

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### MILK INJECTIONS IN INFANTILE COMPLAINTS.

THE case here reported may be of interest, for although the diagnosis may be open to question the treatment was followed by immediately satisfactory results.

At the local maternity hostel Mrs. W., at 11.30 p.m. on September 28th, 1922, gave birth to a male child weighing 7lb. 10oz. The confinement was normal, but forceps were employed at the end on account of feeble uterine contractions; no force was needed. During the first two days the baby passed a considerable amount of blood in its stools, and on the third day I was prepared to inject haemoplastin, but found that the bleeding had ceased after a dose of castor oil. Haemoplastin was therefore not given.

As the mother had no milk the baby was put on citrated cow's milk, which appeared to suit it quite well. When a week old, on October 5th, it began to have convulsions; at first infrequent and slight, they soon became frequent and very pronounced. In one night as many as thirty fits were observed. On October 8th the diet was changed to Nestlé's milk with cream added, and he was given 1 grain each of bromide and chloral regularly; the only result observable was that he was drowsy between the fits, which were just as frequent. He never vomited, nor did he seem to be in discomfort. The convulsions went on for a whole week, and showed no signs of stopping. The questions which arose were: What was the cause of the convulsions? and what treatment should be adopted? It did not seem probable that the brain had been injured during birth, for the labour was easy, while there had been no fits until the first week had passed.

There were no indications that the milk was not being digested, or that it was in any way unsuitable; but the idea that the child had in some way been sensitized by the protein of the milk gradually became a conviction. About noon on October 12th I boiled a little milk in a test tube and injected 10 minims into the child's thigh. The fits were worse down to about 7 p.m., after which they gradually eased off, and by 6 a.m. on October 13th they had ceased entirely, and down to the present, three months later, another fit has not been observed. For the day or two following the injection of the milk there was a considerable inflammatory reaction in the thigh, which was hard and tense, but subsided.

I must leave it to others to decide whether or not anaphylaxis was the actual cause of the fits in this case, and whether the injection of milk desensitized the child. I record the case as I do not remember having come across one similar, and the result was spectacular.

Harrow.

W. A. WILSON-SMITH, M.D., D.P.H.

The result of the method of treatment adopted in the following case was very striking, and may be found useful in similar cases of infantile diarrhoea.

A baby girl was born on November 2nd, 1921; she weighed 6½ lb., and was perfectly healthy. She was fed by the mother, and things went well for three days; but on the fourth day icterus neonatorum appeared, and the stools became dry, chalky, pale yellow in colour, and increased in frequency, until on November 9th twenty or more were passed in twenty-four hours. The character of the stools now altered; they were loose, watery, with mucus and streaks of blood in them. The child became restless and lost weight, in spite of careful treatment. The parents were greatly alarmed, as the first baby, a boy, had died of exactly the same symptoms a year previously.

On November 12th 1 c.c.m. of sterilized mother's milk was injected subcutaneously. The effect was remarkable. The patient, who was peevish and restless, slept for ten hours at a stretch. The number of stools dropped to five during the next twenty-four hours; but they were still loose and slimy. On November 14th a second injection of 2 c.c.m. of mother's milk was given. The diarrhoea stopped, and within forty-eight hours the stools became normal. The child rapidly gained in weight, and is now alive and well.

The mother's milk in the above case was abnormally rich, thick, and yellowish in colour, and the infant was unable to digest it. The subcutaneous injection produced a lasting tolerance, and the child has now gone through her first year of life unusually free from trouble.

Bombay.

B. P. SABAWALA, F.R.C.S.E.

#### VENESECTION IN A CASE OF APHASIA.

VENESECTION is so rarely performed nowadays that the following case is, I think, both interesting and instructive.

The patient is a man aged 52, who had been treated by me some nine years ago for pancreatic diabetes, but had been lost touch with during the war. There is no history of syphilis. On January 3rd, 1923, I was called to the patient, who had gone to bed on

feeling "queer" soon after the midday meal. His face was congested, his mouth drawn to the left, and his speech more or less incoherent, although he was quite conscious, knew what he wanted to say, and was annoyed when he used wrong words. He had vomited, but was not in pain, nor was there any apparent loss of power or sensation. The temperature was normal; pulse 72, regular, and somewhat "full." The blood pressure was not taken, as I considered other action more urgently necessary. The heart was normal in size and situation and there were no adventitious sounds. Eye movements were normal; pupils of medium size, equal, and reacted briskly to light; fundi normal. Knee-jerks normal. The urine contained large amounts of both sugar and albumin.

