

on a rigid milk diet (in addition to mist. carbonatis, *ter in die*) until the twenty-eighth day. Before discharge each one receives instructions as to what he should eat and drink during the ensuing year—invariably some alcoholic stimulant being recommended at lunch and dinner.

It may not be reckoned irrelevant if I touch on the prophylactic treatment of this too prevalent malady, and in order to avoid prolixity, or getting out of depth, I will briefly mention "ten commandments" which I have found of great service to candidates for gastric ulcer who perforce have to eke out a sedentary existence, with comparatively little out-door exercise.

1. As a general rule indulge only in two meals a day, and take only two plates to each meal—meat with vegetables, and fruit, with or without light milk pudding, or cheese.

2. Masticate thoroughly, have any bad "stumps" extracted.

3. Take, in moderation, whatever alcoholic beverage is most congenial to your stomach—that is to say, which does not, hours afterwards, create excessive acidity or a feeling of "liver."

4. Whenever practicable, rest mind and body for one hour after a meat lunch in order to allow the digestive machine to get ready before an extra call for blood is made by brain or muscles.

5. Allow at least a six-hour interval between midday and evening meals.

6. Do not pollute the refreshing cup of afternoon tea with bread-and-butter, cakes, scones, or other decomposing fermenting carbohydrate messes, which deprive the unfortunate stomach of all chance of a rest before it has to tackle its dinner problem.

7. Abjure the use of any form of alcoholic refreshment except at your lunch and dinner table.

8. Whenever feasible take a stroll in the evening after dinner, and sleep in a room with a large open window—not in a draught—so that the blood may be properly oxygenated during the eight hours of repose.

9. Make it a creed to take regular morning exercise: begin with a hard snap of shadow-boxing (commence with twenty and work gradually up to 100 double clouts) in order to extend the heart muscle and elastic tissue of the lungs; follow with physical exercises, then have a cold shower bath, and promptly conclude with towel drill before some open door or window.

10. *Dulce est desipere in loco*, but not too often.

I am aware that I tread on delicate ground in advocating the general moderate use of alcoholic drink with meals. I do so, not inflated with any exalted idea of preparing any medium for the gradual evolution to a future conception of some incomprehensible super-race, but to endeavour to make the best and most agreeable of what we are, and to lubricate the cranking gear of life through its chequered and allotted span by applying the lessons derived from thirty years' experience in medical practice.

In response to the "Hallelujah" cantations of ascetic mummers whose psychological diapason is solely comprised of one hyphenated falsetto—to eradicate an abuse it is necessary to lop off the use—I have no compunction in affirming that the rational dietetic use of the fermented juice of the grape, of the hop, and of some cereals, is a godsend to man's digestion, and that while the indiscriminate use or bestial abuse of the same unquestionably speeds down to the grave, universal total abstention would tend, in a comparatively short cycle of time, to depopulate the earth, and, in all probability, would compel whatever might remain with human form ultimately to seek refuge in the simian freedom of an arboreal existence.

The die is cast and the test is now being applied on a large scale: may I beg my readers and their descendants carefully to note and compare, in the respective wet and dry zones, the future incidence of tuberculosis, cancer, lunacy, diabetes, resistance to infection, addiction to the drug habit, and frequent and prolonged tours abroad for business, health, and pleasure purposes?

A COMMITTEE appointed to consider a suitable memorial for the soldiers of Madison County, New York, has recommended the erection of a tuberculosis hospital to be maintained, under the provisions of the State county law, at the expense of the county.

DURING 1921, according to the *New York Medical Record*, medical practitioners in New York State issued a total of 946,700 prescriptions for alcohol; in the Chicago district the number was 2,189,000.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

BLINDNESS FOLLOWING INFLUENZA.

INTO my consulting-room in South Africa some years ago was led by two friends a man who was said to be blind. He had had influenza. Examination showed only a low degree of hypermetropic refractive error. Deciding there was nothing to prevent the patient seeing, I put up his correction and told him to read the letters on a board which was opposite him. This he promptly did, to his delight and to the mystification of his friends. I told him he did not need any glasses as he was an outdoor worker. He walked out of my room unassisted. Presumably the blurring—which a low error of hypermetropia will produce—had been exaggerated by the weakness of the ciliary muscle resulting from influenza. That he thought he was blind was obvious. Not only was he led into my room, but he was actually on his way to book his passage to England to see an eye specialist.

