

ample proportion and should be treated with the same respect as a bone graft; secondly, when used as a new ligament, the greatest care should be taken to imitate the anatomical attachments of its predecessor; and thirdly, that when used as a ligament, tendon, or to reinforce parietes, there should be no "slack" after suture is completed.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

INCUBATION PERIOD OF SCARLET FEVER.

In view of the fact that in accordance with "A Code of Rules for the Prevention of Infectious and Contagious Diseases in Schools," issued by the Medical Officers of Schools' Association, the incubation period of scarlet fever is given as "one to eight days, usually three to five days," I think, perhaps, the following instances in which the incubation period appears to have been ten days or more may be of interest. It may, of course, be said that they do not prove anything conclusively, but anyway they are in favour of the incubation period being longer than it is usually supposed to be.

1. Two children (M. and P.) travelled to a seaside convalescent home from London on February 9th with two other children who had recently been under treatment for scarlet fever. M. was taken ill with the disease on February 19th, and P. on February 24th. No other cases in the home on arrival.

2. Two children (T. and B.) travelled to a seaside convalescent home from London on February 2nd with a child who had recently recovered from scarlet fever. T. was taken ill on February 23rd, and B. on March 1st. Possible infection in the home.

3. Two children returned from their home to a private boarding school. The next day notice was received that a sister at home, with whom they had been in contact, had developed scarlet fever. The two children were immediately isolated, and developed scarlet fever, one nine days and the other ten days after returning to school.

4. A child was admitted to a private boarding school, and developed scarlet fever exactly ten days afterwards. So far as could be ascertained, there were no other cases in the school or neighbourhood.

5. In a convalescent home four cases of scarlet fever occurred under the following circumstances: F. C. arrived on January 27th, was taken ill on February 26th; E. D. arrived on February 3rd, was taken ill on February 22nd; F. C., an inmate, developed scarlet fever on February 26th; M. W. arrived on February 6th and was taken ill on March 12th.

6. In a convalescent home two children were taken ill with scarlet fever on July 31st; they arrived at the home, where there had been no other cases, on July 23rd; another child arrived on August 13th and was taken ill on August 22nd.

Broadstairs.

A. M. WATTS, M.D.

MEASLES, INTUSSUSCEPTION, AND APPENDIC-ECTOMY IN A BABY SEVEN MONTHS OLD.

A boy aged 7 months, breast-fed, was admitted into the Dorset County Hospital on November 29th, 1919. He had measles, but up to the previous day he had otherwise seemed well. On the 29th he passed a healthy motion early in the morning, and about 11 a.m. he seemed to be in pain. He vomited his feed at 1 p.m., and passed a green motion. He refused the breast during the remainder of the day, and had spasms of screaming and retching. At 7 p.m. he passed a blood-stained motion with mucus. Shortly afterwards he was admitted to the hospital.

On admission the patient was a well nourished child thickly covered with the rash of measles. A hard mass could readily be felt to the left of the umbilicus. Under an anaesthetic an incision 2 inches long was made over the swelling. A finger could follow the swelling towards the left iliac fossa, and after a little manipulation that portion of the descending colon containing the apex of the intussusception was delivered into the wound, and by gentle pressure below its lowest point the intussusception was reduced with surprising ease. As each portion of the bowel involved was dealt with it was returned into the abdominal cavity until the ileo-caecal valve was reached. The appendix, abnormally long, was for half its distal portion very dark in appearance—almost gangrenous—this apparently being due to its blood supply having been cut off. The appendix was removed. The caecum and ileo-caecal valve felt very thick and oedematous, and the peritoneal coat of the former was roughened. The child stood the operation well; there was no vomiting subsequent to the operation. He took his feeds well; these were restricted at first in amount and frequency. A small greenish stool was passed eight hours after the operation, and faecal matter began to appear in the stools in twelve hours.

The temperature, which was raised on admission, dropped to normal in a few days, and the wound healed by first intention. It was fortunate that the caecum and appendix could be pulled into a wound to the left of the umbilicus.

