patients, ignoring the presence either of a tuberculous lesion or of a hereditary strain. It is well known that *post-mortem* results point to the vast majority of those who attain maturity presenting tuberculous lesions at some part. It will be interesting in course of time to note the results.

The action of the tuberculin in epilepsy as demonstrated in those cases is uncertain. It may be due to its specific effect on some tuberculous growth in the neighbourhood of the cortex. It may be that epilepsy that is tuberculous in origin is of the Jacksonian type. This drug certainly does lead to the resolution of masses and of adhesions which are palpable, and such masses or adhesions may reflexly lead to the onset of epileptoid seizures.

The tuberculin used was Burroughs, Wellcome and Co.'s B.E. and P.B.E. mixed in equal parts, and it was given in doses beginning at 0.00000001 c.cm., gradually increased to 0.4 c.cm. The injections were given at intervals of seven days to begin with, and later of fourteen days. The treatment has gone on without any intermission. General reactions have been avoided, but once or twice local reactions of a rather severe type occurred when large doses of bacillary emulsion were given. On two occasions cold abscesses formed, which had to be aspirated.

REFERENCE.

[1] *Tuberculin in Diagnosis and Treatment.* Seventh edition, p. 233. (Bandelier and Roepke.)

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SAPRAEMIC GLYCOSURIA.

I HAVE read Dr. C. G. Higginson's article on sapraemic glycosuria (February 26th, 1921, p. 296) with interest, as I have at present under my care a patient who developed glycosuria shortly after a carbuncle appeared on his neck.

My patient, a stout and previously healthy man of 64, consulted me some three weeks ago for a large boil on the nape of his neck. His urine contained no trace of sugar. In spite of topical applications the carbuncle spread rapidly, and I made a deep crucial incision throughout its extent; it continued to spread until it extended almost from ear to ear, with a breadth of some 3½ in. He was seen by a surgeon, who excised the whole of the affected tissue, leaving a large gaping wound.

Previous to the operation I volunteered the information that there was no glycosuria. Two days later the patient complained of thirst; the temperature was subnormal throughout. I again examined the urine, and found that it contained 17 grains of sugar per ounce. A diabetic regimen reduced the sugar to 4 grains per ounce in twenty-four hours, and in forty-eight hours it had completely disappeared, and has not been present since. After a period on strict diet the patient returned to ordinary diet; in spite of this he has had no further glycosuria.

Some two years ago I saw another patient with a tiny black patch on his great toe; he had 54 grains of sugar per ounce in his urine. Gangrene set in with great rapidity in spite of strict diet, and soon involved the whole foot; he also began to exhibit symptoms of impending coma. He fasted completely for four days, when the amount of sugar became reduced to 4 grains per ounce. He was then put for a time on a diet, gradually increased, of eggs and French beans, and the sugar soon disappeared. I eventually amputated his foot. He did well, and now gets about with an artificial limb. With a diet containing no sugar, but with a moderate amount of bread and one potato daily, his urine remains sugar-free, but on one occasion when he exceeded his limit of starchy food, sugar reappeared freely, to disappear again on resumption of previous restrictions.

Some years ago I had a case of carbuncle in a diabetic which, in spite of dietetic restrictions current at the time, continued to spread, the patient eventually dying of diabetic coma.

There would appear to be two types of cases—one in which the carbuncle or gangrene is the sequel to the diabetes, and the other in which the carbuncle or gangrene is the causative agent of a sapraemic glycosuria, or perhaps coincident with and due to an intermittent glycosuria.

I shall be interested later on in estimating the sugar tolerance of my present patient, but shall prefer to wait for his complete recovery. The success of the Allen treatment, as expounded by Dr. Leyton, in my case of gangrene has made me think that such treatment might be generally useful in cases of diabetic gangrene, whether the gangrene be cause or effect.

Old Hill, Staffs. THOMAS E. MITCHELL, M.B.

IN the BRITISH MEDICAL JOURNAL of February 26th Dr. Charles Gaskell Higginson finishes his paper on sapraemic glycosuria with the sentence:

"At present gangrene and carbuncle are the most striking and misleading agents in the causation of sapraemic glycosuria, but further investigation will doubtless reveal a long series of such agents differing from each other very much in the power of causing sapraemic glycosuria."

