

a slight muco-purulent discharge. In other cases there was no pain in the ear and only a slight discharge, and the men, thinking it only trivial, did not complain until it became profuse and was accompanied by marked deafness.

During the last twelve months I have examined some hundreds of cases of deafness in varying degree for pension purposes, and I now, as never before, realize at what a disadvantage a man with even a partial loss of hearing is. There are many trades in which good hearing is indispensable. The miner has again and again told me he can no longer get work down the pit on account of his loss of hearing, because he may fail to hear sounds in the pit which portend disaster or death to himself or his comrades. The same applies to many other trades, and the man has to seek other work, each succeeding class of work is more precarious for him, and he is finally driven to casual labour. The poorer classes take but casual notice of the condition of the ear, and this applies especially to suppurative otitis media. Pain is not a frequent concomitant, otherwise they would oftener seek advice. I cannot do better than quote Dr. Mygind of Copenhagen in his book on deaf-mutism. He writes: "It is to be hoped that the recognition which is by degrees, though slowly, being yielded to otology by the medical profession, will make itself felt in the prevention of deaf-mutism, by opening the eyes of the practitioner to the importance of ear diseases and their treatment, and also that the general public may be led to form other opinions upon the subject than those now prevalent."

If by propaganda the poor and so-called working classes could be taught to look upon their hearing as precious, and realize that a "running ear" may lead to the loss of that power and calls at the earliest onset for advice, the efficiency of the nation in general would be increased.

STRANGULATED UMBILICAL HERNIA :

RESECTION OF GANGRENOUS ILEUM AT THE AGE OF 69.

BY

O. M. KENNEDY, M.B.E., F.R.C.S.ENG.,

LATE MAJOR R.A.M.C.(T.C.),

ASSISTANT SURGEON SOUTH DEVON AND EAST CORNWALL HOSPITAL.

SUCCESSFUL resection of gangrenous gut in inguinal and femoral herniae are by no means rare, but in umbilical herniae successful resection is less common. The following case is thought to be of interest because success was attained in spite of the patient's age.

M. P., a widow aged 69, was admitted to the South Devon and East Cornwall Hospital on the afternoon of January 21st, 1920, complaining of severe abdominal pain and vomiting.

Her history was difficult to elicit, and was probably inaccurate. So far as could be discovered she had had an umbilical hernia for many years. She stated that she had had pain in the hernia for more than a week, associated with vomiting. During this time the bowels had been very slightly opened after aperients, and for three or four days had not moved at all. She did not call a doctor until the day of admission, and he at once sent her to hospital.

On admission she looked ill, and senile beyond her years. The pulse was 94 but weak, the temperature 98°. At the umbilicus was a tense tender red—almost purple—swelling about the size of a cricket ball. There was no impulse on coughing. The rest of the abdomen was somewhat distended, but not tender. The vomit was bile-stained and foul, but hardly "faecal."

Under a chloroform and ether mixture the hernia was surrounded by a transverse elliptical incision, which was deepened to the rectus sheath. The hernia was then lifted off the rectus sheath until the neck was exposed all round. The abdomen was then opened just clear of the neck of the hernia. The hernia was then isolated by extending this incision completely round, but just clear of, the neck. The abdomen was then packed off, and the sac opened by splitting up the neck from what had been its peritoneal aspect. The sac contained a quantity of very foul, almost black, purulent fluid, a mass of adherent and gangrenous omentum, which was ligatured off and removed with the sac, and about four inches of gangrenous ileum. The centre of this length of small gut was of very doubtful viability, but at either end, where it had been nipped, it was reduced to little more than a slough. In order to leave a good margin on either side of the damaged gut about eight or nine inches of gut was resected. Continuity was restored by end to end anastomosis, the collapsed distal portion of the gut being split along its anti-mesenteric border so as to give a sufficient lumen for an anastomosis to the proximal distended gut.

The abdomen was closed in layers by mattress sutures placed transversely (modified Mayo's method). A rubber drain was placed at either angle of the wound, as the subcutaneous fat was considered likely to be infected.

On the day following operation the temperature was 97.4°, the pulse 80, and respirations 22. There was considerable flatulence. The bowels were opened by a turpentine enema on the following day. Thereafter convalescence was smooth but for trifling superficial sepsis necessitating removal of a couple of skin sutures.

The patient left hospital for a convalescent home on February 24th, 1920. She was then in her normal state of health.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SHINGLES AND CHICKEN-POX.

ALMOST immediately after reading Dr. Taylor's neurological jottings in your issue of February 28th, a girl of 16 came to my surgery for some medicine for her father, who had developed shingles about a fortnight before. She asked me about a "rash" which had appeared on her body on the previous day. I found that she was in an early stage of chicken-pox, which subsequently developed, with a temperature of 102°, into a good crop of vesicles. There is no other case of chicken-pox in the neighbourhood. Her father is an instructor in gardening at a boys' home, but there have been no cases amongst the boys, probably because of the work being entirely in the open air.

Chobham, Surrey.

A. INGRAM COOKE, M.D.

ACUTE OEDEMA OF THE LUNGS.

