

fortnight's treatment. The longer diagnosis is deferred the greater are the variety and the duration of the symptoms. To hesitate in the absence of wrist-drop is like waiting for locomotor ataxia before diagnosing syphilis. In 19 out of 20 cases the patient first seeks advice for abdominal pain, which may be severe colic or only vague discomfort, and it is only in occupational cases that lead is likely to be suspected. In the latter a blue line is seldom absent, but this is not conclusive evidence.

1. *Blue Line*.—In industrial cases this is practically always present, but it may also be found in healthy workers. It means deposit of lead on the gums and is acquired from dust. In occupational cases the line is of more importance and means faulty habits, which are sure to end in plumbism if they have not already done so. In domestic cases where lead has been ingested in minute quantities in beverages, even when symptoms of poisoning are present, this sign may be absent. It is generally rather faint, and I have known such a case still undetected a fortnight after admission as alcoholic neuritis to the ward of a teaching hospital. Blue line demands careful examination of the patient or worker, but diagnosis must always be independent of blue line, which remains only valuable presumptive evidence. All are agreed as to the importance of early diagnosis in syphilis, and this is not less essential in plumbism. In order to effect this, diagnosis must depend mainly on a clear conception of the importance of two factors—lead in the urine and punctate basophilia in the blood film.

2. *Lead in the Urine*.—We are assured that lead may be found in the urine of healthy industrials. In them minute quantities are always present in the system, but satisfactory elimination by kidneys and bowel is said to prevent accumulation and poisoning. This can hardly be regarded as satisfactory, and in my opinion such cases require further investigation. In lead poisoning the metal is always present in the urine and remains for weeks or months after treatment is undertaken. In the case of suspicious symptoms examination of the urine affords valuable diagnostic evidence, or, alternatively, altogether excludes lead. It should be oftener employed.

3. *Punctate Basophilia*.—This sign is neglected because its significance is misunderstood. It is necessary to recall a few facts of haematology. Polychromasia is a sign of unusually active erythropoiesis, and is conspicuous in the blood of the newborn babe, where it is associated with nucleated reds. In adults polychrome erythrocytes are still readily attracted into the blood stream, and appear in minor anaemias of convalescents and even after moderate haemorrhage, whereas erythroblasts only appear in more serious anaemias or after severe haemorrhage. In the so-called pernicious anaemias a toxin is also exciting the marrow to pathological regeneration. The first indication of this is the appearance of punctated erythrocytes, which later on are associated with megaloblasts, giving a blood picture of anisocytosis, polychromasia, and normoblasts (normal regeneration), combined with poikilocytosis, punctate basophilia, Cabot rings, and megaloblasts (pathological regeneration). All these may appear fairly early in mild lead intoxication, but for some weeks there is usually only anisocytosis, polychromasia, and punctate basophilia. Thus lead acts directly on the marrow in a similar way to the toxin in a pernicious anaemia. In malaria at every paroxysm the marrow is excited in the same way, but the reaction is transient. With these exceptions, pathological regeneration is seldom seen, and it is safe to say that, in the absence of serious anaemia, punctate basophilia is more likely to be caused by lead than by anything else. Now, anaemia is never serious in the early weeks of lead poisoning. Basophilia is pathological, and demands investigation just as much as albuminuria or glycosuria. So long as it is present something is acting injuriously on the marrow, and if this is lead the urine will contain a trace of the metal even in the absence of corroborative symptoms.

As I have indicated, basophilia is only one in a series of biological reactions inevitably excited by small doses of lead. When diagnosis is early—whatever the treatment—the reaction usually disappears within three months, and it is interesting to watch the subsidence of the reaction in the blood film. Not much difference is seen for a month, but soon afterwards blasts disappear in mild cases and search for basophils becomes necessary, though these can usually be found for two months. With the help of the Clinical Research Association I have compared this with disappearance of lead from the urine. In a mild case due to beer basophilia was still seen fifty-two days after ingestion ceased, and half a pint

of morning urine gave a trace of lead. In a more severe case of painters' colic erythroblasts were found thirty-nine days after leaving work, but a chance sample of eight ounces of urine gave no result. On the fiftieth day there were easily found anisocytosis, polychromasia, and punctate basophilia, and, after a search, Cabot rings and one punctated erythroblast. The whole twenty-four hours' urine was collected for the same day and gave a trace of lead. Apparently these two signs disappear about the same time.

