

A CASE OF SPONTANEOUS ACUTE MYXOEDEMA

BY

H. A. WATNEY, M.B., B.S.,

AND

A. H. DOUTHWAITE, M.D.

The rarity of the rapid development of pronounced myxoedema is reason enough for the publication of the details of this case, which is further signalized by the occurrence of a similar instance in the family.

HISTORY OF CASE

Miss X, aged 63 years, was seen by one of us (H. A. W.) on February 4th, 1932. She complained of drowsiness, swelling of eyelids, increase of weight, and snoring.



I Sept. 30th, 1931. II Feb. 6th, 1932. III March 25th, 1932.

Family History.—The patient had two sisters, one of whom is living and was seen by us. She was of normal stature, but her hair was scanty and brittle, and the margin was situated at least an inch further back than is usual in women. Her garrulity again reminded one of the type of patient with myxoedema who presents this as an outstanding symptom. The other sister, with whom the patient used to manage a farm, was always fat and lethargic, and, in fact, accomplished about one-eighth of the daily work, while our patient did the remainder. In 1930 her weight rose from 11 to 17 stone in less than six months, and, when seen by one of us (H. A. W.) within two days of her death, she presented all the characteristics of well-established myxoedema. She rapidly became comatose, and died in spite of active thyroid medication.

Previous Illnesses.—None. Menopause at 40 years of age.

Present Illness.—The patient had always been thin, wiry, and energetic (see Photograph I), her usual weight being 6 stone. The scalp hair had been scanty as long as she could remember. Her weight was known to be 6 stone at the beginning of October, 1931. She first noticed the onset of lassitude, increasing weight, and shortness of breath in December, 1931. During the last few weeks her voice had developed a muffled quality. On February 3rd she decided to consult her usual medical attendant (H. A. W.), and for this purpose had to travel for some distance by train. This fact is emphasized because it implies ability to attend to details, which was completely lost by February 4th, when she was first seen.

Examination (February 5th).—Weight 9 stone. Hair harsh, brittle, and lifeless. Pubic hair scanty. Eyebrows sparse. The whole body appeared to be swollen, a feature well illustrated in the shapeless fingers. The skin was dry and scaly, with a tendency to crack. The eyelids, especially the upper, were puffy and semi-translucent, suggesting oedema; this, however, was not present. Supraclavicular pads, the size of oranges, were of the consistency of loose fat. Above the patellae the skin of the thighs was thrown into transverse rolls. There was true oedema about the ankles. The lips were thickened and moved en masse. The palate was pale, infiltrated, and mobile only as a semi-rigid sheet. The tongue

was considerably enlarged. The breasts were abnormally small. The voice was monotonous and "leathery." The peculiarities of the nervous system were torpor (from which the patient could be aroused to answer a question), enfeebled memory, and remarkably brisk knee-jerks. If left to herself she would fall at once into a deep sleep, characterized by loud snoring, a feature of three weeks' duration. The temperature was 97° (97.6° rectal at 5 p.m.), the pulse 68. The heart was somewhat enlarged to the left; the blood pressure, 160/90. Respiration was shallow and sixteen per minute: the lungs were normal. There was pronounced pyorrhoea. The thyroid gland could be felt as a shrunken, hard remnant. No other abnormalities were observed, for there were no facilities for estimation of the basal metabolic rate. The three photographs illustrate the pre-myxoedematous and myxoedematous appearances, and also the changes induced by treatment with thyroid extract in a few weeks.

Treatment.—Owing to the rapid increase of drowsiness and weakness in the last twelve hours, and in view of the tragic history of the patient's sister, it was decided to give full doses of thyroid extract at once rather than risk losing valuable time by the usual method of careful gradation of dosage. Accordingly, 3 grains of the extract (15 grains whole gland) were injected subcutaneously, and 8 grains of whole gland given by mouth at the same time. The latter dose was continued thrice daily.

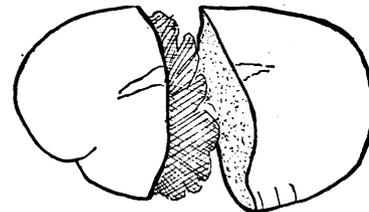
Progress.—Within twenty-four hours the temperature rose to 98° (rectal) and lethargy was less pronounced. In three days the temperature was 99.8 (rectal); pulse 76; respiration 20. The dose was reduced to 4 grains of whole gland three times daily. By February 17th the weight had fallen by 7 lb., and the mentality was quite normal. Photograph III shows the result a few weeks later. The patient has returned to her work and is in normal health. She is now taking 2 grains of whole gland twice daily. In view of the possibility of the dental infection having been responsible for the sudden failure of a thyroid already devoid of reserve, this feature has been dealt with by piecemeal extractions.

Memoranda MEDICAL, SURGICAL, OBSTETRICAL

AN UNUSUAL CASE OF RUPTURED SPLEEN

The following case seems worthy of publication in that a severe intra-abdominal injury was sustained after comparatively slight trauma.

A girl, aged 9, was running along a garden, when, just before reaching a step, she tripped and fell, striking her left costal margin and epigastrium on the edge of the step. She got up and went into the house and complained to her mother



that she did not feel well. The mother did not pay much attention to this, and as it was 9 p.m. put the child to bed and took no further notice until she vomited; the child vomited twice more during the night. When I first saw her, at 9 a.m. the following day, she was pallid and collapsed, with pulse rate 120, respiration 30, temperature 98° F. She complained of pain in the left shoulder and mild pain in the epigastrium, which was described as resembling stomach ache. There was no injury or abnormality in the left shoulder area, but on examination of the chest the movements of the lungs were found to be poor; there was dullness at the left base and the breath sounds were indistinct. The abdominal movements were also poor, and there was generalized rigidity and tenderness, the tenderness being greater in the left hypochondrium. A diagnosis of rupture of the spleen was made. When the

patient was admitted to hospital the pulse rate was 140 and temperature 97°, and the collapse was more profound. Haemostatic serum and calcium were administered intramuscularly, and her condition improved slightly.