Kilnhurst, nr. Rotherham. CHARLES J. HILL AITKEN, M.D.

DUODENAL ULCER IN A NEWBORN INFANT.

ON February 9th I attended a Mrs. X. in her second confinement, after an interval of six years. After a normal labour she was delivered of a healthy female child, weighing just under 8 lb. Respiration was not well established at first, but after a few minutes the child breathed well and was a healthy colour. The first fourteen hours of life were uneventful, and the child appeared to be normal in every respect. There was then sudden haemorrhage from the mouth and the passage of somewhat dark blood per rectum. Calcium lactate with 1 minim of a 1 in 1,000 adrenaline chloride solution was given by the mouth, and rectal salines (1 oz. every hour) administered. For several hours the child appeared to improve, but twenty-eight hours after birth she died after a profuse haematemesis and melaena.

I was fortunately able to get the consent of the father for a *post-mortem* examination. The stomach was full of blood clot, but healthy. About half an inch from the pylorus there was a small duodenal ulcer rather less than half the size of a threepenny-piece. The duodenum was full of blood clot. There was no history of haemophilia or syphilis.

I unfortunately did not preserve the specimen, as at the time of the *post-mortem* examination I did not think of publishing the case.

H. G. K. YOUNG.

CASE OF TRYPANOSOMIASIS FROM WEST AFRICA CURED BY ANTIMONY.

So much has been said and written about special methods of treatment and cures of trypanosomiasis by serum therapy and so-called specific drugs that it seems justifiable to bring forward a case of my own to add to those quoted by Low and Newham, which were under the care of Manson and Daniels.

The patient served in the British Expeditionary Force in the Cameroons in 1915; while there he contracted malaria quartan and tertian, *Filaria loa*, with its embryonic form *F. diurna*, and *Trypanosoma gambiense*. After many adventures he reached England, and came under my care in the Dreadnought Hospital from February to November, 1916. At one time trypanosomes were very abundant (4,000 per cubic millimetre), with cyclical outbursts, the general condition being bad. Atoxyl controlled but did not eradicate the infection. Under intravenous injection of antimony oxide 1/2 grain the blood was rapidly cleared. For a year he was under constant supervision in the laboratory at Greenwich, where treatment was continued. In May, 1917, he was again admitted into hospital for a further course of antimony, as there was a definite relapse, which rapidly cleared up. A single trypanosome was found in 1918, but none since; films have been examined monthly. He had a course of ten injections each spring in 1918, 1919, and 1920, of 1/2 to 2 grains of antimony tartrate. This patient is now (1922) doing work, and is well but for the Calabar swellings; he has filaria in his blood and a high eosinophilia. The strain of *T. gambiense* is being maintained in guinea-pigs, and has reached the sixteenth passage.

The case may now be claimed as a severe infection of *T. gambiense* cured by repeated injections of antimony.

London, W.

PERCY BASSETT-SMITH, K.C.B., C.M.G.

Obituary.

DR. BERTRAM HAROLD KINGSFORD died on January 29th, at Sherwood, Woking, from acute leukaemia of under three weeks' duration, at the age of 51. Bertram Kingsford was born in Chelsea and educated at Merchant Taylors School, London, and received his medical training at St. Thomas's Hospital. He became M.R.C.S., L.R.C.P. in 1892, M.B.Lond. in 1895, and M.D.Lond. in 1905. After leaving St. Thomas's he held various resident posts in London and other hospitals, having been house-physician and house-surgeon at the West London Hospital. For two seasons he was surgeon on the Nile steamers. He went to Woking twenty-five years ago. In the course of a busy professional life he was always ready to give the benefit of his medical knowledge for the furtherance of any good work. He had been actively engaged with the Woking Division of the British Red Cross Society, instructing many in first aid and nursing for many years. He was one of the honorary medical officers of the Victoria Cottage Hospital. For some years he had held the appointment of police surgeon to the Woking Petty Sessional Division, public vaccinator of the Woking District under the Guildford Union, and certifying factory surgeon to the district. Dr. Kingsford was a prominent Freemason, being a member and past-master of the Weyside Lodge and a member of the Cheshelden Lodge; he was also an old member of the British Medical Association. A colleague writes: Kingsford built up a large practice in Woking, by reason of his untiring efforts, great sympathy and kindness; knowing the end that awaited him, his fortitude, bravery and unselfishness were an example to all. He will be missed sadly by his devoted patients, friends and colleagues. The memorial service, which was most impressive, was attended by hundreds, representative of various interests, to pay a last tribute to the memory of their friend. His remains were cremated and buried at Brookwood Cemetery, beside the ashes of his wife, who died three years ago. Kingsford leaves one daughter to mourn his loss.

