continued for a few days. Sometimes styes recur in crops ; these cases call for general toning up of the patient. Chalazion—a solid tumour of the Meibomian gland—is best handled by the specialist.

Burns of the eye due to lime, acids, and alkalis call for very urgent attention ; every minute's delay is valuable time lost. In the case of lime, the eye should be washed free of loose lime by irrigation with lukewarm 10 per cent. solution of neutral ammonium tartrate or 8 per cent. neutral sodium citrate, and the open eye bathed in an eye-bath holding either solution for about fifteen minutes, morning and evening, until the cornea clears. This sometimes takes months, but perseverance is often well rewarded by improvement in vision. Of alkalis and acids, caustic soda is the most dangerous ; hydrochloric, sulphuric, nitric, and acetic acids and ammonia come next in the order given. One per cent. solution of tannin, lukewarm, is excellent in both acid and alkali burns, and thorough irrigation should be carried out within five minutes of the accident if possible. Milk can be used in the same way, as also 3 per cent. sodium bicarbonate solution in acid burns and 2 per cent. boric lotion in alkali burns. Subsequent treatment is best carried out under the guidance of the specialist.

As soon as a child is noticed to squint he should be referred to the specialist for treatment ; otherwise the squint may become permanent and the squinting eye amblyopic.

Any sudden drop in the vision means some serious trouble in the eye, and calls for expert handling.

Most serious diseases of the eye are due to some slow, chronic—often obscure—intoxication, and a thorough detailed examination of every part and organ of the body to discover any cause at all is called for. The general practitioner inclines to fight shy of looking for venereal diseases in his patient ; in the long run this is unfair to the patient and the community. The sensible patient does not resent the necessary investigation, and in the case of the touchy, conventional patient, there need be no unpleasant questions ; it is easy to take the patient's blood and have the Wassermann test done. As the welfare of the patient is our first concern, the general practitioner should be as thorough as possible in his part of the investigation to enable the specialist to do his best for the case.

The symptoms of eye strain are legion, headaches being the most frequent. Even when there is some general disorder which may account for them, errors of refraction and heterophoria should be rectified if the patient is to get full relief.

A patient incapacitated by bilateral cataract is a misery to himself and to those that have to look after him, and barring mental instability, there are very few contra-indications for operation. The operation itself is practically painless, and the chances of success are as high as ninety-nine to one. Even if the operation fails the patient is practically no worse off than before ; on the other hand, success means new zest and happiness in life to him and everybody concerned. The general practitioner, in collaboration with the specialist, should not, therefore, if at all possible, withhold from the patient his chance. *Mutatis mutandis,* the same view holds good of glaucoma.

With increasing knowledge of things medical through the daily press and medical books and periodicals in the public libraries, the average member of the community has become more exacting in his demands on the medical profession. His tendency to resort directly to the specialist has been causing concern to the general practitioner. By circumscribing his scope in special branches within feasible limits, and acquiring practical efficiency within that scope, the general practitioner can, to a great extent, retard this inevitable tendency. Whatever is outside this narrowed scope should be referred without hesitation to the specialist. The average patient is sensible enough not to expect his doctor to be all-knowing ; he appreciates his doctor's candour in acknowledging this, and feels that in him he has a friend who will never abuse his confidence, never hit in the dark and miss the mark and then get the specialist to put things right. In other words, the patient feels sure that he is in safe hands, whose guidance he would not like to forgo.

