

into the pleural cavity was very rarely observed. Further that the base of the lung was the commonest site of the lesion.

Bovaird² collected 18 cases, 4 of which recovered. Particulars of 12 of these cases are available; 5 were associated with bronchopneumonia, and 4 of these with measles in addition; 2 with miliary tuberculosis; 2 with diphtheria and emphysema; 2 with pulmonary abscess; 1 with trauma.

I have found in the literature no other case of complete pneumothorax due to tuberculosis in a child of 18 months.

Pathology.

The probable course run by the disease in the case under survey is well marked out by the *post-mortem* findings. The oldest tuberculous focus found was the collection of very large mesenteric glands, the most recent was represented by the general miliary tuberculosis. Another point shedding great light on the direction of spread was that the left pleural cavity—the one corresponding to the lesion of the pneumothorax—was studded with miliary tubercles, whereas the right cavity was entirely free from them.

The tuberculous disease of the left apex, although fairly recent, was probably of considerably shorter duration than that present in the mesentery, for no caseation was found in the hilum glands of either lung, and the extent of the apical lesion was less than a square inch.

The following reconstruction of the spread of the disease is here tendered:

The exciting cause of active tuberculosis was the attack of measles, and the primary focus of disease was the mesenteric glands. From this origin tubercle bacilli reached the blood stream by way of the abdominal lymphatics, and were carried through the right side of the heart, eventually reaching among other places the apex of the left lung. Those that reached this position flourished and ultimately produced a rapidly caseating area whose territories spread till the left pleural surface was reached. Adhesions were formed here below the two layers of the pleura. During some violent effort of coughing the portion of diseased tissue between a bronchus and the left pleural cavity gave way. The history places this occurrence at three weeks before death. The pleura was severely infected with tuberculous material and became studded with miliary tubercles. As the direct result of this sudden massive infection of a serous surface generalized miliary tuberculosis arose and provided the final scene.

The absence of disease of the pulmonary hilum glands is interesting in view of Canti's observations³ upon the pulmonary lesions of tuberculosis in children, which suggest that the lung is frequently affected before the glands at its hilum. It seems clear, however, that in this case infection was alimentary and haematogenous, not inspiratory. Unfortunately cultures were not made to prove the class, whether human or bovine, to which the organism present belonged.

REFERENCES.

- ¹Cruchet, La pneumothorax tuberculeuse chez l'enfant. *Cong. intern. de la tuberc.*, Paris, 1906, ii, 238. ²Bovaird, Pneumothorax in Children. *Arch. Ped.*, New York, 1903. ³Canti, *Quart. Journ. Med.*, vol. xiii, Oct., 1919.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

MELAENA NEONATORUM TREATED BY BLOOD TRANSFUSION.

ON February 12th, 1921, I delivered a primipara of an apparently healthy female child weighing 6 lb. During the night the child vomited dark fluid and passed what I supposed to be meconium three times. On the following day the child was very restless and cried considerably. The bowels acted once, the motion still being like meconium. At 1.30 a.m., on February 14th, the baby vomited dark blood, and shortly afterwards passed a large quantity of black, foul-smelling blood from the bowel. Fluids given by the mouth were vomited immediately, and the child appeared to be very ill. At intervals of about two hours alarming quantities of blood were passed from the bowel, and at the same time the child had all the symptoms of a severe haemorrhage; the skin and lips were almost white,

the heart beats were too rapid and weak to count, the respirations were sighing, and the eyes half-closed. From the symptoms I concluded that the child would die shortly unless blood transfusion could be performed.

As I myself belong to Group IV (universal donors), I drew from a vein in my left arm 20 c.cm. of blood with an exploring syringe into which I had already drawn 5 grains of sodium citrate in sterile solution. I then exposed a vein in the baby's arm by an incision, and exchanging the large exploring needle of the syringe for a fine hypodermic needle injected the blood into the vein of the baby. It was a matter of extreme difficulty to strike the lumen of so small a vein in a collapsed condition, but I was fortunate in injecting the blood without wasting any. The improvement in the child was immediate and striking. The colour returned to the lips, the respirations slowed down, and the pulse at the groin became palpable. During the next twenty-four hours the bowels acted four times, dark blood being still passed, but in diminishing quantities. On the following day the baby took the breast well and the stools gradually became normal. Since then progress has been uninterrupted and the child is now healthy and with a good colour.

R. DOUGLAS LAURIE, O.B.E., M.B.,
Honorary Assistant Surgeon, Derbyshire
Royal Infirmary.

DIPHTHERIA AND FOLLICULAR TONSILLITIS.

DURING the last ten years in a general practice I have been accustomed to divide all cases of sore throat with exudates into three clinical groups: (1) Those which are plainly diphtheria, with an exudate present on other parts as well as on the tonsils. (2) Those which are plainly follicular tonsillitis. (3) Cases which are doubtful but are probably diphtheria; swabs from these cases yielded practically in all instances the Klebs-Loeffler bacillus.