I HAVE been much interested in the correspondence on this subject, as, with Dr. Stewart McNaughton (February 28th, p. 293) I believe that the disease is more common than is usually thought. In the autumn of 1897 I reported a case of dramatic severity in the *Lancet*.

The victim was a man aged about 50, who was seized with respiratory distress after a bicycle ride against a cold head wind. He died within an hour of his first symptoms, and for the last few minutes of his life poured out pints of bright pink foam. Auscultation revealed the presence of fine crepitant râles, commencing at the bases and very rapidly spreading upwards. There was a history of some previous renal mischief.

Within a few months I saw a woman of much the same age who fell ill suddenly after cleaning out a flooded basement. Her condition was less acute. The expectoration was aerated, bright pink, but not so great in quantity, nor so frothy. She lived a few hours.

Again, a man of 60 was placed under my care with a story of recurring suffocative attacks at night. He had aortic regurgitation. The urine was of low gravity, and contained a trace of albumin. During a period of perhaps two months he called me some half-dozen times, always a little before midnight. He was invariably in great distress, standing with both hands grasping the bed rail. The sputum was more or less frothy and coloured red. A hypodermic injection of atropine would relieve him at once, allow him to go back to bed, and in the morning he would be quite recovered. The fine râle was very evident in this case, and the rapidity of the upward extension remarkable. His last attack was more severe and I was longer in reaching him. This time atropine failed to check the secretion, and he died expelling much frothy sputum.

Two other cases of recurrent oedema occur to me. One in a woman of over 70, suffering from mitral regurgitation; the other in a woman of 60, suffering from myocardial degeneration. In each instance the crises were spread over a period of two or three years at varying intervals of months. In each there was the great distress, the rapidly ascending râle, and the tinged aerated sputum. Atropine acted well in both and promptly relieved the condition.

The older patient eventually, after her cardiac condition had badly deteriorated, died in an attack, in spite of the usual dose. The other died of gradual heart failure and generalized oedema. The last time I saw the condition was in the following case:

A man of 46. He suffered from extreme arterial high tension, and gave a history of a former but milder bout.

I was called in the night to find him intensely dyspnoeic, unable to move or lie down. There was the usual type of sputum; but for the first time in my experience the râles were the most abundant at the upper part of the lungs. A dose of atropine relieved at once and allowed him to return to bed. In the morning he was quite well.

There are differences in all these cases, but they clearly belong to one group. It is noticeable that where a history

is available all suffered from renal or cardio-vascular changes.

The first case to receive atropine dates back twenty years. I gave it after thinking over the first two, who died quite unrelieved by such treatment as I could then devise.

The disease appears to be due to acute hyperaemia of the small bronchioles, and atropine acts presumably by stopping their secretion. All these patients lived close at hand, and had it been otherwise would probably have died without recognition of the real mode of death.

Lilton, Devon.

CECIL MUSGRAVE, M.D.Lond.

THE PATH OF THE ECLAMPTIC TOXIN.

It is taught that eclampsia is due to a toxin, but what that toxin is has not yet been proved. No attempt will be made to do this here, but a suggestion as to how the toxin acts may be of some value in deciding what is the most rational method of treatment. Needless to say the ideas arose after reading McCarrison's work on the thyroid.

Spinal anaesthesia is produced by injecting a local anaesthetic, such as stovaine, into the spinal canal—by, that is to say, bringing a paralysing substance into contact with the spinal cord. If instead of a paralysing substance an irritant, like the toxin of eclampsia, is mingled with the cerebro-spinal fluid, we would expect the results of irritation—namely, convulsions, as in eclampsia.

If it be true that the eclamptic toxin is to be found in the cerebro-spinal fluid, it must get there through the choroid plexus, which normally secretes the fluid. The choroid plexus is a true secreting gland, and in health has a selective action which prevents toxic bodies passing from the blood to the cerebro-spinal fluid. If from disturbed function this selective action is lost, toxins will pass through the gland to the spinal canal, and those toxins may be the toxins of eclampsia.

The choroid plexus, which is an internally secreting gland, is controlled by hormones produced by the thyroid gland (or more probably the parathyroid) according to my interpretation of McCarrison's teaching. Hence a deranged thyroid entails a deranged choroid plexus from hormone starvation.

McCarrison mentions two classes of toxins: (1) Those resulting from endogenous metabolism, and (2) toxins of bacterial action.

Possibly the first class, by their presence in the cerebro-spinal fluid, are responsible for the symptoms of eclampsia. Normally the kidneys would excrete these toxins. In pregnancy they are much increased in quantity.

From McCarrison's work it seems reasonable that the bacterial toxins bring about the disordered condition of the thyroid, and that they are elaborated in the alimentary canal. He points out the frequent enlargement of the thyroid in pregnancy. On account of the presence of the fetus the thyroid must increase its activity, and since it is acting under greater pressure is more easily disturbed. Most obstetricians believe that the toxin of eclampsia is elaborated in the alimentary canal of the mother. This is compatible with the above suggestions.

To sum up: bacterial toxins elaborated in the alimentary canal are absorbed into the blood and carried to the thyroid apparatus, upon which they act injuriously and cause insufficient hormone production. This leads to choroid plexus insufficiency with loss of selective action, which permits (toxic) endogenous products of metabolism to enter the cerebro-spinal fluid, where they act upon the central nervous system and produce the condition of eclampsia.

