ECTOPIA VESICAE TREATED BY IMPLANTATION OF THE URETERS IN THE RECTUM.

BY C. C. HOLMAN, M.B., F.R.C.S.,
ASSISTANT SURGEON, NORTHAMPTON GENERAL HOSPITAL.

ECTOPIA VESICAE is a sufficiently rare deformity to justify publication of the following case:

A boy, aged 8 years, was admitted into the Northampton General Hospital in March, 1918, suffering from ectopia vesicae. He was small for his age and pale, exhibiting all the symptoms characteristic of his unhappy condition.

First Operation.

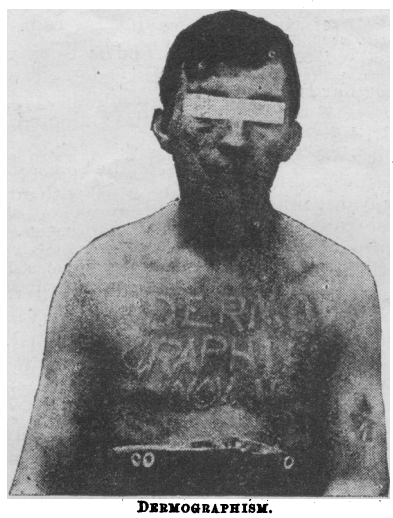
On March 15th, 1918, after the patient had been anaesthetized, a No. 1 gum elastic catheter was passed into each ureter for about three inches and tied in. A median incision was made through the bladder and a circular incision round each ureteral orifice. The ureters were then, in turn, freed by blunt-pointed scissors, taking care not to trespass on their blood supply. After a finger in the rectum had demonstrated its relations, a pair of fully curved forceps were passed through the anus and pressed against the rectal wall below the peritoneal reflection. A small incision was made, the forceps passed through and the right ureter with its catheter drawn into the rectum as far as it would go. The wound in the rectum was closed by one stitch which took a grip of the wall of the ureter. This procedure was repeated on the left side. The rest of the bladder was trimmed away and the wound left open. At the conclusion of the operation the catheters were withdrawn as they seemed calculated to do more harm than good by their presence in the ureters.

Subsequent Progress.

The patient's general condition remained good, but the temperature ran an irregular course for a fortnight, rising each evening to 101° or 102° F. The bowels acted naturally on March 17th, and by March 19th the boy could keep dry during the day. On April 6th there was thought to be some leakage of urine through the wound.

Second Operation.

On April 17th granulations were cut away, the skin edges undercut and brought together. Both ureters could be felt projecting into the rectum. The wound healed by first intention, and there was no leakage of urine.



DERMOGRAPHISM.

Present Condition.

In January, 1920, the boy's general health is good and his gait normal. He has complete control over his urine, which he voids two or three times during the night and at intervals of from three to four hours during the day. The operation scar is sound and dry.

The operative procedure in this case was practically that described by Peters,[1] with the minor difference that the ureters were fixed by a stitch into the rectum and the catheters removed at the conclusion of the operation. There was probably some slight infection of the kidneys in this case, as shown by the irregular pyrexia and by thirst. It might be wise in a similar case to allow an interval of some weeks to elapse between the transplantation of each ureter, as suggested by Mayo.[2] He utilizes the sigmoid in preference to the rectum, but, in the hands of the average surgeon, such a procedure would involve more risk to the patient. Some writers seem to assume that by transplanting the trigone (Maydl) or the whole bladder (Moynihan) the risk of ascending infection of the kidneys is diminished. I know of no statistics which prove this assumption. The statement that the valvular orifice of the ureter is maintained after transplanting the trigone is open to question, as the transplanted portion of the bladder is necessarily severed from its nerve supply.

REFERENCES.

[1] Peters: BRITISH MEDICAL JOURNAL, June 22nd, 1901. [2] Mayo: *Collected Papers at St. Mary's Hospital, Rochester*, 1917.

THE late Mrs. Louise d'Este Oliver has bequeathed £3,000 each to the Elizabeth Garrett Anderson Hospital, Euston Road, N.W., and to the West Cornwall Dispensary and Infirmary, Penzance, £1,000 to the Middlesex Hospital for the Cancer Ward, and £200 to the Dunedin Hospital Guild, Dunedin, New Zealand.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF DERMOGRAPHISM.

(From the Neurological Department, 2nd Northern General Hospital, Leeds.)

PTE. W., aged 20, was admitted to this hospital in May, 1919, with a gunshot wound of the right upper arm and ulnar nerve injury.

