Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

APPENDICITIS AND MECKEL'S DIVERTICULUM

In view of the article on "Meckel's Diverticulum and Appendicitis," published in the Journal of June 3rd, the following case may be of interest.

J. N., aged 17, was admitted with a diagnosis of acute appendicitis. He complained of abdominal pain of ten hours' duration, starting in the region of the umbilicus and settling in the right iliac fossa. He had vomited once, soon after the onset, and there was no history of constipation. His temperature was 96.6°F., pulse 60. Examination of the abdomen revealed nothing more than tenderness in the right iliac fossa. There was a history of a similar attack, lasting a few days, five years previously.

On opening the abdomen by Battle's incision the cavity was found to contain some free fluid of a clear, watery nature. The appendix, apart from some kinking and thickening, showed no gross pathological change, but the cecum was encased and partially obstructed by a Meckel's diverticulum. This was four to five inches in length, and was adherent by its extremity to the abdominal wall at the umbilicus. The cecum was uninjured.

Appendix and diverticulum were both excised and the abdomen was closed without drainage. Convalescence was normal, the patient being discharged seventeen days after operation.

G. A. WEIR, M.B., Ch.B.
House-Surgeon, Royal Victoria Hospital, Dover.

LUTEAL EXTRACT FOR MAINTENANCE OF PREGNANCY

In view of the work done by Pfiffner and Harris, Allen and Corner, and others, on the maintenance of pregnancy in castrated laboratory animals, the following case in a human being should prove of interest.

The patient, who had had a posterior division of the cervix performed in 1924, and curettage with removal of a pedunculated growth in 1927, became pregnant on three occasions after the last-mentioned date. During each pregnancy her health was very bad. Nausea, vomiting, gastric pain, pain in the back, nervous irritability, pallor, emaciation, and weakness were all marked. Menstrual flow continued in each pregnancy for the first one or two periods, and at each subsequent period a pink colour was noted in the discharge. Each pregnancy terminated about the twenty-second week. The patient had fallen about three weeks before the first miscarriage. There was no known possible external cause in the two subsequent miscarriages. The babies were all born alive. The posterior division of the cervix had been closed after the third miscarriage.

In the fourth pregnancy (January, 1932) similar conditions of ill-health obtained, and the patient was virtually confined to bed. All the usual medical, physical, and psychical treatments were applied to no purpose.

Treatment by injections of luteal extract (prepared by Messrs. Armour) was started, when, during the fourth month, the patient noticed distinct bleeding at a period and felt as if she were going to miscarry. One cubic centimetre of the extract was injected twice weekly. The digestive system settled down in a few days, and the patient was perfectly healthy and physically strong in five weeks. Two doses weekly proved sufficient. A delay of a few days in the administration of the extract on a few occasions caused a recurrence of the symptoms of ill-health, which again disappeared when the injections recommenced. Injections were stopped at what was believed to be one fortnight prior to the end of the gestation period, to avoid possible overcarriage or inhibition of uterine contractions. Five days after the last injection the membranes ruptured, and the patient went into labour two days later in hospital. The baby, though distressed, survived.

The continuance of the menstrual flow and the failure to maintain the pregnancies suggested some deficiency of the luteal hormones. The cessation of the flow, and the maintenance of the fourth pregnancy to term with restoration of the health to a normal condition, tend strongly to confirm this. I do not think the closure of the posterior cervical division had much to do with the maintenance of the fourth pregnancy, as the condition of the patient prior to the use of the extract was worse during the fourth pregnancy than ever before.

R. G. Harris, in a personal communication recently received, suggests that theelin should be given for the last fortnight of term in cases where luteal extract is used, so as to avoid any possible interference with labour.

REFERENCES


STEPHEN SHEA, M.B.,
Professor of Anatomy, University College, Galway.

UNUSUAL CASE OF STRANGULATED HERNIA

The following is a record of a case of strangulated hernia that occurred in Bethlem Royal Hospital, and which bears very unusual features.

A man, aged 65, was admitted on October 21st, 1931, suffering from involutional melancholia. On admission he had a hydrocele of the left tunica vaginalis and a right inguinal hernia. The hydrocele was tapped in December and 16 oz. of fluid withdrawn. No active treatment was considered necessary for the hernia, since it was easily reducible and the patient's mental condition necessitated almost total confinement to bed.

The hydrocele gradually enlarged again, and in January, 1932, the scrotum was about the size of two clenched fists, but quite flabby. On the afternoon of January 28th, 1933, the patient was allowed out of bed, but shortly after rising doubled up and began to groan. Subjective symptoms were valueless owing to the mental condition, but on examination the scrotum was found to have increased in size and to be quite tense. In the scrotum, besides the hydrocele, there was a large swelling situated above it; this was irreducible and tender, and was considered to be a strangulated hernia. A firm constriction was palpable in it just above Poupart's ligament. The temperature and pulse were quite normal. The patient had vomited a few times during the previous month, but on several such occasions he was observed to induce it by tickling the throat.

