

a tube of the same length as the refrigerating box. The bottom of these tubes may be closed by a metal plate or left open. Externally the refrigerating box and the system of compartments attached to it have the form of a cylinder, cube, or parallelepiped, as may be found most convenient. This part of the apparatus may be made of any metal, but on account of weight zinc and aluminium are the most suitable.

This metallic part of the apparatus is enclosed in a wooden box lined internally with a layer of loose felt $\frac{1}{2}$ in. to $\frac{3}{4}$ in. thick. To secure efficiency this felt should be quite dry, and to prevent any wetting taking place when the ice-box is filled, the opening of the box is at the bottom of a shallow tray, which must be mopped quite dry each time the box is filled. The felt may also be enclosed between layers of waterproof material. The capacity of the ice-box is 1,800 c.cm., and 1,000 grams of broken ice can easily be packed into it.

If in a room at 22° C. a bottle containing 250 c.cm. of water or milk at 15° C. is placed in one of the compartments of the refrigerator, and the wooden box is properly closed, the temperature of the water falls to 8° C. in one hour, to 4° C. in two hours, to about 2° C. in three hours, 1° C. in four hours, and remains below 2° C. for twelve hours more; it then rises gradually to 9° C. in another twelve hours. For at least eighteen hours the temperature of the water or milk remains below 4° C., and is sufficiently low to inhibit the growth of most bacteria.

In the case of water or milk at 36° C. the temperature is brought to about 8° C. in three hours, to below 4° C. in six hours, and continues to fall up to the fourteenth hour, after which it begins to rise slowly, but keeps below 4° C. for another ten hours.

No material multiplication of bacteria is observed in the course of twenty-four hours in a bottle of cow's milk placed in one of these refrigerators immediately after milking.

Peptone bouillon inoculated with a loopful of a culture of *Bacillus enteritidis* taken as an example of a very quickly growing organism, remains quite clear for over twenty-four hours when placed in a portable refrigerator; the same quantity of bouillon inoculated with the same amount of culture kept in a living-room at 18° C. is quite turbid after the same interval of time. In an incubator at 37° to 40° C. the growth of the bacillus renders the bouillon turbid in about four to five hours.

By removing daily the melted ice water and replacing it by fresh ice it is possible to keep the contents of the refrigerating box at a suitable temperature for several days when a large refrigerator is not available.

Description of Portable Temporary Warm Chamber or Incubator.

If the stoppered receptacle of the apparatus just described is filled with hot water or other material at a suitable temperature, capable of liberating heat gradually, a convenient form of temporary portable incubator is obtained. It is true that the temperature of products placed in this apparatus falls gradually and constantly, but this cooling takes place slowly, as is shown by the following observations.

The incubator being in a room at a temperature at 15° C., the stoppered receptacle was filled with water at 48° C. and a bottle containing 250 c.cm. of water at 34° C. was placed in one of the compartments of the apparatus. After two hours the temperature of the water in the bottle was 35° C.; after three hours it had returned to 34° C.; after six hours it was 30° C., and was still 20° C. fourteen to fifteen hours after the beginning of the experiment.

In another experiment, the temperature of the room being 15° C. and that of the water in the recipient 48° C., the cooling of 250 c.cm. of water placed in the incubator took place as follows:

The Original Temperature of the Water in the Bottle placed in one of the Compartments of the Incubator was slightly over 37° C.

After 1 hour the temperature was about	37.0°
" 2 hours	36.7°
" 3 "	35.0°
" 4 "	33.3°
" 5 "	31.2°
" 6 "	30.0°
" 14 "	20.0°
" 20 "	17.0°

At the end of 14 hours the temperature was still 5° above that of the air outside the apparatus refrigerator.

By filling the recipient with water at 55° to 60° C. a suitable range of temperatures, extending over a longer period, is obtained.

Practical tests gave results in accordance with the above findings. Peptone bouillon inoculated with one loopful of *Bacillus enteritidis* and placed in the portable incubator at 34° C. was nearly as turbid in five hours as a similar amount of bouillon inoculated with the same amount of *Bacillus enteritidis* and incubated at 36° C. in an ordinary incubator was found to be after the same interval of time.

After twenty-four hours the growth of the culture in the portable incubator had considerably increased, but, as could be expected, was somewhat less abundant than that of the culture kept during the same period at a constant temperature of 36° C.

