature it is probably wisest to set down an impartial record of what was observed, leaving the reader to draw his own conclusions regarding the significance of the figures obtained.

SUMMARY

1. Three hundred cases of measles received a concentrate of vitamins A and D during the acute stage of the disease: eleven deaths occurred in the series. In a

control series of 300 cases having a similar age distribution twenty-six deaths occurred.

2. Evidence is brought forward in support of the view that the pulmonary complications were less severe in the treated cases than in the controls.

3. No difference was detected between the two groups regarding the number of cases developing otological or cutaneous complications.

My acknowledgements are due to Dr. J. H. Whitaker, medical superintendent of the Grove Hospital, for permission to make use of the clinical material at the hospital, and also to the director of the Glaxo Laboratories for a liberal supply of the concentrate "adexolin."

REFERENCES

- ¹ Green, H. N., Pinder, D., Davis, C., and Mellanby, E.: *British Medical Journal*, 1931, ii, 595.
- ² Mellanby, E., and Green, H. N.: *Ibid.*, 1929, i, 984.
- ³ Wright, H. P., Frosst, J. B., Puchel, F., and Lawrence, M. R.: *Canadian Med. Assoc. Journ.*, 1931, p. 412.
- ⁴ Mori, S.: *Bull. Johns Hopkins Hosp.*, 1922, xxxiii, 357.
- ⁵ Cramer, W., and Kingsbury, A. N.: *Brit. Journ. Exper. Path.*, 1924, v, 300.
- ⁶ Steenbock, H.: *Journ. Path. and Bact.*, 1924, iv, 27.
- ⁷ Mellanby, E.: *British Medical Journal*, 1926, i, 515.
- ⁸ Wolbach, S. B., and Howe, P. R.: *Journ. Exper. Med.*, 1925, xlii, 753.
- ⁹ Goldblatt, H., and Benischek, M.: *Ibid.*, 1927, xlii, 699.
- ¹⁰ Mellanby, E., and Green, H. N.: *British Medical Journal*, 1928, ii, 691.
- ¹¹ Ellison, J. B.: *Arch. Dis. Child.*, 1931, vi, 37.
- ¹² Friedlaender, A.: *Ugeskrift for Læger*, 1931, p. 1174.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

TWO CASES OF TRAUMATIC ANEURYSM

Nowadays traumatic aneurysms in hospital practice are comparatively rare, so that the occasion of two cases occurring within the space of three months is my excuse for reporting them.

CASE I

A butcher boy came up to the West London Hospital in May last year stating that he had cut his left forearm in the following manner: he had, whilst steadying a carcass with his left hand, thrust a knife into it. He had been holding the knife in his right hand, dagger-like, and had obviously misjudged the thrust. This was followed by a spurt of blood about 2 feet high, which he had stopped with digital pressure.

On examination he had a small punctured wound on his left lower forearm about 2 inches above the wrist-joint, in the line of his radial artery, with some deep haematoma. As it seemed that ligation of the radial artery was likely to be necessary, the tourniquet was left on until the patient was taken to the theatre. On its removal, however, no further haemorrhage took place, and one found it difficult to believe his story of the "two-feet-high jet." The skin wound was cleaned and sutured, primary union taking place.

From the day of the operation he was given a wrist strap to prevent the possible formation of any aneurysm in connexion with the injured artery. The patient came up to the hospital two months later, complaining of a swelling which was obviously an aneurysm of his radial artery; this, he stated, was getting larger. Mr. Wood Walker also saw the case and advised operation.

At the operation the radial artery was ligatured proximally and distally to the aneurysmal sac, which was excised, the venae comites tied off, and the wound closed. The subsequent course of events was of an unexpected nature. The next day the hand became very swollen and blue, but as this was thought to be a transient condition he was ordered to soak the hand in hot baths and to keep the arm elevated in a sling. During the next few days the condition became worse, the wound gaped, and it looked as though a mild degree of gangrene would set in. Electric baths and radiant heat were ordered, and for the next week the condition remained stationary. However, within a fortnight of the original operation the trophic condition of the hand greatly

improved, healing took place, and movements were again permitted.

