

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

ENCEPHALOMYELITIS OF MEASLES

Cerebral complications in the acute exanthemata are rare, measles probably having the highest incidence. Boenheim states that in 5,940 cases of measles in Berlin nervous complication occurred in 0.4 per cent. Ford, in a summary of the literature, reports only 125 cases of measles encephalomyelitis.

CASE RECORD

A male, aged 16, a pupil at a residential school, was admitted to the school sanatorium on February 2nd suffering from a moderately severe attack of measles. The rash attained its full development the following day. On February 4th, when the rash showed early fading, the patient vomited twice after food, but nothing abnormal was found on examination. No untoward symptoms developed during the day, but at 3.30 a.m. on February 5th the nurse, becoming anxious on account of his marked restlessness and clouded mental condition, called one of us (C. C. E.) to see him. On arrival at 3.45 a.m. the patient was unconscious and in a state of great restlessness, showing athetoid movements of the limbs, more marked on the right side. There was incontinence of urine. The pupils were equal, fully dilated, and fixed; head retraction and nuchal rigidity were absent. The abdominal reflexes were absent. The right knee-jerk was present and the left absent; the ankle-jerks were absent; plantar reflexes extensor. Kernig's sign was present. Physical examination of the chest revealed no abnormal signs. There was no evidence of ear disease, and ophthalmoscopic examination showed nothing beyond slight retinal hyperaemia. Temperature was 101°, pulse 74, and respiration 20. The patient was later seen in consultation with Dr. Donald Hall of Brighton, and lumbar puncture was performed at about 6.30 a.m. The cerebro-spinal fluid was clear, under greatly increased pressure, and had the following characteristics: total cells, 74 per c.mm.; lymphocytes, 99 per cent.; chlorides, 698 mg. per cent.; protein, 105 mg. per cent.; sugar, 100 mg. per cent.; globulin considerably increased. No organisms seen; sterile on culture.

On the afternoon of February 5th the patient was admitted to the Royal Sussex County Hospital under the care of Dr. Hall, to whom we are indebted for further details of the case. On the morning following admission his temperature rose to 106°, but towards evening it fell to 101°; he became less restless and slept fairly quietly. He gradually improved during the following day, and on February 8th the mental condition was apparently normal. An uneventful convalescence ensued. Lumbar puncture on February 15th showed clear fluid under normal pressure, with the following characteristics: total cells, 12 per c.mm.; chlorides, 700 mg. per cent.; protein, 65 mg. per cent.; sugar, 90 mg. per cent.; globulin, excess; Wassermann reaction negative. He returned to school in April, and appears to be in good health, excepting that he shows mental fatigue much more readily than before his illness.

COMMENTARY

The pathology of the condition is essentially a degenerative process occurring in foci round the small veins of the hemispheres, cerebellum, and brain stem. These foci show thickening of the vessel wall and endothelium, a perivascular infiltration of both lymphocytes and cells of the granular series, and destruction of the myelin sheaths with partial preservation of the axis cylinders. Lesions may be found under the ependyma of the ventricles and the round margins of the cord. The cerebro-spinal fluid changes, in common with other forms of encephalitis, are not very characteristic. There is an increase of protein and a variable lymphocytic pleocytosis. Chlorides are little affected, and sugar is normal or slightly increased. It is considered that these changes are due to a blood-borne toxin, and not to the presence of the

measles virus. The case mortality is 10 per cent., but in 65 per cent. of cases some permanent injury to the central nervous system results. Of these some 20 per cent. show changes in the mental state, usually a limitation of the mental horizon rather than the changes in personality associated with encephalitis lethargica.

Our thanks are due to Dr. Donald Hall for allowing us access to the hospital records of the case.

REFERENCES

Greenfield: *Brain*, 1929, lii, 171.
Ferraro and Scheffer: *Arch. Neurol. and Psychiat.*, 1931, xxv, 748.
Ford: *Bull. Johns Hopkins Univ.*, 1928, xliii, 140.

C. C. ELLIOTT, M.D.

Seaford.