The number of cases in the last group was small in proportion to the other two, about 5 per cent. of the total. I have observed normal convalescence in the follicular group; that there were only four "dissents" in ten years from the fever hospitals regarding the first group was reassuring. During the later period of the last epidemic, however, I was puzzled by two cases of definite follicular tonsillitis which did not lose the exudate after four or five days, and in each case a swab taken showed, on examination by a pathologist, the Klebs-Loeffler bacillus present. On account of this, swabs were taken from the next ten cases of exudative tonsillitis. In six cases, clinically follicular, the exudate was yellow, soft, pulsatious, in separate patches which did not coalesce and did not spread over the tonsillar boundary; there were no signs of haemorrhage on removing the exudate. In each case there was marked general malaise, a high temperature (102° or more), and pain on swallowing. In four of these six cases the Klebs-Loeffler bacillus was present, which to me was a startling result.

The other four cases were suspiciously like diphtheria; in them the patches of exudate coalesced, and the spread suggested that the exudate would pass beyond the tonsillary boundary. Of these cases, however, three were negative as regards the Klebs-Loeffler bacillus, and one, the worst, was a case of Vincent's angina.

These results raise in my mind one or two questions. Do epidemics of diphtheria differ as to their clinical manifestations? If not, why were the clinical tests I have been accustomed to apply in former years useless in these cases? Is it not extremely likely that the epidemics are caused by cases so plainly follicular, as far as clinical examination can go, that no swab is ever taken? In the face of the facts given above, is it safe for the general practitioner ever to rely on the clinical signs, however definite, in cases of sore throats with exudates, to give an answer to the question of whether a case is diphtheria or not? I for one, after this experience, will never feel that I can rely on the differential diagnosis by clinical signs.

London, S.W.

W. H. PALMER, M.B., B.S. Lond.

BRADYCARDIA.

THE following case may be of interest on account of its long duration. We first saw W. W., the patient, fifteen years ago, when he was 70 years of age and was employed as a blacksmith. He complained of attacks of unconsciousness suddenly coming on while at work. These

attacks lasted for about five minutes, and occurred several times during the course of a day. The patient's pulse rate was then 37 a minute, and the attacks were evidently an instance of the Stokes-Adams syndrome. As a result of prolonged rest gradual improvement took place in his general health, and the attacks became much less frequent and finally ceased. During the whole period, however, the pulse rate gradually slowed down to about 25. The previous medical history reveals no illnesses. The patient's general health is now good, but a double senile cataract prevents him from walking much out of doors. In regard to his cardio-vascular system the pulse rate is 25 per minute at the radial artery and at the apex, and the pulse is quite regular. The arteries are extremely calcareous. The apex beat is in the fifth space, $\frac{1}{2}$ -inch outside the nipple line. There is no enlargement of the heart to the right. Harsh systolic murmurs are heard at the apex and the base of the heart. There is no oedema. The other systems show no evident abnormality. We have been unable to have a polygraphic tracing taken, but we consider the case to be one of heart-block.

H. C. WOODHOUSE, M.B.,

Dawley, Salop.

F. CARLTON JONES, M.B., M.R.C.S.

TREATMENT OF LOCAL LEISHMANIASIS.

I was interested to note the short paragraph by Dr. Norman Gray (March 12th, page 382).

As bacteriologist to one of the large British hospitals in Basra I had an opportunity of studying hundreds of cases of "Baghdad boils." I entirely disagree with the statement that scraping is the best treatment for the infection.

We had tried every possible form of treatment, including scraping, with varying success, but found that the only satisfactory treatment was a full pastille dose of x rays. Previous x -ray treatment had always been disappointing, because, as was pointed out by Major Norman in a War Office Memo. in 1918, the rays had been given in successive small doses. After a full dose rarely was a second dose after four weeks necessary. Healing took place within ten days, and—more important still—one did not have the prominent "bluish" cicatrization which is a feature of all other forms of treatment.

G. F. MITCHELL, M.B.,

London.

Late Pathologist 40th British General Hospital.

Reports of Societies.

EXAMINATION BEFORE ANAESTHETIZATION.

At a meeting of the Section of Anaesthetics of the Royal Society of Medicine on March 5th, with Dr. H. J. SHIRLEY, President, in the chair, Dr. R. W. APPERLEY read a paper on the importance of the examination of patients by the anaesthetist previous to the administration of anaesthetics. He pointed out that improvements in anaesthesia during the last fifteen years had been not in the increased number of drugs at our disposal but in the variety of more scientific methods of administering them. This placed on the anaesthetist an increased responsibility in his choice of method. There was still room for improvement both in diminishing fatalities and in reducing after-effects, and one step towards this lay in thorough examination of patients some time before operation. The condition of the cardio-vascular, respiratory, and nervous systems could only be ascertained in this way, as well as the efficiency or otherwise of the kidneys. Previous examination gave the anaesthetist time to think out the line of action best suited to the individual. Moreover, cumbersome or elaborate apparatus might be required which would not be present unless the need for it had been appreciated beforehand. The examination was an advantage to the patient, who felt that nothing was being left to chance; to the anaesthetist, who might glean important facts for his guidance; and to the surgeon, who was able to rely on the anaesthetist's guidance as to the patient's ability to stand a prolonged operation. The physician, who seldom saw an operation, was not so well qualified a guide. The risks which a patient ran were not confined to serious operations. For minor ones they were often grave, just because the slightness of the operation led to neglect of necessary precautions regarding the anaesthetic. In private practice