Operation.—The child was seen by Mr. David Levi at 9 p.m., and he operated immediately. A mid-line incision demonstrated that the peritoneal cavity was full of blood. The child was extremely ill. The opening in the abdominal wall was enlarged by a second incision carried transversely through all layers towards the left flank. The spleen was exposed, and was found to be torn almost completely in half. The splenic vessels were clamped, and a transfusion of 650 c.cm. of citrated blood, which had previously been obtained from the father, was given. Splenectomy was performed and the abdominal wall closed. At 11.30 p.m., although the pulse rate was still 140, the volume improved, and the patient lost her blanched appearance. The temperature remained at about 100° until the tenth day, when the stitches were removed, the pulse rate having returned to normal on the morning of the third day. The temperature showed a morning rise to 99° on several occasions during convalescence, but settled down satisfactorily on the twenty-second day. The child was discharged from hospital at the end of the fourth week. Two months after the operation the abdomen was firmly healed and the muscle action excellent. Always rather a nervous child, she has tended to be more excitable since the accident.

In the *Annals of Surgery* (June, 1922) several instances of rupture of the spleen were recorded. These have been divided into four groups: (1) those which succumb to the initial shock; (2) those in which signs of injury are not apparent until the patient has recovered from the initial shock; (3) those with delayed signs of an intra-abdominal lesion; and (4) those which recover spontaneously.

The case I have described falls into Group 3. A point of great diagnostic and clinical interest was the severity of the pain which was referred to the left shoulder. The patient was a nervous child, and was apprehensive at the time of the examination. I am convinced that she actually felt more pain in her shoulder than she did in her abdomen.

Greenford, Middlesex.

ANGUS WESTON, M.B., Ch.B.

TABES NOT PREVENTED BY NATURALLY ACQUIRED MALARIA

The absence of neurosyphilis in syphilized but malarial countries originally gave rise to the treatment of neurosyphilis (particularly of general paralysis) by malaria. Tabes has also been similarly treated by many workers, with benefit in some cases; and malaria has been advocated for prophylaxis in cases in which there are no neurological signs but in which the serology remains abnormal despite the usual remedies. The following case is therefore of interest.

HISTORY OF CASE

The patient is a male, aged 45. Onset of lightning pains and urinary disturbance occurred in April, 1932, followed by rapid development of impaired deep sensation in the lower limbs. Wassermann reaction was positive in both blood and cerebro-spinal fluid.

The patient served in the Regular Army in India from 1910 to 1913. During this period risks of infection were frequently taken, but no signs of venereal disease were observed. No risks of infection have been taken since 1913. Between 1911 and 1914 he had numerous attacks of malaria, and one further attack after 1920.

At the present time the lightning pains have gone, but there is urinary disturbance, ataxia, and loss of knee- and ankle-jerks. The pupils are normal and react to light.

COMMENTARY

The history of this case strongly suggests that syphilis was contracted between 1910 and 1913. During the same period, and afterwards, the patient was infected with naturally acquired malaria. There is nothing to suggest

that the syphilitic infection was acquired after the malaria had died out. The absence of an observable primary lesion is by no means uncommon in cases that subsequently develop neurosyphilis, and indicates a failure of skin reaction to the spirochaete, and possibly also a failure of natural antibody production. The coincidence of another infection, such as gonorrhoea, may eliminate or obscure the normal local reaction. It is a not unreasonable conjecture in this case that the coincidence of malarial infection may have prevented the development of the usual primary lesion.

In a survey of the literature two parallel cases are found. Uhlenbrück in 1931 (*Therapie der Gegenwart*, March, 1931, p. 105) mentions a case of his own in which malaria, naturally acquired two years after syphilis, did not prevent the supervention of tabes, and quotes another similar case, reported by Richter, in which malaria in the early stage of syphilis did not prevent tabo-paresis.

B. BUCKLEY SHARP, M.D., M.R.C.P.,
Physician, Princess Beatrice Hospital;
Medical Registrar, Royal Northern
Hospital.

ACUTE SYMPTOMS FOLLOWING WORK WITH HAY

The summer of 1931 proved a very bad season for hay-making in Westmorland owing to rain, and much of the hay was eventually taken in in an unsatisfactorily damp condition. The inevitable result was the development of a great deal of mould, especially in the lower strata, so that working with it later produced dense clouds of "white" or "hay" dust, stated by those afflicted to be the worst they had ever experienced. In the ordinary course of farm-work transient cough and wheeziness are recognized effects of contact with "white" dust, but in five of the cases which I had the opportunity of examining the symptoms were so severe that they seem worth recording. These cases were seen during the period April to June, 1932, which in itself is significant as being the period when the supply of last year's hay was nearing the end. As the onset and course of the disease were almost identical, they may be grouped.

All the patients were farmers or farm labourers, whose ages ranged from 21 to 46 years, and whose previous health records were good—one had had bronchitis as a child, and one (E. W. H.) had had influenza three years previously. Their family histories gave no special information beyond the fact that two had had relatives who had at one time been affected moderately with "hay" dust.

The onset was very similar in each case: a noticeable shortness of breath for some weeks previously whilst carrying out the normal routine, including work with hay, until a climax was reached by some specific act (for example, clearing out the remainder of the hay from a barn) and within thirty-six hours the man was extremely dyspnoeic—a step or two being impossible—distressed, and cyanosed, and appeared almost *in extremis*.

