

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PSORIASIS.

IN the BRITISH MEDICAL JOURNAL of July 8th, 1922, appeared a note recording marked benefit to a case of psoriasis by the administration of collosol manganese.

Having several cases under my care, I gave the method a trial. The first was an obstinate case of six years' duration. After eight doses she appeared on the high road to recovery, and I felt that at last a cure was found for an old enemy. Bearing in mind the danger of drawing conclusions from insufficient data, and the fact that patches of psoriasis often exhibit a tendency to clear up with almost any standard treatment, I placed seven other patients under the treatment.

The drug used was Crookes's collosol manganese, which was given by intramuscular injection. Vaseline was applied locally to the patches. No other medicine, internal or external, was used. The patients were girls of ages 12 to 17 years. Dose: four injections of 0.5 c.cm. at four-day intervals, followed by doses of 1 c.cm. for five to eleven doses.

Brief notes of the cases follow:

Case 1.—D. C., aged 17. Distribution: Head, back, chest, axilla, arms, and legs. The patches varied from the size of a threepenny piece to larger than that of a five-shilling piece. After receiving four injections of 0.5 c.cm. and four of 1 c.cm. the patient was immensely better—had not been so well for six years; there were only scars and staining. Treatment was continued, and seven further doses of 1 c.cm. were given. The improvement was not maintained, and within four months patches recurred as at outset.

Case 2.—A. G., aged 16. Elbows and knees had patches varying from the size of a shilling to that of half a crown. Treated with four injections of 0.5 c.cm. and seven of 1 c.cm. No improvement.

Case 3.—D. S., aged 16. Elbows, knees, and legs chiefly affected, the size of the patches ranging from that of a shilling to a threepenny piece. Had four doses of 0.5 c.cm. and seven of 1 c.cm. No improvement.

Case 4.—L. V. G., aged 14. Small patches on elbows, knees, legs, and back. Had four doses of 0.5 c.cm. and six of 1 c.cm. No improvement.

Case 5.—M. P., aged 11. There were patches from the hip to the knee the size of half a crown; from knee to ankle, and on chest, back, arms, and scalp they varied in size from that of a threepenny piece to a sixpence. The patient was treated with four injections of 0.5 c.cm. and eleven of 1 c.cm. There was no improvement.

Case 6.—M. Mc., aged 15. The arms had patches varying in size from that of a threepenny to a five-shilling piece; smaller patches on thighs, legs, and buttock; the back and scalp were also affected. Received four doses of 0.5 c.cm. and six of 1 c.cm. No improvement.

Case 7.—H. H., aged 11. There were patches on the back the size of a shilling to a five-shilling piece; large patch on thigh, and several patches on chest. Had four injections of 0.5 c.cm. and ten of 1 c.cm. The back showed slight improvement; no improvement of thigh.

Case 8.—N. L., aged 12. A few patches. Had four injections of 0.5 c.cm. and five of 1 c.cm. Slight improvement.

G. GUSHUE-TAYLOR, M.B., B.S., F.R.C.S.

Barkingside.

PREGNANCY IN A FIBROID UTERUS.

A NATIVE woman, aged 26 years, was admitted to hospital on October 24th, 1921, with symptoms which seemed to point to suppurating ovarian cyst, pyosalpinx, or ectopic gestation. There was a tumour on the left side of the pubes and a painful mass, which could be felt from the vagina, behind the cervix. She had a good deal of pain, which had increased very much since she had been previously discharged from hospital, on October 17th. She had been admitted originally for the same complaint on October 5th, 1921, and after rest in bed and fomentations the pain was relieved, but as I was not sure as to the presence of pregnancy I decided to wait, and discharged her from hospital. However, she was re-admitted, and two days later I operated. I found that the uterus was a mass of fibroid tissue, except for the anterior surface; a fibroid tumour, about the size of an orange, projected from the postero-superior surface. The uterus was becoming impacted in the pelvis; it was removed by subtotal hysterectomy, and was found to contain two foetuses of about two months' development. The patient was unmarried and at first denied the possibility of pregnancy, but later admitted having missed one period. She was discharged from hospital quite well on November 28th.

Antigua, B. W. I.

C. M. ROLSTON, F.R.C.S. Edin.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BIRMINGHAM BRANCH.

THE third ordinary meeting of the Branch was held at the Medical Institute, Birmingham, on February 15th, the chair being taken by Mr. ALBERT LUCAS, President of the Branch. Mr. SEYMOUR BARLING opened a discussion on "The diagnosis and treatment of chronic ulcer of the body of the stomach."

