

admitted taking lead pills, and a number of these showed clinical evidence of lead poisoning. This leaves over 30 per cent. of cases with no cause assigned. Pathological investigation throws little additional light on the subject, as most of the morbid changes found do not produce the abortion, but occur during the operation of some other cause.

It would appear, however, that the mother is primarily at fault as the result of some diseased condition, whether it be of an organic nature, or merely an increased irritability of the centres presiding over the expulsive action of the uterus.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE MYOCLONIC TYPE OF EPIDEMIC ENCEPHALITIS.

AFTER reading with great interest Dr. Piero Boveri's article in the JOURNAL of April 24th, p. 570, I record the following case, which occurred recently in my own practice:

On February 9th I was called to see a man, aged 62, who had been suddenly stricken with severe spasmodic pains in the limbs, chest, and face. For two days the pains persisted, but had then gradually diminished in severity, giving place to sudden painful contractions of the extensors of the legs, the abdominal muscles, sternomastoids, pectorals, intercostals, and diaphragm (as evidenced by hiccough). Twitching occurred about every two seconds. The patient sweated profusely, and was slightly cyanosed. There was considerable muscular weakness and some ataxia. The superficial reflexes were in abeyance, Kernig's sign was absent, but the head was a little retracted. The deep reflexes were slightly exaggerated, but no ankle clonus was present, and the plantar response was flexor. There was no apparent disorder of sensation. The discs were slightly injected, but there was no optic neuritis. The only cranial nerve involved was the seventh, there being occasional twitches of the *alae nasi* and *occipito-frontalis*. At this stage, although there was no actual lethargy, there was a curious prolongation of the reaction time to aural stimuli—this I have observed, however, previously in patients on chloral and bromide, as was this patient—but it roused suspicion. The blood pressure was 170 mm.

In a day or two these symptoms abated *pari passu* with the advent of lethargy, passing into stupor; tremors of the right hand (only) now appeared, and the patient assumed the mask facies of paralysis agitans.

The cerebro-spinal fluid, which was quite clear and under slight pressure, was examined by Dr. Arthur Sladden, pathologist to Swansea Hospital, who reported a cell count of 5 to 6 per c.mm., a trace of albumin, and negative cultural results; the Wassermann reaction in the blood and cerebro-spinal fluid was negative.

The patient, after beginning to improve, died quite suddenly of what was evidently either (gross) cerebral haemorrhage or thrombosis. A *post-mortem* examination, even partial, was discountenanced by the relatives.

The temperature varied between 100° and 99°, and the pulse rate gradually increased from 80 to 120 and diminished again to 80. There was no history of influenza, but there was some coryza with a thin watery discharge throughout. Profuse sweating was a marked feature of the whole course of the disease. This case is of interest, firstly, in that it showed the chief seat of the morbid process to be in the thalamic region, with probable involvement of the red nucleus, and secondly, in that it bridges the gulf between the more usual clinical type of the disease and that type described by Dr. Boveri, exhibiting the lethargy of the former as a late manifestation and the myoclonic spasms of the latter. Of further interest, too, may be an undoubted case seen by me eight months ago, in which the disease was ushered in by right hemiplegia with aphasia; after running a typical course for three weeks it ended in such a measure of recovery that all that can now be said of the patient is that he is not quite so methodical an accountant as he formerly was.

In both these cases there was a history of considerable and prolonged mental strain.

E. W. M. HUBERT PHILLIPS,
Port Talbot, Glamorgan. M.A., M.B., B.Ch.Oxon.

HAEMATOPORPHYRINURIA.

DR. WYATT-SMITH, in his article on the treatment of delirium tremens (BRITISH MEDICAL JOURNAL, December 6th, 1919, p. 743), says that he has never met any one who has seen a case of haematoporphyrinuria from the use of sulphonal. He and others may be interested in the following extract from my note book:

Miss A. B., aged 35, came under my care on October 22nd, 1901, suffering from a complication of ailments. Some six months before she had such constant vomiting, accompanied at one time by severe haematemesis, that the diagnosis of gastric ulcer was made, and at one time it was feared that there might be malignant trouble. There had been great loss of flesh and she suffered severely from neuralgia and insomnia, for which morphine, phenacetin, and sulphonal had been freely prescribed.

When first I saw her she had been carefully fed and had regained much of the weight she had lost, but the muscles were flabby and she was intensely weak. She had a heavy, drowsy appearance, with eyelids which seemed loth to lift; her speech was dragging; there were no superficial or deep reflexes. Sensation was normal. She complained of pain in the right renal region, where there was an enlarged tender movable kidney, and of intense pains in the legs. Constipation was very obstinate. The urine was of a dark brown-purple colour, almost like port wine, and gave in the spectrum the bands characteristic of haematoporphyrin. It contained no albumin, corpuscles, casts, or sugar. The specific gravity was 1020. The temperature was normal. I found that she was taking 30 gr. of sulphonal every night, and had done so without intermission since January, 1898, her English medical advisers having told her that it was safe to do so. For the four previous years she had taken sulphonal and phenacetin freely. She had also been in the habit of drinking a large amount of alcohol, though the exact amount I found it impossible to elicit.

