

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF ASPIRIN POISONING.

At the present time aspirin is probably more frequently employed than any other medicinal substance. The frequency with which it has been given in moderate and large doses in varying painful conditions resulting from widely divergent etiological factors without untoward results has earned for it a reputation not only as an efficacious but also as a safe remedy. Only a few cases have been published in which its administration has been followed by toxic symptoms, and the writers until the present case had never seen any untoward symptoms from its use, although they have administered this drug to many hundreds of patients.

The patient was a painter aged 29 who, when in the Royal Mineral Water Hospital one day, complained of a slight cold, and at 7 p.m. was given 10 grains of aspirin. Just previously he had taken a glass of milk. An hour and a half later he felt a burning pain in his epigastrium, and his right eyelids began to swell. The swelling then quickly spread over the left eyelids, the face, lips, tongue, and pharynx. The roof of his mouth "felt dry," his speech became thick, and urticarial blotches appeared over his chest and arms. At the end of three hours from the time of taking the aspirin he could see out of the right eye only with difficulty. There was no dyspnoea. He experienced some discomfort from the swelling of the face and presented a very bloated appearance. Next morning, that is, fifteen hours after the administration of the drug, the only sign remaining consisted of some puffiness of the eyelids, which did not entirely disappear until the fourth day.

This case shows that alarming symptoms may follow moderate or even small doses of aspirin, and corresponds with those described by Barnett, Abercromby, and Brown. More severe symptoms, however, such as violent palpitations, feeble rapid pulse, dark green urine, and gradually approaching unconsciousness, have also been described. The onset in one of such cases occurred in only from fifteen to twenty minutes after administration.

The fact that the patient in our case had had a glass of milk previous to taking the aspirin may possibly have had some bearing on the case, because alkaline substances decompose aspirin with liberation of salicylic acid, which produces the toxic phenomena. At the same time, idiosyncrasy doubtless plays an important rôle.

We are of opinion that aspirin should be taken on an empty stomach, and unaccompanied by anything except water. It is said that one grain of powdered ergot, owing to its antagonistic action, will prevent symptoms of poisoning.

JAMES LINDSAY, M.D., M.R.C.P.,
Honorary Physician,
A. J. BRUCE LECKIE, M.D.,
Resident Medical Officer.

Royal Mineral Water Hospital, Bath.

A CASE OF FILARIASIS IN DEVONSHIRE.

In the middle of March a girl aged 19 years (a National Insurance patient) presented herself for treatment for a sore throat, and on recovery from this told me she had for six months or more suffered from a vaginal discharge, which had at one time nearly ceased, but had again become more profuse than ever. But for the sense of uncleanness, the discomfort, and deep yellow stains on her linen, she would not have mentioned it, as it was occasioning no other symptom whatever.

On examination she was found to be a virgin, and no inflammatory signs were present in or around the parts. The urine was normal. I took a swab and made several slides of the discharge for examination, and ordered her injections and cinchona.

Under the microscope there were found pus cells, but no Gram-positive cocci or gonococci or rod forms in any quantity, but almost every field contained embryonic filaria.

The discharge apparently ceased under or during treatment. I therefore directed that it should be omitted for several days and again made a film, and found only what were apparently broken parts of filaria. At the same time (2.30 p.m.) I made a blood film from the finger, and found

an increase of mononuclear and polynuclear leucocytes and eosinophiles, and also what was apparently an aggregation of several filaria, and also separate ones.

What, in my opinion, makes this case worth recording is the fact that the girl has never resided away from Devonshire or the adjoining southern counties, nor has she been in contact with any persons from countries where filariasis is common, and she is, moreover, seemingly in average health.

The microscopic examination of course removed a suspicion from the girl's mind and also from her parents' as to the nature of the "whites" as she called it, and at the same time revealed the unexpected to me and made me wish I had taken a swab of the throat.

It is also worth noting that a few days ago, in attending a recognized phthisical patient, struck by the little body-wasting in an otherwise typical and formerly haemorrhagic case, I made an examination of the sputum, and picking on a tiny nodule, found beside the acid-fast tubercle bacillus, the streptothrix or actinomycosis clump and very numerous loose mycelial spore-bearing tubes or threads.

This latter mixed infection is probably not rare, and I see has been reported in a paper by Dr. Frank Nicholson (BRITISH MEDICAL JOURNAL, February 12th, 1912) but regarding the filariasis I can find no mention of it as occurring in residents of this country.

ARTHUR KING, M.R.C.S. Eng.,
L.R.C.P. Lond.

Bow, North Devon.

THE PRESENCE OF INTRACELLULAR AND FREE AMOEBOID PARASITES IN NOGUCHI'S CULTURES OF *SP. PALLIDA*.