Having referred to the many unsettled problems connected with the etiology of the initial condition and the causes which led to recurrence, Mr. Barling proceeded to a detailed assessment of the relative values of clinical, radiographic, and chemical investigations in arriving at a diagnosis. The two former must, he said, be considered together, and although radiography gave a confidence and accuracy to diagnosis that nothing else did, it was occasionally wrong. With reference to treatment, the scope and limitation for medical treatment were first considered, and then the most suitable surgical procedures discussed. Mr. Barling considered that the ideal operation should consist in removal of the site of the ulcer together with a drainage operation, to alter the physiological and mechanical conditions of the stomach. These criteria were secured by partial gastrectomy, also by excision of the ulcer or its destruction by cauterization, followed by gastro-enterostomy. He did a partial gastrectomy in more than half his cases at the present time, but preferred the less mutilating operation of excision and gastro-enterostomy in the less severe cases. In his experience malignant disease following ulcer was of less frequent occurrence than the figures given by many surgeons would have led one to suppose. In a series of fifty-five cases, of which 50 per cent. were of ten years' standing or over, only two were found in which clinical or microscopic evidence pointed to this having occurred.

Mr. W. BILLINGTON advocated double gastro-jejunostomy, in order to drain the stomach on each side of the ulcer, together with entero-enterostomy. He pointed out that this operation was applicable to all cases, whereas partial gastrectomy was not. He found that this procedure gave immediate results greatly superior to any other method he had tried, and after four and a half years' experience of it had had no cases returned to him with recurrence of symptoms.

Dr. HAROLD BLACK said that as a rule no help was afforded by radiography in the detection of acute ulcers. In chronic ulcer positive evidence of the presence of ulcer was obtained when the actual ulcer crater was seen. When no crater was seen the presence of ulcer might be surmised when certain changes in the anatomy or function were present. These changes were demonstrated by lantern slides and their reliability as evidence discussed.

Dr. T. L. HARDY stated that fractional studies of the gastric contents in these cases showed that the curves mainly followed the normal type and that help in diagnosis could not be expected from them. As regards treatment, he thought that this should invariably be carried out in three stages—preliminary treatment, treatment proper, after-treatment. The work of Rosenow, and more recently that of Kopeloff, afforded ample experimental evidence of the importance of infection in the mouth, nose, and nasopharynx, and the removal of septic foci as a necessary and preliminary step. He pointed out the principles on which treatment proper should be based, due weight being given to x-ray and chemical findings. He laid special emphasis on the need for prolonged and thorough after-treatment, and thought that results would be greatly improved if more attention was paid to this aspect. The better education of the patient in regard to his disability was much to be desired, and written instructions as to diet and mode of life should always be given.

Dr. G. A. WILKES said that it was the part of the general practitioner to diagnose gastric ulcer in its early stages. He mentioned the three cardinal symptoms of pain, haematemesis, and melaena; but at an earlier stage he pinned his faith to the "nerve reflex" of skin and muscle tenderness with rigidity. Recurrent attacks of the nerve reflex meant ulcer. The position of the tender area indicated the position of the ulcer in the stomach.

Sir GILBERT BARLING emphasized the necessity of excising the gastric ulcer and of performing gastro-enterostomy at the

(b) Greatly increased facilities should be provided for the appointment of clinical and chief clinical assistants to the various departments of the larger hospitals.

(c) When the number of patients of voluntary hospitals increases the medical staff of all grades should be increased.

(d) In considering the eligibility of a practitioner for one of these appointments, the points which would afford indications to which due regard should be given are one or more of the following:

- (i) Special academic or post-graduate study, if combined with some evidence of actual practice of the specialty;
- (ii) Tenure of hospital and other appointments affording special opportunities for acquiring experience; and
- (iii) Local professional recognition of competence in a consultative or expert capacity.

If it be thought that these resolutions are not sufficient statements of policy, pray let us hear wherein they are defective, so that there may be suitable amendments. For my own part I think that they are effective. Paragraph 28 is a key resolution and one that every member of the profession in considering proposed contributory schemes should insist upon being adopted.—I am, etc.,

London, W., March 24th.

