

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

RECURRENCE OR REDEPOSIT OF CANCER.

SIR WILLIAM OSLER's memorandum in your issue of April 7th, p. 455, puts the question of recurrence or redeposit of cancer beside others of its singular manifestations, from which the whole nature of that disease is to be inferred. It sent me back also to his article in the *BRITISH MEDICAL JOURNAL* of 1906 (vol. i) on the medical aspects of carcinoma of the breast, dealing *inter alia* with the disappearance of secondary growths, of which the case I append is an example.

A number of years ago a patient presented herself with a small nodule in the right breast, which I proposed to excise immediately for examination. Four months pregnant, and willing to put off a serious view, she took other advice. I did not see her until much later, the character of the tumour having meanwhile shown itself unmistakably during lactation, which had been interrupted that she might undergo the usual operation for extirpation of the growth and of axillary glands. There was now a nodular recurrence in the cicatrix, and nodules of the size of large peas subcutaneously, both above and below the clavicles. It was in such small growths as the latter that the interest of the case centred. They came, and it was also clear that they went. At one time a crop could be counted on the scalp, not to be found a little later. The arm became swollen, growths being felt in the axilla and visible under the skin of the arm and over the olecranon. This oedema disappeared, and these metastases also. Embarrassed breathing and physical signs next pointed to latent growths in the left lung. Both, however, were liable to change in intensity and extent, and one could not help concluding that deposition and resolution were following each other in the pulmonary tissues, as they had visibly in the superficialities.

The hope that the patient would emerge "cured" was falsified; she died painlessly of asthenia, having, however, for upwards of a year demonstrated that to the progress of carcinoma there is a measure of resistance as yet unascertained.

Bristol.

DAVID A. ALEXANDER

PROLONGED FEEDING THROUGH NASAL TUBE.

MICHAEL MCA. (No. 1983) was admitted to the Donegal District Asylum, Letterkenny, on January 27th, 1885, and died there on April 2nd, 1917, at the age of 81 years. For several years after his admission he had to be spoon-fed, but for the last twenty-one years and seven months he was fed three times daily through the nasal tube. He enjoyed excellent health until the last three months, when it began to fail. I never heard of his taking a drink of water for all these years, but during the last two days of his life he took warm milk from a fellow patient but not from an attendant. The following was his daily diet scale:

Breakfast: One quart of milk, two eggs, and 1½ oz. of sugar. 1
Dinner: One quart of beef-tea or beef fluid made with Bovril or Oxo, and one or two potatoes mashed fine enough to go through the nasal tube.
Supper: One quart of milk, one egg, and 1½ oz. of sugar.

Is this case a "record" in respect of the length of time for which nasal feeding was continuously practised?

E. E. MOORE, M.D.,
Medical Superintendent.

THE *Deutsche medizinische Wochenschrift* warns its subscribers that, owing to the reduction of its printing staff, publication of contributions and of reprints must inevitably be delayed, and that the censorship of proofs is liable to interfere with the regular delivery of the journal.

VACCINATION is not held in much honour in Spain, mainly owing to the ignorance of the people, but also, it is admitted, to the inefficiency with which it is carried out. Madrid has lately been visited by an epidemic of small-pox which has led the Government to vote £120,000 for the establishment of a hospital for infectious diseases.

Reports of Societies.

THE TOXIC ACTION OF T.N.T.