In the BRITISH MEDICAL JOURNAL of December 14th last we described certain intracellular parasites found commonly in syphilitic lesions. These parasites were demonstrated by the jelly method of *in vitro* staining; and their development into spirochaetes was also described. They have now been found by us, and their presence has been confirmed by others, in every case of syphilis examined—in the primary and secondary lesions, in the circulating blood of syphilitics, and in some tertiary manifestations. In addition to these intracellular parasites, free amoeboid developmental forms were mentioned as occurring in chancres, glands, and sores. Analogous parasites found in certain animals suffering from allied affections were also noted (in rabbits, hares, guinea-pigs, earthworms). Lastly, these parasites were given the generic name of Lymphocytozoa, all species of which possess a spirochaete-like phase, the spirochaetes being the gametes.

As soon as Noguchi's cultures of the *Spirochaeta pallida* could be obtained a search was made in them for the parasites described. The medium employed by Noguchi consists of a mixture of agar and ascitic fluid in which are suspended small masses of rabbit tissue cells, and the spirochaetes grow anaerobically. After the sixth day of incubation, in the tissue cells (in those cultures which show the spirochaetes) what appear to be intracellular parasites have been found, and these seem to be indistinguishable from those seen by us in chancres, glands, sores, and blood of syphilitics. Moreover, the same free amoeboid forms, as described by us in the paper mentioned, have been found in the cultures. The cultures under observation were subcultures taken from those obtained from the Rockefeller Institute, New York.

The method of demonstrating these intracellular and extracellular parasites in the cultures is as follows: A subculture is chosen which contains spirochaetes. A long sterile pipette, with its upper end sealed, is thrust down through the layer of paraffin used to keep the medium anaerobic, through the semi-solid mixture of agar and ascitic fluid, into the mass of tissue cells at the bottom of the tube. The sealed end of the tube is then cut off, and some of the cells, some parasites, and perhaps some spirochaetes, enter the lower end. The upper end of the pipette is then sealed again, and it is withdrawn. Finally, some of its contents are shaken out on to a cover-slip, and this is inverted on to a ready-prepared jelly when the cells and parasites are stained by the jelly method. In old cultures, where there is considerable destruction of tissue, the parasites appear to undergo development outside the cells. The parasites in the cultures seem to be morpho-

logically similar to those described in the BRITISH MEDICAL JOURNAL of December 14th, 1912, and pictured therein.

EDWARD HALFORD ROSS,
E. JENNINGS, Lieut.-Colonel, I.M.S.
(From the laboratories of the John
Howard McFadden Researches.)

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

LEEDS GENERAL INFIRMARY.

A CASE OF PUERPERAL ECLAMPSIA TREATED BY
CAESAREAN SECTION.

(By JOHN B. HELLIER, M.D., Honorary Obstetric Physician
to the Infirmary; Professor of Obstetrics in the
University of Leeds.)

THE patient in the following case, an unmarried girl aged 18, was admitted on February 24th, 1913, in the eighth month of pregnancy. She had had good health before pregnancy, but since conception had suffered from vomiting all the time, and in the later weeks from headache and from oedema of feet, and of the eyes and face in the mornings. On the day of her admission she had had convulsions, and had bitten her tongue.

State on Admission.—She was very ill indeed, with a temperature of 101°, pulse 156, respirations 48. She was profoundly comatose, and there was a very large amount of albumen in the urine. Labour had not begun. The prognosis was considered rather bad.

Treatment.—It was decided to evacuate the uterus by abdominal Caesarean section, and chloroform having been administered, this simple and easy operation was performed without any difficulty or complication. The child could not be got to breathe, being poisoned by the toxæmia.

Progress.—The patient had seven fits after the operation, and received saline injection and hypodermics of morphine and atropine. At 2 a.m. of the night following the operation the temperature was 104.8°. The fits ceased at 4.30 a.m.

February 25th. She improved during the day, and showed some return of consciousness by evening, but passed no water.

February 26th. She was much better, and passing urine freely, with less albumen. The temperature was normal.

On February 27th she was quite conscious, and on February 28th passed 76 oz. of urine.

On March 2nd she was again very much better, and was reading a paper.

Result.—On April 9th she was sent to the Convalescent Home, and inspected again by me at the infirmary on April 16th. She was very much better; all oedema had gone, but some albuminuria remained.

REMARKS.—Eclampsia occurs only in connexion with pregnancy, and the emptying of the uterus stops the formation of the toxins, although time is needed to eliminate what is already in the system. Abdominal Caesarean section is the quickest way of emptying the uterus when labour has not begun and it causes wonderfully little shock, and all trauma of the cervix and vagina is avoided; this is no small matter in an eclamptic primipara.