It was about three weeks later that most of these cases were seen by me, when doubts arose as to the possible existence of tuberculous infection. At this time dyspnoea was still severe, even the taking off of a pyjama jacket causing distress, and there was still some cyanosis. Cough was never a very troublesome symptom, and was almost unproductive—a watery, or slightly muco-purulent, sputum, with a good deal of froth, being sometimes obtainable. No history of any stained sputum was noted. Pain was not complained of, though two men mentioned tightness or oppression across the chest. Temperature was mildly febrile at onset, but soon returned to normal. Nothing abnormal was noticed in the cardiac condition. All complained of loss of flesh, some to a marked extent.

Clinically the chest expansion was good; there was no dullness on percussion, and dry rales and sibilant rhonchi were audible over most of the lungs; no change of V.R. (one patient, E. W. H., did show other signs). Blood sedimentation

rate was taken in three patients, and two of these were normal, the third (E. W. H.) showing a "diagonal curve."

Later, when the patients were able to attend for x-ray examination, films showed a generalized, very fine granular stippling (reminiscent of, though much finer than, silicosis), with some fibrosis spreading from the hilum. Several of these patients have been examined three to four months afterwards, and, except E. W. H., have very gradually lost their shortness of breath. No other symptoms remained troublesome, and the chest signs later were practically negative. X-ray films now showed very little stippling, but an increasing tendency to fibrosis.

This "hay" dust, when allowed to settle on a clean plate, was found to be a soft, slaty-grey powder. Samples of sputa were examined when obtainable, and showed no tubercle bacilli; though in one case a definite fungus was found, this finding was not repeated, either in this patient's or in any other patient's sputum, and no other clues to a possible cause were found in the sputa. Though samples of the hay dust were examined and several fungi recognized, no evidence of any correlating factor could be found.

I am indebted to Dr. Sprott (Appleby), Dr. Caldwell (Milnthorpe), and Dr. King (Kirkby Thore) for bringing these cases, and other mild ones, to my notice, and granting me permission to record them.

J. MUNRO CAMPBELL,
Clinical Tuberculosis Officer,
County of Westmorland.

Grange-over-Sands.

Reports of Societies

SKIN TESTS IN TUBERCULOSIS AND EXANTHEMATA

At the meeting of the Medical Society of London on December 12th, with Sir JOHN BROADBENT in the chair, the subject of "Skin tests in tuberculosis and exanthemata" was discussed.

Dr. R. A. O'BRIEN spoke in particular of tuberculin. The old tuberculin of Koch, he said, from a chemical point of view, was complicated, containing various chemical bodies. For many years it was assumed that one hypothetical body was responsible for the intradermal reaction, the rise of temperature and focal reaction which followed subcutaneous injection, and the material which cured tuberculosis. With the progress of biochemical research there was a tendency to separate these activities. Research had mainly concerned itself with the hypothetical substances causing skin reactions in infected animals. From tuberculin grown on a synthetic medium two, or a series, of substances could be separated: first, a carbohydrate (polysaccharide), which gave a precipitate with the serum of an animal injected over a long period, and which might produce anaphylactic shock in a healthy animal sensitized to the carbohydrate; also, a protein, which was lethal to tuberculous animals, and was apparently the main cause of the skin reaction. Some day he hoped it might be possible to get away from this mixture and use pure tuberculin for, at all events, intradermal testing. What was the exact nature of the positive response? The positive response in an animal like a guinea-pig meant active and progressive tuberculosis. In man some work in South Africa showed a large percentage of response among natives before they went to work in the mines round about Johannesburg, and among those who showed this response the incidence of active tuberculosis developing during their work in the mines was very high. These conditions did not seem to hold always in white populations. He referred to an investigation which had taken place at Oslo, concerning hospital nurses, a large percentage of whom, after having shown a negative Pirquet reaction, developed tuberculosis during their hospital experience, while others who showed a positive reaction did not develop the disease. The speaker had endeavoured to obtain some idea of the risk to nurses and medical students in hospitals in England. Dr. R. C. Wingfield of Frimley Sanatorium had given him his own impression that nurses, whether in general or tuberculosis hospitals in England, showed about the same incidence of tuberculosis as the general population,

and that the same applied to doctors and students. Dr. O'Brien exhibited the figures for one of the large London teaching hospitals, where 250 to 300 nurses were always in training, and among these the cases of declared phthisis, suspicious pleurisy, and tuberculous adenitis altogether amounted to somewhere about 1 per cent. per annum. The risk rate appeared a little higher among medical students than among nurses, but it was clear that the risk of developing active tuberculosis among nurses and students was not alarmingly large, though he believed it was somewhat higher than among a comparable section of the general population.

Dr. WILLIAM GUNN discussed the tests in exanthemata. Speaking of the Schick test, he said that there was an almost unanimous consensus of opinion regarding its potency. There was ample proof, on clinical and epidemiological grounds, that the average population was submitted occasionally to some dose of the organism of diphtheria. In the great majority of cases the Schick-negative reactor tended to eliminate the invading organisms forthwith before they multiplied; but in some immune subjects the organism might multiply for a time and be shown in the catarrhal discharges. For all practical purposes the Schick-negative state implied protection from clinical attack. Signs were not wanting of a large-scale campaign for immunization against diphtheria, and it was well to remove any obstacles which might be prejudicial to the general application of such a method. The occurrence of pseudo-reactions in an appreciable proportion of subjects must be regarded as a serious defect in the Schick test; the factor responsible was some constituent of the medium in which the toxin was prepared, not the diphtheria toxin itself. A certain proportion of straight positive reactors, roughly about 25 per cent., showed also severe reactions, with desquamation and blue-violet pigmentation, sometimes lasting for six to nine months. In a smaller proportion there was intense inflammation, followed by the appearance of small blebs or even a large bulla. Either a test toxin too potent for ordinary use was being employed, or certain individuals had an idiosyncrasy. These reactions were more common in adults than in children, and possibly were to be ascribed to an individual susceptibility. He also spoke of the Dick and other tests.

