

between the temporal muscle and belly of the external pterygoid on the one hand, and the under surface of the masseter as this passes to its insertion into the outer face of the coronoid and angle on the other. Throughout the operation the surgeon stands at the head of the patient, and the approach to the pterygoid region is by way of the temporal fossa.

In the four traumatic cases the temporo-mandibular joint was not involved, and in three of these cases the fracture of the zygoma directly involved the coronoid process in the resulting adhesions to the surrounding structures. Nevertheless in each case the formation of fibrous or bony adhesions between the lower part of the anterior border of the coronoid and the maxilla could be determined. In each case also free movement of the mandible was not obtained until the coronoid process had been completely removed down to its base.

In the fifth case, Mr. X., the fixation, which was of fifteen years' standing, was bilateral, and followed suppurative arthritis of both temporo-mandibular joints accompanying measles in infancy. The condition before operation is seen in Fig. 1. The molar teeth were firmly clenched and imperfectly erupted. A faint "spring" could be obtained on the right side, from which the condyle had been resected ten years previously, but no movement at all could be obtained on the left. The mandible shows the lack of development characteristic of such cases, and which is due to the involvement of the two epiphyses in the original lesion.

As a result the lower incisors, which in point of level actually overlapped the upper, were situated at some distance behind the latter. A gap was thus left through which the patient had managed to feed himself.

The operation in this case was performed in two stages. At the first stage the condylar neck region and coronoid of the left side were resected. At the second stage a similar operation was performed on the right side. On the left the condylar region was found to be represented by a mass of bone of ivory hardness, causing the ascending ramus to blend smoothly with the skull. The area of bone immediately below this, and representing the neck of the condyle, was removed. On the right side the firm fibrous union occupying the place of the previously resected condyle was likewise resected. Both these resections were carried out by means of curved gouge forceps, and the anterior aspect of the neck was approached by the route described above for the resection of the coronoid. On account of the extent and density of bone on the left side,



FIG. 1.



FIG. 2.

and in order to minimize the risk of injury to the internal maxillary artery, both these resections were completed from behind. For this purpose the angle of the jaw was exposed by a horizontal incision placed below it, and the neck reached by freeing the posterior border of the ascending ramus from the adjacent soft parts. On both sides movement of the mandible was not free until the coronoids had been completely resected. As in the traumatic cases, dense fibrous adhesions were found between the anterior border of this process and the maxilla. The operation on each side was completed by a flap of temporal fascia and muscle being brought down through the gap made by the resection of the neck region and secured in the deeper layers of the lower wound. In closing the temporal wound the temporal muscles and fascia were stitched back into place, a small drainage tube being left in this and the angle wound for forty-eight hours.

The precarious nature of the patient's teeth precluded gagging at the time of the operation. A gape was, however, obtained sufficient to permit of the teeth being capped a week later. The mouth was then wrenched open under gas and fitted with a detachable elastic gag. The patient's present condition, four months after the operation, is seen in Fig. 2. The unassisted gape is $2\frac{1}{2}$ cm. Mastication is quite painless, and the bite is of sufficient strength to make it exceedingly unpleasant to leave the finger between his teeth.

The case demonstrates the possibility of surgical relief for the condition of bilateral ankylosis in which the cause of fixation is in part anterior to the condyle, while still leaving the patient with a satisfactory control over the mandible.

The post-operative treatment in these cases was carried out by my colleague, Mr. Mendleson, and the results obtained owe not a little to his care.

In the bilateral case the fact that a second long operation followed within a fortnight of the first in a patient whose general condition was naturally far from satisfactory made the choice of the anaesthetic one of some importance. The operation was performed under gas and oxygen, administered by Mr. Wade through a preliminary tracheotomy by means of the apparatus used with so much success by Mr. Geoffrey Marshall while in France. The method proved so successful, and the condition of the patient both during and after the operation was so satisfactory, that I have since adopted it in other cases of prolonged jaw operations.

Memoranda:

MEDICAL, SURGICAL, AND OBSTETRICAL.

CARDIAC MASSAGE IN ASPHYXIA NEONATORUM.

WHEN in general practice some years ago I found cardiac massage of considerable value as an aid to artificial respiration in asphyxia neonatorum. The method was especially useful in white asphyxia, in which there is probably cardiac as well as respiratory failure. It does not do away with the necessity of artificial respiration by the usual and only really efficacious method—traction on the arms; but it renders this successful in a large number of cases where it would otherwise fail.

