

recruits so examined sixty-nine, or 14.9 per cent., gave a definite positive, the degree of roughness observed varying from a slight but appreciable scratch to gross crepitus. Of sixteen recruits showing this gross crepitus one was a case of dystrophia adiposogenitalis, another had a club foot, and a third had flat-foot, but the remainder of these marked positives were "Grade 1" men in good physical health, with no history of rheumatic fever or of "growing pains" in their youth. Among those who had no knee sign were the few who did give a history of rheumatic fever, and none of those who had sustained football or cycling injuries to their knees had any suspicion of the subpatellar roughness which constitutes the "sign."

It may be submitted that these observations are sufficiently numerous to eliminate any serious statistical error, and the conclusion that they suggest throws grave doubt on the veracity of this sign as a short cut to facile clinical diagnosis of early osteo-arthritis.—I am, etc.,

T. C. McCOMBIE YOUNG, M.D., D.P.H.,
Lieut.-Col. I.M.S. (retd.).

London, N.W.3, September 8.

Second Attack of Scarlet Fever

SIR.—Though one attack of scarlet fever is said to produce complete immunity, cases of a second attack have been reported. They are sufficiently rare, however, to warrant reporting, particularly when both attacks have been seen by the same observer.

A boy aged 4 years had a mild attack of scarlet fever on February 2, 1938. He began with vomiting, showed a well-marked scarlet rash, well distributed, had a trace of albumin in the urine, and slight fever for three to four days, and desquamated, the first signs being on the face during the second week and on both hands and feet about the fourth to fifth week. The child was kept at home all the time. Recovery otherwise was uneventful. He had chicken-pox in May, 1939—a mild attack.

On July 27, 1939, he was seen with a sore throat and a very definite scarlet rash which drew the remark that if he had not had scarlet fever the previous year one would say that he had it now. The throat was follicular and sufficiently dirty to warrant a swab, which showed no K.L.B. but streptococci. The rash was typically in the flexures. He ran a temperature of 101° for three days, after which recovery was uneventful. On August 28 it was noted that both hands and feet were desquamating.—I am, etc.,

London, N.6, Sept. 10.

W. LEES TEMPLETON.

Bee-sting Anaphylaxis

SIR.—Dr. A. W. Vaisey (*Journal*, September 9, p. 582) may be interested in my experience of an apparently successful instance of desensitization by bee-venom.

The susceptible person was a middle-aged clergyman and an enthusiastic apiarist for the previous three years. He was physically normal save for a Falstaffian figure and low blood pressure of 110/65. There was no previous history of severe allergy. During the season he was stung many times, but suffered no discomfort beyond marked local swelling which usually persisted for ten to fourteen days. In July, 1938, however, he sustained within a few days two severe attacks characterized by acute dyspnoea, substernal pain, and signs of severe collapse supervening within a few minutes of being stung, followed by a widespread giant urticaria. As he was anxious not to give up his hobby I decided to attempt desensitization. Antibody Products, Ltd., supplied me with a special dilution of bee-venom of 5 units per c.cm. with 1/6,000 adrenaline. The initial dose given was 0.1 c.cm., and the dose was doubled every other day, thus reaching a dose of 1.4 c.cm. in nine days without reaction. I then continued with a strength of 120 units per c.cm. without adrenaline, increasing the dose by approximately 50 per cent. on alternate days from 12 to 120 units.

A few days after the termination of the course he sustained five stings simultaneously without any ill effect. This year he has been stung many times also without ill effect; moreover, the local reaction which previously would last several days is now confined to mere itching of a few hours' duration.—I am, etc.,

Botesdale, Norfolk, September 10.

K. L. WARD.

Emergency Bed Service

SIR.—On the outbreak of war, by a pre-arranged plan the whole staff of the Emergency Bed Service was taken over by the Ministry of Health as part of the Ministry's Emergency Medical Service to assist in running the sector casualty bureaux. In consequence, the Emergency Bed Service was closed down.

A new staff has now been recruited and the service will reopen forthwith and will endeavour to assist doctors to obtain admission for their acute or emergency patients. In the first instance it will only be possible to run a daytime service (9 a.m. to 10 p.m.), but it is hoped to restart the full twenty-four-hour service as soon as the staff are sufficiently trained.—I am, etc.,

R. E. PEERS, Secretary.

Voluntary Hospitals Emergency Bed Service,
10, Old Jewry, E.C.2, September 25.

Universities and Colleges

UNIVERSITY OF LONDON

The examinations for the Diploma in Medical Radiology and the First M.B. will be held on December 4 and 11 respectively.

UNIVERSITY OF LEEDS

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—*Part II*: P. Rapaport (second-class honours), T. Akroyd, J. B. Ashmore, C. H. Boyd, P. A. Dobb, Jean L. Edwards, C. A. Everatt, G. Farrer, J. H. Foxton, M. M. Frais, H. Goldstone, Mary E. Goodson, A. Greenwood, Joan R. Greenwood, G. Higgins, A. Markey, L. H. Moss, G. B. Royce, F. Sandy, W. Sheffield, P. H. Tordoff, T. R. Wilson, D. S. Young.

DIPLOMA IN PUBLIC HEALTH.—Mary Townend.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—J. R. Peberdy.

The West Riding Panel Practitioners' Prize has been awarded to P. E. R. Tattersall, and William Hey Medals to C. Pickard and P. E. R. Tattersall.

SOCIETY OF APOTHECARIES OF LONDON

MEDICAL EXAMINATIONS: L.M.S.S.A.

During the period of hostilities the examinations conducted by the Society of Apothecaries of London will, so far as possible, be continued under existing regulations.

The following modifications are announced, and will remain in force until further notice:

1. *The Pre-medical Examination in Science.*—This examination will be discontinued for the present. Examinations of other Boards which admit successful candidates to registration as medical students will be accepted as usual.

2. *The Primary Examination.*—Evidence of a period of forty-six weeks' study in anatomy and physiology, which may run concurrently, will be accepted in lieu of the five terms laid down in the regulations.

3. *The Final Examinations.*—(a) Students will be allowed to complete the final examination on showing evidence that they have held all specified appointments and completed a minimum of thirty months' clinical work after passing anatomy and physiology, and will be admitted to one or two subjects of the examination on the completion of twenty-four months of such study. (b) The regulations which demand the completion of the final examination within a period of twenty-five months will be held in abeyance.

The hours at which examinations are held will be regulated so far as possible to ensure completion during daylight. Candidates should note carefully the times of attendance indicated on their cards of admission.