The combination of measles, appendicectomy, and a successful operation for intussusception of such a long portion of the bowel, in a child of 7 months, makes the case perhaps worthy of record. I have seen the boy a short time ago, and he has been in perfect health since his operation.

B. W. GOWRING, M.D., M.R.C.S.,
Honorary Surgeon, Dorset County Hospital.

THE SARCOPTIC MANGE OF THE DOG IN MAN.

The lecture recently given by Professor Hobday before the combined meeting of the Royal Society of Medicine and the Central Veterinary Medical Society on the contagiousness of certain diseases of animals to man, recalls to my mind an instance five years ago when a pug dog, the subject of sarcoptic mange, transmitted the disease to a family of six people.

The little animal was a great pet, and became very badly infected before any treatment was adopted, the extent and nature of the disease not being realized. The dog used to lie against the people's legs in front of the fire, often for half an hour or more at a time, pressing himself against them, and each developed the infection, which was in the form of an extremely irritable rash, not unlike lichen planus in appearance. It lasted for about six or eight weeks, and did not disappear until after the skin disease on the dog had been taken in hand, treated and cured.

I am pleased to see that attention has been drawn in a medical gathering to the subject of the contagiousness of certain animal diseases to man, as I am quite sure that its importance ought to be more fully realized and lectured upon in the curriculum of the student.

W. H. COATES, M.B., M.R.C.S., L.R.C.P.,
M.O.H. Patrington, East Yorks.

Reports of Societies.

PUERPERAL SALPINGO-PERITONITIS.

At a meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine, on March 3rd, with the President, Professor HENRY BRIGGS, in the chair, Dr. ALECK W. BOURNE read a paper on "Acute puerperal salpingo-peritonitis." He justified his modification of the name of a common disease as it emphasized the fact that the condition was entirely different from acute non-puerperal salpingitis in morbid anatomy, physical signs, and treatment. The morbid anatomy was largely determined by the anatomical position of the involuting tube and uterus at the time when the inflammation occurred; suppuration thus tended to be primarily extra-pelvic and abdominal, causing abscesses above the brim of the pelvis. Further points were the early obliteration by adhesions of the pouch of Douglas, secondary ovarian infection, secondary cellulitis of the upper portion of the broad ligament, and the arrest of uterine involution so long as infection was unrelieved. The cause of puerperal salpingitis was, he stated, an organism (streptococcus in three of the tubes examined) which either ascended from the uterus, probably the commonest mode of infection, or which had existed dormant in the tube from pregnancy, as proved by a case of salpingitis following Caesarean hysterectomy where the tubes were absolutely normal, or which provoked an exacerbation of a pre-existing salpingitis during the puerperium. The symptoms were those usually found in acute peritonitis of the lower abdomen, and were not particularly noteworthy. The chief points were that the temperature and pulse tended to be high, more so, for instance, than in acute appendicitis; the lochia was usually unaltered; and retention of urine or painful micturition might denote an extensive secondary cellulitis. The physical signs required careful examination. On examination of the abdomen the initial tenderness was at a point just below and external to the umbilicus; the fundus uteri was at first median and rose about two inches above the

THE LATE DR. W. IRONSDALE BRUCE.