N. BISHOP HARMAN.

THE RIGHTS OF A REGISTERED MEDICAL PRACTITIONER.

SIR,—Surely the fact of a medical man signing a medical certificate is a proof that he is "in the actual practice of the medical profession"? He would hardly sign the certificate until after he had examined the patient, which in itself is an act of practice.

Will anyone say when is a doctor not a doctor?—I am, etc.,

Wimbledon, March 24th.

FREDERIC VICARS, M.D.BRUX.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Radcliffe Travelling Fellowship.—The Master and Fellows of University College announce that, on the report of the examiners, the trustees have elected Maurice Elgie Shaw, B.M., B.Ch., M.A., New College (and Guy's Hospital), to a Radcliffe Travelling Fellowship of £300 a year, for two years.

Radcliffe Prize.—The Master and Fellows of University College have, on the report of the judges, awarded the Radcliffe Prize, 1923, to Arthur Duncan Gardner, D.M., University College, F.R.C.S., formerly Radcliffe Travelling Fellow in the University, for his researches in medical science.

At a congregation held on March 24th the degree of Bachelor of Medicine (B.M.) was conferred on Martin O. Raven, Trinity College.

UNIVERSITY OF DURHAM.

THE honorary degree of D.C.L. will be conferred, at the June convocation, upon Sir Anthony A. Bowlby, K.C.B., K.C.M.G., K.C.V.O., Surgeon-in-Ordinary to the King, and President of the Royal College of Surgeons of England.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—E. F. H. Bell, A. H. F. Cole, J. Davis, W. H. Denholm, J. F. Hedley, J. Henderson, Gwendolen Jones, W. G. S. Peppér, Florence M. Smith.

UNIVERSITY OF MANCHESTER.

The Death of Sir William Thorburn.

THE following resolution was passed by the University Council at its last meeting:

"The Council have heard with deep regret of the death of Sir William Thorburn, Professor Emeritus in the University. They desire to record their sense of his great services as an administrator, a teacher, and an investigator, his eminence as a surgeon, and the whole-hearted devotion with which he sacrificed himself in the service of his country. His sterling integrity of character inspired respect in all his colleagues and students. The Council desire to convey to his relatives their profound sympathy with them in their loss."

The following appointments have been made:—Clinical Lecturer in Infectious Diseases: D. S. Sutherland, M.D.Glasg. Honorary Clinical Lecturer in Tuberculosis: R. Marsden, M.D., D.P.H. Manch., M.R.C.S., M.R.C.P.

The County Borough of Wigan has renewed its annual grant of £250 to the university.

Dickinson Research Travelling Scholarship.

Appl'cations for the Dickinson Research Travelling Scholarship in Medicine, value £300 and tenable for one year, are invited by the trustees of the fund. Candidates must have graduated with distinction at the University of Manchester in medicine and surgery in one of the three academic years immediately preceding the award. Copies of the regulations governing the scholarship

can be obtained from Mr. F. G. Hazell, Secretary of the Trustees, Manchester Royal Infirmary, to whom six copies of applications should be sent not later than May 1st, 1923.

The following candidates have been approved at the examination indicated:

D.P.H.—Part I: Ada Furniss, R. M. Galloway, S. Kelly, B.L. Lloyd, Hilda Pratt, Edna Ratner, Gladys J. C. Russell. Part II: G. V. Ashcroft.

UNIVERSITY OF BRISTOL.

THE following appointments have been made:—Demonstrator in Obstetrics: Dr. R. S. S. Statham. Clinical Lecturer in Obstetrics: Mr. H. J. D. Smythe, M.B., M.S., F.R.C.S. Teacher of Physiotherapy: Mr. P. E. Christofferson, M.B., Ch.B.

UNIVERSITY OF EDINBURGH.

THE Senatus of the University of Edinburgh resolved on March 22nd to offer the honorary degree of Doctor of Laws to, among others, Dr. Henry Head, consulting physician to the London Hospital, and Lieut.-Colonel Sir Charles Henry Bedford, I.M.S.(ret.).

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

Re-election of President.

AN extraordinary Comitia of the Royal College of Physicians of London was held on Monday, March 26th, at 5 p.m., the President, Sir Humphry Rolleston, being in the chair.