At a meeting of the Section of State Medicine of the Royal Academy of Medicine in Ireland, on April 13th, the President, Dr. W. A. WINTER, in the chair, Dr. WALTER SMITH read a paper on high explosives, including the toxic action of T.N.T. in munition workers, and its detection in the urine. He said that attention was first drawn to the poisonous gases and volatile substances used in the British army during the present war. After a short historical sketch of explosives, the chief properties of picric acid and picrates were demonstrated. Picrate of lead detonates suddenly and loudly when heated. The composition and properties of "smokeless powder" and of "cordite" were described, and shown experimentally. The two chief sources of high explosives are: (a) Members of the fatty (aliphatic) group — namely, cellulose and glycerine. (b) The hydrocarbons of the aromatic (benzene) group. The organic products employed are either (1) true nitrates, or (2) nitro-compounds, and the essential differences between these two groups were explained. Pyroxylin (B.P.) is di-nitro-cellulose, gun-cotton is tri-nitro-cellulose. Practically, most violent propellants contain nitro-cellulose, wholly or partly gelatinized. The term nitro glycerine is a chemical misnomer, for it is a true organic nitrate or ester. Among the aromatic group the three important parents of explosives are: Benzene (benzol), toluene (toluol), and phenol (carbolic acid). Dr. Walter Smith described the results of two observations made upon himself by swallowing 6 grains of picric acid in 2-grain doses at intervals of some hours. No harm followed. After some hours the urine became orange-coloured, like that of a mild case of jaundice. It was free from albumin or bile pigment. Picric acid as an explosive has been replaced by tri-nitro-toluene (T.N.T.), which is more stable, and does not attack metals. Many cases of illness have followed in the wake of its manufacture among munition workers. Locally, it causes dermatitis. When absorbed, mainly through the skin, it leads to serious digestive trouble. Furthermore, it induces haemolysis and cyanosis. The brunt of the mischief falls on the liver, and the lesion appears to lie somewhere between a sub-acute yellow atrophy and multilobular cirrhosis. Jaundice appears, and ascites sometimes supervenes, and haemorrhages occur in various situations. The urine is dark, and may contain albumin as well as bile. Death usually takes place about three weeks after the first appearance of jaundice. The following are tests for T.N.T.: In the free state a weak (etheral) solution strikes a deep red with KOH, preferably in alcoholic solution; in the urine, T.N.T. does not exist in the free state; it can be detected by Webster's test, by acidifying the urine with dilute H₂SO₄, and extracting with ether; the ethereal solution will respond to the potash test. Dr. Smith on two occasions took 3 grains of T.N.T. in 1 grain doses, at intervals. After some hours the urine became orange-coloured, and in reaction free from albumin and bile pigment. The ethereal extract from the acidified urine gave a bright red with potash, which had little, if any, effect upon the urine prior to acidification.

Dr. W. M. CROFTON described the symptoms presented by several patients who had been accidentally poisoned by cordite fumes. He inquired whether any satisfactory treatment had been found for persons suffering from poisoning from the fumes of high explosives.

Dr. SMITH, in reply, stated that he had no personal experience of the treatment of persons suffering from T.N.T. poisoning.

VAGINAL PLUGGING FOR HAEMORRHAGE.

At a meeting of the Section of Obstetrics of the Royal Academy of Medicine in Ireland, held on April 20th, Dr. HASTINGS TWEEDY read a paper on the ability of the vaginal plug to cause a direct pressure on the uterine vessels and on the side walls of the pregnant uterus. He said that the plug had a different significance in Dublin from that which it enjoyed elsewhere. It was impossible to cause compression of the uterine vessels if rolls of cotton-wool (each tied round with a string) were passed into the vagina with the aid of a speculum and plugging forceps. If, on the contrary,

the United Kingdom, the application must be made by the officer himself. If not so serving, the application may be made by any person who is authorized by the officer to act on his behalf. The application form when completed will be forwarded in accordance with the directions on the form to the District Commissioner concerned, representing the Military Service (Civil Liabilities) Committee.

5. Any applicant may be required by the Commissioner—

(a) To appear before him and to give to him any further information regarding the application, or to produce receipts or other documents in support of the statements made in the application.

(b) To supply in writing such further information as the Commissioner may require in regard to the application, or to send for the inspection of the Commissioner receipts or other documents in support of the statements made in the application.

(c) To furnish a sworn declaration in support of any statement made in, or in connexion with, the application.

6. The Commissioner, after considering the application, will report to the Military Service (Civil Liabilities) Committee, by whom the award will be made.