I do not advocate this operation as a routine treatment, but it seemed quite a good plan to adopt in this case, for the patient was little more than a girl, the symptoms were urgent, labour had not begun, and was not due for a month, and the parturient canal was not infected; moreover, she was in a clinic with all appliances handy for the operation, and where much experience has been acquired in the rapid and successful performance of Caesarean section. Such an operation also offered the best chance for the child. I did not desire to try the vaginal section. I have recently seen it performed on the Continent in a very similar case, and was much struck with the serious amount of trauma involved. Owing to the great force required for delivery I am sure the trauma was many times more severe than if the abdominal route had been adopted.

THE next congress of French-speaking paediatrists will take place in Paris on October 3rd and 4th, under the presidency of M. Netter. The subjects proposed for discussion are obesity in children and cerebral tumours.

Reports of Societies.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

AT the first meeting of this society under its revised constitution, which was held on April 24th and 25th, Mr. J. B. LAWFORD, President, in the chair, Mr. FRANK JULER described a case of *Acute purulent keratitis in exophthalmic goitre*, which he had treated by repeated tarsorrhaphy. Mr. ORMOND recorded two cases of permanent hemianopia following migraine, the patients being young and apparently healthy persons, and he referred to three similar cases recorded by Dr. Thomas of Boston. Both Mr. Ormond's cases had suffered from sick headaches for years, with very severe migraine, followed by hemianopia. Observations had been made in other patients temporarily blinded by attacks of migraine, in which a spasmodic condition of the retinal arteries had been seen with the ophthalmoscope. The probable cause of the blindness in these two cases was a spasm of that branch of the middle cerebral artery supplying the visual centre, resulting in a permanent interference with the visual function of that side, and so leading to blindness on the opposite side. Dr. JAMES TAYLOR and Dr. GORDON HOLMES described two families showing a similar defect in vision, and emphasized the following: (1) The coexistence of family optic atrophy with tabes, yet the absence of any apparent effect of the tabes on the optic nerve in the cases affected. (2) The transmission of the optic atrophy in the female line. (3) The occurrence of migraine in several of the patients affected, and its persistence even after practical blindness had been reached. (4) The occurrence of other eye defects in members of the family. Mr. ANGUS MACNAB read a paper on an operation for the *Excision of the conjunctival sac and lid margins*, which he described in detail. He had been impressed by the relief given to the patients who had discharging sockets by this operation, and had no hesitation in recommending it to those persons with an empty socket covered with a shade, especially as the appearance was greatly improved by the procedure. Mr. N. BISHOP HARMAN supplied an analysis of 300 cases of high myopia in children, with a scheme for the *Grading of fundus changes in myopia*. These cases were collected during educational work in London, and all belonged to the elementary schools, so were socially of the working classes. All had come under observation in connexion with the new schools for myopes; many had been watched for several years; out of the 300, boys were 46 per cent., girls 52 per cent., a difference of 8 per cent., which agreed with the difference in the sexes in ordinary vision tests. The bulk of the cases seen were aged 8 to 12 years. Dealing with fundus conditions, the speaker criticized adversely their present nomenclature for changes about the disc. He proposed that the fundus should be spoken of as first, second, or third degrees, according as the atrophy at the disc was as wide as one-half the disc diameter, the whole diameter, or greater than that. To this would be added other details about the macula, etc. He showed a chart giving the correlation of refraction and fundus change according to this plan; it bore out his contention. He maintained some definite notation was necessary when these cases came under observation for a definite object such as the regulation of education. The next communication, by Mr. TREACHER COLLINS and Mr. HUDSON, dealt with the pathological examination of an eye with *Congenital anterior staphyloma*. Mr. TREACHER COLLINS followed with a paper dealing with *Fibrous tissue formation in connexion with the fibro-vascular sheath and visible vessels on the surface of the iris*. Mr. E. ARTHUR DORRELL, speaking of *Tobacco amblyopia*, said the dilatation of the pupil obtained when the skin of any part of the body was stimulated was either in abeyance or obtained only by increased stimuli in the condition. His 100 cases were divided into three classes: Class A, ordinary unselected cases, showing no signs of nervous disease and not suspected of tobacco poisoning; Class B, cases suspected of tobacco poisoning and showing no signs of nervous disease; Class C, cases showing signs

to supply at their own cost the medicines, etc., hitherto found by the medical officers, and that the clerk to the guardians had inquired what deduction from their salaries they were prepared to allow in consequence. The district medical officers strongly objected to any deduction. In addition to the pecuniary loss, it would further diminish the value of their superannuations in the future. The council was strongly of opinion that no deduction should be permitted. Drugs ought in all cases to be supplied at the expense of the guardians, and the present salaries of Poor Law medical officers were by no means exorbitant for the medical work alone. Dr. Holder (Hull) said that the Sculcoates Guardians not long ago decided to supply the drugs, and took that duty off the medical officers without diminishing their salaries. He believed the same had been done by other boards of guardians.