WE regret to announce the death, on February 13th, of Mr. CHARLES WRAY, of London and Croydon. He received his medical education at the London Hospital, and took the diploma of M.R.C.S. in 1881, proceeding to the F.R.C.S. in 1886. He specialized in ophthalmology, and was ophthalmic surgeon to the Croydon General Hospital and to the infirmary and council schools at Croydon. He was a member of the Ophthalmological Society and of the British Medical Association. Dr. E. H. Willock, late honorary secretary, Croydon Division, writes: By the death of Charles Wray the British Medical Association has lost a staunch supporter. He was a most active member of the Croydon Division and Surrey Branch, and no clinical meeting was ever complete without an exhibition of interesting cases by him. As an ophthalmologist he was frequently in advance of the times. He was a skilful and careful operator. Of vast experience, his opinion was much sought after and valued for the soundness of its judgement. Wray was a great and original thinker on many subjects. He was generous, almost to a fault. His left hand never knew what his right hand did, and everything was bestowed without publicity or ostentation. Many of his professional brethren have lost a good friend in Charles Wray.

DR. AUGUSTINE MARSHALL of Lowestoft died on February 2nd. Born in Leeds in 1866, he was educated at St. Thomas's and the London Hospitals. He took the diploma of M.R.C.S., L.R.C.P., and L.S.A. in 1894, the M.D.Brix in the same year, and the D.P.H. in 1899. For some twenty years he had been medical officer of health for the borough and port of Lowestoft, and was also school medical officer. He was always mindful of the welfare of the town as a health resort and brought about many hygienic improvements. Dr. Marshall had not been in good health lately, but continued to attend to his official duties and to the large number of cases recently at the sanatorium, where he was taken ill suddenly. He was formerly honorary assistant surgeon to the Lowestoft Hospital, held many public appointments, and was a member of the North Suffolk Division of the British Medical Association. A keen yachtsman, a hard-working and painstaking official, in private practice considerate and comforting, his loss will be greatly felt in Lowestoft.

THE death is announced of Dr. GEORGE SAMUEL WILD of Freshfield and Bootle. He was educated at Liverpool, where he became Derby scholar in clinical medicine and surgery in

1884, in which year he took the diplomas of M.R.C.S.Eng. and L.R.C.P. Edin. In 1892 he took the D.P.H.R.C.P.S.I., and graduated M.D.Durh. in 1900. He was consulting physician to the Bootle Borough Hospital, and showed great interest in public affairs. He served as a town councillor for a long term, and was appointed Mayor of Bootle in 1901. He was created an alderman in 1903, but retired in 1908. In November, 1903, he was appointed a Justice of the Peace, and continued to act on the rota ever since. He was a member of the Southport Division of the British Medical Association. Dr. Wild is survived by his widow and a daughter.

DR. THOMAS FRANKLIN PEDLEY died suddenly of heart failure at Bridge House, Rangoon, on January 13th, aged 67. He was the eldest son of the late George Pedley of The Haven, Surrey, and was educated at Guy's Hospital, taking the diplomas of M.R.C.S. and L.S.A. in 1876, and the M.D. of Brussels in 1879. Shortly after he went out to Burma, and had practised in Rangoon for over forty years, holding for many years the post of health officer of the Port of Rangoon, and latterly that of honorary medical officer of the Dufferin Maternity Hospital. He joined the Rangoon Port Defence Volunteers as medical officer in 1880, rose to the rank of surgeon lieutenant-colonel, and received the Volunteer Officers Decoration in April, 1899. He also held the first class gold medal of the Kaisar-i-Hind Order.

DR. JOHN GORDON LESLIE, late temporary Captain R.A.M.C., died at Guildford on January 23rd, aged 57, of septicaemia, caused by a scratch from a needle while performing a *post-mortem* examination. He was educated at Edinburgh, where he graduated M.B. and C.M. in 1893, and before the war was in practice at Newent, Gloucestershire. He joined the R.A.M.C. as a temporary lieutenant on August 1st, 1917, became captain after a year's service, and during the war served in Egypt. He was on board the *Braemar Castle* when she was torpedoed in the Mediterranean.