If this view be correct, the rational treatment would be:

1. To remove the organisms which form the toxins from the alimentary canal.
2. To remove toxins, both bacterial and metabolic, from the blood.
3. To remove toxins from the spinal canal.
4. To supply hormones to activate the choroid plexus.
5. To treat symptoms as they arise.

To meet the first point, the stomach and bowel are washed out and purgatives given; the second is met by venesection, saline purgatives, counter-irritation of the kidneys, and transfusion; toxins are removed from the spinal canal by lumbar puncture, and hormones supplied by giving thyroid extract. Symptoms must be treated as they arise (for example, fits controlled with morphine or

chloral), since the toxins cannot be removed completely or immediately from the system. A local anaesthetic might, perhaps, be injected into the spinal canal with benefit after lumbar puncture.

Belfast.

J. F. D. HUNTER, M.B.

Reports of Societies.

VENEREAL DISEASE.

A MEETING of the Bradford Medico-Chirurgical Society held at the Royal Infirmary on Tuesday, March 16th, was devoted to venereal diseases. Dr. H. H. WHITE read a paper entitled "A brief review of venereal diseases with special reference to modern methods of treatment, some points in diagnosis and some complications." He pointed out that gonorrhoea was a most difficult disease to treat and cure. Patients rarely came early enough for it to be possible to abort it, though he had recently aborted one case with 15 per cent. argyrol twice a day for three days, followed by irrigation with potassium permanganate, and had seen other cases aborted with acriflavine. In the acute stage the best results were obtained by irrigation with potassium permanganate and sodium carbonate, prescribing an alkaline mixture, and rest in bed. When the posterior urethra was affected the case was much more difficult to cure, and the prostate should then always be examined. The complications of gonorrhoea were legion, and he described them and their treatment. He dealt also with gonorrhoea in women, and the difficulty of diagnosing it clinically; he described its treatment, and pointed out that the urethra in women was a common hiding-place for the gonococcus, and that this was the chief source of conveying the disease to others. He then dealt with syphilis, and said that as soon as dark-ground illumination showed the spirochaete, treatment with 606 or 914 should be given forthwith. He showed the importance of not accepting an early negative report as proof that the disease did not exist, and described the untoward results following injection of 606 and 914.

Dr. W. CAMPBELL read a paper on "Matters relating to the diagnosis of syphilis and to the serological methods used in the control of treatment." He indicated the various sources of error in the Wassermann reaction, and showed serums illustrating these errors. He demonstrated the necessity of titrating antigen so as just to exclude a non-specific reaction in cases of psoriasis, and pointed out the importance of examining the blood as soon as possible after its removal from the patient to prevent the serum becoming anti-complementary. The Wassermann reaction of the cerebro-spinal fluid was also dealt with. The discussion was continued by Drs. MARGARET SHARP, MARTIN, HAMBLEY-ROWE, BUCHAN, and others.

Reviews.

A MANUAL OF WAR SURGERY.

A Manual of War Surgery,¹ edited by Colonel SEYMOUR BARLING and Major J. T. MORRISON, contains sixteen chapters to which some seventeen independent authors contribute. Its scope is restricted to the surgical methods employed in the large military hospitals at the various bases in France. As Sir George Makins remarks in an introduction he has written to the volume, "few men are in a position to write with confidence and authority on the progress and treatment of gunshot injuries from the time of reception of the wound to the period of actual recovery and cure." Yet the picture can be reconstructed, and the important intermediate stage, comprising the patient's time in the base hospital in France, is well covered by this book. Here, to quote again from the introduction, "came not only the successes of the clearing station line, but also some of the failures"; and few who have not had experience of this type of work realize what a tax they made on the resources and surgical judgement of the base hospital staffs.

Had the book appeared at the time the editors intended—the autumn of 1918—it would undoubtedly have had a wide popularity. All the sections are ably dealt with;

¹ *A Manual of War Surgery*. By Colonel Seymour Barling, A.M.S., and Major J. T. Morrison, O.B.E., M.B., F.R.C.S. With an introduction by Major-General Sir George H. Makins, G.C.M.G., O.B., F.R.C.S. London: Henry Frowde, and Hodder and Stoughton. 1919. (Demy 8vo, pp. xvi + 479; 149 figures. 21s. net.)

DR. THOMAS MILNE of Aberdeen died on March 16th in his 73rd year. He was born at Ellon, and received his education at the Gymnasium, Old Aberdeen, and at Aberdeen University; he graduated M.A. in 1868, M.B. and C.M. with honours in 1871, and M.D. in 1874. After serving as resident assistant surgeon to the Aberdeen Royal Infirmary he practised in several places, and eventually settled at Accrington, where he held the post of M.O.H. He returned to Aberdeen in 1892 and built up a large practice. He served as president of the Aberdeen Branch of the British Medical Association in 1913, and of the Aberdeen Philosophical Society and Aberdeen Medico-Chirurgical Society. He was a retired surgeon captain of the 2nd Volunteer Brigade, East Lancashire Regiment. Dr. Milne is survived by three sons and two daughters, the youngest son being Captain Herbert Stewart Milne, R.A.M.C., M.C.