AN old friend and colleague sends an appreciation of Dr. Ironside Bruce, of whom an obituary notice appeared in our last issue: When many years ago the writer first met Ironside Bruce it was as his chief clinical assistant at Charing Cross Hospital. At that time the picture was that of a young man remarkable for his quickness of action and manner, with rapid and incisive speech, and with just a piquant flavour of Scotland on his tongue. Endowed with marvellous energy, he was wonderfully patient with others and kind and considerate to his subordinates. To his clinical assistants Bruce was invariably helpful, always at their back, yet urging them on to work out things for themselves, and this, not from any inclination to shirk work, but because he appreciated the fact that the only way to teach people was to let them find their own legs. The wealth of Bruce's knowledge in his own sphere of work was shown in the excellence of his lectures and demonstrations to men who were working for the diploma in medical radiology of Cambridge University. On the subject of the necessity for comprehensive teaching of the radiologists of the future, there was no greater enthusiast than Bruce; only a week ago the writer received a message from him that he hoped he might be able to give some lectures in the ensuing term. How far the strenuous work done by Ironside Bruce during the war helped to lower his vitality the writer can only surmise; he does, however, know that from the enormous x-ray department of the King George (Military) Hospital, with but short and infrequent rests, Bruce was never absent on one of his appointed days. To the writer Bruce has never appeared to have been quite the same man since that time of terrible stress. Ironside Bruce was a clever man, a man of shrewd judgement, and withal a man of the most winning personality. Had he been spared there is no knowing what valuable records he might have left behind him. The stress of busy practice left him no time to give to the world what he could have given, and what, as he told the writer, he hoped to give. That he died a martyr to the science he loved is a truism; that a life so full of great possibilities should have been sacrificed is nothing short of a calamity. It is for us to do what we can to lessen, if possible, this sacrifice of life among x-ray workers.

The following message from His Majesty has been received by the Earl of Lonsdale, Treasurer of Charing Cross Hospital: "The King has learnt with much regret of the tragic death of Dr. Ironside Bruce, radiologist to the Charing Cross Hospital, and I am commanded to convey to you and the hospital staff His Majesty's sincere sympathy in the loss of so brilliant a physician, who sacrificed his life in the cause of science and humanity."

The post-graduates attending the courses in radiology for the Cambridge diploma at the Fellowship of Medicine and Post-Graduate Medical Association adopted, on March 23rd, a resolution expressing their sympathy with the widow, and putting on record their admiration of Dr. Ironside Bruce, "whose genial good-nature, ability as a teacher, and self-sacrificing devotion to his work endeared him to all with whom he came in contact."

THE death is announced of Mr. C. A. NANJAPA, I.M.S. Colonel J. Smyth, I.M.S., retired, formerly senior surgeon and sanitary commissioner, Mysore, writes:

C. A. Nanjapa, I.M.S., *M.R.C.S., L.R.C.P., senior surgeon to the government of His Highness the Maharaja of Mysore, passed away on February 19th, 1921. He had just been promoted to the highest position in His Highness's medical service, yet a young man full of zeal and energy and high determination in regard to the duties that now devolved upon him. He spent a week with us here last year. He was obviously then much out of health, and was full of appreciation of the kindness of the profession in London to him in connexion with his disability. The loss of his only son and child on the way to England was a severe blow to both parents. And now the end has come. Of a very bright optimistic disposition, yet never anxious to appear much in public, he seldom published his work. It sufficed for him that he did his work conscientiously and well. In the hospital his cheery hearty manner contributed much to the contentment and comfort of the patients. He did not grow rich; to have a competence sufficed him. A gentleman in all respects, he left good impressions wherever he went. Educated in Madras, London and New York, and specializing in electro-therapeutics, his knowledge of men was as wide as his knowledge of medicine. He was absolutely free from suspicion or mistrust in Englishmen. He gave us credit for entire sincerity and a desire to be true to our salt. He was therefore a personal friend of many Englishmen, whose hearts were won by the straightforward manly spirit he always evinced.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Diploma of Psychological Medicine.

A FIVE weeks' revision course for the Diploma examination will be held in Cambridge from July 18th to August 20th. The course will include lectures and laboratory work on the Anatomy and Physiology of the Central Nervous System (Dr. Thacker) and on Psychology (Dr. Lowson) for Part I of the examination, and lectures and clinical work on Psychopathology (Dr. Myers and Dr. Prideaux) and on Mental Diseases (Dr. Archdale) for Part II.