A. ELLIOTT, M.B., D.P.H.

PROPERITONEAL HAEMATOCELE

The following case is rare enough to be put on record. A similar case is recorded by Holmes (*Brit. Journ. Surg.*, 1932, xx, 78), who also referred to some other cases in the literature. The extent of the sac in Holmes's case was demonstrated by a radiogram following the injection of a saturated solution of sodium iodide into the scrotal portion of the swelling; in the case recorded below the presence of blood clot in the sac rendered this impossible.

A man, aged 42, was admitted to Leeds General Infirmary with swellings in the scrotum and in the abdomen, both of which had developed simultaneously during the last three years. Two years ago he had a fall, which resulted in a rapid increase in the size of the scrotal swelling, and in much subcutaneous bruising, which disappeared only after some weeks. Since that time the swelling had given no trouble beyond some mechanical inconvenience until a week before admission to hospital, when the patient complained of pain and swelling, which became worse toward the end of the day, first in the right leg and after a day or two in both legs.

Examination showed a large cystic swelling, about the size of a coco-nut, occupying the right half of the scrotum. A transverse groove, indicating loculation, crossed the front of the swelling, which was fluctuant, but did not transilluminate. In the lower half of the scrotum several firm, dense masses could be felt, which suggested old blood clot. The inguinal canal was occupied by an upward extension of the scrotal cyst, two or three inches wide; this extension was continuous above with a large cystic swelling, as big as a melon, occupying the lower abdomen. The abdominal swelling extended into both iliac fossae; below, it passed downwards into the pelvis so that its lower border could not be felt, while above it reached a point two inches above the umbilicus, the upper border being rounded and definite. The abdominal swelling did not move on respiration, while pressure over it enabled a fluctuating impulse to be detected in the scrotum. The legs, especially the right, were moderately swollen and oedematous. There was normal pulsation in the arteries of the legs, and no nervous disturbance could be detected. On rectal examination the cyst could be felt bulging backward into the pelvis. A diagnosis of bilocular properitoneal haematocele was made. It was thought that the recent sudden increase in size had caused pressure upon the inferior vena cava.

The large sac was removed under spinal anaesthesia (spinothane) by Mr. E. R. Flint. The abdominal and scrotal sacs were dissected out completely through a long inguinal incision, and the wound was drained and closed. Normal healing followed. The sac contained old blood clots and fluid discoloured by altered blood pigment. It measured thirteen inches in its longitudinal diameter; the transverse diameter of the abdominal portion was eight and a half inches, while that of the scrotal portion was seven inches and of the isthmus three inches. The sac was bilocular. Subsequent progress has been satisfactory, but six weeks after the operation there was still swelling of both feet after much exertion; the pain in the legs had disappeared completely.

Leeds.

LESLIE N. PYRAH, Ch.M., F.R.C.S.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

In his valedictory address to the Senate the outgoing Vice-Chancellor, Mr. Will Spens, Master of Corpus Christi College, referred to the death of Sir Walter Morley Fletcher. "Much as he did, while he was here, for the University and for his College, both the country and the University owe him a still greater debt for his work as the first secretary of the Medical Research Council." Referring to Sir Walter Fletcher's successor, Mr. Spens said: "Dr. Mellanby, for whom the Sheild Professorship of Pharmacology was created, is now unable to occupy this chair because of his appointment as secretary of the Medical Research Council. In expressing our regret that he will not return to Cambridge, I convey also our good wishes to him in a position of the importance of which the University has much reason to be aware." Congratulations were also offered to Dr. Joseph Needham on his appointment as Sir William Dunn reader in biochemistry, in succession to Professor J. B. S. Haldane, and to Dr. F. R. Winton on his appointment as reader in physiology. At the conclusion of the address Mr. J. F. Cameron, Master of Gonville and Caius College, was admitted to the office of Vice-Chancellor for the year 1933-4.

UNIVERSITY OF LONDON

At its meeting on October 11th, with Lord Macmillan in the chair, the University Court learnt with gratification of grants made by eight more of the City Companies towards the Ceremonial Hall to be built on the University's new site in Bloomsbury.