The President delivered the annual address, in which he reviewed the work of the College during the past year. He pointed out that there were now 368 Fellows, compared with 83 one hundred years ago; that there were now 600 Members, and that a century ago there were only 216. There were now 14,448 Licentiates and Extra-licentiates. He then gave obituary notes of the 10 Fellows who had died during the past year—namely, Dr. Robert Shingleton Smith of Bristol, Sir Henry Davy of Exeter, Dr. W. H. R. Rivers, Sir Edward Malins of Birmingham, Dr. Arthur Ransome, Dr. Cornelius Benjamin Fox, Sir James Galloway, Sir Norman Moore, Dr. J. J. Pringle, and Dr. Norman Dalton.

The thanks of the College were accorded to the President, on the motion of Sir William Church.

The College then proceeded to the election of President for the ensuing year, and Sir Humphry Rolleston was re-elected, receiving 61 votes out of 65.

The College authorized the presentation of an illuminated address to H.R.H. the Prince of Wales, President of St. Bartholomew's Hospital, at the celebration of the 800th anniversary of the foundation of the hospital.

After the transaction of some formal business the President dissolved the Comitia.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

CONSTITUTION OF THE COUNCIL.

THE composition of the Council since July, 1922, is as follows:

President.—Sir Anthony A. Bowlby, K.C.B., K.C.M.G., K.C.V.O. Council (1) 1924, (2) 1912, (3) 1920; Pres. 1920.

Vice-Presidents.—Sir D'Arcy Power, K.B.E., C. (1) 1912, (2) 1920; Sir Berkeley G. A. Moynihan, Bt. C.B., K.C.M.G., C. (1) 1912 (substitute), (2) 1919.

Other Members of Council.—Sir Charters J. Symonds, K.B.E., C.B., C. (1) 1907, (2) 1915; Mr. W. F. Haslam, C. (1) 1908, (2) 1916; Sir Charles A. Ballance, K.C.M.G., C.B., M.V.O., C. (1) 1910, (2) 1914, (3) 1922; Sir J. Bland-Sutton, C. (1) 1910, (2) 1918; Mr. H. J. Waring, C. (1) 1913, (2) 1921; Sir William Thorburn, K.B.E., C.B., C.M.G., C. (1) 1914, (2) 1922 (deceased); Sir Charles Ryall, C.B.E., C. (1) 1914 (substitute), (2) 1915 (deceased); Mr. Walter G. Spence, O.B.E., C. (1) 1915 (substitute), (2) 1918; Mr. F. F. Burghard, C.B., C. (1) 1915 (substitute), (2) 1921; Sir Herbert F. Waterhouse, C. 1915; Mr. T. H. Openshaw, C.B., C.M.G., C. 1916; Mr. Raymond Johnson, O.B.E., C. 1916; Mr. V. Warren Low, C.B., C. (1) 1916 (substitute), (2) 1917; Mr. J. Sherren, C.B.E., C. 1917; Sir J. Lynn-Thomas, K.B.E., C.B., C.M.G., C. 1918 (substitute till 1926); Mr. E. W. Haygroves, C. 1918; Sir Cuthbert S. Wallace, K.C.M.G., C.B., C. 1919; Mr. F. J. Steward, C. 1923; Mr. W. Thelwall Thomas, M.B.E., C. 1921; Mr. C. H. Fagge, 1921; Mr. R. Fugh Rowlands, 1922.

The medical schools are represented as follows:

London:	
St. Bartholomew's	3
Charing Cross	1
Guy's	4
King's College	1
London	2
Middlesex	1
St. Mary's	1
St. Thomas's	2
University College	1
Westminster	1*
Special London Hospital	1*
Total London	13
Provincial:	
Birmingham	1
Bristol	1
Cardiff	1
Leeds	1
Liverpool	1
Manchester	1*
Total Provinces	6
Total Council	24

* Deceased.

frequent contact with Sir William. At this period he was more concerned with the organization of work and with broad generalizations, yet I do not think he ever showed himself to greater advantage than in his dealings with these cases at this time; at this time, also, he was suffering severely from his own personal bereavements. After the war I knew him as a colleague on the staff of the Royal Infirmary, and another side of his complex character dominated. Questions of hospital policy and details of medical administration received the same attention as in earlier days had been expended upon the cutaneous distribution of spinal segments, or the clinical aspects of the cervical rib, and were left again in the same state of completeness.