There appear to me several possible explanations of this sequence of events, which obviously followed the ligation of the radial vessels. First, that the ulnar artery was either absent or that it was too small to act as an anastomatic channel to maintain the nourishment of the limb, which it should have been capable of if it was of normal size and not diseased. The other explanation, which in the case of the hand surely could not have been a factor, was the ligation of the radial veins. When seen three months after the operation the circulation of the hand was perfect.

CASE II

A man, aged 23, fell from his motor bicycle, and appeared when first seen to have merely abrasions on his forehead and temple. Two days later he came up because two pulsating swellings had appeared on his right temple. These proved to be two aneurysms, each about one inch long and three-quarters of an inch wide, arising from the two anterior branches of his superficial temporal artery. In this case, after evacuating the contents of the sac by digital pressure, the vessels above and below were ligatured through small incisions, whilst the sacs were kept compressed. This treatment proved satisfactory, and a week later it was impossible to see any bulging, though the sacs could just be felt after careful palpation.

PATHOLOGY

The specimen of the aneurysmal sac in the first case is interesting, as in most cases of aneurysms of the traumatic type the sac is either that of the false type formed by the condensation of the surrounding tissues with a deposition of blood clot, which after a time forms a fibrous internal layer, or else the vessel wall is merely damaged and not actually perforated, when an aneurysm of the sacular type may be expected. But the arrangement in the first case described was a combination of both sacular and dissecting types, the sacular part being the expanded external coat, whilst the dissecting part consisted of a stripping of the external from the middle coats, thus allowing an intramural extravasation of blood up and down the vessel for nearly an inch.

Microscopical section of the external coat shows much fibrous tissue, probably mainly protective reaction to the stretching of the muscle fibres, but also evidence that the external coat had been perforated at the original injury.

But whereas the union had been firm in the case of the external coat, the middle and endothelial coats had given way under the internal pressure, thus leading to the formation of an aneurysm.

G. O. TIPPETT, M.B., B.S., F.R.C.S.,
Late Casualty and Out-patient Officer,
West London Hospital.

DIFFUSE SUPPURATIVE LABYRINTHITIS WITH EARLY SYMPTOMS OF MENINGITIS.

OPERATION: RECOVERY

I feel that the following case warrants publication, since diffuse labyrinthitis with symptoms of early meningitis is of such grave prognosis that recovery is worthy of record.

The patient, a woman 22 years of age, had suffered from purulent discharge from both ears since she had scarlet fever eleven years before. I was asked to see her on October 31st, 1931. Three weeks previously she began to suffer from giddiness, vomiting, deafness, and tinnitus, the last two symptoms being referred to the left ear. These symptoms, after being severe for a few days, subsided, and she improved until two days prior to my attending her. During these two days the giddiness had got worse and the vomiting recommenced. These symptoms continued up to the time when I first saw her. She then presented the following symptoms: headache, drowsiness, slow pulse (62), temperature 97.8°, and marked constipation. Her tongue was furred but moist.

The left ear showed a profuse, foul-smelling, purulent discharge. After cleansing the meatus I found that the tympanic membrane had been totally destroyed. The Weber test lateralized to the right ear, and absolute deafness was present in the left ear. Rotatory nystagmus to the right, of third degree, was present. The right ear also presented a foul, purulent discharge, with a postero-inferior perforation of the tympanic membrane. The hearing in this ear was moderately good, the conversation voice being heard at eight feet.

The caloric tests were carried out, and it was found that while there was no response from the left ear, the right ear reacted normally. There was no nuchal rigidity, Kernig's sign, inequality of the grip, or dysdiadokokinesia. Lumbar puncture revealed the cerebro-spinal fluid to be under greatly increased pressure but clear macroscopically. Microscopical examination showed an increased cell count. The culture proved to be sterile.

The patient was admitted to hospital without delay, and operation was carried out that evening (October 31st).

I performed the radical mastoid operation on the left ear, followed by the Hinsberg labyrinth operation. Cholesteatoma was found to be present with granulation tissue in the region of the vestibule. The post-auricular wound was left widely open and no plastic operation was performed. The whole wound was packed with bipped ribbon gauze.

On the following day the patient's general condition had improved and no vomiting had occurred since the operation.

On November 2nd the case was dressed and the local appearances were satisfactory. There had been no vomiting and the temperature was now down to normal, following a rise to 101° on the evening of November 1st.

