

value of ipecacuanha in preventing abscess formation. The fall in the mortality had begun a year earlier, and this coincided with the adoption of the treatment by aspiration and injection of amoeba-destroying drugs. Altogether the death rate in cases of liver abscess declined from 56 per cent. in the earlier period covered by the chart down to 28 per cent. in the end period. He concluded that the great reduction both in the prevalence and the mortality of liver abscess was due to preventive measures by means of ipecacuanha and to treatment by the aspiration and injection method. The decline in hepatitis as related to dysentery was also marked after the establishment of emetine treatment.

The Medical Cure of Multiple Small Amoebic Liver Abscesses.

The final question to which the lecturer addressed himself was the possibility of cure by medical means alone of already formed amoebic liver abscess. He had long thought that such cure was possible, and he now felt assured that this could take place under emetine treatment. He thought also that the small early acute multiple liver abscesses should prove very amenable to the specific action of ipecacuanha and emetine. It was wonderful what emetine treatment of a week's duration could do in the way of removing the extensive gelatinous infiltration characteristic of this condition. Emetine was probably the most definite specific drug known to medicine. Some day it would gain a place in the *British Pharmacopoeia*, even if some hoary remedy had to be sacrificed to make room for it.

In concluding his series of lectures, Sir Leonard Rogers referred to the foundation in Calcutta of a post-graduate research school of tropical medicine. He had long been convinced that, in the absence of post-graduate teaching, a new generation of medical men must arise before the general public could reap the benefit of the conclusions of the research worker. In the particular province with which he had had to deal in these lectures, he could say that amoebic disease was easily preventable in the great majority of cases, and that the development of amoebic suppuration in the liver should cause serious questioning to arise in the mind of the medical man in whose hands it had occurred; while in the case of patients who came under observation with an already formed liver abscess the treatment of election should be aspiration and emetine, with some form of sterile siphon drainage if necessary. He was convinced that with the more general adoption of the measures for which he had pleaded, whose rationale he had established as the result of careful observation extending over many years, this particular tropical disease might be almost completely abolished, thereby rendering tropical and subtropical countries safer and easing the white man's burden.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

EXOPHTHALMIC GOITRE IN CONGENITAL SYPHILIS.

CONGENITAL syphilitic affections of the endocrine glands are of much interest, and so I venture to think that the following case of exophthalmic goitre in a child suffering from congenital syphilis is worth recording. The adrenals, pituitary gland, and the testes are said to be the endocrine glands most often structurally damaged in congenital syphilis, and affections of the thyroid are rare, especially myxoedema and exophthalmic goitre, although hypothyroidism is not so uncommon.¹

The patient is a fairly well nourished girl, aged 4½ months. The mother states that the child has abscesses of the buttocks. The mother had one child in 1914, which is stated to be quite well. In 1917 the mother was found to be suffering from late secondary syphilis, and her Wassermann reaction was positive. She received galyol 0.25 gram intramuscularly, kharsivan 2.1 grams intravenously, and 7 grains of mercury intramuscularly. She then discontinued treatment. She states that in 1918 she had a stillbirth at full time.

Present Condition of the Patient.—The weight of the child is 11½ lb. Both lobes of the thyroid are enlarged. This is very noticeable when the child draws its head backwards or cries. The eyes are prominent, and show the "thyroid stare." Von Graefe's sign is present, Moebius's sign absent. The heart is apparently normal; the pulse rate before examination is 134, after examination of the child, 160. There are no nervous symptoms. A few papulo-

squamous spots are present on the face, several pustules on the trunk. Saddle-nose is present. On the right buttock is an undermined ulcer, on the left buttock one pustule. The glands, mouth, pharynx, tongue, are all apparently normal. The Wassermann reaction is positive.

NOEL F. ROWSTRON, M.D.,
Honorary Physician, Skin Department, Royal
Infirmary, Sunderland.

PNEUMOCOCCAL PERITONITIS SIMULATING ACUTE GANGRENOUS APPENDICITIS.

It has been my unfortunate experience during some years of practice to come across several cases of pneumococcal peritonitis in which the diagnosis of acute appendicitis was made and an operation for its removal undertaken. In all cases similar conditions were noticed. The abdomen was filled with pus, like thin cream, with a faint yellow-green colour, but without faecal smell. The appendix was easily found— injected externally, but healthy internally. The bowels had the same appearance.