patients in nursing homes were at hand and could be seen on the day before operation. In hospital practice there was routine examination by house officers, and the anaesthetist was supplied with the information acquired. One class of patient which was admitted to the cancer department of the Middlesex Hospital had especially emphasized the importance of a preliminary examination—cachectic debilitated persons, often with secondary growths in the mediastinum or pleura and obstructed air passages. These cases made one extremely cautious in examination before deciding to give an anaesthetic.

Dr. W. J. McCARDIE read a paper on "Explosion of ether vapour during laryngoscopy".

A man of 56 was given open ether to induce anaesthesia for laryngoscopy and removal of a piece of the vocal cord. For some minutes before the laryngoscope was introduced ether with oxygen was given through a nasal catheter in addition to ether from the mask. The mouth being opened, ether and oxygen still passing in through the nose, Mr. Woodman began to introduce Hill's electric laryngoscope. It had not entered more than an inch when there occurred two or three loud reports like small pistol shots, and flames issued from the patient's mouth. These were five or six inches high, and like those seen if a bottle of ether were set on fire. The nasal tube was at once pulled out and the flames quickly died. Anaesthesia was continued with chloroform and oxygen without trouble. There was no obvious burning—merely reddening of the mouth and pharynx—and the patient recovered normally and had no after-cough. At the time of the explosion the room (temperature 65° F.) was lit by two $\frac{1}{2}$ -watt bulbs and one Osram bulb under a shade $2\frac{1}{2}$ feet away almost directly over the patient's head. The bulb of the laryngoscope light did not fuse and the light appeared in order and there was no evidence of short-circuiting.

Commenting on this case, Dr. McCARDIE said that no heat could be felt by the hand when the light was first switched on. The warm room, warm mouth, warm electric light, warm ether and oxygen, would all help towards the explosion. Ether vapour would take fire at a considerable distance from the source of heat. Dr. Squibb had seen ether take fire at a measured distance of 15 feet between the source of escaping vapour and the source of fire. Considering the absolute coincidence of the explosion with the introduction of the lamp, the cause must be found in the electric bulb of the laryngoscope. Dr. McCARDIE related the only other recorded case of ignition of ether vapour in the presence of a closed electric light, and other members of the Section brought forward instances of ether vapour ignition under various circumstances.

FAECES IN ALIMENTARY DISORDERS.

At a meeting of the Pathological Section of the Liverpool Medical Institution, held on March 17th, with Dr. R. W. MACKENNA, Vice-President, in the chair, Dr. ROBERT COOPE read a paper on the faeces in alimentary disorders. He outlined the normal characters of the faeces and emphasized the almost complete absence of food residues in the normal stool. If food residues were found in the stools in any notable amount there was (a) some failure of digestion, or (b) failure of absorption, or (c) hurrying on of the food—that is, diarrhoea. He was convinced that, though specialized chemical operations were sometimes necessary, in most cases a comparatively simple technique was adequate for all clinical purposes. It was essential to control the diet if valid deductions were to be drawn, and drugs should be withheld for some days before examination, especially oily bodies like olive oil and liquid paraffin, and purgatives, which might cause irritation of the gut or interfere with normal digestion. He divided the examination of stools into macroscopic, microscopic, and chemical, demonstrating the methods employed. Macroscopically, the most important abnormalities to be looked for were connective tissue, mucous flakes, and parasites. Slides demonstrated the microscopic appearances of normal and abnormal muscle fibre remnants, fats, starch granules, vegetable debris, etc. The chemical tests for stercobilin, blood, and soluble albumin were outlined, and the value of examining both chemically and cytologically. The value of a saline lavage of the large bowel was emphasized.

Two kinds of abnormalities were distinguished—(a) absence of normal constituents, and (b) presence of abnormal constituents. In the first category was stercobilin, derived from bile pigment by the reducing action of the intestinal bacteria, absence of which indicated that bile was not reaching the intestine. In the second

susceptibility of the patient. In those liable to angio-neurotic oedema the presence of a fly, or even of a particle of dust, in the eye will at once bring on the trouble.

If Dr. Davis will read Dr. Francis Hare's article upon the "Paroxysmal neuroses," in the February number of the *Practitioner*, 1906, he will probably find much help in its application to this condition. Dr. Edgeworth of Bristol has also contributed an interesting paper upon the subject (*Quarterly Journal of Medicine*, January, 1909, vol. 2, No. 6), and in a memorandum to the *Lancet*, June 2nd, 1906, I have tried to point out how Dr. Hare's remarks apply to the disorder, and, in view of my subsequent experience, I am more than ever convinced that the failure of the decarbonizing functions is chiefly responsible. Many incomplete cases occur, and are apt to be overlooked, so that, possibly, the disease is not so rare as is generally supposed.