His attention had first been drawn to the ease with which his skin whealed three months previously when, while washing himself, he received a slap on his chest from a fellow patient, which was followed by a raised impression of the hand. Since then he noticed that a tight shirt wristband, a tight collar or bandage would cause a raised wheal on the underlying skin.

The words in the photograph were traced by moderately firm pressure with a blunt piece of wood. The urticarial wheals took about three minutes to develop fully. As they rose they were at first uniformly pink, but finally were white and bloodless in the centre with a bright pink border. They subsided in from half to three hours, according to the pressure used to create them, and vanished rather more quickly from the arms than from the back and chest. There was no itching of the skin. The readiness of the patient to sweat on slight exertion furnishes further evidence of vasomotor instability.

The patient exhibited no signs of hysteria, and examination revealed nothing else abnormal either in the nervous system or elsewhere, except that, although a Yorkshireman, he spoke quickly, almost to the point of clipping and slurring his words, and unintelligibility.

His family history furnished no sign of neurotic heredity, his parents, brothers, and sister being quite healthy, and, as far as the patient knew, none presented this phenomenon of factitious urticaria.

The patient himself stated that he had always been healthy, was classified A1 on joining the army, and during his six and a half months in France suffered from nothing until he was wounded. The only other feature of interest is that about two months previous to his first noticing the condition he was in hospital in London, and whilst lying in the anaesthetic room waiting for some small operation a bottle of ether exploded and caught fire. He assisted the nurse to extinguish the flames, and was rather scared and tremulous afterwards. He was anaesthetized, however, and the surgical procedure carried out. There were no ill effects on recovering from the anaesthetic.

I have to thank Lieut.-Colonel C. E. Ligertwood, D.S.O., the administrator of this hospital, for permission to record the case.

H. S. CARTER, M.B., Ch.B.,
Captain R.A.M.C.(S.R.).

SUBLIMED SULPHUR IN MERCURIALISM.

MERCURIALISM is caused by the accumulative action of mercurial salts, but the exact mechanism is not definitely known, though two theories have been advanced, one by Almkvist and the other by Professor Gaucher.

Almkvist's Explanation.

Protein foods are pressed into the sockets of the teeth or into the recesses of the mouth. Here they are attacked by putrefactive anaërobic organisms, such as the *Spirochaeta dentium* and the fusiform bacillus of Plaut-Vincent. These bacilli form sulphuretted hydrogen. The mercury circulating in the capillary loops of the gums is precipitated as black mercury sulphide. The nourishment of the gums and the alveolar process of the jaw is interfered with and degeneration and necrosis of the involved tissue results.

Professor Gaucher's Explanation.

Mercury, on absorption into the system, becomes converted into a chlor-albuminate-peroxide of sodium and mercury. It is an irritating salt, and is not allowed to circulate freely, thereby

causing stomatitis and other symptoms of irritation. He recommends that sulphurous waters should be drunk, and reports a case in support of his theory. He further states that the irritating mercury salt is converted into a non-irritating mercury sulphide, which circulates freely in the system. The mercury sulphide is easily excreted and is well tolerated.

Professor Gaucher's theory, in view of the fact that sulphur improves the condition, is the more feasible.

As a prophylactic measure all tartar should be removed from the teeth at the commencement of treatment, although this may not always be possible. The teeth should be cleaned after every meal, using a tooth-brush, and a tooth-powder containing preferably potassium chlorate. As a mouth-wash, a weak solution of hydrogen peroxide should be used.

As a large percentage of the syphilitic patients who present themselves have bad teeth, and as time cannot be spared to send them for treatment by the dentist, and in view of the fact that the theory of Professor Gaucher appeared to me to be quite feasible, I resolved to try an experiment on this theory. As no natural sulphurous waters were available I put all the patients in this dermatological section who were being treated for syphilis by intramuscular injections of mercury on one teaspoonful of sublimed sulphur nightly (by the mouth). From the very beginning the results were astounding. Not only was mercurialism prevented, but patients actually suffering from the condition, who had frequently to be excused their weekly injections on this account, improved rapidly, and in the course of a short time were on full and regular treatment again.

After using the sulphur in this method I have obtained such confidence in its action that I would now waste no time in sending a patient to the dentist for preliminary treatment for a mouth condition, however bad it might be. I have even stopped prescribing gargles except in the worst cases, and then only as a preliminary measure. Patients are simply advised to "wash their teeth after meals."

This treatment has now been in progress for the past nine months, and in no case has mercurial treatment had to be suspended on account of mercurialism.

Barian Camp, India. G. IRVING, Captain R.A.M.C.

