

of this for a case in which Jessen had found the pleural surfaces adherent. Jessen refused to attempt it, but Sudeck removed most of the fourth rib and separated many adhesions by hand, and a good result was recorded. Eden of Jena, stimulated by this, operated on a case, but found the surfaces very difficult to separate, and had to confess that the pneumothorax obtained was only partly intrapleural. Some days later the patient ruptured a lung cavity during the act of coughing. Ulrici also treated a case by this means, but the operation lasted one and a half hours, and the patient succumbed eventually to extension of disease in the opposite lung and other organs. I cannot feel that the separation of adherent pleura, apart from well-defined bands, by surgical means, is at all a sensible proposition, and fortunately there appear to be other possibilities.

Stripping the Costal Pleura: Tuffier's Operation.—Just a year ago I got Mr. Romanis to strip the parietal pleura from the endothoracic fascia over the apex (apicolysis) in a private patient who suffered with a bleeding cavity, and to pack the resulting space with solid paraffin. I was so much impressed on this occasion with the ease with which the parietal pleura stripped, and with the comparative mildness of the operation, done under gas and oxygen and without rib resection, that I felt encouraged to try it in other cases where adherent pleura prevented the production of pneumothorax. Not long after this I came upon a paper by Rieckenburg, working under Ulrici at Sommerfeld, in which he describes two cases of adherent lung where the costal pleura was stripped from the chest wall, and a pneumothorax maintained outside it. He points out the value of the double covering over large cavities in diminishing the danger of perforation, and notes that the raw pleural surface in healing contracts down and prevents further expansion of the lung. The cavity holds gas only under low pressures at first, but eventually it becomes effectively "gas-tight." Encouraged by the possibility this offered, I asked Mr. Romanis in January last to strip the whole costal pleura in a case eminently suitable for pneumothorax, but with total adhesion of the pleural surfaces. The patient had chronic disease of the whole right lung with cavitation, and ran fever to 100.5° in spite of prolonged rest. The left lung was an excellent organ. The chest was opened through the third space, and the pleura separated with the hand over all but the inner surface of the lung. Ample room for insertion of the hand between the ribs was obtained by strong retraction, and the pleura stripped with the greatest ease, but the lung collapsed little as it was solid with disease. The operation lasted but twenty minutes, and was followed by very little shock or reaction. It was realized that the absorption of air would be rapid, but I thought a week could be left before the refill. Most unfortunately, however, the patient only came into my hands again after an interval of twelve days, and by then all the air was found absorbed and the lung re-expanded. It would be wiser, I think, in such a case to leave a small opening to the outer air, and to close this at the end of a week, when refills can be conveniently substituted. The sequel in this case was interesting, for the temporary immobilization of the lung allowed the patient to re-establish tolerance, and the temperature fell to 99° and has remained there; at the same time both lung and general condition have improved. This improvement is reminiscent of some experiences of Schroeder, who found lung fibrosis and recovery to follow a severe traumatic pleurisy in three cases where he attempted, without success, to separate adherent pleural surfaces after a pneumothorax operation by Brauer's open method.

Extrapleural Thoracoplasty.

I have referred to the possibility of thus creating and maintaining an extrapleural pneumothorax because the idea may be new to some of those here present. Of the better recognized means of dealing with adherent pleura, by extrapleural thoracoplasty under local anaesthesia, I shall not here speak, but I hope some others now present may do so. Two admirable papers on this subject by Scandinavian authorities appeared in our journals last year, one in *Tubercle* of April, 1920, by Saugman, dealing with 41 cases, and one by Bull of Christiania in the *Lancet* of October 16th, 1920, with an account of 37 cases. The results appeared to be excellent, and the actual operation mortality small, amounting to but 4 cases in each series.

With regard to all these surgical procedures, it must be noted that operations are not to be lightly undertaken in the subjects of pulmonary tuberculosis; the cases require even more careful selection, especially as regards the condition of the better lung, than they do for mere pneumothorax treatment. Before leaving the subject of adherent pleura I should like to insist that no operative measures must be undertaken for its relief until its actuality is determined by experiment. It might well be supposed that where a great displacement of organs and closing in of ribs has occurred, we are then necessarily dealing with

adherent pleura. But this is by no means the case, as I can illustrate by a radiogram from a patient on whom I induced a pneumothorax some three weeks ago. The heart was entirely in the right chest, and the trachea was drawn over and distorted; and yet the pleural surfaces proved un-adherent, with the result, as would be expected, that the intrapleural pressure had fallen to a very low figure—actually to -27 -25 cm. of water.

