may be analysed to give a scientific basis for the provision of a hearing aid and for the teaching of speech to a child with defective hearing. Chapter IV deals with: (1) the influence of the degree of hearing defect on classification; (2) the influence of the development of speech; (3) the influence of the development of language; and (4) the influence of the ability to lip-read and other factors. Paying due regard to all these factors, the paramount consideration is whether the education which is provided for the grade to which he is assigned is the best one for the child.

Educational Provision

Educational provision is the subject of Chapter V and is considered in detail. One of the many problems is how and where should a Grade II child be educated to the best advantage. In the case of Grade IIA children—those children of Grade II who can make satisfactory progress in ordinary classes in ordinary schools—it is recommended that individual hearing aids should be provided for all who can benefit by their use; these children should also be taught to lip-read. Grade IIB children—those Grade II children who even with the help of favourable positions in class, individual hearing aids, or tuition in lip-reading, fail to make satisfactory progress in ordinary school classes—should be regarded as "deaf" within the meaning of Section 69 of the Education Act of 1921, and should not be left in ordinary schools. There then arises the question, What is to be done with them?

In London there are several day schools for children with defective hearing, but even here the distance some of the children have to travel is considerable, and guides are employed to accompany them. Outside London, and especially in rural districts, as a rule there is no such school for many miles, and consequently these Grade IIB children are often in an unsuitable educational environment. The Committee recommends that all such children who are within daily reach of a school for the deaf should attend as day pupils and be taught in separately organized classes for the partially deaf. Those not within daily reach of a school for the deaf should attend a residential school for the "partially deaf," one or more of which should be established. Until a sufficient number of such schools is in existence they should attend such residential deaf schools as will provide separate classes for them. The possibility of boarding out Grade IIB children near a special day school for the "deaf" with separately organized classes for "partially deaf" children should also be explored by local education authorities. This is already done in London. It is also advised that Grade I or Grade II children who win scholarships to secondary schools or technical institutes for normal children should, unless in exceptional circumstances, be allowed to take them up.

Chapter VI deals with preparation for employment, placement, and after-care. These points are gone into very thoroughly, and a series of important recommendations are made. The training and qualifications of teachers form the subject-matter of Chapter VII, and hearing aids for school children that of Chapter VIII.

Incidence of Defective Hearing

Chapter IX discusses the incidence of defective hearing in school children. Accurate information is exceedingly difficult to obtain, but by careful consideration of a summary of the data figures are arrived at which at any rate are not inconsistent with the evidence. Accordingly the Committee recommends that the following figures be used to estimate the provision that should be made for education and treatment.

Grade III.—0.7 to 1 per 1,000 children in average attendance.

Grade IIB.—0.5 per 1,000 children in average attendance.

Grade IIA.—0.5 to 2 per 1,000 children in average attendance.

Grade II—50 to 80 per 1,000 children in average attendance.

The report ends with a summary of conclusions and recommendations covering the whole subject. This publication should prove of great value to all education authorities, and, indeed, to everyone interested in this branch of work.

TREACHER COLLINS PRIZE

Under the above title the Council of the Ophthalmological Society of the United Kingdom has instituted a prize of £100 to be awarded triennially for the best essay submitted upon a subject selected by the Council.

The prize is open to qualified medical practitioners of any nationality, but the essay must be written in the English language. The subject for the first award of the prize is "Cerebrospinal Disease and its Relation to the Optic Nerve."

The closing date for sending in essays for the first award is December 31, 1938. They should be submitted to the Honorary Secretary, Ophthalmological Society of the United Kingdom, 5, Racquet Court, Fleet Street, E.C.4, from whom also any further particulars can be obtained. No name should be upon any essay, but a distinguishing pseudonym or quotation, which should also be upon a sealed envelope containing the candidate's name and address. This envelope should accompany the essay.

Local News

ENGLAND AND WALES

Epsom College Pensions and Scholarships

A vacant "Christie" pension of £89 per annum will be filled by the Epsom College Conjoint Committee on November 16. Candidates must be duly qualified medical men of not less than 55 years of age, whose income, independently of any allowance from the Royal Medical Benevolent Fund, does not exceed £100 a year if single, and £150 if married.