Surgeon Captain SHELDON DUDLEY, R.N., drew an analogy between the pseudo-Schick reaction and the tuberculin intracutaneous reaction. The pseudo-reactions were doubtless caused by some protein in the broth culture. All experience went to show that most pseudo-reactions were due to some products of diphtheria bacilli. The distribution of Schick immunity in a population could be described by the phenomenon of latent immunization by some process involving contact with diphtheria bacilli. The greater the density of diphtheria bacilli in a community the greater the number of carrier infections, and, consequently, the greater rapidity with which the community would become latently immunized. Turning to the tuberculin test, he pointed out that tuberculin reactions increased with the age of the subject or his experience of the tubercle bacillus; skin sensitiveness indicated past or present infection with the tubercle bacillus; tuberculin reactions were more frequent in urban areas; when non-reacting subjects were introduced into community life they quickly became tuberculin-sensitive; skin sensitiveness to tuberculin could be lost or gained in a relatively short time without the exhibition of clinical symptoms; tuberculin reactions might vary in intensity with the severity of the infection and the degree of risk; and, finally, tuberculin, while capable of demonstrating, was unable to stimulate specific bacterial allergy. He pointed out the parallel between the pseudo-Schick reactions and what was observed in the tuberculin test, suggesting that bacterial allergy was shown in both. Dr. E. O. HALLIWELL described certain observations he had been making on the tuberculin reactions among a group of patients suffering from tubercular skin disease, chiefly lupus vulgaris. He had reached results which suggested a specific sensitization at varying levels of the scale, one group of patients reacting both to tuberculin and to a control solution used, and another group reacting only to tuberculin, human or bovine, or both. Dr. W. E. LLOYD said that once a child

The Services

No. 14 STATIONARY HOSPITAL

The thirteenth annual dinner of the medical officers of No. 14 Stationary Hospital, Wimereux, was held at the Trocadero Restaurant, London, on December 9th, with Colonel C. R. Evans in the chair. There was a good attendance. Proposing the toast of "The Hospital," Colonel Evans commented on the strength of the comradeship which, founded abroad in the war years, had persisted undiminished. He related one or two reminiscences, and was followed by Colonel Warrack. The greater part of the evening was taken up with an interesting discussion of the hospital's activities at various stages of its existence. Colonel H. L. Tidy presented apologies on behalf of those unable to attend, and added that, but for the absence of two who had been kept away by illness, the dinner would have attracted the best and most representative attendance hitherto. It was agreed to hold the next annual dinner at about the same time next year.

Universities and Colleges

UNIVERSITY OF LONDON

The following have been recognized as teachers of the University in the subjects indicated in parentheses:

Middlesex Hospital Medical School: Mr. Raymond E. Apperly (anaesthetics).

London School of Medicine for Women: Mr. J. Douglas McLaggan (oto-rhino-laryngology).

The regulations in the Faculty of Medicine for the first examination for medical degrees for internal students have been amended by the substitution for paragraph 2 (iv) under the heading "Exemptions" (Red Book, 1932-3, p. 200) of the following:

(iv) Students who have passed the intermediate examination in Arts, Science, or Agriculture, with Chemistry, or Physics, or Botany and Zoology, will be exempted at the First Examination for medical degrees from examination in the subjects in which they have passed.

The regulations for the M.B., B.S. examination for internal and external students have been amended as follows:

(i) By the substitution of the words "September 28th" for the words "September 24th" in the third line, and the substitution of the words "October 5th" for the words "October 1st" in the fifth line, on page 219 of the Red Book, 1932-3.

(ii) By the substitution of the words "5 October" for the words "1 October" in the fourth line of the section headed "Date of Examination" on page 264 of the Blue Book, September, 1932.

The regulations for the Diploma in Public Health have been amended by the substitution for the eighth paragraph (Red Book, 1932-3, p. 502), and the first paragraph under the heading "Examination fees" (Blue Book, September, 1932, p. 314), of the following:

"The fee is ten guineas for each entry to the whole examination, and five guineas for each entry to either part of the examination. Candidates who enter for both Part I and Part II on the same occasion but, owing to failure in Part I, are precluded from sitting for Part II, will receive back the fee of five guineas less one guinea. All cheques should be made payable to the University of London, or Bearer, and crossed "Westminster Bank, Ltd., Brompton Square, S.W.3, University of London Account."

The Principal, Dr. Edwin Deller, has been appointed chairman of the Brown Animal Sanatory Institution Committee. Sir E. Graham-Little, Professor H. R. Kenwood, and Sir Holburt Waring have been appointed members of the Court of Governors of the London School of Hygiene and Tropical Medicine.

Thirteen medical entrance scholarships and exhibitions, of an aggregate total value of £1,708, tenable in the Faculty of Medical Sciences of University College and King's College, and in the medical schools of University College Hospital, King's College Hospital, the London Hospital, and the London (Royal Free Hospital) School of Medicine for Women, will be offered. The examination for medical scholarships will commence on Monday, May 15th, 1933. Full particulars and entry forms may be obtained from the secretary of the London Intercollegiate Scholarships Board, S. C. Ranner, M.A., the Medical School, King's College Hospital, Denmark Hill, S.E.5.