The fee for the whole course is 12 guineas. That for the course for Part I or Part II alone is 6 guineas. The examination for Part I (Anatomy and Physiology of the Nervous System, and Psychology) is held in October and that for Part II (Neurology and Psychiatry) in December. Further information may be obtained from the Secretary to the D.P.M. Committee, Psychological Laboratory, Downing Street, Cambridge.

UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examination indicated:

THIRD M.B., B.S. (*Materia Medica, Pharmacology and Pharmacy; Public Health; Medical Jurisprudence; Pathology and Elementary Bacteriology*).—J. N. Alexander, Florence Benthall, R. W. Locke, G. C. E. Reffell, C. A. Wilson, Eleanor H. Wylam, Ella L. Young.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

M.D.—Amy Hodgson, N. W. Walmsley.
FINAL M.B., CH.B.—Class II. *J. G. L. Jones. Part III. Eileen Dowling, F. H. Edwards, S. Farris, W. S. Gilmour, H. T. Hughes, R. M. Jones, Florence M. Lamport, R. F. J. Martin, F. G. Pailthorpe, J. H. Pottinger, A. McK. Reid, J. C. Twomey. Part II. G. C. Bhatia, Eleanor E. Briant, H. R. Chibber, C. Cookson. Part I. Ethel Ashton, H. B. Chibber, G. Clark, H. M. Cohen, R. W. Cowie, J. Elsohn, I. S. Fox, H. S. Gordon, R. C. Gubbins, W. D. Jeans, T. Knowles, Mary E. Nosworthy, G. Sanders, S. G. Sheir, Mary D. H. Sheridan, W. T. de V. Thomson, Mary G. T. Williams, D. A. Woodeson.
D.P.H.—A. J. Hawes, J. O. Murray, L. B. Stott.
D.T.M.—R. Nixon, A. S. Richmond, J. M. Skinner, R. B. Stewart, Marion Thomson.
D.M.R. AND E.—C. C. Anderson, J. H. Mather, R. E. Roberts, R. I. C. Rodgers.

* Honours in Obstetrics.

† Honours in Forensic Medicine and Toxicology.

UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

THIRD M.B. AND CH.B. (*General Pathology and Morbid Anatomy*).—Elsie C. Begg, L. Boyars, F. W. Fox, E. S. Frischmann, R. Handley, Mary Kent, C. B. Kirkfox, G. A. Lord, Grete Lowe, G. L. Meachim, A. A. Pomfret, Eleanor P. Smith, J. H. Struthers, C. B. V. Walker.
D.P.H.—Marion Draper, J. H. Sheldon.

UNIVERSITY OF EDINBURGH.

At the graduation ceremonial held in the McEwan Hall on March 24th the degrees of M.B., Ch.B., were conferred in *absentia* upon Bernard Friedman.

UNIVERSITY OF ABERDEEN.

THE following have passed the final professional examination in medicine:

C. D. Allan, J. J. H. Anderson, N. C. Bodenstein, C. K. Chen, *J. Craig, Lillian F. Gall, R. K. Grant, G. W. Hay, *Eleanora M. P. Law, Margaret Lipp, *D. G. MacDonald, A. MacKay, Elsie Mackie, Katherine C. Van de Merwe, Mary G. Milne, Dorothy Mitchell, John I. Moir, Marion E. Mowat, J. M. H. Murray, *Janet C. Nicol, *Mary M. Pyper, A. E. Reid, E. N. D. Repper, *J. P. G. Rossouw, G. Saint, N. C. Simpson, G. V. G. Smith, I. B. Stark, *A. L. G. Thomson Butterworth, I. S. Thomson, A. B. Wood.

* With distinction.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An extraordinary Comitia of the Royal College of Physicians of London was held on Monday, March 21st, at 5 p.m., with the President, Sir Norman Moore, Bt., in the chair.

The annual address was delivered by the President, who referred eloquently to the seven Fellows who had died during the past year—Dr. M. Handfield Jones, Dr. Philip John Hensley, Dr. David Lloyd Roberts, Dr. William Murray, Sir Frederick Taylor, Dr. William Odling, and Sir Felix Semon. The Comitia then proceeded to the election of the President, and Sir Norman Moore was re-elected.