This prophecy has led me to record some observations which may throw a light upon the condition. The percentage of sugar in the blood of a healthy man six hours after food may be taken as 0.11, and although sugar may appear in the urine with this blood sugar, it is the exception rather than the rule; usually the blood sugar is above 0.18 per cent. in glycosurics. In pyrexia the blood sugar rises above the normal, and this is so well known that the appearance of glycosuria gives but little more anxiety than albuminuria in pyrexia.

Everyone who has had experience in the treatment of diabetes realizes that toxins produced by most infections modify metabolism sufficiently to lead to a return of sugar in the urine whilst the patient maintains the diet which was the optimum, and had permitted the blood sugar to fall to normal. The quantity of toxin may be small. I have seen the injection of one hundred million dead bacilli cause glycosuria in a woman who was upon a diet of only half her optimum. The reappearance of sugar in a diabetic child permitted of the correct prophecy, three days before their appearance, that she would develop the spots of chicken-pox. (The sister was convalescent from that disease.)

The sapraemia of pyorrhoea alveolaris is so common and important a factor in diabetes mellitus that extirpation of the infection has often led to the disappearance of glycosuria with but an insignificant modification in diet. The evidence upon which this is based is rather lengthy. The causes of glycosuria are so numerous that any tentative explanation offered is offered with all humility. It seems to me probable that one form of diabetes mellitus is due to a deterioration of the cells of the islands of Langerhans in the pancreas. This deterioration is sometimes due to a direct infection accompanied by a slight pyrexia for a few days. Some of the cells are destroyed, some impaired, and others left normal. The impaired cells have a reduced vitality and may be paralysed or destroyed by various toxins. Chloroform and ether often destroy them and turn a mild diabetes into a severe one. A mild toxin may lead to a temporary glycosuria from which recovery may be complete. I tend to the view that sapraemic glycosuria and glycosuria due to non-diabetic gangrene are simply two varieties of toxic glycosuria.

London, W. O. LEYTON, M.D., D.Sc., F.R.C.P.

NORMAL DELIVERY AFTER TRAUMATIC RUPTURE OF UTERUS.

IN view of the interest aroused by the discussion at the Royal Society of Medicine, in May of last year, on spontaneous rupture of the uterus during labour, following Caesarean section, I think the following case, unique I believe, will be of interest.

A married woman, aged 22, five months pregnant, fell from a railway platform on to the rails, rupturing the uterus. I examined her two, seven, and eleven hours after the accident, and the uterus appeared normal. As at the last examination she showed symptoms of internal haemorrhage, I diagnosed concealed haemorrhage, and, turning her on to the left lateral position, tried to rupture the membranes. As I was unsuccessful in this, I got Dr. Gordon Ley to see the case. He saw her fifteen hours after the accident, and decided to open the abdomen. When this was done, he found the uterus ruptured on its anterior surface for about 9 inches, and the foetus and membranes lying in the abdominal cavity. I believe the foetus had slipped out of the uterus, when I put the patient into the left lateral position, eleven hours after the accident. The foetus, placenta and membranes were removed, the uterus stitched up with two layers of No. 3 chromicized catgut, the abdominal cavity swabbed out, and the abdomen closed. Nineteen months later the patient became pregnant and was delivered after a normal labour at full time. The placenta was somewhat adherent

and she had fairly severe haemorrhage after its removal. This was controlled by an injection of pituitary. Otherwise the puerperium was normal.

I believe this is the first case of normal labour following traumatic rupture of the uterus to be reported.

Woking. R. THORNE THORNE.

Reports of Societies.

CONGENITAL SYPHILIS.

THE discussion on congenital syphilis which was opened on February 25th in the Section for the Study of Disease in Children of the Royal Society of Medicine (BRITISH MEDICAL JOURNAL, March 5th, p. 342), was concluded at a further meeting on March 16th.

Dr. H. MORLEY FLETCHER remarked that in his experience of the last twenty-five years in London congenital syphilis appeared to have undergone considerable modification. The number of infants with frank manifestations of syphilis, such as skin eruptions and condylomata, was much less than it used to be, although this did not imply a diminution in case-frequency, only a change in type. He had not seen a single instance in which a positive Wassermann reaction had followed a provocative injection in a child, nor had he met a case with a positive reaction in the cerebro-spinal fluid in a child when the blood reaction was not also positive. In syphilitic children, especially during the first few years of life, the resistance to infection generally was lowered. The association of congenital syphilis with tuberculosis was not sufficiently appreciated. Lymphadenitis was the form of tuberculous disease he had seen most frequently in syphilitic children. In tuberculous cases in which there was any family history of syphilis, or in which any stigmata were present, the Wassermann test should be done. One of the most striking features of syphilis was the widespread nature of the lesions it caused. He dealt in particular with the morbid changes in syphilitic kidney, which in the stillborn foetus showed evidence of arrested development, and there was similar evidence in the infant, together with the beginning of sclerosis, which became more diffuse as the age advanced. Syphilis should always be borne in mind in cases of renal disease in children. He believed that larger doses of mercury, of which children were tolerant, should be given.