On November 3rd signs and symptoms of toxic myocarditis began to evidence themselves. Heart-block developed, and this continued for about eight days, after which the cardiac condition gradually returned to normal. On account of this heart condition it was considered unsafe to administer any anaesthetic, and therefore the plastic operation on the meatus and post-auricular wound was postponed.

Eventually, on December 9th, it was decided that she was in a fit state to have the operation on the soft parts performed. This was carried out on December 10th, the meatus being enlarged by Korner's method. The scar tissue and sinus behind the ear were excised and the mastoid cavity was packed with bipped ribbon gauze, the end of which was brought out of the enlarged meatus in the ordinary way.

The patient made an uneventful recovery and was discharged from hospital on December 31st, 1931.

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Municipal Hospital, Coventry.

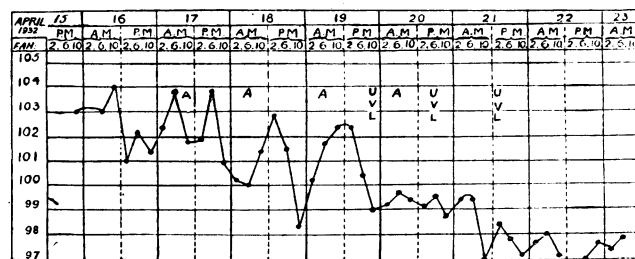
A CASE OF ERYSIPELAS IN AN INFANT

The beneficial effect of anti-streptococcal serum in a desperate case of streptococcal meningitis has lately been described in these columns by Trounce and Douthwaite.¹ This and a recent article on phototherapy in erysipelas² has prompted us to recount the following case, in which a combination of the two remedies produced very rapid recovery in the case of an infant with erysipelas.

CASE RECORD

A female infant, aged 4½ months, was seen by one of us (D. H. F.) on April 14th, 1932, and was found to have an acute inflammation of the left thigh and a temperature of 103°. Four weeks previously the child had been vaccinated on the external surface of the left thigh, one insertion being used. The vaccination was successful, but the area did not heal satisfactorily, and it was around this point that the skin inflammation began. On April 16th the inflammatory area was steadily spreading from the central slough in a manner which left no doubt that the infection was erysipelas. At that time the temperature was still in the region of 104° F., and the child extremely ill, toxic, and drowsy. Dressings of 10 per cent. ichthyol in lanoline were applied locally.

On April 17th 5 c.cm. of anti-erysipelas serum (B. W. & Co.) was injected intramuscularly. This was repeated on three successive days, bringing the total amount used to 20 c.cm. The effect of the serum on the temperature was most marked, a drop occurring twenty-four hours after the first injection. The two subsequent doses appeared to have their maximum effect after twelve hours, and the pyrexia subsided completely after the fourth and final injection (see chart). Equally



A = anti-streptococcal serum, 5 c.cm. U.V.L. = ultra-violet light.

marked was the improvement in the patient's general condition: after two doses of serum the toxic state was distinctly less and the child began to take its feeds quite well again. On the other hand the serum was noticed to have no effect on the local condition, which proceeded to spread in a typical manner until the whole lower limb had become involved down to the ankle and up over the whole left buttock and left labia. Ringing round an inch from the spreading edge with tr. iodi. fortis had not the slightest effect, and as there seemed to be danger of the infection spreading up into the flank and possibly to the other side it was decided to try the effect of ultra-violet light. Three radiations were given on subsequent days, each amounting to a suberythematous dose, the rays being directed to the area just beyond the spreading edge, with the lesion itself protected from the light. The result of this therapy was most dramatic; the erysipelas immediately ceased to spread into the areas which had been irradiated, and after the third dose the whole lesion had practically cleared. Thereafter the progress of the case was uneventful with the exception of a latent infection in one of the left inguinal glands, which broke down and had to be evacuated three weeks later.

COMMENT

Erysipelas in young infants is a dangerous disease with a high mortality. The complete and rapid cure of this case in eight days we believe to be directly due to a combination of anti-streptococcal serum given early in the infection and the subsequent use of ultra-violet light. It is perhaps a significant fact that ten days after the onset of this severe illness the child had gained eight ounces in weight.

BERNARD SCHLESINGER, M.D., M.R.C.P.
London, W.1. D. H. FRASER, O.B.E., M.C., M.D.

¹ *British Medical Journal*, 1932, i, 752.