"ACUTE SUFFOCATIVE CATARRH."

I HAVE been much interested in the cases of acute suffocative catarrh lately published in the BRITISH MEDICAL JOURNAL.

I have seen two cases presenting similar conditions, but in both the patients were suffering from diabetes; one was not aware of his condition, the other knew he had at one time suffered from diabetes, but thought he had completely recovered:

CASE I.—I was called out late at night some years ago to see a young man who was a complete stranger to me. I knew nothing of his previous history; I learned he had suffered from some stomach complaint, and had, in fact, been up that same day to see a specialist in London. I found him suffering from extreme dyspnoea, and râles were heard all over the chest. I was presented with a vessel full of a pinkish-looking fluid, with a white scum; he had been expectorating this in large quantities. I was quite at a loss to account for the condition, but happened to think of lipaemia in diabetes, as described in Taylor's *Practice of Medicine*. The urine was found to be loaded with sugar. He died within twelve hours.

CASE II.—Some two years later I was called to a patient, also a young man, who was suddenly seized with difficulty in breathing. I found him sitting with a pail between his knees, into which he was expectorating a fluid similar in appearance to that in Case I. From my previous experience I at once told his wife that he was suffering from diabetes; to this she replied, "He has not got diabetes now; he had it at one time, but we thought he was cured." This patient also died within twelve hours. The urine was found to be loaded with sugar.

In Taylor's *Medicine* it is stated, "It has been found in a small number of cases that the capillaries of the lung are blocked by globules and masses of fat, and Drs. Saunders and Hamilton, who first described this, attributed the whole train of nervous symptoms to this 'fat embolism' of the pulmonary capillaries."

Kempston, Bedford. GEO. BUTTERS, M.B.

A BASKET-MAKING shop will be erected and equipped at the Enham Village Centre from a fund of £500 raised in the town of Southampton.

Reports of Societies.

OXYGEN THERAPY.

A DISCUSSION on the therapeutic uses of oxygen was held on January 20th, 1920, in the Section of Therapeutics and Pharmacology of the Royal Society of Medicine.

The discussion was opened by Mr. J. BARCROFT, C.B.E., F.R.S., who said that the subject of oxygen therapy was no new one, and it had now reached a stage at which there was considerable diversity of opinion. In such circumstances the best method of treating a subject was to produce facts, and the work of himself and his colleagues had been on those lines. His work on oxygen therapy had been limited to the treatment of a particular class of case—namely, soldiers and munition workers who had been gassed—and the endeavour of Miss Dufton, Major Hunt, and himself had been to get at the facts, formulate them in such a way that they should be simple, intelligible and capable of repetition, and take care that in their interpretation neither their opinions nor those of the patients should play a part.

Chronic Gassed Cases.

The cases treated were all chronic cases, and the treatment adopted was partly worked out from experiments on animals and partly from reports from France. The method adopted at Cambridge was simple.

A glass room of about 1,000 cubic feet capacity formed a living ward and contained three beds. The ward was gas-tight and fitted with air locks. The composition of the atmosphere within was kept at 40 to 50 per cent. of oxygen and 50 to 60 per cent. of nitrogen. The CO_2 and aqueous vapour were removed by passing the air from the ward through an external circuit containing scrubbers of soda-lime and calcium chloride and potassium permanganate.

The chief object in adopting this method was to attain simplicity and ensure that the only altered condition of the patient's life was the change in the composition of the atmosphere he breathed. No attempt was made to study the question of the best method of administration. Their object was solely to make observations on the results of oxygen treatment. For many purposes for which oxygen was wanted a chamber was clearly out of the question. The routine was to put the patient in the chamber from about 5 p.m. till 10 a.m. for five consecutive days. Between 10 a.m. and 5 p.m. the patients left the chamber for varying periods for exercise, etc. A chronic case of chlorine, phosgene, or chloropicrin poisoning usually complained of one or both of the following symptoms: nocturnal attacks of dyspnoea and physical distress on exertion out of all proportion to the effort put forth. The latter afforded the better means of obtaining an objective indication of the patient's condition. The response to exertion of either the circulatory or the respiratory system might be taken as the guide. Each had its advantages and drawbacks. The pulse was easy to count, its variations in rate were susceptible of simple and accurate statement, but its significance in relation to the strain put upon the heart or the volume of blood propelled round the body was obscure, whilst the mechanism of its regulation was also obscure at the time of their experiments. The respiratory system was in some respects more hopeful: not only the frequency of the respiratory rhythm could be measured, but the total ventilation, the composition of the air expired and of that retained in the lung, and the depth of respiration could be recorded. On the other hand, the respiration was more under the influence of the will than was the pulse.