I immediately stopped the sulphonal, giving bromides instead, and administering a tonic with strychnine. After this she slept well, and took her food satisfactorily, and seemed much better, though the urine still retained its abnormal colour.

After about ten days marked paresis of the lower limbs appeared, and soon increased to complete paralysis. The upper limbs followed suit. Later she had incontinence of urine and faeces, and still later all power of phonation was lost. There was no loss of sensation. Her mind became more and more clouded, and she died on November 6th, 1901. She took her food well to the last.

At the *post-mortem* examination all the tissues and organs were found very deeply stained with the same brown-purple colour. The kidneys were congested and the capsules slightly adherent. The liver was congested and enlarged. The spleen was quite disorganized, and so liquid that none could be saved for examination. The brain was normal, save for some adhesions of the arachnoid, which exhibited some cloudiness. Rigor mortis was not marked, though the examination was made six hours after death.

It is interesting to remark that in this case, as in other recorded cases, death was preceded by peripheral neuritis. The course of the symptoms is strongly suggestive of those accompanying Landry's acute ascending paralysis.

Wellington, New Zealand.

G. E. ANSON, M.D. Cantab.

SCLEREMA NEONATORUM ASSOCIATED WITH PLACENTA PRAEVIA.

As the pathogeny of sclerema neonatorum is practically unknown, it may be worth while to record the following case: Mrs. N., 3-para, aged 34, was confined on December 17th, 1919. Labour was ushered in with a sharp haemorrhage at 5.30 a.m.; there was practically no pain, and the os barely admitted one finger. At 8.30 a.m. the os admitted two fingers, and there had been no more bleeding to speak of; I detached the placenta round the rim of the os as far as I could reach—the anterior edge of the placenta was just at the rim of the os at this stage—and gave pituitrin 1 c.cm. No further bleeding occurred. At 2.15 p.m. I ruptured the membranes and gave another injection of pituitrin; pains rapidly improved, and the child was born at 3.15 p.m. At birth the boy was blue and limp, and it was some minutes before respiration was satisfactorily established. The placenta was delivered normally at 3.40 p.m., and was of the type usual in these cases; the area I had detached was clearly distinguishable, and measured approximately six square inches. When bathing the child a little later, the nurse commented on the hardness—"like frozen meat"—of many of the muscle

masses, particularly the muscles of thighs and buttocks, and the hard swelling on the backs of the hands and feet; the skin appeared as if tightly bound down to the underlying muscle. Difficulty was experienced from the beginning in getting the child to swallow, and at first it refused to suck. Constipation was a trouble throughout. The child died on December 26th, death being ushered in by a sudden drop of body temperature and by an escape of pink-tinged fluid from mouth and nose.

On November 15th, 1919, Mrs. N. had had a single large haemorrhage which was sufficient to blanch temporarily the conjunctivae; and though she was taking iron in full doses from that time she was still markedly anaemic when the haemorrhage occurred which heralded the onset of labour thirty-two days later. The puerperium was uneventful except that the milk which came plentifully on the fourth day vanished on the eighth, perhaps because of the lack of stimulus as the infant was unable to suck.

Stafford.

A. E. HODDER, M.B., B.Ch. Cantab.

Reports of Societies.

APPENDICULAR CONCRETIONS.

At a meeting of the Section of Pathology of the Royal Society of Medicine, held on April 20th, with Dr. BULLOCH, F.R.S., in the chair, Dr. MURRAY demonstrated preparations and charts from three cases of malignant tumours in rabbits, in which autologous grafting had been carried out. The bearing of the results on the possibility of increasing or diminishing resistance to spontaneous cancer was discussed. Dr. LYON SMITH read a paper on direct haemolysis, a test for bacterial toxins, and for the quantitative estimation of doses of bacterial vaccines.

