

interior of the larynx. Both hands of the operator are free. He can therefore undertake very easily complicated manipulations in the throat and larynx.

For these methods of examination, as well as for the other direct methods, I have constructed a special operation table, which can be so conveniently arranged that the operator can see into the throat of the patient whether he is sitting or standing.

Application of Suspension Laryngoscopy.

The new procedure is of special service in demonstrations. It is very easy for students to make themselves well acquainted with the details of the interior of the throat and larynx, and to note any pathological changes. Polypi of the vocal cords, papillomata, carcinomata, tuberculosis, paralysis of the recurrent laryngeal nerve, and similar conditions can very easily be demonstrated. Preparation for operation can also be performed more easily.

In children suspension laryngoscopy succeeds well. It is, however, necessary to give the child ether or chloroform. Scopolamine should not be given to children under 15 years old. We use suspension laryngoscopy in children for diagnostic and operative purposes, to discover the cause of disturbances of the voice and of dyspnoea and to remove these. Of acute processes, the examination reveals the presence of catarrh, subglottic swelling, false membrane formation in the subglottic space. Chronic laryngitis, nodule formation on the vocal cords, papillomata, tuberculosis, and syphilis can be observed. A special chapter concerns foreign bodies in the larynx.

Suspension laryngoscopy has rendered specially good service in recurring multiple papillomata of the larynx. The growths can be, after repeated sittings, radically removed in a natural way. For the prevention of recurrence it is recommended nowadays, that a capsule of mesothorium should be introduced into the

larynx after the operation, and left there at least half an hour.

Foreign bodies in the child's larynx can easily be seen and removed with suitable forceps.

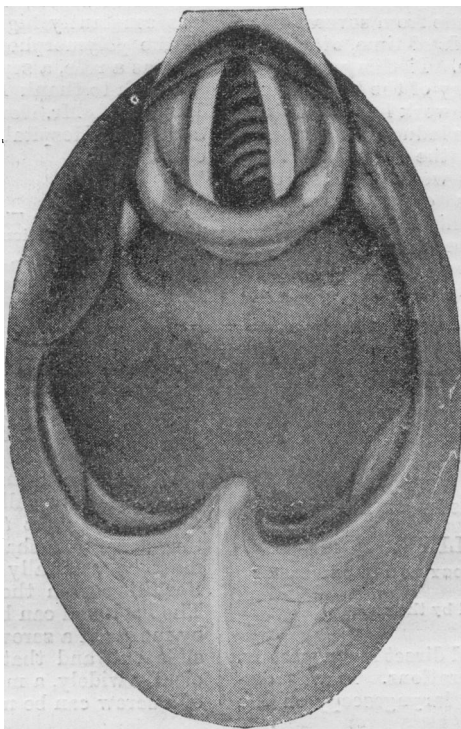
Suspension laryngoscopy has also proved very suitable for guidance in direct tracheoscopy and bronchoscopy in children. When the interior of the larynx is well seen, one can also very easily and cautiously introduce tubes into the air passages and into the bronchi. Should it be necessary to introduce such a tube repeatedly, there is no difficulty in so doing. By means of suspension laryngoscopy I have been successful in extracting a metal case and a nail out of the bronchi.

In adults we use suspension laryngoscopy for the scraping out of the larynx in tuberculosis. With the sharp spoon all tuberculous granulations can be removed at one sitting. With the double curette, the infiltration can be taken away. Also, it is possible, when necessary, to employ the galvano-cautery deeply. The treatment of even advanced cases of laryngeal tuberculosis is by the new methods materially shortened. The patients can very soon, after removal of the grossest changes, be sent to the sanatorium for further treatment. Should oedema occur after the interference, this is easily cured by Albrecht's hot-air bath.

Laryngeal polypi, papillomata, and small carcinomata in favourable situations can be removed

easily with this new method. The mesothorium treatment is especially adapted for the treatment of laryngeal carcinomata in patients who refuse operation. The mesothorium capsule is grasped with forceps and introduced into the larynx. The instrument is fixed on to the suspension hook. In scopolamine partial anaesthesia the patient bears this procedure comfortably for from one hour to one hour and a half.

The examination of the hypopharynx and of the entrance of the oesophagus is facilitated by suspension laryngoscopy. This method indicates a significant step forward in intralaryngeal technique.



Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PTOMAIN POISONING IN THE PUERPERIUM.

A YOUNG woman, aged 21, was confined on February 24th, 1914. The baby, which was her first and healthy in every way, was delivered by natural efforts, and the placenta and membranes came away complete.

She remained quite well, with normal pulse and temperature, until the morning of March 3rd, exactly one week after the confinement, when she complained of feeling unwell, the lochia, which had been normal, suddenly ceased; the temperature rose to 103° and pulse to 100. Her face was flushed and seemed slightly swollen, and the tongue was furred. The bowels did not act after an aperient, although previous to this they had moved regularly. There was no history of her having eaten anything out of the ordinary. She had had fish for dinner the previous day, and this, I was assured, was quite sound.

Thinking that the condition was of uterine origin, I examined her, but could find nothing abnormal in the vagina or uterus. However, I gave her a thorough uterine antiseptic douching.

She did not seem any better after this, and the temperature rose to 104.8° and the pulse to 110; the face assumed a curious puffy appearance, which steadily increased until

her eyes were almost completely closed by the oedema of the lids; the rest of her face became enormously swollen, so much so that she was quite unrecognizable. The urine was free from albumin or any other abnormality. She had no cough, and there was nothing abnormal in the chest.

There was no vomiting, and the bowels remained obstinately constipated, even after large and repeated doses of aperients. Finally, following a high soap and water enema, a copious and most offensive motion, consisting chiefly of undigested fish, came away. She felt much better after this, and the temperature and pulse commenced to fall. After further injections the facial oedema began to subside, the lochia became normal again, and she completely recovered.

There is no doubt that the origin of the trouble lay in the fish which she had eaten for dinner on the day previous to the commencement of symptoms, and I subsequently heard that several other persons in the neighbourhood had been similarly affected after eating fish from the same shop, and on the same day.

The case is of interest from the fact that, occurring at such a time, the symptoms were liable to be mistaken for those of uterine trouble. Although resembling the latter to some extent, they were not typical of ptomain poisoning in that there were at no time signs of gastro-intestinal irritation, such as vomiting, diarrhoea, etc. Also, the symptoms did not appear until eighteen hours after the tainted food was eaten. On the other hand, I have never

seen a case of septicaemia, sapremia or pyaemia of uterine origin in which there was present the extreme facial oedema which occurred in this patient.

Bradford.

H. SUTHERLAND METCALFE, M.D.

"COMPARATIVE" RISE OF THE URINARY TEMPERATURE IN INFLAMMATORY DISEASES OF THE URINARY TRACT.

NORMALLY the urinary temperature is about 0.4°F. below the rectal and about 0.4°F. above the oral (three minutes' exposure); by "comparative" rise I mean as compared with the normal difference between these temperatures. Thus, if the urinary temperature equals or exceeds the rectal, there is a "comparative" rise—for example, urinary 98° and rectal 97.6° equals a rise of 0.8° .

Three months ago I was suddenly attacked by severe pain in the right side of the abdomen, with tenderness, rigidity, and vomiting, simulating appendicitis (no urinary symptoms). Two months later a similar attack occurred, which was accompanied by the usual symptoms of renal calculus. Subsequently a stone was passed. I lately noticed that, whereas my rectal temperature had always exceeded the urinary by 0.4° , now the conditions were reversed, the urinary exceeding the rectal by 0.4° , giving a "comparative" rise of 0.8 . A fortnight after passing the stone these temperatures resumed their normal relations.

Had I been aware of this diagnostic sign a correct diagnosis could have been made at the first attack. Normally, on waking in the morning, the urinary temperature is about 96.8° and the rectal about 97.2° . It must be pointed out that a mere rise of urinary temperature without comparison with the rectal or oral (the former is to be preferred) is useless, as, of course, it rises in all "general fever."

It is essential that the bulb of the thermometer be placed close to the meatus and about 7 oz. of urine voided, so that the best time to take the temperature is on waking; for rectal temperature the thermometer is best inserted about $1\frac{1}{2}$ in. and left *in situ* two minutes.

It is well known that local inflammations give a "comparative rise"—for example, ischio-rectal abscess gave a rectal temperature 2° above the oral, and alveolar abscess caused the oral to be equal to the rectal. It seems only logical that the same should happen in urinary inflammation.