Pneumothorax treatment is a big subject, because it involves so many possibilities. What I should like finally to insist on here is the comparative narrowness of its indications, but its striking hopefulness within these limits. All is possible to a case of unilateral, or practically unilateral disease, if only we are sufficiently persistent. It is for that reason that I have wandered to-day into the byways of surgical interference, feeling that in these cases adherent pleura is no excuse for folding our hands and giving in. The patient with one lung has a good fighting chance if only our skill and resourcefulness suffice to discover for him the road to victory.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE DESTRUCTION OF BACILLI BY ELECTRICITY.

In 1915 I started some experiments for the destruction of bacteria by electricity. Pus from a streptococcal abscess was collected in a sterile copper vessel; cultivations on agar yielded a virulent streptococcus. After passing a continuous electric current of 100 milliamperes through the pus for an hour no growth was obtained on agar, but at the bottom of the copper vessel I found a deposit of copper salts sufficient to kill the most virulent streptococcus.

I next tried an electric bath with a carbon pole. I had a patient with a very bad septic forearm, which did not improve with free drainage and antiseptic treatment. I obtained a large porcelain arm bath, filled it with 10 per cent. saline solution, and put one carbon pole at one end of the bath; I made the patient's septic arm the other pole by attaching a zinc plate to his shoulder and allowing him to rest the limb in the warm saline solution. I now passed 80 milliamperes continuous current through the bath and left the arm in it for half an hour. The following day the arm looked very much cleaner and the granulations much healthier. Each day it improved, and within about ten days with daily baths it was almost healed. I discussed the treatment with my colleagues, and we agreed that in all probability the improvement was due to free chlorine gas, which was being liberated by the electric current passing through the saline solution. I was, however, struck by the rapid growth of healthy granulation tissue, which I was convinced was stimulated by the current.

From 1917 to 1919 I continued my observations at the Norfolk and Norwich Hospital, and there treated a number of gunshot wounds with septic sinuses by means of copper sulphate ionization. The sinus was cleaned out and filled with a 1 per cent. solution of copper sulphate. A copper rod was then put down the sinus and a zinc pad placed on the patient's back. The two poles were connected respectively to the anode and cathode of a galvanic battery and a constant current of about 8 milliamperes passed through for about fifteen minutes daily. The rapid healing of the wound was marked by the rapid growth of granulation tissue.

In an attempt to prove that the electric current actually played a part in the destruction of organisms I constructed an apparatus by which the current passed through some pus, but the poles were not in it. By this means the gas given off at the pole could not play a part in the destruction. I obtained a glass vessel, divided into three compartments by plates which would conduct the current. I placed some pus laden with *Staphylococcus aureus* in the middle compartment and the positive pole into one and the negative pole into the other of the two remaining compartments, which were filled with normal saline. A current of 50 milliamperes was then passed through for half an hour at 70° F. By incubation on agar for eighteen hours a very small growth of *Staphylococcus aureus* was obtained. The current was allowed to continue running

through the pus for another hour, at the end of which time a further culture was taken and after forty-eight hours' incubation no growth could be seen on agar.

In 1915 I introduced into the out-patient department of this hospital electric baths for sepsis, and they have been used daily ever since with success.

Recently I have tried the same experiment with pus containing *B. coli*, and found it took a current of 80 milliamperes for one hour to kill the organisms. Based on the results of my recent investigations I am convinced that in introducing electric baths to combat sepsis I was not only introducing a means of stimulating granulation tissue and of cleaning the wound but an actual means of destroying the organisms infecting it.

For valuable help in examining the cultures and for advice on many points I am indebted to Dr. H. M. Galt, pathologist to this hospital.

P. C. COLLINGWOOD FENWICK,
Senior Resident Surgical Officer, Royal Sussex
County Hospital.

ENTERO-COLIC INTUSSUSCEPTION IN AN ADULT.