LIEUT.-COLONEL GEORGE HERBERT LE MOTTÉE, R.A.M.C. (ret.), died in Guernsey on January 18th, in his seventy-second year. He was educated at Elizabeth College, Guernsey, and Marlborough, and at King's College Hospital; he took the diplomas of M.R.C.S. and L.S.A. in 1872, and became M.D. of St. Andrews in 1884. He entered the Army Medical Service in 1875, passing into it at the head of the examination list. His military service was spent chiefly on foreign stations—South Africa and India. His last appointment was in India, as head of the Military Hospital in Quetta, an appointment he held for four years. He returned home on sick leave in 1901, and shortly afterwards retired. In 1902 he returned to his native island, and in the same year was elected a Jurat of the Royal Court. During almost twenty years of public service he held the office of Supervisor and Treasurer of the States for two years, and was also President of the St. Peter Port Harbour Committee and of the Board of Health. In the latter capacity he was instrumental in effecting many improvements and innovations, often in the face of great difficulties. He had a very large circle of friends, and his old-fashioned courtesy possessed a peculiar charm of its own. Colonel Le Mottée married in 1889, and his widow and two daughters survive him.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

AT a congregation held on February 17th the following were among the degrees conferred:

M.B. AND B.CH.—E. L. Dobson, L. P. Costobadie, K. J. Yeo.
M.B.—J. M. Lawrie.

UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—*P. Phillips, †M. Critchley, W. K. A. Richards.
Part II (Completing Examination): †Byllis Beames, Madge E. Golding, W. A. Jackman, Winifred G. Nott, Victoria S. Tryon.
Part I (including Forensic Medicine and Toxicology): B. A. Crook, J. M. Evans, Constance L. Griffiths, F. J. Hector, Marguerite G. Hughes, Frances M. Jones, A. J. Keevill, F. C. K. Kenderdine, Doris M. Pullen, J. A. L. Roberts, H. L. Shepherd. Part I only: F. H. Bodman, Carrie H. Osmond, H. J. H. Spreadbury.

* With first class honours. † With second class honours.

CH.M.—(Gynaecology): R. S. S. Statham. (Laryngology): E. Watson-Williams.
D.P.H. (Part I only): B. A. Astley-Weston.

THE WELSH NATIONAL SCHOOL OF MEDICINE.
THE TUBERCULOUS DISEASES DIPLOMA, UNIVERSITY OF WALES
(T.D.D. WALES).

Regulations: Curriculum and Certificates.

CANDIDATES for the Tuberculous Diseases Diploma (T.D.D.) must possess a medical qualification registrable for practice in Great Britain and Ireland, be not less than 25 years of age, and either, *Category A*, have held, for a period of not less than five years, whole-time appointments for work on tuberculosis, and presented the following certificates: (a) A certificate of general suitability for work in connexion with tuberculosis, signed by a tuberculosis physician, medical superintendent, medical officer of health or other medical man under whom or with whom the candidate has worked for at least one year. (b) Certificates in support of the fact that the candidate has worked for five years in whole-time tuberculosis appointments, signed by the representatives of the authorities for whom the work was performed, or by the administrative medical officer concerned;

or, *Category B*, have held a registrable qualification to practise for at least one year, and presented the following certificates: (the courses may be taken concurrently) (a) A certificate of satisfactory pursuance of a course of consecutive post-graduate study of the clinical and epidemiological aspects of tuberculosis of six months' duration at a recognized university, medical school, or hospital where such a course is given. (b) A certificate of satisfactory pursuance of a course of consecutive post-graduate practical study of the pathology and bacteriology of tuberculosis of three months' duration at a tuberculosis laboratory or a recognized general laboratory where such a course is given. (c) A certificate of three months' satisfactory attendance at a tuberculosis institute or dispensary. (d) A certificate of general suitability for work in connexion with tuberculosis, signed by a professor of tuberculosis, or the Dean of the Medical Faculty, or the registrar of the hospital where the course of six months' duration covered by certificate (a) has been satisfactorily pursued.

Examination.