² *Ibid.*, 1932, i, 929.

L.R.C.P. in 1903, and obtained the D.P.H.Oxon. in 1909, after a period of post-graduate study in Berlin and Vienna. For some years he was an assistant medical officer in the Public Health Department of the London County Council, and then became senior assistant M.O.H. and school medical officer under the Devon County Council, and assistant-surgeon to the West of England Eye Infirmary, Exeter. He served for over twelve years in the R.A.M.C.(T.F.), including the period of the war, when he went to France with the 1st Division and served for two and a half years as D.A.D.M.S.(San.) at the headquarters of the 4th and 5th armies. He also served as specialist sanitary officer, H.Q. Eastern Command. He was twice mentioned in dispatches, and received the O.B.E. (Mil.). On retiring from the Army with the rank of Major he was appointed Deputy Commissioner of Medical Services at the Ministry of Pensions. In his football days Toss will played for Bart's and Middlesex County, and later for Devonshire, and he represented England in all three international matches in 1902. When the British Medical Association met at Exeter in 1907 he was co-honorary secretary of the meeting with Mr. Russell Coombe; and at the Sheffield meeting in the following year he was honorary secretary of the Section of Ophthalmology.

We have to announce the recent death in London, in his sixty-first year, and after a serious operation, of EDWARD FISK, M.D., of Ramsgate. Dr. Fisk was born at St. Albans and was trained at Guy's Hospital. He qualified for the gold medal in the London M.D. examination in 1900, and was afterwards surgeon to the Ramsgate General Hospital and Seamen's Infirmary, and consulting surgeon to the Ramsgate and St. Lawrence Royal Dispensary. A colleague writes: In the death of Dr. Fisk Ramsgate has experienced a serious loss. His exceptional attainments in medicine, his judgement and skill in surgery, and his devotion to work at the Ramsgate General Hospital have been an acknowledged asset to the town and district for thirty years. His gentleness and kindness to all, his utter modesty, combined with rare abilities, won the confidence and esteem of all his fellow practitioners, and the respect and affection of all classes.

The *Journal of the American Medical Association* for September 4th announces the death in Chicago, in his eightieth year, of Dr. FRANK BILLINGS, who was twice president of the American Medical Association.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Professor Barcroft has appointed Mr. G. S. Adair, M.A. (King's), as an assistant director of physiological research for five years.

UNIVERSITY OF LONDON

Her Majesty the Queen has signified her intention of opening the new building for College Hall, London, which has now been completed in Malet Street, W.C. The ceremony will take place on the afternoon of Thursday, November 10th.

UNIVERSITY COLLEGE

Two lectures on "Sinanthropus" will be given by Dr. Davidson Black, F.R.S., of the Peiping Union Medical College, China, on December 9th and 12th, at 5.30 p.m., with lantern illustrations. Professor G. Elliot Smith will take the chair at the first lecture.

Sir Charles Sherrington, O.M., G.B.E., F.R.S., late Brown Professor in the University, will give two lectures on "Reflex action" on dates to be announced later. A film will be shown at the second lecture.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The following candidates have been approved at the examination indicated:

ACADEMIC DIPLOMA IN PUBLIC HEALTH.—L. P. Clarke, Dorothy Makepeace, T. L. Narayana, Doris G. Sharvelle.

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examination indicated:

DIPLOMA IN PUBLIC MEDICINE.—L. G. Anderson, F. J. H. Crawford (with distinction), C. L. Emmerson, H. P. Fowler, G. A. Fulton.