W. B., a pale, thin man aged 46, who for the previous four months had been subject to occasional abdominal discomfort but who had otherwise always enjoyed good health, was suddenly seized with severe abdominal pain at 7 a.m. on February 16th, 1920. The pain was intermittent, of increasing severity, and accompanied by retching and occasional vomiting. Shortly after the onset of symptoms the bowels were twice moved and flatus passed.

When first seen, at noon, a rounded, prominent swelling, almost as large as a coconut, was visible in the right iliac region: it was dull on percussion and tender on palpation. The area of greatest tenderness as also of pain, however, was below the right costal margin and in the epigastrium.

His wife volunteered the statement that during a paroxysm of pain, whilst pressing on his abdomen to ease him, she heard a "click," and immediately afterwards discovered the swelling. He was sent to the Victoria Cottage Hospital, Woking. When admitted half an hour later he was collapsed; the temperature was 96.4° and the pulse 64.

Operation.

At 2 p.m. the abdomen was opened through the right rectus sheath; enormously distended and congested large bowel exposed; tracing this in both directions it was found that the ascending colon, as far as the hepatic flexure, the caecum, and about 6 in. to 8 in. of ileum were distended by intussuscepted small bowel. At the apex of the intussusception an oval mass about 2 in. long could be felt, suggestive of a polypus. The intussusception being irreducible, and total excision, owing to the patient's condition, holding out little prospect of success, the ileum above the intussusception was laterally anastomosed to the transverse colon and the abdomen closed. He had only slight post-anaesthetic vomiting.

After-History.

Next morning he complained of a good deal of abdominal pain, nausea, and frequent hiccough, and became faint when moved. The temperature was 100.2° and the pulse 110.

On February 18th the temperature was 99.6° and the pulse 76; there was some increasing abdominal distension. A turpentine enema was followed by severe collapse; the motion consisted of altered blood. On the next day the bowels had moved several times in response to repeated doses of magnesium sulphate and the general condition was improved. The temperature was 100.4° and the pulse 84. From this time onwards the patient's condition steadily improved; pain, nausea, and hiccough gradually subsided; the bowels were moved daily; the appetite returned and the pulse improved, but the temperature remained constantly between 99° and 100°. On February 26th he complained of severe gripping pains, and the following morning had desire to go to stool and passed the entire intussusceptum. The temperature fell to normal five days later and he made an uninterrupted recovery. He was discharged from the hospital on March 23rd and has remained in excellent health since.

Owing to advanced decomposition it was not possible to make a satisfactory examination of the intussusceptum. It was about 18 in. in length, the lower end (apex) apparently terminating blindly and containing thick (?) faecal material. No tumour was detected.

The appearance of the specimen and the distance of the starting-point from the caecum suggest that a Meckel's

diverticulum may possibly have been the cause of the intussusception. That it was entirely irreducible seven hours after onset was, no doubt, due to the large amount of mesentery contained. The comparatively slight constitutional disturbance after the first few days is noteworthy.

I am indebted to Dr. F. M. Haig, who administered the anaesthetic, and to Dr. F. E. A. Colby, who assisted me in the operation.

Woking.

B. H. KINGSFORD, M.D. Lond.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

LEEDS DIVISION.

A SUCCESSFUL meeting of the Leeds Division was held in the Leeds Township Infirmary on May 19th. In addition to the ordinary business, papers were read and cases and specimens were shown.

Graphic Methods in Cardiac Diagnosis.

Dr. T. WARDROP GRIFFITH gave a lantern demonstration to show the use of the graphic methods of studying affections of the heart. At the outset he emphasized the view that all the more recent methods, such as the use of the polygraph and of the electro-cardiograph, should be regarded as supplementary to and not as superseding the ordinary methods of examination. The more he used these instruments the more he found he was able to dispense with their use. It was, however, owing to the researches of a large body of workers, using these instruments, that the knowledge of cardiac disease and of cardiac affections had advanced. There were many men who with great facility made an accurate diagnosis of fibrillation of the auricle on the recognition of a non-rhythmical action of the heart, and who forgot, or seemed to forget, that their ability to do so depended entirely upon the work of Sir James Mackenzie, Dr. Thomas Lewis, and those who, like Professor Cushman, had paved the way by experiments on animals.