I believe it is a well-known fact that an access of pyrexia banishes epileptic fits for a time. I have observed precisely the same incident in the course of angio-neurotic oedema. This may point to a relation between the two, or simply to a common origin in variations in carbonaceous income and expenditure with differing results. If, however, both diseases were found to be more closely related than is apparent, we might have to modify our point of view in the treatment of the major disease.—I am, etc.,

Exeter, March 29th.

CLAUDE A. P. TRUMAN.

GLANDULAR FEVER.

SIR,—The account of glandular fever in your issue of March 26th, p. 452, is interesting. It seems to be a very definite disease with well-marked clinical features. I have lately had a case in my own family.

The patient, a boy aged 4½ years, was strong and healthy up to a little time before Christmas, 1920, when he began to look pale and appeared out of sorts, and complained of easily getting tired. About January 16th he looked flushed in the evening, but no temperature developed. The same thing occurred the next evening. On the next morning his temperature was 100.4°, and he had some headache and he remained in bed. Next day the temperature rose to 101.4°, when a swelling was noticed under the middle of the right sterno-mastoid muscle, and he complained of pain on moving his neck. A patchy erythematous rash developed, chiefly over the shins, and one or two patches on the arms, face and body. This lasted three or four days. The nose bled rather profusely once. The glands on the left side under the sterno-mastoid then swelled up, but not so markedly as on the right side. The temperature ranged between 101° and 103°, but came down fairly rapidly to normal about the tenth day. During the illness constipation was rather marked. The pulse seemed quick, out of all proportion to the temperature, going up to 150 at the height of the fever, and being very irregular in force and rhythm, and the child looked and seemed very ill. Examination of the throat showed redness of the fauces but no enlargement of the tonsils. Unfortunately a swab was not obtainable, as the child resented having his mouth opened. The swelling of the glands lasted about ten days.

After the temperature had come down to normal the child was kept in bed a further ten days and on a sofa for a further fortnight, until the heart had settled down. Examination of the heart did not show any signs of dilatation, so the rapid pulse was probably due to a toxæmia.

Treatment consisted of glycerin and belladonna to the glands and a febrifuge mixture at first, followed by quinine and small doses of digitalis and strychnine. During convalescence cod-liver oil and malt and Parrish's food were given.

The child now looks well, but care is still exercised that he does not do too much. His brother, aged 6½ years, was in and out of his room during the illness, but did not develop anything, so possibly the disease is not very infectious.

For some time before the illness I had attended several cases of adenitis in children, but they were of the ordinary type, with sore throats and infection of the glands of the anterior triangle.

The theory that the infection may be a type of influenza may have something in it, for shortly after his illness a very widespread outbreak of influenza, beginning amongst the elementary school children, developed here and is still going on, and a large number of cases of bronchopneumonia have occurred.—I am, etc.,

Chichester, March 28th.

WALTER DICK.

THE Swedish Government has allotted 5,000 crowns to the Swedish Medical Association to help in the printing of the three scientific journals published by the association.

Universities and Colleges.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on March 16th.

The title of Professor of Surgery of the University was conferred upon Mr. G. E. Gask (St. Bartholomew's Hospital) and the status and designation of appointed teacher were conferred upon Dr. T. R. Elliott, Professor of Medicine in the University. Dr. John A. Ryle was recognized as a teacher of medicine at Guy's Hospital Medical School.

The Royal Dental Hospital and London School of Dental Surgery and the National Dental Hospital and College, forming a department of University College Hospital Medical School, were continued as schools of the University (in dentistry only) for a period of one year, from January, 1921.

Professor A. D. Waller, F.R.S., was reappointed Director, and Dr. T. D. Lister, C.B.E., Treasurer of the Physiological Laboratory until the end of the session 1920-21.

It was resolved that the revised syllabus in pharmacology of the second examination for medical degrees, Part II (Red Book, 1920-21, pp. 247-9, and Blue Book, September, 1920, pp. 229-31) be operative in and after the year 1923.

The following were appointed to act as additional examiners in obstetric medicine at the M.B., B.S. examination in May, 1921: Dr. J. S. Fairbairn (St. Thomas's Hospital), Dr. T. G. Stevens (St. Mary's Hospital), or, failing either of these, Dr. E. Holland (London Hospital) or Lady Barrett, C.B.E. (Royal Free Hospital).

Mr. H. J. Waring has been reappointed by the Faculty of Medicine a member of the Senate for 1921-25.

Applications for the Jodrell Chair of Zoology and Comparative Anatomy tenable at University College (salary £800 a year) and the Chair of Anatomy tenable at St. Bartholomew's Hospital (salary £900 a year) must be received by the Academic Registrar by April 25th and April 14th respectively. Applications for a University Studentship in Physiology (£50 for one year) must be received by the Principal Officer, from whom full particulars can be obtained, by May 31st.

