

periods will be longer in the darker days of winter. Already one has only to travel in public vehicles and mix with one's fellows to see that a number of people are suffering from colds. What effect will present conditions have on the spread of pulmonary tuberculosis and other infectious diseases as well as on the general health? The rationing of coal, gas, and electric light will affect the problem of heating. Inadequate illumination affects eyesight. "Blacking out" is not easy, and such blacking out as can be quickly replaced (for example, at night if removed for sleep) calls for special methods. There must be many methods for meeting the problems of ventilation, heating, and eyestrain, so I write to "ventilate" the subject.—I am, etc.,

London, W.1, Oct. 6.

M. E. ORMSBY.

Urethrography

SIR,—Perhaps the authors responsible for the coinage of that inelegant word "urethrography" may be permitted to make a few comments on the article under this title by Mr. James Kemble in the *Journal* of September 30 (p. 683).

In our work, which was described in a monograph entitled *The Radiographic Examination of the Male Urethra*, we had neither the advantages of the modern hot cathode tube nor of the fluid type of lipiodol. Radiographic technique has made great strides since 1925. But the experience which we gained in breaking new soil may be of some value in developing the theme on modern lines. It is impossible to obtain a satisfactory radiograph of the filled prostatic urethra unless the exposure is made while the opaque fluid is actually passing along this segment at the critical moment. To accomplish this a *constant stream* must be flowing through the urethra into the bladder. The use of a glass syringe was found to give good results in some cases, but it was discarded in favour of a simple manometric method which was much more positive. By employing this technique the whole urethra, anterior and posterior, and the bladder base are shown simultaneously on one film.

The dorsal position of the patient was used in the first experiments, but was given up in favour of the ventral position. With the patient supine, unless the rectum is quite empty the base of the bladder will receive impressions which simulate those normally produced by intravesical projection of the prostate. In the prone position this source of error is eliminated. Also, as the urethra is relatively anterior, a film placed next to the pubis will give sharper definition than one under the buttocks. Injection with the patient prone is quite simple. Lastly, a film taken after evacuation of the opaque fluid from the bladder is of definite value as an index of the amount of residual urine. Urethrography has found a place in some of the leading urological textbooks in America, and it is encouraging to find evidence of renewed interest being taken in the method on this side of the Atlantic.—We are, etc.,

London, W.1, Oct. 3.

PAUL CAVE.

G. L. S. KONSTAM.

Manzullo's Tellurite Test for Diphtheria

SIR,—In your issue of June 24 (p. 1291) you wrote concerning some recent Manzullo tests, "Reliance on the test would deprive one case in six of necessary immediate serum treatment and lead to the unnecessary administration of serum to nearly 50 per cent. of non-diphtheritic cases."

It seemed to be of interest to discover how the test acted in Dublin. By the kind permission and with the help of Dr. C. J. McSweeney, the medical superintendent, I applied the test to seventy-five unselected patients admitted to Cork Street Hospital with pharyngeal exudate. Forty-three patients diagnosed as diphtheria and positive on culture yielded thirty-eight positive and five negative M (Manzullo) results; eleven "clinically doubtful," confirmed by culture, yielded two negative M results; seventeen cases of follicular tonsillitis gave six positive and eleven negative M results; while four cases of Vincent's angina all showed deep blackening—that is, positive M results. Thus in fifty-four diphtheria patients seven (13 per cent.) gave a false M negative result, while

among thirty-one non-diphtheria patients ten (33 per cent.) gave a false positive. These figures for Dublin agree fairly closely with those in your note.—I am, etc.,

J. G. TYNAN, M.B.,

Dublin, Oct. 5. Assistant Medical Officer, Cork Street Hospital.

Medico-Legal

DRUG ADDICT'S POSE AS DOCTOR

William Arthur Young, a morphine addict, at the end of July called on a Hampstead doctor and said that his name was Alexander McLean, that he was a doctor from Canada, and that four years ago he had had a serious operation, as a result of which he was in great pain. He asked for a prescription for morphine. The doctor found scars confirming his story and prescribed for him. Next day Young returned, saying that the prescription had been ineffective, and asked for another. He appeared to have a good knowledge of the medical profession, and the doctor gave him a prescription for 5 grains. A few days later he called again, saying that he had accidentally dropped most of the tablets down the sink. He obtained a prescription for 5 grains more. Next day he borrowed 10s. As he did not return the doctor made inquiries, and when Young came back ten days later asking for another prescription he was arrested and charged with unlawfully possessing 10 grains of morphine. He had on him a syringe and five needles.

Young pleaded guilty and told the court (*Times*, August 28) that he had called on other doctors and got prescriptions for morphine. The authorities stated that he had obtained 74 grains from eight different doctors at Brighton in nine weeks, and that at other towns he had collected 1½ grains a day during May. He had had five previous convictions. He had trained as a male nurse. Mr. L. R. Dunne, the stipendiary magistrate, sentenced him to twelve months' imprisonment, saying that his only possible chance was to be placed somewhere where he could not get drugs and would receive medical attention to fortify him against the craving for them.

Universities and Colleges

UNIVERSITY OF OXFORD

A decree was approved in Congregation on October 6 permitting any member of the University during the period of the present emergency to supplicate for a degree in absence on any degree day provided he has received permission from the Vice-Chancellor and Proctors on the grounds that he was prevented from taking the degree in person by reason of military service or other such urgent cause.

UNIVERSITY OF CAMBRIDGE

For the present the University Library will be open on weekdays from 9 a.m. to 1 p.m. and again from 2.15 p.m. until 4 p.m.; on Saturdays from 9 a.m. to 1 p.m. only. During the winter months it will be necessary owing to lighting restrictions to close at 3.30 p.m.

UNIVERSITY OF ST. ANDREWS

At a graduation ceremony held on October 6 the honorary degree of LL.D. was conferred upon William Graham Campbell, M.B., C.M., L.D.S., lecturer in orthodontics in the University of St. Andrews.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow held on October 2, with Dr. John Henderson, President, in the chair, the following were admitted Fellows of Faculty: Anne Cunningham Aitkenhead, M.B., Ch.B.; David Clowes Williams, M.B., Ch.B.