Emergency Attendances.

The responsibility of guardians to pay for services rendered to inmates of their workhouse by practitioners called in the absence of the workhouse medical officer was raised by a recent occurrence in a northern town. The council was of opinion that if outside medical assistance were called for on behalf of the guardians by an officer entitled to pledge the credit of the same a fee could be recovered. It was not clear why in this instance the deputy had not been sent for. It was decided that the annual meeting should take place in London on Thursday, July 3rd, at 3 p.m.

Insurance Act.

It was pointed out that complaints were arising in many places that the maternity benefit seriously interfered with the emoluments derived from the extra fees granted for attendance on midwifery cases. In one union a medical officer was petitioning his board for compensation on the ground that his quarterly account for extra fees, which had never been below £20 for many years, had dwindled down in the last quarter to £7. When the serious effect of such a reduction, if permanent, on the superannuation of the medical officer is considered, the reality of the grievance becomes obvious. It was thought by the council that Poor Law medical officers were quite as much entitled to compensation for losses of this nature as were vaccination officers for their loss of income through the "conscience clause" in the last Vaccination Act, and with regard to the latter compensation had been given in some instances.

Universities and Colleges.

UNIVERSITY OF OXFORD.

The following gentlemen have been appointed by the General Medical Electorate as members of the new Board of Faculty of Medicine:

Dr. A. E. Garrod, F.R.S., Dr. Cecil Wall, Mr. A. P. Dodds-Parker.

New regulations have been approved by the Board of Faculty of Medicine for the First B.M. Examination in Organic Chemistry, and will be published in the forthcoming issue of the *Examination Statutes*.

UNIVERSITY OF CAMBRIDGE.

New Psychological Laboratory.

The buildings of the new psychological laboratory at Cambridge, erected from the designs of Sir T. G. Jackson, R.A., in the English Renaissance style, were formally opened by the Vice-Chancellor on May 15th. The new laboratory is approached by the same entrance and staircase as the physiological laboratory now in course of construction. The psychological laboratory consists of three floors. On the ground floor are a lecture-room, a mechanic's workshop with a small organ bellows for blowing wind instruments needed for acoustic experiments, and a research room. On the first floor is a library, dark room, and two practical class-rooms. On the top floor are six research rooms, including a sound-proof room for auditory experiments and another which can be completely darkened. When the organization of a department of experimental psychology was begun by the appointment of Dr. Rivers, room was found for it in the physiological laboratory, but its growth compelled it to move in 1901 and again in 1903. In 1907 Dr. Rivers became lecturer in the physiology of the senses and Dr. Myers in experimental psychology, and the university thereafter offered a space on the Downing site for the construction of the new laboratory. Dr. Myers succeeded in collecting £4,000 for the building now completed, and grants have been made for its equipment and endowment from the Museum Fund and by the Cambridge University Association.

UNIVERSITY OF EDINBURGH.

UNIVERSITY COURT.

At the meeting of the University Court on May 13th, sympathetic reference was made to the death of the Right Hon. William McEwan, P.C., LL.D., which became known during the course of the sitting, and it was arranged that the chairman (Principal Sir William Turner) should represent the university at the funeral on May 15th at Bookham, in Surrey.

The Court had before it an Order of His Majesty in Council approving of the Court's Ordinance No. 14, which has to do

with the foundation of a Chair of Bacteriology (to which reference was made in this JOURNAL, vide p. 1076). Grants from the Earl of Moray Endowment for the promotion of original research, recommended by the Senatus, were approved.

Recognition, for a term of three years, was granted to Dr. John Orr, Edinburgh, as an extra-academical teacher, whose course of instruction in practical materia medica shall qualify for graduation in medicine.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. THE COUNCIL.

The constitution of the Council of the College is as follows:

President.

Sir Rickman J. Godlee, Bart.; C. (1) 1897, (2) 1905.

Vice-Presidents.

Mr. Clinton T. Dent (deceased); C. (1) 1903, (2) 1911.
Mr. G. H. Makins, C.B.; C. (1) 1903, (2) 1911.

Other Members of Council.