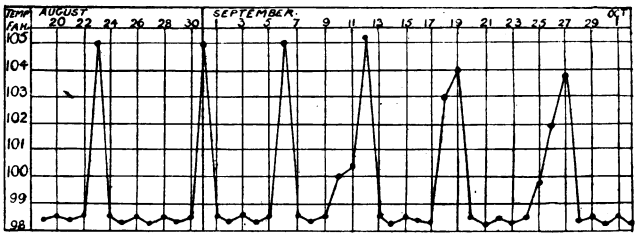
Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

A CASE OF RAT-BITE FEVER

The patient was a boy, aged 13 years, who was bitten by a rat in a cornfield on July 30th, 1932. The bites were upon both hands, and healed perfectly in a few days. He had no symptoms until August 20th, three weeks after the bite, when he had soreness of the throat and slight malaise. On August 23rd, twenty-four days after the bite, he was noticed to be feverish, and the temperature was found to be 105° F. On the following day it was normal, and he felt quite well again. On August 31st he appeared feverish, and the temperature was again found to be 105°. This temperature was checked by Dr. Kenneth Lachlan of Brentwood, with whom I later saw the case, and to whom I am indebted for his observations prior to our consultation. The patient was admitted to Charing Cross Hospital on September 14th.

The temperature chart shows the character of the fever. On the occasion of the fifth rise of temperature hourly



records showed that the fever was 103° or more for exactly twenty-four hours. On every occasion the rise of temperature occurred at about 9 p.m. The regular spacing of the rises of temperature is very striking.

Apart from the fever, there were present enlarged lymphatic glands in both axillae and a dusky red mottled rash over the trunk and limbs. The scars of the rat bites remained healthy throughout. The glands in the axillae were enlarged throughout the illness, but were tender only at the time of the fever. The rash appeared with each rise in temperature, and disappeared in about three days. There was no sore throat after the fever commenced, the spleen never became palpable, and no glands were enlarged elsewhere than in the axillae. The patient felt quite well between the rises of temperature. Frequent blood counts at various stages during the last two rises of temperature revealed only a slight polymorph leucocytosis. Blood cultures were sterile. Fluid removed by puncture of an enlarged axillary lymph gland contained mainly young lymphocytes and lymphoblasts, and no micro-organisms were recognized.

Dr. A. B. Rosher kindly investigated the case for me and succeeded in demonstrating the spirillum. During the fifth rise of temperature blood was drawn from a vein into sterile broth, and some of this was injected intraperitoneally into five mice, from a batch previously tested to prove the absence of spirilli in the peritoneal fluid. One week after the injection the peritoneal fluid of the

mice was examined by dark-ground illumination, and no organisms were found. At the end of the second week the *Spirillum minus* was demonstrated in the peritoneal fluid of one mouse, and at later dates the organism was found in all the injected mice. Two guinea-pigs injected at the same time showed no organisms when examined in the same way, up to four weeks after the injection.

Following two small intravenous injections of arsenic the attacks of fever ceased, and the boy went home well.

The first description of rat-bite fever in England was written by Horder[1] in 1909. He deduced from the clinical manifestations of the case that the cause was probably a protozoon. It was not until 1916 that the causal organism was first found and described by Futaki and his associates,[2] working in Japan, where the disease is common. McDermott,[3] in his paper, gives a complete review of the literature of the disease.

R. A. HICKLING, M.D., F.R.C.P.,
Assistant Physician, Charing Cross Hospital.

A NOTE ON PREMATURE MASTOID DRAINAGE

On the strength of an experience of 500 operations for mastoid disease I venture to put forward a point of view regarding the optimum time for operation. Briefly, it is a protest against too early and frequent operation.

One is constantly hearing of cases of acute otitis of three, two, or even one day's duration submitted to a mastoid drainage which, I suggest, is practically never called for before the sixth or seventh day from the onset of the otitis. This situation arises almost entirely from excessive emphasis on the post-auricular tenderness of the acute otitis, which in no way indicates a mastoid abscess. This tenderness is due to congestion of the tissues over the mastoid from engorgement of the mastoid emissary vein, and is an utterly different manifestation from the tenderness which may subsequently develop from proximity of pus underneath the mastoid cortex. If this distinction between a primary otitic tenderness and the secondary mastoiditic tenderness were more clearly appreciated I do not doubt that more than 50 per cent. of cases at present operated upon would be permitted conservative treatment. It will be found, on ignoring this initial tenderness altogether—I will not myself even palpate the mastoid if called in to an early case—that in the vast majority of cases the temperature falls as the discharge thickens. Provided there is no pain after the first three days, and the temperature does not stay up more than four or five days, one may say with assurance that such a case will quieten down. The temperature chart is a good friend in the acute ear if one resolutely keeps to a twice-daily chart and despises the four-hourly.