It became more and more obvious during these latter years that Sir William's interests were turning in the direction of medical politics, and his untimely death has been a blow to all of us, his students and his colleagues, who felt that he might one day have filled with distinction the presidential chair of the Royal College of Surgeons. Sir William was, I should say, by nature a very nervous and a very self-conscious man, and his aloofness and somewhat terrifying personality were of the nature of over-compensation in the opposite direction. Such men are not always sufficient for themselves, but it is among them, often enough, that the best workers are found.

A special service was held on March 21st at the Manchester Cathedral, which was filled by a large congregation, medical and lay women as well as men, who attended to pay their last respects to a friend and fellow worker or trusted adviser. The Royal College of Surgeons of England was represented by Sir Berkeley Moynihan and Mr. Thelwall Thomas; the University of Manchester by Professors H. B. Dixon, J. Shaw Dunn, J. S. B. Stopford, T. F. Tout, and R. B. Wild; the University of Liverpool by its vice-chancellor, Dr. Adams; the Army Medical Service by Colonel F. H. Westmacott; and the Manchester Medical Society by Sir William Milligan. The Board of Management of the Manchester Royal Infirmary, the Medico-Ethical Association, the old Owensian Society, and the St. Andrews Society of Manchester were also represented. Very many members of the staff of the Manchester Royal Infirmary were present, and also representatives of the nurses, as well as many personal friends in the profession. The interment took place afterwards at the Manchester Southern Cemetery.

A slight correction has to be made in the notice published last week. Sir William Thorburn had three sons: one died in 1910, one died in China in June, 1914, and Lieutenant F. E. Thorburn was killed in Gallipoli.

Dr. J. LLEWELLYN REES of Pontardawe died on March 4th, aged 58. He was the son of the late Rev. William Rees, vicar of Llanboidy, was educated at Llandover and at the London Hospital Medical College, and took the diplomas of M.R.C.S. and L.R.C.P.Lond. in 1888. After serving as clinical assistant to out-patients and in the skin department of the London Hospital, medical officer to the Provident Dispensary, Bethnal Green, and as senior resident surgeon to the Royal Sea-Bathing Hospital, Margate, he succeeded Dr. Grice Jones in practice at Pontardawe some twenty-three years ago. He was medical officer to the Pontardawe and District Fever Hospital at Gellynudd since its opening. Dr. Rees, who was a member of the Swansea Division of the British Medical Association, was a keen sportsman, and well known as a Rugby footballer in his hospital days. He is survived by two sons and two daughters.

We regret to announce the death of Dr. H. W. McCauley Hayes of Madras. He was educated at the University of Edinburgh, took the Scottish triple qualification in 1887, and became M.R.C.P. Edin. the following year. He also took the Diploma in Public Health of the University of Liverpool in 1909, and four years later the Diploma in Tropical Medicine at the University of London. After serving as surgeon to the Victoria Hospital, Swindon, he became medical officer of the South Indian Railway, where he gained the respect of all with whom he came in contact, and was particularly popular in the social life of Trichinopoly, where the headquarters of the railway are situated. Owing to the depletion of South India of its I.M.S. officers in consequence of the war, Dr. Hayes's services were requisitioned by the Government, and he was appointed to act as superintendent of the Madras Lunatic Asylum, in the work of which institution he showed great interest, especially in regard to the welfare of the inmates. Dr. Hayes was honorary treasurer of the South

Indian and Madras Branch of the British Medical Association, and was lieutenant-colonel in the Indian Defence Force Medical Department.

The death of Sir ERNEST CLARKE calls for at least passing notice here. He was born in 1856, and at an early age became a clerk in the Medical Department of the Local Government Board. He was a man of unusual ability and energy, possessed by the ambition commonly associated with these qualities, and that department then afforded little scope; he left it in 1881 for the Stock Exchange clearing house, and afterwards, in 1887, became secretary of the Royal Agricultural Society. He was the first incumbent of the office of Lecturer on Agricultural History at Cambridge (1896-99). Owing to a mistaken policy for which Clarke was in part held responsible, he retired from the service of the Royal Agricultural Society in 1905 and had not since held any public appointment. During the eighties he was an assiduous and valued contributor to this JOURNAL. It is difficult, even for those who lived through it, to put the mind back to the state of things in public health at that time. The awakening had begun, and the British Medical Association, through its old Public Health Committee, and its JOURNAL, then edited by Ernest Hart, with Clarke as one of his most trusted advisers, did much to stimulate public opinion to demand better things. A great deal of the time and energy of medical men and of the space of this JOURNAL were occupied in arguing for propositions which are now commonplaces; big epidemics of typhoid fever were still common, tuberculosis was popularly regarded as a hereditary disease by which certain families were inevitably affected, the death rate was high, and the infant death rate still higher. Clarke whole-heartedly believed that these things could be mended, and worked ardently with the limited means open to him to end them. It was a characteristic example of English slowness to entertain new principles that means were not found to keep him in the central public health service. It was not the fault of the sorely tried medical department of that day.