In the course of his demonstration Dr. Griffith dealt with those temporary interferences with auriculo-ventricular conductivity which sometimes occurred in pneumonia, and gave an account of one case in which some impairment of conductivity was accentuated by the use of digitalis, a drug which, however, had probably saved the life of the patient. Another instance was given of a lad with impaired conductivity, in whose case the impairment was abolished by the use of atropine, only to return in a few hours, but in which conductivity was found to be normal at the end of two years. Examples of different degrees of block leading up to complete disassociation were shown.

Leucocytic Changes in Hodgkin's Disease.

Professor STEWART read a paper on the leucocytic changes in Hodgkin's disease and their diagnostic significance. He said that the leucocytic count in Hodgkin's disease was very variable, not only in different cases, but in the same case at different times. Deviations from the normal were most marked in acute and subacute cases. There were three chief types of leucocytic changes—in order of frequency: (1) a neutrophil leucocytosis, relative and absolute; (2) a relative and absolute increase of the large mononuclear cells, not lymphocytes, especially of the transitional type; (3) a relative and absolute eosinophilia. Any one of these three, if well marked, was of some value in the differential diagnosis of a suspected case of Hodgkin's disease, but No. 2, a large mononucleosis, mainly of transitional type, was the only one on which much reliance could be placed. In 8 recent cases in which the diagnosis of Hodgkin's disease was established by histological examination of an excised gland or glands, 5 showed this large mononucleosis, varying from 19 to 33 per cent. (absolute figures, 1,430 to 3,370 per cubic millimetre). The normal figures for large mononuclears (including transitionals) might be taken as from 4 to 10 per cent., or about 240 to 900 per cubic millimetre in absolute figures. Two other cases showed a high neutrophil leucocytosis (20,000, with 95 per cent. polymorphs; and 33,000, with 89 per cent. polymorphs). In a third case there was a terminal relative neutrophilia (9,000 leucocytes, with 96 per cent.

for England in 1883 and in 1885-86. During the war he was temporary Captain, R.A.M.C.(V.), and took an active part in the work of the Kingston-Surbiton District Red Cross Hospital and of the Oakenshaw War Hospital. On his retirement in March, 1920, he was granted the honorary rank of captain. He was a member of the Kingston Division of the British Medical Association.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—*J. C. H. Andrewes (University Medal), †Florence R. Clulow, †H. A. Harris, †R. C. B. Ledlie, *A. G. Maitland-Jones, †V. E. Negus, *P. Steinberg, Doris E. Alcock, G. C. Agarwala, W. M. Anthony, J. B. Banks, Mary R. Barnes, F. M. Barnes, H. E. Beasley, Ursula P. Blackwell, H. J. Blampied, J. Brodie, P. C. P. Cloake, E. V. Corry, Elsie E. Cowperthwaite, L. ap I. Davies, A. G. Duncan, Edith M. Evans, Ada M. Freeman, I. Frost, Madeline Giles, F. Heber, J. G. Jones, Dorothy M. Kemp, Mary K. F. Lander, E. H. L. Leclerio, H. W. Lewis, R. T. Lewis, Margaret Longbottom, E. R. Lovell, G. J. W. McMichael, Henrietta A. C. Main, C. H. Marshall, Adeline M. Matland, Kathleen H. Matthews, Sybil M. Nuttall, Sybil G. Overton, R. H. Parry, Phoebe M. Phillips, Alice D. Pocock, W. R. Rowlands, G. W. R. Rudkin, H. L. Sackett, A. Shafeek, B. B. Sharp, Katherine J. Shaw, L. F. Strugnell, R. N. L. Symes, R. S. Tirodkar, Norah E. Trouton, A. E. Ward, S. A. T. Ware, R. W. Warrick, F. W. A. Watt, Agnes E. Westwood, I. G. Williams, W. P. Wippell, W. C. S. Wood.

Distinguished in * Medicine, † Pathology, ‡ Forensic Medicine, § Surgery.

UNIVERSITY OF BRISTOL.