In cases where tension must be relieved by paracentesis one may be prepared for a still higher temperature for forty-eight hours, and the earlier the paracentesis the more definite is this reaction liable to be; so much is this so that many—especially Mr. J. F. O'Malley—deplore too early incision of a drum in otitis. This contention may very well be sound. My own tendency is slightly away from the immediate operation I have previously advocated; there is, however, no justification for allowing fluid retention in the ear for more than two or three days, especially if much pain is present. Whether or not a reaction occurs in the temperature, I will wait practically a week from the onset of the otitis before considering the question of bone drainage. The factors which then influence me are: (1) renewed, even though slight, pain; (2) temperature remaining up on the seventh day; (3) an unusually profuse discharge; (4) renewed localized tenderness over the mastoid; (5) general aspect.

What justification can there be for opening up a mastoid process within a few hours or days when actual pus formation, much less erosion of important structures, cannot possibly have occurred? Admittedly there are cases of fulminating streptococcal infection which are attended by rapid bone destruction, but these patients are desperately ill and unmistakable in aspect. They are not the type of cheerful little schoolboy, sitting up in bed playing with his mechanical toy, who, because he has a perfectly ordinary otitic tenderness and a fairly high temperature, is only too often subjected to an entirely unnecessary mastoid drainage, within three or four days of the onset of the ear trouble, and, often enough, at the precise moment when the temperature is about to begin its downward course. What is found at operation? Inflamed bone, a little serous ooze therefrom, and an antrum containing muco-pus. Apart from the fact that an unnecessary operation has been performed, there is the consideration that tissues opened up in the very early stages of inflammation, before local and general resistance are well established, give much more reaction and take a less favourable immediate course than those operated on at a later stage. It is indeed true that the cases operated on at a stage which one would not oneself dare to wait for, do much better than others, provided, of course, that no intracranial or other serious complication has intervened. Such late cases usually arrive about the sixth to the tenth week; some of them with a lateral sinus erosion, others with a cortical fistula. It is far safer, however, in my opinion, to take a broad view of a case between the seventh and fourteenth days. Is the temperature satisfactory? Is there pain? Does the discharge still remain profuse? Does tenderness persist? If these questions cannot be satisfactorily answered it is, I suggest, infinitely better to operate in order to avoid both an insidious abscess and the risk of chronicity of discharge. In such cases, operated on not too early, the patient is usually up in a week and following his usual occupation in three or four weeks, with unimpaired hearing power.

DOUGLAS A. CROW, M.B., Ch.B.Ed.,
Oto-laryngologist, Royal Sussex County Hospital.
Hove.

[1] Horder: *Quart. Journ. Med.*, 1909, iii, 121.
[2] Futaki and others: *Journ. Exp. Med.*, 1916, xxiii, 249; and 1917, xxv, 33.
[3] McDermott: *Quart. Journ. Med.*, 1928, xxi, 433.

Reports of Societies

THE CORPUS LUTEUM

At the last meeting of the Section of Obstetrics of the Royal Academy of Medicine in Ireland Dr. N. McI. FALKINER read a paper entitled "A study of the structure and vascular conditions of the human corpus luteum in the menstrual cycle and in pregnancy."

Seven corpora lutea were described by Dr. Falkiner in detail—three of them were obtained at hysterectomy during the menstrual period. The material was carefully collected and presented a well-stained and well-preserved series for histological study. The specimens were demonstrated by means of the epidiascope, and drawings were also shown to illustrate particulars of the vascular structure and the presence and significance of haemorrhage in some instances. The conclusions reached included the following: (1) That haemorrhage occurs in the ovary at two different stages of the menstrual cycle: (*a*) in the follicle at the time of rupture—the amount of bleeding is variable, its actual occurrence being doubted by many; and (*b*) in the corpus luteum in or about the time of the onset of the menstrual flow—this haemorrhage is generalized throughout the terminal capillaries of the luteal tissue where they are bordering the central cavity of the corpus luteum. (2) That when haemorrhage occurs in the corpus luteum it marks the end of its career as a gland of internal secretion. (3) That when pregnancy supervenes no

until his retirement from the active to the consulting staff in 1931. It was now regrettably obvious that his physical powers were very limited; although he was able to get about a little, receive his friends, and still take a keen interest in medicine, he was more or less of an invalid in considerable and constant pain.