To all intents and purposes, at the operation these cases are looked upon as a favourable variety, but if only the precaution of rapidly making a blood count, before deciding upon operation, were taken it would be found that most of these cases have a leucocyte count of over 30,000 per cubic millimetre, some 45,000 per cubic millimetre. The gravest prognosis must be given; all the cases I have seen have died within four days after the operation.

The previous symptoms in these cases, as seen in children from 3 to 12 years of age, are interesting, for the patients rarely complain of abdominal pain; the abdomen is quite supple, and there is no rigidity in the appendix region, nor of the lumbar muscles. The abdomen does not move with the respirations.

Acute appendicitis due to the streptococcus must not be confounded with these cases, for here we usually have the classical appendix symptoms and an acutely inflamed appendix with thin serum. The prognosis depends upon the blood count, and if it is 30,000 leucocytes per cubic millimetre or over, one may safely say that the case is hopeless; the fact that we now have many antistreptococcal serums to use may alter the outlook in an otherwise desperate condition, if heroically administered. The usual favourable acute appendicitis has, as a rule, a blood count of 14,000 to 20,000 leucocytes per cubic millimetre.

Bognor.

J. F. REV.

INTESTINAL OBSTRUCTION DUE TO PARALYTIC ILEUS.

A. B., a woman aged 55, was under the care of my partner, Dr. T. Murray Newton, and myself for five months suffering from vomiting. This occurred two or three times during the day, it had no relation to meals and no distinctive features. She had no pain; the pulse and temperature were normal, and the tongue was clean. She was thin and very sallow. The examination of the abdomen was negative. Constipation was a salient symptom throughout, and aperients were continually required. Dieting and rest in bed for two months relieved her condition so that she was able to go about. She, however, vomited occasionally, and retained a very sallow colour. Generally she had lost weight.

During August her condition became much worse. On the 25th there was very frequent vomiting, a rising pulse rate, and the abdomen was slightly distended. The next morning the vomiting had become continuous, the abdominal distension was much more marked, and there was very marked peristalsis. Dr. Denyer, physician to Hull Royal Infirmary, agreed that she had intestinal obstruction, and that immediate operation was necessary.

I opened the abdomen the same evening, and found all the colon immensely distended, but there was no obstruction in the rectum nor any part of the colon. Examination for other causes proved negative. The central incision was closed and a temporary colostomy made. The vomiting stopped immediately, and she has never vomited since. Full-sized motions were passed by the rectum after the fifth day, and some faeces through the colostomy wound. The sallow colour has disappeared. She has gained weight, and is obviously in better health than she has been for years. The weight, which at operation was 5 st. 10 lb., was 7 st. 1 lb. on February 18th.

The case seems to fall into the group of cases of intestinal atony following stasis and bacterial toxæmia well described in Nothnagel's *Encyclopaedia*.

C. L. GRANVILLE CHAPMAN, F.R.C.S. (Irel.),
Surgeon, Grimsby and District Hospital.

¹ Rolleston: *Proc. Roy. Soc. Med.*, February, 1921.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on Saturday, February 18th, the following degree was conferred:

D.M.—E. W. M. H. Phillips, Jesus College.

UNIVERSITY OF LONDON.

At a meeting of the Senate on February 22nd, Professor H. R. Dean, M.A., M.D., B.Ch.Oxford, F.R.C.P., was appointed as from June 1st next to the University Chair of Bacteriology, tenable at University College Hospital Medical School. He held the Salters' Company's Research Scholarship in Pharmacology in 1906 and the Radcliffe Travelling Fellowship of the University of Oxford from 1909 to 1911, when he studied in Berlin. After holding various appointments at St. Thomas's Hospital and the Lister Institute, he became Professor of Pathology in the University of Sheffield. Since 1915 he has been Professor of Pathology and Pathological Anatomy in the University of Manchester.

UNIVERSITY OF LEEDS.

William Hey Medal in Medicine and Surgery.

PROFESSOR SIR BERKELEY MOYNIHAN, K.C.M.G., C.B., F.R.C.S., has given to the University of Leeds an endowment for the annual award at the Leeds Medical School of a gold medal to the best student of the year in medicine and surgery. The gold medal will bear the name of William Hey in commemoration of the work of that great Leeds surgeon. The Council of the University in accepting the endowment have recorded their thanks to Sir Berkeley Moynihan for his generous gift.