With regard to intestinal protozoa, they remained motile in faeces contained in collecting tubes placed in the portable incubator while the stools were still warm—that is, for several hours.

The apparatus which I have devised for the collection of faeces consists of a deep round glass spoon a little over $\frac{3}{4}$ in. in diameter, provided with a long handle about 6 in. in length. This spoon is kept in a stout test tube, well closed with a cork through which the handle of the spoon passes. By means of this apparatus it is possible to take, with a minimum amount of inconvenience, suitable samples of the stools which have been passed into sterilized vessels provided for the purpose.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CANCER ORIS TREATED BY GALYL.

A GIRL, aged 3 years, was admitted to the Ham Green Isolation Hospital on February 4th suffering from measles and bronchopneumonia. She was a feeble, ill-nourished child. There was a considerable amount of stomatitis, and the upper incisors were much decayed. On February 22nd the right upper central incisor dropped out, leaving a necrotic socket. By the next day, in association with extremely rapid sloughing of the mucous membrane on the premaxilla, two more of the incisors came away. A sloughing ulcer was also forming on the buccal surface of the upper lip opposite the upper incisors. On February 24th the condition was as follows: The whole of the premaxilla was devoid of mucous membrane and obviously dead. The mucous membrane reflected on to the buccal surface of the upper lip was destroyed for an area about the size of a shilling continuous with the necrotic surface on the premaxilla, and a deep hole was punched out of the lip though not perforating it. The fetor was extreme. The temperature from the beginning of the illness was swinging up to about 101° F.

Under chloroform Major Robert Lansdowne removed the whole of the dead bone, including the last incisor and both canines, and the corresponding embryonic teeth.

Next day, as the destructive process was extending rapidly, 6 cg. of galyl were injected intravenously without producing any toxic symptoms. Within forty-eight hours a line of demarcation formed between the living and dead tissues. By February 29th granulations were growing up through the sloughing areas, and the fetor was much less marked.

The improvement was maintained until about March 17th, when the granulations and line of demarcation began to disappear. By March 19th the destructive process was obviously again extending rapidly. Another dose of 6 cg. of galyl was given intramuscularly, as the previous intravenous injection was found very difficult in a child of this age. On March 21st a clear line of demarcation had again formed, and from this date the cavity began to heal rapidly; some small pieces of dead bone separated. The intramuscular injection caused some localized tenderness, but no pain or swelling.

On April 12th the right upper molar, which was loose, was removed. By this date the child's general condition was greatly improved, and the mouth nearly healed. She was discharged on April 25th, with the mouth completely healed and the deep cavity covered by healthy mucous membrane. Her general condition improved to a remarkable extent during the last four weeks in hospital, and she became fat and well.

The fact that rapid improvement occurred after each

dose of the galyi seems to show that it was due to that drug. Eusol was used locally to the mouth throughout the whole course of the illness. It is, perhaps, pertinent to remark that the child had had no mercury or other drugs which might cause this condition during any part of her treatment.

B. A. PETERS, M.D., B.C., D.P.H. Cantab.,
Medical Officer, Ham Green Hospital and Sanatorium,
Bristol.

THE USE OF SOME SIMPLE THINGS IN SURGERY.

I FOUND the following useful:

1. "*Cements*" for the removal of foreign bodies from urethra—chiefly stone. Pass a full-sized endoscopic tube with round, not oblique, end, down to body and fix latter by finger behind it from the outside. Remove moisture by cotton-wool. Melt some "elastic glue" and dip the pen end of a pen-handle therein; quickly pass this down the tube and retain in contact with the body for some time. Withdraw tube and pen-handle together. In the only case I tried this it was successful. Cold externally would make the "cement" set better, and perhaps other things (pitch, etc.) might stick firmer still. Forceps nearly always tear the mucous membrane. The same device might be used for the ear.

2. A condom tied over a catheter, lubricated, passed and inflated, is useful for urethral or prostatic haemorrhage. Perhaps likewise for epistaxis.

3. A wine or whisky bottle containing hot water, and kept pressed to the perineum for some hours, the night of the day an instrument is passed, very materially aids the absorption of stricture, and is much more striking than fibrolysin; containing cold water it is the best means of subduing the erethism of inflammation. It is efficient in pruritus ani.

4. An elastic bandage applied at proper time after a hydrocele is injected (iodine and carbolic acid), by keeping the layers of tunica vaginalis in apposition, will often lead to radical cure.