Dr. JOHN ADAMS gave some further particulars of his work in the clinic at Thavies Inn, to which many references have been made in this JOURNAL. During the last year, of the 37 pregnant women admitted with syphilis and treated, all gave birth to living children, 36 of whom showed a negative Wassermann reaction and one a positive. The treatment of congenital syphilis in older children was very unsatisfactory, but ante-natal and post-natal treatment was most encouraging. He had not seen a case of secondary syphilis in a child during the last two years in the clinic over which he presided, and if there were no manifestations of syphilis within the first twelve months one might be confident that there would be none afterwards. When a woman of seven months' pregnancy contracted syphilis, the child appeared to be born healthy without ante-natal treatment, and to remain negative to the Wassermann test, doubtless owing, as Dr. Amand Routh had suggested, to some ferment in the placenta which had the power of intercepting and destroying the syphilitic virus. Dr. Adams urged that lying-in centres should be established in every large town, with medical officers specially appointed to look after them.

Dr. R. C. JEWESBURY gave an account of the clinic at St. Thomas's Hospital, which was started rather more than a year ago for the treatment of children suffering from congenital syphilis. He reproduced a number of family histories, including the regular type—that is, a number of miscarriages followed by live births, and ultimately, perhaps, by the birth of healthy children—and the irregular types, which followed no such progress. These two types were about equal in frequency. In a number of cases—about 10 per cent. of those investigated—in which the mother was syphilitic before the birth of the child, the child was born apparently healthy and continued without the appearance of any signs which called for attention until perhaps the tenth year or later, when symptoms—chiefly mental, such as dullness—developed; these cases were the hardest of all to treat. The total number of cases treated in the year was 145. The mothers of all these children were known to be syphilitic, but in 9 cases the infection occurred after the birth of the child, so that the syphilis in the child was acquired. Only 47 of the mothers had had any treatment before or during pregnancy, and in only 39 of these cases was this treatment at all systematic. The results were as follows:

	Mothers Untreated.	Mothers Treated.
Cases investigated	77	39
Total pregnancies	322	53
Miscarriages or stillbirths	97	1
Infants died	73	6
Children still alive at time of investigation...	152	46
Mortality of children born alive...	32.4%	11.5%

Mr. J. E. R. MCDONAGH said that at the Lock Hospital it had been found that if a woman had contracted syphilis up to the fifth month of pregnancy the chances were that the child would be born syphilitic; if in the sixth or seventh month, the chances were about equally divided; and if in the eighth or ninth month, the chances were that the child would be born not syphilitic. Many of the children in this last category, however, acquired syphilis after birth as a result of suckling, and he thought it well to assume that every child of a syphilitic mother was syphilitic. He did not look forward hopefully to the results of subsequent pregnancies in the case of women who had been treated during one pregnancy. Once a woman was syphilitic, the chances were, however much treatment she might receive, that she would be syphilitic in subsequent pregnancies.

Mr. H. NEAME gave some particulars of the results of the treatment of interstitial keratitis with arsenic in addition to ordinary mercury. He spoke on the basis of 24 cases carefully tested at the London Hospital. It was doubtful whether, if a patient came up for treatment before both eyes were affected, the treatment could prevent the infection of the second eye. In five of his cases the second eye became infected after treatment. He thought it reasonable to assume that arsenical preparations, if given in large doses, could prevent complications such as choroido-retinitis, seeing that the choroid was a vascular structure. His doses were generally 50 per cent. above the recognized doses for the size and weight of the child. He believed that when the interstitial keratitis was actually established the treatment was of benefit in improving the visual acuity in a very large proportion of cases, and he was sure that prophylactic treatment would be of much benefit in preventing interstitial keratitis.