The Mercers' Company and the Fishmongers' Company have made grants in the shape of annual payments extending over a series of years, amounting in each case to £10,000. These gifts will be applied towards the cost of the new ceremonial hall to be erected on the University site in Bloomsbury. As already announced, the City Corporation has promised

£10,000. It is hoped to raise the balance of the cost within the City of London in order that the hall may be regarded as the City's gift to the University and be a reminder for all time of the sympathetic and general interest which the leading men and institutions in the City have taken in the University's welfare and development.

Applications are invited for the Readership in Physiology, tenable at Guy's Hospital Medical School; salary £800 a year. Candidates having a definite interest in the clinical side of physiology are preferred. Further particulars may be obtained from the Academic Registrar, University of London, to whom applications must be sent not later than the first post on February 17th, 1933.

The degree of D.Sc. in human anatomy has been conferred upon Professor J. E. S. Frazer, F.R.C.S., and Mr. C. P. G. Wakeley, F.R.C.S.

The William Julius Mickle Fellowship has been awarded to G. F. Marrian, D.Sc., and the Laura de Saliceto Studentship to Alexander Haddow, M.B., Ch.B.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—*||C. G. Barnes, *††J. D. H. Bird (University Medal), *||J. R. Blackburne, *||E. A. Devenish, *†A. E. Francis, *†K. C. Priddy, *†C. H. Rogerson, H. Allan, R. E. Angel, Julia C. H. Avery, M. Baillie, Helen Baker, E. T. Bannister, F. R. Bettley, K. Biden-Steele, H. Blumovitch, W. H. Bradbeer, S. Burke, Barbara G. C. Clarke, Joyce M. G. Clogg, H. N. Collier, D. F. L. Croft, Janet M. Done, K. V. Earle, H. G. Edwards, D. Erskine, E. S. Evans, T. B. Field, Kitty Fraser, D. H. Fulton, R. G. Gilbert, G. Gilchrist, A. M. Gill, A. C. Gladstone, J. B. Great Rex, D. C. Harris, E. S. Harverson, W. P. Hedgcock, L. A. Hiscock, M. S. Holzman, M. D. C. Hosford, Elizabeth M. Hutton, Ursula Y. im Thurn, D. W. James, K. L. James, K. C. Jeffery, Agnes V. Kelynack, Victoria H. King, L. E. D. Knights, C. B. Lanyon, L. W. Lauste, G. A. M. Lintott, J. S. MacVine, S. F. Marshall, Hermia M. Mills, H. S. Morton, R. B. Munro, T. H. Parkman, R. E. J. Pembrey, Leah Reder, R. G. Reid, L. O. Roberts, J. Sakula, Margaret Skelton, R. N. C. Smith, R. G. W. Southern, Charlotte M. H. G. Sparrow, T. Standing, R. Sykes, G. H. Taylor, Hetty C. Tester, V. C. Thompson, J. B. L. Tomblason, Greta Traub, R. L. Waterfield, A. J. Whitaker, A. J. White, H. R. I. Wolfe, J. L. Woodhouse, S. W. Wright, J. Zeitlin. *Group I*: G. T. Allen, W. M. Capper, Kitty K. Cohen, L. Dexter, G. H. Gibbins, Phyllis N. Greene, A. Hollingsworth, J. Howkins, T. G. Hudson, Katherine M. Jones, W. S. G. Lawson, T. S. Nicol, H. Ramsay, M. H. P. Sayers, V. C. Snell. *Group II*: W. N. W. Barns, R. H. Berry, Mary L. Birkett, B. F. M. Bond, W. H. Cartwright, C. P. Collins, M. G. H. Cooray, D. R. Crabb, L. F. Day, T. A. Gavin, Mary E. Gould, Freda M. B. Harmer, Helen A. Hatrick, R. A. Q. Lay, R. G. Macfarlane, H. A. Magnus, G. W. May, R. Parkinson, H. Silverstein, A. M. Stewart-Wallace, F. Summers, H. M. Williams, R. F. Winckworth.

* Honours. † Distinguished in Medicine. ‡ Distinguished in Forensic Medicine and Hygiene. || Distinguished in Surgery.

UNIVERSITY OF BIRMINGHAM

The following degrees were conferred at a congregation on December 16th:

M.B., Ch.B.—Phyllis E. Dain, Muriel K. Garnick, D. M. I. Harmar, Hyacinth I. Lightbourne, Lois M. Marris, W. L. Price, C. Ramsdale, C. U. Wickham.

UNIVERSITY OF BRISTOL

Mr. C. A. Joll's dissertation on diseases of the thyroid gland has been approved by the board of examiners for the degree of M.D.

The following candidates have been approved at the examination indicated:

FINAL M.B., Ch.B.—*Part I*: Grace J. V. Ball, Dorothy E. Barber, A. G. W. Branch, *Rosalind M. S. Derham, N. H. Greenberg, G. L. L. Gurney, T. R. V. Gurney, Irene G. Hamilton, †J. N. Heales, A. J. Matheson, R. A. Matthews, *†A. C. Molden, *††C. H. G. Price, Marion L. Tryon. *Part II*: R. N. O'D. Burns, J. D. Hughes, J. J. Kempton, J. Ridgway, C. N. Royal, J. P. P. Stock. *Group II, completing examination*: A. C. Price.

* Distinction in Materia Medica, Pharmacy, Pharmacology, and Therapeutics.

† Distinction in Forensic Medicine and Toxicology.

‡ Distinction in Pathology.

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated:

M.D.—D. H. Collins, Honora J. Twomey.