The council of Epsom College will shortly award a "France" pension of £30 per annum to a medical man in reduced circumstances. The qualifications required of candidates are the same as those relating to the "Christie" pension set out above.

The council will also proceed to elect one or more St. Anne's Scholars. Candidates must be fully 9 years of age, and must be orphan daughters of medical men who have been in independent practice in England and Wales for not less than five years. The value of the scholarship is dependent upon the means of the applicant and the locality and fees of the schools selected.

Forms of application for these vacant pensions and scholarships can be obtained from the secretary of Epsom College, 49, Bedford Square, W.C.1, and must be completed and returned by October 25.

L.C.C. Nurses

The London County Council is making some alterations in the scheme of training and scales of salary for nurses in its hospital services. It is proposed that State-registered general-trained nurses desirous of undertaking training in fever, tuberculosis, or children's nursing shall be appointed for the requisite period (normally two years for children's nursing and one year for fever or tuberculosis nursing) as "staff nurse pupils" at a salary of £65 a year (the

minimum of the scale for general-trained staff nurses). Furthermore, any nurse who is State-registered in a supplementary branch of nursing should be allowed to train in one of the council's general hospitals, entering at the third-year salary rate (£45), and receiving, after the first year, for the remainder of the period of training the fourth-year rate (£50). All such general-trained staff who desire to take midwifery training, Part I, will also be appointed for the requisite period of training, normally six months as "staff nurse pupil midwives" with a salary of £50 a year, together with full residential emoluments and payment by the Council for the necessary lectures. It is also proposed that of the 2,600 positions on the fixed establishment now graded as "staff nurse," about 2,100 shall eventually be redesignated "deputy sister." The commencing pay of general-trained deputy sisters is to be fixed at £75 a year, rising after twelve months' service to £80 (the present maximum for staff nurses), with an additional £5 a year for staff nurses holding special certificates. The salary scale of deputy sisters State-registered in fever or children's nursing is to be £65-£5-£80 a year. Another proposal is that the present trial period of four months for probationer nurses should be abolished, and that their first year's service should be on probation.

Control of Puerperal Sepsis

The annual report for 1937 of Queen Charlotte's Maternity Hospital states that the great improvement in results which followed the introduction of treatment by prontosil early in 1936 has happily been maintained during the year under review. "There can be little doubt now that the whole outlook in the treatment of puerperal sepsis has changed very much for the better." It is also suggested that it may be possible to employ these new drugs, where there is special risk of infection in the confinement, for the prevention as well as the cure of sepsis. This possibility is being further investigated in the laboratory. During the year under review 441 swabs from doctors, midwives, and infected cases were submitted for examination. Suitable strains of haemolytic streptococci and the necessary serum were also sent out to laboratories in this and other countries in order to facilitate the adoption of the newer methods of differentiation. Queen Charlotte's has thus been able to assist in the establishment of a number of special investigation centres, which are essential for the ultimate control of puerperal fever throughout the country. Further research work in connexion with prontosil and allied drugs has elicited a number of new facts, but the report states that a full understanding of their mode of action has not yet been reached. The investigations of the laboratories have, however, extended the use of prontosil by hospitals and practitioners in cases of sepsis due to haemolytic streptococcal infections with satisfactory results. The report records the award of the William Julius Mickle Fellowship for 1938 to Dr. Leonard Colebrook, director of the research laboratories; and of the Nicholls Fellowship to Dr. H. Fuller, the hospital's biochemist.

The Croydon Obstetric Service

The annual report for 1936 of the Obstetric Service, Public Health Department, County Borough of Croydon, records a maternal death rate for the borough of 3.85 per thousand live births. The mortality for booked cases dealt with by the service was 1.6 per thousand. The infant death rate for the first twenty-one days of life fell from 25 per thousand live births in 1935 to 14 in 1936. An appendix to the report states that the Croydon obstetric service aims at the ideal of complete ante-natal, natal, and post-natal medical supervision under the same whole-time medical officer. The ante-natal clinics are in the charge of a lady assistant medical officer of health for obstetrics. Almoners and two health visitors also attend. Any abnormal cases are seen by the obstetrician. Patients can arrange for their confinements to take place at Mayday Hospital (the Croydon public health general hospital with forty-two maternity beds); at St. Mary's Maternity Hospital with thirty-two beds, of which thirty are retained by the borough council; or at their own homes under the care of private medical practitioners or midwives. All patients attending the ante-natal clinics are instructed to attend the post-natal clinic six weeks after delivery. This is conducted by the obstetrician, whose services are also available for consultation with practitioners in respect of patients who cannot pay the fees of a specialist. There were twenty-eight of these consultations during the year.