UNIVERSITY OF GLASGOW

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—M. Abrahams, W. Aird, A. M. Aitken, J. C. Aitken, O. A. Ajose, J. W. Barclay, J. B. Barr, Catherine H. S. Begg, B. Binnie, J. W. Bone, I. C. Boyd, F. W. Bunting, Elizabeth L. Cairncross, J. A. Carson, E. D. Cooper, J. M. Cowan (Glasgow), J. M. Cowan (Whitley Bay), A. Cubie, Alice E. Dickie, A. H. Dickie, P. Drake, R. M. Dykes, S. R. Fee, G. A. Fitzpatrick, R. T. Fletcher, W. F. Flint, R. D. Forsyth, W. Fraser, J. M. Frew, A. F. A. Gallen, T. A. Gillie, Helen M. Gilmour, J. M. Graham, W. A. Heggie, D. W. Hendry, R. Hill, M. E. Hocken, J. L. Horne, D. B. Jack, G. A. Jones, T. D. Junor, Elizabeth B. Kay, R. B. Kennedy, Agnes T. Kennie, J. M. Kirkwood, R. Leishman, D. W. Lindsay, J. M. Liston, D. L. Little, A. M'Arthur, G. M'Bride, Jeanie C. Macdonald, A. H. M'Geachy, N. J. L. MacKinven, H. MacNeill, R. G. M'Whinney, A. Marillier, Alwyn L. Miles, E. Miller, J. C. Miller, T. B. Milne, W. M. Nichols, F. J. O'Gorman, G. Pollock, J. C. Reid, A. Robertson, A. Ross, W. W. Sinclair, A. S. R. Stewart, A. M. Sutherland, A. B. Taylor, A. M. Thomson, F. W. Whiteman, A. Whyte, W. S. Wilson, R. H. Wiseman, I. Yaffie, N. Young.

The Services

DEATHS IN THE SERVICES

Brevet Colonel Percy Herbert Johnston, C.M.G., R.A.M.C., (ret.), died at Calder Bridge, Cumberland, on August 13th, aged 81. He was born at Cawnpore on July 13th, 1851, the son of Surgeon Major J. W. Johnston of the Army Medical Department, and of the 70th and 85th Foot, and was educated at Queen's College, Cork, and in Dublin, graduating M.D. and M.Ch. of the Queen's University, Ireland, in 1875. Entering the Army as surgeon in February, 1877, he became surgeon lieutenant-colonel after twenty years' service, and retired in July, 1906. He was promoted to Brevet Colonel in January, 1918. He served in the Afghan war of 1878-80, taking part in the Zaimukht campaign, and the assault and capture of Zawa (medal); in the Hazara campaign of 1888 on the North-West Frontier of India (medal with clasp); and in the South African war of 1899-1902, in charge of a general hospital, with the local rank of colonel, when he was present at the action of Tugela Heights, the relief of Ladysmith, and at operations in the Orange River Colony and in Cape Colony. He was four times mentioned in dispatches—in Sir George White's dispatch of December 2nd, 1899, in Sir Redvers Buller's dispatches of March 30th and November 9th, 1900, and in the *London Gazette* of February 8th, 1901—and received the Queen's medal with four clasps, the King's medal with two clasps, and the C.M.G. During the war of 1914-18 he served as senior medical officer, Mersey Defences. In 1926 the National University of Ireland conferred on him the honorary degree of D.Sc.

Lieut.-Colonel Sandford Moore, R.A.M.C. (ret.), died at Shankhill, co. Dublin, on August 22nd, aged 89. He was born in co. Longford on July 12th, 1843, and was educated at Trinity College, Dublin, where he graduated B.A. and M.B. in 1866. Entering the Army as assistant surgeon on October 2nd, 1866, he became surgeon major after twelve years' service, and retired with an honorary step of rank as brigade surgeon on February 22nd, 1887. As a regimental officer he served in the 4th Dragoon Guards. From 1882 to 1886 he held the post of assistant professor of hygiene in the Army Medical School at Netley. He served with the Woolwich ambulance in the Franco-Prussian war of 1870-1, was present in the engagements at Château Neuf, Bretoncelles, and Artenay, and received the Prussian war medal and the French bronze cross. He also served in the Ashanti war of 1873, was at the action of Essaman, and received the medal.

Lieut.-Colonel Arthur Gervase Hendley, Bengal Medical Service (ret.), died at Perth on September 18th, aged 66. He was born on June 26th, 1866, the third son of the late Surgeon General John Hendley, C.B., Army Medical Department, was educated at Bart's, and took the M.R.C.S. and L.R.C.P.Lond. in 1887. Entering the I.M.S. as surgeon on March 30th, 1889, he became lieutenant-colonel after twenty years' service, and retired on June 26th, 1909. After his

retirement he was for some years bursar and medical officer of Glenalmond School. He rejoined for service in the war of 1914-18, joining as a captain in the R.A.M.C.(T.F.) on August 11th, 1915, and retiring with the rank of lieutenant-colonel on September 30th, 1921. He served in the North-West Frontier campaign of 1897-8, receiving the medal with a clasp. Most of his service in India was spent in civil employ in the Central Provinces.