Universities and Colleges.

UNIVERSITY OF OXFORD.

CHARLES PUTNAM SYMONDS, M.A., M.D., M.R.C.P., assistant physician for nervous diseases, Guy's Hospital, has been elected to a Radcliffe Travelling Fellowship, tenable for three years.

UNIVERSITY OF LONDON.

MILITARY EDUCATION.

THE Military Education Committee, which administers the Officers' Training Corps, has recently presented its eleventh annual report, covering the year 1919. The establishment consists of one artillery unit, one engineering unit, an infantry unit (one battalion of three companies), an Army Service unit (one transport and supply company), and a medical unit consisting of four sections of a field ambulance. In the medical unit the number of officers was eleven and the number of cadets in training during the year 347. The Committee has discussed the future organization of the O.T.C. with a view to drawing attention to certain disabilities suffered during the war. A conference of past and present officers of the medical unit was held in July and its report forwarded by the Committee to the War Office. Later a conference of the combatant units was convened, and finally the Committee made certain recommendations which have been forwarded to the Secretary of State for War, with an indication that the Senate would welcome the appointment of a War Office Committee to consider the future of the Officers' Training Corps. The recommendations included a suggestion that the Senior Division O.T.C., composed of contingents provided by universities, should be organized as a distinct corps and that, save in special circumstances, commissions in the Regular Army (university commissions), Special Reserve, and Territorial Force should be granted only to persons who have received training provided in the Officers' Training Corps or equivalent training. It is suggested that the present Junior Division O.T.C. should not form part of this corps, but be given a distinct name and organization. It was suggested also that provision should be made for all branches of special military work, particularly those involving the application of science to war and that the universities should receive grants to cover all approved expenses. The report has been forwarded to other universities of the United Kingdom.

UNIVERSITY COLLEGE.

The annual report shows that the total number of students in 1918-19 was 2,048. The increase of 977 on the previous year took place mainly in January, 1919; it was due almost exclusively to entrance of ex-service men, most of whom, under special arrangements made for their benefit, were able to complete a full session's work by the beginning of August. The total revenue of the college was £77,324, leaving a deficit of £2,210, due to the necessary increases in salaries and the general increased cost of conducting the college. An appeal is made for £30,000 for a war memorial, to include the erection of a great hall for the use of the college and medical school, and the endowment of University College Hall, Ealing. Towards this amount £5,000 has been subscribed. The chairman, Sir Gregory Foster, and the vice-chairman, Dr. G. Blacker, of this War Memorial Fund of University College and University College Hospital, ask all former students of the college and medical school to send their names and addresses to the hon. secretary, Mr. Lawrence Solomon, at the college.

UNIVERSITY OF MANCHESTER.

The following candidates have been approved at the examinations indicated:

THIRD M.B., CH.B. (*General Pathology and Morbid Anatomy*): R. H. Allison, V. Chadwick, N. S. Craig, Caroline M. Edwards-Evans, A. W. Kirkham, Margaret Pownall, H. D. Preston, Bertha Renshaw, Florence G. Sherry.
D.P.H. (*Part II*): Ahmed Aziz, J. P. Broom, J. H. Campaign, T. E. Dickinson, W. E. Fitzgerald, J. R. Jagger, E. F. Hill, M. R. Soni, A. V. Stocks, C. F. White.

UNIVERSITY OF DURHAM.

The following candidates have been approved at the examinations indicated:

THIRD M.B. (*Materia Medica, Pharmacology and Pharmacy, Public Health, Medical Jurisprudence, Pathology and Elementary Bacteriology*): *L. Myers, F. J. Benjamin, J. J. N. Daniels, Dorothy E. Elliott, R. Hewitson, J. Jackson, M. Mickler, Joan W. Nicoll, R. J. Perring, S. T. Pybus, Mary F. Richardson, Olive C. Wilson, Philomena R. Whitaker.

* With second class honours.

UNIVERSITY OF ABERDEEN.

At the graduation ceremony on March 24th the following were among the degrees conferred:

LL.D. (*honoris causa*): Dr. William Bulloch, F.R.S., Professor of Bacteriology, University of London; Sir Robert Jones, K.B.E., C.B., late Major-General A.M.S. and Inspector of Military Orthopaedics; Dr. David Nicolson, C.B., Lord Chancellor's Visitor in Lunacy and Medical Adviser of the Home Secretary in criminal mental cases.
M.D.—A. S. Garden, J. Leask, Helen Lillie.
M.B., CH.B.—M. Y. Garden (with second class honours), Dorothy E. Bryant, A. V. R. Don, C. A. Hay, Dorothy M. Holmes, Alice M. L. Innes, R. C. MacLennan, J. M. Stuart, D. M. Thomson, Ida E. Wood.
D.P.H.—A. G. B. Duncan, R. R. Garden, E. A. Mackenzie, L. M. V. Mitchell, Anne Simpson.

UNIVERSITY OF GLASGOW.