Mr. A. T. PITTS, discussing the teeth in congenital syphilis, mentioned that out of some thousands of cases he had never seen Hutchinson's teeth in the milk dentition, though cases had been recorded, and there was no reason why, if the infection began early enough in the foetus, these should not occur. He suggested *a priori* that syphilis should be regarded as one of the causes of hyperplasia of the milk teeth, and any well-marked cases should arouse suspicion sufficient to warrant further investigation.

Dr. RONALD CARTER, who spoke from the general practitioner's point of view, said that there was a good deal of nervousness and jumpiness with regard to congenital syphilis. His own strong impression, from twenty-five years of general practice, was that congenital syphilis was comparatively rare, but the statistics lately given by Dr. Helen Campbell of Bradford caused some amazement and misgiving. He did not think that such statistics should be accepted unquestioningly.

Dr. F. LANGMEAD, the President of the Section, in reviewing the discussion, said that its most important feature was the general consensus of opinion as to the extreme value of the treatment of pregnant syphilitic women.

Sir HUMPHRY ROLLESTON, in replying, said that the change in the type of congenital syphilis, to which Dr. Morley Fletcher had drawn attention, was possibly due to some alteration in the strain of the spirochaete, which, instead of being attracted towards the skin, sought the viscera and nervous system. One interesting fact brought

blemishes to political and geographical prejudice he is right, but in ascribing these prejudices to me he is wrong. As stated in the preface, the book was written during 1914–15 in a warship. This ship was cruising between Sierra Leone and the mouth of the Amazon, and in that part of the South Atlantic Ocean there are no reference libraries, this being a deplorable fact for which I am in no way responsible. Had there been access to a library I would have quoted in certain instances the original German authorities. On the other hand, the book makes no pretence to be a compilation of the writings of others, and as there are only fifty-five references in a work of over 100,000 words, the proportion of Scotsmen quoted should cause no undue anxiety.—I am, etc.,

London, S.W., March 19th. HALLIDAY SUTHERLAND.

IRRITABLE BLADDER.

SIR,—Many learned and interesting papers have appeared lately on retention of urine arising from prostatic hypertrophy with residual urine. But for every one such case that a practitioner is consulted about, there are at least twenty who ask his advice on irritable bladder where there is no question of residual urine, only a feeling that when the desire comes to micturate the patient must at once do so or wet himself, and then he passes about six ounces only. These cases are most troublesome at night, and afflict most men of over 60 or 65. Women are not exempt, as most old ladies say they have to get up at night two or three times. Cold, various beverages, such as tea and coffee, alcohol in all forms, but especially spirits, increase the discomfort. In the majority of cases I cannot find anything in the urine to account for the trouble.

I can find no help in treatment from the published textbooks; in fact, I cannot see anything new stated from what was taught half a century ago; therefore I appeal to specialists and fellow practitioners to aid me if they can.

I do not think the prostate has much to do with the trouble, otherwise why should females suffer? I inquired last week of an old patient who had had the prostate removed about ten years ago—a very successful operation, in so far that he can urinate freely and retain the urine about four hours in the daytime; but he informs me he has to get up to pass water two or three times a night.—I am, etc.,

London, S.W., March 20th. JAMES HAMILTON, M.B.

ANGIO-NEUROTIC OEDEMA.

SIR,—I have read with great interest Dr. Truman's communication on angio-neurotic oedema, published in the BRITISH MEDICAL JOURNAL of January 15th, 1921.

In the JOURNAL of April 3rd, 1915, to which Dr. Truman refers, I gave notes of two cases of the disease, in one of which I was the sufferer. I have not been able to follow up the other case, as the patient left British Honduras for England soon after my article was published. I have, however, heard that he suffered from repeated attacks of the complaint, and that he was strongly advised by the doctors in England not to return to the colony. He subsequently died in England, but I have not been able to ascertain the cause of his death.

My own case, which was a very severe and typical attack, I have no doubt whatsoever was brought about by several factors, all acting together and at the same time. For two weeks I was camping in the forest exposed to rain and sun, with insufficient and poor food, and subjected to innumerable bites from mosquitos, ticks, sand-flies, and a species of the Tabanidae family, whose bite was particularly bad, producing great local inflammatory swelling and oedema. The climax, however, was reached in my return journey when I passed a night in a "bush" house. Here I was at the mercy of thousands of bed-bugs, and these pests attacked me so fiercely and in such numbers that sleep was absolutely out of the question. A few days after my return to comfort and civilization I experienced my first and only attack of angio-neurotic oedema.