Results of Treatment.

In the first fourteen cases studied they took the response of the pulse to effort as the criterion; in the last twelve the respiratory response. The procedure with regard to the pulse was as follows:

After a general examination the patient was made to rest for fifteen minutes. His pulse was then counted. He was given an exercise to perform, the severity of which was judged appropriate to his condition. His pulse rate was counted again after the exercise, and the time observed which elapsed between the end of the exercise and the return of the pulse rate to within six beats per minute of its resting value.

after hour, holding and squeezing the belly. Now more common sense prevails, and all the spade work is done by a good nurse.

There is nothing seriously the matter with the old lamps which are well and truly made. They require trimming—that is all.—I am, etc.,

Upholland, Wigan, Jan. 26th. J. THOMSON SHIRLAW.

SCOTTISH COLLIERY SURGEONS AND THE MINERS' UNION.

SIR,—In a recent issue (January 3rd) you stated that as a result of negotiations between the Scottish Colliery Surgeons' Committee and the Miners' Union, an agreement had been reached for a uniform flat rate of 3½d. per week without the supply of medicine and 4½d. where the latter was supplied. Some of us are wondering how this came about. At the early meetings held to discuss the matter all were firmly resolved that the payments would be 6d. and 5d. weekly respectively. Later we signed a document to the effect that in the event of the miners refusing these terms we would revert to private practice, that is, regarding their wives and families. Little more was heard on the subject until the middle of December last when we received notice that at a meeting held in Glasgow the miners' representatives offered 3½d. and 4½d., whereas our men came down to 4d. and 5d. as the lowest acceptable minimum. We were asked to state our preference between the two, and in the event of our adhering to the larger sum to indicate again whether we would revert to private practice in the case of the miners' refusal. Every medical man I have spoken to, who had any colliery work whatever, stuck out for the larger fees. The next we heard was from the columns of an evening newspaper that the surgeons' representatives had once more retreated. Not another word have we heard on the subject. A good few of us fancy that if the miners' officials had shown a bit more backbone we should have found ourselves committed to attend their dependants at, say, ½d. per week—with medicine thrown in to balance matters!—I am, etc.,

January 16th. SCOTTISH COLLIERY SURGEON.

SIR,—In reply to the foregoing letter which, by your courtesy, I have been permitted to read, I beg to state the facts as far as known to me.

In the spring of last year the Colliery and Public Works Surgeons' Committee formulated a policy on the following lines, namely:

1. That recognition of the committee, as representing all the colliery doctors in Scotland, should be demanded from the Miners' Union.
2. That a uniform flat rate be demanded, applicable to all areas in Scotland, for medical attendance apart from the supplying of drugs.
3. That no area should accept any settlement unless all the areas received the terms agreed to by the committee.
4. That 5d. per week per worker be asked as the rate for medical attendance; and that in areas where medicine is supplied, the additional rate should be not less than 1d.

In furtherance of this policy notices of termination of existing agreements were sent in by the local executives in each area, and practitioners were asked to sign an undertaking to refuse to continue treatment of dependants on a contract basis when asked to do so by the committee. That undertaking was signed almost universally.

After considerable negotiation items 1 and 2 were obtained, but the 5d. rate asked for was refused, and the miners' final offer was 3½d. for medical attendance and 4½d. for attendance and medicine. The Committee neither accepted nor refused this offer, but referred it back to the areas. Each delegate was instructed to obtain a mandate from his constituents, and at the meeting in December every delegate present reported that he had been instructed to try to secure better terms, but not to vote for a strike in the event of these terms not being obtained.

At no time did the Committee say that resignations were to be sent in if the 5d. rate was not obtained; and at every stage the representatives were understood to have consulted their constituents. If any representative failed to do so, the Committee was not made aware of the fact.

A word as to the relationship of the British Medical Association to this Committee. The Scottish Committee of the British Medical Association, in return for a contribution made to the funds of the Colliery Surgeons' Committee, has three representatives on it, and undertakes to support any action taken by the latter Committee if the policy be approved by the former. When the policy was formulated last year the Scottish Committee circularized every practitioner in the areas concerned, urging their support of the policy and offering the help of the Association in furtherance of it.—I am, etc.,

JAS. R. DREVER,
Scottish Medical Secretary.

6, Rutland Square, Edinburgh, January 20th, 1920.

THE ORDER OF ST. JOHN.

SIR,—May I be allowed to thank you for the very valuable information in the reply to my query about the conditions under which the various grades in the "Grand Priory of the Order of St. John of Jerusalem in England" are awarded? It has cleared up some knotty points.