Mr. Stanford Cade saw the patient that evening, diagnosed a strangulated hernia, and proceeded to operate at once. On opening the hernial sac the following structures were found: 1 (1) The major part of the cecum, in the wall of which were three small early-stage intussusceptions; the diameter of each was about 3/4 inch and the depth about 1 inch. (2) The vermiform appendix, which was adherent to
the posterior wall of the sac. (3) A portion of the ileum about 6 inches from the ileo-caecal junction, with a Meckel's diverticulum measuring about 2 inches in length. The appendix was freed from the sac and returned to the abdominal cavity, and the tunica vaginalis evaginated. The patient's convalescence has been rapid and uneventful.

I wish to thank Dr. Porter Phillips and Mr. Stanford Cade for their kind permission to publish this case.

OTTO FITZGERALD.

THE ELASTICITY OF THE SKIN

I am induced to report the following case because I would have thought such an injury impossible with an intact skin.

A boy, 13½ years of age, jumped on a fence in search of a cricket ball that went into a neighbouring garden. He either slipped or fell into the garden, in which there was a three-quarter inch water pipe used as a garden stake. He struck this pipe an inch within the nipple line at the fourth left costal cartilage. He died in a few moments. The mark of the circle of the top of the pipe could just be seen in the upper part, and in the lower part it had slightly abraded the skin. There was no wound and no mark on the skin when reflected. His pectoral and intercostal muscle were torn, making an opening between the fourth and fifth cartilages, but did not fracture or tear either. The opening was so made for two inches that the pericardium could be seen and was intact, though distended with blood and blood clot. There was a tear in the left septum which admitted the end of my thumb, and was immediately to the left of the interventricular septum.

Sydney.

STRATFORD SHELDON, M.B., Ch.M.

Reports of Societies

SURGICAL TREATMENT OF DUODENAL ULCER

At a meeting of the Aberdeen Medico-Chirurgical Society on June 1st, with the president, Dr. W. CLARK SOUTER, in the chair, a discussion on the surgical treatment of duodenal ulcer was approved by the society. Mr. Alexander Mitchell based his observations on the records of about 144 cases operated upon by Mr. F. K. Smith and himself during the period 1926-31. The great majority had been males, and in these the age incidence at the time surgical treatment had been instituted was much earlier than among females. It was generally accepted that, unless there was definite evidence of pyloric stenosis, medical treatment should be tried first, but the question as to when the patient should be handed over to the surgeon was difficult and one on which there was no general agreement. The modern surgical treatment of duodenal ulcer resolved itself into the choice of four types of operation—namely, gastro-enterostomy, excision of the ulcer with some form of pyloroplasty, excision of more than half of the pylorus without opening the duodenum or stomach, and excision of the pyloric end of the stomach. There was no wound and no mark on the skin when operation of carefull examination of the abdomen and of dealing with any abnormal condition, especially of the gall-bladder and appendix. Of 114 cases treated by gastro-enterostomy there were eighty-seven good results, fourteen fair, nine bad, and four deaths; of the twenty-eight cases treated by excision and pyloroplasty eighteen results were good, eight fair, and one bad, while one patient had died of post-operative pneumonia. In one case appendicectomy only had produced a good result.

Gastro-enterostomy was evidently a satisfactory operation in certain cases, but there were risks of undesirable sequels, such as anastomotic ulcer, billiary peritonitis, and jaundice. Mr. Mitchell had been unable to reach a definite finding as to the relation between the duration of symptoms and the age of the patient and the final result, except that better results were obtained in cases with a long history in which every diagnosis pyloric stenosis had been made. The after-treatment and the duration of subsequent medical supervision also influenced the final result. Mr. Mitchell was of opinion that gastric hyperacidity was lessened as well by pyloroplasty as by gastro-enterostomy. It was impossible to compare accurately the risks of surgical and medical treatment of duodenal ulcer, since failures it could not be said whether one was dealing with failure to cure the original ulcer or with the development of a new ulcer from an inherent predisposition to ulcer.

Dr. F. K. SMITH congratulated Mr. Mitchell on his study. He found the preponderance in males and earlier age incidence very interesting. Among possible aetiological factors he mentioned Møller's theory of a vasoneurotic state or sympathetic derangement. He thought Mr. Mitchell's results exceedingly good. Absolute indications for surgical treatment were pyloric stenosis. Mr. Smith was inclined to disagree with Mr. Mitchell as to the frequency of anastomotic ulcer, especially as this condition was very difficult to diagnose correctly: secondary ulceration very seldom occurred if the gastro-enterostomy opening was made towards the duodenal stenosis. Mr. Smith was inclined to disagree with Mr. Mitchell as to the frequency of anastomotic ulcer, especially as this condition was very difficult to diagnose correctly: secondary ulceration very seldom occurred if the gastro-enterostomy opening was made towards the duodenal stenosis. Mr. Smith was inclined to disagree with Mr. Mitchell as to the frequency of anastomotic ulcer, especially as this condition was very difficult to diagnose correctly: secondary ulceration very seldom occurred if the gastro-enterostomy opening was made towards the duodenal stenosis.