The diploma will be granted to such candidates as pass an examination divided into two parts, as follows:

Part 1.—(a) A written examination on the clinical and epidemiological problems of tuberculosis. (b) Oral and practical work, including the examination of patients, the recording of the physical signs found to be present, the recognition of pathological specimens, and a *viva-voce* examination.

Part 2.—A written and practical examination on the pathology and bacteriology of tuberculosis. But in the case of candidates of Category A, Part 2 may be remitted on the submission and acceptance either of a thesis setting forth the results of clinical or epidemiological investigation carried out by the candidate in connexion with tuberculosis, or of reprints or copies of not less than two original articles on tuberculosis published by the candidate in the medical press.

An examination in each part will be held annually on the first Tuesday and Wednesday of July in each year. Notice of candidature, together with the entrance fee of £10 10s. and the necessary certificates, must be forwarded to the Registrar of the University, University Registry, Cathays Park, Cardiff, not later than June 18th.

Medical News.

IT is understood that Sir Alfred Mond has made substantial progress in negotiations with various authorities and interests with the object of getting agreement for a Pure Milk Bill. His hope is to introduce and pass a measure this session, but that may depend on the propinquity or otherwise of a general election. The probability is that the lines for legislation would be the establishment of a standard for milk, and the grant of greater powers to local authorities for inspection of dairies. An important point not yet decided is whether the exercise of such powers should be compulsory or optional. The establishment of a standard would not necessarily debar the sale of lower grade milk.

AT a meeting at Essex Hall, on February 21st, the University of London Labour Party adopted as its parliamentary candidate Dr. W. H. R. Rivers, F.R.S., Praelector in Natural Science, St. John's College, Cambridge. Mr. Sidney Webb, the candidate at the last election, who is standing for another constituency, proposed the adoption of Dr. Rivers, and among those who spoke in his support was Sir Arthur Newsholme, who described Dr. Rivers as the most advanced and original anthropologist in this country, whom the University would honour itself by electing. The proposal was unanimously approved; and Dr. Rivers, in accepting the invitation to stand, mentioned that he was himself a London graduate, and that his whole academic career until he was 30 years of age had been passed in London University. He expressed his whole-hearted adherence to the Labour programme, which as a scientist newly turned to politics he found very satisfying on account of its clear-cut principles. He criticized the Geddes proposals so far as they related to education. The meeting was small, but several persons of distinction sent messages. Sir Sydney Russell-Wells is the Conservative candidate.

THE special six weeks' course in surgery, arranged by the Fellowship of Medicine and Post-Graduate Medical Association, began on Monday last, and will be continued during the next five weeks. There is a morning and afternoon session on each day, and the appointments have been so arranged as to involve a minimum of travelling. Full particulars can be obtained from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

AT a meeting of the medical staffs of voluntary hospitals in Birmingham, held on February 13th, Mr. Albert Lucas and Mr. William Billington were elected representatives of the Birmingham Voluntary Hospitals Committee appointed to assist the Commission charged with the distribution of the Government grant of £500,000 for the benefit of voluntary hospitals, and for the co-ordination of services and appeals.

MR. JOSEPH BARCROFT, F.R.S., Fellow of King's College, Cambridge, delivered the sixth Harvey Society Lecture at the New York Academy of Medicine, on February 11th, on "The *raison d'être* of the red corpuscle."

THE programme for the ensuing session of the Child Study Society, London, includes a lecture by Mr. Macleod Yearsley, F.R.C.S., entitled "A plea for the deaf child," on April 6th, and a paper on April 27th on "The natural defences of the upper air passages," by Dr. Octavia Lewin. The meetings are held on Thursdays, at 6 p.m., at the Royal Sanitary Institute, Buckingham Palace Road, S.W.1; particulars can be obtained from the secretary, Miss H. M. Richards, at that address.

A GRANT of 75,000 dollars has been made to the Health Commissioner of New York to employ additional medical practitioners, nurses, and inspectors in connexion with an unusual number of scarlet fever cases in the city, and to take precautions against the possible recurrence of an epidemic of infantile paralysis, which usually runs in cycles of five or six years. In 1920 there were 6,885 cases of scarlet fever in New York, in 1921 there were 13,880. Part of the grant will be spent on the laboratory study of scarlet fever and infantile paralysis.