I decided that this was a case in which blood-letting was indicated, and at once opened the left median cephalic vein and relieved him of three-quarters of a pint of blood. The effects were immediate and gratifying. His complexion improved, the vomiting ceased, and he began to recover his proper speech. Subsequent progress was no less satisfactory. He was placed on a strict diet, which was amplified at the end of a week, and given other treatment.

The patient says he feels quite well, though weak. His speech is normal, and though his mouth still droops a little on the right side he can whistle and laugh without difficulty or deformity. He is going about the house, but not yet taking an active part in his business.

[Since the above was written he has developed albuminuria retinitis.]

London, W.

R. GALWAY MURRAY, M.D.

## Reports of Societies.

### THE TREATMENT OF GASTRIC AND DUODENAL ULCER.

A MEETING of the Hunterian Society was held on January 29th at the Mansion House, with the President, Dr. FORTESCUE Fox, in the chair. In opening the meeting the President said that this was the first occasion during the Society's long connexion with the City of London on which it had met in the official residence of the Lord Mayor, and he expressed its great sense of obligation for the privilege.

Sir BERKELEY MOYNIHAN delivered the second Hunterian lecture on the treatment of gastric and duodenal ulcer. It is published in full in this issue at page 221.

In the subsequent discussion Dr. J. R. BELL (Leeds) said that the method of fractional gastric analyses was of comparatively recent introduction into this country, and the interpretation of the curves obtained was by no means complete. It had been the custom to describe typical curves for different conditions, the most notorious example being the so-called duodenal ulcer curve—a rapidly rising curve with continued secretion. But in a series of Sir Berkeley Moynihan's cases this curve was found in only 5 per cent. of those with duodenal ulcer, showing how very fallacious the statistics based on particular curves might be. He believed that there were almost no curves which could be said to be typical.

Mr. H. W. CARSON said that the principle that cases should not be turned over to the surgeon until a long course of medical treatment had been tried was likely to lead them astray; medical treatment of chronic gastric ulcer was likely to be useless. The present tendency in operation was to be more and more drastic, and partial gastrectomy offered itself as the recognized procedure; mere excision was not sufficient; nor, he thought, Balfour's operation. He did sleeve resection for a particular type of callous ulcer over the lesser curvature; though it sounded a formidable operation, patients stood it very well.

Dr. CAMPBELL McCURE thought Sir Berkeley Moynihan had been a little hard on medical treatment; it required patience and endurance on the part alike of doctor and patient. The idea of starving a patient for a few days and then hurrying him on to a moderate diet shortly after the disappearance of the symptoms was ridiculous. He agreed that the treatment of chronic gastric ulcer, once the diagnosis was thoroughly established, should be surgical. He was glad to hear the question of gastrectomy pushed; anything which would avoid gastro-jejunostomy was to be encouraged, for it was a horrible makeshift.

Mr. GORDON TAYLOR said that he was becoming more and more an ardent advocate of partial gastrectomy, the results of which were extraordinary. There were certain cases of gastric ulcer where the haemorrhage would not cease in spite of medical treatment. He had ten cases of gastric ulcer

wrench; to him, I know, the decision was only taken in spite of the dictates of his heart, but the claims of his fatherland and his Alma Mater proved paramount, and he answered to what he regarded as the call of duty. What was our loss has proved Edinburgh's gain. When, alas, too late to retain his services, a couple of years after he left us a chair of pathology was instituted and endowed by the University, and the future of the subject was thus assured.

Meanwhile during his sojourn in Oxford Ritchie's abilities had been quickly recognized in other directions; he was given a Fellowship at New College, and in due course became a physician to the Radcliffe Infirmary. There his activities did much to place on a permanent footing the *entente* established between that institution and the University, particularly in respect of the facilities necessary for the teaching of pathology. It is in grateful recognition of these services that those of us interested in the welfare of the Oxford Medical School desire to place them on record. Of his personal qualities, as one of his oldest friends I write feelingly. He was a "white man" in every sense of the term. With high intellectual attainments and lofty ideals he combined a soundness of judgement and an insight into business which in my experience are unusual. He had within him the makings of a statesman but withal was simple, modest, and a lover of all that was good and pure. In the interests of the school he worked with untiring energy, often sacrificing his own personal claims, for the common good. Of his virtues as a colleague I can only write with feelings of profound respect and admiration. In lighter vein his pawky Scottish humour just bubbled over. When on occasions in debate he took the floor at the meetings of the Oxford Medical Club, his incisive criticism and brilliant repartee, often delivered in the broadest Doric, never failed to arouse the attention or stir the feelings of those who were privileged to hear him. Of Ritchie I never heard a man say an ill word—a tribute which few can claim.