Dr. H. H. McGREGOR stated that in experimental feeding the impaction of faeces in the cæcum with carceral ulcers was associated with bleeding points in the stomach and other parts of the gut in the neighbourhood of the pyloric sphincter, spasm of which was caused by excessive concentration of the food. If the concentration of food were greater than the optimum solution for absorption, intense congestion of the duodenum occurred, while the rate of emptying of the stomach was in direct relation to the concentration of the solution.

Mr. G. H. COTTLE stated that there were industrial reasons for some patients, especially those who might not possess an appropriate diet. The preponderance of males found by Mr. Mitchell was not general in the country. Perforation cured the ulcer in 90 per cent. of cases if the ulcer was anterior and in the first part of the duodenum, and in 50 per cent. if the ulcer was far down and posterior. In performing gastro-enterostomy the tension of the loop was the important point.

Dr. A. GREG ANDERSON quoted the findings of Matthew Stewart of Leeds, that in all post-mortems he had performed a duodenal ulcer or the scar of an ulcer was found in 10 per cent. of cases. He stated that out of 100 medical students ten would show a hyperchlorhydria, he stated that a definite ulcer diathesis existed, and that recurrence of symptoms might be due to the gastritis. A five-year period was necessary for the proper assessment of treatment, either medical or surgical, and the case was so frequent as had been made out. On the five-Year period basis the figures from the Charité Clinic in Berlin showed 50 per cent. bad results from gastro-enterostomy; figures from other centres were much the same. The ulcer might not heal, and there was the possibility of a gastro-jejunal ulcer. Partial gastro-enterostomy was preferable. Berg's experience showed a 5 per cent. mortality: figures for bad results (recurrence of symptoms) were 36 per cent. for gastro-enterostomy and 2 per cent. for gastrectomy. The acid factor must be an important
of State’s “no guarantee” doctrine in regard to Indian Medical Service pensions. A leading British politician, not reputed to possess a “personal fund,” acknowledges “risk” in giving India self-government. The nature of that “risk” may be gauged by “clear-thinking men” (pace Lord Irwin) in the refusal of British insurance offices to accept proposals. What the India Office thinks about that “risk” may be guessed from the fact that from 1853 to 1919 the Secretary of State for India was paid out of Indian revenues. But on the near approach of self-government to India, a “safeguarding” section appeared in the 1919 Government of India Act allowing the Secretary of State to obtain his salary from British revenues. Five years later, in 1924, under the amendments to the 1919 Act, his under-secretaries “might be paid out of the revenues of India or out of moneys provided by Parliament” (Part I, Section 2 [3]). The India Office has thus guarded against all “risk” of repudiation of debts by a future Government of India by a “safety first” formula for itself, but has no scruples in abandoning the just and hard-earned rights of hundreds of our medical brethren and countrymen.—I am, etc.,

Hendon, N.W.4, June 9th.

W. G. KING.
Colonel I.M.S. (ret.)

A Giant Prostate

Sir.—Mr. Holman is to be congratulated on the successful outcome of his operation on the giant prostate described in your issue of March 4th (p. 366). The record as far as mere size is concerned seems to be held by the prostate exhibited by Neupert at a meeting of the Berliner Gesellschaft für Chirurgie in January, 1931 (Zentralbl. f. Chir., 1931, Nr. 17, s. 1071). This tumour, which extended nearly to the umbilicus and was larger than a man’s head, weighed 3,600 grams (approx. 8 lb.). The patient, a 67-year-old man, had noticed it for ten years. An attempt at removal had to be abandoned owing to haemorrhage. The patient died on the following day. Histologically the tumour was reported to be a benign myoma of the prostate.—I am, etc.,

Napier, New Zealand, April 10th.

A. G. CLARK.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on June 9th the following medical degrees were conferred:

M.D.—T. P. Garrod, L. R. Shore.

UNIVERSITY OF LONDON

The official London University Gazette dated May 31st (price 6d., post free 7d.) contains a number of amendments affecting the regulations concerning (1) the advanced and post-graduate students: (2) the M.B., B.S. examination; (3) the M.D. (Branch III, psychological medicine) examination; (4) the M.D. (Branch IV, midwifery and diseases of women) examination; (5) the degrees of Arts, and in Science, for external students; (6) the exemption from first examination for medical degrees for external students through higher school examination; (7) the Diploma in Psychological Medicine—regulations regarding practice.

The Senate announces the following vacant external examinensions. Final and higher examinations for medical degrees: medicine, surgery, M.D.Hygiene. First examinations for medical degrees: chemistry (two), general biology, physics. For second examinations for medical degrees: anatomy, chemistry, pharmacology. Also associate examinisers in medicine, obstetric medicine, pathology, and surgery. Application form and particulars of the remuneration and duties can be obtained from the External Registrar, to whom the names of candidates must be sent on or before July 3rd.