Cancer Research in Yorkshire

The annual report (1937–8) of the Yorkshire Council of the British Empire Cancer Campaign states that since its inception a sum of over £160,000 has been expended, a praiseworthy contribution from Yorkshire towards the solution of this problem. In the Department of Experimental Pathology and Cancer Research of the University of Leeds studies in experimental carcinogenesis have been continued, and the present findings tend to show that carcinogenic substances act not only on the epithelial cells, which ultimately supply the tumour cells, but also on the deeper tissues. It is suggested that this latter effect is of greater importance from the point of view of carcinogenesis. If this hypothesis is justified it seems possible that the ultimate neoplastic effect may be attributable to impairment of nutrition of the epithelial cells. Such a conclusion is supported by evidence, adduced in previous reports, showing that functional ischaemia of tissues is an important determining factor in the emergence of tumours. With regard to studies concerning glycolysis in muscle, it was found in the course of the previous year's work that glycolysis in muscle extracts requires, in addition to the already accepted co-enzymes (adenosine triphosphate, cozymohexase, and cozymase), another co-enzyme of so far unknown function. It has since been demonstrated that the new co-enzyme factor consists of at least two additional separate co-enzymes. The first is hexose diphosphate; the mode of action of the second has not yet been proved, though it appears probable that a hitherto undescribed co-enzyme functions in the conversion of 3-phosphoglyceric acid to 2-phosphoglyceric acid. Experiments are being continued with the object of confirming this point and elucidating the chemical nature of the co-enzyme.

Food Investigation

The Food Investigation Board has just issued its report for 1937. The Board asked the Medical Research Council a question which is constantly arising: Is food stored by modern methods as nutritious as fresh food? In a considered reply the Council concludes by saying, "The available evidence therefore suggests that modern methods of storing foods cause little depreciation in their nutritive value; in fact, it may be said that food of good initial quality that has been stored by the best modern methods is likely to be superior in many respects to similar food that, though still technically fresh, is in reality stale. One substance of important biological significance especially associated with fresh fruit and vegetables—namely, vitamin C or ascorbic acid—is well known to be easily destroyed by heat applied either in ordinary cooking or canning; to a less extent vitamin B_1 is liable to be similarly affected." The past year has been one of great activity on the part of the Board, and some of its findings are of more than usual interest. The development of rancidity in the fat of herrings during cold storage has been found to be due to certain enzymes, and experimental evidence suggests that these are made more active by common salt. For this reason herrings that have been frozen in brine need careful washing and glazing before they are stored, and there would be a clear advantage if freezing could be carried out satis-

factorily in air, so that contact with brine would be avoided. This possibility is being explored. In the case of several varieties of white fish, however, freezing in brine at a temperature of − 4° F. and storage in the same way at − 22° F. will retain the original freshness for up to six months; lemon soles were still "in a highly palatable condition" after storage in brine at this temperature for two years. Work on the "gas-storage" of various fruits and on methods for the artificial ripening of imported plums and pears has continued. It has been found that in an atmosphere of 10 per cent. of carbon dioxide, 10 per cent. of oxygen, and 80 per cent. of nitrogen the growth of fungal rots on strawberries seems to be retarded. The degree of saturation of the fat of the large white pig has been shown to vary greatly and to be influenced by the rate at which the fat is deposited. Pigs on an unrestricted diet have a more saturated fat than their litter-brothers on a restricted diet, and hogs (castrated males) have a more saturated fat than gilts (virgin females). The untreated shells of good quality eggs are remarkably resistant to invasion by species of Proteus or of Pseudomonas; washing, however, renders the shell susceptible to invasion. Other matters which are dealt with in the report are the preservation of peas and asparagus by freezing, the effect of various methods of manuring, the changes of sugar content in potatoes, the period of curing needed to give a satisfactory colour to bacon, and the storage of hothouse grapes, broccoli, and apples. The report may be obtained from H.M. Stationery Office, price 4s. net.