Professor S. G. SHATTOCK, F.R.S., made a communication giving the results of the systematic examination of twenty-five appendicular concretions, the examination being carried out by delamination under water; the concretions had at no time been allowed to dry. When an arbitrary centre of the size of a hempseed was reached, this was crushed in glycerin between a slide and cover-glass, and studied microscopically. In no instance was any nucleus present, the centre being of the same kind as the rest, and consisting of the undigested residues of plant tissues. In two or three the number of stiff pericarpal hairs present in flour and oatmeal was notable, but in no instance were they sufficient to constitute a nucleus after the manner of the oat hair concretions sometimes met with in the colon. In no example were any particles of steel, or of the enamel flakes from cooking utensils, present. The absence of these was opposed, therefore, to the suggestions that had been put forward in regard to the etiology of appendicitis in general—namely, that its increase was due to the introduction of enamelled ironware, or of the milling of flour by means of the cylindrical steel rollers now almost universally used. An examination of the contents of 100 appendices taken from subjects over 40 years of age, and of twenty-five from those between the ages of 15 and 25, dying from causes unconnected with the appendix, gave equally negative results in this respect. In a few of these, small faecal pellets were met with, which might be regarded as appendicular scybala; such appeared at times to furnish the starting point of concretions. The etiology of concretionary formation, the author thought, resolved itself into neuro-muscular faults of the appendix, a matter of much interest in regard to ectasias and constrictions of the oesophagus, stomach, and intestine. The entry of faecal material into the appendix was presumably helped by the contraction of the caecum upon its contents, whereas the exit depended upon the appendix alone.

The factor of mechanical kink might be viewed as an exceptional one, since in concretionary forms of appendicitis the organ retained its usual curvatures. As to roller-milled flour itself, the finest passed between as many as thirteen pairs of revolving steel cylinders. Yet the author had found that no inorganic iron could be chemically demonstrated in it. The skiagraphy of concretions, after being taken out of the excised appendix (and not allowed to dry), or whilst still in the excised organ, the author found, gave results too variable to prove a negative in clinical application. If the deposition of

calcium carbonate and phosphate in the stercolith was well pronounced, a laminated picture was equally so; but if little, the picture was so faint that such a concretion would certainly escape observation in the living body. If the appendix, again, happened to lie behind the caecum, the picture would be obscured by the contents of the latter.

ANAESTHESIA FOR THYROID OPERATIONS.

At a meeting, held on April 9th, of the Section of Anaesthetics of the Royal Society of Medicine, with Dr. HAROLD LOW, Vice-President, in the chair,

Mrs. DICKINSON BERRY read a paper on anaesthesia for operations on the thyroid gland. Her remarks were based upon an experience of 700 cases of operations for removal of goitre. In the past chloroform and its mixtures had been used either throughout or for induction, but since 1912 Mrs. Berry had relied entirely upon open ether, and had met with no fatality and little anxiety. She advocated an anaesthesia as light as was compatible with the requirements of the operator.

Atropine is used beforehand but not morphine; a slow induction is practised. The operation begins when regular breathing is established, even if the conjunctival reflex still persists. When the gland is reached ether is withheld if the patient is absolutely quiet. The eyes may open spontaneously or talking occur, the patient remaining quite motionless. Dislocation of the tumour is a dangerous process in cases of severe dyspnoea; the anaesthesia is kept specially light at this stage. Straining should occur when the last ligatures have been tied, in order to show any points which might lead to post-operative haemorrhage. Notes of cases illustrating the above and other points were read.

Two groups of cases were described as offering special dangers—those with much tracheal obstruction and those with cardiac trouble. For the former it was often necessary to use oxygen with the ether. The cardiac cases included those in which the heart was affected by long-standing dyspnoea, true exophthalmic cases, and cases of goitre not typically exophthalmic, but associated with cardiac symptoms.

Dr. J. F. W. SILK maintained that "team work" and a light form of anaesthesia were most important. He had found rectal oil-ether of great value, particularly in exophthalmic cases.

Mr. JAMES BERRY said that the anaesthetist should never begin the administration for a goitre operation until the surgeon had on gloves, gown, etc., and was quite ready to begin. It was sometimes necessary to perform the earlier stage of the operation very suddenly and rapidly on account of dyspnoea. In cases of dyspnoea it was well to ascertain to what extent the head could be extended without causing serious interference with breathing, and during the operation never to let it be extended beyond this amount. It was his custom to have the head held firmly throughout and turned only under special directions. In cases of dyspnoea the anaesthetist should acquaint himself before operation with the exact position and shape of the trachea. A unilateral goitre displaced the trachea to the opposite side, curved it, and flattened it on the side of the tumour. The point of maximum compression was nearly always $1\frac{1}{2}$ in. below the cricoid. The dyspnoea was always due to direct pressure on the trachea and had nothing to do with irritation of recurrent laryngeal nerves. In cases where the heart was seriously affected its condition should be ascertained by x-ray and electro-cardiographic examination. Mr. Berry said that he was using local anaesthetics less and less for goitre operations and relying more and more upon light ether anaesthesia.