I have already pointed out how basophilia may be used to exclude lead poisoning (BRITISH MEDICAL JOURNAL, 1917, ii, p. 650). It serves another purpose in enabling one to follow the progress of a case. On finding brisk pathological regeneration in a potman some months after leaving work with colic and limp hands, I convicted him of continued indulgence. He disappeared for some months, to return with double wrist-drop, albuminuria, and brisk pathological regeneration. His protestations suggested to me that possibly a second unknown source of poisoning existed, and I advised him to leave the district. This he hesitated to do, and a few weeks after was taken, comatose and convulsed, to Isleworth, where he soon died. In conclusion, I suggest that diagnosis should depend, not on gross signs, but on appreciation of suspicious symptoms and investigation of blood and urine. Whereas examination of the urine is a tedious process, the blood film is quick, easy, and almost as reliable. I can testify that early diagnosis will avert gross symptoms, so that in a month Government referees will reject cases still showing blue line on the gums, punctated erythroblasts in the blood film, and lead in the urine.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

ULCERATIVE STOMATITIS IN CHILDREN, AND ITS TREATMENT.

DURING the war a form of stomatitis was described the causal organisms of which were the Vincent spirochaete and the fusiform bacillus; to this the name of "trench mouth" was given. This form of stomatitis has long been described in books on children's diseases under the term "ulcerative stomatitis." The treatment, however, which was extremely successful for "trench mouth" has not been applied, so far as I am aware, to children up to the present. This disease, which usually occurs after the primary dentition is well advanced, is common among the hospital class of patient, and is characterized by swelling, redness, oedema, and extreme tenderness of the gums round about the teeth. The gums may show actual ulceration. Those parts of the cheek which come in contact with the ulcerated areas may themselves show infection. The teeth are frequently carious; pressure on the gums may or may not cause pus to appear at their margins. The tongue is coated and the breath fetid; the temperature is generally raised to 101°; the child refuses food, and there may be swelling and tenderness of the lymphatic glands beneath the jaw at its angle.

Smears of the pus will usually show the fusiform bacillus and the Vincent spirochaete. The clinical picture is thus very like that of the so-called "trench mouth." The treatment which I have carried out in a large number of out-patients is as follows: The following mixture was applied to the mucous membrane of the gums, cheeks, and tongue at six-hourly intervals: liquor arsenicalis 2 drachms, vin. ipecac. 2 drachms, glycerin 2 drachms, aq. menth. pip. to 1 oz. As this mixture is poisonous, and could not be used as a mouth wash in small children, I ordered it in the following fashion: 15 drops diluted in 2 drachms of water were to be applied by means of a soft piece of muslin on the end of the finger or a camel's-hair brush. In children old enough to use this mixture as a mouth wash—that is, old enough to spit out the mixture after its application—a soft boiled toothbrush was used, a few drops of the mixture undiluted being applied to the gums by the toothbrush. The arsenic seems to be specific for the spirochaete and the vin. ipecac. for the fusiform bacillus.

In conjunction with this treatment, which was that recommended during the war for "trench mouth," potassium chlorate was administered, 12 grains in the twenty-four hours being given to children under 1 year, and 18 grains in the day to children under 2 years. In the administration of the potassium chlorate the child's meals were carefully

avoided, as it was found to tend to produce indigestion. Attention was paid to the general condition of the child, the diet being nutritious, and plenty of fresh air and fresh fruit were indicated.

The improvement with this treatment was rapid, the acute symptoms subsiding in thirty-six hours. There is, unfortunately, a tendency for this condition to recur. As it is extremely infectious, care should be taken to prevent other members of the family contracting the disease. Very often in my cases I found that one of the parents was suffering from the disease and had probably been the source of the infection.

DONALD PATERSON, M.B., M.R.C.P.,
Physician to Out-patients, Children's Hospital,
Great Ormond Street.