7. Any grant awarded by the Committee may be made payable to such persons in such manner and upon such dates as the Committee may determine.

8. Grants will be incapable of assignment, and any attempt to assign, charge, or dispose of any grant will render it liable to forfeiture.

9. Grants will not be made in respect to any period after the grantee has ceased to belong to His Majesty's Forces—provided that, in the event of his being notified as dead or missing, the grant may be continued for such period as the Committee may think fit, and any payment so made may be recovered from any gratuity or pension granted from public funds to the widow or other dependants.

EXCHANGES.

M.O., attached field ambulance in France, desires exchange with officer in C.C.S. or at base in France.—Address No. 1550, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

M.O., attached to an infantry battalion in France, desires to exchange with a M.O. in an ambulance train, Red Cross barge, motor ambulance convoy, or fever hospital.—Address, No. 1509, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Universities and Colleges.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

THE annual elections for members of Council will be held on July 5th to fill three vacancies. Mr. W. Harrison Cripps retires in rotation as he was re-elected in 1909, eight years ago. Mr. Vincent Low retires, as he was elected last year to fill up the term for which Mr. Stanley Boyd was himself a substitute member, elected as such in 1914 to fill the place of the late Mr. Clement Lucas, re-elected in 1909. The third vacancy is due to the death of Sir Frederic Eve, a substitute being required to fill his seat until 1920, as he was re-elected in 1912. Sir Watson Cheyne, being President, does not retire though re-elected in 1909.

The following list shows the present composition of the Council:

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

Vice-Presidents.—Mr. W. Harrison Cripps, C. (1) 1905 (substitute till 1908), (2) 1903; Mr. Charters J. Symonds, C.B., C. (1) 1907, (2) 1915.

Other Members of Council.—Sir George H. Makins, K.C.M.G., C.B., C. (1) 1903, (2) 1911; Sir Anthony A. Bowlby, K.C.M.G., K.C.V.O., C. (1) 1904; (2) 1912; Mr. William F. Haslam, C. (1) 1908, (2) 1915; Mr. Bilton Pollard, C. 1910; Mr. C. A. Ballance, C.B., 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 for Sir Henry Butlin till 1919); Mr. James Ernest Lane, C. 1913; Mr. L. A. Dunn, C. 1913 (substitute for Mr. Clinton Dent till 1919); Mr. H. J. Waring, C. 1913; Mr. W. Thorburn, C.B., C. 1914; Mr. W. McAdam Eccles, C. 1914; Mr. C. Ryall, C. (1) 1914 (substitute), (2) 1915; Mr. Walter G. Spencer, C. 1915 (substitute for Mr. Lockwood till 1918); Mr. F. F. Burghard, C.B., C. 1915; Mr. H. F. Waterhouse, C. 1915; Mr. T. H. Openshaw, C.M.G., C. (1915); Mr. Raymond Johnson, C. 1916; Mr. Vincent Warren Low, C. 1916 (substitute for Mr. Stanley Boyd till 1917).

The medical schools are represented as follows:

London:

St. Bartholomew's	...	...	...	...	...	5
Charing Cross	...	...	...	...	...	1
Guy's	...	...	...	...	...	2
King's College	...	...	...	...	...	2
London	...	...	...	...	...	2*
Middlesex	...	...	...	...	...	1
St. Mary's	...	...	...	...	...	2
St. Thomas's	...	...	...	...	...	2
University College	...	...	...	...	...	2
Westminster	...	...	...	...	...	1
Special London hospitals	...	...	...	...	...	1
Total London	...	...	...	...	...	21

Provincial:

Birmingham	...	...	...	...	...	1
Leeds	...	...	...	...	...	1
Manchester	...	...	...	...	...	1
Total Provincial	...	...	...	...	...	3
Total Council	...	...	...	...	...	24

* One (Sir Frederic Eve) deceased.

CONJOINT BOARD IN IRELAND.