5. Tinct. iodi painted on the hands, over this tinct. benzoïn. co., and over this iodine again, is no mean substitute for gloves.

6. *Extemporary specula, etc.* The handles of two toothbrushes are an excellent anal speculum; the loop ends of hairpins bent at right angles, good nasal. Two teaspoons bent back $1\frac{1}{2}$ in. from bowls make a bladder speculum. Dinner forks bent forward at prongs are the best wound retractors.

7. The end of a scalpel handle flattened more, rounded off, and serrated forms a much needed dissector (separating bladder, etc., from adhesions).

8. Any thick-walled small rubber tube cut very obliquely at one end, the edge of the ellipse being smoothed off by a heated knife blade, constitutes, when well lubricated, a capital catheter.

9. A whalebone stylet bent into coudée shape in hot water, and passed into this or into any rubber catheter, makes the best coudée catheter.

10. Bristle and wire pipe cleaners, pulled to and fro through catheters, are the best cleaners of their lumens.

11. A tuning-fork is useful in the diagnosis of fracture.

12. The air balloon of a small football under a T bandage and inflated by a cycle pump makes the most efficient perineal pressure, and above the pubis the best uterine. A child's stout air balloon makes a Petersen's bag.

13. A strip of lint tied round the root of the penis and embracing the scrotum behind the testes is the handiest contrivance to which to attach the threads of a retained catheter.

14. The hair of women in scalp wounds, after disinfection of the parts by iodine, can be used as sutures by tying bundles of the hairs together. As far back as my student days I used this (and with no more sepsis than with ordinary modes) in Dublin, a city then distinguished for its lacerated scalps.

15. A stout stick under the bent knees, the ends connected to the top of the operating table by two bandages, does for a Clover's crutch.

Finsbury Pavement, E.C.

JAMES MACMUNN.

By decree dated February 24th, 1916, the Italian Government gave official recognition to the national workshop for the manufacture of artificial limbs and other prosthetic apparatus for wounded soldiers established at Milan.

Reports of Societies.

ANNUAL CONGRESS OF THE OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

(Continued from p. 692.)

Discussion on Foreign Bodies in the Eye and Orbit, with Special Reference to Prognosis and Treatment.

THIS discussion was opened by Mr. A. L. WHITEHEAD and Mr. HERBERT PARSONS. Mr. Whitehead insisted, in the first place, upon early diagnosis, accurate localization, and early treatment. He pointed out that the great majority of bodies likely to enter the eyeball were opaque to x rays, but that glass (unless of the heavy lead variety), small pieces of aluminium or flint might be missed. He described the giant magnet he was in the habit of using, its great advantage being that it was very mobile and adjustable, and so was easily brought up to the patient's eye. For removal of bodies from the vitreous chamber Mr. Whitehead advocated incision of the sclera as near as possible to the foreign body and extraction by this route, rather than drawing it forward into the anterior chamber and removing it through a corneal incision.

Mr. PARSONS spoke of the need for more accurate knowledge of the anatomical relations of the eye to the orbit. He stated that fragments of copper might cause suppuration even in the absence of all pyogenic organisms, and discussed the chemistry of siderosis bulbi. Fine pigimentary changes at the yellow spot might follow perforation of the eyeball, irrespective of actual injury to this region (a case in which this had occurred was exhibited by the PRESIDENT). Mr. PARSONS stated that he did not think that mere retention of a sterile foreign body, whatever its nature, was of any importance at all, so far as sympathetic ophthalmitis was concerned.

Many members took part in the discussion which followed.

Discussion on the Treatment of Syphilitic Eye Affections by the Newer Methods.

Mr. LAW FORD, having surveyed the gradual development of the organic arsenic compounds, expressed doubt as to their value in the later manifestations of syphilis such as cycloplegia, mydriasis, miosis, and loss of light reflex. He did not think they should be used in cases of primary optic atrophy. In cases of interstitial keratitis he believed the general opinion was that these compounds had no striking effect, and would not prevent the second eye from becoming involved. He considered that the arsenic compounds should always be followed by a course of mercury and potassium iodide.

Mr. S. H. BROWNING spoke from a large experience at Horseferry Road. He advocated many injections of one or other of the arsenic salts supplemented always by mercury. The mercury should be given either by injection or as an intramuscular injection. He advocated the Wassermann test as being an essential indication as to treatment.