Sir Henry Morris, Bart.; C. (1) 1893 (substitute), (2) 1898, (3) 1906.
Mr. Edmund Owen; C. (1) 1897, (2) 1905.
Sir W. Watson Cheyne, Bart., C.B.; C. (1) 1897 (substitute), (2) 1901, (3) 1909.
Mr. F. Richardson Cross; C. (1) 1898, (2) 1906.
Sir A. Pearce Gould, K.C.V.O.; C. (1) 1900, (2) 1908.
Mr. R. Clement Lucas; C. (1) 1901, (2) 1909.
Mr. C. W. Mansell Moullin; C. (1) 1902 (substitute), (2) 1907.
Sir Frederic Eve; C. (1) 1904 (substitute), (2) 1907 (substitute), (3) 1912.
Sir Anthony A. Bowlby, C.M.G.; C. (1) 1904, (2) 1912.
Mr. C. H. Golding-Bird; C. 1905.
Mr. W. Harrison Cripps; C. (1) 1905 (substitute till 1908), (2) 1909.
Mr. W. Bruce Clarke (resigned); C. 1907.
Mr. Charters J. Symonds; C. 1907.
Mr. W. F. Haslam; C. 1908.
Mr. C. Barrett Lockwood; C. (1) 1908 (substitute), (2) 1910.
Mr. W. Arbuthnot Lane; C. 1908.
Mr. Bilton Pollard; C. 1910.
Mr. C. A. Ballance, M.V.O.; C. 1910 (substitute for Mr. G. A. Wright till 1914).
Sir J. Bland-Sutton; C. 1910.
Mr. D'Arcy Power; C. 1912.
Sir Berkeley G. A. Moynihan; C. 1912 (substitute for Sir H. T. Butlin, 1919).

The medical schools are represented as follows:

London:

St. Bartholomew's	...	5*
Guy's	...	4
King's College	...	1
London	...	2
Middlesex	...	3
St. George's	...	1†
St. Mary's	...	1
St. Thomas's	...	2
University College	...	2
Total, London Schools	...	21

Provincial:

Birmingham	...	1
Bristol	...	1
Leeds	...	1

Making total of Council ... 24

* Including Mr. Bruce Clarke, resigned.
† Mr. Clinton Dent, deceased.

On this occasion there will be four vacancies. Mr. Edmund Owen and Mr. C. H. Golding-Bird, who were elected in 1905, retire in rotation, having served the term of eight years. Sir Rickman Godlee, re-elected in the same year, does not retire, as he holds the office of President. The third vacancy is due to the death of Mr. Clinton Dent, re-elected in 1911, and the fourth to the resignation of Mr. W. Bruce Clarke, elected in 1907.

Owing to a misunderstanding it was stated last week that Surgeon-Major H. B. Hinton had been elected an Honorary Fellow. It should have been said that the Council had adopted a resolution congratulating him on attaining the hundredth anniversary of his birth.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The Fellowship.

The following candidates have been admitted to the Fellowship:

F. Armstrong, C. B. Baxter, G. N. Braham, R. C. Brewster, H. A. Cookson, F. H. Diggle, K. B. MacGlashan, F. G. Ralphs, F. A. Scannell, R. L. Scott, A. D. Stewart, A. C. Thomson.

The Bathgate Prize in Materia Medica has been awarded to Mr. G. T. Mowat.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Appointments.

The following have been appointed to act on behalf of the College at examinations for the Conjoint Licence and the Diploma in Public Health: In *Anatomy*, A. C. Geddes and A. A. McConnell; in *Surgery*, C. A. Ball, G. J. Johnston, Seton Pringle, R. A. Atkinson; in *Physiology and Histology*, J. A. Scott; in *Pathology and Bacteriology*, A. H. White; in *Midwifery and Gynaecology*, F. W. Kidd; in *Biology*, J. Burgess; in *Ophthalmology*, H. Cunningham and R. D. Joyce; in *Chemistry*, S. Young; in *Sanitary Law and Vital Statistics*, M. Russell; in *Engineering and Architecture*, C. J. Powell.

The following have been appointed examiners for the Fellowship of the College and for its Licences in Surgery and Midwifery: In *Anatomy*, A. C. Geddes and J. Keegan; in *Surgery*, C. A. Ball, L. G. Gunn, G. J. Johnston, and Seton Pringle; in *Physiology and Histology*, F. Purser and J. A. Scott; in *Pathology and Bacteriology*, R. J. Rowlette, A. H. White; in *Midwifery and Gynaecology*, F. W. Kidd; in *Chemistry and Physics*, E. Lapper and S. Young.

Mr. J. B. Story has been elected a member of the Council of the College.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—R. J. Bassett, E. J. Benson, T. F. Broderick, T. F. Corbett, E. M. T. Crymble, I. B. Culhane, H. W. Hackett, H. I. Hawkes, D. Kelly, J. E. Lucas, J. A. McKinnon, *D. J. Steele.

SECOND COLLEGE.—*H. M. Alexander, C. H. Brennan, M. Burke, W. R. Dimond, K. Elmes, B. Glasson, *H. Graham, F. Greene Kelly, M. J. Loftus, C. A. R. McCay, C. W. Robinson, J. Ryan, A. R. Soady, N. E. Stephens, P. J. Walshe.