Unfortunately, my health prevents me making further observations, but I may put forward the following "speculative propositions":

1. That a "comparative rise" of the urinary temperature is present in inflammation of the urinary tract.
2. That this observation (if subsequently confirmed) should prove of diagnostic value in these diseases, with obscure symptoms.
3. That the temperature of urine catheterized from the ureter might indicate the diseased organ when cystoscopy failed.

DOUGLAS A. WOOD, M.B., Ch.B.,
(late A.M.O., Pinewood Sanatorium,
Wokingham.)

Sittingbourne.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

NORTH LONSDALE HOSPITAL, BARROW-IN-FURNESS.

RUPTURED SPLEEN: SPLENECTOMY.

(By J. LIVINGSTON, F.R.C.S. Edin.)

W. H. L., a labourer, aged 27 years, was run over by a one-ton motor omnibus at 5 p.m. on November 5th, 1913, the rear wheel passing over the abdomen. He was dismounting from the front seat while the machine was running at slow speed, when he slipped and fell under the wheel. He was unable to rise, and was lifted up and carried home, a distance of 100 yards or so.

When I saw him at 6 p.m. he was lying on a couch, breathing shortly, like a patient with pleurisy; his pulse was over 100. The abdomen was rigid all over. There was a superficial skin graze 2 in. by 1 in. over the right anterior superior iliac spine; this was the only injury to be seen.

He was removed to the North Lonsdale Hospital, where I saw him again at 8 p.m. His condition was as before. Pulse 92; temperature 96.2° ; respirations 28. There was no fracture of ribs. Urine was passed voluntarily, and was normal. I decided to keep him under observation.

The following day there was no apparent change. He had passed a restless night, owing to abdominal pain. A consultation with several colleagues resulted in the verdict being against ruptured viscus and in favour of injury to the abdominal wall. A small olive-oil enema brought away a normal motion, and flatus passed subsequently. At 3 p.m., as the temperature and pulse were rising, I decided to explore the abdomen.

Operation.

With the assistance of Dr. J. A. Reed, I opened the abdomen in the middle line below the umbilicus. A large quantity of blood was found in the peritoneal cavity; on searching for the source of haemorrhage a piece of spleen was found attached to the anterior surface of the omentum. The opening was quickly enlarged upwards and to the left. The left hand was introduced upwards towards the diaphragm behind the spleen. The spleen was gently brought forward, and while I was endeavouring to secure the splenic vessels between two fingers, the whole organ came away; apparently the attachment of the vessels had been partially torn through. Fierce haemorrhage immediately followed. I pressed the ulnar border of my hand back towards the aorta, and so controlled the haemorrhage. On clearing away the blood the splenic vessels could be seen pulsating in front of my hand. These were quickly secured, a tube was introduced to the splenic bed from a stab wound in the flank, and another was inserted suprapubically. The tubes were removed forty-eight hours later. Saline solution was poured into the peritoneum, and the wound was sewn up with through-and-through silk-worm sutures.

After-History.

He suffered considerably from shock and sickness, and was given saline by the rectum, and 10-minim doses of liquor strychninae every four hours. Two days after operation, as the nausea prevented his taking any nourishment by the mouth, he was given 3ss of cane sugar every four hours per rectum. This appeared to revive and stimulate him; in any case, he did very well afterwards, and his pulse came down below 100. There was no suppuration, yet the temperature for ten days swung between 96° and 101°F.

Ten days after operation, owing to a misunderstanding, all the stitches were removed without my knowledge. The patient had a fit of coughing and the wound gave way.

At 6 p.m. I was telephoned for, and found the abdominal contents visible from end to end of the gaping wound. Dr. Rutherford and I quickly closed the abdomen again. Forty-eight hours later he collapsed and appeared to be dying. Pituitrin was injected and general restoratives applied. He responded to treatment, and once more resumed his journey towards convalescence. This time there was some superficial suppuration. He left the hospital on January 5th, and has gone on well since.

Dr. Gough, of the Yorkshire Pathological Laboratory, mounted the specimen, which he described as follows:

Spleen.