The Dunn Exhibitions in Anatomy and Physiology for 1933 have been awarded to J. C. B. Bone (Midloeth Hospital Medical School) and J. S. Horn (University College).

The fee payable by candidates for the Academic Diploma in Clinical Pathology has been increased from £5 5s. to £10 10s.

Regulations relating to the External Diploma in Clinical Pathology have been approved, and copies may be obtained on application to the External Registrar.

A committee has been appointed to consider what action the University could take to assist university teachers and students who, on grounds of religion, political opinions, or race, are unable to carry on their work or studies in their own countries, and the committee has been authorized to confer as it thinks fit with other universities and learned societies in the British Empire and elsewhere on this matter.

The following appointments are announced: Dr. G. B. Wakeoff the member of the Council of the Licentiate Institute of Preventive Medicine; Dr. R. S. Young to represent the University at the nineteenth annual conference of the National Association for the Prevention of Tuberculosis, Cardiff, July 16th to 18th; Sir Cooper Perry to be the representative on the governing bodies of the National Training College of Domestic Subjects and the Battersea Polytechnic.

Applications for the William Julius Mickle Fellowship must be sent in by October Ist. The Fellowship is of the value of at least £200, and is awarded annually to the man or woman who, in the opinion of the University, has in its opinion most...

Fellowship

Diplomas of Fellowship were granted to the following forty-four successful candidates at the recent examination:


Membership

A diploma of Membership was granted to P. N. Cutner.

A portrait of the late Sir Robert Jones, presented by Sir Arthur Probyn Jones and Mrs. Frederick Watson, was accepted with the thanks of the Council.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At the monthly meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on June 8th, the following were admitted Fellows of Faculty: C. Hurwitz, A. H. Imrie, R. W. H. Jarvie, J. L. Rennie.

Medico-Legal

SPARING THE MEDICAL WITNESS

In the case of Manikum v. Ace of Spades Petroleum Company, tried by Mr. Justice Swift under the New Procedure Rules, the plaintiff M. claimed damages for wrongful assault by the servants of the company. He was one of a party which visited a restaurant kept by the company on the Kingston by-pass. A member of the party became troublesome and a quarrel ensued with the undignified quarrel with the waiters, with the result that the party was asked to leave. The other members left, but the excited member refused to go, and M. stayed behind to persuade him to leave peaceably. The staff, in accordance with their legal right, began to eject these two men. Owing to the resistance they encountered from the troublesome member, and also owing to the provocation they had received, they were by this time very angry, and, not content with ejecting the two, some of them held M. and others struck him repeatedly in the face and on the head, inflicting severe injuries. But his eyes were blackened and he had several cuts on the face; he had a compound comminuted fracture of the nasal bone, which has left a permanent deformity, with the blocking of one nostril; he had five teeth broken in the alveolus, and a fracture of the maxilla and palate; two other teeth which became septic as a result of the injury had to be removed. He had previously had perfect teeth. The company owning the restaurant attempted to prove that its servants had used only a proper and necessary amount of force, and that M. had received his injuries by falling face downwards as a result of being tripped up by some unknown person who joined in the fracas, either on to a concrete floor or else on to an ornamental wooden tub bound with metal. The extent and nature of the injuries were not disputed. M. called the doctor and dentist who had attended him, and the company called the consulting surgeon to whom M.'s general practitioner had taken him. The only difference in this expert evidence concerned the possible cause of the injuries. The doctor's first impression was that his patient had been in an explosion. The general practitioner said that in his opinion these were not the sort of injuries received by a man picking headlong on his face on a concrete pavement, because there was evidence of blows from a number of directions. Nor did he think it possible that the injuries could have been inflicted by one blow. The aggressor had walked round the victim and delivered the blows from at least four different angles. He thought there was evidence of blows both from a fist and also from some such instrument as a bottle or knuckle-duster, perhaps the punched wound. The judge was alleged to have said at the time to the general practitioner that the man must have been the victim of a brutal assault. In the witness-box, however, he could not remember whether he had made this remark or not, but in reply to the judge's question as to what he had thought, even if they did not remember what he had said, he admitted that a very great deal of violence must have been used, but at the same time he thought a fall on a concrete surface was a likely cause. In replying again to the judge he agreed that a fall would not account for bruises on the back of the head, but he had found in his notes no reference to such bruises. He had seen the patient a fortnight after the event.

Before the medical evidence was heard Mr. Justice Swift inquired of counsel why it had not been given in this case, and at the conclusion of the surgeon's evidence he inquired his question as to whether he thought of the most undesirable that medical men should be kept from their duties for long hours when there was, so far as he could see, absolutely no conflict of evidence in any material particular. The only point on which the doctors differed was whether the accused had been inflicted, and, with all respect to the medical men, he considered that he was just as competent as any doctor to form an opinion as to whether the injuries described to him had been the result of a fall or an assault. In this case he certainly did not accept the suggestion that he should be described as an 'very dreadful facial injuries' had been caused by a fall, and he awarded M. £413 19s. 6d. damages and costs against the company.