Dr. J. S. GOODALL thought the performance of any thyroid operation, except simple ligation, under local anaesthesia undesirable on psychic grounds. Any local anaesthetic containing adrenalin might induce auricular, and even ventricular, fibrillation. He had examined the hearts of many patients before, during, and after thyroid operations, paying particular attention to (1) degree of myocardial exhaustion, (2) amount of dilatation, (3) presence of definite myocardial degeneration, (4) height of systolic blood pressure. Electrocardiographic and x-ray examination, together with mapping out of the field of cardiac response, were essential in estimating the condition of the myocardium.

Dr. J. BLUMFIELD said that he used open ether for these cases, but relied more than the reader of the paper upon

of the Sleeping Sickness Commission and of the Archaeological Committee of the Sudan. Dr. Chalmers was industrious and accurate in research, and had a wide and intimate acquaintance with the rapidly growing literature of the department to which he had devoted himself. His premature death while on a holiday journey eastward round the world is a loss to tropical medicine.

DR. JOHN LITTLE CROMBIE, who died at North Berwick on May 1st, aged 77, was for many years associated with the health offices of that well known and popular watering place at the entrance to the Firth of Forth. He graduated M.D. at Edinburgh University in 1863, having taken the diplomas of L.R.C.S. and L.R.C.P. Edin. in the previous year. After acting as house-surgeon to Perth Infirmary his lot was cast in North Berwick, where he quickly gathered together a large private practice. He became parochial medical officer and medical officer of health, as well as certifying factory surgeon. For a time he was Surgeon-Colonel (V.D.) 7th V.B. Royal Scots, and he was also surgeon and agent for the coastguard. He was honoured by his professional brethren by being elected a member of the Harveian Society, and his interests outside medicine were shown by his connexion with the Berwickshire Naturalists' Club.

To all who knew Dr. JOSEPH WILLIAM HUNT, who practised so long in Hackney, the news of his death on April 17th, after a long and trying illness, will come as a sense of loss, for though a man of retiring disposition, contented quietly to do his daily round of duty, he was endowed with abilities out of the ordinary, and a character of no common elevation. He was born in 1851 in Canada, where his father was a missionary. He came to England when 12 years old and entered University College Hospital Medical School with an exhibition at an early age. He took the degree of B.Sc.Lond. in 1876 and in the same year at the M.B. won a gold medal in medicine; in the following year he won the gold medal at the M.D. examination. After holding the appointment of house-physician to University College Hospital he became resident medical officer; he then went to Wolverhampton, where for four years he was physician to the General Hospital. In 1881 he settled in practice at Hackney in partnership with the late Dr. Daly, and soon won the affection and respect of his fellows. He had held the office of vice-president of the Metropolitan Counties Branch and chairman of the City Division of the British Medical Association; he was also at various times president of the East London Clinical Society and the Aesculapian Society. He was an earnest churchman, and lived a self-denying, consistent, and useful life. For many years he was the local secretary to Epsom College, and his work as one of the trustees of the Spinstowe Charity, and for the deaf and dumb at the Asylum at Clapton, was much valued.

Universities and Colleges.

UNIVERSITY OF OXFORD.

MR. EDWARD WHITLEY has offered to the University the sum of £10,000 towards the endowment of a professorship of biochemistry, and the British Dye-Stuffs Corporation has made a donation of £5,000 towards the cost of extending the laboratory of organic chemistry. Decrees accepting these munificent and timely gifts are being proposed in Convocation this week.

UNIVERSITY OF CAMBRIDGE.

At a congregation on April 30th the following medical degrees were conferred:

M.D.—R. N. Chopra (admitted by proxy) and C. Worster-Drought.
M.B. and B.Ch.—A. W. Uloth, C. M. Billington, M. L. Young, G. L. Smith.
M.B.—C. R. Wright.

UNIVERSITY OF LONDON.

Advanced Lectures in Physiology.

PROFESSOR E. MELLANBY, M.D., began a course of lectures on nutrition, at King's College for Women (household and social science department), Campden Hill Road, Kensington, on May 3rd, at 5 p.m. The remaining lectures of the series will be given on May 10th, 11th, 17th, 18th, and 31st, and June 1st. A course of eight lectures on the biochemistry of sterols will be given by Mr. J. A. Gardner, M.A., F.I.C., University Reader in Physiological Chemistry, in the physio-

logical laboratory of the University (South Kensington), at 5 p.m. on Tuesdays from May 18th to July 6th. The lectures are addressed to advanced students of the University and to others interested in the subject. Admission is free.

UNIVERSITY OF GLASGOW.

MEDICAL CURRICULUM.

At a meeting of the General Council on April 28th a sub-committee reported that the summer term was the most advantageous time for the commencement of studies in the medical school. Members of the medical faculty were unanimous on the point, but the co-operation of the schools and of the education department would be needed. The matter will be further considered at a meeting of the University Court.