THE following were successful candidates at the Spring Final Examinations, 1917:

G. G. C. Adams, J. P. Brennan, M. Briscoe, E. M. T. Crymble, I. B. Culhane, F. Daly, J. J. Delany, M. Dockrell, J. P. Doyle, H. Graham, J. K. Holland, H. N. K. Kevin, M. P. Lee, M. P. Leonard, E. H. Lloyd-Dodd, J. A. MacSweeney, C. Murray, G. W. Pope, Mabel M. Prior, G. C. F. Roe, A. R. Soady, H. R. Wright.

Obituary.

THE death occurred on May 2nd, at the age of 61, of Dr. J. E. SQUIRE, whose professional life was largely devoted to the study and treatment of tuberculosis. He was the son of the late Dr. William Squire, a physician well known in London in his day, and was educated at University College Hospital, where, in 1881, he held the post of house-physician. He graduated M.B.Lond. in 1881 and M.D. in 1882, and became F.R.C.P. in 1909. During the Sudan campaign of 1885 he acted as senior medical officer to the Red Cross Society's organization, receiving the Egyptian medal and clasp, and the Khedive's bronze star. For a time he held the appointment of physician to the St. Marylebone General Dispensary and to the West End Hospital for Nervous Diseases; and he was associated with the Mount Vernon Hospital whilst it existed as a voluntary hospital for pulmonary tuberculosis and diseases of the chest. During the life of the London Polyclinic he took an active part in post-graduate teaching. From 1898 to 1904 Dr. Squire commanded London companies of the R.A.M.C. Volunteer Force. He was Knight of Grace of the Order of St. John of Jerusalem; held the Jubilee, and both Coronation medals, and the Volunteer Decoration; while in 1904 he received the C.B. (civil). At the time of his death Dr. Squire was consulting physician to various tuberculosis sanatoriums, including the National Sanatorium for Workers, Benenden, Kent. He was a member of Council of the National Association for Prevention of Consumption, and medical adviser for sanatorium benefit to the London Insurance Committee. He published a book on the hygienic prevention of consumption in 1893, and a volume of *Essays on Consumption* in 1900.

WE have to record the death of JAMES HENTHORN TODD CONNOR, M.R.C.S., L.S.A., of Chelsea, which took place on April 16th, at the age of 75. He was fourth son of Mr. William Connor, M.B., F.R.C.S.I., whom he succeeded in practice at New Wandsworth. His grandfather on his mother's side was Charles Hawkes Todd, professor of anatomy and surgery at the Royal College of Surgeons, Dublin, and he was a nephew of Professor Robert Bentley Todd, F.R.S., of King's College Hospital, whose statue originally stood in the entrance hall of the old building in Clare Market, and is now in front of the new building on Denmark Hill. Mr. Connor was educated at King's College and King's College Hospital, where he was dresser to Sir William Ferguson. He was a member of the British Medical Association, and held various public appointments. He succeeded his father as surgeon to the Wandsworth and Clapham Union, and also as medical officer to the Battersea Training College, which office he retained until declining health compelled his retirement from practice. He married the daughter of Mr. W. Compton Smith, of Lincoln's Inn, by whom he had four children. His eldest son, Mr. Bentley Connor, is an artist.

LIEUTENANT-COLONEL JAMES ALEXANDER NELIS, Bengal Medical Service (retired), died in Dublin on January 2nd, aged 62. He was born on May 23rd, 1854, educated at Trinity College, Dublin, where he graduated M.B. and also took the licence in surgery in 1876. He entered the I.M.S. as surgeon on March 31st, 1877, becoming surgeon-major on March 31st, 1889, and surgeon-lieutenant-colonel on March 31st, 1897, and retiring on July 4th, 1902. He spent his whole service in military employ, chiefly on the North-West frontier, where he was for many years medical officer of the 5th Gurkhas. He had a long list of war service—Afghanistan, 1878–80, advance on Ghazni; battle of Ahmed Khel; action of Urzu; march from Kabul to Kandahar to the relief of Kandahar, under Lord Roberts, and battle of Kandahar; Aitchakzai expedition, and operations against the Maris (medal with two clasps and bronze star);