FINAL M.B., Ch.B.—(1924 Regulations) *Part A*: A. J. L. Polger, A. Gleave, E. L. Jones, Joan M. Matthews, D. Simpson, W. G. Timmis, O. Walker, H. W. E. Jones (Forensic Medicine and Toxicology), T. H. Pierce (Pharmacology and General Therapeutics, Public Health). *Part B*: J. Amos, F. C. Anglor, G. R. Critien, J. F. Foulkes, A. J. Helfet, C. Y. Howarth, T. G. Richards, Kathleen E. Slaney, K. W. Stroude, E. Taylor, R. H. Thewlis,

J. L. Williams. (1929 Regulations) Part I: Jannett C. Evans, A. O. Karstaedt (with distinction in Pharmacology and General Therapeutics), Kathleen M. Kavanagh, S. Shulman, R. E. Wilson. Part II: C. H. Bryson. (1923 Regulations) Part III: H. Graf, R. G. Walker.

DIPLOMA IN TROPICAL MEDICINE.—F. Bando, R. Bowesman, C. T. Chan, H. S. Haji, L. C. Ling, Greta Lowe, B. S. R. Nirodi (recommended for the Milne Medal), S. E. Onwu, C. R. C. Rainsford, Margaret P. Roseveare, R. B. S. Smith, T. C. Y. Sun, J. S. Tomb, F. D. Zau.

VICTORIA UNIVERSITY OF MANCHESTER

Dr. H. L. Sheehan, assistant lecturer, has been appointed lecturer in pathology, and Dr. Raymond Whitehead, demonstrator in pathology, has been appointed assistant lecturer.

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—A. S. Beer, M. M. Cohen, Patience Craig, C. H. Gattie, W. Hall, J. D. Lendrum, Marion W. Perry, Brendan Sheehan, C. Starkie, Muriel N. Strange, S. Sutton. Part I (*Forensic Medicine and Hygiene and Preventive Medicine*): S. A. Cohen, H. Fleming, G. H. Moore, R. Nightingale, J. Schofield, J. L. D. Williams.

THIRD M.B., CH.B.—(*Pathology and Bacteriology*) H. Baker, A. S. Bullough, W. P. Cargill, N. Copeland, J. D. H. Cran, J. Curry, Annie M. Dawson, E. G. Dryburgh, I. H. Flack, N. Goldstone, C. Hancock, A. Harris, H. Harris, H. Hempling, B. P. Hill, J. A. Hobson, Eileen M. Hughes, F. Janus, R. H. Jobson, S. H. O. Jones, N. F. Kirkman, *D. H. Mackay, A. E. Martin, Amy B. de V. Mather, *E. L. Patterson, Winifred Porter, R. Spencer, W. K. Spencer, Marjorie Swain, C. Tetlow, A. McN. Tomlinson, J. A. A. L. Woodhead. (*Pharmacology*) *J. Charnley, Eleanor B. Clarke, Mary A. C. Cowell, A. J. F. Crossley, T. F. Davey, W. Fielding, F. I. Firth, E. Greenhalgh, A. Hargreaves, E. H. Heilpern, K. H. Higson, A. D. Hoffman, L. L. Husdan, J. I. A. Jamieson, G. R. Jureidini, H. A. Koretz, A. F. Mackay, R. Mallinson, J. Meynell, G. Moorhouse, J. L. Morgan, Annie Nelstrop, R. L. Parish, C. S. Parker, J. N. Parker, L. Margaret Ross, C. Royle, H. L. Settle, J. N. Shepherd, D. Shute, B. Thornley, R. Thornley, *H. J. Wade, G. W. Ward, J. R. Wardley, *Margaret I. Williams.

* With distinction.

UNIVERSITY OF EDINBURGH

Sir Edward Sharpey-Schafer has announced his intention to retire at the end of the current academical year from the Chair of Physiology, which he has held since 1899.

A graduation ceremonial was held in the Upper Library Hall on December 16th, when the following degrees and diplomas were conferred:

M.D.—*J. W. A. Hunter, R. D. M'Allister, J. G. S. M'Queen, S. T. Mook-Sang, W. R. Playfair, I. M. Robertson. Litt.D.—W. G. A. Robertson, M.D. D.Sc. (*Department of Pure Science*).—T. Ferguson, M.D. Ph.D. (*Faculty of Medicine*).—Jean D. Robertson. M.B., CH.B.—E. O. Bell, I. Buchanan, R. L. Cormie, J. F. Curr, J. J. de Villiers, T. A. Don, J. E. Dunlop, G. Fair, A. R. W. Gabriel, D. H. Gill, J. Graham, W. A. S. Grant, M. F. Grieve, E. C. Harbottle, J. P. Heron, M. I. Higab, M. N. Hoyte, J. Hutton, A. C. MacEwen, R. M. Mackay, I. F. MacKenzie, N. A. M. Mackinnon, J. Meyer, I. R. Milne, K. M. Mistry, A. R. Newcombe, R. B. Phillips, M. Port, N. Prasad, Hon-Hang Tai, G. S. Thoms, E. J. Thomson, F. M'C. Thomson, K. C. P. Thomson, D. van der Merwe, Elspeth M. Warwick.

DIPLOMA IN PSYCHIATRY.—R. F. Barbour.

The Wellcome medals and prizes in the history of medicine have been awarded as follows: Gold medal, J. N. Davidson; silver medal, W. M'I. Wilson.

* Commended for thesis.