The specimen is normal in size and appearance, except for the trauma. It shows the following injuries:

1. The anterior basal angle is completely detached. The detached portion includes about 2 in. of the anterior border up to a deep notch and $1\frac{1}{2}$ in. of the inferior border.
2. A fissure runs from the upper end of the hilum on to the renal surface, then up to the superior angle.
3. A second fissure runs on the outer surface about $\frac{1}{2}$ in. from the anterior border.

Dr. R. A. J. Harper kindly examined the blood five days

number of dietaries recommended by various authorities which extend over 30 pages," but which we condemn. These dietaries, as a matter of fact, extend over less than half that number of pages, and, with the exception of the Von Noorden régime (which we have found unsatisfactory) of absolute milk diet and vegetarianism (which hardly come into the category), they are printed in full without a word of comment, in common justice to our predecessors, who were pioneers in the dietetic treatment of intestinal disorders; and so far from condemning them and then proceeding "to explain our own," it is transparently evident that we have selected what we have found to be the best features of each.

Finally, may I be permitted a squeal that he defines our "other treatment is mainly regulation of the bowels by daily doses of mild laxatives." This is his summary dismissal of a consideration of treatment which includes medication of the intestine, internally by aqueous solutions, oils, and gases, externally by massage, electricity, and applications of heat; vaccine therapy; exercise and general hygienic measures. True, there is no mention of psychotherapy with its machinery of persuasion, suggestion, re-education, hypnosis, etc. It may be this omission which has led to your reviewer's summary dismissal of all our treatment other than the employment of mild laxatives, since I have heard one exponent claim that this line of treatment may not only supplement, but entirely supersede all others in chronic intestinal disorders.—I am, etc.,

London, May 18th.

ADOLPHE ABRAHAMS.

. It is perhaps inevitable that author and reviewer should look at a book from different points of view. The reviewer can do no more than attempt to convey the general character of the book and the impression that it makes upon him. With regard to dietaries quoted, there was a blunder in the review owing apparently to an error in transcription. It should have been stated that the dietaries quoted extended to about fifteen pages, and the authors' own to thirty. The statement that the quoted dietaries were condemned was considered to be justified by the following passages in the book:

In appending a résumé of the various régimes which have been suggested in the past and which are adopted at the present day we do so for the sake of completeness and not with the idea of even suggesting their use by any reader of this book. . . . They are principally of value from an educational and academic point of view as showing us how the authorities attempted to apply to actual practice the theories, mostly erroneous, which they held as to the nature of the disease.

"ENCYCLOPAEDIA MEDICA."

SIR,—The prospectus of the first edition of the *Encyclopaedia Medica* distinctly stated that an original feature of the publication would be the issue of supplementary volumes bringing the work up to date.

The fact that an expensive work of this kind becomes out of date in a few years deters many from purchasing, and there can be no doubt that the promise in the prospectus induced many to subscribe who would not otherwise have done so. Now Mr. Green writes:

In proposing to bring out a new edition altogether, we felt that we were following the wisest course in view of the reception which the first supplement got, and looking to the fact that nothing definite had been said regarding their number or time of publication. (Italics not in the original.)

I think that most people will agree that this excuse is singularly weak. It is only fair to note that the publishers have offered to supply the new edition to the original subscribers at a special reduced rate.

Personally, I must acknowledge the very great service the *Encyclopaedia* has been to me. Many of its articles seem to me to be admirably done, and just what the general practitioner wanted. Its great defect was the extraordinary number of printer's errors, more by far than I have ever observed in a scientific work.—I am, etc.,

Thornhill,
Dumfriesshire, May 16th.

MUNGO BRYSON, M.B.

SIR,—With reference to Dr. Jellett's letter I can only reiterate what I said before, that he writes under an entire misapprehension. I am quite prepared to prove this to him, not "speaking from memory," but from our correspondence in 1911.

Dr. Chalmers Watson states that he ceased his connexion with the work over the question of supplements. He was not invited to continue his connexion with the work through a most regrettable disagreement over another matter altogether, which could not to my mind have any interest for your readers.—I am, etc.,

Edinburgh, May 26th.

C. E. GREEN.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—W. L. Murphy, C. H. S. Taylor.

M.B., B.C.—G. Moore.

M.B.—A. G. G. Thompson.

UNIVERSITY OF EDINBURGH.

UNIVERSITY COURT.

A MEETING of the University Court was held on May 18th, when Sir William Turner was in the chair.