SCOTLAND

Dundee Royal Infirmary's Needs

Speaking at the annual meeting of Dundee Royal Infirmary, Mr. Lewis F. Robertson, chairman of directors, who presided, said that the position of the institution was very disquieting, and the present state of affairs could not continue. There must be either a substantial increase of revenue or a curtailment of the services provided. The ordinary income had amounted to £48,345 and the expenditure to £56,300, so that with extraordinary expenditure there was a deficit of £8,408. For many years it had been necessary to write off deficits by taking from the reserve fund, but at the end of 1937 the sum at credit of reserve amounting to £8,377 had been insufficient to meet these deficits. The year 1938, therefore, started with a debit balance of £1,474. More revenue might be obtained from some of the country districts for which the Infirmary provided a constant and much-used service, and an organizing collector would be appointed.

Tuberculosis Trust

The fiftieth anniversary of the beginning of the anti-tuberculosis work undertaken by the Royal Victoria Hospital Tuberculosis Trust is recorded in the annual report of this Trust for the year to June 30, 1937. The establishment of the tuberculosis dispensary at 13, Bank Street, Edinburgh, on November 22, 1887, gave a new direction to the treatment of tuberculosis, shifting it from the care of the advanced case to the search for, and care of, early cases of tuberculous infection. The dispensary was devised to serve as the centre of all other anti-tuberculosis activities. This was accomplished by an accurate system of examination and records followed up by home visitation by a doctor and a staff of specially trained nurses, the dispensary also acting as a clearing house where patients were sorted out for home or sanatorium treatment. A study of the first 1,000 cases indicated the desirability of the notification of tuberculosis to the public authorities. Fourteen years later the second dispensary was established in France, and gradually there was a growing realization of the significance of the Edinburgh scheme from which grew the official plan for control of tuberculosis in Great Britain adopted in 1913. It was also the foundation upon which anti-tuberculosis work in the United States was built up. In 1887 tuberculosis was the chief cause of death throughout the Western civilized world, but to-day the mortality from tuberculosis in Great Britain has been reduced to 28 per cent., and in America to 22 per cent., of that prevailing in 1887. The Trust now manages Southfield Sanatorium Colony in connexion with the Royal Victoria Dispensary, and in 1921 it established at Gracemount Farm a tubercle-free herd of cattle for the provision of attested milk. A number of investigations have been carried out at the Sanatorium Colony, including improved methods for the isolation of the tubercle bacillus from sputum, observations on the seasonal variations in tuberculosis, experimental work on the channels of infection, and the standardization of tuberculin. Two nurse commissioners have been supported for work in the north of Scotland by the Tuberculosis Trust in collaboration with the British Red Cross Society and other bodies, and it has been found that the diminution of the death rate from tuberculosis during the past ten years has been specially noticeable in the five counties covered by the work of these nurses.

Scottish Mental Hospitals Pathological Board

The annual report for 1937 of the Scottish Mental Hospitals Pathological Board states that the demonstrations provided during the year were well attended by medical officers of contributing hospitals. Dr. A. C. P. Campbell, successor to Dr. (now Professor) J. A. Biggart as the Board's pathologist, was granted leave of absence in America for a short period. There he visited laboratories in various centres, and attended the symposium on the cerebral circulation held by the American Association for Research in Nervous and Mental Disease. With regard to research, the following studies are now in progress: the experimental production of spasm of the cerebral vessels; an embryological study of the development of the cerebral capillaries; an experimental study of the quantitative variation of the cerebral capillary bed under different conditions; a review of a series of cases of Wernicke's encephalopathy; and the experimental production of hypo- and hyperthermia by hypothalamic lesions. The report records a further considerable increase in the number of teaching specimens, both macroscopic and histological, now available, and in the collection of lantern slides at the museum. Much of the histological material filed during the year is stated to be of great teaching value.