Surgeon Major Richard Colville Parkinson died at Southsea on August 4th, aged 89. He was born at Guildford on February 8th, 1843, was educated at Guy's, and took the L.R.C.S.I. in 1865. Entering the Army as assistant surgeon on April 1st, 1867, he became surgeon on March 1st, 1873, when the rank of assistant surgeon was abolished, surgeon major on April 1st, 1879, was placed on half-pay on September 7th, 1881, and retired on January 14th, 1882, over half a century ago. He served in South Africa in the Boer war of 1881, took part in the defence of Standerton, as senior medical officer of the garrison, and was mentioned in dispatches.

Major James Edward Hoar, R.A.M.C. (ret.), died on August 31st, aged 52. He was born on March 5th, 1880, was educated at the London Hospital, and took the M.R.C.S. and L.R.C.P.Lond. in 1905. Entering the R.A.M.C. as lieutenant on January 31st, 1905, he became major on October 15th, 1915, and retired on January 31st, 1925, when he joined the Reserve of Officers, and had recently been re-employed at Woolwich. He served in the war of 1914-18, and was mentioned in dispatches in the *London Gazette* of May 25th, 1916.

Medical News

A public lecture under the Chadwick Trust on "The pioneers and progress of preventive medicine" will be given by Sir Humphry Rolleston in the theatre of the Royal United Services Institution, Whitehall, S.W., on Thursday, October 20th, at 5.15 p.m. Sir William Collins, chairman of the Chadwick Trustees, will preside. At 5 p.m. the Chadwick gold medal and prize for excellence in municipal engineering and hygiene will be presented to Mr. Alasdair Robe.

The next meeting of the Royal Microscopical Society will be held at B.M.A. House, Tavistock Square, on Wednesday, October 19th, at 5.30 p.m. Mr. Dallas Hanna will read a paper entitled, "Suggestions for a new series of objectives."

The South-West London Medical Society commences a new series of lectures on October 26th, when Professor W. Langdon Brown will discuss allergy and some allergic diseases. On November 9th Dr. J. A. Torrens will lecture on the treatment of certain common medical conditions. A discussion on the treatment of the enlarged tonsil in children will be opened by Mr. T. B. Layton and Mr. H. M. Wharry on December 14th. The session will conclude with the Bolingbroke Lecture on June 14th, 1933, by Sir D'Arcy Power, entitled "Some great English surgeons; what they did and what they looked like," illustrated by lantern slides. The meetings are held at the Bolingbroke Hospital, Wandsworth Common, S.W.

In January, 1930, the council of the Child-Study Society, London, resolved that a Cockburn Memorial Lecture be instituted for a period of three years, in the next three autumn sessions, to mark Sir John Cockburn's life-interest in child study and the training and education of childhood. The first of these lectures will be delivered at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., on Thursday, October 20th, at 6 p.m., by Dr. P. B. Ballard, whose subject is "Thirty years' progress in London education."

The Royal Institute of Public Health has arranged two courses of lectures in the lecture hall of the Institute, Queen Square, W.C.1, which are free to all interested in the subjects to be dealt with. One course, on the maintenance of health and the avoidance of disease, will be held on Wednesdays at 4 p.m., from October 19th to December 7th, and will include such topics as food and nutrition problems; cancer and the general practitioner (cinema demonstration); the prevention of mental dis-

orders, crippling in childhood and youth, and tuberculosis; the education of public opinion; the role of the hospital almoner; and the relation of eugenics to the maintenance of health. The other course will be devoted to mental defectiveness as a medico-sociological problem, and will be held on Thursday afternoons at 4 o'clock from October 27th to December 1st. The subjects include the medical and social considerations involved; the aetiology, physiological basis, and medico-legal aspects of mental deficiency; protective measures, such as segregation and sterilization; and the mentally subnormal in everyday life. Further information may be obtained from the secretary of the Institute, 23, Queen Square, W.C.1.

On Friday, October 28th, at 8.45 p.m., Sir Buckston Browne, F.R.C.S., will give an informal address at the East London Children's Hospital, Shadwell, on "Lessons to be learnt from a study of the Darwin family." Visitors are cordially invited.