I most sincerely hope that Dr. Truman may be mistaken in his view that the disease always returns. My one and only attack was in the year 1913, and up to the present time I have been free. The disease is uncommon in the colony, and I have seen no other cases.—I am, etc.,

F. L. DAVIS, M.R.C.S.

Corozal, British Honduras, February 18th.

SPINA BIFIDA.

SIR,—Mr. Cokkinis, in your issue of March 12th, records an unusual case of myelocele, and in the concluding paragraph of his communication states that an exceptionally busy practitioner has had but two cases of spina bifida in thirty years.

In these circumstances it may be of interest to record that between November 19th, 1919, and February 25th, 1921, I have had 4 cases of spina bifida occurring in about 100 midwifery cases; 3 of them were born dead, the other lived for two months.—I am, etc.,

R. P. SMALLWOOD, M.B., B.Ch.Cantab.

Little Waltham, Chelmsford, March 14th.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Radcliffe Travelling Fellowship.—The Master and Fellows of University College announce that the Radcliffe Trustees have elected Tom Sydney Nelson, M.A., B.M., University College, to a Radcliffe Travelling Fellowship of £200 for three years.

Radcliffe Prize.—The Master and Fellows of University College have awarded a Radcliffe Prize of £50 to Edward Palmer Poulton, M.A., D.M., F.R.C.P., Balliol College, for his researches in Physiology and Pathology.

UNIVERSITY OF CAMBRIDGE.

THE degree of Doctor of Laws *honoris causa* will be conferred upon H.R.H. the Prince of Wales on May 31st.

The election to the Sir William Dunn Professorship of Biochemistry will be held on April 19th.

The General Board of Studies has recommended the appointment for five years of a University Lecturer in Physics as applied to Medical Radiology in connexion with the Special Board for Medicine.

At a congregation held on March 11th the following medical degrees were conferred:

M.D.—Geoffrey Evans, R. R. Walker.
M.B., B.CH.—E. P. Brockman.
M.B.—R. K. Merson.

Applications for the John Lucas Walker Studentship in Pathology must reach the Professor of Pathology, at the Pathological Laboratory, before April 5th.

UNIVERSITY OF LONDON.

The University of London Physiological Laboratory.

As announced last week, the Senate has reconsidered its decision of December 15th last to close the Physiological Laboratory of the University at the end of July. At the meeting of March 16th a resolution was adopted to continue the laboratory until the end of the current triennium—that is to say, until the end of 1923.

At a meeting on March 15th the Faculty of Medicine adopted two resolutions: the first stated the Faculty's opinion that the closure of the Physiological Laboratory, South Kensington, would be a grave injury to the advancement of science, and the second affirmed that it was highly desirable to continue the work of the Physiological Laboratory in its present situation on its pre-war condition until at least equivalent facilities can be provided elsewhere, as forming a valuable part of the work of the University.

QUEEN'S UNIVERSITY, BELFAST.

AT the graduation ceremony held on March 19th the following degrees were conferred:

M.D.—J. Donnelly, F. Hopkins.
M.B., B.CH., B.A.O.—*J. A. Smyth, †Eileen O. Bartley, †S. A. Thompson, J. Black, S. M. Bolton, J. W. Bradbury, Henrietta Bradshaw, P. P. Connolly, M. Emery, J. English, J. Gaussen, E. M. Hadden, H. Harris, S. M. Kirk, D. Loughridge, R. J. McMullan, B. McNeill, A. McSparran, E. C. Patterson, J. Patton, J. D. Reynolds, W. J. Simpson, A. C. Sinclair, Kathleen R. Snodgrass, J. Young.
D.P.H.—J. M. Clearkin, J. H. Davison, J. W. Kernohan, Olga R. I. Love, J. A. Martin, G. Patton, W. Saunderson, R. L. Sinclair, S. J. Stewart.

* First-class honours. † Second-class honours.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Nominations for Councillors.