North-West frontier of India, Mahsud Waziri campaign of 1881; Hazara campaign, 1888 (medal with clasp); second Miranzai campaign, 1891 (clasp); Isazai expedition, 1892; Tirah, 1897-98; operations against the Khani Khel Chamkanis; operations in the Bazar Valley, December 25th to 30th, 1897 (medal with two clasps). He was part author of a *Guide to Kashmir*, in which country he had spent many periods of leave in big game shooting. *

DR. KENNETH MAYOR GIBBINS, of Parkstone, who died recently on his 44th birthday, received his medical education at St. Mary's Hospital, London. He took the diplomas of M.R.C.S., L.R.C.P. in 1904, and graduated M.B., B.S.Lond. in 1907. He had held the posts of house-surgeon to the East Sussex Hospital and house-physician to the General Hospital, Birmingham. Some ten years ago he succeeded Dr. Leader in practice at Parkstone. He was assistant physician to the Cornelia Hospital, Poole, and during the last eighteen months was medical officer in charge of the military wards. Dr. Gibbins, who was a member of the Bournemouth Division of the British Medical Association, leaves a widow and two children to mourn his loss.

THE death is reported of Mr. THOMAS BROOKS BUMPSTED, M.R.C.S., L.S.A., of Trumpington, near Cambridge, at the advanced age of 94. Mr. Bumpsted studied medicine at St. George's Hospital, and became M.R.C.S. in 1844. In his youth he was a noted oarsman, and won the Diamond Sculls at Henley in 1844, the first year in which that race was held. His time over the course was 10 min. 32 sec. In the same year he also won the Wingfield Sculls. For many years Mr. Bumpsted held the post of surgeon to the Cambridge County Gaol.

Medical News.

SURGEON-GENERAL W. H. NORMAN, C.B., will, it is stated, shortly succeed Sir Arthur W. May as Director-General of the Medical Department of the Royal Navy.

WE are glad to learn that Dr. Rattray of Frome is making good progress. His medical attendants hope that he may be able shortly to leave his bed.

ON May 9th the Queen visited the Royal Naval Hospital, Haslar, where she was received by Sir A. W. May, Director-General, and Surgeon-General George Welch, Officer-Commander of the Hospital. The object of the visit was to inspect the new residential quarters which the women of Canada have erected for the sick berth staff of the hospital, and a finely equipped electro-therapeutic room presented by children of the Johannesburg and Rand schools as a war gift to the navy.

VOLUMES I and II of a Report on the Physical Welfare of Mothers and Children, prepared for the Carnegie United Kingdom Trustees by Dr. E. W. Hope and Dr. Janet M. Campbell, are now published. These two volumes deal with the subject in England and Wales, and it is hoped to issue shortly similar volumes dealing with Scotland and Ireland, compiled respectively by Dr. W. Leslie Mackenzie and Dr. E. Coey Bigger. The object of the reports is to assist in the solution of the problem of infantile mortality by setting out the facts in relation to one another, and by placing on record the views of accepted medical authorities on the subject. We hope to refer to these in some detail in a future number.

THE Government decided last year to establish a separate Department of Scientific and Industrial Research for Great Britain and Ireland under the Lord President of the Council, with the President of the Board of Education as Vice-President, and to place a large sum of money at the disposal of the new Department to be used as a fund for the conduct of research for the benefit of the national industries on a co-operative basis. In order to enable the Department to hold the new fund and any other money or property for research purposes, a Royal Charter has been granted to the official members of the Committee of the Privy Council for Scientific and Industrial Research under the title of the "Imperial Trust for the Encouragement of Scientific and Industrial Research." Mr. H. Frank Heath, C.B., is Permanent Secretary of the Department (Great George Street, Westminster, S.W.)