UNIVERSITY OF ST. ANDREWS.

At the meeting of the University Court, on May 1st, Dr. John Taylor was appointed to the lectureship in regional anatomy, Dundee, and Dr. L. T. Price, surgeon, to the Dundee Royal Infirmary, to that in diseases of children.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary comitia of the Royal College of Physicians was held on Thursday, April 29th, when the President, Sir Norman Moore, was in the chair. The President announced that Professor C. S. Sherrington had been appointed the representative of the College on the Committee to consider a memorial of the late Professor Sir William Osler.

MEMBERS.

The following candidates, having passed the required examination, were admitted as Members:

Robert Allen Bennett, M.D.Lond., L.R.C.P.; Francis Bernard Chavasse, M.D.Oxf., L.R.C.P.; Thomas Forrest Cotton, M.D.McGill; John Alexander Drake, M.B.Lond., L.R.C.P.; Arthur Wm. Mickle Ellis, M.B.Toronto; Francis Richard Fraser, M.B.Edin.; Joseph Gatt, M.D.Malta, L.R.C.P.; Mary Esther Harding, M.D.Lond.; Harold William Hills, M.B.Lond., L.R.C.P.; George Johnson Langley, M.D.Lond.; Elias Leopold Wolf Mandel, M.D.Lond., L.R.C.P.; Edward Macother, M.D.Lond.; Henry Bret Russell, M.B.Lond., L.R.C.P.; Evelyn Dennis Scott, M.B.Lond., L.R.C.P.; Hugh Stannus Stannus, M.D.Lond., L.R.C.P.; Margaret Grace Thackrah, M.D.Lond.; Robert Heywood Wilshaw, M.D.Lond.

FELLOWS.

The following were elected Fellows on the nomination of the Council:

William Francis Menzies, M.D.Edin.; James Graham Forbes, M.D.Camb.; William Morton Robson, M.D.Lond.; Samuel Ernest Dore, M.D.Camb.; George Basil Price, M.D.Lond.; Eardley Lancelot Holland, M.D.Lond.; Albert Ramsbottom, M.D.Vict.; Arthur Stanley Woodward, M.D.Lond.; Francis Graham Crookshank, M.D.Lond.; Arthur Charles Douglas Firth, M.D.Camb.; Nathan Mutch, M.D.Camb.; Francis Martin Rouse Walshe, M.D.Lond.; George Graham, M.D.Camb.; George Ernest Beaumont, M.B.Oxf.

UNIVERSITY OF LONDON.

Dr. Fawcett and Sir Wilmot Herringham were appointed representatives of the College on the Senate of the University of London in place of Dr. Sidney Martin and Sir Seymour Sharkey. The thanks of the College were awarded to the retiring members for their services.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.

A report was approved from the Committee of Management containing regulations for the Diploma in Psychological Medicine (D.P.M., R.C.P. and S.Eng.) drawn up after a conference with teachers in the various subjects. The examination will be held in two parts, in June and December. A candidate may enter for Part I at any time after obtaining a registrable medical qualification, and the two divisions may be taken separately or together. The subjects of examination will be (a) anatomy and physiology of the nervous system, (b) psychology. After passing Part I a candidate may enter for Part II of the examination on the completion of a year of special study subsequent to obtaining a registrable medical qualification. Candidates will be required to produce certificates (a) of having attended clinical instruction for at least two months at a recognized hospital for nervous diseases, or in the department for nervous diseases at a recognized hospital; (b) of having held a resident appointment at a recognized institution for mental diseases where clinical instruction is given, for at least six months, or of having attended clinical instruction in psychological medicine at a recognized institution during twelve months. The subjects for examination for Part II are (a) neurology, including clinical and pathological neurology, and (b) psychological medicine, including its legal relations. The conditions of study may be modified by the Committee in the case of a candidate (a) who has carried out original investigations or has written a thesis on psychology or neurology in relation to psychological medicine, or (b) whose studies have extended over a prolonged period without fulfilling the exact conditions, but exemption will not be granted for any part of the examination. Graduates in medicine or surgery of Indian, colonial, or foreign universities recognized by the Examining Board in England, but whose degrees are not registrable in this country, may enter for the examination by fulfilling the same conditions in regard to study. The fee for admission or readmission to each part of the examination is six guineas.

DIPLOMA IN OPHTHALMIC MEDICINE AND SURGERY.