UNIVERSITY OF DUBLIN

SCHOOL OF PHYSIC, TRINITY COLLEGE

The following candidates have been approved at the examination indicated:

FINAL MEDICAL EXAMINATION.—Part II, *Medicine*: Ray G. Barron, J. N. Concannon, P. H. Stone, S. N. Varian, A. B. Warren-Darley, Elizabeth G. Graham, D. T. Annesley, A. L. Pennefather, W. T. Bermingham, P. G. Daly, C. C. Langford, J. A. Mallie, H. S. Perrot. *Surgery*: J. S. M. Pringle, J. N. Concannon, A. Pollitt, A. L. Pennefather, P. W. O'Ryan, C. H. M'Mahon, H. St. G. Smith, C. J. Hassett, Dorothy R. R. Solomons, J. W. Craig, F. King, C. J. Mullen, W. J. Craig, D. H. S. Boyd. *Midwifery*: *D. M. Mitchell, *J. Bell, *E. C. Rowlette, *Marjorie R. E. Boyd, *D. M. Ahern, *M. J. Horgan, H. R. Davies, T. J. M. Gregg, H. D. Clarke, Emily M. Booth, W. P. Griffin, A. Dolphin, C. W. N. Smiley, W. A. Clarke, W. H. E. M'Kee, P. B. Hafner, Marion A. G. Kennedy, M. J. Roberts, G. N. Taylor, E. Howitt, H. T. Ryan, Mary J. Ahern, Esther C. L. Howe, E. S. A. Ashe, W. N. Whiteside, J. K. Lavery, P. A. O'Callaghan, G. S. S. Harty, Eileen M. Kennedy, H. S. Barber, N. Jackson, C. C. Langford, S. H. R. Price, J. S. Ruddell, S. G. O'Neill.

D.P.H.—Part I: Frances E. O'Connor.

* Passed on high marks.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

An ordinary Council meeting was held on December 8th, when the President, Sir Holburt Waring, was in the chair.

Diplomas and Licences

Diplomas of Fellowship were granted to the following forty-six candidates:

H. G. Pinker, H. McW. Daniel, A. E. P. Parker, Dorothy J. Collier, K. Fletcher-Barrett, R. A. Wiener, E. Carew-Shaw, E. C. N. Strong, S. W. Allinson, A. W. Cubitt, D. M. Stern, Keren I. Parkes, M. Silverstone, W. Forrester Wood, G. J. Hollis, A. J. Moffett, N. W. Roberts, J. G. Bowen, D. O. Clark, S. Scher, J. H. Conyers, A. L. d'Abreu, F. W. Willway, R. M. Alderton, J. O. Harrison, A. R. C. Higham, G. C. Knight, T. W. Mimpriss, C. K. Vartan, D. Trevor, D. R. Bharucha, R. P. Dalal, C. S. Patel, J. Bishop Harman, F. P. Morgan, J. Bastow, W. C. Gissane, P. Jones, C. A. Keogh, A. F. Lasrado, J. S. MacMahon, D. R. Mitchell, R. A. Money, L. N. Ross, C. B. Singh, S. L. Wilson.

Diplomas of Membership were granted to B. T. W. Harvey, H. J. M. Robinson, and H. G. Ungley.

Licences in Dental Surgery were granted to sixty-six candidates.

Appointments

Sir Holburt Waring was appointed a member of the Court of Governors of the University of Birmingham for three years from January 1st, 1933.

Mr. Victor Bonney was re-elected a member of the Central Council for District Nursing in London for three years from January 1st, 1933.

Lectures

The following were elected to deliver the lectures which Sir Arthur Keith will be unable to give:—Hunterian Professors: Mr. Harold Burrows, one lecture on the production of malignant tumours in animals by means of pure chemical substances; Mr. Arthur Edmunds, one lecture on unsuccessful appendicectomy; Mr. George Mason, one lecture on the surgical significance of the vitelline duct; Mr. Lawrence O'Shaughnessy, one lecture on thoracic surgery; Mr. W. E. M. Wardill, one lecture on further experiences in the treatment of cleft palate; Mr. E. R. Flint. Arnott Demonstrators: Mr. E. K. Martin and Mr. Wilfred Shaw.

An offer from Lord Riddell to present the College with a loving cup for the annual dinner of Fellows and Members was accepted with grateful thanks.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

Rent Restriction and Control

In the House of Commons, on December 12th, Sir HILTON YOUNG moved the second reading of the Rent and Mortgage Interest Restrictions (Amendment) Bill, which, he said, was the first of two measures proposed by the Government to give effect to necessary adjustments in housing. The fact that rents of decontrolled houses had jumped up had had social results. The tenant of a controlled house was immobilized. There was no way for the slum-dweller to go and live in a better house, and hence there was no filtering up of people from the slums. The Bill proposed that wage-earners' houses in Class C should no longer be decontrolled at the present rate, or at all. One of the reasons which, in future, would entitle a landlord to get possession of his house would be overcrowding. That would be a most effective way of fighting that evil and of doing justice to the landlord. Mr. LEVY asked if the medical officer of health for the district was to judge what was overcrowding. Sir HILTON YOUNG replied that that would be the duty of the county court judge.

In the discussion Mr. LEWELYN-JONES expressed surprise that a Conservative Minister of Health was going to throw people occupying houses rated in London at over £45, and in the country at over £35, to the wolves. These persons included professional men—doctors, dentists, solicitors, architects, and others; about 70 per cent. of the professional men of this country were in this class.

Sir G. COLLINS announced that before the House rose for Christmas he intended to bring in a Bill providing for the erection of houses for low-wage earners in Scotland.

Sir F. FREMANTLE, having referred to his experience on the two departmental committees which dealt with this subject in 1922 and 1930, said that the pressure on Class C houses continued, and he did not see any end to it. The number of people in Class C had been increased largely by the impoverishment of the workers. An increase was always going on also, because those people who were most careless

Medical News

A course of lectures on the *British Pharmacopoeia, 1932*, will be given in the lecture theatre of the Pharmaceutical Society of Great Britain, 17, Bloomsbury Square, at 8.30 p.m., on Thursdays, from January 5th to March 16th. Admission by ticket (10s. for the course); members of the society free of charge.