Grants for Research.—Grants recommended by the Senatus from the Earl of Moray Endowment for the Promotion of Original Research were approved.

Additional Examiners.—The following additional examiners were appointed: Professors C. S. Sherrington and A. H. E. Love, University of Oxford, and Professor P. T. Herring, University of St. Andrews (D.Sc. Theses); Dr. Byrom Bramwell, Edinburgh (Medicine in its Bearings on Public Health); Dr. R. A. Fleming, Edinburgh (Practice of Medicine).

Munro Lecturer.—Sir Charles H. Read, P.S.A., Keeper of British and Mediaeval Antiquities and Ethnography in the British Museum, was appointed Munro Lecturer for 1915.

Royal Dick Veterinary College.—Professor Rankine was re-appointed and Professor Hudson Beare appointed the Court's representatives on the Board of Management of the Royal (Dick) Veterinary College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following candidates have been approved at the examination indicated:

FIRST FELLOWSHIP.—A. W. Adams, L. M. Banerji, C. H. Barber, J. H. Barclay, L. J. Cameron, N. B. Capon, J. B. Christian, R. H. Fleming, T. G. Fleming, A. Galletly, J. Gilmour, G. T. Gimlette, A. O. Gray, D. Green, F. K. Hayman, T. A. Hindmarsh, G. P. B. Huddy, E. H. Lake, Mary F. Lucas, P. B. McCarter, R. H. Maingot, C. B. Marshall, F. B. Martin, V. R. Mirajkar, J. K. Muir, C. Noon, A. Radford, G. J. Randell, N. M. Rankin, L. C. Rivett, H. B. Russell, H. R. Sheppard, A. W. S. Skirving, N. A. Sprott, J. Swan, S. W. F. Underhill, C. P. G. Wakeley, W. T. Warwick, W. E. Wilson, A. M. Zamora.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—†W. Bailey Thomson, *A. R. Jennings, †W. Smith.
MEDICINE.—*W. Bailey Thomson, †M. P. Dos Santos, †G. Mes.
FORENSIC MEDICINE.—W. Bailey Thomson, L. Baungarten, G. Mes, H. Morrison, B. C. Piercy.

MIDWIFERY.—W. Andrew, W. Brown, R. J. Hearn.

The diploma of the society has been granted to Messrs. B. C. Piercy and W. Smith.

* Section I.

† Both sections.

‡ Section II.

THE usual monthly meeting of the Executive Committee of the Medical Sickness and Accident Society took place at 429, Strand, W.C., on May 15th, Dr. F. J. Allan in the chair. The accounts presented showed satisfactory progress, both in the matter of new claims and new proposals, the claims being considerably less and the new proposals considerably more than the corresponding period of last year. It was reported that the new tables had been duly registered and that proposals were already coming in under them. The tables for the combined sickness and endowment assurance in particular promised to become popular, as they are at low rates and the funds of the society, which now amount to £260,000, provided good security. It was reported that the number of members increasing their sickness benefits during the first five months of this year was nearly equal to that of the whole of last year. This is the more satisfactory as these proposals all come from members whose history is known to the committee. The high rates at present paid to locum-tenents no doubt accounts for these increases to a large extent, and emphasizes the necessity of some insurance to cover this charge. Prospectus and all information can be obtained on application to the Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, W.C.

Medical News.

SIR CLIFFORD ALLBUTT, K.C.B., will distribute the prizes to the students of St. Thomas's Hospital on Tuesday, June 30th.

THE library and offices of the Royal Society of Medicine will be closed for the Whitsuntide holidays from Saturday, May 30th, to Tuesday, June 2nd, both days inclusive.

AT the recent examination for sanitary inspectors under the Public Health (London) Act, 1891, held by the Sanitary Inspectors' Examination Board, twenty-six candidates, of whom thirteen were women, passed.

THE new pathological laboratory at the Royal Mineral Water Hospital, Bath, will be opened at 4 p.m. on Thursday next by Sir William Osler. The work proposed to be done in the new laboratory is the investigation of rheumatoid arthritis.

A PROVINCIAL meeting of the Section for the Study of Disease in Children of the Royal Society of Medicine will be held at Bournemouth on June 6th. There will be a demonstration of clinical cases at the Royal Victoria Hospital at 3 p.m., and at 5 p.m. a discussion on status lymphaticus will be opened by Dr. Hugh Thursfield.