A similar report embodying regulations for the Diploma in Ophthalmic Medicine and Surgery (D.O.M.S., R.C.P. and S.Eng.) was also adopted. The examination will be held in two parts, in January and July. A candidate may enter for Part I at any time after obtaining a registrable medical qualification. He must present himself for the whole of Part I, but if he fail in one division only will be allowed to present himself for re-examination in that division. The subjects of examination will be (a) anatomy and embryology of the visual apparatus (including the contents of the orbit, the bones in the neighbourhood thereof, and the central nervous system so far as it relates to vision); (b) the physiology of vision; (c) elementary optics. After passing Part I a candidate may enter for Part II on completion of one year of special study of ophthalmology subsequent to obtaining a registrable medical qualification. Candidates will be required to produce certificates of having (a) specially studied ophthalmic medicine and surgery and general medicine in its relation to ophthalmology for a period of twelve months; (b) engaged in the investigation and correction of errors of refraction; (c) attended the clinical practice of a recognized ophthalmic hospital or ophthalmic department of a recognized general hospital for twelve months; (the conditions may be fulfilled by holding the appointment of house-surgeon or house-physician or clinical assistant at one of the above hospitals or departments, provided that in the case of a clinical assistant the certificate shows that he has attended for at least three hours a day on two days a week); of having (d) attended a practical course of operative ophthalmic surgery, and (e) attended a course of pathology and bacteriology with special reference to ophthalmic medicine and surgery. The subjects of the examination for Part II are (a) optical defects of the eye; (b) ophthalmic medicine and surgery; (c) pathology, with special reference to medical and surgical ophthalmology. These conditions may be modified in the case of a candidate (a) who has carried out original investigations in any branch of the examination; (b) who has written a thesis on the pathology of the eye; (c) whose studies have extended over a prolonged period without fulfilling the exact conditions, but exemptions may not be granted from any part of the examination. Graduates in medicine or surgery of Indian, colonial, or foreign universities recognized by the Examining Board in England, but whose degrees are not registrable in this country, may enter for the examination for the Diploma in Ophthalmic Medicine and Surgery on fulfilling the same conditions in regard to study. The fee for admission or readmission to each part of the examination is six guineas.

LONDON SCHOOL OF TROPICAL MEDICINE.

The following candidates have passed the examination of the school at the termination of the sixty-second session, February-April, 1920:

*H. E. Whittingham (Duncan medal), *A. K. Cosgrave, *A. Khalik, *E. J. Wood, *E. Forrester-Paton, J. Fanstone, E. G. Mack, W. P. Hogg, J. S. Armstrong, J. R. C. Stephens, M. Wong, G. A. S. Madgwick, G. A. Frendo, C. Basile, M. Jackson, E. U. MacWilliam, N. Nedergaard, H. R. Dive, J. R. Crolius, J. Gray, A. Y. Cantin, D. Schokman, C. H. Brangwin.

* With distinction.

Medical News.

THE University of London announces that M. Pierre Janet, Professeur de Psychologie au Collège de France, Paris, will next week give a course of three lectures on "La Tension Psychologique, ses Degrés et ses Oscillations." The first lecture will be given at the house of the Royal Society of Medicine, 1, Wimpole Street, W., at 5 p.m. on Tuesday, May 11th. The two other lectures will be given at the same hour on Wednesday and Thursday. The lectures, which will be delivered in French and will deal in part with the medical aspect of the subject, are addressed to advanced students of the university, but others interested are invited to attend. Dr. Henry Head, F.R.S., will take the chair at each lecture.

THE Ministry of Health has issued a Statutory Order, which came into operation on May 1st. It requires the M.O.H. of a city or borough council to send a copy of each certificate or notification of a case of acute primary pneumonia, acute influenzal pneumonia, malaria, dysentery, trench fever, acute encephalitis lethargica, and of ophthalmia neonatorum—whether notified by a medical practitioner or by a certified midwife—within twelve hours of its receipt, to the Metropolitan Asylums Board, who will repay to the borough council or to the common council the fee paid in respect of such notification.

AT the Leigh (Lancashire) Borough Police Court, on April 22nd, the Lancashire County Council took legal proceedings against Charles C. Abbott, "herbal specialist," of 56, Railway Road, Leigh, for treating a person for venereal disease and prescribing a remedy therefor contrary to Section 1 of the Venereal Disease Act, 1917. A fine of £10 was inflicted.

DR. J. F. MACDONALD, D.P.H., of the Middle Temple, and Dr. G. D. H. Wallace, of Gray's Inn, were called to the bar on April 28th.

THE Congrès Français d'Oto-Rhino-Laryngologie, which will be held in Paris next week (May 10th to 13th), will be attended by a number of British specialists.

NOTIFICATION of lethargic encephalitis was made compulsory in Denmark at the beginning of this year. By the end of January 29 cases had been notified, some of them dating back to July and August, 1919. Among them four deaths had been recorded, but in two the diagnosis was uncertain. The Pathological Institute of the University of Copenhagen has undertaken to examine *post-mortem* specimens.