INDIA

Bengal Housing Conditions

Attention is drawn to the backward state of town planning and housing conditions in Bengal by Lieutenant-Colonel A. C. Chatterji, I.M.S., in his report as director of public health in Bengal. He mentions first that in 1936 a lower birth rate was recorded than in all other Provinces excepting the North-West Frontier, Assam, and Sind, while the death rate was higher in Bengal than in all other Provinces except Bombay, the Central Provinces, and Orissa. The rate of natural increase was nine per thousand of population as compared with ten in 1935. Seven districts showed improvement and fourteen showed retrogression in their decadent areas during 1936, while in Howrah the position remained unaltered. In five districts no decadent area was notified. Colonel Chatterji remarks that in urban areas, excepting Calcutta proper, buildings have been arising in a haphazard manner without any kind of systematic planning, while even in Calcutta the outskirts are full of very insanitary overcrowded dwellings. Of 118 municipalities,

excluding Calcutta, only seventeen have framed by-laws and promulgated them. The urban areas are becoming very congested, especially those in process of industrialization, and there are large numbers of houses with no adequate ventilation, damp proofing, outlet for kitchen smoke, and suitable drainage. All these adverse conditions react unfavourably upon the health of the inhabitants, more so upon the pregnant mothers and the infants. This is further very seriously aggravated by the overcrowding in the individual houses, partly due to the low standard of living and partly to the lack of suitable accommodation. Not only do two or three families live in houses which are only adequate for single families, but two or three generations inhabit the same room, creating most unhealthy conditions. In the rural areas where more than forty-seven million people live, the absence of a Village Planning Act and the lack of desire and initiative on the part of the population itself have resulted in the haphazard growth of homesteads with innumerable breeding-places for mosquitos caused by excavating the ground indiscriminately all over the villages in order to obtain earth for building the huts. Each year about half a million deaths occur from malaria alone; tuberculosis is probably also increasing, especially in these malaria-infested areas. Even in the urban areas three million inhabitants live in such different types of buildings as those constructed entirely of bricks; partly of bricks and partly of corrugated sheets or tiles; entirely of corrugated sheets; daub and wattle; mud walls with thatched roofing; and bamboo walls with thatched roofing. It is therefore suggested that all the municipalities should adopt suitable by-laws, and that Village Planning and the Small Town Planning Acts should be brought into being.

The Punjab Epidemiological Bureau

Epidemiological work is prominent in the activities of the public health department of the Punjab. In his report on the public health administration Lieutenant-Colonel C. M. Nicol, I.M.S., records that five malaria surveys were undertaken in 1936 in different parts of the Province, and that these gave valuable information which could be utilized in organizing preventive measures. This work requires very specialized knowledge, and the accuracy of the observations is an important factor in the degree of success obtained by efforts directed against the development and spreading of malaria in the regions surveyed. The collection of data for the preparation of the annual malaria forecast, and the analysis of these data, is an essential piece of work which devolves upon the Bureau personnel each year. In this connexion the results of spleen examination in school children throughout the Province are examined, resulting in the compiling of valuable evidence about endemicity. The examination of blood films for the presence of the malaria parasite is a routine procedure. Advice is also given by the Bureau in respect of sites for proposed new buildings and institutions, particularly as regards the possibility of mosquito breeding in the neighbourhoods. In connexion with the Provincial hookworm survey material is systematically examined for signs of hookworm infection, —no fewer that 7,789 specimens were scrutinized during the year under review. The epidemiologist is responsible for the planning of field work for the Provincial survey and for the co-ordination of this work with laboratory investigations. Outbreaks of epidemic and other disease are investigated, and the necessary laboratory procedures are undertaken. Since 1932 much work has been done in connexion with the continued prevalence of cerebrospinal fever in the Borstal Jail at Lahore, particularly with a view to segregating carriers. An outbreak of suspected pneumonic plague was investigated. It is noteworthy that plague, which has been absent from the Shiapur district for seven years, reappeared in 1935—an indication that no false sense of security should be allowed to develop merely because this disease has not appeared for even a comparatively lengthy period of years. In 1936 there was a fall in the incidence of plague in the Punjab, the three largest towns, Lahore, Amritsar, and Multan, being entirely free; that no marked degree of success attended the campaign against cerebrospinal fever was attributed to the wide distribution of carriers and the impossibility of determining which of them were capable of transmitting the infection. A special pamphlet on food was prepared in 1936, and there was a new set of magic lantern slides on tuberculosis. This disease continues to lurk unestimated, since notification is far from complete, and only mortality figures are obtainable on a large scale in the Province generally. Colonel Nicol remarks that there is great need for the extension of the campaign against this disease, the most hopeful line of attack being the multiplication of tuberculosis clinics. A leprosy survey was begun in 1931, and up to December, 1936, 5,574 villages, with a gross population of 1,719,960, had been examined; in 744 of these villages 1,814 cases of leprosy were found. At the end of the year there were eighty leprosy clinics, serving both as treatment centres and as centres of propaganda work. Since 1927 the birth rate per thousand has risen from 42.3 to 46.9, while the death rate has fallen from 167.5 to 158.4; thus the greater the success of the public health department the greater is likely to be the pressure of the population on the land. This will have to be countered by a steady improvement of agricultural methods such as will increase the output of the land. Some relief will be afforded by an extension of irrigation, though the field remaining for this is not large, and "the ultimate problem remains that of devising some means of birth control."