May I further trespass by asking if the "Priory of St. Torphichen" in Scotland and the "Priory of St. John in Wales" grant similar awards under conditions which seem to me to be strangely out of keeping with modern ideas, which apparently govern each of the other Orders of Chivalry, old and new?

Some years ago, when I was actively interested in the granting of certificates in "first aid" and "home nursing," those of the St. John enjoyed exclusive privileges, especially in relation to the Police and the Marine Department of the Board of Trade. Can you inform me if these privileges are still in existence, or have they been extended to other bodies which to-day undertake similar services, such as county councils and Red Cross societies?—I am, etc.,

January 12th. "ONE INTERESTED."

*** There is no Priory of the Order of St. John in Scotland. There is a St. Andrew's Ambulance Association in Scotland, but there is no Order of St. Andrew and no Orders are conferred by the St. Andrew's Ambulance Association. The old buildings of Torphichen Priory still exist, but they have no connexion with St. Andrew's Ambulance Association. The first-aid certificates granted by the St. Andrew's Ambulance Association are interchangeable in England as well as Scotland with those granted by the St. John Ambulance Association, and equally fulfil the requirements of the Home Office and the Marine Department of the Board of Trade. We understand that the first-aid certificates, first and second class, granted after examination by the British Red Cross Society and by certain county councils are accepted by the Board of Trade as certificates of competency as master or mate in the Mercantile Marine, and by the War Office as evidence of competency for voluntary aid detachments. It appears, therefore, that the St. John's certificates have not any exclusive privilege, and that the recognition they confer attaches also to similar certificates granted by several other bodies. We have no information as to the "Priory of St. John in Wales" nor do we know how it is regarded by the authorities at St. John's Gate, Clerkenwell.

Universities and Colleges.

UNIVERSITY OF OXFORD.

AT a congregation held on January 22nd the degree of Doctor of Medicine was conferred on:

R. St. A. Heathcote, C. P. Symonds, T. B. Heaton; C. H. Barber (in absentiâ).

UNIVERSITY OF CAMBRIDGE.

MR. C. R. A. THACKER, M.B., B.Ch., Fellow of Sydney Sussex College, has been appointed additional demonstrator in physiology, and Mr. M. B. R. Swann, M.R.C.S., demonstrator in pathology.

At a congregation held on January 23rd the following medical degrees were conferred:

M.D.—H. V. Deakin, B. W. M. Aston Key.
M.B., B.CH.—H. W. C. Vines, G. H. Oriel.
B.CH.—O. G. Morgan, J. Hale, C. S. Dodson, A. C. M. Coxon.

UNIVERSITY OF LONDON.

DR. H. L. EASON, C.B., C.M.G., senior ophthalmic surgeon to Guy's Hospital, has been elected by the Faculty of Medicine as its representative upon the Senate, in succession to Sir Cooper Perry, who has resigned on his appointment as Principal Officer of the University.

CONJOINT BOARD IN SCOTLAND.

THE following candidates, having passed the final examination, were admitted L.R.C.P.E., L.R.C.S.E., L.R.F.P.S.G.:

Lizzie R. Clark, J. Campbell, R. J. C. Meek, A. Strang, W. F. S. Webb, A. F. W. Thompson, E. F. Birkenstock, Janet A. A. Sang, T. Blarney, R. Carl Fechter, T. W. Stewart.

The Services.

ARMY PAY OF CIVILIAN MEDICAL PRACTITIONERS.

A ROYAL WARRANT (dated January 18th, 1920, and published in Army Order No. 10 of 1920) increases the rate of remuneration of civilian medical practitioners engaged under Article 364 of the Pay Warrant to render medical attendance and examine recruits where army medical practitioners are not available. The substituted rates for medical attendance (including vaccination and cost of medicines) are £7 10s. a year if there are fewer than 10 persons entitled to medical attendance; and when there are 10 persons or more, £15 for every complete 25 or portion of 25, provided that the total emoluments for all services exclusive of the examination of recruits shall not in any instance exceed £1 10s. for any one day. For examination of recruits 2s 6d. is allowed for each recruit for the regular forces, subject to a maximum of £2 a day for services under this head. The new rates come into force as from January 1st, 1920.

HONOURS.

Military Cross.

AMONG the immediate awards conferred by Major-General Sir W. E. Ironside, K.C.B. (under powers vested in him by His Majesty), for conspicuous gallantry and devotion to duty in North Russia, is the Military Cross to Captain James Vallance, R.A.M.C., attached 45th Battalion Royal Fusiliers.