CASES of lethargic encephalitis have recently appeared in various parts of Spain.

THE University of Birmingham has arranged for a post-graduate course of instruction to be given in the Medical Faculty, Edmund Street, Birmingham, and at associated hospitals, from Monday, July 5th, to Saturday, July 17th, both dates inclusive. The course will comprise sections of medicine, surgery, pathology and bacteriology, obstetrics and gynaecology, diseases of children, ophthalmology, diseases of the ear and throat, radiology, electrical treatment, and anatomy and physiology. The fee for admission to the lectures and clinical demonstrations in each section is one guinea. Further particulars can be obtained on application to the Clerk to the Clinical Board, University, Edmund Street, Birmingham.

It has already been announced that the eleventh session of the Australasian Medical Congress (the first since 1914) will be held at Brisbane under the presidency of the Hon. W. F. Taylor, M.D., from August 23rd to August 28th, a season in which the climate of Queensland is usually agreeable, the maximum temperature being on the average 72.4° and the minimum 50.7°. The Executive Committee of the congress invites any member of the Association who may be visiting Queensland at the time to attend as an honorary member. Any one who thinks of accepting should communicate with Dr. Wilton Love, the honorary general secretary in Brisbane, at once, as the accommodation is limited. The principal subject for discussion will be the question of the permanent settlement of a healthy white race in tropical Australia. It is expected also that the contributions to the sections of naval and military medicine and surgery will be of unusual interest.

THE half-yearly dinner of the London Aberdeen University Club will be held at the Criterion Restaurant on Thursday, May 20th, at 7.30 p.m. The annual general meeting will take place at 6.30 p.m. Further particulars can be obtained from Dr. W. A. Milligan, 11, Upper Brook Street, W.1.

SIR EDWARD SHARPEY SCHAFER has thoroughly revised his *Essentials of Histology*, and the new (eleventh) edition will shortly be published by Messrs. Longmans.

THE shortage of the supply of paper is becoming an even more serious problem to periodical publications than the rise of price, great as that has been. Newspaper proprietors have been giving evidence before a Subcommittee of the Senate of the United States; one of them asserted that if consumption proceeds at the present rate there will be no paper-pulp producing forests left in twenty-five years. The only remedy so far suggested is to decrease the size of papers and periodicals and increase advertising rates.

WE are asked to state that the subscription (35 francs), to be paid by those who propose to attend the Congress of Physiology which will be held under the presidency of Professor Charles Richet in Paris from July 16th to July 20th, should be sent as soon as possible to M. Lucien Bull, Secrétariat du Congrès, Sorbonne, 1, Rue Victor Cousin, Paris, V, from whom a list of hotels with which special arrangements have been made can be obtained. The titles and summaries, not exceeding twenty-five lines, should be received by the secretary of the congress not later than June 1st. There will be an exhibition of apparatus and instruments. The last Congress of Physiology was held at Groningen in September, 1913.

SIR ARTHUR SHIPLEY prefaced his lecture to the Child-Study Society on April 29th on "Biting insects and children" (to which title *Punch* has alluded) with the remark that as a bachelor he knew less about children than he did about insects; accordingly his lecture was devoted to an entomological description (with literary and historical digressions) of lice, bugs, and fleas, with no particular reference to the special susceptibilities of children or to preventive measures which may be taken on their behalf. In the course of discussion the

question arose whether it was possible to secure personal immunity from fleas. Sir Arthur said that the essential oils, especially the oil of cedarwood, were supposed to keep fleas away, but the personal factor was so large in these cases that no means could be absolutely relied upon. Dr. C. E. Wallis said that in some correspondence on the subject which appeared in the *BRITISH MEDICAL JOURNAL* about eight years ago it was stated that the taking of two or three sulphur lozenges would render a person unpalatable to fleas. He had found that procedure of no use whatever, but he had discovered one preventive measure which in his personal experience had proved most successful. When he was a student doing midwifery he had to take lodgings in Clare Market, and found himself attacked the first night by a host of fleas. He decided that drastic counter-measures were necessary, and therefore applied with a sponge a 1 in 20 carbolic solution to his neck, wrists, and ankles, believing that these must be the means of entrance whereby the insects invaded the person. As a result he was immune from fleabite during the remainder of his month's stay. Sir John Cockburn, the chairman of the meeting, remarked that in Australia there were such things as flea storms, whirlwinds of fleas, which covered the verandahs of the houses. Stock breeders in Australia paid a good deal of attention to the question of susceptibility to insect bite, and animals much subject to the bites of fleas and flies were not allowed to breed.

The honour of O.B.E. has been conferred upon Mr. Edmond Thomas Gann, M.B.E., Secretary Army Medical Advisory Board and Army Sanitary Committee.