William Hey (1736-1819) was one of the pioneers of modern surgery. A brilliant operator and teacher, he established the tradition of surgical skill which has ever since been one of the chief distinctions of Leeds. He was a friend of Joseph Priestley when the latter was minister of Mill Hill. He took an active part in the foundation of the Leeds Infirmary, of which he was senior surgeon from 1773 to 1812. His statue by Chantrey stands in the entrance hall of the infirmary. His son William (1772-1844) and his grandson, the third William Hey (1796-1875), were also eminent surgeons, the latter being one of the founders of the Leeds School of Medicine in 1831. The medical traditions of the family were carried into the fourth generation by two great-grandsons of the first William Hey—namely, Samuel Hey and Edward Atkinson—who respectively served the Leeds Infirmary as surgeons from 1850 to 1872 and from 1874 to 1894.

Medical News.

THE Royal Society of Medicine has adopted a new by-law permitting the election as associates of medical men and women, whether British or otherwise, within five years of their first professional qualification. An Associate will be entitled to the privileges of Fellows other than that of voting or holding office, but will only be allowed to borrow one volume at a time; he will pay an annual subscription of three guineas, but no admission fee, and if after having paid three annual subscriptions he is then elected a Fellow, will not be required to pay an admission fee.

THE fifteen candidates selected by the Council of the Royal Society to be recommended for election into the society include Dr. C. G. Douglas, C.M.G., M.C., of St. John's College, Oxford, and Dr. M. S. Pembrey, lecturer on physiology at Guy's Hospital and professor and examiner in physiology in the University of London.

DR. F. GOWLAND HOPKINS, F.R.S., Professor of Biochemistry in the University of Cambridge, and Dr. William Halse Rivers, F.R.S., President of the Royal Anthropological Institute, have been elected members of the Athenaeum Club under the rule which empowers the annual election by the committee of a certain number of persons of distinguished eminence in science, literature, the arts, or for public service.

THE fourth Italian Congress of Medical Radiology will take place at Bologna, in the Rizzoli Orthopaedic Institute, from May 9th to 11th, with Professor Aristide Busi as president. In connexion with the congress an exhibition of radiological apparatus will be held. Further information may be had from the secretary of the congress, Dr. Alberto Possati, Villa Verde, Bologna.

A THREE months' course of lectures and demonstrations in hospital administration will be given at the North-Western Hospital for Infectious Diseases, Lawn Road, Hampstead, by the medical superintendent, Dr. E. W. Goodall, on Mondays and Thursdays, at 5.15 p.m., beginning on April 3rd. The fee for the course is £3 3s., which should be paid to the Clerk to the Metropolitan Asylums Board.—A course of instruction in the diagnosis and treatment of fevers will be held in the hospitals of the Metropolitan Asylums Board

during the month of May. A two months' course will be held in August and September, and a further course will commence in October. Full particulars can be obtained on application to the Clerk of the Metropolitan Asylums Board, Embankment, E.C.4.

WE regret to announce the death, at the advanced age of 95, of Dr. Alfred Hill, for many years medical officer of health for Birmingham, and for nearly seventy years a member of the British Medical Association. We hope to publish a memoir in an early issue.

THE King's Services Choirs consist of ex-service men from the various hospitals where neurasthenics, mainly sufferers from shell shock, are treated. They are trained and maintained by the Vocal Therapy Society, and on February 11th they gave a demonstration of the value of the treatment which they receive. The men demonstrated their capacity for singing in harmony as well as in unison as separate choirs and as a combined mass, and the effect upon the men as well as on the audience of interested supporters was most inspiring. The beneficial effect of the activities of this society make it worthy of generous support; reports can be obtained from the secretary at 27, Grosvenor Place, S.W.1.

DR. EDITH M. BROWN, of the Zenana Bible and Medical Mission, and for twenty-eight years principal of the Women's Christian Medical College, Ludhiana, Punjab, India, has had the honour of Fellowship of the Punjab University conferred upon her in recognition of her work.