Licence to practise was granted to Evelyn Francis Bebbington, of Liverpool University. The President then dissolved the Comitia.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

APPROACHING ELECTION OF COUNCIL.

FOUR vacancies on the Council of the Royal College of Surgeons will be filled on Thursday, July 7th. The outgoing members are Sir George Makins and Mr. Ernest Lane, who do not seek re-election, and Mr. Waring and Mr. Burghard, who are coming forward again.

The constitution of the Council at present is as follows:

President.—Sir Anthony Bowlby, K.C.B., K.C.M.G., K.C.V.O., C. (1) 1904, (2) 1912, (3) 1920. Pres. 1920.

Vice-Presidents.—Sir Charles A. Ballance, K.C.M.G., C.B., M.V.O., C. (1) 1910, (2) 1914. Sir John Bland-Sutton, C. (1) 1910, (2) 1918.

Other Members of Council.—Sir George H. Makins, G.C.M.G., C.B., C. (1) 1903, (2) 1911, Pres. 1917; Sir Charters J. Symonds, K.B.E., C.B., C. (1) 1907, (2) 1915; Mr. W. F. Haslam, C. (1) 1908, (2) 1916; Sir D'Arcy Power, K.B.E., C. (1) 1912, (2) 1920; Sir Berkeley G. A. Moynihan, K.C.M.G., C.B., C. (1) 1912 (substitute), (2) 1919; Mr. James Ernest Lane, C. 1913; Mr. H. J. Waring, C. 1913; Sir William Thorburn, K.B.E., C.B., C.M.G., C. 1914; Mr. W. McAdam Eccles, C. 1914; Sir Charles Ryall, C.B.E., C. (1) 1914 (substitute), (2) 1915; Mr. Walter G. Spencer, O.B.E., C. (1) 1915 (substitute), (2) 1918; Mr. F. F. Burghard, C.B., C. 1915 (as substitute till 1921); Sir Herbert F. Waterhouse, C. 1915; Mr. T. H. Openshaw, C.B., C.M.G., C. 1916; Mr. Raymond Johnson, O.B.E., C. 1915; Mr. V. Warren Low, C.B., C. (1) 1916 (substitute), (2) 1917; Mr. J. Sherren, C.B.E., C. 1917; Sir John Lynn-Thomas, K.B.E., C.B., C.M.G., C. 1918 (substitute till 1925); Mr. Ernest W. Hey Groves, C. 1918; Sir Cuthbert S. Wallace, K.C.M.G., C.B., C. 1919; Mr. F. J. Steward, C. 1920.

The medical schools, etc., are represented as follows:

London:

St. Bartholomew's	...	...	...	...	4
Charing Cross	...	...	...	...	1
Guy's	...	...	...	...	2
King's College	...	...	...	...	1
London	...	...	...	...	2
Middlesex	...	...	...	...	1
St. Mary's	...	...	...	...	2
St. Thomas's	...	...	...	...	3
University College	...	...	...	...	1
Westminster	...	...	...	...	1
Special London Hospital	...	...	...	...	1
Total London...	...	...	...	...	19

Provincial:

Birmingham	...	...	...	...	1
Bristol	...	...	...	...	1
Cardiff	...	...	...	...	1
Leeds	...	...	...	...	1
Manchester	...	...	...	...	1
Total Provincial	...	...	...	...	5
Total Council...	...	...	...	...	24

The Services.

ADDITIONAL PAY FOR OFFICERS ON COMMITTEES.

AN Army Order provides that a field officer on full pay who is appointed to serve on a committee, or to act as its secretary, in virtue of possessing special scientific knowledge not acquired as part of his normal military duties, will receive 15s. additional pay for each day on which such committee sits. A captain or subaltern serving in similar circumstances will have additional pay of 10s. a day.