The following candidates have been approved at the examinations indicated:

M.B., CH.B. (*Medical Jurisprudence and Public Health*).—A. Barr, A. R. Black, D. E. Brown, T. C. Christie, W. Davie, P. A. Faichney, W. M. Hamilton, *H. W. Howieson, T. D. Hunter, D. Imrie, L. M. Johnston, J. Lavelle, W. R. M'Cræ, P. M'Luskie, J. M. L. Mitchell, T. N. Ray, I. MacR. Sandilands, J. Shulman, J. M. L. Strang, A. R. Waddell, J. W. Walker, R. J. Watson, J. C. Watt, J. H. Wilson, P. A. Wilson, J. Young, Annie Barlow, Rosa Bass, Elizabeth M. V. H. B. Bird, Ellen B. Cowan, Elizabeth J. Findlay, Brunnhilde M. Grieve, Effie Niblock, Carolina J. Tessier.
M.B., CH.B. (*Materia Medica and Therapeutics; P., Pathology*).—R. Adam (M.), T. F. Arnott (M.), A. Baird (M.), J. Barlow (M.), *A. A. Bell (M., P.), A. L. Brough (M.), G. Brown (M.), M. Brown (M.), A. O. Bruce (M.), T. M. Burton (M.), A. Cameron (M.), J. I. Cameron (M., P.), A. J. G. Caporn (M.), *D. F. Cappell (P.), A. Chisholm (M.), J. G. Craik (M., P.), J. S. Currie (M., P.), A. C. Dewar (M., P.), J. Dewar (M.), M. Douglas (P.), J. A. Dunlop (M., P.), A. Gibb (M., P.), A. H. Greig (M., P.), H. G. Halliday (P.), D. R. Hamilton (P.), G. Harvey (M.), E. E. Henderson (M.), T. H. Irvine (M.), W. Jope (P.), H. Kay (M.), W. M. Kennedy (M.), A. A. Kirkland (M.), F. J. Kitt (M.), J. R. Learmouth (M.), J. Leishmann (P.), J. A. Lister (M.), Alexander Logan (M.), Andrew Logan (M., P.), G. H. Macartney (M.), W. M. M'Cash (P.), T. S. MacDonald (M., P.), J. M'Dougall (M., P.), W. D. Macfarlane (M.), W. M. Macfarlane (P.), J. M. M'Ghee (M., P.), T. J. M'Karl (M.), W. M'Kendrick (M.), J. M. Mackenzie (M., P.), P. M'K. M'Kilop (M.), J. M'Nair (M., P.), W. B. M'Queen (M., P.), D. Meikle (M., P.), N. Meilamed (M., P.), C. Melville (P.), H. R. Melville (M.), W. Muir (M.), I. Murray (P.), F. J. Newall (M.), R. A. E. Peacock (M.), T. D. Pyle (P.), G. W. StC Ramsay (M., P.), A. H. Rankin (M., P.), T. N. Ray (P.), A. M. Robertson (M.), W. Robinson (M.), J. Y. Scott (M.), C. M. Smith (M.), D. Stewart (M., P.), A. Symon (M.), W. L. Templeton (M.), D. M. Thompson (M., P.), J. C. Watt (P.), A. F. Whyte (M.), *J. Wilson (P.), R. MacL. Wilson (M., P.), *J. Yule (M., P.), Edith A. Allan (P.), Isabel P. Allan (M.), Martha L. Anderson (P.), Marion C. Boyd (M.), Mary D. A. Boyd (M.), Georgie I. Brodie (P.), Elizabeth E. Brown (M.), Margaret E. Campbell (M.), Gladys M. Chapell (P.), Christabel L. Charlesworth (M., P.), Elizabeth Coupland (P.), Isabella C. Darling (M.), Christian D. H. Eason (M.), Jean MacF. Gilchrist (P.), Christina Gray (M., P.), Catherine Hill (M.), Isobel E. Hill (M.), Annie W. Humble (M.), Moira E. N. MacAlpine (P.), Joan A. MacColl (M.), Mary M'Quaker (P.), Henrietta L. Paterson (M.), Joanna T. Rao (P.), Helen Y. Stoddart (M.), Jeanie M. Strathie (M., P.), Adeline G. Vallance (P.), Jeanie L. D. Wilson (P.). Old Regulations (*Pathology*): D. S. Buchanan, A. M'G. Millar, R. R. Waters.

* With distinction.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary Comitia of the Royal College of Physicians of London was held on Monday, March 29th, at 5 p.m. The President, Sir Norman Moore, delivered the annual presidential address, in which he stated that the College list now contained the names of 357 Fellows, 506 Members, 1 extra-Licentiate, 13,800 Licentiates, 863 Diplomates in Public Health, and 18 Diplomates in Tropical Diseases. He gave lists of the honours conferred by the King upon Fellows, Members, and Licentiates, and then read short obituary notices of the 11 Fellows who have died since the delivery of the last address a year ago—namely, Dr. F. J. Smith, Dr. Joseph Wiglesworth, Dr. G. B. Brodie, Dr. E. G. Fearnside, Professor W. S. Greenfield, Dr. Charles Mercier, Dr. Guthrie Rankin, Sir William Osler, Dr. Laurence Humphry, Sir James Alexander Grant, and Dr. Samuel Hatch West.