At a meeting of the British Spa Federation recently held in London it was resolved that the tariff in operation at the British spas be reduced for the coming season, and that the hotels, hydros, and places of accommodation be recommended also to reduce their tariffs considerably. Railway facilities to the spas was also recognized as a matter of importance, and the Federation intends to press for at least a revival of the twenty-eight day facilities granted before the war. The honorary secretary of the Federation is Mr. F. J. C. Broome, general manager of Harrogate Spa.

AN action for damages against Inecto Limited and a hair-dresser was heard before Mr. Justice Bailhache in the King's Bench Division on February 24th and 27th. The plaintiff, who was a music-hall artist, said that she went to the hair-dresser's shop to have her hair dyed black for the purposes of a part she was playing. Shortly after the application she felt an irritation in her head; this afterwards became so much worse that she was under treatment at Charing Cross Hospital from March 12th till April 5th. Medical evidence was called to support the plaintiff's case. One of the witnesses was Dr. J. M. H. MacLeod, who said that the substances stated to be in the compound—paraphenylenediamine and resorcin—were both irritants of the skin. No evidence was called on behalf of the company. The hair-dresser stated that he had had ten years' experience of using Inecto Rapid and only once before had he had a complaint about it. The action against the hairdresser was dismissed but without costs. In giving judgement, Mr. Justice Bailhache said that the warning sent out by Inecto Limited at the time was not sufficient to protect them in such a case, but that that now issued was much more complete and seemed to him sufficient. He found the company liable in damages, which he assessed at £200, and gave judgement for that amount with costs.

THE King of the Serbs, Croats, and Slovenes has conferred the Order of Saint Sava upon Dr. Mary Alice Blair (Class IV) and Dr. G. K. Bowes (Class V), the former in recognition of services rendered in connexion with the Serbian Relief Fund, and the latter for valuable services rendered during the war.

FESTIVITIES are being arranged to take place early this year in celebration of the foundation of the University of Padua in 1222. Professor Lucatello, the Rector of the University, is arranging the ceremonies.

THE Chairman of the London Hospital, Viscount Knutsford, announced at a meeting of the Governors on March 1st that the Committee, on the advice of the Medical School staff, has decided that no more women students will be trained at the hospital.

THE second general assembly of the thirty-seven national societies which are members of the League of Red Cross Societies will meet in Geneva on March 26th to 31st. The British Red Cross Society will be represented by Sir Arthur Stanley, G.B.E., Sir Napier Burnett, K.B.E., M.D., and Sir George Newman, K.C.B., M.D. The report of the Secretariat will be presented by Sir Claude Hill, K.C.S.I., Director-General of the League. The assembly will then discuss a programme of popular health education.

THE number of deaths from influenza in the week ending February 25th showed a further decrease. In the 105 great towns the figures were 525 against 670 in the preceding week, and in London 77 against 92.

THE annual meeting of the Central Council for District Nursing in London took place on February 23rd, at the offices of the Metropolitan Asylums Board. The question of extending the area of the work of the Central Council to include the whole of the metropolitan police area was considered, but no definite action has yet been taken; it was felt that it would be best if a voluntary district nursing association could be established in each district. It was agreed that there was a demand for adequately trained home helps, who, however, should not be allowed to drift into being amateur nurses, and that their training could best be supplied by the infant welfare centres. Inquiries had been addressed to all the federated district nursing associations in regard to the nursing of septic cases and practically all had now declared their willingness to undertake the nursing of such cases under the direction of a doctor. During the year grants were distributed to the district nursing associations of the metropolis amounting to £7,415, and besides the £4,000 remaining of the grant made by the British Red Cross Society there was a balance in hand of £2,000, which the Executive Committee proposed to allocate to special needs and to opening up new districts.

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

"E." invites any member, who has had personal professional experience, to say whether excision of one or both testicles in a middle-aged married neurasthenic, whose symptoms seem primarily to arise from a neuralgia in these glands, is likely to be effective as a cure.

INCOME TAX.

"LAPIS" holds a County Council appointment, and inquires (1) whether he is entitled to deduct the expenses of subscribing to this and other medical journals; and (2) whether he is entitled to the benefit of the three years' average.