Colonel HARRISON spoke from an experience of over 40,000 injections of these salts. He stated that no treatment of syphilis was complete without one or other of them. He believed that kharsivan, salvarsan, and arseno-benzol were all equally efficacious. He was at present giving a concentrated course consisting of eight doses of 0.3 gram salvarsan and six injections of mercury in a month; the course was repeated after the lapse of two weeks if the Wassermann test was positive and if papillitis or ocular symptoms were present. With this line of treatment he had met with 1.6 per cent. of cases of dermatitis, including the very faintest macular eruption. He urged the importance of early diagnosis and early and vigorous treatment.

Mr. ERNEST LANE said that he had given up kharsivan, neo-kharsivan, and arseno-benzol on account of their toxicity. He referred to a case already reported by him in which, after two doses of kharsivan, exfoliative dermatitis and death ensued. He had given galyi almost exclusively during the last fifteen months in the following manner: Four doses of galyi were given at weekly intervals, followed by twelve intramuscular injections of calomel or grey oil, and after three months a Wassermann

non-members of the Association. If the Association persists in always electing all the direct representatives for England, then contests will cease, which would be a matter for regret.—I am, etc.,

Blackpool, May 5th.

JNO. BROWN.

As it is open to any twelve registered practitioners resident in the constituency to nominate a candidate, it does not seem that there is much substance in Dr. Brown's grievance.

OUR BELGIAN COLLEAGUES AT HOME AND ABROAD.

SUBSCRIPTIONS.

THE subscriptions to the Belgian Doctors' and Pharmacists' Relief Fund received since the last list was published are as follows:

£ s. d.	Messrs. J. Hayllar and	£ s. d.
Dr. E. D. H. Carpenter (twelfth donation, total £12)	Son	1 13 1
Royal College of Physicians of Ireland:	Mr. A. Chapman	0 6 2
Mr. R. B. Balfour, D.L.	Brighton and Hove Association of Pharmacy	4 7 6
Interest (Ulster Bank)	Mr. J. W. Bygott	0 5 0
Mr. J. H. Toplis	Mr. M. E. Morris	0 5 0

Subscriptions to the Fund should be sent to the Treasurer of the Fund, Dr. H. A. Des Voeux, at 14, Buckingham Gate, London, S.W., and should be made payable to the Belgian Doctors' and Pharmacists' Relief Fund, crossed Lloyds Bank, Limited.

The stock of clothes for the Belgian Doctors' and Pharmacists' Relief Fund has nearly been exhausted, and the Directress of the Committee of Clothing earnestly begs for further parcels of garments of all kinds. More especially the following articles are desired: Ladies' and children's summer dresses, stockings, and socks; suits for men; vests; sports coats for boys and girls; thin overcoats or raincoats. Parcels should be addressed Mrs. de Bless, St. Andrew's Parish Room, Palace Street, Westminster.

Universities and Colleges.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMMITTEE was held on May 11th, Dr. Frederick Taylor, the president, being in the chair.

Admission of Fellows.

The following members were admitted to the Fellowship, having been elected at the previous meeting:

Michael George Foster, M.D.Camb. (Harrogate), John MacLeod Hendrie MacLeod, M.D.Aberd. (London), Henry Lawrence McKisack, M.D. Roy. Univ. Irel. (Belfast), Charles Hewitt Miller, M.D.Camb. (London), Harold Waterlow Wiltshire, M.D.Camb. (London), Charles Ernest Lakin, M.D.Lond. (London), Edward Alfred Cockayne, M.D.Oxf. (London).

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE secretary of the College of Surgeons has issued to the Fellows of the College the annual official circular on the elections. A meeting of the Fellows, he announces, will be held at the College in Lincoln's Inn Fields on Thursday, July 6th, at 3 p.m. for the election of four Fellows into the Council of the College in the vacancies occasioned by the retirement in rotation of Sir Alfred Pearce Gould, K.C.V.O., Mr. William F. Haslam, and Sir W. Arbuthnot Lane, Bt., and by the death of Mr. Stanley Boyd. Blank forms of the requisite notice from a candidate and of his nomination may be obtained on application to the secretary, and the same must be received by him, duly filled up, not later than Friday, June 9th. A voting paper will be sent by post to each Fellow, whose address in the United Kingdom is registered at the College, on Tuesday, June 20th. We are informed that there is much complaint about the very short time allowed for voting. Numerous Fellows are on the Continent, and their voting papers, even if they reach them, can hardly be returned in due time. The secretary particularly requests Fellows of the College to furnish him with their correct addresses.