ERYSIPELAS OF THE MOUTH.

CASES of erysipelas attacking the fauces are somewhat rare, and worthy of record.

Recently Mrs. L. was notified as a suspected case of diphtheria, but her throat had not been well seen by her medical adviser; he, however, gave her 2,000 units of antitoxin, and, as she was obviously very ill, requested her removal to hospital.

I saw her there; she had then been thirty-six hours ill, complaining of sore throat, a feeling of swelling in the throat, and difficulty in opening her mouth; the temperature was 104°; she was seven months pregnant. There was some enlargement of the cervical glands; her throat was congested and dark in colour; the fauces and tongue showed bullae. The next day the throat appeared somewhat better, the bullae on the tongue had burst, and ulcers to the number of about a dozen were counted on her tongue; there was some nasal discharge, and the temperature remained raised. When ill seventy-two hours the infection passed by way of lips and nose to the face, thence to the body, and finally ceased at the costal margins. Profuse desquamation ensued. The ulcers on the tongue gradually improved as the sloughs separated, and convalescence followed; pregnancy was not interrupted, and there were no complications.

EUSTACE THORP, O.B.E., L.R.C.S., D.P.H.,
Assistant M.O.H. Sunderland.

Reports of Societies.

THE PRESENT POSITION OF ORGANO-THERAPY.

At a meeting of the Section of Therapeutics and Pharmacology of the Royal Society of Medicine on January 9th, with the President, Dr. W. LANGDON BROWN, in the chair, a discussion took place on the present position of organo-therapy.

Professor SWALE VINCENT began with a criticism of the groundless and fantastic theories which surrounded this subject. It seemed that neither the scientific discrimination of the medical profession nor the common sense of the general public could yet be trusted. The doctrine and practice of organo-therapy appeared to involve the therapeutic use of practically every organ and tissue in the body. Many foolish notions were abroad—one, for example, was that a preparation from the pancreas, tonsil, and duodenal mucosa, taken by the mouth, was a remedy for diabetes. A large number of substances were recommended for administration by the mouth, which, so far as could be discovered, produced no physiological effect of any kind when given in that way. He thought that when physicians insisted on giving substances by the mouth they should be called upon to defend their practice by proper clinical records of their cases. Substances which produced no effect when given by the mouth might have certain effects when given subcutaneously, but even then the effects were not specific, and were at best only temporary. In the whole province of therapeutics there were many fallacies and pitfalls, in particular the one expressed by *post hoc, ergo propter hoc*. It was truly said that it was a poor cure which never found its lucky patient. For various reasons, most of them obvious, treatment was often undertaken just at the time when things were at their worst, so that a turn for the better was put down to the credit of the treatment. Many patients recovered without treatment at all; when treatment was given it was by no means always certain that it had anything to do with the recovery, and in some cases the position might be that recovery took place

in spite of treatment! But it seemed clear that, if the value of a remedy was to be ascertained and demonstrated, something like a series of experiments must be carried out. It would be presumptuous on his part, as one not in practice, to point out how a clinical worker should conduct his experiments, but at any rate the necessity of adequate and rigid controls should be urged. The endless records of single cases alleged to have been cured by this or that drug were not worth the paper on which they were written. That was true of general therapeutics, and truer still of organo-therapy.

Passing to a more particularized review the speaker said that the value of thyroid preparations in myxoedema appeared to be established, and these preparations might be valuable under certain other conditions—in some cases of goitre, for instance, and in obesity. Many observers asserted that thyroid did good in quite a wide range of conditions, and it was, of course, conceivable that a drug which stimulated the chemical activities of the body might have many indications. Parathyroid had been used in different conditions, with very uncertain results; here he thought the most optimistic endocrinologist would make no very large claims. It had never been shown that treatment with pituitary extract had the slightest effect in remedying the symptoms due to pituitary insufficiency. The value of adrenaline medication bore a very problematic relation to the adrenal function, and here again, as in the case of extracts of the posterior lobe of the pituitary, there was no such thing as substitution therapy. In Addison's disease adrenaline preparations did not seem to be of the slightest value. As for testicular and ovarian medication, it was doubtful whether such preparations produced any effect when administered by the mouth; when administered subcutaneously a mild stimulant or irritant effect might be observed, which, however, was not specific, but was produced by many other substances. It was generally recognized that the pancreas furnished an internal secretion the elimination of which might give rise to a condition resembling the disease known as diabetes, but the administration of pancreatic extract had not been proved to be of any value in that condition. During recent months, however, the investigations undertaken at the University of Toronto (BRITISH MEDICAL JOURNAL, November 4th, 1922, p. 833, and November 18th, p. 991) made it seem necessary to revise this judgement. It would not be wise to be too sanguine, but it was not out of the question that, sooner or later, there might be a preparation from the pancreas which would have the same action in diabetes as thyroid had in myxoedema.