The Institute of Medical Psychology (formerly the Tavistock Square Clinic) has arranged a short course of lectures on functional nervous disorders, for practitioners and medical students, from November 7th to 19th. It will be given at the Institute's new premises, Torrington Place, W.C. Fee for the course: medical graduates, £2 2s.; medical students, 10s. 6d. Tickets to be obtained in advance from the honorary lecture secretary, at 51, Tavistock Square, W.C.1. The Institute announces that the waiting list, which has been closed, is now reopened. Those patients who are in a position to attend early in the day are likely to obtain priority over others.

The next monthly clinical meeting for medical practitioners will be held at the Hospital for Epilepsy and Paralysis, Maida Vale, W.9, on Thursday, October 27th, at 3 p.m., when Dr. Blake Pritchard will demonstrate peripheral neuritis. Tea will be provided, and it will be a convenience if those intending to be present will send a card to the secretary.

The annual general meeting of the West Kent Medico-Chirurgical Society will be held at the Miller General Hospital, Greenwich, to-day (Friday) at 8.45 p.m. It will be followed by a clinical evening.

The winter session of the post-graduate school of the Hampstead General and North-West London Hospital will open on Wednesday, October 26th, at 3 p.m., when Sir Ernest Graham-Little, M.P., will give an address on the voluntary hospitals and their future. The chair will be taken by Sir William Collins.

A post-graduate course in modern methods of treating diseases of children will be held at Vienna from November 28th to December 10th, and will be followed by special clinical instruction in certain hospitals. Details may be obtained from Dr. A. Kronfeld, Porzellangasse 22, Vienna IX.

The Fellowship of Medicine and Post-Graduate Medical Association has arranged a series of lectures on renal disease at the Medical Society of London, 11, Chandos Street, W.1, on Tuesdays at 4 p.m.; the first will be given by Dr. E. C. Warner on October 18th, on medical aspects of haematuria. These lectures are free only to members of the Fellowship. A fortnight's course in general medicine and surgery will be given at the Miller General Hospital, Greenwich, from October 17th to 29th, occupying the whole of each day; a morning course in diseases of children at the Hospital for Sick Children, Great Ormond Street, from October 24th to November 5th; a course in neurology at the West End Hospital for Nervous Diseases at 5 p.m. daily from October 31st to November 26th; and an afternoon course in ophthalmology at the Royal Westminster Ophthalmic Hospital from October 31st to November 19th. A course in uterine infections in obstetrics and gynaecology is given at St. Mary Abbots Hospital every week. A panel of teachers is available for personal tuition in almost all branches of medicine and surgery; these clinics may be attended by arrangement with the Fellowship of Medicine, 1, Wimpole Street, W.1. A course in practical pathology is being arranged at the Brompton Hospital, and details will be announced shortly.

On October 7th Sir Philip Magnus, Bt., celebrated the ninetyeth anniversary of his birth. He was Member of Parliament for London University from 1906 to 1922, and in 1920, in recognition of his services to medicine in Parliament, he was made an honorary member of the British Medical Association.

A special St. Luke's Day service, to which all medical practitioners and nurses are invited, will be held in Bradford Cathedral on Sunday, October 23rd, at 3 p.m.; preacher: The Bishop of Middleton.

The annual general meeting of the Medical Sickness Annuity and Life Assurance Society will be held at the First Avenue Hotel, High Holborn, W.C., on Wednesday, November 16th, at 4.30 p.m.

The first Congress of Mediterranean Hygiene was inaugurated on September 20th by the Ministre de la Santé Publique in the presence of 250 members—representatives of France, Great Britain, Denmark, Spain, Portugal, Italy, Greece, Yugoslavia, Rumania, Egypt, and Turkey. During the congress many interesting communications were read. At the special invitation of the Italian Government, represented by Professor Dante de Blasi of the University of Naples, the congress will meet again in three years' time in Italy.

The Automobile Association has published a map showing the garage accommodation available within a radius of one mile from Olympia. It can be obtained free by members on application to the A.A., Fanum House, New Coventry Street, W.1.

Sir Truby King, C.M.G., M.B., former Director of Child Welfare in New Zealand, has presented his home in Wellington to be converted into a maternity hospital.

The programme for the 1932-3 session (October 18th to March 14th) of the British Institute of Philosophy has been received. Full syllabus and forms of registration can be obtained on application to the director of studies, Institute of Philosophy, University Hall, 14, Gordon Square, London, W.C.1.