For great gallantry and devotion to duty in dressing and attending wounded under fire. As each objective was gained he followed up immediately, dressing and bringing in all wounded on his way. In one village the Bolsheviks landed a party of sailors, and it was only through his untiring efforts that the wounded were removed to a place of safety.

Mentioned for Services Rendered.

The names of the following officers of the Indian Medical Services have been brought to the notice of the Secretary of State for War for valuable services rendered in India during the war:

Lieut.-Colonels: H. Boulton, (temporary Colonel) H. Burdon, C.I.E Major (acting Lieut.-Colonel) J. B. D. Hunter (attached South Persia Rifles). Captains: J. B. Hanafin, J. A. A. Kernahan (attached South Persia Rifles), (temporary Lieut.-Colonel) J. V. Macdonald, M.C., R. R. M. Porter, J. A. Sinton, V.C., (temporary Major) M. A. Rahman. Temporary Captain H. S. Hensman. Temporary Lieutenants: L. J. P. Mordaunt, A. Noble (attached 124th Baluchistan Infantry), T. Mahomed Nawaz.

Foreign Decoration.

Surgeon Commander Robert W. B. Hall, R.N., has been appointed by the King of the Hellenes to be an Officer of the Order of the Redeemer for distinguished services rendered during the war.

The Territorial Decoration has been conferred upon Colonel Percy C. Burgess, A.M.S.

Obituary.

CECIL RUPERT CHAWORTH LYSTER, M.R.C.S.,

Lately Medical Officer in Charge of the Electro-therapeutic Department, Middlesex Hospital.

WE have to record with much regret the death on January 26th of Dr. Cecil R. C. Lyster, who was for seventeen years medical officer in charge of the electro-therapeutic department of the Middlesex Hospital. He was born in London in December, 1859, the eldest son of the late A. C. Lyster of Abbey Wood. He received his professional education at Charing Cross Hospital, and obtained the diploma of M.R.C.S.Eng. in 1881. After holding various house appointments at Charing Cross Hospital he was appointed medical superintendent and honorary secretary of the Bolingbroke Hospital, Wandsworth, in 1885, and remained there until 1902, when he joined the staff of the Middlesex Hospital as electro-therapeutist. Dr. Lyster was one of the first medical men to undertake *x*-ray investigation, more particularly in relation to the treatment of cancer. He became president of the electro-therapeutic section of the Royal Society of Medicine, and during the war he served as medical officer directing radiology, electro-therapeutics, and massage at Queen Alexandra's Hospital, Millbank. In the early days of experimentation with *x* rays, when their harmful properties were little understood, Dr. Lyster sustained severe dermatitis on his hands from exposure to the rays. Despite repeated amputation of the fingers, and much suffering, he remained at work until November last, when, a dying man, he at last gave up his post at the Middlesex Hospital. Speaking at the court of governors, held on November 27th, the Earl of Athlone announced Dr. Lyster's resignation, and made sympathetic reference to his self-sacrificing devotion to duty. The Chairman of the Middlesex Hospital added:

One of the pioneers of scientific research, Dr. Lyster applied himself to the study of *x* rays and their use in the treatment of disease, especially cancer, and more recently he has been concerned in an attempt to determine the effects of radium, and to standardize its applications as a remedial agent. He himself, by exposure to the rays in the early days when the knowledge of their power was slight, fell a victim to the disease he sought to conquer; though suffering and compelled frequently to seek the surgeon's aid, he declined to be set aside from his purpose, and continued his good work until now, when work is for him no longer possible. Such a record of service for others, a life spent in the advancement of science, with no regard for personal safety, commands our admiration, wonder, and respect.

The funeral service took place in the Middlesex Hospital chapel on Thursday morning, January 29th.

GEORGE A. HICKS, M.D., F.R.C.S.ED.,

Surgeon Samaritan Hospital for Women, Belfast.

IT is with deep regret that we announce the death of Dr. George Adam Hicks, F.R.C.S.Ed., which took place at his residence in Belfast on January 24th. He was in good health until a fortnight before his death, when a small wound on the thumb was infected during attendance on a septic case. A haemolytic streptococcus was isolated which had also been found in the patient. Despite the unremitting attention and skill of several of his colleagues he sank under the infection.