To sum up, if the search was for a true substitution therapy—the artificial replacement of an internal secretion—the reward was the solitary instance of thyroid, though it might be that before long the pancreas must be added. There were also a few instances in which substances were valuable as drugs, apart altogether from any question of the internal secretions—for example, adrenaline. On no subject was such utter nonsense talked as on the internal secretions, and organo-therapy, or a large portion of it, might be defined as the application of this nonsense to practical medicine. In the meantime certain firms of manufacturing druggists were growing rich owing to the ignorance of the public and the lack of discrimination of the medical profession.

Professor G. R. MURRAY (Manchester) thought that a discussion on organo-therapy at the present time would serve a very useful purpose. Certain lines of treatment by this means were based on sound physiological principles, although, owing to the enthusiasm of speculative writers, a great deal of ephemeral literature had appeared on the subject, much of it of no value, and some of it positively harmful. The term "organo-therapy" might include the products of the secretory, excretory, and the incretory glands. The excretory glands, from the nature of their function, did not promise much help, though urea might be mentioned. The secretory glands were those which delivered their secretion through a duct to the surface of the skin or mucous membrane; the incretory or endocrine glands discharged their secretion into the blood, lymph, or cerebro-spinal fluid. He would confine his remarks to conditions in which the treatment was of value in clinical medicine. The first and most important use of the thyroid preparation was to supplement a failing thyroid gland, which, owing to fibrotic atrophy or other destructive lesion, could no longer provide even the minimum amount of hormone necessary. If a case failed to respond to the treatment it might be well to change the preparation, for he had come across preparations which had no activity at all, probably owing to some fault in the manufacture of the

VITAMIN CONTENT OF CERTAIN PROPRIETARY PREPARATIONS.

SIR,—The article in your issue of January 6th on the vitamin content of certain proprietary preparations is so apt to produce a misleading impression in the minds of medical men who prescribe virol for their patients that I trust you will allow me space for a brief reply thereto.

The gist of the paper lies in the demonstration that "in none of the cases examined have the manufacturers succeeded in concentrating vitamins on a commercial scale."

As regards virol, nothing of the sort has been attempted and no such claim has ever been made. Vitamins are but one of the factors in diet; the equally important criteria of balance and digestibility have been considered in its composition.

The value of virol in regard to vitamins lies in the fact that it supplies them in a form suitable for infants and invalids, for whom a diet of "milk, butter, green vegetables, and fruit" would hardly be suitable. As regards milk, it will be noted that the addition of the daily adult dose of virol enables the quantity of the milk (where this is the only food) to be diminished by 17 ounces. This is of value in the numerous cases where it is desirable or essential to reduce the bulk of the fluid intake as far as possible, and constitutes a strong argument for its employment under these conditions.

Comparison is also made with cod-liver oil. It has never been contended that virol consists solely of vitamin-containing fat, and it is thought better to supply a smaller but still adequate proportion of vitamin A in a palatable and digestible form; the formula of virol has received clinical endorsement by the fact that it is used in more than 3,000 hospital and infant clinics. From the vitamin A content in the table the cod-liver oil used was presumably the crude oil, which, though doubtless palatable to a rat, would certainly be rejected by many children and invalids. If, however, it be replaced by some of the "refined" or tasteless substitutes, the prescriber is entirely ignorant of the vitamin content thereof. It is common knowledge, for instance, that "cod-liver oil" is often adulterated with cotton-seed oil, which contains no vitamin A whatever. Moreover, many patients are unable to digest cod-liver oil in any form whatever. In virol, on the other hand, the vitamin-containing fat is presented in a palatable and digestible form.