One of the chief aims of the New Procedure is to require the amount of evidence given in court by witnesses. The judge has wide powers that any particular facts may be proved by affidavit instead of by the calling of witnesses, and he can refer any question that involves expert knowledge to a special referee for inquiry and report. He can also order that no more than a specified number of expert witnesses shall be called. This was obviously a case in which the medical evidence could have been agreed and proved by affidavit, the report of one medical man being countersigned by the others and the question of the causation of the injury being left to the other witnesses. In this way the time of three busy practitioners would have been saved. The learned judge did not see fit to mark his disapproval by making any special order as to costs. The company, in accordance with ordinary practice, has to pay the costs of the plaintiff M., but if the judge had considered that M. had called unnecessary evidence, he could have ordered M. to pay the costs of this evidence. There is a special provision in the New Procedure that when an injury is alleged to have been caused by the negligence of a party, the judge may refer to a special referee any question concerning the nature, extent, and permanence of the injury. The expert's report is communicated to both parties, who may accept it in whole or in part. This rule will undoubtedly save much trouble and expense in the road accident cases for which it was framed. As, however, the injuries in the present case were not caused by negligence but by violent assault, the judge could not have exercised the power to refer them to a special referee under this sub-rule. This does not seem to be any point in differentiating between negligence and wilfulness in the causation of injury, and when the Rules Committee considers the amendment of this experimental procedure it may pay attention to this matter along with many others.
J. A. SHAW-MACKENZIE, M.D.

Dr. John Alexander Shaw-Mackenzie died suddenly on June 1st at the age of 75. A correspondent, J. T. C., sends the following appreciation:

Few have laboured more consistently to ascertain and to use for the benefit of mankind the defensive factors against cancer normally existing in the blood and tissues. His whole mind was absorbed in the subject, and he sacrificed his professional life to this cause. He built up his work not on theories but on laboratory experiment, working at King's College, the Imperial Cancer Research Fund, and both the Brown Institution and the Ross Institute.

Dr. Shaw-Mackenzie began work on the subject of cancer in about 1900, and was much interested by the olive oil soap treatment introduced by Dr. J. H. Webb of Melbourne in 1905. By 1907 he published a work on the peptone-splitting ferment, erepsin, and in 1909 began to give his attention to the fat-splitting ferment, lipase. From his experiments on ferments or enzymes he built up the hypothesis that the cells in cancer proliferate without control, because the normal tissue, or intracellular, enzymes are deficient either in quantity or quality. He found that a definite quantity of normal serum had an accelerating effect on certain enzymes whereas the same quantity of cancer serum had an inhibiting effect. He used these facts for two of his tests. His lipolytic test showed the amount of fatty acids liberated from a neutral olive oil emulsion by lipase, these fatty acids being increased by normal serum but diminished by that from cancer patients. His tryptic test was similar: normal serum diminishes the power of trypsin to digest protein, whereas the serum from a cancer case inhibits it more. He claimed that these two tests together gave 95.5 per cent correct results. His third test consisted in a turbidity produced in cancer serum by a saponified mixed extract of cancer tissues, and this, he claimed, gave a 98.3 per cent correct result in gastric and duodenal cases. His treatment, which required careful administration, was made up of the injection of olive oil soap into the tissues or veins and the administration by the mouth of dried bile and of certain enzymes, especially secretin, in order to stimulate intracellular enzyme formation and correct the deficiency. His reasoning did not exclude the possibility of organisms being the cause of cancer; he spoke of cancer houses, but he doubted if organisms were the cause or an effect of the disease. He claimed that his treatment diminished the risk of recurrence after operation, lessened pain, stopped fetor, prolonged life, and in some cases gave a complete cure. Many of his cases showed remarkable results, and he thought that thousands might have their lives prolonged by his methods.

He had held the appointments of medical registrar and pathologist to the Victoria Hospital for Children, assistant physician and pathologist to the Chelsea Hospital for Women, and physician to the Women and Children’s Heart Hospital, Soho Square; but the tragedy of his life was that in 1900, after being elected an out-patient physician to the Samaritan Hospital, his services were suddenly dispensed with. This was explained and Shaw-Mackenzie fully vindicated by Dr. A. W. Oxford in his book on the history of the Samaritan Hospital, of which he was chairman. He wrote, thirty years after the event, "Although not stated in the minutes, this was on account of supposed unorthodox views on the subject of cancer, which seem now to meet with some support." Shaw-Mackenzie suffered from not having his work thoroughly investigated according to his own ideas, but in spite of this he pursued steadily the experimental path that he believed would best achieve his aim.

The following well-known foreign medical men have recently died: Professor Peter Foktsch, director of the Second Surgical Clinic of Tashkent University, aged 69; Dr. Anton Christomanos, professor of experimental pathology at Athens University, aged 63; Dr. Juvara, an eminent surgeon of Bucarest; and Professor Lagovski, a Moscow oto-rhino-laryngologist.