Dr. Slight, although over 6 feet in height, was never of robust health, and consequently he seldom took much part or interest in social activities or sport. He was devoted to his home and his books. With his kindly, critical temperament he set a high standard for himself in his ethical and professional conduct, and was somewhat intolerant of those whom he thought failed to aspire to the same standard. He was, however, a staunch friend to many. He was a regular attendant at British Medical Association and Leicester Medical Society meetings, and a governor of University College, Leicester, of which he was a keen supporter in its inception and a generous subscriber to its funds.

Universities and Colleges

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

As recorded in last week's issue, the House of the College, 58, Queen Anne Street, was opened by the Duchess of York on December 5th. Her Royal Highness was accompanied by the Duke of York, and there were also present among the distinguished company the Minister of Health, the President of the Royal College of Physicians, the President of the Royal College of Surgeons, and the Master of the Society of Apothecaries. Cablegrams expressing loyalty to the Throne and congratulations to the College, received from groups of Fellows and Members in Canada, Australia, New Zealand, South Africa, India, Hong-Kong, and Peiping were read.

After the Duchess of York had declared the House open the President expressed the thanks of the College to Her Royal Highness for performing the opening ceremony and to the Duke of York for being present. Sir Robert Jones, Bt., K.B.E., C.B., of Liverpool, and Professor William Phillips Graves, M.D., F.A.C.S., professor of obstetrics and gynaecology, Harvard University, U.S.A., were admitted Honorary Fellows of the College.

The President then admitted the following, who were present in person.

Fellows: James Haig Ferguson, Barry Kyte Tenison Collins, Frederick John McCann, John McGibbon.

Members: George Herbert Alabaster, David Fyfe Anderson, William Cunningham Armstrong, Charles Botterill Baxter, Richard Alan Brews, Gladys Helen Dodds, Caroline Anne Elliott, Philip Charles Field, Alistair Livingston Gunn, Thomas Norman Arthur Jeffcoate, Hector Ross McLennan, Douglas Hamilton McLeod, Robert Newton, Frederick Ross Stansfield, Norman Lewis White.

The quarterly meeting of the Council was held on December 6th at the College House, with the president, Professor W. Blair-Bell, in the chair.

The following Members were promoted to the Fellowship of the College:

Cedric Lane-Roberts, Louisa Martindale, James Henry Drew Smythe, John St. George Wilson.

The following were elected to the Membership:

Stephen Alphonsus McSwiney, George Frederick Gibberd, Reginald Francis Matters, John Cecil Dowse, Edith May Hall, Alan Morris Johns, Ellen Douglas Morton, Richard Glyn Maliphant, William Joseph Rawlings.

Mr. W. Gilliatt (London) was elected to fill the "casual" vacancy on the Council caused by the election of Dr. J. S. Fairbairn to the presidential chair.

At the termination of the meeting Dr. J. S. Fairbairn (London) made the prescribed declaration on being inducted to the presidential chair, and received the keys of the seal and badge of office from the retiring president, Professor Blair-Bell.

On the motion of the president, the Council passed a resolution conveying the thanks of the College to Professor W. Blair-Bell for all he had done for the formation of the College, both before and during his period of office as the first president.