The following list shows the present composition of the Council:

President.—Sir W. Watson Cheyne, Bt., K.C.M.G., C.B., F.R.S., C. (1) 1897 (substitute), (2) 1901, (3) 1909.

Vice-Presidents.—Sir Frederic S. Eve, C. (1) 1904 (substitute), (2) 1907 (substitute), (3) 1912; Mr. Harrison Cripps, C. (1) 1905 (substitute till 1909), (2) 1909.

Other Members of Council.—Sir A. Pearce Gould, K.C.V.O. (1) 1900, (2) 1908; Sir George H. Makins, K.C.M.G., C. (1) 1903, (2) 1911; Sir Anthony Bowlby, K.C.M.G., C. (1) 1904, (2) 1912; Mr. Charles J. Symonds, C.B., C. (1) 1907, (2) 1915; Mr. W. F. Haslam, C. 1908; Sir W. Arbuthnot Lane, Bt., C. 1908; Mr. Bilton Pollard, C. 1910; Mr. C. A. Ballance, M.V.O., C. (1) 1910 (substitute), (2) 1914; Sir John Bland-Sutton, C. 1910; Mr. D'Arcy Power, C. 1912; Sir Berkeley G. A. Moynihan, C. 1912 (substitute till 1919); Mr. James Ernest Lane, C. 1913; Mr. L. A. Dunn, C. 1913 (substitute till 1919); Mr. H. J. Waring, C. 1913; Mr. Stanley Boyd (deceased), C. 1914; Mr. W. Thorburn, C.B.,

C. 1914; Mr. W. McAdam Eccles, C. 1914; Mr. C. Ryall, C. (1) 1914 (substitute), (2) 1915; Mr. W. G. Spencer, C. 1915 (substitute till 1918; Mr. F. F. Burghard, C.B., 1915; Mr. H. F. Waterhouse, 1915.

The medical schools are represented as follows:

London:				
St. Bartholomew's	...	...	...	5
Charing Cross	...	...	...	2*
Guy's	...	...	...	3
King's College	...	...	...	2
London	...	...	...	1
Middlesex	...	...	...	2
St. Mary's	...	...	...	1
St. Thomas's	...	...	...	2
University College	...	...	...	1
Westminster	...	...	...	1
Special	...	...	...	1
Total London	...	...	...	21
Provincials:				
Birmingham	...	...	...	1
Leeds	...	...	...	1
Manchester	...	...	...	1
Total Provincial	...	...	...	3
Total Council	...	...	...	24

* One deceased.

CONJOINT BOARD IN ENGLAND.

At a meeting of Comitia of the Royal College of Physicians on April 27th, and of the Council of the Royal College of Surgeons on May 11th, diplomas of L.R.C.P. and M.R.C.S. were respectively conferred upon the following ninety-nine candidates:

*Hannah K. Alton, K. D. Atteridge, J. Aydon, A. J. Bado, H. J. Bensted, D. S. Brachman, J. P. Bracken, I. R. R. Brogden, A. S. Carter, H. H. Castle, L. A. Célestin, G. E. Chissell, *Hester M. Church, *Mabel C. Clark, A. H. Clarke, P. S. Clarke, H. M. Cohen, W. H. Coldwell, W. M. Crombie, R. C. Davenport, S. G. Dunn, F. Dunphy, M. Dwyer, W. F. Eberli, A. W. F. Edmunds, P. O. Ellison, G. I. Evans, H. S. Evans, L. W. Evans, W. Farquharson, G. Fehrsen, E. A. Fiddian, S. W. Fisk, M. R. V. Ford, A. R. Fuller, D. H. A. Galbraith, G. T. Garraway, S. C. Ghose, C. C. Goo'ali, F. H. S. Greenish, *Ethne Haigh, J. C. N. Harris, S. F. Harris, A. N. Haworth, N. N. Haysom, W. A. Hotsom, E. G. Howell, G. P. B. Huddy, Edith C. Hudgell, S. Hutchinson, T. H. Jackson, B. B. Jareja, W. G. Johnston, A. M. Jones, T. Jones, V. Kameneff, T. L. Kan, R. P. Langford-Jones, E. E. Lightwood, C. W. B. Littlejohn, H. B. Logan, P. G. McEvedy, S. S. Malkani, P. S. Marshall, F. C. Mason, Adeline M. Matland, B. H. Mellon, H. W. L. Molesworth, T. D. Morgan, A. G. Morris, G. Moulson, S. Muttiah, K. V. Muttukumaru, F. Newey, D. C. Norris, A. J. Orenstein, F. C. Ormerod, P. E. D. Pank, G. E. Paul, R. R. Powell, J. N. Puri, H. M. Quackenbos, R. Rau Damodar, C. R. Reckitt, B. T. Rose, P. G. Russell, M. Schwartz, D. M. Smith, W. Steadman, H. G. Stormer, G. C. Swanson, D. G. C. Tasker, H. W. Taylor, G. B. Wild, R. W. Willenberg, G. C. Williams, A. Williams-Walker, C. E. Wise, R. S. Woods.