Course in Mental Deficiency.

A course of lectures on mental deficiency, arranged by the University Extension Board in co-operation with the Central Association for the Care of the Mentally Defective, will begin at the University of London, South Kensington, on Monday, May 23rd, and terminate on June 4th. It meets the requirements of the syllabus for the diploma of the University in psychological medicine. The course will consist of eleven lectures, with clinical demonstrations, on mental deficiency by Dr. A. F. Tredgold and five by Dr. F. C. Shrubbsall on administrative procedure in the ascertainment and treatment of the mentally defective, supplemented by lectures on the psychology of mentally defectives by Mr. Cyril Burt; on methods of training mentally defective children by Miss Lucy Fildes, on psychoneuroses in relation to mental deficiency by Dr. Eric Frideaux, and on the relation between crime and mental defect by Dr. W. C. Sullivan, medical superintendent of the Criminal Lunatic Asylum, Broadmoor. Further particulars can be obtained on application to Miss Evelyn Fox, at the University of London, Imperial Institute Road, South Kensington, S.W.7.

GUY'S HOSPITAL.

Dental Research Fellowship.

A Dental Research Fellowship Fund has been instituted, consisting of a sum of money not exceeding £300 per annum, awarded wholly or in part. Applicants, whether graduates or undergraduates, must have studied in the Medical School or Dental School of Guy's Hospital, unless the advisory body decides that the circumstances are exceptional. Holders of grants from the fund may, at the discretion of the advisory body, be part-time research workers. All research work undertaken with the aid of the fund must be entirely carried out in Guy's Hospital or the schools attached thereto, unless the advisory body agrees that, from the nature of the work, some portion of the study might with advantage be pursued elsewhere. Applications for grants from the fund should be made to the Clinical Research Committee of Guy's Hospital, London Bridge, S.E.1.

UNIVERSITY OF DURHAM.

At the Convocation held on March 26th the following degrees were conferred:

M.D. (for Practitioners of Fifteen Years' Standing).—C. Corfield, R. J. C. Thompson.
M.S.—J. A. Berry, W. A. Hewitson, N. Hodgson.
M.B., B.S.—J. S. Clark, R. C. Davison, T. W. K. Dunscombe, Norah H. Hamilton, R. T. E. Naismith, J. D. Silverston, T. S. Severs, H. Toma, R. P. Wanless.
B.S.—Margaret B. Herbst.
B.H. AND D.P.H.—W. L. Glegg.

UNIVERSITY OF EDINBURGH.

Department of Physiology.

THERE is a vacancy for an assistant in this department. Applications, with full information as to qualifications and previous work, should be addressed to Professor Sir E. Sharpey Schafer, from whom particulars of salary, nature of work, etc., may be obtained.

UNIVERSITY OF ABERDEEN.

A GRADUATION ceremonial was held on March 31st, when the following medical degrees were conferred:

M.D.—J. B. Milne.
M.B., Ch.B.—† J. Craig, †† Eleanor M. P. Law, †† D. R. Macdonald, †† Mary M. Pyper, †† R. Spark, C. D. Allan, J. J. H. Anderson, †† N. C. Bodenstern, F. K. Chen, Lillian F. Gall, R. K. Grant, G. G. W. Hay, Margaret Lipp, †† M. H. Logg, A. MacKay, Elsie Mackie, Katharina F. E. van der Merwe, Mary G. Milne, Dorothy Mitchell, J. I. Moir, Marion E. Mowat, Isabella M. H. Murray, †† Janet C. Nicol, A. E. Reid, E. N. D. Repper, †† J. P. J. Rossouw, G. Saint, N. C. Simpson, Ethel V. G. Smith, †† A. L. G. Thomson, I. S. Thomson, A. R. Wood.
D.P.H.—D. W. Berry, A. M. Dugan, F. A. Innes, H. R. Neilson, W. W. Nicol, J. A. Sellar, Agnes L. Semple.

* Passed Final Medical Professional Examination with distinction.
† With second-class honours.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examinations indicated:

M.B., Ch.B. (*Medical Jurisprudence and Public Health*).—M. Brown, J. I. Cameron, J. A. Cameron, A. J. G. Caporn, W. Houston, T. J. Jones, †† D. Lamont, A. Logan, G. H. Macartney, W. M. McCash, J. W. McConville, F. M. Elwee, C. F. H. M'Fadyen, J. J. M'Ghee, T. J. M'Kail, E. J. MacPhail, W. B. M'Queen, R. S. V. Marshall, W. Muir, A. Snaddon, J. Sneddon, W. A. M' E. Stewart, H. V. Sweeney, D. M. Thompson, E. J. T. Thompson, A. F. White, A. Wilson, Marion C. Boyd, Mary D. A. Boyd, Jemima G. Brodie, Margaret G. Carrick, Katharine D. Couper, Elizabeth Coupland, Isabella C. Darling, Martha D. Devon, Jean M. Gilchrist, Mary D. Gilmour, Annie W. Humble, Frances B. C. Livingston, Joan A. MacColl, Henrietta L. Paterson, Joanna T. Rae, Jessie G. Service, Jeanie M. Strathie, Eleanor M. Torrance, Adeline G. Vallance. *Old Regulations*: Francisco Ribeiro.