**The Services**

**LEISHMAN PRIZE**

Major H. J. Bensted, M.C., Royal Army Medical Corps, has been awarded the Leishman Prize (Officers) for the year 1932, consisting of a silver medal and a sum of £20, for his work in the interests of military pathology.

The Leishman Prize (Officers) is awarded annually for the best piece of work in any branch of medical science, or allied sciences, or in connexion with the general duties of the Royal Army Medical Corps, by an officer of the R.A.M.C. or Army Dental Corps, or by an officer removed from either of these corps but still on the active list.

**NORTH PERSIAN FORCES MEMORIAL MEDAL**

Dr. H. J. O’D. Burke-Gaffney, Colonial Medical Service, has been awarded the North Persian Forces Memorial Medal for the year 1932 for his paper on the classification of the colon aërogenes group of bacteria in relation to their habitat and its application to the sanitary examination of water supplies in the Tropics and in temperate climates, published in the *Journal of Hygiene*, January, 1932.

The North Persian Forces Memorial Medal is awarded annually for the best paper on tropical medicine or hygiene published in any journal during the preceding twelve months by a medical officer, of under twelve years’ service, of the Royal Navy, Royal Army Medical Corps, Royal Air Force, Indian Medical Service, or of the Colonial Medical Service. Provided the Memorial Committee considers that any of the papers published has attained a standard of merit justifying an award.

**R.A.M.C. COMMISSIONS**

An announcement in our advertising pages this week states that twenty-five permanent commissions in the Royal Army Medical Corps will be offered on July 27th, and applications should reach the War Office not later than July 21st. Candidates will be selected for commissions without competitive examination, and will be required to present themselves in London for interview and medical examination. They must be under 28 years of age on August 1st, 1933, and registered under the Medical Acts. All particulars may be obtained by application, in writing or personally, to the Assistant Director-General, Army Medical Services, the War Office, Whitehall, S.W.1.
Medical Notes in Parliament

[From our Parliamentary Correspondent]

The House of Commons reassembled on June 13th. Foreign affairs were debated, and Mr. Chamberlain made a brief statement on the British debt to the United States.

Slum Clearance and Increased Malnutrition

In the House of Lords, after Viscount Gage had moved the second reading of the Rent Restrictions Bill, Lord Marley criticized the Government for its "five-year plan for slums." In his opinion, the Bill was a mere technicality, proposed as a means of precedent and nonsense. The problem was getting worse, and, despite all the promises that had been made and all the ideals which we had in mind, there was no sign that the housing shortage would be met in five years' time. If anything it would be worse, and the sufferings of those unfortunate people whose rents would be raised would be largely increased by the Government's action.

The fact that the position was getting worse was illustrated by the rise in out-relief. From August, 1931, to April, 1933, according to a recent answer given in the House of Commons, the number of persons drawing out-relief had gone up from 900,000 to 1,300,000. How could those people pay this rent except at the cost of their food? The medical officer of the Deptford had pointed that out. He had said that families in receipt of public assistance could not supply themselves with the minimum diet laid down by the Ministry of Health after paying their rent. It was a fact, and nobody would wish to continue, that malnutrition was increasing among the children of the poorest families. The chief medical officer of the Board of Education, in the last report he issued, showed that the starvation of children in the poorest families had increased every year for the last five years. It was 9 per 1,000 in 1927, 9.5 in 1929, and 11.2 in 1931. A recent report of the medical officer of health for Stockton had proved the connexion between high rents and starvation. The Stockton Council established a slum clearance scheme, built some very fine new houses, and moved a large number of families out of the slums into them. The death rate of those families moved out of the slums went up 50 per cent. The council was horrified. It was decided to change the manner very carefully, and the medical officer of health reported that the only explanation was that, whereas the rent in the slums had been 4s. a week, the rent in the new house was 8s. 10d. weekly, leaving 4s. 10d. less to be spent on food. The Bishop of Winchester said that if that had been done on the slums he would have endorsed nearly everything Lord Marley had said. From time to time attacks were made against the Ecclesiastical Commissioners for owning slum property. He had always asked for specific cases, and when they were given he had inquired into them personally. So far he had not found any cases of slum property under the complete control of the Commissioners. It was true that there was slum property from which they drew ground rents which had been let on very long leases. They had no control over that property whatever. If they refused to draw the rents it would simply mean that the slum landlord would profit. He could assure the House that as soon as property which had been slum property came under the control of the Commissioners they used every effort in their power to turn it into decent property, run on model lines.

The Bill was read a second time.

Experiments on Animals.—Replying to Mr. Groves, Sir John Murray said there was no information of the number of experiments on animals attended by inspectors in the year 1899, but the figures for the years 1922, 1927, and 1931 were 401, 83, and 125. These figures provided no measure of the amount of inspection, since it might be a matter of accident whether a number of brief experiments such as inoculations were performed during an inspector's visit. Many procedures such as feeding experiments or experiments involving inoculations or the administration of drugs, extended over several weeks, and an inspector in the course of his visit saw thousands of animals which were undergoing such experiments. There were two inspectors appointed to visit registered places for the purpose of securing compliance with the provisions of the Cruelty to Animals Act.