THIRD COLLEGE.—T. M. Cronin, W. A. N. Fox, T. L. Enright, T. F. Higgins, J. D. Hamilton, W. J. A. Laird, J. S. McHugh, C. J. O'Carroll, D. V. O'Connor.

FINAL.—Miss M. J. Ahern, B. N. Blood, J. Barrett, D. W. Beamish, H. J. Burke, P. D. Daly, A. J. Faulkner, F. E. Fitzmaurice, J. J. Glynn, T. J. Kelly, A. P. Kennedy, J. Kirker, V. J. Lawless, F. J. McCarthy, T. Mulcahy, C. Petit, C. L. Sproule, T. J. Sinnott, G. Wilson, W. Waugh.

D.P.H.—J. Hormasji Contractor, J. Daniel, *C. A. Farrell, M. Halpenny, Sheik G. Rasul, W. G. Ridgway, H. Roberts, *L. Robinson, *N. J. C. Rutherford, Major R.A.M.C., *P. Sampson, Captain R.A.M.C., *J. L. Thomas.

* Passed with honours.

Obituary.

COUNT RINALDO TAVERNA, Senator of the Kingdom of Italy, and President of the Italian Red Cross, who recently died, displayed great energy in organizing help for the sufferers from the earthquakes of Messina and Calabria, in the cholera epidemics of 1910, 1911, and for the wounded in the Tripoli campaign and in the war in the Balkans. His loss is greatly regretted by the medical profession.

MISS ARA GRAY MURCHISON, whose early death took place on May 10th, was a student of the Medical College for Women, Minto House, Edinburgh, during the years 1902-7; she graduated M.B., Ch.B. in Edinburgh University in 1907, and afterwards did work as an assistant in Lanarkshire; then for a time she was resident medical officer of Egilshay, Roushay, and Weir (or Viera), in the Orkney Islands; next she was assistant medical officer of health in Huddersfield and then resident medical officer to St. Luke's Hospital, Halifax. At this time, however, her health broke down and she underwent a serious operation. It was hoped that her health was restored and she returned to Edinburgh, where she was appointed clinical assistant in the Electrical Department of the Royal Infirmary, and busied herself also with research work; but her former trouble returned and after an illness of two months she passed away. She was buried in Rosebank Cemetery on May 13th.

In its May number our contemporary *Garden Cities and Town Planning* states that an International Garden Cities and Town Planning Association has been formed. For the present the offices will be at 3, Gray's Inn Place, London, W.C., and Mr. Ewart G. Culpin will act as honorary secretary. Already a number of organizations dealing with these matters have intimated their willingness to join such an international movement, and it is proposed to hold periodical conferences in the various countries represented. During the past two months over two hundred requests have been received from different parts of Europe, Asia, Africa, America, and Australasia for information on civic matters. These have in the past been dealt with by the Garden Cities and Town Planning Association, but the growth of the work both in Great Britain and abroad necessitates the promotion of the new association in order to link together the various bodies that are being formed in different parts of the world. Among the countries represented by these inquiries are the United States, France, Germany, Russia, Poland, Hungary, Austria, Roumania, Sweden, Belgium, Holland, and Spain, each of the States of Australasia and South Africa and the Canadian Provinces, India and Burma, and Trinidad.

Medical News.

THE late Mr. Jordan Lloyd, of Birmingham, left estate valued at £60,213 gross, with net personality £58,587.

PROFESSOR VON ROENTGEN, of Munich, has been elected an honorary member of the German Surgical Society.

SIR WILLIAM OSLER delivered the Silliman Lectures at Yale University recently, his subject being the Evolution of Modern Medicine.

THE Canadian Medical Association will hold its forty-sixth annual meeting in London, Ontario, on June 24th and 27th, under the presidency of Dr. H. A. McCallum.

THE sixth medical congress de la Langue Française de l'Amérique du Nord will be held at Quebec in 1914, not at Montreal this year as previously stated.

PROFESSOR BATESON's postponed lectures on the heredity of sex and some cognate problems will be delivered at the Royal Institution on Monday, June 2nd, and Wednesday, June 4th, at 3 o'clock.

AT the meeting of the Royal Society on Thursday next a paper on the action of radium rays upon the cells of Jensen's rat sarcoma by Drs. S. Russ and Helen Chambers will be read, and also a report from the Sleeping Sickness Commission on the morphology of the Mzimba strain of trypanosome.

MR. HENRY RUTHERFORD, of New York, who died in February, has bequeathed the sum of £40,000 to the Rockefeller Institute of Medical Research, the "income to be applied to investigations into the causes and nature of the disease known as cancer and the methods of its prevention and treatment."

THE seventh annual meeting of the Women's Medical Society of New York State was held at Rochester on April 28th under the presidency of Dr. Helen J. C. Kuhlmann of Buffalo. About one hundred women physicians from various parts of the State attended the meeting. Dr. Marion Craig Potter of Rochester was elected president for the ensuing year.