By his death—alas! all too soon—Oxford shares with Edinburgh the sorrow entailed by the loss of a man so gifted and lovable. With us his memory will ever be associated with the early development of the medical school. To Ritchie we owe more than most men know. May it not be forgotten.

To his bereaved widow and sorrowing family we tender respectfully our sincere sympathy and regret for the loss of the man who helped us much.

Dr. F. E. REYNOLDS, Senior Lecturer in Pathology, University of Edinburgh, writes:

Although the name of Professor James Ritchie will go down in the history of the University of Edinburgh as a great scientist, worker, and teacher, it is even more for his personality that those of us who have been his undergraduates or workers in his laboratory will treasure his memory. The keen interest he had in each of his students made us feel that in him we had a personal friend who shared with us our joys and successes, our difficulties and sorrows. Nothing was too much trouble for him to do on our behalf. Although so fully occupied by his professorial and other duties, he was never too busy to give us freely of his advice and help both as a man and as a scientist. As with all truly great men, patience, simplicity, and humility were outstanding features of his character.

Professor Ritchie's death has caused a gap in the lives of his students and of his assistants that can be filled only by the memory of his many acts of personal kindness to us all. When our time comes to pass, may we be able to say with as much justification as he could have said: "I have upheld the honour and dignity of my profession; by my work and industry I have added to the great reputation of my university; I have helped my fellow men to the utmost of my ability."

Dr. ERNEST W. M. HIGGS of Oxford died from broncho-pneumonia on January 9th, aged 52. He was a native of Bodmin and received his medical education at Charing Cross Hospital Medical School and took the diplomas of M.R.C.S. and L.R.C.P.Lond. in 1891 and the L.M.Dub. in 1892. After serving as demonstrator in minor surgery and house-surgeon at Charing Cross Hospital, he became surgeon to the Royal Niger Company, West Africa, and commenced practice in Oxford in 1900. Early last year, in consequence of a severe accident sustained six years before, he underwent high amputation through the thigh. An artificial leg was fitted, in the use of which Dr. Higgs became adept; he was able to drive his car as before and continued much of his professional and public work. He was a member from its

inception in 1912 of the Oxford National Health Insurance Committee, and had served on the medical service, allocation, and finance subcommittees. During the war Dr. Higgs was one of the examining members of the local medical board. He was a member of the Executive Committee, and was this year chairman, of the Oxford Division of the British Medical Association. He is survived by his widow and two sons. The funeral took place at Rose Hill on January 11th.

We regret to record the death, at Lisbon, of Dr. THOMAS WOOD of Leith, who had been ill for several months and was on his way to the Canary Islands. Dr. Wood graduated M.B., C.M. in 1883, and M.D. (with commendation) in 1904, at Edinburgh University. He was a well known general practitioner in Leith, was a Fellow of the Royal Society of Edinburgh and of the Obstetrical Society of Edinburgh, and held the appointment of factory surgeon. His principal public work was performed in connexion with Leith School Board, of which he was a member from 1894 to 1909. He took a large part in the provision of school extensions, and was particularly identified with the introduction of the medical inspection of school children, which was carried out in Leith for a considerable period before legislation made it general in the rest of the country. In his younger days Dr. Wood was a keen Volunteer, he was a justice of the peace for the county of Midlothian, and he was a member of the Edinburgh and Leith Division of the British Medical Association. He was the author of several contributions to medical literature, chiefly on subjects connected with obstetrics and public health.