If smacking and clearing the pharynx does not make the child breathe, artificial respiration is resorted to for a minute or so. If this fails the child's body is placed flexed and supine. The head and shoulders rest against the upper portion of the operator's forearm, and his left hand grasps the infant's left thigh. The fingers of the right hand are now pressed into the upper part of the flaccid abdominal wall beneath the diaphragm, and the right thumb is placed over the cardiac area externally. Massage can now be performed much more effectively than in an

adult with the abdomen opened, and is sometimes strikingly successful. Every now and again the operator pauses for a moment to resume artificial respiration, and then begins the massage again if needful.

Asphyxia neonatorum should be regarded as a surgical emergency exactly similar to cessation of respiration on the operating table, and should be dealt with on similar lines. The many methods of resuscitating infants described in textbooks may be of historical interest, but are calculated in some ways to confuse the student. If smacking, artificial respiration by traction on the arms, and cardiac massage will not restore the infant, it is most improbable that any other methods will succeed.

E. WARD, M.D. Cantab., F.R.C.S.,
Tuberculosis Officer, South Devon.

Paignton.

ACUTE SUFFOCATIVE CATARRH.

A few days ago I was summoned to a patient in this institution who was said to have had "a heart attack." He is an old gentleman of about 75, who, though failing, is still

able to be up and about and to walk considerable distances. He has a little emphysema and a considerable degree of arterio-sclerosis. He suffers from systematized delusional insanity and no change has been observed in his mental condition for several years.

I learnt that this attack had come on without warning just as he was returning to the ward after a substantial tea—a meal of which he always partakes heartily, though not excessively as a rule. When I saw him his condition was identical in every way with that of the second patient described by Dr. Gale in the *JOURNAL* of December 13th, 1919, p. 775. His colour was leaden and skin covered with perspiration. Dyspnoea was intense and was accompanied by much wheezing and coughing. He spoke with difficulty between gasps, and was sitting forward on a chair bending over a vessel into which he was expectorating large quantities of what I can only describe in Dr. Gale's own words as "frothy watery fluid of a mucous character, faintly tinged pink." His pulse was strong and quick.

I was in great doubt as to the real nature of the condition and the appropriate treatment, when the recollection of Dr. Gale's note came to my mind, and I realized the identical nature of the symptoms in this case and in his. I accordingly prescribed a hypodermic injection of one-sixth of a grain of morphine. In a very few minutes the patient became more comfortable, his colour became normal, the dyspnoea lessened and expectoration diminished. He was taken downstairs to bed, and as I now had no doubt as to the correctness of the treatment, I gave him a second injection of one-sixth of a grain of morphine. Within fifteen minutes he was to all appearance in his usual health, though somewhat weak and shaky. He slept well, and was only with great difficulty persuaded to remain in bed on the following morning.

The condition was quite new to me, save for Dr. Gale's note, but I have no doubt from the symptoms and response to treatment that the case was of the same nature as those he describes. I should, of course, have had the full courage of this conviction, and not given the morphine in two separate doses. I am indebted to Professor G. M. Robertson, the physician-superintendent, for permission to send this note.

HENRY YELLOWLEES, M.D., F.R.F.P.S. Glasg.
Craig House, Edinburgh.

RUPTURE OF MEMBRANES NOT FOLLOWED BY NATURAL EVACUATION OF THE UTERUS.

Mrs. A. B., aged 21, was delivered of a full-term male child on January 23rd, 1919. She became pregnant again on June 2nd, 1919.

On September 9th, 1919, she complained of losing a large quantity of blood, and was advised to stay in bed. On the following day she travelled about fifty miles over a rough road in a motor car and about a hundred miles by train, much against her medical attendant's advice.

She was seen by me on September 14th, when she complained of feeling a dead weight in the lower part of the abdomen and also of a bearing-down pain in the lower abdomen. The fundus of the uterus reached about two fingerbreadths below the umbilicus; it was flabby, there was tenderness over the right cornu, and a hard mass was felt inside the uterus. On auscultation no uterine souffle could be heard. On vaginal examination the external os admitted the tip of the second finger; she was advised to stay in bed and have complete rest. On September 16th she still complained of a dull pain in the lower part of the abdomen and of a bearing-down pain. The pains, she said, were more severe than on September 14th, and she was still losing blood. A dead fetus was diagnosed. She was given a mixture of iron and ergot and advised to stay in bed. No improvement took place, and the pains over the cornu at times became acute. It was then decided to evacuate the uterus. On September 21st, during that operation, a quantity of fetal membranes were withdrawn, and on account of the bleeding it was decided not to interfere any further. The internal os resisted dilatation beyond 11 Hegar. Afterwards there was no pain and only a slight amount of bleeding, which ceased on September 23rd. The temperature remained normal except on the evening of September 22nd, when it rose to 99° F. On the evening of September 25th she complained of a slight pain over the

right cornu of the uterus and a slight amount of brownish discharge.