WE are informed that at a joint meeting of the chairmen of the various committees of the King Edward VII Hospital, Cardiff, held this week, it was decided to accept the resignation of the three house-surgeons at present in residence. Differences had arisen owing to a recent increase in the salary of the house-physician without similar recognition of the house-surgeons. The house-physician is now paid £40 per annum more than the house-surgeons.

THREE former students at King's College Hospital, who are at present holding important public posts, will be entertained at a dinner at the Waldorf Hotel, Kingsway, on June 16th, when Viscount Hambleden, chairman of the Committee of Management, will preside. The three old students are: Surgeon-General Arthur W. May, C.B., Director-General, Navy Medical Department; Surgeon-General Sir Arthur T. Sloggett, C.B., C.M.G., Director-General, Army Medical Service; and Sir Herbert Smalley, Medical Inspector, H.M. Prisons. Tickets for the dinner (7s. 6d. exclusive of wine) may be obtained from Dr. Silk, 16, Nottingham Place, London, W. The new King's College Hospital at Denmark Hill will be opened for inspection on the same afternoon.

FELLOWS of the Council of the Royal College of Surgeons of England should bear in mind that the usual announcement has been issued by the Secretary, declaring that the election of five Fellows into the Council of the College will be held on Thursday, July 2nd, at 3 p.m. The five vacancies are occasioned by the retirement in rotation of Sir Henry Morris, Bart., Mr. Richardson Cross, and Mr. C. A. Ballance, M.V.O., and by the resignation of Mr. Clement Lucas (on account, we regret to say, of ill health), and Mr. Jonathan Hutchinson. Candidates are required to send in to the Secretary the forms of the usual notice duly filled up, not later than Friday, June 5th. There will be, as is already well known, several candidates. Mr. J. B. Lawford seeks, we understand, to represent ophthalmic surgery in place of Mr. Richardson Cross, and Mr. Thorburn, we are informed, will present himself as representing Manchester. Mr. T. H. Kellock, M.B. Cantab., F.R.C.S., Surgeon to the Middlesex Hospital and to the Hospital for Sick Children, Great Ormond Street, will also seek election.

WHILE attention is again being directed to the perils of London street traffic and discussion centres around some new authority for its control and regulation, it is good to know that by September next one avoidable cause of unnecessary suffering to those injured in streets and public places will have been largely removed. The London County Council ambulance service will then, it is anticipated, be inaugurated. Nine motor ambulances will then be at work promptly removing the victims of street accidents to hospital or to their homes, and the delay, uncertainty, and inefficiency of the old haphazard wheel-litter system will be, none too soon, superseded. Tenders have been accepted by the Council for eight motor ambulances with wheels having detachable rims from Sir W. G. Armstrong, Whitworth and Co., for £544 each, and one from Dennis Brothers for £560. We of course recognize the tentative character of the scheme at length adopted under the Metropolitan Ambulances Act passed in 1909, but the advantages of the new system will speedily lead to its extension over the whole area of the county of London.

MR. C. S. LUDLOW, Ph.D., Anatomist to the Army Medical Museum, has presented to the Surgeon-General of the United States Army a report on disease-bearing mosquitos of North and Central America, the West Indies, and the Philippine Islands. Though interesting in many ways the account is somewhat sketchy, and is, perhaps, hardly full enough for modern requirements. As regards classification, the author follows Mr. Theobald, and gives his table of the division of the Culicidae, the nomenclature adopted by that author also being maintained. Such an arrangement certainly conduces to clearness. It is not quite evident why the author has omitted *Stethomyia nimba* from his list, especially as he includes *S. pallida*, a species named by himself, though like the former it has not been definitely proved to be a malarial carrier. Again, under *Culex fatigans* (pp. 68-70), no mention is made of the fact that it is the chief filarial carrier of the West Indies and many other districts; it is not even stated that it carries *T. bancrofti* at all. The description of *S. fasciata* is also meagre, and this, owing to the extreme importance of the species, is unfortunate. Many of the statements made in the chapters on collecting, dissection, and staining are not the author's own, but are taken from the works of others. Acknowledgement is made, but this tends to lessen the value of the work as a whole.