We regret to record the death, following an accident, of ALFRED HENRY FISON, D.Sc., who had been Lecturer in Physics at Guy's Hospital since 1906, and at the London Hospital since 1910. He was born in 1857 and received his early scientific education at the Royal School of Mines. For more than twenty years he travelled about the country giving university extension lectures, and he had been secretary of the Gilchrist Educational Trust since 1912. Dr. Fison's great ability as a teacher was recognized by generations of students, many of whom caught something of his enthusiasm for physical science.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

THE Representatives of the University at the Conference on the Courses of Instruction Provided by Medical Schools, held at the University of London on February 3rd, were the Regius Professor of Medicine (Sir Archibald Garrod) and the Dean of the Faculty of Medicine (Dr. E. W. Ainley Walker).

## The Services.

### R.A.M.C. COMMISSIONS.

THE following were the successful candidates for commissions in the Royal Army Medical Corps at the competition held in London last month: H. A. Gilkes, M.B., Ch.B.Oxf., R. Murphy, B.A., M.B., B.Ch., B.A.O.Dub., F. C. H. Sergeant, M.B., Ch.B.Liverp., W. L. S. Cox, M.R.C.S.Eng., L.R.C.P.Lond.

### DEATHS IN THE SERVICES.

Lieut.-Colonel Allen Andrew Lyle, R.A.M.C. (retired), died at Douglas, Isle of Man, on January 9th, aged 67. He was born at Belfast and educated in Dublin, taking the L.R.C.S.I. and L.K.Q.C.P. in 1876. He entered the army as surgeon in 1878, became lieutenant-colonel after twenty years' service, and retired on August 9th, 1898. After retirement he was employed for some time at Aldershot, and also served in the war of 1914-18, from June 7th, 1915.

Surgeon-Major William Napier Keefer, Bengal Medical Service, (retired), died at Toronto on December 27th, 1922, aged 78. He was born at Thorold, Ontario, and graduated B.A. Toronto in 1864, and M.D. and C.M. McGill in 1869. He took the L.R.C.S. Edin. and the L.S.A. in the same year, and entered the I.M.S. as assistant surgeon in 1869. He became surgeon-major after twelve years' service, and retired in 1889. Most of his service was passed in military employment; he was for many years medical officer of the 13th (Duke of Connaught's) Bengal Lancers (Watson's Horse). During the last five years of his service he held the post of chief medical officer of the Andaman Islands. He served on the North-East Frontier of India in the Lushai expedition of 1871-72 (medal); on the North-West Frontier in the Jowaki campaign of 1877-78 (clasp); in the Afghan war of 1878-80, capture of Ali Musjid, Laghman Valley and Zaimukht expeditions, capture of Zawa (mentioned in dispatches, medal with clasp); and in Egypt, 1882, action at Kassassin, battle of Tel-el-Kebir (medal with clasp, Khedive's bronze star, and Order of the Osmanieh (4th class)). During the recent war he gave a very large donation to the Red Cross.

## Medical News.

THE Postmaster-General asks us again to call the attention of medical practitioners to the regulations under which "deleterious liquids or substances," including pathological specimens, may be sent through the post, as packets of the kind found not properly packed are regarded as prohibited articles and are destroyed. Any such liquid or substance must be sent by letter post, not parcel post; it must be enclosed in a receptacle, hermetically sealed or otherwise securely closed, which receptacle must itself be placed in a strong wooden, leather, or metal case in such a way that it cannot shift, and with a sufficient quantity of some absorbent material (such as sawdust or cotton-wool) so packed about it to prevent leakage from the package in the event of damage to the receptacle. The package so made up must be conspicuously marked "Fragile, with care," and bear the words "Pathological specimen." A person who sends such liquid or substance contrary to these regulations is liable to prosecution.

A SPECIAL post-graduate course of systematic lectures and clinical demonstrations will be given at the National Hospital for Diseases of the Heart, Westmoreland Street, W.1, on Thursdays, at 5.30 p.m., commencing on February 15th and terminating on March 29th. Further particulars can be obtained on application to the dean at the hospital.

BEFORE the National Assembly of the Church of England brought its session to an end last week it adopted a proposal by the Bishop of London to appoint an advisory committee to consider social and industrial matters in which moral issues are involved. It would, in particular, watch bills introduced into Parliament and call conferences of persons interested in social and industrial problems. A proposal to employ a paid secretary was withdrawn.