MONDAY, March 21st, was the last day on which the names of candidates for the elections for members of Council on July 7th were to be received. No fewer than eleven nominations have been received. Of the four retiring candidates, Sir George Makins and Mr. Ernest Lane will not seek re-election. On the other hand, Mr. Waring, of St. Bartholomew's Hospital, Fellow 1891, Member 1890, and Mr. F. F. Burghard, C.B.,

Fellow 1889, Member 1886, will once more offer their services to the Council. The new applicants are: Mr. W. Thelwall Thomas, M.B.E., of Liverpool, Fellow 1890, Member 1886; Mr. A. H. Cheatle of King's College Hospital, Fellow 1892, Member 1888; Mr. J. H. Fisher, St. Thomas's, Fellow 1893, Member 1891; Mr. W. Turner, Westminster, Fellow 1895, Member 1893; Mr. C. H. Fagge, Guy's, Fellow 1898, Member 1896; Dr. Victor Bonney, Middlesex, Fellow 1899, Member 1895; Mr. L. Bathe Rawling, St. Bartholomew's, Fellow 1900, Member 1896; Mr. Donald J. Armour, C.M.G., West London Hospital, Fellow 1900, Member 1897; and Mr. Russell Howard, C.B.E., London Hospital, Member and Fellow in 1903.

Obituary.

WILLIAM IRONSIDE BRUCE, M.D.ABERD.,

Physician in Charge of the X-Ray Departments, Charing Cross Hospital and the Hospital for Sick Children.

WE regret to announce that Dr. William Ironside Bruce died at his residence in London on Monday, March 21st, after a severe and distressing illness of about two months' duration. His early death has cut short a career of good service and much usefulness, and his loss will be greatly felt by many members of the medical profession, and is especially lamented by Charing Cross Hospital and its Medical School.

William Ironside Bruce was the second son of the late Dr. William Bruce of Dingwall, and a nephew of Dr. J. Mitchell Bruce, Consulting Physician to Charing Cross Hospital. His mother, who survives, was a Miss Ironside, so that he was a cousin of Major-General Sir W. E. Ironside, now on service in Mesopotamia. His family had its origin in the upland Aberdeenshire parish of Keig, in the valley of the Don, which remained remote from outside influences till comparatively recently. The lads of promise passed from the parish schools of the district to the grammar schools in Aberdeen and to the University, and it is along this well-beaten road that men with names such as Bruce, Ironside, and Robertson Nicoll have proceeded to take their place in the nation's roll of honour.

William Ironside Bruce was born at Dingwall, and was educated at various schools in the north-east of Scotland. Entering the University of Aberdeen he obtained the degrees of M.B. and Ch.B. in 1900, and then he took service as civil surgeon in the South African Field Force. During his period of service he suffered from enteric fever, the consequences of which affected his health for some time. While in South Africa he took much interest in the early application of *x* rays for the diagnosis of war injuries. On his return to this country he obtained the diploma of Public Health, and proceeded to the degree of M.D. of his university. Shortly afterwards it became necessary to appoint an assistant to the late Sir J. Mackenzie Davidson at Charing Cross Hospital, and Ironside Bruce was selected for this post. He remained in the service of Charing Cross Hospital to the time of his death, and gradually built up an exceedingly complete and efficient *x*-ray department in the hospital.

Ironside Bruce was intensely interested in his work, in the scientific developments of his subject, and especially in its practical application to the diagnosis and treatment of disease. The whole of his later work was built on a good foundation, as is evidenced by the publication in the early part of his career of his *System of Radiography with Atlas of the Normal.* He was a good teacher, and many now engaged in the practice of radiography owe much to his instruction. Perhaps Ironside Bruce's strongest point was his desire to be of service to his professional brethren in their practice. With a very complete knowledge of his subject he had a sound and increasing acquaintance with general medicine and surgery. Anyone who had the opportunity of consulting him, either in hospital or in private practice, gained not only such knowledge as was possible by radiographic means but much sound information both as to diagnosis and treatment. In this peculiar relationship Bruce's work was of the greatest value to all his friends. In process of time he became President of the Section of Radiology in the Royal Society of Medicine, and took much interest in the establishment of the special diploma in this subject, now given by the University of Cambridge. It is only a fortnight ago that we announced his appointment to be President of the Section of Radiology and Electro-therapeutics at the forthcoming Annual Meeting of the British Medical Association at Newcastle.

For some months his colleagues had been unhappy as to the condition of his health, but his energy would not be restrained. At the beginning of the year, however, he was persuaded to stop work and take a prolonged holiday. Shortly it was found that his illness was serious. Blood examination established the diagnosis of the severest type of aplastic anaemia, and from this disease he died. The evidence now accumulating that this condition can be caused by the effects produced on the blood-forming structures of the body by the more penetrating radiations both from *x*-ray tubes and from radium renders it almost certain that he succumbed as the result of his continuous and enthusiastic work in the subject of his choice.