LEAMINGTON SPA was *en fête* last Saturday, the occasion being the hundredth anniversary of the opening of its Pump Rooms. Though it is the year 1814 that the town regards as the date of its first municipal bid for therapeutic fame, it was already at that time in possession of several long-established bath-houses, and had for many years been well known in the Midlands as a health resort. Indeed, an account of its springs was included by Street in his treatise on mineral waters in 1740. Still it was no doubt not until 1814 that Leamington was definitely launched as a spa, and not until the early thirties that it became fashionable. At one time and another many medical men of distinction have helped to build up its reputation, but the man commonly regarded as the "father" of the spa was Henry Jephson, a foundation member of the British Medical Association. He became popular as a physician while quite a young man, and until his career was suddenly cut short by blindness at the age of 50, he was one of the most successful practitioners in England. He died as recently as 1878, and our obituary notice, which was written by a man who was well acquainted with the facts, credited him with having made for years in succession a professional income exceeding £20,000. In his work he exemplified his belief in the saying that "a man digs his grave with his teeth," and he used Leamington waters freely. The latter belong to the sulphated alkaline class, but some of the springs have recently been shown to contain lithium and an excessively rare constituent of natural mineral waters, namely, titanate acid. The British Medical Association held its annual meeting at this spa in 1865, and has been indebted to it for hospitality on several later occasions. The guests of the town last week included the Balneological and Climatological Section of the Royal Society of Medicine.

IN his second Chadwick public lecture on altitude and health delivered at the Royal Society of Medicine, Professor F. F. Roget said that experiments on animals showed the adaptability of animal life to altitude and the quickening of vitality caused by an ascent into higher regions. But to visit a high altitude was not the same thing, and had not the same effect as constantly living at such an altitude. At a high altitude, after a residence of some weeks, a notable increase occurred in the number of red corpuscles. The transition from an ordinary altitude to a higher one acted as a spur to the whole organic system, but the ascent to very high altitudes imposed such a strain upon the system that the chemical result was frequently to induce lactic intoxication, anaemia of the brain, and irregularities in innervation. Winter sports obviated the confinement which was the main characteristic of winter life for most people in this country, but Professor Roget laid great stress upon the evils which attended the overcrowding of many Alpine resorts. He complained that people destroyed the good effects of pure air, keen frost, and perpetual sunshine by converging upon a few fashionable spots and packing themselves together in unwholesome luxury, in open defiance of every consideration of health, often bringing with them the germs of disease, which they sowed broadcast amongst their neighbours. In his third lecture Professor Roget discussed the part played by mountain air in the cure of disease. Light, he said, was the most characteristic feature of altitude, more characteristic than cold or pure air. The ancients of

the Mediterranean basin were genuine sun-worshippers as far as the health of their bodies was concerned, and set aside open spaces within their houses where they could indulge in what were now called sun-baths. Unfortunately knowledge of the physiological effects of sunlight was still very scanty. There seemed reason to believe, however, that in some forms of surgical tuberculosis sunshine might obviate the necessity for operation. Professor Roget then described the beneficial effects of heliotherapeutic treatment upon tuberculous children, his remarks being illustrated by photographs on the epidiaseope of patients undergoing treatment in various Alpine resorts.

THE hospital for cripples at Alton has only been some five years in existence, but it is already proposed to enlarge it. The reasons for doing so were indicated by Mr. John Morgan, Dr. Gauvain, and others at a festival dinner on May 13th. The results obtained at the institution have been so excellent that it should be possible to spread its benefits over a larger number of children. The number of beds—222—is already considerable, but since no child is discharged until it is certain that no further treatment is likely to be of any benefit, the number of cases with which the institution can deal in any given year is comparatively small. It does not seem likely that there will be any material difficulty in securing the amount required, for Sir William Treloar, to whose enterprise the place owes its birth, is a very able exponent of its claims, and the basic idea of this particular hospital is one which strongly appeals to very many people. One of them is Mr. Arthur Balfour, who took the chair at the festival dinner, and besides pleading very warmly the cause of the Lord Mayor Treloar Cripples Hospital and College, had some thoughtful observations to make on the value of hospitals in general. It was, he thought, threefold. Primarily it was their patients that benefited, but the general public benefited not less, since the hospitals acted as training schools for private medical practitioners and others. Their third great function was to serve as centres of clinical research, and their value in the latter connexion could not be over-emphasized by those who desired to foster social progress.