On the evening of September 26th she complained of severe pain over the right cornu, and there was marked tenderness on pressure. Captain Mahoney, I.M.S., was asked to see the patient in consultation, and it was decided to evacuate the uterus under an anaesthetic. This was done on September 28th. It was found practically impossible to dilate the internal os so much as to admit two fingers without lacerating the cervix. A central placenta praevia was found, and this explained the severe haemorrhage which occurred during the first operation. With great difficulty the uterus was completely emptied after embryotomy had been performed. The patient lost a great amount of blood. The temperature ranged between 100° and 102° F. until October 3rd, yet the lochia remained perfectly sweet and normal, and gave no indication that septic trouble was going to follow.

Apart from the temperature the patient made an uninterrupted recovery, being up on the fourteenth day after the second operation.

I have to thank Captain Mahoney, I.M.S., who very kindly assisted at the second operation, and also Captain A. C. Jebb, R.A.M.C., who gave the anaesthetic for both operations.

W. F. MASON, Captain R.A.M.C.(S.R.),
Attached British General Hospital,
Nowshera, N.W.F.P., India.

IDIOSYNCRASY TO QUININE.

THE following case is of interest, as it would appear from it that the local application of quinine may cause untoward symptoms in cases of severe idiosyncrasy. The patient, a healthy, active woman, with no neurotic tendencies, good kidney elimination, and regular action of the bowels, has on three occasions suffered from taking quinine. In 1912 she took a small dose, "about 2 or 3 grains, for a cold in the head." Shortly afterwards she became very tremulous, giddy, and sick, and had to lie down for several hours. Some years later she took a tablet of quinine just before going to bed. She woke some hours later shaking all over so severely that the bed shook under her. On the third occasion, in 1918, a few hours after taking "a small dose" of ammoniated quinine, she became sick and vomited, and was prostrate for about six hours. This attack was more severe than either of the two former. Since that time she had been very careful to avoid anything containing quinine, and to warn anyone treating her of her idiosyncrasy.

In November, 1919, her dentist, knowing nothing of her idiosyncrasy, sprayed her gums with a solution containing quinine. Two hours after the application she felt very ill, became tremulous, giddy, and sick, and vomited. She had to lie down for four hours, after which she was able to do a little work, though the tremulousness persisted for some time longer. About five to six hours from the time of the application her lips and chin began to swell, and there was a serous exudation under the cuticle of the lips. When seen by me there was considerable swelling of the lips and surrounding parts, and also over and extending a little underneath the chin. The appearance of the lips was similar to that seen in severe herpes, when the vesicles have been so crowded together that they have coalesced. There was no pain, tenderness, burning, or itching felt. After some days the condition cleared up. With the drying up of the exudation a crust like that seen in herpes formed which covered the entire surface of both upper and lower lips.

London, W.

GRACE MACKINNON.

THE CONTROL OF INFLUENZA.

IN view of the possible return of a wave of epidemic influenza, may I impress upon all resident medical officers in charge of institutions the importance of immediate isolation where possible? In hospitals a small ward may be set aside for this purpose. I have on more than one occasion proved the efficacy of this measure in preventing the spread of the disease. The same plan should, of course, be adopted in private, and the spread of the disease would be materially affected.

London, S.W.

REGINALD POLLARD, M.B., D.P.H.

based on evidence so unreliable. So able an investigator as Sir William Gowers has stated in reference to this very question that in the whole range of his experience he had never known any one to be the worse for continence. Equally strong testimony is borne by Sir James Paget, and by many other high medical authorities. A clean life, according to Sir Wilmot Herringham, so far from detracting from virility, promotes both vigour and fertility. A recent communication by Dr. Amand Routh to the BRITISH MEDICAL JOURNAL of January 17th, 1920, brings further reinforcement in the same direction.

A theory of the above description could only be brought forward by a writer unacquainted with the acknowledged trend of recent medical opinion, and is worthy of a place among the exploded fallacies of fifty years ago. If men are to be encouraged in incontinence by the dissemination of theories so ill founded, women will inevitably reap the calamitous results which are vividly depicted in Mr. Kenneth Walker's article.