THE Continental manager of the Great Eastern Railway will send to any one interested a copy of a little book well illustrated in colours and black and white describing the company's routes to Harwich and from it to the Hook of Holland, Antwerp, Hamburg, Esbjerg (Denmark), and Gothenburg. The route by the Hook of Holland is one of the best appointed to the Continent, and the traveller's only regret, on a fine night, must be that there is so little time to enjoy the comforts and convenience provided.

THE American Medical Association will hold its sixty-fourth annual session at Minneapolis from June 17th to 20th, under the presidency of Dr. John A. Witherspoon. The work of the meeting will be distributed among the following sections: The practice of medicine, surgery, obstetrics, gynaecology and abdominal surgery, ophthalmology, laryngology, otology and rhinology, diseases of children, pharmacology and therapeutics, pathology and physiology, stomatology, nervous and mental diseases, dermatology, preventive medicine and public health, genito-urinary diseases, hospitals and orthopaedic surgery.

AT a dinner attended by some fifty medical men of Burnley and the neighbourhood on May 10th, Dr. A. E. Bird, Honorary Secretary of the Burnley Division of the British Medical Association, was presented with a massive solid silver tea and coffee service and waiter. All the members of the Division had subscribed to the testimonial, which was presented in recognition of the arduous work of the honorary secretary during the past two years. The presentation was made by Dr. Crump, chairman of the Division, and the service bore the following inscription:—"Presented to Dr. A. E. Bird by the members of the medical profession in the area of the Burnley Division of the British Medical Association as a mark of appreciation of his services as honorary secretary, May, 1913."

WE are asked to state that the National Medical Guild is a trade union for medical practitioners conducted on trade union lines—that is to say, its main policy is the defence of its members by all legal means. It has, as a trade union, immunity for many actions under the laws as to conspiracy and libel, and this is regarded as essential for the protection of its funds and for the success of any combined action on the part of the medical profession. The case *Heard v. Pickthorne*, which it successfully contested, has, it is held, established that it is not competent for an approved society to refuse non-panel doctors' certificates for the purpose of sickness benefit. This case was reported and commented on in the BRITISH MEDICAL

JOURNAL of May 10th, p. 1014 and p. 1033. Medical practitioners, whether on the panel or not, are eligible for election, and the subscription is one guinea per annum. Further particulars can be obtained from the Organizing Secretary, Dr. Gordon R. Ward, 34, Villiers Street, Strand, London, W.C.

IN connexion with the article on the carotid body published in the JOURNAL of May 17th, p. 1074, the following additional particulars will be of interest. In 1900 von Heinleth described the human carotid body as developing until puberty, and stated that it then either underwent atrophy or arrest of development. If it continued to grow after puberty it underwent tumour formation. In 1908 Gomez stated that it increased in size as the individual grew by increase of connective tissue, blood vessels, and parenchyma. Reaching a certain stage, between the age of 20 and 30 years, it remained stationary for a time, and then only the connective tissue increased, the interlobular blood vessels thickened, and sclerosis and atrophy of the gland resulted. Finally, in 1904 Mulon found that aqueous extracts of the carotid bodies of old horses, when injected intravenously into rabbits, gave invariably a rise of arterial pressure, and sometimes an acceleration of the heart and increased force of its beats.

IT seems that the day of oblivion for the sundial is not yet. Under its modern name of "sol horometer"—a name chosen, we imagine, to confound the poets—it is still counting the sunny hours. But as a concession to a world which is less inclined to take trouble than formerly, its mechanism has been adjusted to show the standard time to within the fraction of a minute without any mental deductions and allowances for position. A sector under the bowl of the instrument indicates the correct angle for any latitude, and the instrument is tilted accordingly. To enable the time to be read with precision, a box-shaped screen, somewhat resembling the eye-piece of the radiologist's fluoroscope, extends pivoted across the engraved surface. The purpose of this screen is to reduce the radiation of the light to a minimum, and thus secure a sharp image, which, after the slight adjustment of the dial for the date, duly passes the time of day. The instrument, which is described and illustrated in a pamphlet by Messrs. Pilkington and Gibbs, Limited, of Preston, is clock, calendar, and compass in one, and its appearance on an appropriate pedestal and with the inevitable motto around it, combines old-world dignity with chronological exactitude. The only disturbing element in this method of time-keeping is due to the erratic absences of the sun itself.