Correspondence

Hepatitis after Prophylactic Serum

SIR,—A recent outbreak of poliomyelitis has aroused controversy as to the value of convalescent serum. In the *Journal* of September 10 (p. 588) Mr. G. R. Girdlestone advocates its use, and regrets the statement of Drs. Donald Paterson and MacDonald Critchley in the *Times* of August 8 that the disease does not yield to any known treatment applied within the first few days of onset.

It is not my object in this letter to discuss the efficacy of convalescent serum treatment for poliomyelitis, but rather to draw attention to dangers incurred in its use. These dangers appear to me to apply equally to the use of convalescent serum for the treatment of any virus disease.

Poliomyelitis has recently been epidemic in this area (North-East Essex), but I have not used serum treatment for the cases under my care because I have seen alarming, and in some cases fatal, results apparently follow the administration of measles convalescent serum; and I have felt that similar results might well follow the use of serum in poliomyelitis, particularly if given, as suggested by Mr. Girdlestone, without antiseptic preservation. That evil effects may follow the use of convalescent serum is a statement of sufficiently wide implication to require very full evidence before it is accepted, but I consider that the facts which I have observed merit a preliminary communication. Full particulars of the cases will be published shortly.

On June 1, 1937, seven children housed in one block of a large institution for mental defectives were inoculated with convalescent measles serum to protect them from the disease with which they had recently been in contact. Each child received 4.5 c.cm. of the serum, which came from the same batch and which was obtained from a well-known reputable firm.

lead to distinguishing as such what might otherwise pass as more or less ordinary "bilious attacks," as in the girl I have just mentioned. I do not know what abdominal organ this very circumscribed reflex refers to, but it is clear that its presence does denote an inflammation of some organ which is a constant feature of the disease. In view of the paucity of pathological reports on epidemic jaundice this observation seems of some importance. It is impossible for one observer to be dogmatic about any point, but I think that the left-sided reflex probably develops before the appendicular one and usually disappears before it. It is seldom found for more than a week or so after the jaundice develops. In testing for this reflex I should like to stress that the greatest care and gentleness are necessary. It is easy to get a child into such a condition that no observation is possible, but patience, care, and a little skill will nearly always enable one to decide definitely on its presence or absence, and in view of the child's known vagueness as to abdominal pain it is astonishing how accurate the localization of the reflex is.—I am, etc.,

Winsford, Cheshire, Sept. 17. W. N. LEAK, M.D

The Harris Prostatectomy

SIR,—It is but natural that Messrs. Colin Edwards and Richard G. S. Harris of Sydney, New South Wales, should desire to defend the Harry Harris technique for prostatectomy, but I am not aware that Mr. Kenneth Walker has ever attacked it or my modification of it. The operation of reconstruction for the adenomatous prostate will never be successfully assailed, even by transurethral resection, until the surgeon has to exchange his scalpel for a hormone.

Mr. Kenneth Walker has pointed out that pelvic cellulitis is a complication of the Harris technique. This may occur in any case of suprapubic cystotomy, and is no more common in a prostatectomy efficiently carried out than in other bladder operations which require an exposure of the pre-vesical space.—I am, etc.,

London, W.1, Sept. 19. CLIFFORD MORSON.