AT the invitation of the Mayor and municipality, the Royal Institute of Public Health will hold its next annual congress in Scarborough from May 16th to 21st, 1923. The Congress will be conducted in the following five sections: (1) State Medicine and Municipal Hygiene; President, Sir William Middlebrook, late Lord Mayor of Leeds. (2) Naval, Military, Air, and Tropical Diseases; President, Lieut.-General Sir Arthur Sloggett, K.C.B., late D.G.M.S., British Armies in France. (3) Bacteriology and Bio-Chemistry; President, Dr. F. W. Twort, Superintendent, Brown Institute, University of London. (4) Women and the Public Health; President, Lady Dorothy Wood, President of the Yorkshire Federation for Maternity and Child Welfare. (5) Industrial Hygiene; President, Sir Lynden Macassey, K.B.E., Governor of the London School of Economics, University of London.

CIRCULARS of inquiry as to the accuracy of their addresses were sent on February 2nd to all persons whose names appeared in the printed *Dentists Register* for 1922—that is to say, to all persons registered before the passing of the Dentists Act, 1921. Any person coming within the above category who does not receive an inquiry in course of post should communicate with the Registrar of the Dental Board, 44, Hallam Street, W.1, without delay, in order that there may be no risk of the erasure of his name under Section 12 (3) of the Dentists Act, 1878.

A DISCUSSION on the detection and estimation of small quantities of arsenic was held recently at Nottingham, at a joint meeting of the Society of Public Analysts and the Nottingham Section of the Society of Chemical Industry. Mr. A. Chaston Chapman, F.R.S., described his experience during the last twenty-five years with the zinc-acid process, and gave an outline of his procedure, more particularly in the use of cadmium to render the zinc sensitive. Mr. Wilkie, secretary of the Nottingham Section, demonstrated the use of his electrolytic method of estimating arsenic, in which the reversibility of the reaction was prevented. Dr. Monier-Williams showed an electrolytic Marsh apparatus modified from that in use in the Government Laboratory. Major Trotman expressed the opinion that the preliminary treatment of the material was the crucial point of the estimation. He suggested that a conference should be called to discuss the standardization of methods of estimating arsenic.

DR. A. V. HILL, professor of physiology in the University of Manchester, will deliver the Friday evening discourse at the Royal Institution, 21, Albemarle Street, W.1, on February 16th, at 9 p.m., the subject being muscular exercise.

THE Ministry of Health has issued a revised list of the treatment centres for venereal diseases approved by the Ministry under Article III of the Public Health (Venereal Diseases) Regulations, 1916. Information is also given as to the days and hours of the out-patient clinics, and for the irrigation of cases of gonorrhoea during the intervals between the clinics.

WE announced a year ago that the Conjoint Board of Scientific Studies had arranged to issue an alphabetical list of titles of periodical publications containing the results of original research, together with indications of the libraries in London, Oxford, Cambridge, Aberystwyth, Edinburgh, and Dublin, in which they are filed. The Carnegie Trust has given £1,000 to defray the cost of including a larger number of libraries. It is stated that over 300 copies have already been subscribed for at two guineas each.

THE Departmental Committee on the Taxation and Regulation of Vehicles appointed by the Ministry of Transport held its first meeting on January 26th. It heard evidence from Sir Arthur Stanley, chairman of the Royal Automobile Club, with regard to the proposal that motor taxation should take the form of a flat-rate duty on motor spirit. The so-called private motor had, he said, become very largely a utility or business vehicle. Evidence was given at this and subsequent sittings on behalf of motor manufacturers and traders to the effect that the present system of taxation had a prejudicial effect on the design of British motors and hampered trade.

THE annual dinner of the Hunterian Society of London will be held on Tuesday next. Particulars can be obtained from Mr. A. E. Mortimer Woolf, F.R.C.S., 81, Wimpole Street, W.1.

THE Chairman of the Executive Committee of the British Red Cross Society, 19, Berkeley Street, London, W.1, in making an appeal for subscriptions to enable the Society to cope with the position in the Near East, states that the Greek Government cannot meet the pressing demands upon it. The refugees in Greece include thousands of British subjects from Asia Minor and Thrace. From Lady Rumbold's Hospital, already established at Dedeaqatch in Western Thrace, with 300 beds, assistance could be sent to the villages in the surrounding country, but at least three clearing hospitals of 100 beds each are, it is said, urgently needed in Western Thrace.