UNIVERSITY OF MANCHESTER

Dr. D. L. Griffiths has been appointed demonstrator in human physiology.

UNIVERSITY OF SHEFFIELD

The University Council has appointed Dr. J. B. Leathes, F.R.S. (late professor of physiology), as emeritus professor, and Mr. E. J. G. Bradford, M.Sc., as lecturer in normal psychology in the faculty of medicine.

UNIVERSITY OF GLASGOW

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—A. Allan, Margaret H. G. Anderson, T. G. Anderson, J. N. Balaskas, H. Baytch, Moira S. Beaton, J. A. Bentham, Agnes W. Black, N. B. Bluestone, W. L. Broadfoot, A. F. Brown, J. T. Brown, W. T. Buckle, J. Campbell, Christina A. Crawford, F. E. Crawley, J. A. Crocket, W. M. Cross, J. C. Dick, Edith M. Dickson, J. B. Donald, Barbara T. M. Douglas, I. A. El Korashy, E. J. Emery, D. Fairley, J. Finegan, May E. M. Fleming, N. Frank, J. D. Fraser, T. N. Fraser, Jane D. French, H. A. Gibb, J. Gilchrist, Agnes R. S. Glover, W. I. Gordon, J. M. Henderson, H. L. Henriques, J. C. Hogarth, J. S. Hogg, R. J. G. Hogg, J. Hutchison, D. F. Irvine, J. A. D. Johnston, J. S. Judge, J. A. Kilpatrick, W. Lamont, S. Lazarus, D. K. Lennox, E. P. Lynas, J. P. M.K. McCarey, D. A. McCracken, J. B. Macdonald, F. C. McElwee, J. M. M'Ewan, W. M'Farlane, O. Macfeart, D. L. Mackenzie, A. M'Laren, H. M'L. McLaren, Margaret B. Maclean, R. M'Millan, Mary M. Macphail, J. Marshall, W. E. Masbie, A. L. R. Mayer, A. G. Miller, T. C. M'D. Morrison, A. J. Muir, W. R. Muirhead, H. S. Murray, J. M. Naftalin, A. Ososky, J. P. J. Paton, W. W. Pollok, W. Reid, Mary M'L. Richmond, A. P. Robertson, J. Ryder, A. L. Schofield, T. Scott, J. Shafar, J. Slaggett, R. A. Strang, W. C. Templeton, J. G. Thomson, G. B. Wallace, G. L. Webster, Catherine H. Wright, J. B. Young, A. C. Stevenson.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

LECTURES

The Bradshaw Lecture will be delivered by Dr. C. S. Myers on Thursday, November 2nd, at 5 p.m. His subject will be "A Psychological Regard for Medical Education." Sir Humphry Rolleston will deliver the FitzPatrick Lectures on "The History of the Endocrine Organs" on Tuesday and Thursday, November 7th and 9th, at 5 p.m. On Tuesday, November 14th, at 5 p.m., Dr. William G. Savage will deliver the Mitchell Lecture on "Human Tuberculosis of Bovine Origin."

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A quarterly council meeting was held on October 12th, when the president, Sir Holburt Waring, was in the chair.

Dr. F. G. Banting, professor of medical research, University of Toronto, was admitted an Honorary Fellow.

Mr. Frank Philip Powell, late of Monmouth School, was admitted the fourth Macloghlin Scholar.

The Council adopted the annual report to Fellows and

Members, which will be presented at the annual meeting on Thursday, November 16th, at 3 p.m.

MUSEUM DEMONSTRATIONS

The autumn course of museum demonstrations in the theatre of the College will commence on Friday, October 27th, when Mr. Cecil P. G. Wakeley will explain specimens illustrating gunshot injuries of the long bones. On October 30th he will discuss specimens of long bones showing the processes of infection and repair, and on November 3rd specimens illustrating gunshot wounds of the skull and brain. Mr. R. Davies-Colley will discuss specimens illustrating diseases of the breast on November 6th, and on November 10th he will show specimens illustrating fibrocystic disease and innocent tumours of bone, and on November 13th he will demonstrate specimens illustrating diseases of muscles.