While welcoming the independent confirmation of the presence of vitamins A and B, we are anxious that it should not appear that we have claimed to supply these in a concentrated form. Virol is a food for use in certain conditions where ordinary diet is inapplicable, and is in no sense a drug.—I am, etc.,

ARTHUR E. CANNEY,
Managing Director, Virol Limited.

London, W., Jan. 8th.

Obituary.

ELLIS T. DAVIES, M.D., F.R.C.S. EDIN.,
Liverpool.

WE regret to announce the death of Dr. Ellis Thomas Davies, which took place at his residence in Liverpool on January 5th. During the past six years he had been suffering from bronchitis and emphysema, which restricted his medical work to a great extent, although he still saw many of his old patients down to a period shortly before his death. He was born at Caerwys, in Flintshire, in 1856, and after a sound general education became a student at Edinburgh. He graduated M.B., C.M. in 1877, and M.D. in 1884, and in 1894 he became by examination F.R.C.S. Edin., having previously, in 1893, obtained the diplomas of M.R.C.S., L.R.C.P. Settling down into private practice, he devoted special attention to obstetrics and gynaecology, and was attached to the Ladies' Lying-in Charity, the Liverpool Hospital for Women, and to the Samaritan Hospital for Women, where he held the post of honorary surgeon for some years. He was an active member of the North of England Obstetric and Gynaecological Society, and held the post of vice-president. Dr. Davies published many papers in the *Liverpool Medico-Chirurgical Journal* on diseases of women. These were without exception excellent records of a keen clinician and skilful surgeon.

Dr. Davies was for many years an active member of the Executive Committee of the Lancashire and Cheshire Branch of the British Medical Association; he had held the offices of vice-president of the Branch and chairman of the Liverpool

(Northern) Division. As a member of the Medical Institution he rarely missed its meetings and frequently spoke on subjects of gynaecological interest. A fearless critic, Dr. Davies did not hesitate to express his opinion on modern surgical methods, and on the results of the surgical treatment of cancer. He took much interest in the public life of the city and for some years occupied a seat on the board of the West Derby Guardians. In this capacity he brought to bear his vigorous criticism upon the needs of the sick poor. Dr. Davies was a man of vigorous action and earned the esteem of all those with whom he was brought into contact. He was a kind man, and many good actions he performed by stealth; the soul of honour, devoid of intrigue, he endeared himself to his patients and professional brethren, and his death has come as a sore blow to all his friends. When in committee meetings he may have failed to carry conviction, no rancour was left behind. The funeral took place on January 8th, and many personal friends and representatives of the institutions with which he was associated were present to honour his memory. He was unmarried, and leaves behind a brother, Dr. J. Twiston Davies, who is in practice in Wallasey.

Dr. WILLIAM CARMICHAEL STERN died at Letchworth, Herts, on January 4th, in his 60th year. He was the eldest son of the late Dr. Robert Steen of the Royal Belfast Academical Institution. He graduated M.D. and M.Ch., R.U.I., in 1886, and practised at Owston Ferry, Lincolnshire, and at Belfast. For many years he was laid aside from active work by spinal caries. He bore his long illness with exemplary patience and cheerfulness under such suffering as would have disheartened a less brave man. Among his many occupations must be included the work that he did for the Braille Library for the blind. He not only mastered the difficulties of Braille and transcribed books by this method but was a recognized instructor in the subject. Dr. Steen was a member of the British Medical Association and was keenly interested to the last in the advances of medical science. He married in 1900 Margaret, youngest daughter of the late William Eaden Lilley of Cambridge, who survives him.

Dr. JOHANNES ORTH, Professor of Pathological Anatomy in the University of Berlin, died on January 13th. He was born in 1847, and was assistant first to Rindfleisch in Bonn, and afterwards to Virchow in Berlin. In 1878 he became professor of pathology at Göttingen, and succeeded Virchow at Berlin in 1902. He was a successful teacher, and the author of several textbooks.