R.N. MEDICAL CLUB DINNER.

THE annual dinner of the Royal Navy Medical Club will take place at the Hotel Cecil, London, on Thursday, April 14th, 1921, at 7.30 for 8 p.m. Members who wish to be present are asked to inform the Honorary Secretary, Royal Navy Medical Club, 1, Lake Buildings, St. James's Park, S.W.1, not later than seven clear days before that date.

HONOURS.

FOREIGN DECORATIONS.

THE following are among the decorations and medals awarded by the Allied Powers for distinguished services rendered during the war 1914-19:

By the King of the Belgians.

Ordre de Léopold—Officer: Lieut.-Colonel John Kyffin, T.D., R.A.M.C.(T.F.). *Ordre de la Couronne*—Officer: Temporary (honorary) Lieut.-Colonel Edward Stewart, R.A.M.C.; Colonel Sir John Hewat, Assistant Director of Medical Services, South African Defence Force.

By the President of the French Republic.

Médaille des Epidémies—en argent: Temporary Major (acting Lieut.-Colonel) George D. Gray, O.B.E., R.A.M.C.; *en bronze*: Temporary Captains Clement A. Hughes, Charles F. Strange, and Herbert Tomlin, R.A.M.C. *Palme Académie*—Officer: Captain William Adams Smith, C.A.M.C.

By the King of Italy.

Order of the Crown of Italy—Officer: Brevet Lieut.-Colonel Frederick S. Brereton, C.B.E., R.A.M.C. *Chevalier*: Captain Hugh Richard Phillips (late Surgeon R.N., and Captain R.A.M.C.).

Medical News.

AT a representative council meeting of the National Council for Combating Venereal Diseases, held on March 23rd, at the Royal Society of Medicine, Lord Gorell, President of the Council, made a full statement as to the relations now subsisting between the National Council and the Society for the Prevention of Venereal Disease. A memorandum (summarized in our last issue at p. 476) defining the policy of the National Council, which had been submitted to and received the approval of the Minister of Health, was considered in view of the report of the Special Committee of the National Birth Rate Commission. After discussion and the moving of an amendment, which was rejected by 41 votes to 8, the memorandum was adopted. Reports were received of the valuable work carried out under the aegis of the Colonial Office by the three Commissions of the National Council which visited Shanghai, Hong Kong, Singapore, Ceylon, Malta, Gibraltar, Jamaica, Barbados, Grenada, Trinidad, Demerara, and Bermuda.

THE King, with the advice of his Privy Council, has nominated Sir Francis Champneys, Bt., M.D., to be, for a further term of five years from May 23rd, 1921, a member of the General Medical Council.

A COURSE of twelve practical demonstrations, on the management and feeding of infants and young children, for medical practitioners will be given at the St. Mary-lebone General Dispensary, Welbeck Street, W.1, by Dr. Eric Pritchard, on Tuesdays and Thursdays, at 10.30 a.m. and 3 p.m. respectively, commencing on April 5th. The fee for the course is two guineas, and opportunities will be afforded to students of visiting on Saturday afternoons the Nursery Training School, 1, Wellgarth Road, Golder's Green, and seeing there the methods employed in dealing with infants.

AT the annual meeting of the Society for the Study of Inebriety, to be held at the rooms of the Medical Society of London, 11, Chandos Street, W., on Tuesday, April 12th, at 4 p.m., Dr. H. H. Dale, F.R.S., will open a discussion on the use of alcohol in medicine.