Medico-Legal

DUSTMAN'S DEATH: WIDOW'S CLAIM FOR DAMAGES

In the King's Bench Division, before Mr. Justice Horridge and a special jury on October 3rd and 4th, an unusual case was heard when Mrs. Ada Edith Pattenden of Keston, Kent, sued Dr. Charles Beney for damages in respect of the death of her husband, a dust collector, aged 53, alleged to have been caused by the exploding of a gas cylinder.

Mr. J. D. Cassels, K.C., for the widow, said that on August 23rd, 1932, her husband and another man were dust collecting in Keston. They called at Dr. Beney's house in Westerham Road, and, in addition to the refuse, took away some metal cylinders with caps, which were put in a pail in the trailer. While Pattenden's mate was at another house he heard an explosion "like a gun going off," and, returning to the dust van, saw Pattenden sitting on the back of the trailer holding his stomach and apparently in great pain. Near him was a cylinder without a cap. Pattenden was taken to hospital, where he died next day.

Albert Woolf, a dustman, said that Dr. Beney's wife asked him to take away the cylinders, and, when cross-examined by Mr. Henry Dickens, he agreed that it was contrary to instructions of the contractor employing them to remove such things. "We did it to oblige the lady," he added. Mr. Croom-Johnson, K.C., opening the defence, said the cylinders were old ones, and when Dr. Beney opened the valve of one of them some time ago he could obtain no gas from it. Dr. Beney said he was under the impression that the cylinders were more or less empty when they were put into the loft of his house at Keston. Subsequently they were placed in his child's play-room. The defence denied negligence and any knowledge that the cylinder contained any gas so as to be dangerous.

Expert evidence for the defence had been given by Mr. J. H. Mann, an engineer, who said the cylinders had contained carbon dioxide. The valves were screwed on so tightly with a special spanner that, without the use of the spanner, a very heavy blow would be required to remove them. The gas itself was not dangerous.

After an absence of over an hour the jury found there was insufficient evidence to prove that Pattenden met his death as the result of an explosion of the cylinder, but they expressed the opinion that the handling of the cylinder in some way or other was the cause of death. The jury also found that Pattenden was not guilty of contributory negligence, and awarded the widow and her three children £600 damages.

Mr. Justice Horridge postponed entering judgement until he had heard legal arguments on the jury's findings. These were submitted on October 6th, when Mr. Cassels, on behalf of the widow, applied to amend the pleadings by deleting the word "explosion."

Mr. Justice Horridge: The case has been conducted on one footing, and I am not going to allow you to have an amendment to try to meet the jury's rider. Giving judgement for Dr. Beney, with costs, he said it was clear that plaintiff's case was that the cylinder was dangerous, and the exploding of it caused the man's death. The jury's finding on that issue was clear, and their rider did not involve defendant in any liability at all. His lordship also held that there was no danger in handing over the cylinder to the dustmen. The evidence, he said, was that there could not have been very much gas in it; in fact, it might have been empty.

to organize this hospital, to which he soon gave up the whole of his time, ceasing to practise except as a consultant. In 1916, as a memorial to Mrs. Hedley, the hospital was completely reconstructed, remodelled, and equipped as an orthopaedic hospital for British officers, and attached as an auxiliary unit to the Second Western General Hospital (Manchester). In 1919 the need for such accommodation came to an end, and for a time the Ethel Hedley Hospital seemed likely to disappear. Sir Robert Jones was then engaged in launching the national scheme for the better treatment of the crippled child. The Ethel Hedley Hospital was obviously an ideal centre for an orthopaedic scheme covering the Lakeland counties. Once more Mr. Hedley gave carte-blanche for the necessary reconstruction, and in 1920 the Ethel Hedley Hospital for Crippled Children was opened as an active surgical centre and recognized by the Board of Education as a special hospital school. At first the in-patient accommodation consisted of twenty beds, but in 1924 this was increased to fifty beds, necessitating the building of a new wing containing plaster rooms, gymnasium, treatment rooms, and quarters for the nursing staff. In 1921 an after-care organization was established on the Shropshire model, to serve the counties of Cumberland, Westmorland, and Lancashire (north of the Sands). From 1920 to within a few weeks before his death Mr. Hough worked untiringly in the administration of the hospital and for the welfare of cripples. In April of this year the diploma of F.R.C.S.Eng. was conferred upon him, a welcome recognition of his work for orthopaedic surgery and for the crippled child.