It might be added that the advocates of male prophyllaxis against venereal disease who have recently written in your columns ought to bear in mind that, in so far as their recommendations tend to induce vice by unintentionally encouraging a sense of security in the practice of unchastity, just in so far will they wrong women by rendering them more liable to injury, no method having been discovered by which women can be kept safe from risk of infection. When the public arrives at a comprehension of the crudely selfish character of this procedure, it may result in an outcry which will render the advocacy of such methods difficult if not impracticable.—We are, etc.,

E. KNIGHT, M.B.
S. E. WHITE, M.B., B.Sc.

January 27th.

The Services.

HONOURS.

O.B.E.—Major (acting Lieut.-Colonel) Alfred Spitteler and Captain Hugh Michael Collins, I.M.S., in recognition of valuable services rendered in connexion with military operations in Southern and Central Kurdistan.

MENTIONED FOR SERVICES.

The names of the following officers have been brought to the notice of the Secretary of State for War for valuable services rendered during the military operations:

Central Kurdistan.—Major J. F. Grant and Captain (acting Major) J. M. Weddell, R.A.M.C.; Major (acting Lieut.-Colonel) A. Spitteler and Captain (acting Major) C. J. Stocker, M.C., I.M.S.; Assistant Surgeon J. Luxa and Subassistant Surgeon G. B. Yemkanmurdil, I.M.D.
Southern Kurdistan.—Lieutenant (acting Captain) L. G. Blackmore, R.A.M.C.; Lieut.-Colonel (temporary Colonel) J. A. Hamilton, C.M.G.; Captain (acting Major) M. Purvis, Captain H. M. Collins, and temporary Captain W. G. Miller, I.M.S.

Captain H. Colwell Rook, R.A.M.C.(S.R.), has been promoted Brevet Major for distinguished services in connexion with military operations in Archangel, North Russia.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on February 14th the degree of Doctor of Medicine was conferred upon F. B. Chavasse.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on February 14th the following medical degrees were conferred:

M.B., B.Ch.—H. G. Taylor. M.B.—C. E. Bond.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on January 28th.

The title of professor of physiology has been conferred upon the following teachers of the University: Dr. Marcus Seymour Pembrey (Guy's Hospital Medical School), Dr. Winifred Clara Cullis (London School of Medicine for Women); the title of assistant professor of psychology at University College has been conferred upon Dr. Aveling, and that of reader in bio-chemistry on Mr. J. H. Ryffel (Guy's Hospital Medical School).

The Senate adopted a resolution in appreciation of the generosity of Messrs. S. B. and J. B. Joel, of £20,000 for the endowment of the University chair of physics tenable at Middlesex Hospital Medical School.

The External Council reported that the Vice-Chancellor had authorized the admission to the first examination for medical

degrees in March, 1920, of external students who had matriculated as from September, 1919.

Applications are invited for a university studentship in physiology of £50 for one year. It is awarded to a student qualified to undertake research in physiology, and is tenable in a physiological laboratory of the University or of a school of the University. Applications must be received by the Principal Officer not later than May 31st.

Remuneration of Professors and Readers.—The second section of the regulations with regard to the conferment of the titles of University Professor and University Reader was amended to read as follows:

The guaranteed minimum salary for a university professor giving his whole time to the work of his post shall be £800 per annum, and the guaranteed minimum salary for a reader giving his whole time to the post shall be £400 per annum, provided that the title of "University Professor" and "University Reader" may be conferred in exceptional cases on the occupants of posts of which the duties do not take up the whole time of the occupant, and of which the guaranteed salaries are not less than £400 and £200 respectively, and provided in each case that the personal qualifications of the occupant are such as to justify the conferment of the title in question. Provided that the Senate shall not withdraw any title of University Professor or University Reader, conferred in respect of a post of which the salary was in accordance with the regulations previously in force on the ground that the salary of such post does not comply with the existing regulations.

The Senate may also in exceptional cases confer the title of University Professor or University Reader on the occupant of a post who acts without remuneration for his services or receives a nominal honorarium in respect thereof, provided that his personal qualifications are such as to justify the conferment of the title in question.

UNIVERSITY OF BRISTOL.

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—*Part II (Completing Examination)*: B. A. Astley-Weston, Hilda M. Brown, D. G. Cossham, Sukhasagar Datta, F. V. Jacques. *Part I only*: Khai Way Chan, Marjorie Wadsworth.
D.P.H.—W. H. Scott. *Part I only*: S. H. Kingston, A. D. Symons, G. C. Williams.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on February 12th, when Sir George Makins, President, was in the chair.