WE are informed that we were under a misapprehension in stating that the system by which medical publishers send out books on approval is new to this country; in particular we learn that Messrs. H. K. Lewis and Co., of Gower Street, carry on the system not only in respect of their own publications, but of the works of any publisher.

IN view of the withdrawal of overseas contributions the Imperial Institute is in financial difficulties, and the Secretary of State for the Colonies has appointed a committee to consider what functions carried out by the Institute are essential, and whether these should be continued by it or attached elsewhere.

A PAPER was read recently before the Royal Society of Arts by Mr. T. H. Fairbrother, a chemist on the staff of the British Dyestuffs Corporation, and Dr. Arnold Renshaw of Manchester, on the relation between chemical constitution and antiseptic action in the coal-tar dyes. As a general rule, dyes which show any marked antiseptic action contain one or more amido groups in the molecule. The physical state of a substance has probably much to do with its power to destroy organisms or interfere with their growth. If a dye-stuff has a colloidal nature in solution it is not likely to be an active antiseptic. While antiseptic action cannot be predicted from chemical constitution alone, absence of antiseptic action can be so predicted. A series of aniline dye-stuffs have been investigated for their action on certain common bacteria and protozoa (the latter generally paramoecia, isolated from sewage). The dyes which had the greatest action on paramoecia were nile blue, meldola blue, auramine O, ethyl violet, magenta acetate, malachite green oxalate, and certain new violet dyes. Paramoecia forms were affected at once by these dyes at a dilution of 1:20,000. With meldola blue D—a new preparation of meldola blue with zinc chloride—immediate death occurred with a dilution of 1:80,000, and within two and a half hours, with a dilution of 1:160,000. Neo-salvarsan solutions, in dilutions of 1:200, fail to kill paramoecia in two hours. Of the dyes mentioned auramine O, ethyl violet, malachite green oxalate, and magenta acetate have great bactericidal properties also, but oxazine dyes act more intensely upon protozoa than upon bacteria. Two of the most active dyes—auramine and nile blue—were tried in varying dilutions upon trypanosomes freshly obtained by bleeding an infected mouse, and within fifteen minutes a dilution of 1:20,000 of either of these dyes destroyed all the trypanosomes in the film, whereas control films under the same conditions showed great activity at the end of thirty minutes. Experiments on animals are held to make it probable that auramine might be injected intravenously in trypanosomiasis without any untoward result. Answering a point raised in a brief discussion, Mr. Fairbrother said that, though certain dyes stained the protoplasm of the organism, the staining did not appear to have any great antiseptic significance.

IN response to an invitation from the President of the Rockefeller Foundation, a commission has been appointed by the Japanese Minister of Education to visit the United States next March as guests of the Foundation for the purpose of studying American and Canadian medical institutions and methods. The six members of the commission are Dr. Kinosuke Miura, professor of medicine, Tokyo Imperial University; Dr. Sahachiro Hata, professor of medicine, Keio University, and director of the Kitasato Institute; Dr. Kinosuke Miyairi, dean of the medical college, Imperial University of Kyushu; Dr. Mataro Nagayo, professor of pathology and pathological anatomy, Tokyo Imperial University; Dr. Akira Fujinami, professor of pathology and pathological anatomy, Kyoto Imperial University; and Baron Yoshihiro Takagi, chief surgeon and professor of surgery in the Tokyo Charity Hospital and Medical College. The leading hospital and research centres of North America will be visited, and attention will be paid by the commission to public health and hospital organization and administration, as well as to medical research.

A PORTRAIT of Dr. C. J. Sells, who for forty-six years and a half served as medical officer of the Guildford Poor Law Institution, has been hung in the board room of the Guildford Guardians in appreciation of his valuable services. At the unveiling ceremony on January 27th a replica of the portrait was presented to Mrs. Sells.

THE price of Sir Archdall Reid's book, *Prevention of Venereal Disease* (Heinemann), has been reduced to 7s. 6d. net.

IT is now possible to travel in comfort from the Lybian border of Tunis to the Atlantic shores of Morocco. During the war the French Government constructed a network of splendid roads, particularly in Morocco, and since the war the Compagnie Générale Transatlantique has put motor cars upon them and established twenty-two hotels. Full particulars of these tours, and also with regard to the French Riviera, can be obtained from the Office Français du Tourisme, 56, Haymarket, London, S.W.1.