* With distinction.

UNIVERSITY OF DUBLIN.

TRINITY COLLEGE.

THE following candidates have been approved at the examinations indicated:

FINAL M.B.: PART I.—*Materia Medica and Therapeutics, Jurisprudence and Hygiene, Pathology and Bacteriology*: *L. Stazunsky, *A. E. Drotske, *F. C. B. L. B. Crawford, D. S. Spence, J. V. Carroll, R. A. O'Meara, Minnie Alper, R. Sea'e, Charlotte A. Stuart, J. D. Watson, F. B. D'Arcy, Ruth Lemon, C. W. R. McCaldin, F. Malone-Barrett, P. H. S. Fouche, J. E. Deane, J. O'Connor, H. J. L. Murphy, M. Sayers, J. G. Russell, D. H. Saayman, Dorothy C. H. Dorman, Muriel V. Odlum, Mary H. Harcourt, L. Phillips, I. F. Myers, J. C. Byrne. *Materia Medica and Therapeutics, Jurisprudence and Hygiene*: H. Hall, W. T. Hogan. *Jurisprudence and Hygiene, Pathology and Bacteriology*: R. N. Perrott. *Pathology and Bacteriology*: A. G. Bewley, N. McI. Falkner, A. E. Phillips, G. S. Moran, H. L. Hanna, H. C. Dundon, J. J. P. Kelly, J. Devane.

PART II.—*Medicine*: J. A. Smith, D. J. Browne, R. H. J. M. Corbet, T. F. L. Cary, Elinor D. Stopford, H. C. C. Deane, Edith F. Willcock, F. Y. Pratt, R. H. Satchwell, Dorothy A. Daly, C. S. Wilson, E. S. Horgan, Ruth F. Flavell, D. V. Latham, R. S. Chapman, J. A. Acheson, P. M. J. Bobbett, R. W. Power, T. W. Panter, J. D. Leahy, J. C. Davis, A. D. Ward, P. J. Healy, G. C. B. Robinson. *Surgery*: *E. C. Smith, D. de Bruijn, R. V. Dowse, J. D. Leahy, H. C. C. Deane, W. H. Smith, Margaretta T. Stevenson, Dorothy A. Daly, L. Herzenberg, R. S. Chapman, P. I. Levitt, G. C. Malherbe, P. J. Healy, C. W. Parr, J. A. Acheson, J. C. Brennan, F. M. Hillard, Alida C. Burt, E. G. Campbell, Mary Horan, R. H. Satchwell. *Midwifery*: *A. D. Ward, *E. R. Murray, *R. H. J. M. Corbet, *M. R. Coolican, *Nannette Norris, A. H. N. Todd, L. Herzenberg, W. A. Murphy, R. Dorman, J. D. Thompson, T. G. Warham, Alida C. Burt, R. S. Chapman, Rita Dillon-Leetch, E. S. Horgan.

D.P.H.: PART I.—*Chemistry, Bacteriology, Physics, and Meteorology*: T. J. Kilbride, T. P. Chapman, T. D. Gordon, H. Muller.

PART II.—*Sanitary Engineering, Sanitary Inspection and Report, Hygiene, Epidemiology, Vital Statistics, and Public Health Law*: T. J. Kilbride, H. Muller, T. P. Chapman, T. D. Gordon, Anna M. K. O'Halloran.

* Passed with high marks.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a meeting of the President and Fellows, held on April 1st, the following candidates for the Fellowship of the College, who had been nominated on January 7th, 1921, were duly elected Fellows: Thomas Mather Thomson, Harold Pringle, M.D.

At the same meeting the successful candidates at the recent final examinations under the Conjoint Scheme of the Royal Colleges of Physicians and Surgeons, Ireland, were admitted Licentiates in Medicine and Midwifery of the College as follow: Mary Boland, Lucretia H. H. Byrne, T. Cooney, B. J. Coyne, J. A. Cusack, Edith M. Li. Dodd, A. C. Esmonde, P. Gaffney, S. A. Gailey, J. W. E. Graham, S. J. Halpin, T. J. Kerr, J. J. McHenry, P. Moylan, J. J. O'Sullivan, J. Tehan (with honours).

DR. CHACÓN, an eminent Spanish toxicologist and professor of obstetrics at the University of Madrid, has recently died.

In 1919-20 there were 14,088 medical students in the United States; this was an increase of 1,036 over the number in 1918. The number of students who became qualified in 1919-20 was 3,047.

Obituary.

RUTHERFOORD JOHN PYE-SMITH, Ch.M., F.R.C.S.,

Emeritus Professor of Surgery, University of Sheffield.