THE University Council at its meeting on May 27th received the resignation of the Vice-Chancellor, Sir Isambard Owen, M.D., who, having reached the age of 70, is due to retire under the operation of the Treasury new rules with regard to superannuation. The resignation takes effect at the end of the present session. Sir Isambard Owen, who went to Bristol in 1909 in succession to Professor Lloyd Morgan, is responsible for practically the whole of the organization of the University.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—*E. D. Fenwick, *H. L. Sheehan, *J. Solomonoff.
MEDICINE.—†F. E. Edwards, *†M. A. K. El. Hennawy, *†E. D. Fenwick, *†O. E. Finch, *A. Mishriky, *H. L. Sheehan.
FORENSIC MEDICINE.—F. E. Edwards, M. A. K. El. Hennawy, E. D. Fenwick, O. E. Finch, H. L. Sheehan, M. Tcherny, R. E. Williams.
MIDWIFERY.—M. A. K. El. Hennawy, E. D. Fenwick, M. Fox, A. Senn, H. L. Sheehan.

* Section I. † Section II.

The diploma of the Society has been granted to Messrs. E. D. Fenwick and J. Solomonoff.

The Services.

DEATHS IN THE SERVICES.

SURGEON-MAJOR HENRY COOKSON, Bengal Medical Service (retired), died at Cheltenham on April 22nd, aged 88. He was born on February 10th, 1833, the son of Mr. Thomas Henry Cookson of Boston, and was educated at Edinburgh University, Leeds, and St. Thomas's Hospital. He took the M.R.C.S. in 1856, and entered the Royal Navy as assistant surgeon in the same year, but resigned with less than three years' service. In 1859 he took the L.R.C.P. Edin., and entered the I.M.S. on January 20th, 1860, attaining the rank of surgeon-major on July 1st, 1873, and retiring on May 20th, 1880. He also took the F.R.C.S. Eng. in 1870, and the D.P.H., after retirement, in 1882. He served on the North-West Frontier of India in the Jowaki campaign of 1877-78, when he was mentioned in dispatches, in G.G.O. No. 738 of 1878, and received the frontier medal; and in the second Afghan war of 1878-79, when he took part in the capture of Ali Musjid, was again mentioned in dispatches, in G.O.C.C. of October 14th, 1879, and received the medal with a clasp.

Fleet Surgeon Anthony Kidd, R.N. (retired), died on April 24th at Bath. He was educated at the Ledwich School, Dublin, and took the L.R.C.S.I. in 1879 and the L.K.Q.C.P. in 1880; he entered the navy and attained the rank of fleet surgeon on February 26th, 1897. Before his retirement he was serving as principal medical officer at Pembroke Dock, and afterwards filled the post of surgeon and agent at Falmouth; subsequently he practised at Bath.

Lieut.-General Sir Launcelotte Gubbins, K.C.B., formerly Director-General A.M.S., has been reappointed a Special Commissioner of the Royal Hospital, Chelsea.

Medical News.

THE following committee has been appointed by the Minister of Pensions to inquire into the management by the Ministry of Pensions and the Joint Disablement Committee for the South-West of Scotland, of Bellahouston Hospital, and especially the organization of the outpatient department: The Right Hon. Lord Scott Dickson, P.C., K.C. (chairman), Sir Donald MacAlister, K.C.B., president of the General Medical Council, Mr. W. Grieve, a disabled soldier, and Colonel Sir Arthur L. A. Webb, K.B.E., C.B., Director-General of Medical Services, Ministry of Pensions.

THE annual dinner of the Indian Medical Service will be held at the Trocadero on Wednesday, June 15th, Major-General Sir R. Havelock Charles, G.C.V.O., in the chair. Tickets and all particulars may be obtained from the joint honorary secretary, Colonel J. J. Pratt, I.M.S.(ret.), 63, Addison Road, Kensington, W.14.

THE Cavendish lecture, followed by the annual conversation of the West London Medico-Chirurgical Society, will be delivered at the Kensington Town Hall by the Right Hon. Christopher Addison, M.D., M.P., on Friday, June 17th, at 8.15 p.m. The subject of the lecture will be "The part of the State in the prevention of disease." A reception will be held at 7.45 p.m. Members requiring tickets for guests are asked to communicate as early as possible with the Hon. Secretary, Dr. D. G. Rice-Oxley, M.C., 22, Victoria Road, W.8.

COMMEMORATION DAY took place on May 27th at Livingstone College, London, E., when many friends of foreign missions were present at a gathering presided over by Sir George Makins, who said that it was necessary that the missionary, to fulfil his aim, should have, in addition to his theological training, some knowledge of medical things. He remarked on the great value in the mission field of the partial medical training which was obtained at Livingstone College. The value of this training was further emphasized by the personal experiences related by Dr. G. E. King, of the China Inland Mission, and the Rev. L. Taylor of the Moravian Mission, Nicaragua.