* Under the Medical Act, 1876.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

THE Dr. Edith Pechey Phipson Post-Graduate Scholarship of the value of £40, awarded annually in June by the Council of the London (Royal Free Hospital) School of Medicine for Women, is open to all medical women, preferably coming from India, or going to work in India, for assistance in post-graduate study; it may be held for three years. Applications on a form which will be supplied must be received by the secretary of the school by May 31st.

The Services.

R.A.M.C. (TERRITORIAL). Gratuity.

WE are officially informed that officers of the Royal Army Medical Corps (Territorial Force) who resign their commissions owing to unwillingness to undertake the imperial and general service obligation are entitled to the gratuity.

EXCHANGES.

M.O. to Divisional Train. Army Service Corps, probably at home for some time, desires immediate exchange with M.O. in 50th Division abroad.—Apply No. 1950, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

M.O. Wessex Division, at present under canvas at Hursley Park, Winchester, would like to exchange with Territorial M.O. serving under the A.D.M.S., Portsmouth. Address No. 1949, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Medico-Legal.

ILLEGAL OPERATIONS.

In the High Court of Justiciary, Edinburgh, on May 4th, Dr. John Thomas Dickie, 37, Lauriston Place, Edinburgh, and Ann Taylor, 4a, Lauriston Gardens, Edinburgh, were charged with having performed illegal operations upon two women, in the one case between June 6th and 13th, 1914, and in the other between January 29th and February 5th, 1916; both the women died. The jury found the prisoners guilty, and the Lord Justice Clerk, in passing sentence of five years' penal servitude on each prisoner, said that it was impossible to regard the offence of which they had been found guilty otherwise than as serious.

Medical News.

THE Library of the British Medical Association has now received, through the courtesy of Dr. Thurstan Holland of Liverpool, Part I of Section XXII (Radiology) of the International Medical Congress, 1913. The series of the proceedings of that Congress in the Library is thus completed.

In view of the great increase in the prevalence of venereal disease in Italy caused by the conditions of warfare the Minister of the Interior has issued a circular to all prefects throughout the kingdom calling attention to the necessity of taking active measures against the scourge.

A CHAIR of clinical preventive medicine and hygiene has been established in the University of California, the object being to bring about the most effective possible co-operation between the University and the California State Board of Health. Dr. Wilbur A. Sawyer, secretary and executive officer of the Board, has been appointed to the new chair.

In the night of Saturday-Sunday next, May 20th-21st, at 2 a.m., the time of all railways, and at post offices and other Government establishments, will be put forward one hour to 3 a.m. This altered time will be used for all ordinary purposes during this summer, and will apply to hours of medical practice, panel or other. It is believed that the alteration will reduce the number of hours during which artificial lighting is used in the evenings.

THE Ingleby lecture before the University of Birmingham will be given this year on Wednesday next at 4.30 p.m. in the medical lecture theatre. The lecturer is Dr. T. Sydney Short, physician to the General Hospital, and the subject chosen is gastric ulcer and its complications.

THE circumstances of the death of the wife of Dr. A. C. Herbert, of Sheerness, were recently the subject of an inquiry by the coroner for Kent. A *post-mortem* examination, confirmed by bacteriological examination, established the fact that death was due to cerebro-spinal fever, and the jury appended to a verdict to that effect the following rider: "The jury desire to express their deepest sympathy with Dr. Herbert in his loss, and feel grieved he should have been put through this painful ordeal as a result of dissatisfaction of relatives, and further sincerely hope that the doctor's career will be in no way affected by this painful inquiry."