Issue of Diplomas.—Diplomas of Membership were granted to sixty-five candidates and Diplomas in Public Health were granted, jointly with the Royal College of Physicians, to fifteen candidates found qualified at the recent examinations.

Court of Examiners.—Mr. John Murray was re-elected a member of the Court.

Honorary Fellows.—The following were elected Honorary Fellows: A. Depage, Surgeon to H.M. the King of the Belgians; Pierre Duval, Professor in the Faculty of Medicine, Paris; John Miller Turpin Finney, Professor of Surgery, Johns Hopkins University; A. Gosset, Professor in the Faculty of Medicine, Paris; Charles H. Mayo, Professor of Surgery, Mayo Foundation for Medical Education and Research, University of Minnesota. The presentation of diplomas to the newly-elected Honorary Fellows will take place on Thursday, July 8th, 1920.

Appointment of Representatives.—Dr. W. S. A. Griffith was reappointed Representative on the Central Midwives Board, and Mr. William F. Haslam on the Medical Board of the University of Wales.

Bradshaw Lecturer.—The President reported that he had appointed Sir Berkeley Moynihan to be Bradshaw Lecturer for the ensuing year.

The Diploma in Tropical Medicine.—The alterations in the regulations for the Diploma in Tropical Medicine and Hygiene, approved by the Royal College of Physicians on January 29th (see page 204), were adopted.

Election of Council.—A meeting of the Fellows will be held at the College on Thursday, July 1st, for the election of three Fellows into the Council in the vacancies occasioned by the retirement in rotation of Sir Anthony A. Bowlby, Mr. W. Harrison Cripps, and Sir D'Arcy Power. The date of the election will be announced to the Fellows by advertisement and by circular on March 5th, and March 15th will be the last day for the nomination of candidates. A voting paper will be sent to every Fellow of the College whose address is registered at the College.

CONJOINT BOARD IN ENGLAND.

At a meeting of Comitia of the Royal College of Physicians on January 29th and of the Council of the Royal College of Surgeons on February 12th diplomas of L.R.C.P. and M.R.C.S. were respectively conferred upon the following candidates who have passed the requisite examinations and have complied with the by-laws of the Colleges:

M. K. Abdel-Khalik, H. E. Archer, H. A. M. Bosman, Doris I. Bosworth, P. J. Briggs, E. F. Brown, J. H. Bulcock, H. E. Burford, G. F. Burnell, F. W. Chamberlain, G. L. Clements, M. Coburn, J. J. Coghlan, B. H. Cole, Alison Margaret Collie, A. C. M. Coxon, G. W. Dando, A. N. M. Davidson, C. O. Davies, D. J. Davies, T. Draper, W. Edge, I. Frost, L. P. Garrod, Mary I. A. Grimmer, E. A. H. Grylls, *G. C. Hartley, F. S. Horrocks, C. A. Hutchinson, Evelyn H. Johnson, O. E. Kennedy, J. V. Landau, F. F. Langridge, G. P. Lindsay, P. T. McIlroy, S. F. Mahmood, Ida C. Mann, G. Massie, T. Mensa-Annan, O. G. Misquith, A. W. Moore, C. Nicory, F. A. O'Reilly, S. T. Parker, E. F. J. Peregrine, †G. Perkins, H. H. Perry, N. A. M. Petersen, G. J. Preston, L. I. Roberts, R. E. E.

Sanderson, H. N. Shapiro, F. P. Schofield, C. Shaw, G. M. J. Slot, S. B. H. Sof, S. Somasundram, S. D. Sturton, W. A. Turner, *Kathleen S. Vine, N. V. Wadsworth, A. D. Weedon, C. J. L. Wells, J. S. White, Kathleen M. Wilkinson, D. W. Winnicott, Jane E. Wood.

* L.R.C.P. diploma not yet conferred.

† M.R.C.S. diploma granted on November 11th, 1919.

An examination in Public Health, Parts I and II, will be held in April next, commencing on the 19th and 26th respectively.

Obituary.

DR. HELEN MOORE, who was in charge of the Church of England Zenana Mission Hospital at Sukkur, Sindh, has died of septic influenza. She entered the London (Royal Free Hospital) School of Medicine for Women in the spring of 1897, and graduated M.B.Lond. in 1902. She first went to India at the end of 1905, taking temporary work in the Church of England Zenana Mission Hospital in Bangalore for over two years. After a time in England she returned to India and worked in the Church of England Zenana Mission hospitals in Bangalore, Quetta, and in Khammamett in the Nizam's Dominions; of this last hospital she was in charge during the furlough of another doctor. In 1912 she was appointed to the Church of England Zenana Mission hospital in Sukkur as the first qualified medical woman there, and, except during a furlough of some months in 1914-15, she remained there till her death. In her work in India she was much beloved by fellow workers and patients. Her mental power was great, and her charm of manner endeared her to all who were privileged to know her. Her death is a great loss both to Sukkur, where there is no medical woman to take charge of the Mission Hospital, and to her many friends.