The election to the office of president for the ensuing year was held, Sir Norman Moore being re-elected. He then gave his faith to the College in the prescribed form.

Licences to practise were granted to George Cleaverdon Hartley, Birmingham University, and to Kathleen Suzanne Vine, Royal Free Hospital.

The President returned thanks to the College and then closed the Comitia.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE elections for the three vacancies on the Council of the Royal College of Surgeons will be held on Thursday, July 1st. Sir Anthony Bowlby, Mr. W. Harrison Cripps, and Sir D'Arcy Power, all of St. Bartholomew's Hospital, retire at the expiration of their terms of office. Mr. Harrison Cripps will not seek re-election, but the other two out-going members intend to come forward. There will thus be seven candidates, two for re-election and five for election. The new candidates are: Mr. W. Thelwall Thomas, of Liverpool, Member 1886 and Fellow 1890; Mr. John Herbert Fisher, ophthalmic surgeon, St. Thomas's Hospital, Member 1891, Fellow 1893; Mr. Herbert Stringfellow Pendlebury, Member 1896, Fellow 1897 (St. George's Hospital); Mr. Francis James Steward, Member 1895, Fellow 1898 (Guy's Hospital); and Mr. Victor Bonney, Member 1896, Fellow 1899 (the Middlesex Hospital).

The Services.

THE SPECIAL RESERVE, R.A.M.C.

A CORRESPONDENT writes: I should like to state two grievances of the Special Reserve Officer R.A.M.C. which so far have not been mentioned by any of your correspondents. It is laid down in the conditions of service for Officers Special Reserve R.A.M.S.: (1) That on mobilization £50 would be paid for disturbance and extra kit. (2) That a retaining fee of £20 per annum would be paid while disembodied.

As regards (1), officers who joined early in the war were unable to obtain this sum. As regards (2), I recently applied for the retaining fee after being disembodied over twelve months. I received a reply informing me that a War Office letter of October 30th, 1919, had stopped the payment of the retaining fees for Special Reserve Officers. That the War Office can alter the terms of service in this manner will prove the last straw in my case, and will certainly cause my resignation when this is permitted. I shall join as a temporary officer if necessary on any future occasion.

THE NEW TERRITORIAL ARMY.

THE following appointments to Divisions of the new Territorial Army are announced:

HIGHLAND DIVISION.

Medical Service.—Colonel F. Kelly, C.B.E., appointed A.D.M.S.; Captain J. F. Macintosh to command 1st Highland Field Ambulance, R.A.M.C.; Lieut.-Colonel D. Rorie, D.S.O., to command 2nd Highland Field Ambulance, R.A.M.C.; Major A. E. Kidd, O.B.E., to command 3rd Highland Field Ambulance, R.A.M.C.

EAST LANCASHIRE DIVISION.

Medical Service.—Colonel W. Ranson, D.S.O., appointed A.D.M.S.; Major G. W. Fitzgerald, O.B.E., to command 1st East Lancashire Field Ambulance, R.A.M.C.; Major A. Callam, D.S.O., to command 2nd East Lancashire Field Ambulance, R.A.M.C.; Major E. H. Cox, D.S.O., to command 3rd East Lancashire Field Ambulance, R.A.M.C.

WEST LANCASHIRE DIVISION.

Medical Service.—Major C. H. Lindsay, C.M.G., D.S.O., appointed A.D.M.S.

NORTH MIDLAND DIVISION.

Medical Service.—Major T. A. Barron to command 1st North Midland Field Ambulance, R.A.M.C.; Captain J. F. Dixon to command 2nd North Midland Field Ambulance, R.A.M.C.; Major A. E. Hodder, D.S.O. (T.F.R.), to command 3rd North Midland Field Ambulance, R.A.M.C.

SOUTH MIDLAND DIVISION.

Medical Service.—Colonel L. J. Blandford, C.B.E., appointed A.D.M.S.; Lieut.-Colonel C. H. Howkins, C.B.E., D.S.O., to command 1st South Midland Field Ambulance, R.A.M.C.; Captain R. A. Broderick, D.S.O., M.C., to command 2nd South Midland Field Ambulance, R.A.M.C.; Captain T. A. Green, D.S.O., to command 3rd South Midland Field Ambulance, R.A.M.C.

WELSH DIVISION.

Medical Service.—Major T. Donovan to command 1st Welsh Field Ambulance, R.A.M.C.; Major H. T. Samuel to command 2nd Welsh Field Ambulance, R.A.M.C.; Major C. L. Isaac to command 3rd Welsh Field Ambulance, R.A.M.C.

WESSEX DIVISION.

Medical Service.—Colonel H. Pickard, C.B., C.M.G., appointed A.D.M.S.; Captain R. Burgess, D.S.O., M.C., to command 1st Wessex Field Ambulance, R.A.M.C.; Major T. P. Puddicombe, D.S.O., to command 2nd Wessex Field Ambulance, R.A.M.C.; Brevet Lieut.-Colonel E. B. Bird, D.S.O., to command 3rd Wessex Field Ambulance, R.A.M.C.