THE LATE CAPTAIN E. R. ARMSTRONG.—Major-General Sir Patrick Hehir, I.M.S. (ret.), writes: I should deem it a privilege to be allowed to add a few remarks to those made in the issue of the BRITISH MEDICAL JOURNAL of March 19th, 1921, regarding the late Captain Edward Randolph Armstrong, I.M.S., whose untimely death has deprived the Indian Medical Service of one of its most brilliant and capable officers. I knew him chiefly at Army Headquarters in India, where he was attached to the D.M.S.'s office, and did most excellent work during the war. He was very loyal to his friends and those with whom he was officially connected. He had a lovable disposition, and I personally greatly enjoyed and benefited by his friendship. It was a source of pleasure to him to be of service to others. He was very hard working, and got through an extraordinary amount of work with exceptional ease. Nothing seemed to deprive him of his calm, quiet, and unruffled demeanour; he appeared to grasp intuitively the main points of any subject he was dealing with; one looked upon his power of penetration as a remarkable gift, and found him a quick and sound thinker and rapid worker. I was principally brought into contact with him in sanitary matters, and found that he had a natural talent to get down to the first principles of questions arising and apply the remedy. He was a good mathematician. One expected him to go far, but there was always doubt as to his being able to stand the strain of the high pressure at which he worked. One of his greatest griefs was that his state of health precluded his selection for field service during the great war.

Medical News.

AT the meeting of the Section of Tropical Diseases and Parasitology of the Royal Society of Medicine on Monday, April 4th, at 8.30 p.m., papers on malaria will be read by Dr. W. Broughton-Alcock and Dr. H. C. Lucey.

THE Tuberculosis Society proposes to arrange a post-graduate course in Paris towards the end of May if a sufficient number of applications are received by Dr. W. G. Dickenson, 1, Ridley Villas, Newcastle-on-Tyne.

A SERIES of meetings for graduates, with demonstration of cases, will be held by Dr. Dingwall Fordyce in Ward 4, the Royal Liverpool Children's Hospital, Myrtle Street, at 10 a.m. on the following Saturdays: April 2nd, baby feeding and the prevention of disease; May 7th, indigestion in infancy, the wasting baby; June 4th, diet of older children, indigestion; July 2nd, dietetic treatment in illness.

AT the meeting of the Harveian Society held at the Paddington Town Hall on March 17th the Harveian Lecture was delivered by Dr. Leonard Williams on "The thymus gland in everyday life." At the close of the lecture a vote of thanks was proposed by Dr. Willcox and seconded by Dr. Wilson.

A VERY successful reunion dinner of No. 14 General Hospital, B.E.F. (Wimereux), was held on March 16th at the V.A.D. Ladies' Club, 28, Cavendish Square. Lieut.-General Sir John Goodwin, D.G.A.M.S., a former commanding officer of the hospital, was in the chair, and proposed the only toast, "Absent Friends." Apologies for absence were read from Colonel R. J. C. Thompson, Major Colin Mackenzie, and others, and a message was sent from the reunion to Miss Fox, matron during the greater part of the hospital's existence, who was now abroad. Among those present at the large gathering were Miss Barrett, R.R.C., Miss Morris, R.R.C., and other former nursing sisters; Lady Elizabeth Keppel, the Hon. Cecilia Lawley, Miss Sloggett, and many other former members of

the V.A.D. detachment; and Lord Dawson of Penn, Colonel A. Webb-Johnson, Colonel Francis Steward, Major Hugh Thursfield, Captain Sir Joseph Skevington, Captain Ridley Mackenzie, and other former medical officers.

THE twenty-fifth anniversary of the day on which Professor Röntgen made his first communication on the discovery of *x* rays to the Würzburg Medical Society was recently celebrated at the Physical Institute of Würzburg University.

THE personal estate in the United Kingdom of Lieut.-General Sir William Babtie, V.C., K.C.B., K.C.M.G., was £6,807.

TWO supplementary volumes of Keen's *Surgery*, which have been in preparation since the armistice, will shortly be published by Messrs. W. B. Saunders. The first six volumes recorded the progress of surgery down to 1913; the two new volumes bring it down to 1921.

THE annual meeting of the Société française d'oto-rhino-laryngologie will be held in Paris at the Hôtel des Sciences Savantes, 8, Rue Danton, on May 9th, 1921.