MR. A. REGINALD F. EVERSHED, M.R.C.S., L.R.C.P., died on January 25th at Parkstone, aged 55, from broncho-pneumonia following an attack of influenza. He was the eldest son of the late Dr. Arthur Evershed. He studied medicine at Guy's Hospital, and joined his father at Hampstead for a short time before starting practice in Penzance. After establishing a large connexion the work proved too great for his health, and he went to London, where he was able to fulfil his ambition to specialize as an oculist. After six years in the City he removed to Harley Street, where his practice so greatly increased that it was a bitter disappointment to be forced to withdraw from his work by a breakdown in health in November, 1919. Among appointments he held were honorary oculist to the Cripples' Home, Winchmore Hill, oculist to the Stock Exchange Benevolent Fund, honorary oculist to the Brixton Dispensary, and for many years clinical assistant at the Royal Westminster Ophthalmic Hospital. His work was well known to amateur photographers, especially among members of the Camera Club (in the resuscitation of which he was instrumental) and the South London Photographic Society. As a member of an old Sussex family he helped in the institution of the "Men of Sussex" Society.

CAPTAIN WILBERFORCE VAUGHAN EAVES, M.B.E., R.A.M.C., died on February 10th in a nursing home, after an operation, aged 52. He was born in Australia in 1867, but came to England in early life, and took the M.R.C.S. and L.R.C.P.Lond. in 1889, subsequently the M.R.C.P. and M.D. He served in the South African war, and took a temporary commission in the R.A.M.C. in the first week of the late war, on August 10th, 1914, being promoted to captain after a year's service. For most of his service he was employed at Woolwich Arsenal. He was well known as a lawn-tennis player. He was in the very first rank for over twenty years, and retained his skill to a much later age than most men. Though he never succeeded in winning the championship, he came within one point of doing so, against Mr. W. Baddeley, in 1895. In his time he had gained the championships of Scotland, Ireland, Wales, New South Wales, and Victoria; he won the covered courts championship in 1897-98-99, represented England against Ireland in 1895 and 1896, was a member of an English team which played against America in 1897, and of the All England team which toured in South Africa in 1908-09, and represented the British Isles in the Davis Cup matches of 1907.

Medical News.

A CONFERENCE of the medical superintendents of sanatoriums, training colonies, and other residential institutions for cases of tuberculosis will be held on Monday, February 23rd, at 4 p.m., at 122, Harley Street, to discuss the problems which specially concern such institutions, and to consider by what machinery similar periodical conferences may be arranged.

AN Order in Council, dated February 9th, 1920, and made under the provisions of the Anthrax Prevention Act, 1919, prohibits the importation into the United Kingdom of shaving brushes manufactured in, or exported from, the Empire of Japan, whether such shaving brushes are exported direct to the United Kingdom or otherwise. This Order may be cited as the Anthrax Prevention (Shaving Brushes) Order, 1920.

THE Ministry of Health has set up a Joint Committee representing the departmental Advisory Committee on the Welfare of the Blind and the National Institute for the Blind, of which Sir Arthur Pearson is president, in order to co-ordinate effort and to advise on the grants the Ministry now makes in aid of the blind. It is hoped that ways of diminishing overlapping and preventing waste of effort in the collection of voluntary contributions will be devised.

THE Automobile Association is organizing a petition to the Prime Minister protesting against the present high price of motor spirit, which is as much a national necessity as gas or electricity, and praying that legislation may be at once introduced to ensure the immediate production of benzol and power alcohol in large quantities. Copies of the petition can be obtained from the Secretary at Fannum House, Whitcomb Street, London, W.C.2.

THE President of the French Republic has conferred the Cross of Officer of the Legion of Honour on Dr. James H. Nicoll, consulting Surgeon to the Western Infirmary, and Rector's Assessor in the University Court from 1914 to 1919. The Royal permission to accept and wear the decoration has been granted to Dr. Nicoll.

THE anniversary dinner of the Medical Society of London will be held at the Wharnclyffe Rooms, Hotel Great Central, Marylebone, on Wednesday, March 17th, at 7.30 o'clock.