THE death of Mr. Rutherford Pye-Smith, which we announced briefly last week, will be felt as a personal loss, not only by the large circle of his friends, but by numbers of people of all ranks of society in Sheffield and district who have benefited by his professional skill or personal acts of kindness and sympathy. He was a worthy representative of a notable Sheffield family. His grandfather, John Pye-Smith, D.D., F.R.S., the eminent divine and geologist, left his native town in 1801 to settle in London; his father, Ebenezer Pye-Smith, F.R.C.S., was an honoured member of the medical profession, and it was in London that Rutherford John Pye-Smith was born in 1848. He and his elder brother, Philip Henry Pye-Smith, were educated at Guy's Hospital. The latter was the well known physician of Guy's, and editor of the first (posthumous) edition of Hilton Fagge's *Textbook of Medicine*, and editor and author of the subsequent edition.

Rutherford Pye-Smith took the diploma of M.R.C.S. in 1871 and that of L.R.C.P. in 1872; he became F.R.C.S. in 1875, and started practice in Sheffield in 1876. He was elected surgeon to the Sheffield Royal Hospital in 1877, and he devoted himself to the interests of that institution heart and soul. Although hampered by buildings and equipment that were then out of date and inadequate, he introduced Listerian surgery, and gradually effected a great improvement in the efficiency of the hospital on its surgical side. Though utterly incapable of advertising himself, and of a retiring and rather shy temperament, such abilities as his could not long remain unrecognized. He gradually won his way and took rank as one of the leading surgeons of the district. As an operator he was safe rather than brilliant. His technique was exceedingly careful and thorough, and his operative results were very good. As a clinician the accuracy of his observation and soundness of judgement were rarely at fault. He always kept in touch with the developments of surgery. One of the secrets of the success of his surgical work was that he was always hopeful and resourceful, however grave the case might appear. The amount of work he accomplished was extraordinary. His whole days were an unremitting round of toil, and a large part of the nights was spent in correspondence and literary labours. Everything he undertook was accomplished with untiring attention to the minutest detail. His activities included not only professional matters but various forms of social service, philanthropic and Church work, and in these he was much helped by the devoted assistance of his wife. He was never a rapid worker, and it was only by constant effort and exacting toil that he was able to get through the day's work and to satisfy his passion for accuracy and thoroughness.

After his retirement from the Royal Hospital staff in 1908, at the age of 60, he retained a large surgical consulting practice. He had been President of the Yorkshire Branch of the British Medical Association, and his Address in Surgery at the annual meeting of the Association in Sheffield in 1908 will be remembered by those who heard it as full of shrewd observation, mature wisdom, and humour. From the University of Sheffield he received the degree of Ch.M. in 1908; he was professor of surgery in that university, and represented it on the General Medical Council from 1911 to 1919.

In the strenuous days of the war his knowledge and skill were needed for the treatment of the sick and wounded. Though almost worn out by thirty-five years of incessant work and in poor health, he responded to the call and joined the staff of the Wharfedale War Hospital. The younger surgeons who were his colleagues at that hospital know well the value of the work he did there, as did his patients, by whom he was known as the saviour of limbs. But the strain proved too much for his years and a constitution never robust, and, though he continued to do valuable service until the end of the war, he was forced to yield to the remonstrances of his friends and to restrict the range of his activities.

When the strain of the war was over there was no hiding the fact that his health was very seriously under-

Guy's, and took the diplomas of L.S.A. in 1870 and M.R.C.S. in 1872, also graduating as B.Sc., with honours, and M.B., in 1872, at London University. Entering the I.M.S. as assistant surgeon on March 30th, 1872, he became surgeon lieutenant-colonel after twenty years' service, and retired on August 27th, 1900. Almost the whole of his service was spent in civil employment, first in Assam and afterwards in Bengal, where, after various less important civil surgeoncies, he held the same post successively at Patna, 1890-92, Darjiling, 1892-94, and Dabha, 1894-96. In September, 1896, he was appointed professor of materia medica in the Calcutta Medical College, and second physician to the college hospital, holding the chair till his retirement. He was the author of a work on *Malaria and the Spleen*, published in 1880.

Medical News.

THE annual general meeting and dinner of the Cambridge Graduates' Medical Club will be held on Thursday, April 21st, at the Imperial Restaurant (Oddenino's), Regent Street, London, W., at 7.30 o'clock, with the President, Sir Humphry Rolleston, K.C.B., in the chair. Price of dinner, 12s. 6d., exclusive of wine. The honorary secretaries are Mr. R. Davies-Colley, C.M.G., 10, Devonshire Place, W.1, and Mr. W. H. C. Romanis, 8, Harley Street, W.1.

A MEETING of the Society of Medical Officers of Maternity and Child Welfare Centres will be held on Friday, April 15th, at 5.30 p.m., in the Central Committee Room, University College, Gower Street, London, W.C., when a paper will be read by Dr. Marion Cockerell entitled "Infant feeding after the ninth month." A discussion will follow. Members are invited to bring friends, provided that they are medical officers of centres.