Universities and Colleges.

UNIVERSITY OF LIVERPOOL.

The following candidates have been approved at the examination indicated:

D.P.H.—Christine C. Abernethy, Esther Ashworth, A. E. I. Connolly, C. E. Freeman, A. Speight.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council Meeting was held on January 11th, when Sir Anthony Bowlby, President, was in the chair.

Diplomas of membership were granted to 3 further candidates recently found qualified. Diplomas in Public Health were granted to 24 candidates. Diplomas in Tropical Medicine were granted to 13 candidates. Diplomas in Psychological Medicine were granted to 13 candidates.

Lectures.

The lecture arrangements at the College for 1923 are as follows: January 29th, Professor R. L. Knaggs: Osteitis fibrosa. January 31st, Professor E. M. Woodman: Malignant diseases of the upper jaw, with special reference to operative technique. February 2nd, Professor C. A. Joll: The metastatic tumours of bone. February 5th, Professor H. E. Griffiths: The relation of diseases of the gall bladder to the secretory function of the stomach and pancreas. February 7th, Professor Geoffrey Keynes: Chronic mastitis. February 9th, Professor L. B. Rawling: Remote effects of gunshot wounds of the head. February 14th, Sir John Bland-Sutton: The Hunterian Oration. February 21st, Mr. R. L. Braithwaite: The flow of lymph from the ileo-caecal angle and its possible bearing on (1) the formation of gastric and duodenal ulcers, and (2) the cause of other types of indigestion. February 23rd, Mr. E. R. Flint: Abnormalities of the hepatic and cystic arteries and bile ducts. The lectures, which are free without ticket, will be given at 5 p.m., with the exception of the Hunterian Oration, which will be delivered at 4 p.m.

LONDON HOSPITAL MEDICAL COLLEGE.

LECTURES on "The mathematical basis of physiological problems" will be given at the London Hospital Medical College by Dr. W. A. M. Smart, at 4.30 p.m. on January 25th, February 1st, 8th, 15th, 22nd, and March 1st and 8th. Attendance at this course is recognized in connexion with the B.Sc. (Honours) Degree in Physiology. Admission is free without ticket.

Medical News.

A CONFERENCE of staffs of voluntary hospitals in London, arranged by the Metropolitan Counties Branch of the British Medical Association, will be held in the Council Room, 429, Strand, on Tuesday, January 30th, at 4 p.m. The business will include discussion of a report on the scheme of the Hospital Saving Association prepared by the Advisory Hospitals Committee; and the reply of the Hospital Saving Association thereon.

WE are informed by the Cremation Society of England (52, New Cavendish Street, W.1) that the total number of cremations in Great Britain during 1922 was 2,009, a net increase of 87 on the figures for the previous year. While in Greater London there was an increase of 123, there were 36 fewer cremations elsewhere, the crematoria at Birmingham and Sheffield alone showing any substantial improvement on the figures for 1921. Compared with the average of the preceding ten years, the figures for 1922 show an increase for Greater London of 36.33 per cent., and for the Provinces an increase of 18 per cent.

SIR ALMROTH WRIGHT, K.B.E., F.R.S., will give the Friday evening discourse before the Royal Institution of Great Britain on January 26th at 9 p.m., his subject being the machinery of antibacterial defence.

A POST-GRADUATE course on crime and punishment has been arranged for medical practitioners by the Faculty of Medicine of the University of Birmingham from May 7th to 19th inclusive. The course will consist of lectures on crime and punishment, mental defect, and insanity, together with demonstrations at the prison, at Barnsley Hall Asylum and at other institutions. The fee for the course will be £5 5s. Further particulars appear in our advertisement pages.

THE Royal Microscopical Society has established a section to deal with the practical use of the microscope in connexion with industrial research. The first meeting will be held on Wednesday next at 20, Hanover Square, when Professor Frederic J. Cheshire, director of the optical engineering department, Imperial College, South Kensington, will take the chair at 7 p.m.