TWO Emeritus Lectures will be delivered at the Middlesex Hospital Medical School, the first, by Sir Alfred Pearce Gould, K.C.V.O., F.R.C.S., on February 26th, and the second, by Sir Richard Douglas Powell, Bt., K.C.V.O., M.D., F.R.C.P., on March 5th. The lectures will be delivered at 3 p.m. on each day.

OFFICERS who were attached to No. 20 General Hospital, B.E.F., during the war, will dine together in London on Saturday, March 13th. The chair will be taken by Major-General Guise Moores, C.B., C.M.G., A.M.S., now Commandant of the Royal Army Medical College. Those who wish to attend are asked to write to Dr. H. Drinkwater at 7, Cavendish Place, London, W.1.

THE Federation of Medical and Allied Societies will give a dinner at the Café Royal, Regent Street, on Wednesday, February 25th, when Lord Dawson of Penn (Sir Bertrand Dawson), G.C.V.O., K.C.M.G., C.B., M.D., will be the guest of honour. Dr. Addison, Lord Astor, and Sir Robert Morant are among those intending to be present.

THE Silvanus Thompson Memorial Lecture of the Röntgen Society will be delivered on March 2nd by Professor W. H. Bragg, C.B.E., F.R.S. The subject is "Analysis by x rays." A discussion on electric apparatus in relation to x rays will take place at a joint meeting of the Röntgen Society, the Institution of Electrical Engineers, and the Therapeutic Section of the Royal Society of Medicine on Thursday, February 26th. The meeting will be held at the Royal Society of Medicine at 5 p.m., when Dr. Reginald Morton will open the discussion.

AT the meeting of the Zoological Society of London on February 10th, Mr. F. Martin Duncan, F.Z.S., demonstrated a series of photomicrographs of acari from the lungs of *Macacus rhesus*, illustrating the larval, nymph, and adult stage of the acarid. Both young and adult monkeys appeared to be infected, but so far as his observations had gone, the presence of the mites in the lungs had in no case been the cause of death. Eggs had not been observed in the vesicles formed by the presence of the mites, though serial sections of adult acarids had shown the egg in an advanced state of development, pointing to the probability of this stage being completed within the body of the female.

THE Society of Apothecaries has awarded the Gillson scholarship for original research in pathology, of the annual value of £105, to A. L. Urquhart, of St. Thomas's Hospital.

THE No. 19 Casualty Clearing Station dinner will be held in London on Saturday, February 28th, at the Trocadero Restaurant, Piccadilly Circus, at 7.30 p.m. It is hoped that all officers of the unit will be able to be present. Members of other casualty clearing stations, and all who were associated with No. 19 C.C.S., are cordially invited. Applications for tickets should be made as soon as possible to the Rev. E. C. Doddrell, 6, Alexandra House, Regent's Park Road, Finchley, N.3. Dress, dinner jackets. Tickets 50s., to include wines, etc.

THE annual dinner of past and present students of the Royal London Ophthalmic Hospital will be held at the Criterion Restaurant, Piccadilly, on Thursday, March 11th, when Mr. William Lang, consulting surgeon to the hospital, will take the chair at 7.30 p.m. Tickets, 12s. 6d. (excluding wine), can be obtained from Mr. Charles Goulden, 42, Welbeck Street, W.1.

LORD ASHTON has forwarded a cheque for £5,000 towards the extension and improvements of the Preston and County of Lancashire Royal Infirmary. Just over a year ago he paid off a debt of £2,000 in the maintenance account.

IN the appointment of professors to German universities precedence is at present being given to university teachers who have left towns which have passed out of Germany's possession. The anatomist, Professor Hugo Fuchs, who had recently been appointed to Königsberg, has thus been transferred to Göttingen as Merkel's successor.

A DINNER will be held on Monday, March 1st, at the Wharnccliffe Rooms, Hotel Great Central, at 7.30 o'clock, to give an opportunity for social reunion for those who worked abroad during the war on behalf of Serbia. Most of the medical missions will be represented, and the committee includes a number of medical men and women. The honorary secretary is Miss Marx, 24, Melcombe Court, Dorset Square, N.W.1, from whom tickets (price 15s., exclusive of wine) may be obtained. Evening dress or uniform will be worn, with decorations.

THE customary course of lectures arranged by the Child-Study Society has begun at the Royal Sanitary Institute, 90, Buckingham Palace Road, London, S.W.1. The lectures on March 11th and 25th will deal with adolescence, and on April 29th Dr. A. E. Shipley, F.R.S., will give a lantern lecture on biting insects and children. The lectures begin at 6 p.m.