THE English Urgency Cases Hospital, raised at the suggestion of Miss Eden, honorary secretary of the British Union of Trained Nurses, for service with the French, was

organized by a committee of which Mr. Stephen Paget is chairman, Sir Arbuthnot Lane being president, and Mr. Mayo Robson consulting surgeon. It went out in March, 1915, and was first established at Bar-le-Duc; while there it received many wounded from the Argonne. After six months' work there it was given a chateau with the curious name of Faux Miroir. It opened there on September 8th, and has treated 3,351 patients, many of them from Verdun, upon whom 2,182 operations have been performed, while only 152 have died. Its médecin-chef is Mr. J. A. Cairns Forsyth, F.R.C.S., formerly of Leeds but more recently of London, and it is from a short article contributed by him to an illustrated report of the work of the hospital down to the end of 1916 that the above particulars are taken.

AN Army Council instruction, issued on May 5th, deals with the calling up of men employed in agriculture in England and Wales. It lays down that only men certified by county war agriculture committees as engaged on whole-time farm work come within the terms of exemption. The number of men to be taken from agriculture for the army is not at present to exceed the 30,000 already ordered to be called up. While exemption remains in force no exempted man is to be taken; and men below category "A" are only to be removed from agriculture by agreement with the county war agricultural committees. Equal distribution of labour throughout the counties is to be secured by co-operation between the war agriculture committees, acting through their executive committees.

DR. T. F. PEDLEY, formerly health officer of Rangoon, has sent us a pamphlet in which he makes the suggestion that the British public, which is now preoccupied with the shortage of wheat and other foodstuffs, might be educated to appreciate the food value and palatability of unpolished rice, the staple diet of the Burmese, among other Eastern races. He points out truly that the sophisticated, highly polished, and rather expensive white rice is not popular with the poorer classes at home, who look upon it as a luxury rather than a regular article of diet, while the well-to-do use it only as an occasional dish. Dr. Pedley's contention is that if a demand for the unpolished nutritious grain could be stirred up among the people of Great Britain, the Burmese rice merchants could, and would, supply it. So far as nutritive value is concerned, there can be no question as to the advantage of unpolished rice containing the pericarp with its proteins, salts, and vitamins.

AN inquest was held at Enfield, on May 7th, on the body of a clergyman, aged 48, who died after taking rhubarb leaves cooked as a vegetable. Dr. Gardner stated that he found the patient in bed suffering from gastro-enteritis, which came on a few hours after a substantial meal of rhubarb leaves. The patient became worse, and was removed to the cottage hospital, where he died of collapse. Other members of the family who had also eaten the leaves complained of ill effects. The coroner, in adjourning the case for three weeks, said he would endeavour to have some rhubarb from the same source analysed. A Brighton correspondent informs us that a number of cases of illness after eating boiled rhubarb leaves have occurred in Brighton and Hove. The symptoms in all these cases strongly suggest oxalic acid poisoning. As is well known, potassium oxalate is present in quantity in rhubarb stems, and presumably it is also present in the leaves. Certain persons with an intolerance for salts of oxalic acid show symptoms of irritant poisoning after quantities of rhubarb stem which are quite harmless to most people. It is possible that the recent cases of poisoning occurred in subjects of this idiosyncrasy; on the other hand, the method of cooking might explain the toxic effects—thus a hard water containing much lime salt would precipitate the oxalate, while a soft water might leave it largely in the form of soluble oxalate. Pending the result of chemical analysis in the Enfield case, the public would be well advised to refrain from indulging in rhubarb leaves as a substitute for spinach or cabbage.