As cases of small-pox have occurred in and around London during the past few weeks, and some of these have remained undiscovered for a considerable time after the first appearance of the disease, the London County Council draws attention to the arrangements under which in doubtful cases the practitioner confers with the M.O.H. of the borough, and to the fact that, should a further opinion be required, on application to the Public Health Department, the services of Dr. W. McC. Wanklyn will be available.

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 (telegrams: *Bactilus*, Dublin; telephone, 4737, Dublin), and of the *Scottish Office*, 6, Rutland Square, Edinburgh (telegrams: *Associate*, Edinburgh; telephone, 4361, Central).

QUERIES AND ANSWERS.

"L. C." writes: A patient, aged 52 years, suffers from a continuous saline taste in the mouth; the taste is like saltpetre. The patient is in good health and apparently quite sound; he has had some pyorrhoea, and is subject to lumbago and sciatica. He smokes about twenty cigarettes a day. The taste is worst in the morning, and improves as the day goes on.

INCOME TAX.

J. I. H. explains that in 1918 the local inspector of taxes asked that his figures should be verified by a chartered accountant, and that it was found that the sums returned for assessment had been insufficient. The inspector now asks that the years subsequent to 1918 should be dealt with on the basis of figures prepared by a chartered accountant. Is he justified in this demand and in maintaining the assessment on a basis of a three years' average?

* * The three years' average is the statutory basis of assessment and is binding. The inspector has no legal right to require audited accounts; his statutory function extends only to the bringing of the case to the attention of the Assessing Commissioners, who may in their discretion ignore the return made by the taxpayer and make an estimated assessment in excess of that amount. In that event our correspondent would presumably lodge a notice of appeal, and the

Commissioners to whom the appeal was directed would have the right of requiring full accounts of the receipts and expenses of the practice; non-compliance with that requirement would result in confirmation of the assessment. It will be seen that there is some ultimate claim for accounts on the part of the authorities, and, as our correspondent was not at one time able to make a correct return without professional assistance, we hardly like to advise him to refuse the inspector's request. Possibly he might arrange a compromise by offering to prepare the detailed statements himself—on the lines followed by his accountant in 1918—and to show his books to the inspector if necessary.

SPIRITUALISM AND MENTAL DISEASE.

DR. GERARD SMITH (31, Greville Road, N.W.6) writes: In order to support the contention that in the pursuit of "spiritualism" persons of a certain temperament are exposed to grave dangers, I am anxious to secure evidence—especially recent evidence—of cases of mental derangement brought about in this way. I should, therefore, be glad to receive notes or short statements of such cases. I have no concern with the truth or error of "spiritualism."

LETTERS, NOTES, ETC.

PROPOSED TAXATION OF MOTOR CARS.

DR. W. BERNARD SECRETAN (Reading) writes with reference to the Government's intention to allow no rebate on the taxation of doctors' cars. Unless the profession makes its voice heard it will receive the usual official treatment meted out to those who are not too importunate or dangerous. I suggest that every medical man make a point of writing at once to his Member of Parliament, pointing out the harshness of the no-rebate proposal. Points might be made of (1) the falsity of the argument that doctors stand to gain more than the average motorist by the abolition of the petrol tax on account of their large mileage, since doctors have only paid in the past half this tax; (2) the unfairness of taxing two cars kept by one doctor, only one being used at a time, at the full rate; (3) the bad policy of a scheme which tends to hinder instead of increase the efficiency of the medical service of the country. No doubt other arguments will occur to many.

* * Accounts of the action taken by the British Medical Association have been published in the *BRITISH MEDICAL JOURNAL* during the last three weeks. An account of the proceedings at the deputation to the Ministry of Transport will be found in the Current Notes of the *SUPPLEMENT* for this week.

OPHTHALMIC OPERATIONS.

LIEUT.-COLONEL F. P. MAYNARD, M.B., F.R.C.S., I.M.S. (retired), writes: In your issue of May 1st it is stated that Grimsdale and Brewerton's *Textbook of Ophthalmic Operations* "is the only one of its kind on this special subject in our language." May I be permitted to point out that this is incorrect? In your columns for 1908 (vol. ii, p. 200) there is a review of my *Manual of Ophthalmic Operations*, a second edition of which will be published in a few weeks.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 29, 30, 33, 34, 35, 36, and 37 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 31, 32, and 33.

THE post of specialist medical referee under the Workmen's Compensation Act, 1906, for ophthalmic cases in County Court Circuit No. 6, is vacant. Applications should be made to the Private Secretary, Home Office, by May 26th.

THE following appointments of certifying factory surgeons are vacant: Ballindalloch (Banff), Cardenden (Fife), Ellesmere (Salop), Leicester, West (Leicester).

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Six lines and under	0 7 6
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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.