A sympathetic obituary notice of Sir Ronald Ross, by Professor F. K. Kleine of Berlin, appears in the issue of the *Deutsche medizinische Wochenschrift* of September 30th.

In the returns for 1930 the vital statistics of European officials in East Africa are presented in a somewhat modified form. The age grouping has been rearranged, the figures for male and female officials are stated separately, and a new table has been added, showing retirements on pension and deaths among pensioners since 1917. Deaths have fallen from 5.0 per 1,000 in 1929 to 4.34 (a rate little in excess of the lowest yet recorded—namely, 4.1 in 1924), and invalidings from 7.5 to 4.7. Only six of the twenty-three deaths and six of the twenty-five invalidings were directly due to tropical disease.

A review of recent advances in dermatology during the past twelve months appears in the current (October) issue of the *Prescriber*.

A new edition (the twentieth) of vol. i of Martindale and Westcott's *Extra Pharmacopoeia*, revised and brought up to date by W. Harrison Martindale, Ph.D., is published this week by H. K. Lewis and Co., Ltd. (price 27s. 6d., post free, 28s.)

Two interesting sound films of the "animated diagram" type were shown at a demonstration given by the Western Electric Company at Bush House, London, on October 5th. One, dealing with uterine prolapse, showed in an admirably clear manner the development and operative treatment of this condition. The second described animal experiments on the production and relief of diaphragmatic hernia. Both films were of the "lecture-demonstration" variety, and, though simple in character, gave promise of definite teaching possibilities by this method.

The Board of Control, Caxton House West, Tothill Street, S.W.1, has issued a revised list of medical practitioners in England and Wales who have been approved by the Board for the purpose of making recommendations under Sections 1 (3) and 5 (3) of the Mental Treatment Act, 1930.

Letters, Notes, and Answers

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

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*, *Aitology 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 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

A Papular Eruption

Dr. G. A. CAMPBELL (London, N.) writes: I would be grateful if any member could suggest a remedy for a patient of mine who suffers from a crop of very small papules of a cystic nature, though some have a warty appearance. The distribution is on the neck, back, and front of the chest. I have been excising them, but it is very tedious, and I would like to avoid any scarring.

Ossification of Costal Cartilages

Dr. M. W. PLATEL (Bolton) writes: Can any reader enlighten me regarding the causation and treatment of ossification of the costal cartilages in a young married woman, aged 34? Radiography reveals that all the costal cartilages present a marked degree of calcification, more so on the left side. Apart from pain and slight swelling on the left side no other signs and symptoms of disease are evident.

Bowel Control after Colostomy

Mr. W. B. GABRIEL (London, W.1) writes in reply to "Cristobal Colon's" query: I should suggest that he discontinues the daily wash-out. This routine does not suit every patient, and it will be worth while to see if this patient's colostomy can be made to act naturally. A teaspoonful of i-so-gel (Allen and Hanburys) given to the patient at night has a favourable effect in the way of producing formed motions, which are passed cleanly from the colostomy and can be wiped away without annoyance to the patient. If a mild aperient is required in addition, a teaspoonful of liquid paraffin, or a few drops of cascara evacuant, can also be given at night. The diet should be a soft one, free from roughage; porridge, green vegetables, and fruit should be avoided until the habit of satisfactory and regular colostomy evacuations after breakfast has been acquired.

"E. D." writes: Omit the overnight evacuant and allow the patient to rise early, say, 7 a.m. On the exceptional occasions when an aperient is required give him two teaspoonfuls of effervescent sulphate of soda before breakfast; after breakfast, enema. Economize neither in time nor in water, and finish up by catheterizing bowel with a rubber rectal tube. As far as possible use belt and rubber cup, but, at the period of danger, replace cup by a celluloid cup and small rubber bag without vent. That means the bag will be worn for about four hours out of the twenty-four. Some belts are made with a hole which will take either celluloid or rubber cup. Ordinary diet, but better avoid soups (except milk soup), oil, asparagus, peas, French beans. Not necessary to be a teetotaler, but the less beer or stout the better. Insert a strip of cotton-wool inside left upper border of belt, and when rubber pad is worn, another just inside lower border. Attach napkin so that it will hang from just above belt to half-way down left thigh.