THE annual meeting of the Asylum Workers' Association was held under the presidency of Sir John Jardine, K.C.I.E., M.P., at the house of the Medical Society of London, on May 20th. Amongst those present were the Right Hon. Robert Farquharson, M.D., Mr. Duncan Millar, M.P., Dr. Hubert Bond (Commissioner in Lunacy), Drs. Fletcher Beach, David Bower, J. Francis Dixon, J. F. Powell, W. J. Seward, and many asylum matrons, officers, attendants, and nurses. The report, presented by the honorary secretary (Dr. G. E. Shuttleworth), showed a membership of 3,772, a diminution of 538 since last year, but the credit balance at the end of 1913 was satisfactory, amounting to £123 6s. 11d. The adoption of the report was moved by Sir John Jardine, who expressed regret at the loss of members, in view of the objects remaining to be accomplished by the association, which in the past had secured for asylum workers the benefit of assured pensions, and now sought to obtain by an amending bill improved conditions of superannuation. He referred to the continued activity of the Central Executive Committee in projects for the amelioration of the status of asylum nurses and attendants, not only from the material, but from the moral and educational aspects. Dr. Hubert Bond, in seconding, emphasized the value of training in asylum work, and the usefulness of an association which was a bond of union between all engaged in the responsible task of caring for the insane, from the highest to the lowest. He thought that the present falling off in numbers, which he hoped was only temporary, was in large measure due to the ignorance of newcomers of what the association had accomplished in the past for the benefit of the service; such an association seemed indispensable in the interests alike of the insane and of those to whose care they were committed. Mr. Morgan bore personal testimony to the interest asylum doctors took in the training and increased comfort of their staffs. The report was unanimously adopted, and Mr. Duncan Millar then moved the re-election of Sir John Jardine as president for the ensuing year, referring to his valuable services in Parliament in the interests of asylum workers, and to the actual benefits obtained for Scottish tradesmen attendants. Dr. Finegan, representing the Irish division, seconded the motion, which was carried enthusiastically. The election of vice-presidents, central executive committee, and executive officers followed, and alterations in the rules were sanctioned, making eligible for membership those engaged in the care of the mentally deficient, as well as of the insane.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

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 *Aitology, Westrand, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, Westrand, London*.

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.
2630, Gerrard, BRITISH MEDICAL ASSOCIATION.
2634, 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.

F. G. W. writes: In giving arsenic and iron hypodermically, how often is an ordinary dose thus administered?

NEURALGIA.

E. S. G. asks for advice in the treatment of a man suffering from neuralgia of the lower jaw. The ordinary remedies have failed, and the patient fears an operation may cause paralysis of his face.

INCOME TAX.

I. T., who provides his assistant with board and lodging, in addition to paying him a salary, inquires whether the cost of the former can be deducted in making his income-tax return.

* * The tax is to be computed on the full amount "of the balance of the profits of the profession," and there can be, we believe, no doubt, that the cost of the board and lodging of an assistant is a legitimate deduction for the purpose of arriving at this "balance." In estimating the value of the "lodging," however, our correspondent should bear in mind that a portion of the total rent of the premises has in all probability already been deducted by him as being paid for the consulting room, etc.

F. J. W. inquires whether annual instalments paid by an incoming partner should be returned for assessment.

* * Where the purchase price of the incoming partner's share has been fixed, the fact that the payment is being made by instalments does not affect the capital nature of the transaction. Consequently the amounts should not be returned for assessment—and on the other hand they cannot be treated as deductible expenses by the partner by whom the payments are made.

ANSWERS.

DR. D. C. LLOYD OWEN (Birmingham) writes: In answer to "An Expatriated Member," *The Physician's Interpreter in Four Languages*, by M. von V. (Philadelphia: F. A. Davis) is exceedingly good. It is specially arranged for diagnosis.

LETTERS, NOTES, ETC.

A NOTE OF WARNING.

FROM a communication we have received we are led to suggest that should any medical man receive a visit from a person described as dusky in complexion, and aged about 65, it would be well to verify his story before advancing any money.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Seven lines and under	0 5 0
Each additional line	0 0 8
A whole column	3 10 0
A page	10 0 0

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *postes restant* letters addressed either in initials or numbers.