A BRIEF record of the splendid response to their country's call made by the universities of the United Kingdom has just been published (*British Universities and the War: A Record and its Meaning*. London: Field and Queen (Horace Cox) Limited). The President of the Board of Education has written the preface, and a short account of the share taken by each seat of learning is contributed by a university official. Oxford and Cambridge are dealt with respectively by the President of Magdalen and the Master of Magdalene; three other sections are written by members of the medical profession—Sir Alfred Pearce Gould as acting Vice-Chancellor of the University of

London, Sir Donald MacAlister as Vice-Chancellor of the University of Glasgow, and Sir Isambard Owen as Vice-Chancellor of the University of Bristol. For the reason that this work is mainly written in order to show our friends in the United States what the universities of this country have done in the war, Sir Theodore Cook introduces a pleasant article on American and English universities, contrasting the social and athletic life of the universities on each side of the Atlantic. Among the illustrations is a charming portrait of Rupert Brooke, the soldier poet.

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.

The telegraphic addresses of the **BRITISH MEDICAL ASSOCIATION** and **JOURNAL** are: (1) **EDITOR** of the **BRITISH MEDICAL JOURNAL**, *Aitology, Westrand London*; telephone, 2631, Gerrard. (2) **FINANCIAL SECRETARY AND BUSINESS MANAGER** (Advertisements, etc.), *Articulate, 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.

The address of the **Central Medical War Committee** for England and Wales is 423, Strand, London, W.C.2; that of the **Reference Committee of the Royal Colleges** in London is the Examination Hall, 8, Queen Square, Bloomsbury, W.C.1; and that of the **Scottish Medical Service Emergency Committee** is Royal College of Physicians, Edinburgh.

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.

IGNORAMUS asks for advice as to treatment for an x-ray burn in a patient who underwent a course of x-ray treatment for uterine fibroid. She now has an ulcer 2 in. by 1 in. in the right iliac region, covered by a very tough adherent wash-leather slough, which resists all efforts to clean or heal it.

INCOME TAX.

M.O. receives a salary paid in West Africa and makes his wife an allowance of £500 per annum. She resides in England, and when **M.O.** returns from West Africa he "pays her a reasonable sum weekly for board and lodging." He asks whether his income tax liability extends beyond the £300 given to his wife.

* * There is a mass of case law on the subject of the income tax liability of foreign residents showing that the matter is one very difficult to deal with unless there is full information as to the exact circumstances. The nearest parallel we can find is in a case quoted as *Pickles v. Foster* ([1913] 1 K.B., 174), in which an employee of the African Association, Ltd., was held not liable on the full amount of his salary and commission as local manager of a West African factory. But it would seem from certain dicta in the judgement that the decision might have been different if the appellant had been in the service of an English Government "Department" instead of an English public company.

ANSWERS.

JACOBUS, who desires to put a son aged 14 into the mercantile marine, asks for advice as to how he should proceed.

VISCEROTOPHOSIS AND NEURASTHENIA.

MR. J. L. MEYNELL (Colchester) writes, in reply to the question by "M.R.C.S.," published on April 14th, 1917: In the absence of information as to the time which elapsed between operation and the appearance of symptoms, it is just conceivable that the neurasthenia is a post-operative condition; if so, further recourse to surgical procedure might be disastrous. Otherwise, having excluded all sources of chronic intoxication and mechanical causes of nerve strain, viscerotoposis seems the probable cause of the neurasthenia in this case. Unless the displacement causes kinking of the duodenum, ureter, or bile ducts, operative replacement and anchorage of the kidney should not be attempted, and even then operation would be justified only after mechanical support had failed. "M.R.C.S." might try the application of a strapping belt, such as a simple spica of adhesive plaster, enclosing the lower abdomen up to the umbilicus. If this gives relief, a mechanical support such as that designed by Sir Arbuthnot Lane, and made by Messrs. Walton and Curtis, should be ordered.

PETROL DUTY.