PROFESSOR CHAUFFARD has been elected vice-president of the Académie de Médecine for 1922.

THE lecture committee of the Boston (U.S.A.) Society of Natural History has reorganized itself into the Committee for the Protection of Animal Experimentation, and an appeal for funds signed by leading men of science in America has brought, it is stated, an encouraging response. The committee was formed to combat the activities of the various anti-vivisection societies in America, which were beginning to menace the health of the community; in California last year, for instance, a measure that threatened all animal experimentation was defeated with some difficulty.

DR. HENRI CLAUDE has recently been appointed professor of mental diseases in the Paris Faculty of Medicine in succession to the late Dr. Ernest Dupré.

THE University of Toronto has instituted a post-graduate course for a diploma in radiology. Candidates for the diploma are required to be graduates in medicine of a university recognized by the Senate, and must also have spent at least one year after graduation in a resident appointment at a recognized hospital. The curriculum for the diploma extends over eight months, and includes radiographic technique and interpretation, and gastro-intestinal examination.

A COURSE of five lectures dealing with recent researches on the accessory food factors will be given by Dr. S. S. Zilva at the Battersea Polytechnic, Battersea Park Road, S.W.11, on Thursdays, from 5.45 to 6.45 p.m., commencing on March 2nd. The fee for the course is 10s.

DR. G. O. C. MACKNESS of Broughty Ferry has, on the occasion of his retirement from practice, been presented by his friends and patients with a cheque for £700 as a mark of their esteem for his services to the community.

AMONGST the volumes announced for early publication by Messrs. J. and A. Churchill is *The Principles of Radiology*, by Dr. J. A. Crowther, University Lecturer at Cambridge in Physics Applied to Medical Radiology; it will contain fifty-five illustrations, and deals with the physical side of the subject. Messrs. Heinemann will shortly publish a book on anaesthetics in practice and theory, by Dr. Joseph Blomfield, O.B.E.

DURING the week ending February 18th the number of deaths from influenza showed a further decrease. In the 105 great towns the figures were 670 against 759 in the previous week. In London there were 17 fewer deaths from the disease than in the week ending February 11th (92 against 109). There was an increase in Liverpool (54 against 43). In Cardiff, Edinburgh, and Glasgow the number of deaths from influenza were 19, 24, and 28 respectively, against 27 in the first-named town and 48 in the latter two in the previous week. While in the aggregate of the 105 great towns there was an increase of 408 deaths from all causes, the deaths from influenza showed a decline of 89.

THE British Committee for Aiding Men of Letters and Science in Russia has received a letter from Professor Oldenburgh, Permanent Secretary of the Academy of Sciences, at Petrograd, stating that the books dispatched in ten cases from this country had been received and had been placed in a special reading room at the House of Savants. He expresses the deep gratitude of scientific workers in Petrograd for this stimulating intellectual aid. The British Committee considers that its work is now at an end. It received altogether £448. Out of the surplus it has spent £50 on books for the University of Latvia, and the small balance will be handed over to the Universities Committee of the Imperial War Relief Fund.

THE use of solutions of hypochlorites for the disinfection of water and to assist in the disinfection of clothes in the laundry is well known. Messrs. Vincent Roberts and Co., engineers of Leeds, have a machine which produces sodium hypochlorite by electrolysis and can be used wherever an electric current is available. They have issued a leaflet containing some reports from factories and institutions where their electrolyser has been used with success. In a note appended by the firm to these reports there is an error. "Disinfectants," it is stated, "only disguise unpleasant smells." The distinction is between disinfectants, antisepsics, and deodorizers. An effective disinfectant used in proper proportions destroys the organisms with which it is brought into contact, and this is what the hypochlorites do. Antiseptics inhibit bacterial growth and prevent decomposition. Deodorants merely oxidize or absorb malodorous products. Reference may be made on this point to *Hygiene and Public Health*, by Parkes and Kenwood (sixth edition).

IT is reported that the number of foreign medical students in France increased from 1,192 in 1920 to 1,555 in 1921.

THE idea of making all sizes of medicine bottles with the same size of neck (to fit an ordinary 6 oz. bottle cork) should prove exceedingly useful to the dispensing practitioner; such bottles are being made by the Medical Requisites Company, of 54, Deansgate, Manchester.

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.

RESPONDENTS 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, *Aetiology, 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.

TREATMENT OF TAENIASIS.