Blind Pensions in Scotland.—On June 13th Mr. Hore-Belisha informed Mr. Burnett that he was unable to state the number of awards and withdrawals of blind pension made in Scotland for 1929, 1930, 1931, and 1932. The numbers of blind pensions in payment in Scotland at December 31st in each of the years 1929 to 1932, and the net increase or decrease over the preceding year, were as follows: 1929, 3,286 (+190); 1930, 3,231 (−55); 1931, 3,224 (+9); and 1932, 3,165 (−69).

Use of Hyoscine in Asylums.—Replying to Mr. Groves, Sir Hilton Young stated that during last year a commissioner of the Board of Control made a special investigation of the use of sedatives in institutions for the insane in England and Wales, but the results were not yet available. For the year 1928 the average number of patients resident in institutions for the insane was 122,614, and the total quantity of hyoscine used was 851 grains. The use of croton oil had not been forbidden, but the amount administered during 1930 was negligible.

Medical News

The Lord Mayor of London will distribute the prizes at St. Thomas's Hospital Medical School in the Governors' Hall, on Tuesday, June 27th, at 3 p.m. The annual dinner has been fixed for Friday, September 28th, at the Cavendish Hotel. It will be preceded by a five-day post-graduate course at the hospital; old students wishing to attend this course should notify the secretary to the Medical School without delay.

The annual general meeting of the Medico-Legal Society will be held at 11, Chandos Street, W., on Thursday, June 22nd, at 8 p.m., at the conclusion of which an ordinary meeting of the society will take place. Mr. Albert Crew will read a paper entitled "Some Functions and Duties of a Medical Practitioner in Criminal Courts"; a discussion will follow.

The annual dinner of the Cambridge Graduates' Medical Club will be held in 46, Christ's College, on Friday, June 23rd, at 7 p.m., with the president, Professor W. Langdon Brown, in the chair. The annual meeting will precede the dinner.

A reception will be held at the National Physical Laboratory, Teddington, on Tuesday, June 27th, from 3 to 6 p.m., when visitors will be received by the President of the General Board, Sir F. Gowland Hopkins, President of the Royal Society.

The third of four advanced lectures for post-graduates, arranged by the Fellowship of Medicine, will be given at 11, Chandos Street, W., on June 21st, at 5 p.m., by Mr. F. J. McCann, on the repair of injuries to the perineum and anal walls. On June 29th, at 8.30 p.m., Dr. Roland de Hellebrante of New Jersey, U.S.A., will lecture on modern methods of local and spinal anaesthesia, illustrated by lantern and cinema; and on July 13th, at 4 p.m., Dr. Kerley will give a demonstration of x-ray films, specially suitable for M.R.C.P. candidates. There will be a week-end course at the General Hospital, Southend-on-Sea, on July 8th and 9th. On June 23rd, at 5 p.m., there will be an ante-natal demonstration at the Royal Free Hospital. On June 27th, at 8.30 p.m., at the West End Hospital for Nervous Diseases (In-patient Department), Mr. Lindsay Rea will give a demonstration on the fundus oculi.

The fifth international post-graduate course of the Tomarkin Foundation of Locarno will be held at St. Moritz from August 18th to 27th, when lectures will be given on allergic diseases, diseases of the blood, climatology, rheumatism and arthritis, and diseases of the nervous system. The fee is 60 Swiss francs. Further information can be obtained from the secretary, Castella Postale 128, Locarno, Switzerland.

Harrogate Corporation has just issued an attractively illustrated pamphlet describing the famous Yorkshire spa and its environment under the title "Harrogate for Health and Holiday." Copies may be obtained on application to Mr. F. J. C. Broome, general manager of the wells and baths.
The annual general meeting of the Research Defence Society will be held at the London School of Tropical Medicine, Keppel Street, W.C. on Thursday, June 22nd, at 3 p.m. The chair will be taken by the president, Lord Latham. The lecture will be supported by Sir Arthur Stanley, chairman of committee. The seventh Stephen Paget Memorial Lecture will be delivered by Sir Leonard Rogers, F.R.S., on 'The Saving in Life and Suffering due to Medical and Veterinary Research, with Special Reference to Rogers, and American record.' It will be served after the lecture, and visitors are invited.

A congress of hydrology will be held at Toulouse in October under the presidency of Professors Sabatier and Abeles. The subjects to be discussed are: the thermo-mineral waters of the French Pyrenees and their geological grouping; the rarer gases of mineral waters; climatic cures and pulmonary tuberculosis; indications for providing treatment for children in spas, mountain resorts, and at the seaside; primary non-suppurative infection of the nervous system in relation to hydro-mineral therapy; utilization of spas by the French Army; and the legal control and survey of mineral waters. Sir James Purves-Stewart is contributing a report on infections of the nervous system. After the congress four days will be devoted to motor car tours in Languedoc, Pyrenees, and the Côte D'Argent. Further information may be obtained from Dr. François Françon, Aix-les-Bains.