AT the annual general meeting of the Association of Economic Biologists, to be held at the Imperial College of Science on January 26th, at 2.30 p.m., Professor R. T. Leiper, M.D., will give an address on the study of helminthology.

LORD TREDEGAR has given a mansion, Cefr Mably, near St. Mellons, about four miles from Cardiff, to the King Edward VII Welsh National Memorial Association; it is to be converted into a tuberculosis hospital at a cost of £41,000.

THE anniversary meeting of the Royal Anthropological Society will be held at 50, Great Russell Street, W.C.1, on Tuesday, January 23rd, at 8.15 p.m.

THE election to the vacant scholarship of the Grocers' Company for original research in sanitary science will take place in May next. The Company founded three scholarships, each of the value of £300 per annum, with an allowance to meet the cost of apparatus and other expenses; they are tenable for one year, but renewable for a second or third year. Applications must be sent in before April 1st to the Clerk of the Grocers' Company, Grocers' Hall, E.C.2, from whom a form of application and other information can be obtained.

DR. DAWSON TURNER and Mr. D. M. R. Crombie have each been awarded a Makdougall-Brisbane medal by the Royal Scottish Society of Arts for their paper on "An investigation of the ionized atmosphere around flames by means of an electrified pith ball."

A POST-GRADUATE course will be conducted in the ophthalmic clinic of the Hôtel Dieu, Paris, by Professor F. de Lapersonne, assisted by Dr. Terrien, Dr. Hautant, and others, commencing on Thursday, May 3rd, and extending over May and June. A special certificate from the Paris Faculty of Medicine will be given at the end of the course. The fee is 150 francs, and further information may be obtained from the Secretary of the Faculty of Medicine, Paris.

THE British Association for the Advancement of Science will meet this year in Liverpool from September 12th to 19th, under the presidency of Sir Ernest Rutherford. The presidents of the thirteen Sections include Professor G. H. Nuttall, M.D. (Physiology), Professor F. G. Donnan (Chemistry), Mr. P. E. Newberry (Anthropology), and Mr. C. Burt (Psychology).

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.

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, *Attitology, Westrand, London*; telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

INCOME TAX.

"B. H." enquires whether certain items are admissible expenses in respect of a medical superintendent of an infirmary under a board of guardians.

** Renewal of medical books, £4 8s. 9d.; professional society subscriptions, £7 7s.; medical journals, £2 2s. We regard these payments as incurred in order to maintain the professional competence of the officer, and therefore analogous to the expense of keeping a car or motor-cycle in a satisfactory state of repair; on these grounds we consider, and have always held, that these expenses should be allowed.

Accountant's fee for completing income tax return, £3 3s. The emoluments of an office are assessable under Schedule E, and the rule is that expenses to be allowable should be incurred wholly, exclusively, and necessarily in the performance of the duties of the office; in our opinion a claim for the allowance of this expense would not be well founded.

LETTERS, NOTES, ETC.

INTERNAL USE OF LIQUID PARAFFIN.

DR. JOHN BROWN (Blackpool) writes that for several years he has given up prescribing liquid paraffin as a laxative, and that Dr. Dixon's opinions (December 30th, 1922, p. 1280) are worthy of serious consideration. I have no facts (Dr. Brown continues) to prove that liquid paraffin is a serious factor in the causation of cancer. It is open to question whether it is a safe laxative for regular use in cases of habitual constipation. Personally, I think it is not. We have reliable and safe aperients in the natural aperient waters, which clear the alimentary canal and leave the mucous membrane clean and fit to carry on its many natural functions. Liquid paraffin coats the mucous membrane with a greasy, non-absorbable surface, and I consider this a serious objection to its use. I am opposed (he adds) to use of the very many coal-tar products if natural drugs can be used.

VACANCIES.

THE Ministry of Labour for Northern Ireland is about to appoint, for the purposes of the Workmen's Compensation Act, 1906, two medical referees for the county and city of Londonderry, one for the county of Tyrone, and one for Belfast and the county of Antrim. Applications should be made to the Secretary of the Ministry, 7, Upper Queen Street, Belfast, not later than January 31st.

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.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 19.

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.

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