The twenty-third annual exhibition of scientific instruments and apparatus, arranged by the Physical Society, will be held on January 3rd, 4th, and 5th, 1933, at the Imperial College of Science and Technology, Imperial Institute Road, South Kensington, S.W. It will be open from 3 to 6 p.m., and again in the evenings from 7 to 10. There will be a trade section, and the research and experimental section will contain contributions from most of the important research laboratories in Great Britain. A special subsection will be devoted to experiments of educational interest, and discourses will be delivered each day at 8 p.m. Tickets may be obtained from the Exhibition Secretary, 1, Lowther Gardens, Exhibition Road, S.W.7. Admission on January 5th will be free, without ticket.

In response to requests for information on the present practice in the diagnosis and treatment of poliomyelitis, the Ministry of Health has issued a revised and up-to-date memorandum on the subject. This (Memo. 166, Med.) is obtainable from H.M. Stationery Office, price 2d. net.

Dr. John Alexander Watt, Littleover, Derby, vice-president of the Derbyshire Branch of the British Medical Association, has been appointed a magistrate for the county of Derby.

Professor von Romberg of Munich informs us that the Dr. Sophie A. Nordhoff-Jung cancer prize for the best work in the field of cancer research in recent years has been awarded to Professor Max Askanazy of the University of Geneva in recognition of his experimental research work and his critical presentation of larger and general problems in the same field. The commission of award was composed of Professors Borst, Doederlein, von Romberg, and Sauerbruch.

The *Chemist and Druggist and Pharmacist of Australasia*, in its issues of September 9th and October 10th, devotes some space to an account of the proceedings of the British Medical Association Centenary Meeting. The President's speech is given in précis, together with short extracts from the Section meetings. There is also a report of the Centenary Dinner and Exhibition.

The issue of the Czech medical journal *Casopis Lékařů Ceskych* for November 15th is a special number in honour of the sixtieth birthday of Professor Joseph Pelnár of Prague. It consists for the most part of original articles by colleagues and former pupils, together with an excellent portrait of Professor Pelnár, a list of his scientific works since 1923, and those of workers in his medical clinic, and a number of letters of congratulation from personal friends. This commemorative number is edited by Professor B. K. Prusík and Dr. J. Charvát, who contribute an introductory note.

A dinner in support of the special appeal for £50,000 for the Marie Curie Hospital was held at the Dorchester Hotel on December 14th, under the presidency of Lady Maureen Stanley. The hospital contains thirty beds, but more accommodation is urgently needed. It was opened in 1929 for the radiological treatment of women suffering from cancer and allied diseases, and carries on a clinic started in 1925 by the Cancer Research Committee of the London Association of the Medical Women's Federation. The appeal is for the provision of an x-ray department and a new wing to provide additional wards, and the necessary accommodation for nurses and for maintenance. Mr. Neville Chamberlain, the Chancellor of the Exchequer, was prevented by his parliamentary duties from attending. The appeal was supported by Sir Walter Fletcher, who spoke of the humanitarian aims and achievements of the hospital.

The late Sir Alfred Fripp, by his will, left a sum of money to found an annual lectureship on happiness and success. The second lecture will be given by Lord Baden-Powell on Tuesday, January 24th, at 5.30 p.m., at University College, Gower Street, W.C. Admittance free by ticket. There will be a few numbered and reserved seats, price 2s. 6d.; proceeds to be devoted to the Hackney Branch of the Invalid Children's Aid Association. All applications should be sent to the secretary, 19, Portland Place, W.1, accompanied by a stamped addressed envelope.

It was announced at the meeting of the Metropolitan Hospital Sunday Fund at the Mansion House on December 15th that the collections for the current year amounted to £73,641, the lowest since 1916. The sum of £69,015 has been awarded to 159 hospitals, 13 institutions, 35 dispensaries, 38 nursing associations, and for the cost of surgical appliances.

According to the annual report of the French Society for the Propagation of Cremation, 1,245 cremations were carried out in France last year in the six French crematoriums (Paris, Lyons, Marseilles, Rheims, Rouen, and Strasbourg).

The Department of Scientific and Industrial Research has just issued the Food Investigation Special Report No. 41 (H.M. Stationery Office, 7s. 6d. net), which incorporates the results and recommendations following a four-months' survey of the freezing, storage, and transport of New Zealand lamb from that country to this. Attention has been chiefly directed to the preservation of "bloom"—the freshly killed appearance of the meat—and to the avoidance of loss of weight. To the former end the wrapping of carcasses in odourless materials of low permeability, and further study of ante-mortem changes, are recommended.

Professor Wilhelm Schüffner, director of the Institute for Tropical Diseases, Amsterdam, has been awarded the Hans Aronson Foundation Prize.

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, *Aitiology Westcent, London.*

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

MEDICAL SECRETARY, *Medisecra Westcent, London.*

The address of the Irish Office of the British Medical Association is 18, Kildare Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumshugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

QUERIES AND ANSWERS

Fissure of the Lips

"J. H. B." writes: A sufferer myself, I have found the following treatment the most effective. Before going to bed draw the edges of the fissure together by contracting the orbicularis, and secure them by means of a piece of 1/2 in. zinc strapping plaster, cut hour-glass shape, the waist bridging the fissure and the large ends adhering to the skin on either side, avoiding the mucous membrane. Healing will often have taken place by morning, but the longer the strapping can be retained and the earlier it is applied the better the results. It gives immediate comfort.