WEST RIDING DIVISION.

Medical Service.—Colonel A. D. Sharp, C.B., C.M.G., appointed A.D.M.S.; Captain W. Lister to command 1st West Riding Field Ambulance, R.A.M.C.; Major F. Whalley, D.S.O., to command 2nd West Riding Field Ambulance, R.A.M.C.; Lieut.-Colonel J. Mackinnon, D.S.O., to command 3rd West Riding Field Ambulance, R.A.M.C.

Medical News.

THE course of lectures and demonstrations in medical psychology at the Maudsley Mental Hospital, Denmark Hill, S.E., has begun, and is, we learn, being attended by a class of 35. The course is arranged to meet the requirements for the Cambridge diploma in psychological medicine.

THE annual meeting of the Society for the Study of Inebriety will be held at the house of the Medical Society of London, 11, Chandos Street, W.1, on Tuesday, April 13th, when Dr. Maurice Nicoll will open a discussion on analytical psychology in alcoholism.

A THREE months' course of lectures and demonstrations in hospital administration will be given at the Western Hospital, Seagrave Road, Fulham, by Dr. R. M. Bruce, medical superintendent, on Tuesdays and Fridays, beginning on April 6th. The fee for the course is £3 3s., and cheques should be made payable to the Metropolitan Asylums Board.

A SERIES of post-graduate lectures, arranged by the Faculty of Medicine of the University of Sheffield, will be given during April, May, and June on Wednesdays, at 4 p.m., in the Royal Hospital, Royal Infirmary, or Pathological Museum, beginning April 7th. The lectures are open to all members of the medical profession, free of charge. They will be announced week by week in the Diary of post-graduate courses in the SUPPLEMENT.

TWO Grocers' scholarships for the encouragement of original research in sanitary science are declared vacant. Each is of the value of £300 a year, with an allowance to meet the cost of apparatus and other expenses in connexion with the work. Each scholarship is tenable for one year, but may be renewed for a second or third year. Further particulars will be found in our advertising columns.

THE Ministry of Health has revived Article 4 of the Poor Law Institutions Order, 1913 (suspended during the war), which requires the removal from workhouses of normal children over 3 years of age. The State Children's Aid Association writes to protest against suggestions which have been made to the effect that one workhouse in a district should be emptied of adult inmates to make room for children from several neighbouring unions. It is objected that large buildings and institutional discipline of work and play will not make up to a child for separation from family life. Guardians are urged to extend the system of boarding-out, and to offer better terms; and also to give increased out-relief to widows to enable them to keep their children with them. The Ministry of Health has just issued a memorandum calling the attention of guardians to Section 9 of the War Pensions Act, 1918. It imposes upon the Minister of Pensions the duty of providing for the care of children of deceased or serving officers or men in the naval, military, or air services, if such children, owing to their being motherless, or for any other reason, are suffering from neglect or want of proper care. It is asked that the guardians should in such cases communicate with the local War Pensions Subcommittee.

DR. T. F. HIGGS, medical officer of the Poor Law institution, district medical and public vaccinator of the Dudley Union, has been presented by the officers of the union with a framed portrait of himself as a mark of their high esteem. Dr. Higgs has been medical officer of the Poor Law institution for forty-four years and a district medical officer of the union for sixty years. At Dr. Higgs's request the portrait will be hung in the committee room.

THE Railway Clearing House has issued a pamphlet designed to convince the public that the increases in railway rates for the carriage of commodities do not appreciably affect the consumer. It contains much curious information, and may provide the long-suffering public with arguments when increased freight charges are assigned as a cause for raising prices. To carry fresh meat from Southampton to Birmingham costs 1d. a pound more than before the war; to carry fruit from Southampton to Sheffield less than half a d. a pound more. The increase on carrying fish from Grimsby to London is 1d. on 12 lb., and on the carriage of salmon

from Aberdeen to London one-third of *ld.* a pound. The carriage of 25 *lb.* of butter from Aylesbury to London costs *ld.* more, and so on. Another way of looking at the matter is that fish is conveyed by passenger train from Grimsby to London at a charge of *jd.* a pound, from Aberdeen to London—a distance of 525 miles—by express train for just over *jd.* a pound. Attention is called to the fact that there has been no increase in the charge for the carriage of fresh milk, nor in the goods train rates for manure, basic slag, or lime for agricultural purposes.

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, *Attilology, 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.

"HEBRIDES" asks whether asthma is a common antecedent of pulmonary tuberculosis.

HAY FEVER.