A CORRESPONDENT writes that a patient of his has been afflicted with a tapeworm (*Taenia saginata*) for the past six years, which has defied all attempts to remove it. Filix mas, pomegranate, and pelletierine have all been tried; only the first gives any satisfactory result, but the head has never been found. Our correspondent invites suggestions as to further treatment.

Some years ago Sir James Kingston Fowler described in our columns (April 14th, 1906, p. 841) a method of treatment which he had employed for some time with success. (1) The patient is kept in bed. (2) For two or three, or in some cases four, days the diet consists of: Beef-tea, 2 pints; Mason's essence, one tin; two rusks; and port wine 4 ounces. During the same period the patient takes tabloids of cascara sagrada (gr. ij) three times daily. (3) On the fourth day (usually) at 5 a.m. haustus sennae co. 3j; at 9 a.m. a capsule containing m xv of the extract of male fern; at 9.15 ditto; at 9.30 ditto; at 9.45 ditto; at 11 a.m.

haustus sennae co. 3j. If by 1 p.m. the worm has not been passed and the head found a second course of treatment with male fern at intervals of fifteen minutes is begun; to be followed in an hour by a purgative draught. If the head is not found a third course of treatment is prescribed. It is rarely advisable to continue the treatment beyond this without an interval of a day, as the patient may be somewhat exhausted.

INCOME TAX.

"K. R." asks how he should show the ownership of his residence by his wife on his income-tax form.

* * In making a declaration of *total* income the assessed value should be shown as income of the wife, and any payments from which tax is deductible should be detailed in the space provided on such declarations.

LETTERS, NOTES, ETC.

DR. EDGAR CYRIAX asks us to correct an error made by him in his letter published in the JOURNAL of February 11th, p. 247: Line 11-12 should read "which had been diagnosed as *influenza*," instead of "which had been diagnosed as *scarlet fever*."

THE TREATMENT OF PNEUMONIA WITH CREASOTE.

"M.D." writes: The treatment of pneumonia with a mixture containing 5 minims of creasote and 10 grains of potassium iodide in each dose, to be given every four hours, the dose of creasote to be increased if necessary, has been advocated on several occasions in the BRITISH MEDICAL JOURNAL. As the use of creasote may have fallen into disrepute, I would suggest that the large dose of potassium iodide—a drachm daily—may be a defect in the mixture, for in such large doses it probably acts only as a depressant. Given in doses of 2 to 3 grains it has a well marked expectorant action, and the addition of a stimulating expectorant such as aromatic spirit of ammonia, is advantageous. The prescription will then run as follows: Creasote m.v; pot. iod. gr. ij; sp. ammon. aromat. sp. rectificat. ext. glycyrrhizae liquid. aa 3ss; sq. chloroformi ad 3j; to be given every four hours. Probably not more than two ounces of brandy will be necessary in the twenty-four hours. The potassium iodide should be omitted in cases with profuse expectoration. I believe it is sometimes beneficial to remove the pillows and raise the foot of the bed, if the patient can bear it, by way of draining the bronchi and aiding the expulsion of the sputum.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

DR. RICHARD GILLBARD (Willesden Green) writes: The control of the Royal College of Surgeons by the Fellows has been discussed week after week in the lay press—a Sunday newspaper. I hazard a guess, therefore, it will not be debarred from a medical one. Apart from the suggestive comparison of the M.R.C.S. and F.R.C.S. with the B.A. and M.A. of Oxford and Cambridge Universities, the fact remains the F.R.C.S. men are a mere fraction of the College. It is a question of democratic control and the Members being masters in their own house—of the House of Lords being over the Commons, the peers above Pym, Pill, and Balfour. If the Members with these basic facts affronting them acquiesce in the *status quo* and government by the Fellows, it is not possible to afford sympathy. They deserve what they "are about to receive."

BIRTH CONTROL AND ABORTION.

DR. MARIE C. STOPES writes: As President of the Society for Constructive Birth Control and Racial Progress, may I register our committee's regret that in your otherwise excellent paragraph on abortion in Austria you have unfortunately headed it "Birth Control in Austria"? True, the words are in inverted commas, but we think it most deplorable that abortion should ever be referred to under the misnomer "Birth Control."

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 26, 27, 30, 31, 32, and 33 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenancies at pages 28 and 29.

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