Presentation of the President's Portrait

On Sunday afternoon, December 4th, in the College House, Lord Riddell presented to the College the portrait by Mr. J. Souter of the retiring president, Professor W. Blair-Bell, in his robes of office. Many of the Fellows and Members were present at this ceremony.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons this week discussed the British war debt to America, and gave a second reading to the Rent Restrictions Amendment Bill. The committee stage of the London Passenger Transport Bill was completed, and the Housing (Financial Provisions) Bill was also down for second reading. Traffic congestion in London was debated by the House of Lords. Discussions proposed in the House of Commons on road and rail transport and on highway perils were abandoned to make time for the debate on war debts.

General Medical Council

On December 12th Mr. BRACKEN asked the Lord President of the Council whether he would take an early opportunity of reappointing a lay member of the General Medical Council. Mr. Baldwin replied that there was no vacancy among the members of the General Medical Council nominated by His Majesty in Council, Mr. Hacking having been appointed on December 17th, 1931, to succeed the present Minister of Health (Sir E. Hilton Young) on his resignation.

Malnutrition among Hammersmith Children

In reply to Mr. Hicks, on December 8th, Mr. RAMSBOTHAM stated that he had seen the report of the medical officer of health for Hammersmith, drawing attention to the malnutrition of children in that area owing to poverty and high rents. Children attending schools in the borough of Hammersmith came within the scope of the arrangements made by the London County Council for the provision of meals. The Council had made most careful arrangements to detect and prevent malnutrition, and there was no reason to suppose that these were not being carried out. Most of the children in question were not of school age, and the report did not state whether the children attending school were undernourished or not. The feeding of school children was a matter within the discretion of the local authorities. The Board of Education had no statutory power in the matter, though it had no reason to think that the arrangements were inadequate.

Meals to School Children.—In reply to Mr. John, on December 7th, Mr. RAMSBOTHAM stated that during the year ended March 31st, 1932, 157 local education authorities had provided meals for 319,715 individual children. The number of milk meals provided for payment amounted to 12,367,218, and the number of milk meals provided free was 35,490,997. The figures of the cost were not yet available. On December 8th Mr. Ramsbotham stated that during the month of October local education authorities in England and Wales had provided 243,315 children with 5,298,438 meals, of which 76.7 per cent. were free.

Hospitals and Road Accidents.—Mr. PYBUS told Sir J. Haslam, on December 7th, that Subsection (2) of Section 36 of the Road Traffic Act, 1930, enabled hospitals in certain circumstances to recover from insurance companies expenses incurred in treating motor accident cases. He regretted that he could not introduce further legislation on the subject.

Investigation into Causes of Fatal Road Accidents.—Replying to Mr. Louis Smith, on December 7th, Mr. PYBUS stated that he had made arrangements, in conjunction with the Home Secretary, for a special investigation during next year of the causes of fatal road accidents. A form of return suitable for mechanical tabulation had been prepared for use by all police forces. A detailed analysis of the information thus obtained would be published.

Fatal Accidents in the Royal Parks.—On December 12th Mr. ORMSBY-GORE informed Lieut.-Colonel Moore that during the year ended September 30th last there had been seven fatal motor accidents in the Royal Parks, six of which had occurred at night in Hyde Park. There had been in the same period 102 non-fatal accidents during the day and 62 at night. The number of casualties in the Royal Parks caused by motor vehicles was still regrettably high.

Medico-Legal

A JUDGE ON NEURASTHENIA

We have received an extract from the *Birmingham Mail* of December 1st containing the report of a case heard at Walsall County Court in which a stallman, aged 45, applied for an award under the Workmen's Compensation Act against his employers. It was stated by counsel that the applicant, named Arnold, was, in November, 1930, in charge of a pony, which kicked him. He was taken to hospital, where a kidney injury was diagnosed. He had not been able to resume work since, and the case put forward for him was that he was suffering from traumatic neurasthenia. The respondents said that the man's condition was one of progressive muscular atrophy which was not related to the accident. Before hearing the medical evidence on behalf of the claimant, Judge Tebbs made an observation to which we think the attention of the medical profession should be directed. "Judge Tebbs remarked that he had yet to be convinced there was any such thing as neurasthenia. Apparently when a doctor could not find any specific cause for a patient's illness it was put down as neurasthenia."