A SESSIONAL meeting of the Royal Sanitary Institute will be held on June 9th and 10th, in the Guildhall, Gloucester, jointly with the West of England Branch of the Society of Medical Officers of Health. On June 9th at 10 a.m. a discussion on "Public health development in Gloucestershire" will be opened by Dr. J. Middleton Martin, County M.O.H. Gloucestershire. On June 10th, at 10 a.m., there will be a discussion on "The collection and disposal of house refuse." The chair will be taken by Professor H. R. Kenwood.

THE annual general meeting of the Governors of Epsom College will be held at the offices, 49, Bedford Square, W.C.1, on Friday, June 24th, at 4 p.m.

ON May 14th the 125th anniversary of the first vaccination performed by Edward Jenner was celebrated in the hall of Leyden University by the Dutch Society for the History of Medicine and Natural Philosophy. Addresses were given by Professor E. C. Van Leersum and Mr. C. J. S. Thompson, Curator of the Wellcome Museum.

A QUESTION was recently addressed in the House of Commons by Mr. Robert Young, M.P., to the President of the Board of Education on the subject of whether the earlier hours of attendance and the consequently prolonged day due to the operation of the Daylight Saving Act had had any injurious effect on the health of young children. A circular has been sent to local education authorities by the medical department of the Board of Education asking than an endeavour should be made to ascertain through school medical officers and teachers the effect during the current year of the Summer Time Act on the health of school children, and on their proper attention to school work.

A MEDICAL congress will be held at Helsingfors from June 30th to July 2nd. The principal subject to be discussed is the treatment of syphilis—(a) of the central nervous system, and (b) of the thoracic and abdominal viscera.

THE next course of international post-graduate lectures in Vienna will begin on June 6th. Full particulars can be obtained from the Dean of the Medical Faculty at the University, Franzensring, Vienna 1. The course will consist of lectures, by professors of the Medical Faculty, on recent advances in surgery, orthopaedics, gynaecology, and pediatrics.

THE annual meeting of the British Science Guild will be held at the Goldsmiths' Hall, Foster Lane, London, on Wednesday next, June 8th, at 3 p.m., when Dean Inge will speak on "The road to ruin and the way out," and Sir Richard Redmayne will give an address on the importance of research in promoting the development of mineral industries.

THE annual dinner of the Harveian Society of London will be held at the Café Royal, Regent Street, on Wednesday, June 22nd, at 7.30 p.m.

ON the occasion of the departure of Dr. D. A. Powell from the district to become superintendent of the Welsh Sanatorium at Denbigh, the medical practitioners of Anglesey entertained him to a very successful dinner, held on May 13th, as a mark of esteem and of the cordial relations that had existed between Dr. Powell, as tuberculosis physician to the Welsh National Memorial, and the practitioners of the district.

THE second annual general meeting of the Society for the Prevention of Venereal Disease will be held at 5.30 p.m. on Monday, June 6th, at the Barnes Hall, 1, Wimpole Street (kindly lent by the Royal Society of Medicine).

As already announced, the annual provincial meeting of the Society of Medical Officers of Health will be held on Saturday, June 11th. Owing to a printer's error in the notice sent to members, we are asked again to draw attention to the date.

THE June number of the *New York Medical Review of Reviews* will be a special radium number dedicated to Madame Curie, and will consist exclusively of articles on radium and its uses by the most prominent radiologists in the United States and Canada.

THE fifty-second annual meeting of the Canadian Medical Association is announced to take place at Halifax, Nova Scotia, from July 5th to 8th, under the presidency of Dr. Murdoch Chisholm.

As a step in the reconstruction plans of Yale University the subjects of pharmacology and experimental medicine have been combined into a university department with the title of the Department of Pharmacology and Toxicology. Special attention is to be devoted to the training of future investigators and teachers, and to the chemistry and physiology of the action of drugs and poisons.