AS already announced, the Royal Society of Medicine will entertain Sir John Y. W. MacAlister at dinner at the Connaught Rooms, Great Queen Street, W.C., on Thursday, March 18th, at 7.30 p.m. It has been decided to admit guests, both ladies and gentlemen. Applications for tickets, price 15s. each, must be received by the Honorary Secretaries of the Dinner Committee, 1, Wimpole Street, London, W.1, before March 16th.

A MEETING of the Pathological Society of Manchester will be held in the Medical School, Manchester University, on Tuesday, February 24th, at 5 p.m., when Sir Walter Fletcher, K.B.E., M.D., F.R.S., Secretary of the Medical Research Committee, will deliver an address on Medical Research after the War. All medical practitioners and medical students are cordially invited.

THE Minister of Health has issued amended regulations designed to reduce the expenses connected with the preliminary proceedings for obtaining land compulsorily for housing in rural districts when the extent of the land does not exceed five acres.

THE D.D.M.S. of the London District has lately appointed a special board for the purpose of advising the authorities as to the disposal of long standing cases in military hospitals and as to the treatment of chronic cases. The president of the board is Brevet-Colonel H. J. Waring, R.A.M.C.(T.F.), surgeon to St. Bartholomew's Hospital; the other members are Brevet-Colonel F. MacLennan, D.S.O., R.A.M.C., Major W. Essex Wynter, R.A.M.C.(T.F.), physician to the Middlesex Hospital, and Captain C. M. Hinds Howell, R.A.M.C.(T.F.), physician to the Great Northern Hospital. Colonel T. H. Openshaw, A.M.S., surgeon to the London Hospital, joins the board when orthopaedic cases are under consideration. The board has already done a considerable amount of work in visiting military hospitals in the London District and examining patients.

THE date fixed for the health week, organized by the Royal Sanitary Institute, is May 2nd to 8th.

Letters, Notes, and Answers.

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

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.2, on receipt of proof.

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, *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, and of the Scottish Office, 6, Rutland Square, Edinburgh.

QUERIES AND ANSWERS.

PARAESTHESIA.

"A. R. J." describes a case of numbness and tingling of both lower limbs, with a transverse band across the abdomen and another across the limbs in a man aged 46, and asks for advice.

* * It is presumed that there is no question in this case of any organic disease. Formication is so frequently a very early symptom of disseminated sclerosis that its recurrence in a marked degree must often be regarded with some anxiety. When the formication is limited to the extremities and there are no other signs of involvement of the central nervous system, it most frequently occurs as a form of disturbance of the autonomic system in patients past middle age, and most frequently in women. Small doses of thyroid extract are occasionally of benefit, but belladonna and tincture of hyoscyamus, together with small doses of potassium iodide, usually give the best results. The diet should be plain and restricted as to meat, and alcohol should be avoided.

INCOME TAX.

"V. V. V." inquires (1) whether he can deduct as a business expense one-half the annual value of his residence as a professional expense, and (2) what deduction can be made in respect of the cost of servants' keep, wages, etc.

* * (1) Yes. "V. V. V." is assessed to income tax under Schedule A as being in receipt of the rent of the house, and is entitled to charge *qua* practitioner one-half of the rent assessed on him *qua* owner of the house. (2) A reasonable proportion can be charged both of wages and of the cost of food, laundry, etc. A practice which is fairly frequent is to regard one maid as employed solely for professional purposes, and to charge for one servant accordingly—for example, if three servants are kept, to charge one-third of the total expense against the practice. Of course, a great deal depends on the actual circumstances of each case.

LOCAL RATING.

"J. M. P." has been asked by the local borough council to make a declaration for the purpose of rating his residence, and in doing so to divide the rental between the private and professional portions of the total. He has also a surgery half a mile away.

* * As the surgery is not situated on the premises, we suggest that not more than £30 should be allotted to the professional portion. Where the surgery is included in the total rent, a common practice in rural and suburban localities is to regard the rent as equally attributable to private and professional use, so far as income tax is concerned. In any case, the exact apportionment can only be conjectured and is a matter of opinion, and the income-tax practice, modified as suggested in this particular case, seems to provide a reasonable basis of division.

ERYSIPELAS.

DR. F. S. ARNOLD (Berkhamsted) writes: If "X. Y. Z." will try buttermilk as a local application in erysipelas he will, I think, be led to the conclusion that it is far superior to any other treatment. I do not know any other local treatment which can be regarded as certain, though many give