THE foundation stone of the new Helena Building at the Royal Free Hospital, Gray's Inn Road, was laid on May 19th by Princess Christian of Schleswig-Holstein, who was received on her arrival by the Earl of Sandwich (Chairman of the Hospital Committee), the Archdeacon of London, Dr. Harrington Sainsbury, Mr. James Berry, Miss R. Cox-Davies, matron of the hospital, and several members of the Board of Management. The Earl of Sandwich, who welcomed the Princess on behalf of all associated with the work of the hospital, said that it had long been the desire of the Committee of Management to provide improved accommodation for out-patients attending the hospital in a building that would meet all modern requirements for their efficient treatment. In this new building provision was being arranged for the reception of accidents and urgent cases, for the medical staff, throat and eye specialists, massage, and dental and electrical departments. A complete maternity department would be provided on the second floor, whilst accommodation was also being set apart for the medical students, in place of their present quarters in the old building. The Royal Free Hospital, continued the speaker, was the only one in London through which women could enter the medical profession. An ever-widening sphere of usefulness was opening out for medical women at home and abroad, particularly in India and the Eastern dominions, and therefore an increasing importance was attached to the work of the hospital and the need for extension was now more urgent than at any other previous time. The Earl of Sandwich then presented the architect (Mr. Ashley) and the contractor (Mr. Downs) to the Princess Christian; and the hymn "Thou to whom the sick and dying" having been sung, the foundation stone was laid, and the benediction given by the Archdeacon of London. The ceremony concluded with the presentation of a number of purses containing subscriptions towards the expenses of the new building. The total collection amounted to £1,632, the cost of the building having been estimated at between £40,000 and £50,000, of which over £11,000 has already been subscribed.

Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Artiology, Westrand, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, Westrand, London*.

TELEPHONE (National).—

2531, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2530, Gerrard, BRITISH MEDICAL ASSOCIATION.

2534, Gerrard, MEDICAL SECRETARY.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

SOFT WATER AND IRON PIPES.

DR. E. H. O. SANKEY (Baschurch, Salop), who has a supply of very pure soft water, finds that it cuts away iron hot water pipes very fast and is always red and rusty. He asks what can be used to line pipes and boiler and so protect them.

INCOME TAX.

G. A. W. asks on what basis the income tax return for the present year should be made in a case in which the effect of the Insurance Act has been to increase income.

. The profits of the practice should be returned on the average of the past three years notwithstanding the increase. Neither an increase nor a falling off of the profits in a particular year is taken into consideration in arriving at the income-tax liability, except in so far as it affects the average profits.

F. J. W. inquires under what schedule of the income tax he should return his grant for vaccination.

. As the grant does not arise in connexion with an appointment for which "F. J. W." is assessed to income-tax under Schedule E, the grant should be regarded as part of the receipts of the general practice and included in the profits to be returned for assessment in following years on the average of three years.

DOUBLE TAX.—The Board of Inland Revenue offers no objection to the inclusion in a general practitioner's return (Schedule D) of fees received in respect of public appointments, and, in view of the indubitable injustice that would otherwise arise, we apprehend that the Commissioners will acquiesce in the assessment of insurance fees under Schedule D as profits of the general practice. We advise our correspondent to prepare his return on this basis, and if necessary urge his views on the surveyor of taxes.

ANSWERS.

T. H. M.—Carwardine's saccharometer does not differ in principle from a burette and porcelain capsule, and it is not clear why our correspondent should fail to get a complete reduction of the cupric oxide; after the test tube has stood for a while the bluish tinge, however complete the reduction, will return, as the cuprous oxide takes up oxygen from the air. This may be the source of the difficulty.

PARALYSIS AGITANS.

T. writes, in reply to "G. F. P." (May 10th, p. 1036), as to the treatment of ptalism in a patient afflicted with paralysis agitans, to recommend ten-drop doses of tinct. belladonnae three times a day or pilocarpine nitrate gr. $\frac{1}{2}$.

PAIN IN THE BACK.

In reply to "Omega," Mr. Paul B. Roth, F.R.C.S., writes: Provided the abdominal and pelvic organs are healthy, and can be excluded, "pain in the back on rising and throughout the day," may be the only subjective symptom of (1) "weak relaxed back," (2) scoliosis, (3) subluxation of the sacro-iliac joint, (4) Pott's disease.

1. In this condition the natural antero-posterior curves of the spine are either exaggerated or diminished, and the patient may be unable to maintain the erect position for more than a few seconds without pain.

2. In scoliosis a hip or shoulder-blade may be prominent, and on flexion of the patient's trunk there may be seen a projection posteriorly on one side more than the other of the ribs, or of the erector spinae in the lumbar region.

The treatment of both these is by "posture and exercise."

3. This condition occasionally occurs: In addition to the pain in the back, a tender spot is found over one or other sacro-iliac joint when palpated behind. It is entirely relieved by encircling the pelvis firmly for some weeks with a strip of broad strapping.

4. Radiograms may be of use here, and an important sign is muscular rigidity; the treatment is, of course, immobilization.