THIS matter has become distinctly more complicated since the establishment of a special duty of 6d. a gallon under the Finance Act of 1916, and an answer in our issue of April 21st to a correspondent ("Perplexed") needs amplification. There are, in fact, three statutory provisions under which duty is payable. Under the first two a total duty (of Excise and

Customs) is payable of 6d. per gallon, namely 3d. a gallon under Section 84 of the Finance (1909-10) Act, 1910, and a further 3d. a gallon under Section 10 of the Finance (No. 2) Act, 1910. The rebate of one half of the duties paid is in this case recoverable through the Board of Customs and Excise. The Finance Act, 1916, Section 15, imposed an additional duty of 6d. a gallon by way of licence; the rebate applies to this also, but it is dealt with by the Petrol Control Committee, acting apparently under powers conferred on the Board of Trade. The difficulty in understanding the operation of the present system—and "Perplexed" is probably not the only practitioner who experiences some perplexity in the matter—is probably due to the division of the authority as to rebates between the Board of Customs and Excise and the Petrol Control Committee, and will be avoided if it be remembered that the former deals with the old customs duty, now 6d. per gallon, and the latter with the new "licence" duty of 6d. per gallon.

LETTERS, NOTES, ETC.

SUGGESTED USE OF EUSOL IN INFECTIOUS FEVERS.

FLEET SURGEON H. E. TOMLINSON, R.N., writes: Taking into consideration the fact that several cases of puerperal fever and other septicæmic conditions have recently been apparently cured by intravenous injections of eusol, and bearing in mind the fact that, by analogy, such diseases as typhus fever, small-pox, measles, etc., whose cause is at present unknown, but which are possibly due to ultra-microscopic and filter-passing organisms, are at present treated in an expectant manner, I would venture to suggest that a great advance in treatment might accrue and no harm to individuals could arise from regarding these cases as of a septicæmic nature and treating them in a systematic manner by intravenous injections of eusol with a view to destroying such organisms as are present in the blood.

FLAVINE IN CEREBRO-SPINAL FEVER.

CAPTAIN A. CHARLES E. GRAY, R.A.M.C., Medical Officer in Charge Cerebro-spinal Fever Wards, Fulham Military Hospital, writes: In a paper by Dr. Carnegie Dickson published by you on April 7th he mentions flavine in the treatment of cerebro-spinal fever. In case any one should be thinking of trying it I think it well to write at once and say that my experience of the use of flavine by intraspinal injection in these cases has been distinctly unfavourable.

HORSE SERUM IN THE TREATMENT OF BURNS.

DR. EDWARD PERCY ROBINSON of New York has been induced by the publication in the **JOURNAL** of September 2nd, 1916, of Staff Surgeon R. J. Willan's paper on the treatment of burns to send us a note on a method he employed in one case. A woman, aged 45, was severely scalded, the injured surfaces being on the upper and middle third of the right leg (from 10 to 12 inches long by 4 to 8 inches wide), the calves of both legs, the ankle of the left foot, both buttocks and the left hip (deep), and the right cheek (superficial). It was estimated that the area of skin devitalized exceeded one-third of the entire surface. The burns were of the first and second degree. A temporary dressing of caron oil was applied, and afterwards an antiseptic ointment. Acute nephritis developed within twenty-four hours, but then subsided. Dr. Sinnott, under whose care the patient was in hospital, realized the difficulty of applying grafts to surfaces so large, and agreed with Dr. Robinson to make use of horse serum, in order to supply the cells surviving on the wound's edge with nourishment calculated to accelerate their proliferation. Normal horse serum containing a small percentage of tricrosol was sprayed on the marginal cells, several large burns of the second degree being selected. The parts were then covered with rubber tissue. This was done on the tenth day. Treatment was repeated several times a day for ten days, with the result that the patient completely recovered, and was able to leave the hospital twenty-one days after admission. The serum was obtained from the Lederle laboratory, and Dr. Robinson thinks that if tubes containing only enough serum for a single application were obtained, the tricrosol introduced as a preservative might safely be omitted, and thus a certain amount of smarting during the spraying obviated. In concluding his notes he expresses the opinion that it is an error to puncture blisters; the unpunctured blister provides a sterile serum, which is the best of all dressings.

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