the inoculations. Just before the first and the second inoculation and one month after the second, the serum antitoxin titres were determined by the intracutaneous rabbit method of Jensen (1933). The results are given in the Table.

The Diphtheria Antitoxin Titres of the Serum of 31 Persons After Intramuscular Inoculations of P.T.A.P. in 0.5-ml. Doses containing Lf 10, 10 mg. AIPO₄/ml.

A.U./ml.	Before First Inoculation	Before Second Inoculation	One Month After Second Inoculation
>10		5	8
1-10		9	13
0.1-1		8	7
0.01-0.1	3	6	3
0.001-0.01	12	2	
<0.001	16	1	
	31	31	31

As most of our nurses and medical students had already been immunized against diphtheria during the war, the series is very small, consisting only of 31 non-immunized Schick-positive persons between 20 and 25 years of age. While three of these before the immunization had an antitoxin titre of between 0.1 and 0.01 A.U./ml. the others had less than 0.01 A.U./ml., which is usually considered to be the borderline between Schick-positivity and Schick-negativity—the Schick level.

After the first inoculation there was a good rise in the antitoxin titres, but three of the subjects still had an antitoxin titre below the Schick level. After the second inoculation all had responded to the immunization with a rise in the antitoxin titre above the Schick level. Most of them reacted quickly to the inoculations to give a very high antitoxin content in the blood. There will, however, always be some persons who are poor antitoxin producers—e.g., one of the nurses had the following three titres: 0.001, 0.001, and 0.1 A.U./ml.

There were no severe reactions after the inoculations. A few of the subjects had a transitory tenderness in the inoculated area for one or two days.

Summary

In a small series the response to immunization with P.T.A.P. in Schick-positive adults was determined by the intracutaneous rabbit method of Jensen. Most of the subjects reacted quickly to the inoculations with a very high antitoxin content in the blood. No general or severe reactions occurred. In a few cases there was a trifling local reaction in the inoculation area. In this series there were no Schick-negative allergic persons.

REFERENCES

- Holt, L. B. (1947). *Lancet*, **1**, 282.
 — and Bousfield, G. (1949). *British Medical Journal*, **1**, 695.
 Jensen, C. (1933). *Acta path. microbiol. scand.*, **10**, Suppl. No. 14.
 Vogelsang, Th. M. (1949). *J. infect. Dis.*, **85**, 17.

A plan under which the World Health Organization will establish its headquarters in the Palais des Nations at Geneva under a 99-year lease was tentatively approved by the WHO General Assembly now meeting in New York. The plan provides for certain constructions to be added to the Palais at a cost of 3,684,000 Swiss francs—a saving of 33% as compared with the cost of earlier projects. The building is expected to provide space for 210 additional offices; it represents an economy of from 1 to 2 million Swiss francs on the cost of the original project approved in July by the WHO Executive Building Committee pending a decision of the United Nations' Board. The Building Committee has paid tribute to the generosity of the Swiss Government in its proposals for financing WHO headquarters, and has accepted the Swiss offer of a grant of 3,000,000 Swiss francs.

Medical Memorandum

“Autemphysesis”

Many bizarre clinical pictures are at times produced by the malingerer. The deliberate injection of air into the soft tissues and the consequent formation of surgical emphysema over a wide area of the body is a resource rarely adopted.

Zachary Cope (1948) quotes the following lines from a lecture delivered by Astley Cooper: “A young man who did not like the idea of going as a soldier endeavoured to make himself as it were a patient or sick person with a view to get off by going before a surgeon to examine him and say he was not capable of performing his military office; well, what did he do? He made a very small opening in his scrotum, and then with a long pipe blew air in at the aperture which made a very large tumour indeed and appeared as if he had got an inguinal hernia—he walked nine miles to the surgeon and nine miles back again, but of course the surgeon was too well aware of the case as to be deceived.”

I was recently confronted with a patient whose face and neck had suddenly become swollen. The soft tissues of his face were thickened, his features were almost unrecognizable in the gross swelling. His eyes were shut by the tumefaction of his orbit and eyelids. The soft tissues of the neck were also involved and presented the appearance of Ludwig's angina.

Palpation revealed surgical emphysema over the affected area. He was admitted to the ward for observation, and within 48 hours all the air had been absorbed and the structure of the face and neck had returned to normal.

The patient's nose and throat were carefully searched, but no organic lesion could be detected to account for these puzzling signs, until attention was drawn to a minute, partly healed incision on the inner side of the left cheek. On questioning, he confessed that this was a self-inflicted injury. He was a German prisoner of war and had been in captivity for several years. He had been arrested for an infringement of some camp regulations. To evade or delay the ensuing penalties he had decided to feign sickness.

He also stated that this particular device was not uncommon amongst the troops in the German Army. This was confirmed later after conversation with several German medical officers, also prisoners of war.

The inner side of the cheek, as far back as possible, is nicked deeply with a small fragment of a safety-razor blade. Sometimes, instead, the cheek is forcibly nipped between the molar teeth, so as to produce a punctured wound of the mucosa. The nostrils are then pinched together by finger and thumb and the cheeks are forcibly distended with air, as in the act of inflating the Eustachian tubes. Apparently quite a high pressure is required initially to force air through the hole, but, once a track has been formed, the tissues can be rapidly inflated.

The resulting appearance of this self-inflation, for which Dr. Vertue kindly suggested the name of “autemphysesis,” is puzzling to those who have not seen it before.

I am indebted to Brigadier Monro, surgical consultant to Middle East Land Forces, for permission to report this case.

PHILIP READING, M.S., F.R.C.S.

REFERENCE

- Cope, V. Zachary (1948). *Proc. R. Soc. Med.*, **41**, 357.