*(1) In our opinion, Yes. We consider that a reasonable expenditure on current medical literature of a general character can properly be said to be incurred wholly, exclusively, and necessarily in the performance of the duties of the office. In our experience, however, we find that local inspectors of taxes are inclined to take the contrary view where the more stringent rule under Schedule E applies (as it does here), though allowing the expenditure where the general rules of Schedule D apply, as they do in the case of a private practice. The point does not appear to have been carried to the High Court, but "Lapis" might succeed in an appeal to the local Commissioners of Taxes. (2) No. This is unfortunately beyond dispute. The emoluments of a public office are assessable under Schedule E on the basis of the actual emoluments of the year, and that rule is, so far as we know, applied without qualification or concession.

"T. N. G." bought a car for £350 in 1909, and another for £260 in 1917, retaining the original car until 1918, when it was sold for £59. He asks what allowance he can claim.

** The second car was bought to replace the first, and the fact that both were retained in hand for some time does not alter the fact that the circumstances as a whole justify a claim to treat the second car as a replacement. The loss on the first car was £350-£59=£291, but we understand that the Revenue authorities claim that the maximum allowance is the actual out-of-pocket expenditure incurred on the replacement, which

would be £260-£59=£201. "T. N. G." appears, therefore, to be entitled to an allowance of at least that amount as for either 1917 or 1918, and seeing that the amount was indeterminable until 1918 that would seem to be the appropriate year for the allowance.

"BRUNSWICK" inquires why a salary for contract work at a large works should be taxed separately when panel receipts are pooled with the general private practice receipts.

** Assuming the salary to be paid by a joint stock company it is legally separately assessable under Schedule E; we may, however, say that some time ago the Board of Inland Revenue agreed to treat hospital part-time salaries as part of the general practice receipts, and there seems to be no reason why they should not deal similarly with a contract salary paid by a company.

LETTERS, NOTES, ETC.

A CONFUSION OF NAMES.

MR. J. T. AINSLIE WALKER (London, E.C.), in the course of a communication, refers to the letter (p. 331) by Dr. E. W. Ainley Walker of Oxford disclaiming connexion with any antiseptic of commerce. Mr. Ainslie Walker states that the introduction of the benzene derivative dimol to the scientific world was made in accordance with strict ethical canons in a paper read at the International Congress at Brussels in 1920, and that the Anglo-French Drug Company are responsible for the commercial introduction of dimol to the medical profession. He adds: "If Dr. Ainley Walker's letter has the effect of directing my correspondence into the proper channels we shall both be spared any further annoyance and inconvenience."

ALPINE TREATMENT OF TUBERCULOSIS.

DR. FELIX SAVY (Grampian Sanatorium, Kingussie, Inverness-shire), in the course of a letter, writes: I cannot agree with your correspondent Sir Martin Conway that "the passport tyrants in all Foreign Offices and Consulates, and other interferences with free international travel resulting from the war, have had a disastrous effect upon the treatment of tuberculosis." It seems difficult to say on what grounds and for what purpose he makes this sweeping and not too generous statement. The Alpine resorts for the treatment of pulmonary tuberculosis are very much overrated, and also very much advertised. Egypt, the Canary Islands, and South Africa have had their day. Now it is Switzerland. The medical profession have had an opportunity of testing the result of treatment in our "damp and sunless" climate during the last twenty-five years or more, and I venture to say that a good many of us are satisfied that results as satisfactory can be obtained in British sanatoriums. If Sir Martin Conway will compare the results of treatment in some of our leading sanatoriums with similar institutions in Switzerland he could satisfy himself on this point. We hear about the wonderful cures from Switzerland. We hear little or nothing about the failures. The Swiss climate is certainly ideal for the sun cure in surgical tuberculosis; but it is not always the ideal climate for pulmonary tuberculosis. Before the war the Queen Alexandra Sanatorium and other institutions in Switzerland found it difficult to carry on, chiefly because few patients cared to spend the summer months there, when the climate is, if anything, worse than ours. These institutions were running at a loss because these patients did not find it disastrous to spend the summer months in British sanatoriums. The class of patient for which Sir Martin Conway is appealing would, I venture to say, do just as well under treatment in a sanatorium in this country. They do not belong to the idle rich class, who can afford to go to Switzerland winter after winter. Most of them have to earn their living; for them to undergo the cure in the same climate in which they are going to live and work is preferable. I believe this is the view held by many experts in this and other countries.

VACANCIES.

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

THE following appointments of certifying factory surgeons are vacant: Acle (Norfolk), Newton Abbot (Devon), St. Boswells (Roxburgh).

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Tuesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *poste restante* letters addressed either in initials or numbers.