A SPECIAL post-graduate course will be held at the North-East London Post-graduate College from Monday, April 25th, to Saturday, May 7th, inclusive. At 10.30 a.m. and at 11.45 a.m. each day practical demonstrations will be given on clinical and laboratory methods applicable in medical practice. At 2 p.m. demonstrations will be given on groups of cases illustrating special subjects, and at 3 p.m. on selected cases in various departments of practice. At 4.30 p.m. there will be either a clinical lecture (by Sir William Hale-White, Sir Thomas Oliver, Sir Henry Gauvain, Mr. H. D. Gillies, Dr. P. Manson-Bahr, Dr. Frederic Thomson, and others), or clinical consultations on obscure medical and surgical cases. On Saturdays demonstrations will be given on the early diagnosis of the infectious fevers at the North-Eastern Fever Hospital, St. Ann's Road, London, N., and on cases of insanity associated with epilepsy at the L.C.C. Mental Hospital, New Southgate, London, N. Luncheon will be obtainable in the neighbourhood and tea will be provided each day at 4 p.m. The fee for the course is 3 guineas or 2 guineas for either week. The lectures at 4.30 p.m. will be free to qualified medical practitioners. Further information may be obtained from the Dean of the College at the Prince of Wales's General Hospital, Tottenham, N.15.

WE are asked to state that the meeting of the Section of Psychiatry of the Royal Society of Medicine arranged for April 12th will not be held.

DR. ARTHUR ALFONSE MILLER has received the Cross of Chevalier of the Legion of Honour conferred upon him by the President of the French Republic in recognition of his services to the French sick and wounded in the late war.

DR. ROBERT SHAND TURNER, who is leaving Keith, where he has practised for over fifty years, to reside in Edinburgh, has been presented by his friends and patients with a cheque of £360, and Mrs. Turner with an inscribed silver casket, as a mark of their esteem and regard.

DR. T. HENRY JONES, on the occasion of his retirement from the office of County M.O.H. for Surrey, has been presented by the members of the County Council and committees thereof with two Persian rugs and an illuminated address, and Mrs. Jones with a silver kettle and hot-water jug, as a mark of esteem.

THE annual general meeting of the London and Counties Medical Protection Society will be held at the offices of the Society, 32, Craven Street, Strand, W.C.2, on Wednesday, April 6th, at 4 p.m.

DR. F. E. WYNNE, on the occasion of his relinquishing the medical officership of health for the county borough of Wigan to become medical officer of health for Sheffield, has been presented by the various staffs of the Wigan Health Department with a silver tea service as a mark of appreciation and esteem.

THE second annual reunion of the Workers for Serbia will take the form of a dinner and dance to be held at the Wharnccliffe Rooms, Hotel Great Central, on Tuesday, April 19th, at 7 p.m. Colonel Sir Courtauld Thomson, K.B.E., Chief Commissioner of the British Red Cross for Malta and the Near East, 1915-1919, will be in the chair, and a large gathering of the medical men and women who served with the medical missions or with the R.A.M.C. units attached to the Royal Serbian Army is hoped for. Tickets, price one guinea each, may be obtained from the honorary secretary, Miss Marx, 24, Melcombe Court, Dorset Square, N.W.1.

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, *Ailology*, 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.

TRUSS FITTING.

DR. J. J. E. BIGGS, O.B.E. (Cardiff) writes: Can any of your readers give me any information as to how to get a patient measured for a truss? The patient is a female, aged, feeble and emaciated, with an old-standing spinal curvature; there is a femoral and an indirect inguinal hernia in the right side. Most of the instrument makers I have tried have attempted to make the patient fit their pre-conceived notion of a truss instead of trying to make the truss fit the patient. It is impossible for the patient to travel to London for fitting. Before the war one firm, I remember, supplied me with a soft metal piece of wire, marked in inches, which could be firmly and accurately modelled on the patient and removed without altering the contour.