The passing of Charles Henry Hough will be mourned far and wide. It is of such men in our profession that Robert Louis Stevenson wrote when he described the physician as the flower of our civilization. The deep and abiding faith which ordered all his actions was there for everyone to see. In the last few years, as his body became more frail, the spirit of serenity shone forth with undying vigour. To see him sitting amidst a blaze of colour, high up in his rock garden, gazing across the lake to the distant mountain peaks, was a moving scene. For in truth he lived his days in the spirit of the words of the Psalmist; "I will lift up mine eyes unto the hills; from whence cometh my help." He was buried in Brathay Churchyard on St. Luke's Day.

H. P.

We regret to announce the death, whilst on holiday, of Dr. ROBERT ROBERTSON YOUNG of Leicester, at the age of 76. Dr. Young received his medical education at Glasgow University, where he graduated M.B., C.M. in 1885, and proceeded M.D. in 1896. He was a member of the Leicester Medical Society and had been surgeon to the Leicester Provident Dispensary. He was a member of the British Medical Association for forty-four years, and acted as representative of the Leicester and Rutland constituency at the Annual Representative Meetings of the Association held at Brighton (1913), Aberdeen (1914), and London (1915 and 1918). He was a captain in the Royal Army Medical Corps, Territorial Army.

Dr. ALFRED JAMES BARNES of Savernake Road, Hampstead, who died on October 3rd, qualified as L.A.H.Dub. in 1900, after completing his studies at the Catholic University School of Medicine, Dublin, the Adelaide Hospital of that city, and the Royal Infirmary, Edinburgh. Five years previously he had passed his pharmaceutical examinations, and until 1928 he practised in Dublin. In March of that year he settled in London, and became a member of the Hampstead Division of the British Medical Association. Dr. Barnes was for some years an examiner for the Pharmaceutical Society of Ireland, and had held office as its president.

Medical News

Dr. Wilfred Harris will deliver the Savill Oration on "The Traumatic Factor in Organic Nervous Disease" at the Royal Society of Medicine, 1, Wimpole Street, W., on Wednesday, October 25th, at 8.30 p.m., when Dr. W. Aldren Turner will occupy the chair. Members of the profession are invited to attend.

Mr. Cecil A. Joll will deliver the Long Fox Memorial Lecture on "Recent Advances in the Aetiology, Diagnosis, and Treatment of Cancer," in the Physiological Lecture Theatre of Bristol University on Tuesday, November 7th, at 5.30 p.m., when the Vice-Chancellor will preside.

A public lecture under the Chadwick Trust on "Sanitary Arrangements in Mediaeval Monasteries" will be given by Dr. Percy Flemming in the Hall of the Royal Society of Tropical Medicine and Hygiene, 26, Portland Place, W., on Thursday, November 2nd, at 5.30 p.m.

On Friday, October 27th, at 8.45 p.m., at the Princess Elizabeth of York Children's Hospital, Shadwell, E., Mr. Warren Dawson, honorary librarian to the Corporation of Lloyd's, will give a lantern lecture on "The Bells of St. Clement's: Customs of Old London." Chairman: Sir Humphry Rolleston, Bt. Visitors welcome.

The Glasgow University Club, London, will dine at the Trocadero Restaurant, Piccadilly, on Friday, November 10th, at 7.30 p.m., with Sir Robert Bruce in the chair. Any Glasgow University men who, though not members of the club, desire to attend, should communicate with the honorary secretaries, 62, Harley House, N.W.1.

A meeting of the Medico-Legal Society will be held at 11, Chandos Street, W., on Thursday, October 26th, at 8.30 p.m., when Sir Bernard H. Spilsbury will deliver his presidential address, entitled "Some Medico-Legal Aspects of Shock." Members may introduce guests to the meeting on production of the member's card.