Dr. Hicks was a native of co. Sligo, studied at Queen's College, Belfast, and graduated M.B., B.Ch., B.A.O. in 1897; he obtained the M.D. in 1904 and the F.R.C.S.Ed. in 1912. He was for a time demonstrator of physiology in Queen's College. He had engaged in general practice; when, on the retirement of the late Dr. J. St. Clair Boyd from the Samaritan Hospital for Women, Dr. Hicks was elected gynaecological surgeon in his stead. Thereafter he confined his work to gynaecology and obstetrics, and at his death had one of the largest consulting practices in this department in the north of Ireland. As one of the surgeons to the Samaritan Hospital he had three or four students as clinical clerks every month, and his list of students was always filled for several months in advance. His lucid teaching and painstaking care were in keeping with the conscientious discharge of all his professional duties. His contributions to the medical societies were highly appreciated, and proved his ability, skill, and familiarity with all recent research. There is no doubt that constant and ever-increasing arduous work undermined his powers of resistance, and thus yet another name is added to the roll of those who succumb to disease contracted in the discharge of their duty.

Dr. Hicks was held in great affection and esteem by his patients, professional colleagues, and the students who worked under him, and his loss will be severely felt. Deep sympathy is felt for his widow and only child.

WE regret to record the untimely death, on January 24th, of Dr. FRANCIS NORMAN VICTOR DYER, in his 26th year. He was the only son of Mr. and Mrs. Dyer of Harrogate. He was educated at Marlborough, Clare College, Cambridge, and St. Thomas's Hospital, and qualified M.R.C.S. and L.R.C.P. in January, 1918, graduating M.A., M.B., and B.Ch. in October last. When war broke out he served as a dresser in the 1st Eastern Hospital, Cambridge; he was six months a surgeon probationer in H.M.S. *Buttercup*, then resident anaesthetist and casualty officer at St. Thomas's Hospital; afterwards surgeon R.N. in H.M.S. *Birkenhead* until the surrender of the German Fleet, when he transferred to the R.A.F., and was a member of the Invaliding Medical Board at Hampstead. He was demobilized at the end of October last, when he was appointed assistant medical officer at the London Fever Hospital, where he contracted scarlet fever and died at his work.

Medical News.

THE Minister of Health has promoted Dr. Richard J. Reece, C.B., to be a senior medical officer of the Ministry.

SIR BERKELEY MOYNIHAN will give a Hunterian lecture at the Royal College of Surgeons of England on the late surgery of gunshot wounds of the chest on Monday next at 5 p.m. A Hunterian lecture on the surgical aspect of dysentery will be given on Friday, February 6th, at the same hour, by Mr. V. Zachary Cope, M.S., F.R.C.S. The dates of other Hunterian lectures will be announced in subsequent issues.

DR. ROBERT WILLIAM MACKENNA has been appointed honorary dermatologist to the Royal Infirmary, Liverpool, in succession to Dr. H. Leslie Roberts, who retired at the beginning of the year under the age rule.

THE Lord Mayor of London will preside at a meeting at the Mansion House on Thursday, February 5th, at 3.30 p.m., when the views of the Society for the Prevention of Venereal Disease on the importance of immediate self-disinfection, as a means of preventing the spread of venereal diseases, will be stated by Lord Willoughby de Broke, Lord Riddell, Sir William Arbuthnot Lane, Sir James Crichton-Browne, Sir Ray Lankester, Sir Archdall Reid, Sir Arthur Sloggett, and others.

THE Ministry of Health has issued to the councils of counties and boroughs a memorandum on the duties of local authorities under the Sale of Food and Drugs Acts. The Ministry states that it is aware that in many areas this work was necessarily curtailed to some extent during the war, owing to the shortage of staff and pressure of special work, but it urges local authorities now to take steps to ensure that the powers conferred upon them are fully utilized. The memorandum reminds authorities of the obligation upon them to transmit the analyst's reports at once to the Ministry.

MR. DAVID ANDERSON SHENNAN, a director of the Buenos Aires Great Southern Railway, has by his will bequeathed £5,000 to the London Hospital, the income to be applied to research work in connexion with the septic form of Bright's disease. He has also bequeathed £3,000 each to St. George's Hospital, the Victoria Hospital for Children, Chelsea, and the British Hospital, Buenos Aires.

WE gave some account last week of a White Paper issued by the Board of Trade containing the report of a committee appointed to investigate the position of prices and supply of quinine. A reply to the White Paper has been published by the managing director of the British Quinine Corporation in the *Chemist and Druggist*. It is in the nature of a *tu quoque*. He alleges that on the sale of 840,000 ounces of quinine at 2s. 11d. the Government made a profit of 1s. 3d. an ounce, or about £45,000, whereas the Quinine Corporation, by the rise in price which occurred immediately after the purchase, made only £21,000. It is stated also that during the whole of the war the price of quinine was higher in the United States than in this country, and is to-day 90 cents an ounce in first hands.