THE International Congress on the History of Medicine will be held in Paris at the Faculty of Medicine from July 1st to 5th, 1921. In connexion with the Congress, a historical exhibition is being organized. Communications should be addressed to the Secretary, Dr. Laignel-Lavastine, 10, Place de Laborde, Paris.

IN January 7 cases of rabies occurred in Holland—6 in the province of Groningen and 1 in the province of Drenthe.

THE fifth Sicilian Medical Congress, consisting of three sections devoted to medicine, surgery, and professional interests respectively, will be held next month at Palermo.

THE forty-fifth meeting of the German Society of Surgery will be held in the Langenbeck-Virchow House, Berlin, from March 30th to April 2nd.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL *must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.*

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, *Aitiology, Westrand, London*; telephone, 2630, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*: telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

"J. T." asks for light on the nature of the aches commonly called rheumatism, chronic rheumatism, or muscular rheumatism, and often associated with a coming change in the weather.

PROLONGED ADMINISTRATION OF ARSENIC.

"L. H." asks whether there is any rule guiding the long administration of arsenic. Could the drug be safely given fairly regularly over a period of three years in a case of psoriasis, which it greatly benefits?

INCOME-TAX.

"N. R. W.," who contemplates retiring to England from the Colonies, inquires what tax he would pay on "a private income of over £2,000"?

*** Our correspondent would pay as income tax nothing on £135 (or on £225 if married), 3s. on £225 and 6s. on the remainder—less appreciable allowances for children under 16 years of age and for payment of life assurance premiums. He would also be liable to pay supertax at 1s. 6d. in the £ on the excess of his income over £2,000.

"G. P." intends to relinquish his practice, owing to illness and to commence a small consulting practice in the neighbourhood. He asks, "If the expenses exceeded the gross earnings, could the loss be set against the private income?"

*** Yes; but if that is done the amount of the loss cannot be carried forward as a minus quantity for the average of future years. We may add that "G. P." might anticipate some difficulty with the authorities over his expenses—for example, the total cost of car and chauffeur might be objected to if infrequently used for the practice.

"ANOTHER R.M.O." receives "a salary of £350 *plus* £150 in lieu of board and lodging." He asks if the £150 is assessable.

*** Yes—as our correspondent does not receive "in kind" but in cash. The principle is that something received for services rendered is assessable if it is money or something capable of being converted into money.

"A. K." pays interest on a bank overdraft. He asks whether he can deduct the amount in arriving at his total income.

*** In our opinion, yes, provided of course that the amount has not been treated as a professional expense, in which case the deduction has already been effected in that the amount assessable has been reduced. Perhaps our correspondent can induce the inspector of taxes to quote the precise section of the 1920-21 Finance Act on which he relies for support in refusing the claim; we cannot identify it.

LETTERS, NOTES, ETC.

ADRENALINE IN RESUSCITATION.

DR. A. E. YOUNG (Kuruman, Bechuanaland) writes: I read with interest Mr. J. P. Lockhart-Mummery's note in your issue of January 15th, p. 100, on adrenaline in resuscitation. It has left me rather confused, as I have been taught that adrenaline with chloroform forms a poisonous compound which is liable to cause—and has caused—fatalities, and that its use during or just after chloroform anaesthesia is contra-indicated. I should be glad to learn from any of your readers whether the facts are as I have stated, or that I am under a misapprehension.

A THREE-WHEELED RUNABOUT.

THE Cambro monocar is a runabout produced by the Central Aircraft Company (60, Chancery Lane, W.C.2) with a view to combining the comfort and protection from weather of a three-wheeled car with the simplicity and economy of a motor tricycle. The body is something of the nature of a large side-car, with a hood and a small glass screen. Behind the body and above the driving wheel is a 2 h.p. horizontal engine with twin opposed cylinders. The transmission is direct from the engine through a counter-shaft to the back wheel by chains. The engine is started by means of a foot lever. The system of springing used on the machine is new, rubber cords as in aeroplanes being utilized for absorbing road shocks. Several of these monocars are stated to have travelled over 6,000 miles; it is said that they will average sixteen miles an hour, can do twenty-six when required, will climb any ordinary hill, and will run 100 miles on a gallon of petrol. It would seem that the Cambro monocar, like a motor scooter, might prove useful as an additional mode of locomotion in some rural and suburban practices. It is as cheap as a motor cycle, and affords a great deal more protection from weather.

VACANCIES.

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