MEMBERS of the medical boards, the medical referees and the medical staff of the Ministry of Pensions in the Ireland South Region, entertained Dr. D. A. Carruthers at luncheon on the occasion of his departure from the Region. He has held the position of Commissioner of Medical Services for the past two years. About forty members of the medical profession engaged in the various branches of work in the Ministry of Pensions in the Region were present. Drs. C. R. Kilkelly (in the chair), T. E. Rainsford, H. B. Beatty and R. J. Rowlette each expressed the esteem in which Dr. Carruthers was held by the various departments over whose work he has presided, and referred to the invariable courtesy and consideration displayed by him towards all sections of the medical profession who came into contact with him. A presentation and address subscribed by seventy medical men was made in token of the universal regret felt on the departure of Dr. Carruthers from Ireland, and of the good wishes for his future prosperity in his new sphere of work in England. A presentation has also been made to Dr. Carruthers on behalf of the clerical staff of the Medical Services Branch.

A MEETING of the Harveian Society will be held at the Town Hall, Harrow Road, Paddington, on Thursday, April 14th, at 8.30 p.m., when Mr. Duncan Fitzwilliams, F.R.C.S., will read a paper on "The naevi of children and their treatment."

A SPECIAL course of instruction in venereal diseases for post-graduates and students will be given at the London Lock Hospitals commencing on April 18th and terminating on May 10th. The course consists of clinics daily and twenty-five lectures, three of which will be given at the Female Hospital, Harrow Road, and the remainder at the Male Hospital, Dean Street, W. The fee for the complete course is 4 guineas. Applications for tickets should be made to the Secretary at the Hospital, 283, Harrow Road, W.9.

ON March 29th Dr. John Jeffrey of Jedburgh was presented by his patients and friends with an illuminated address and three valuable pieces of Georgian silver on the occasion of his leaving the town to take up an appointment at Aberdeen under the Ministry of Health.

THE annual meeting of the Chartered Society of Massage and Medical Gymnastics will be held on Saturday, April 16th, at 3 p.m., at the Armitage Hall, 224, Great Portland Street, W.1. The chair will be taken by Sir E. Cooper Perry, M.D.

A POST-GRADUATE course in hydrology, radiology, and physical therapy lasting for two months will be held in the course of the year at Naples. Particulars may be obtained from Professor Pio Marfori, Sant' Andrea delle Dame 21, Naples.

THE late Sir John W. Byers, Professor of Midwifery in Queen's University, Belfast, left £51,068.

DR. A. T. NANKIVELL, on his retirement from the posts of medical officer of health and school medical officer for Poole, has been presented by the staffs of the health and education departments and of the Alderney Isolation Hospital with an inscribed clock, as a mark of their esteem and respect.

AT the meeting of the Medico-Legal Society, to be held at 11, Chandos Street, W.1, on Tuesday, April 19th, at 8.30 p.m., a paper will be read by Mr. W. G. H. Cook, LL.D., on "The liability of the insane in respect of civil wrongs."

THE King has appointed Colonel Sir Edward Scott Worthington, K.C.V.O., C.B., C.M.G., to be a Companion of the Order of the Indian Empire, for services rendered in connexion with the visit of H.R.H. the Duke of Connaught to India.

A SPECIAL course on the pathology and clinical aspects of tuberculosis will be held at Genoa from April 18th to May 21st. Admission to the course can be obtained on application to the Secretary of the Medical Clinic, Via Balilla 5, Genoa.

THE Coroner for the City of London, Dr. F. J. Waldo, held, during the year 1920, 599 inquiries in the City of London, including H.M. Prison at Holloway and the borough of Southwark. With the exception of a few natural deaths juries were summoned in all cases, Dr. Waldo holding that an intelligent jury, directed by a coroner, is a more satisfactory tribunal for the elucidation of truth than a coroner sitting alone. An inquest was held on the body of only one infant accidentally suffocated whilst in bed with its parents—the lowest figure ever recorded. The marked general decrease throughout England and Wales during the past few years in this class of preventable death is, Dr. Waldo thinks, due chiefly to the more general use of cots and cradles, and the holding of more autopsies by which the actual cause of death is ascertained. Inquests were held in only eight cases in which sudden death was accelerated by the administration of anaesthetics for surgical operations. Of this number, three died in the City and five in Southwark.

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.

INCOME TAX.

"X." asks: Should a medical man who retired from practice in September, 1917, be assessed on a three years' average for 1920-21, seeing that since retiring he has done only a little locumtenent work?

* * No. If "X." had retired from medical work altogether he would not have been assessable at all for 1918-19 or following years. If he sold his practice his successor was liable to account for tax on the full profits of the tax from September, 1917, onwards, and no doubt did so. In any case, however, it seems clear that from that time our correspondent's income tax liability ceased to have any reference to the profits of his former practice, and that a new basis of liability was set up when he commenced locumtenent work.