At the next meeting of the London Association of the Medical Women's Federation, to be held at B.M.A. House, Tavistock Square, in the Members' Lounge on Tuesday, October 24th, at 8.30 p.m., Professor D. P. D. Wilkie of Edinburgh University will speak on the surgery of the colon. The paper will be illustrated by lantern slides. This meeting is open to all medical men and women. Tea and coffee at 8 o'clock.

The annual general meeting of the Guild of St. Luke, St. Cosmas, and St. Damian will be held in the Cathedral Hall, Archbishop's House, Westminster, by permission of the Cardinal, on Sunday, October 22nd, immediately after the High Mass at Westminster Cathedral, which will be celebrated at 10.30 a.m. Front seats will be reserved on the Epistle side.

At a sessional meeting of the Royal Sanitary Institute, in the Town Hall, Cheltenham, on Friday, October 27th, a paper on "The Water Supply of Cheltenham" will be contributed by Mr. J. S. Pickering, with a note on chlorination by Dr. Donald Morley. This will be followed by a discussion on "Reconditioning," to be opened by Dr. Wyndham Parker.

On Wednesday, October 25th, the Minister of Health will open the premises at 57, Lower Belgrave Street, S.W., which have been secured for the joint headquarters of the National Birthday Trust Fund (for extension of maternity services), the Queen's Institute of District Nursing, and the Midwives Institute.

The Llandough Hospital, Penarth, will be formally opened by Alderman John Donovan (chairman of the Cardiff Health Committee) on Wednesday, October 25th, at 3 p.m.

A post-graduate course in obstetrics and gynaecology, for women practitioners, will be held jointly at the Elsie Inglis Memorial Maternity Hospital and the Edinburgh Hospital for Women, Whitehouse Loan, from November 13th to 24th inclusive. Board and residence can be obtained at the Elsie Inglis Maternity Hospital, and all inquiries should be addressed to Miss Margaret Mart'n, M.B., F.R.C.P.Ed., at the Edinburgh Hospital for Women.

The Fellowship of Medicine, 1, Wimpole Street, W., has arranged a course in gynaecology at the Chelsea Hospital for Women from October 23rd to November 4th. A course in diseases of the nervous system, especially suitable for the general practitioner, will be held at the West End Hospital for Nervous Diseases from October 30th to November 4th. A course in urology, for advanced post-graduates, will be given at St. Peter's Hospital from November 6th to 18th. Another week-end course in diseases of the chest has been arranged at the Brompton Hospital, occupying the whole of October 28th and 29th. A week-end course in gynaecology will be given at the Samaritan Hospital for Women on November 18th and 19th. Other forthcoming courses include ophthalmology at the Central London Ophthalmic Hospital, October 30th to November 18th; obstetrics at the City of London Maternity Hospital (week-end), November 4th and 5th; medicine, surgery, and gynaecology at the Royal Waterloo Hospital, November 6th to 25th; diseases of the chest at the City of London Hospital, Victoria Park, November 13th to 25th; venereal disease at the London Lock Hospital, November 13th to December 9th.

The Royal Institution of Great Britain, 21, Albemarle Street, W., has arranged a course of lectures on "The Nervous System," to be delivered by Professor G. Elliot Smith, F.R.S., on Tuesdays, October 24th, 31st, and November 7th and 14th, at 5.15 p.m.

At the next scientific meeting of the Zoological Society of London, on Tuesday, October 24th, at 5.30 p.m., Dr. S. Monckton Copeman, F.R.S., will exhibit cinematograph films showing the killing of cells (protozoa) by invisible ultra-violet light.

The three main subjects dealt with by the forty-second French Congress of Surgery, held from October 9th to 14th, were: the surgery of the parathyroids, the immediate treatment of fractures of the base of the skull, and the surgical treatment of severe haemorrhages due to gastric and duodenal ulcers.

The fiftieth anniversary of the discovery of the cholera bacillus by Robert Koch in 1883 is commemorated by Professor Bruno Lange in the issue of *Forschungen und Fortschritte* for October 18th.