The British Red Cross Society's Clinic for Rheumatism and Allied Diseases at 28, Nightingale Place, Woolwich, has been open since 1930, and in that time 9,576 treatments have been given. The average yearly number of patients was 233. The following treatments are to be obtained: massage and remedial exercises, radiant heat, diathermy (including intrapelvic), galvanism, faradism, sinusoidal, Schnee bath, and ultra-violet rays. Pyretic couch treatment, when recommended, is provided at the Seamen's Hospital, Greenwich. All patients are seen by a visiting physician (who attends once a fortnight), on the representation of a letter or a case from a general practitioner. The Seamen's Hospital has undertaken pathological and bacteriological examinations, and Dr. Eileen Boyd carried out some research work on the analysis of sweat. Radiological examinations have been made either at the Miller General Hospital or the Seamen's Hospital.

The Congress of Applied Psychopathology and Psychology, which had been arranged to take place in Vienna in the beginning of June, has been postponed till next year.

The twenty-first annual report of the Journal of the American Medical Association for 1932 (13th) on the cities of the United States with a population of more than 100,000, of which there were ninety-three in 1932, shows that the total typhoid mortality is the lowest ever recorded (1.24 per 100,000 of population), fourteen cities registered entire freedom from typhoid death, an unprecedented record.

A notice appears in our advertisement columns this week of a vacancy for a medical officer at the Methodist Mission's Leprosy Hospital, Dichpali, India. This institution possesses special facilities for research, and is closely associated with the British Empire Leprosy Relief Association. Information about the various possibilities of this appointment can be obtained from Sir Leonard Rogers.

The King has given authority to Dr. R. S. Miller, late Egyptian Government Medical Service, to wear the insignia of Commander of the Order of the Nile conferred upon him by H.M. the King of Egypt, on the occasion of his retirement from the service of the Egyptian Government.

A David Anderson-Berry gold medal, together with a sum of money amounting to about £100, will be awarded in July, 1935, by the Royal Society of Edinburgh to the person who, in the opinion of the council, has recently produced the best work on the nature of x rays in their therapeutic effect on human diseases. A further notice will be published earlier in 1935. A similar award will be made every three years.

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

Myositis Ossificans Progressiva

Sir James Barr writes in reply to the inquiry by "Help" (June 10th, p. 1032): These cases fall an injury to the muscles succeeded by the much rested supply of lime in the food and drink. Milk and hard water, vegetables containing much calcium, should be cut out of the diet. Lemon squash and barley water, raisin tea or gruel, with salutary water, nitrogenous food, fat, bacon, cod-liver oil, should be used; decalcifying agents such as acid fruits. I have found well-diluted phosphoric acid in small doses useful. Moderate doses of soda and thymol increase calcium metabolism. Gentle massage and infra-red rays are beneficial. About three years ago I saw a lady who had a large solid lump about the size of my fist involving the heads of the eighth, ninth, and tenth right ribs. I had been seen by one of the last surgeons in London and in Italy: the diagnosis was osteosarcoma. About one-half of the surgeons were for removal, and the other half to leave it alone. I said that the above suggested lines of treatment by both sets of surgeons were wrong. It was not a sarcoma, but a simple case of myositis ossificans, or a deposit of calcium salts in injured muscle and fibrous tissue brought about by injury to the spine and ribs when horse-racing, and afterwards using hard London and French waters. Any attempt at removal would involve a fearful mess, including removal of the heads of about four ribs, and final cure could only be effected by a further deposit of lime salts. On the other hand, it must not be left alone, but a cure attempted by the removal of the lime salts on the lines shched out in inordinate many of the cases which we see described in the B.M.J. require a little common sense—the rarest of all our senses. I advised her husband to take her to see Sir Robert Jones, but he never mention my name until he got her opinion. He replied, "Supposing Sir Robert says: 'Operate,' will you change your opinion?" I replied, "Not in the slightest particular, but I have too high an opinion of Jones to think that he would be such as to operate on my treatment, and I believe the patient is progressing favourably.

Dr. William F. Mair (St. Andrews) writes: If your correspondent "Help" could have access to the Edinburgh Medical Journal of January and February, 1932, he would find the subject very fully dealt with in a monograph contributed from the James Medical Association. The Research, St. Andrews, and the history of two cases similar to his own. It is impossible to give the information he requires in a brief note.

Pruritus in Tabes

"J. E." writes, in reply to the query by "Borderer" (May 20th, p. 903): I would refer your correspondent to the article by A. Winkelfried Williams in the British Medical Journal of January 24th, 1932, "Cure of Pruritus in Tabes by the Use of a Flesh Brush." I had occasion to recom-