Letters, Notes, and Answers.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

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.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Artiology, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Artiology, Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish office of the British Medical Association is 16, South Frederick Street, Dublin.

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.

"INDICAN" invites suggestions for treatment of long-continued toxæmia, due either to intestinal intoxication or deep-seated ischio-rectal abscesses, thrice operated on. Symptoms: Severe urticaria, subacute diffuse fibrositis, indican, consistent subnormal temperature 95° to 97°. For the last three months there have been symptoms of mucous colitis, with six to eight motions daily, which have not yielded to diet or drugs.

INCOME TAX.

II. S. took over an additional practice on January 1st, 1916. He has paid one-quarter of the tax assessed on that practice for the financial year 1915-16, and expects to be called upon to pay tax thereon for 1916-17, although the earnings of the corresponding portion of his present practice are now appearing in his own books and will come in for future assessment. Can his wife's income be reckoned separately for purposes of "abatement"?

* * It was decided in the case of *Bell v. the National Provincial Bank* that the purchase and incorporation of a

branch into a business constituted a "succession," and rendered the successor liable to account for tax on the average profits earned thereby. It may be presumed that the Revenue officials were relying on that decision in requiring payment of the tax for the quarter to April, 1916. It should be remembered that our correspondent's return for 1915-16 would be based on the average profits for the three years 1912, 1913, and 1914, and it would seem to be not inequitable that on taking over an additional practice he should pay more tax than he would otherwise have done. This remark also applies to 1916-17, seeing that the profits of his new "branch" prior to January 1st, 1916, did not affect our correspondent's books, and therefore do not enter into a computation of his own profits on the average of the three years, 1913, 1914, and 1915. It might be well for H. S. to see the surveyor of taxes and come to an agreement with him as to the probable amount of the profits for 1913, 1914, and 1915 of the practice which is now amalgamated with his own, in order that he may be able to make a return for 1916-17 on the full average.

The wife's income is still reckoned with the husband's for purposes of abatement, except as regards income separately earned by her own personal labour, and then only where the amount of the total joint incomes does not exceed £500 per annum. This still holds good notwithstanding the right of separate assessment under Section 9 of the Finance Act, 1914.

ANSWERS.

PRURITUS OF FACE.

DR. WILLIAM BRAMWELL (Liverpool) writes: In reply to "Country Doctor," if his patient has been long under treatment, he may have noticed that the attacks increase in severity at this time of the year. If so, they are probably due to the ingestion of spring rhubarb. The number of cases suffering from "subcuticular roughness" and those conditions which Dr. Sequeira looks upon as allied to "Hutchinson's summer prurigo" is greatly increased when spring rhubarb is a daily article of dietary, the oxalic acid in the rhubarb being probably responsible for a lowered specific gravity of urine and the consequent retention of toxins; such lowered specific gravity being almost invariably present in such cases and due to a lowered vitality of the kidney eliminative cells, possibly a specific effect of the oxalic acid when there is an insufficiency of lime salts for its combination and elimination as calcium oxalate. The oxalic acid, therefore, or its combinations cause the mischief by its own retention and that of the products of katabolism. Hence a vicious circle is set up which may continue long after rhubarb has gone out of season. Nor will such vicious circle be broken and the numerous ailments it may give rise to in the more susceptible cases be cured until many other articles of diet besides rhubarb which have an irritative or toxic effect on the tissues be entirely expurgated from the dietary. In skin affections from such causes, x rays, like sun rays, very naturally do harm, as in "Country Doctor's" patient, and local applications are of very little use. In the BRITISH MEDICAL JOURNAL, 1902, I published a case of urticaria acuta in a child, brought on through an excessive ingestion of spring rhubarb, a writer in a previous issue having recorded a similar experience.

LETTERS, NOTES, ETC.

EMULSIONS FOR VIDAL'S TEST.

DR. ARTHUR HARDEN, Deputy Director, The Lister Institute of Preventive Medicine, Chelsea Gardens, S.W., writes: Dr. Alfred C. Coles, in his paper on "An easy and rapid method of doing Vidal's reaction for typhoid" (p. 684), states that "emulsions of dead typhoid bacilli" (for use in the Vidal test) can be obtained from the Lister Institute. This statement needs correction. We understand that the standards department of the Pathological School at Oxford is prepared to issue killed standard emulsions of bacteria of the typhoid group to persons requiring them for agglutination work, and it therefore has not been necessary for the Lister Institute to supply such emulsions.

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