DR. ROUX, director of the Pasteur Institute of Paris, has received the distinction of the Grand Cross of the Royal Order of the Dannebrog.

## Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

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

### QUERIES AND ANSWERS.

#### INCOME TAX.

\* M. D. gives particulars of the statement he sent in for assessment purposes.

\*\* We think that the root of the difficulty he finds in coming to some arrangement with the local inspector lies in the fact that the major items in his statement of earnings appear to have been estimated instead of having been taken from actual records of receipts. Out of the total gross earnings of £489, £200 is included for dispensary and £150 for private practice, and the claim for expenses of motor, chauffeur, and maid is put at an all-over figure of £350. "M. D." has evidently been placed in circumstances in which the keeping of proper records is almost impossible, but if he cannot produce more detailed evidence of his earnings than the above figures he is at a serious disadvantage in contesting the assessment. We advise "M. D." to see the inspector—or depute a friend or agent to do so—give him what

facts he can, and endeavour to come to some amicable arrangement of the whole matter. We have no doubt that if the facts as to "M. D.'s" illness are explained by letter the inspector will arrange for the matter to remain in abeyance for the present.

### LETTERS, NOTES, ETC.

#### BLOOD UREA.

MR. A. BASIL ROOKE, F.R.C.S. (Bournemouth), writes: The following statement appears in Sir John Thomson-Walker's address on "Some problems of prostatectomy" published in your issue of January 27th: "The figures given as normal for the blood urea—namely, 20 to 25 per cent.—are too low in dealing with old men, and a blood urea of 40 to 50 per cent. may be present without indicating serious impairment of the renal function. I recently operated on a patient whose blood urea was 53 per cent., and who had been refused a single-stage prostatectomy on this account. The patient was in other respects a healthy man, and I disregarded the high blood urea. Recovery from the operation was uneventful." W. F. Braasch states: "It is generally recognized that an estimation of 40 mg. of urea nitrogen for each 100 c.cm. of blood would indicate a guarded prognosis, and when it reaches more than 100 mg. the prognosis is very grave" (*Diagnosis of Surgical Lesions of the Kidney*, Mayo Clinic, 1919). The practice of recording the blood urea sometimes as a percentage and at others as milligrams in 100 c.cm. facilitates such clerical errors as those in Sir John Thomson-Walker's paper, and is a source of much confusion. In the phenolsulphonphthalein test the result is expressed as a percentage, and the habitual use of the same terminology for blood urea would tend to stabilize the position of the decimal point.

\*\* We referred this note to Sir John Thomson-Walker, who writes: I am obliged to Mr. A. Basil Rook for pointing out the clerical errors which have occurred in transcribing the figures of the blood urea in my address on prostatectomy. The figures should have been expressed in milligrams per 100 c.cm. Without doubt the use of two methods of record promotes confusion, and it would be safer to use one common method. Whether the urea should be expressed in terms of percentage or in milligrams per 100 c.cm. must lie with the biochemist rather than the surgeon.

#### THE NATIONAL MILK CONFERENCE.

AN account of the National Milk Conference held at the Guildhall, London, last October, under the presidency of Viscount Astor, appeared in our columns at the time. The full report of the proceedings has now been published, in a paper-covered volume of some 220 pages, by the National Clean Milk Society, the conveners of the Conference (3, Bedford Square, W.C.1; 3s. post free). It will prove of interest and value to all who take a practical interest in the problems connected with milk and dairies.

#### WINTER IN ITALY.

WE published a short time ago (January 20th, p. 116) an article on the opportunities Italy afforded to winter visitors. The Italian State Tourist Department, 12, Waterloo Place, London, S.W.1, has issued an illustrated pamphlet by Major W. Stormont, F.R.G.S., giving information on all the places mentioned in our article, and also a note on winter sport centres, such as Cortina d'Ampezzo. The price of the pamphlet is 6d., by post 1s.

#### MERCURY-VAPOUR LAMPS.

MESSRS. WATSON AND SONS (Parker Street, Kingsway, London, W.C.2) have issued a bulletin on the mercury-vapour arc, with descriptions of the mercury-vapour lamp made by them.

#### A CORRECTION.

THE price of the Dodge Brothers' coupé was given in our last issue as £375, whereas the figure should be £395.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 31, 34, 35, and 37 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 32, 33, and 34.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 47.

### 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.