ACCORDING to the *Journal of the American Medical Association*, an unusual situation has been brought about in the Johns Hopkins Medical School and the Johns Hopkins Hospital by the resignation of Dr. William S. Thayer, professor of medicine in the medical school and physician-in-chief of the hospital, who was chief medical adviser of the American Expeditionary Force during the war. The seventy physicians connected with the department of clinical medicine have offered their resignations in response to a circular letter sent out by the medical board of the hospital. This letter explained that none of the members of the department would be reappointed prior to the selection of the successor to Dr. Thayer. This course was taken in order that the new professor of medicine and physician-in-chief of the hospital might have a free hand in reorganizing his department and carrying out the policy involved in the idea of a full-time professorship.

IN addition to the post-graduate courses in medicine at the Hôtel-Dieu already noted in the JOURNAL, a number of other vacation courses will be given in Paris during this summer and autumn. At the Hôtel-Dieu, from July 1st to 31st, there will be a course on diseases of the digestive tract and the biliary ducts, by Professor Hartmann and others, and at the Salpêtrière Hospital, from June 27th to July 11th, a post-graduate course on surgical technique, including practical work, by Professor Gosset, assisted by Dr. G. Loewy and others; this latter course will be conducted in English, and will be limited to twenty medical men. At the Hôpital de la Pitié, from June 20th to July 10th, a course on diseases of the heart, blood-vessels, and blood will be given by Professor Vaquez and others, and at the Hôpital des Enfants Malades, from August 17th to September 3rd, a course on diseases of children has been arranged by Professor Nobécourt. At the Broca Hospital, from September 19th to October 1st, a course on gynaecology will be given by Professor J. L. Faure and his colleagues. In the histological laboratory of the faculty of medicine there will be during the month of October a course on histology, by Professor Prenant, and in the pathological laboratory, from October 5th to 30th, a course on pathology by Professor Letulle. At the Hôpital Laënnec and other three hospitals in conjunction, from July 4th to 17th, a course on tuberculosis will be carried on by Professors Léon Bernard, Bezançon, Auguste Broca, Letulle, and Renon, and in the laboratory of the faculty,

from July 1st to 12th, a course on parasitology will be given by Professor Brumpt. At the School of Child Welfare, 64, Rue Desnouettes, Paris (XV^e), from October 3rd to 13th, a series of lectures on child welfare, with visits to the Parisian municipal centres, has been arranged by Professor A. Pinard and others; further information on this course may be obtained, before September 25th, from M. Weisweiler, administrator of the school. In regard to all the other courses particulars will be given by the Secretary of the Faculty of Medicine of Paris, to whom application should be made, before June 15th, in the case of courses before the month of August, and before July 15th, in the later courses. The fees range from 50 francs, for the child welfare course, to 80 francs for the courses on histology and pathology, and 150 francs for the clinical courses. Information regarding such matters as travel and accommodation will be given by the Association for the Development of Medical Relations, at the Faculty of Medicine of Paris.

THE University College Hospital Ladies' Association, founded some twenty years ago to provide clothes for patients in the wards and to help patients when discharged, has now some eight hundred members and ten local branches; it maintains two beds and its junior branch a cot. Its latest work has been the establishment of an infant welfare department. The hospital is in financial difficulties, and the Ladies' Association will hold a sale on June 8th at Someries House, Regent's Park, the residence of Major Harold and Lady Zia Wernher. The sale will be opened by Princess Helena Victoria at 11.30 a.m.

SIR KENNETH W. GOADBY, K.B.E., M.R.C.S., lecturer on bacteriology at the National Dental Hospital, has been appointed to represent medical science on the Advisory Committee for the Metalliferous Mining Industry.

MESSRS. A. W. GAMAGE, of Holborn, E.C.1, have issued a new catalogue containing particulars, with prices, of a very large number of motor accessories.

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.

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1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology, 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.

DIACETIC ACID TESTS.

"F. E." (Orange Free State) writes: I should be glad to know of a method of detecting diacetic acid in the stains of a baby's napkin. I find that lint damped with normal urine to which diacetic acid has been added does not give the purple reaction with ferric chloride solution as one would expect.

* * Diacetic acid (and acetone), being volatile substances, cannot be detected by any test in a stain on a napkin. The only way would be to test the fresh expressed urine with the nitro-prusside test (this is best done as a ring test), which shows both acetone and diacetic acid. The blood can also be examined for acetone, and the carbon dioxide content of the alveolar air determined to show acidosis.

INCOME TAX.

"T. G." bought out his senior partner on January 1st, 1920. He asks whether he can deduct as an expense in calculating his income tax return that portion of the gross receipts which