DR. W. ROSSELL JUDD (Ashton-under-Lyne) writes in reply to "R. A. J." in the BRITISH MEDICAL JOURNAL of March 27th: The worst case of hay fever I have seen was that of a lady, aged 24, who consulted me about six years ago. The attacks generally began about the middle of May or beginning of June. Owing to the severe frontal headache and facial disfigurement caused by the acute catarrhal conditions of eyes and nose she confined herself to her room and spent her time in mopping up the secretions with innumerable handkerchiefs. She derived some relief from going to the seaside for six weeks or more away from the graminaceous pollen. At the end of December following the last attack I tried the patient's susceptibility by means of the "Hay Fever Reaction Outfit" (Parke, Davis, and Co.); the red tube gave a very slight reaction, the green tube a fairly severe reaction. I therefore hit upon an intermediate course of dosage, and began in the first week in January, following the last with 0.5 c.cm. intramuscular injections of 100 units strength of pollaine (Parke, Davis, and Co.) twice weekly up to the end of March. In April and May I gave 1 c.cm. weekly. In order to ascertain the patient's immunity I advised her to take a walk in the country and amongst hay fields. Her report was "that after a two hours' walk amongst growing hay she felt a tickling sensation in the nose, with some slight watering of the eyes." Apart from this she was free from any attack. The following January (twelve months after) I gave her 1 c.cm. injections of the same strength weekly from January to the end of April, and since then she has not had any further attacks.

INCOME TAX.

"E. M." was demobilized on November 26th, 1919, and earned nothing until February 6th, 1920, when he "bought a small nucleus from which he will receive nothing in the current year to April 5th, 1920." How should he fill in his income tax declaration for that year?

"E. M." is liable on his net earnings from February 6th to April 5th, 1920, even though he may not receive any portion of those earnings in cash by the latter date; naturally it will be necessary to make an estimate for the two months, unless he can ascertain from his predecessor what a twelve months' average would be, in which case he might take $\frac{2}{3}$ of that amount. The military pay, but not the gratuity, should be shown on the statement of total income (page 3 of the form), and also the gross amount of the taxed dividends in the space provided on the same page.

LETTERS, NOTES, ETC.

ACUTE PULMONARY OEDEMA.

DR. H. CAMERON KIDD (Bromsgrove) writes: A vivid and accurate description of death from acute oedema of the lungs may be found in Zola's book, *Pécondite*, chap. iii, bk. v, pp. 554-560 of the 1899 edition—a book, by the way, which I wish might be translated into plain British vernacular, and

distributed to every mother's union and infant centre in the country. It was this description that first taught me of the disease. In the case of almost any other writer of fiction one would have dismissed with a smile, as a novelist's error, the sudden attack of "congestion pulmonaire" which killed a perfectly healthy robust young woman in one night; but, knowing Zola's accuracy in matters medical, I looked up the subject, and have since been aware of the disease, though I never saw a case in thirty years of busy practice. Perhaps the disease is more frequently met with on the Continent than it is in England. In Zola's case—almost certainly authentic—the preliminaries included a severe wetting from a thunderstorm in the afternoon and a hearty supper of crayfish, which suggests urticaria from food poisoning, as pointed out by Dr. Stewart McNaughton, though the author evidently attributed the whole to the wetting, without suspecting the crayfish in any way.

CO-OPERATION IN HEALTH WORK.

ON the fifth Sunday in Lent, after evensong in Giggleswick-in-Craven Church, Dr. J. Johnstone Jervis, medical officer of health for Leeds, gave an address on "The Child." He spoke of the pre-natal effects of the racial poisons—syphilis and intemperance—and referred to the need of wise care in the management of infants during the first four weeks after birth, during which period the greatest number of deaths under 1 year took place. The mortality continued high during the first year, and in the majority of cases, he said, death was due to bad mothering. No mother, he said, had a right to delegate the feeding of her baby to a nurse or firm of patent food manufacturers; 90 per cent. of mothers could nurse their babies, but the majority would not try. The country wanted to know why only 36 per cent. of her sons were found to be All men. Dr. Jervis suggested that the answer was that England had lost the art of producing mothers. "Let England," he said, "replace the mother on her throne, and so will she save herself and remove her reproach." We are told that the address produced a great impression on the congregation, and the vicar, the Rev. T. P. Brocklehurst, in a note appeals for more active co-operation between the medical and clerical vocations. "We need," he writes, "more of such enlightenment in our pulpits; after all, we have to deal with this state of existence, which we do know something about." The same post brings a statement put out by the Public Health Service of the United States. The Surgeon-General of that service has recently stated that one man in every three called up for the army of the United States was found to be physically unfit. He summoned a conference of the American Red Cross, Public Health Association, Medical Association, Tuberculosis Association, and other bodies concerned to consider a programme for co-ordinated work, founded on the results of the co-operation between the American Red Cross, the State and local health authorities, and the United States Public Health Service in the extra-cantonment work during the war. The American Red Cross has set aside some millions of dollars for health work in the United States and intends to co-operate with existing health agencies.

GOOD AND BAD JUGS.

"H. K. W." says that in jugs, if the handle is moulded in one with the body, a hollow is often left in the handle where it joins the inside of the jug. As it is practically impossible to clean this hole, milk will remain in it day after day, so that fresh liquids will be contaminated. The right jugs to buy are, he says, those with the handle pressed on to the body, leaving the inside surface unbroken.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 35, 37, 38, 39, 40, and 41 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 36 and 37.

THE following appointments of certifying surgeons are vacant; Bradford, North East (York, West Riding), Burton-upon-Trent (Stafford), Llandilo (Carmarthen), Waterford (Waterford).

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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

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

NOTE.—It is against the rules of the Post Office to receive post-restante letters addressed either in initials or numbers.