DR. CHRISTOPHER ADDISON, M.P., Minister of Health, declared open the new head quarters of the British Dental Association (23, Russell Square) on the afternoon of January 23rd. Mr. Montagu F. Hopson, president of the association, presided over a large company. In the course of his address Dr. Addison expressed the thanks of the Government to the Dental Services Committee and the Dental Tribunal for the work they did for the nation during the war. He spoke of the serious shortage of qualified dentists, and suggested that in view of the heavy expense incurred in training for the dental profession the length of the curriculum might be reduced. He referred also to the need for a co-ordinated service linking up medical men, dentists, nurses, and kindred workers. In helping to bring this about the British Dental Association could do work which would be of value not only to their own profession but to the community. He undertook that in this task the Ministry of Health would do all in its power to assist.

THE current number of the *Edinburgh Review* contains a well informed and sympathetic account by Mr. de Castro of the Rev. Stephen Hales, the first to measure the blood pressure, one of the first to study the physiology of plants, the first to devise a method of ventilating ships, and one of the founders of the Royal Society of Arts. He was buried at Teddington, of which he was perpetual curate, and to which he brought a supply of pure water, but the Princess of Wales of the day erected a monument to him in Westminster Abbey with a portrait bas-relief.

SIR ARCHIBALD GARROD, director of the medical clinic at St. Bartholomew's Hospital, will give the Schorstein Memorial Lecture at the London Hospital Medical College on Friday, February 20th, at 4 p.m. The subject is diagnosis of disease of the pancreas.

THE Milroy Lectures before the Royal College of Physicians of London will be given by Dr. Aldo Castellani, C.M.G., M.R.C.P., on February 26th and March 2nd and 4th. The subject is the higher fungi in relation to human pathology. The Goulstonian Lectures by Dr. J. L. Birley, C.B.E., physician to out-patients, St. Thomas's Hospital, and consulting physician R.A.F., will deal with the principles of medical science as applied to military aviation; the first lecture will be given on March 9th. The Lumleian Lectures by Sir John Rose Bradford, to begin on March 18th, will be devoted to "the clinical experiences of a physician during the campaign in France and Flanders, 1914–1919."

THE Women's Medical Association of New York City has made a generous offer to medical women. It has for award to a woman physician the Mary Putnam Jacobi fellowship of 800 dollars (about £2,000) for post-graduate study in any country for work in any medical science. Full particulars can be obtained from Dr. Murrell, 86, Porchester Terrace, London, W.2.

MESSRS. WILLIAM HODGE AND CO. (Edinburgh and London) announce that they are about to resume publication of the series of notable trials suspended during the war. *The Trial of Hawley Harvey Crippen*, edited with an introduction by Mr. Filson Young, is nearly ready.

Letters, Notes, and Answers.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, 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.

QUERIES AND ANSWERS.

T. asks whether any treatment short of operation can be advised for a case of obstinate trigeminal neuralgia in which the ordinary remedies have afforded no relief.

DR. W. B. DRUMMOND (Medical Superintendent Baldovan Institution, by Dundee) asks for references to literature dealing with the influence of atmospheric conditions on epilepsy.

ALOPECIA.

DR. G. E. CARVER (Paris) writes, in reply to a correspondent who asked for suggestions for the treatment of alopecia in a girl, that modern French writers (Jacquet, Rousseau-Decelle, and others) believe that this condition is frequently produced by dental trouble, active or passive. At the age in question (19) an unerupted wisdom tooth might be to blame.

INCOME TAX.

G. S. writes: (1) Should part-time employment on Medical Boards (M. of P.) be assessed under Schedule E, and if so, how is one supposed to estimate the amount for the ensuing year? (2) Should a divided share in trust property, payment of which is made by the solicitors, be returned under Schedule A or classed with other dividends under Schedule D? (3) As to a preference dividend just received for dividends accruing 1916 to 1918, can the excess tax be reclaimed on this year's claim?

*** (1) In our opinion the receipts from such work are not strictly the results of an "office" under the Crown, and fall for assessment under Schedule D as the profits of "employment," and are consequently assessable on a three years' average—or on an average of the past year, or two years if the employment has not extended over three past years. For the first year the income would be assessable on the amount receivable for that year, whether the liability falls under Schedule E or Schedule D, and in that case the assessment should be made at the end of the year. (2) If the income in question is derived entirely from real estate, we suggest that it should be shown as assessed under Schedule A, if it is derived from a mixed fund—property rents, interest, etc.—