Faecal Accumulation in the Rectum

SIR,—The article by Mr. Harold Dodd (*Journal*, September 17, p. 624) calls to mind the instructions I received when attending the surgical class of Mr. John Duncan in Edinburgh in the early 1880's. His suggestion for the removal of the impacted mass in the rectum was to aid the finger with "the handle of a tablespoon." On more than one occasion I have been called to attend patients suffering from "diarrhoea" when examination of the rectum has revealed a large faecal mass. The satisfaction at so ready a discovery of the cause and so obvious a method of treatment—with or without the tablespoon—remains in the memory.—I am, etc.,

W. W. SHRUBSHALL, D.P.H.

Burgess Hill, Sussex, Sept. 17.

SIR,—The article by Mr. H. Dodd in the *Journal* of September 17 (p. 624) reminded me of a case that came to my notice some years ago.

The lady in question, who proved to be a primipara, came in early pregnancy for confirmation of her condition. She appeared to be in good health, and had no complaints. On examination I found the lumen of the vagina obstructed by a large tumour-like formation, rendering passage of the examining finger impossible. The patient assured me that her bowel activity was satisfactory, and added that her motions were frequent and watery. Rectal examination revealed a firm faecal mass about the size of a foetal head. I evacuated this mass digitally, leaving the rectum apparently empty. Olive oil enemata were administered later by a nurse, who reported good results. In three days' time I again examined the rectum and found another faecal mass, as firm as the first but not so large. I evacuated this mass digitally. Oil enemata were continued, and three days later there was still in the rectum some hard residue, which I removed. The enemata were discontinued, and liquid paraffin orally was substituted. During the remainder of her pregnancy there was no recurrence of excessive faecal accumulation.

This case stressed the importance of rectal exploration not only in pregnancy but in the wider fields of medicine, as my later experience proved.—I am, etc.,

Birmingham, Sept. 17. A. W. DOCKAR.

Peritonsillar Abscess

SIR,—I wish to refer to several points raised recently regarding peritonsillar abscess (*Journal*, June 18, p. 1323; July 2, p. 41; July 16, p. 152). It hardly seems reasonable to lay down a hard-and-fast rule as to when a peritonsillar abscess should be opened, but if a patient is in acute distress a well-judged incision will give some relief at least, and probably great relief. Much pain is inflicted on patients by the use of unsuitable instruments. It is certainly injudicious to use a 10 per cent. cocaine spray, but 10 per cent. cocaine applied about the site of incision and nowhere else will be found satisfactory. After painting with cocaine an injection of 1/2 per cent. or 1 per cent. novocain with a minute amount of adrenaline—made slowly into the tissues to be incised and allowed at least five minutes in which to act—is a great boon to the patient. The injection should be made with a very sharp, fine hypodermic needle, firmly fitted on to, say, a long, thin, glass tuberculin syringe. Finally, the knife must be extremely sharp-pointed and thin—a new von Graefe's knife is perhaps best. With such a knife a well-placed incision will not give severe pain if the site of incision has been properly prepared. In competent hands it must be rare not to find pus. An ordinary scalpel seems a cruel instrument with which to open such a tender mass, but those who would enlarge an incision by stretching it with sinus forceps ought surely to have the operation done on themselves.—I am, etc.,

Brisbane, Australia, August 12. H. V. FOXTON.

Universities and Colleges

UNIVERSITY OF LONDON

WESTMINSTER HOSPITAL MEDICAL SCHOOL

The inaugural address at Westminster Hospital Medical School will be given by Dr. Robert Hutchison, President of the Royal College of Physicians of London, on Monday, October 3, at 3 p.m. The chair will be taken by Major H. M. Clowes, D.S.O.

LONDON (ROYAL FREE HOSPITAL) MEDICAL SCHOOL FOR WOMEN

The inaugural address of the London (Royal Free Hospital) School of Medicine for Women will be delivered by Lord Horder at the Royal Free Hospital, Gray's Inn Road, W.C.1, on Tuesday, October 4, at 3 p.m.

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL

A reception will be held at University College Hospital Medical School on Tuesday, October 4. At 3.15 p.m. Sir StClair Thomson will deliver an address on "Lister at University College and Hospital."