The Services

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 physical examination on January 24th, 1933. Applications should reach the War Office not later than January 16th. All information as to conditions of service and emoluments may be obtained either by letter or in person from the Assistant Director-General, Army Medical Services, The War Office, Whitehall, S.W.1. Further particulars will be found on page 35 of our advertisement pages.

THE LATE CAPTAIN COLDSTREAM, I.M.S.

In view of the circumstances in which the late Captain W. J. A. Coldstream, Indian Medical Service, met his death, the Government of India has awarded an extraordinary pension to his widow. As such pensions are granted only in cases in which an officer has lost his life in, or in consequence of, the due performance of his official duty, or because of his official position, the fact of the award refutes any suggestion that the murder was due to a personal grievance against Captain Coldstream.

Medical News

Professor Grafton Elliot Smith, M.D., F.R.S., has been elected Fullerian Professor of Physiology at the Royal Institution in succession to Professor J. B. S. Haldane, F.R.S., whose tenure of office expires next month.

The house and library of the Royal Society of Medicine will be closed from Friday, December 23rd, to Tuesday, December 27th, both days inclusive.

Dr. M. O. Bircher-Benner of Zürich will lecture, with lantern illustrations, on "The prevention of disease by correct feeding," for the Food Education Society at the twenty-first annual conference of educational associations at University College, Gower Street, on Friday, January 6th, at 11 a.m. The chair will be taken by Dr. G. E. Friend, medical officer, Christ's Hospital, Horsham (president, Medical Officers of Schools Association). Admission 1s., by ticket obtainable at the secretary's table.

At the next meeting of the Royal Microscopical Society at B.M.A. House, Tavistock Square, on Wednesday, December 21st, at 4.30 p.m., there will be an exhibition of modern binocular microscopes, and Mr. Peter Gray, Ph.D., will contribute notes on the practice of fixation for animal tissues. The annual general meeting of the society will be held on Wednesday, January 18th, 1933, when Mr. Conrad Beck will deliver his presidential address.

Sir John Collie and Dr. Henry Robinson have been appointed deputy lieutenants for the County of London.

The Society for the Provision of Birth Control Clinics is endeavouring to fill a gap in the training of medical students in the subject of contraception. On December 6th a lecture was given at the headquarters of the society, the Walworth Women's Welfare Centre; about 120 students attended. The society, which is maintained entirely by voluntary funds and exists primarily for the instruction of poor women, is finding more and more that one of the most valuable sides of its work is the training of medical practitioners and students in the practice of birth control at the fourteen centres scattered throughout the country. Further particulars of the work will be given on application to the secretary, Mrs. Evelyn Fuller, Society for the Provision of Birth Control Clinics, 153a, East Street, Walworth Road, London, S.E.17.

The Congress of French-speaking Paediatrists which was to have been held in Paris next July has been postponed owing to the international Paediatric Congress being held in London on the same date.

Dr. Robert Debré, who is well known in this country for his work on the prevention of measles and diphtheria, has been appointed professor of bacteriology in succession to Professor Lemierre, who has succeeded the late Professor Teissier in the chair of infectious diseases in the Paris Faculty of Medicine.

The Goethe medal, founded by the German President, has been awarded to Dr. Friedrich von Müller, professor of internal medicine, Dr. Richard Wilstaetter, professor of chemistry at Munich, and Dr. Ludwig Aschoff, professor of pathology at Freiburg i. B.

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.**

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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).

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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

Corneal Ulcer

"M. C." writes: For years I have suffered with corneal ulcers; the resulting photophobia is rendering my life an utter misery. Sunshine, and particularly this winter sun, blinds me completely for moments at a time, so that it makes my work very difficult, and at times impossible. Being told that one is hypersensitive, and that the condition is a neurosis, helps not at all. Light of any kind, even from a candle, is borne badly. I wear a Crookes lenses, and have a varied assortment of sun-glasses. I should be grateful for any suggestions.