* * (1) It is doubtful whether an aged, feeble, scoliotic patient with a hernia is a suitable case for any spring-truss. (2) When fitting at or by the maker is impossible, it is a good plan to make use of the soft metal graduated cyrtometer, listed in all surgical instrument catalogues. The cyrtometer can be folded and sent to the maker in a box, or its curvature, when fitted, can be traced on paper and so reach the truss-maker. (3) If the truss when received does not fit exactly, the medical man can generally do what the maker would do—bend the spring appropriately with his hands, perhaps with the aid of a vice or improvised equivalent. The resources of a "car" are nearly always adequate, for the "temper" of the spring is not as a rule very high. (4) When a spring-truss is unsuitable it is sometimes easy to attain the desired support by using a more or less triangular pad, held in place by webbing and elastic straps attached to the three corners, in the manner adopted by one of the well known patent "cures." (5) In the presence of emaciation it may be found most satisfactory to use a spica bandage of crêpe over an appropriate pad. (6) Makers certainly sometimes expect patients to be content with unsuccessful efforts, but when they do not see the patient they may fairly expect the doctor to do something towards fitting the truss after receipt.

INCOME TAX.

"S. H. S." inquires whether it is correct for the earnings of his partner and himself to be assessed in one sum, less the aggregate allowances for both.

* * The assessment must be made in one sum on the profits of a partnership practice, but the local inspector will usually supply on request such supplementary particulars as are necessary to enable the net duty payable to be correctly apportioned between the partners. The abolition of this inconvenient system of assessment was urged by the British Medical Association representative before the Royal Commission on Income Tax, and the suggestion was favourably received.

"M.D. EDIN." bought a car in 1910 for £250, and sold it for that sum in 1920, buying a new one for £600. He asks if he can deduct the £350 as an expense.

* * An official witness before the Royal Commission on Income Tax stated that, provided an improvement was not effected, the actual cost of the replacement of a machine would be allowed. Assuming that the new car is not of superior power or quality, "M.D. Edin." appears to be entitled to deduct the £350.

LETTERS, NOTES, ETC.

THE STETHOSCOPE IN FRANCE.

INASMUCH as the stethoscope is a French invention it is always something of a surprise to the British or American medical traveller in France to find that the binaural stethoscope is virtually unknown there, and the use of even the single wooden implement is restricted to investigation of difficult heart sounds. There are, of course, physicians in this country, especially of the older generation, who prefer to use the wooden stethoscope, particularly in the examination of the heart, but they are the exceptions. French doctors defend their neglect of the binaural stethoscope on the ground that the respiratory and other sounds are changed and distorted by passage through the tubing. To this it may be replied that, although the sounds are indeed modified, so is the voice of a friend heard through the telephone; yet this fact does not prevent our recognizing his voice, detecting his emotions, and understanding his speech. Moreover, no great amount of practice is needed to learn to distinguish extraneous or fortuitous sounds heard through the stethoscope. But the binaural instrument has certain positive advantages. Thus, it greatly facilitates examination, since one can "run over" the chest in a very short space of time; again, in hospital practice—particularly in French hospitals, where it is not the custom to give patients a bath on admission—the flexible pattern enables the physician or student to keep at arm's length from his patient, and his attention is less distracted by the noises around him. There are advantages, too, from the patient's point of view, for it is common experience in French hospitals to see a man seriously ill from typhoid fever or heart disease compelled to sit up in bed in order to permit of auscultation of the base of the lung, whereas when the binaural stethoscope is used it suffices to turn him on his side. Furthermore, the flexible stethoscope can be applied to the chest with a lighter touch than the rigid pattern. We have heard it said that our French colleagues' disregard for the binaural stethoscope must be due to a *not d'ordre*; for it is to be observed in all hospitals controlled by French medical men, from Paris to Algiers, from Lille to Bordeaux, and even students cannot be induced to give the instrument a trial, so strong is the force of the example set by their chiefs.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 33, 36, 37, 38, 39, and 40 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 34 and 35.

THE appointments of certifying factory surgeons at Canterbury (Kent) and West Bromwich (Stafford) are vacant.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Six lines and under ...	...	...	0 9 0
Each additional line...	...	...	0 1 6
Whole single column (three columns to page)	7	10	0
Half single column ...	3	15	0
Half page ...	10	0	0
Whole page ...	20	0	0

An average line contains six words.

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 *poste restante* letters addressed either in initials or numbers.