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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QUERIES AND ANSWERS

Distended Parotid Duct

"FIFTY" (Cape Province) writes: I would be grateful for information regarding the cause and cure of retention of saliva in, and distension of, the parotid duct, which occurs in my own case when I concentrate on any particular work for half to three-quarters of an hour. The distension is easily dissipated by slight pressure with consequent flow of saliva into the mouth on that side. It is the right side

which is affected. It first came on some time after the fitting of a new set of artificial teeth, in which the bite had been raised slightly. It does not occur at all at meals. Radiographic examination does not reveal the presence of any calculus. I am a moderate pipe smoker. I have not heard of any similar case, and, thinking it may be due to the raised bite, I have lately had the dentures altered.

Snake Venom

Dr. FRANK BODMAN (Bristol) writes in answer to "E. F." (October 7th, p. 670), who asked for references to treatment of inoperable tumours by snake venom: An English translation of Monallessor and Taguet's paper on the use of cobra venom in the treatment of tumours (published in the *Bulletin de l'Académie de Médecine*, March, 1933) will be found in the July number of the *British Homoeopathic Journal*.

Dr. H. FERGIE WOODS (London, W.1) writes: Work on the use of the snake venoms in malignant disease has been done recently in the Pasteur Institute in Paris.

Thumb-sucking

Dr. J. LEWIN PAYNE (London, W.1) writes in reply to "Interested" (*Journal*, October 7th, p. 670): I have found that the insertion of a small orthodontic appliance attached to the upper teeth is the most effective method of curing thumb-sucking and finger-sucking in children. The presence of such an appliance destroys the satisfaction which children seem to derive from this habit. At the same time, it may be used for the correction of the irregularities of the teeth which the habit has caused.

Treatment of Deafness

"J. H. D. W." replies to "M.B." (October 7th, p. 669) that he has written about promising results in the treatment of otosclerosis by x rays (*British Medical Journal*, October 8th, 1932, p. 665). Some early cases have been improved, and later ones arrested, when observed over long periods of time.

Aphthae

Dr. DAVID H. HALER (Infants Hospital, Vincent Square, S.W.) writes: In reference to "J. D.'s" query in the *Journal* of October 14th (p. 716) may I suggest the following points, and also raise the accompanying queries. What is the age and sex of the patient? Is there any obvious anaemia present? Is there any digestive or excretory upset? Is there any predilection of site for the aphthae? Usually these cases show a moderate degree of secondary anaemia, with leucopenia and relative lymphocytosis. Direct films from the aphthae show a very mixed infection, but spirochaetal organisms are invariably present therein in large numbers. There is often a very slightly positive blood Wassermann reaction. In addition to these points the teeth should receive attention. In mild cases arsenical pigments may be applied to the mouth—for example, a drachm each of liquor arsenicalis and vinum ipecacuanhae, and in severe cases 0.3 gram N.A.B. may be given intravenously. Any anaemia present should be treated on general lines, and thereafter the general oral hygiene should be attended to.

"G. H. W." writes: I was cured of this complaint by the touching of each ulcer with silver nitrate stick; one application was sufficient.

Hyperidrosis

Dr. D. M. MACDONALD (Alloa) writes: When a student at the Middlesex Hospital I was struck by the success in treating hyperidrosis limited to the axillary region with one or two applications of the constant current. Dr. Pringle, at that time in charge of the skin department, hardly ever employed anything else, and the results were uniformly satisfactory. These have been fully confirmed since by me in general practice. The use of either external or internal remedies is almost consistently futile.

"Pulex ubiquestus"

Dr. W. M. M. JACKSON (Folkestone) writes: With regard to the query which appeared a few weeks ago in your columns from a member who is worried by fleas, I suggest that he tries taking sulphur orally, either tablets or collosol. This being excreted by the skin is very effective in the prevention of flea bites. Another method which may be used, either alone or in conjunction with the above, is to wipe the body with a rag or small sponge moistened with refined paraffin.

Income Tax

Appointment: Absence from Home: Expenses

"J. H." is a school medical officer, and has been allowed a deduction of £30 per annum for income tax purposes as representing the cost of daily absences from home! The