Medical News.

THE Medical Research Council issued, on March 29th, a report entitled the *Schick Test, Diphtheria and Scarlet Fever* (H.M. Stationery Office, 1s. net), by Surgeon Commander Sheldon F. Dudley, R.N. The report is founded on a study of the incidence of diphtheria and scarlet fever in the Royal Naval School at Greenwich. The author has been able to differentiate between the invisible "epidemics of carriers" and "epidemics of immunization" on the one hand, and the visible epidemics of disease on the other. He concludes that the *Schick test* is a reliable method for ascertaining who are immune to diphtheria, and that the percentage of doubtful reactions can be reduced to two or three. We propose to refer more fully to this valuable report in our next issue.

THE arrangements of the Royal Institution for lectures after Easter include a course of four lectures by Sir Arthur Keith on the machinery of human evolution; the first of this course will be given on April 10th at 3 p.m. Two lectures, of which the first will be given on May 31st, will be delivered by Sir William M. Bayliss, on the nature of enzyme action; and among the Saturday afternoon lectures are two by Dr. Leonard Williams on the physical and physiological foundations of character, of which the first will be given on April 28th.

THE memorandum on the Dangerous Drugs Regulations prepared by the Home Secretary in conjunction with the Minister of Health and the Scottish Board of Health, which was reproduced in the JOURNAL on January 13th, 1923 (p. 69), has now been printed and put on sale. Copies may be obtained, price 2d. each, through any bookseller or direct from the Stationery Office at Imperial House, Kingsway, London, W.C.2, or the dépôts at Edinburgh, Manchester, and Cardiff.

ESSAYS for the Gifford Edmonds prize in ophthalmology awarded every two years for the best compilation on a subject dealing with ophthalmology and including original work, must be sent by December 31st, 1924; the subject selected for the next award is irido-cyclitis. Particulars of the prize can be obtained on application to the Secretary, Royal London Ophthalmic Hospital, City Road, E.C.1.

MR. STEPHEN PAGET has contributed an introduction to a book, *Medical Practice in Africa and the East*, which is about to be published by the Student Christian Movement. The book consists of a series of open letters on professional subjects from men and women doctors with many years' experience in India, China, or Africa.

THE Voluntary Hospitals Commission has now dealt with all the applications for grants in respect of 1921, except for a limited number of areas in Scotland in which Local Voluntary Hospital Committees were late in being established. The total deficits reported to the Commission amounted to £295,170 for London, £425,727 for the rest of England and Wales, and £15,340 for Scotland. The total deficits reported for the whole of Great Britain amounted to £736,237, as compared with the estimate of £1,000,000 by Lord Cave's Committee on which the Government grant of £500,000 was based. The following grants have now been made on the basis of pound for pound of new money raised or in sight, except in a limited number of cases in which emergency grants have been made to hospitals which had exhausted their realizable assets, and without assistance from the Commission would have been compelled to close beds: London, £225,000; England and Wales (excluding London), £194,242; Scotland, £5,741; total, £424,983. The London hospitals have received their full share of the grant, but a balance of £75,017 still remains for distribution in the rest of England, Wales, and Scotland. This balance has been apportioned on the basis of Lord Cave's estimate as follows: England and Wales, £45,758; Scotland, £29,259. The Local Voluntary Hospital Committees in England and Wales and the Consultative Committee in Scotland are being asked to formulate proposals, subject to the Treasury conditions, for the distribution of these balances towards the liquidation of the deficits which accumulated prior to 1921.

AN international congress of mental hygiene will be held in New York in April, 1924. The previous congress was held in June, 1922, in Paris, when twenty-two different nations were represented. Those wishing to join the congress should communicate with the general secretary, Dr. Genil-Perrin, 99, Avenue de la Bourdonnais, Paris.

DR. HUBERT WORK, formerly President of the American Medical Association, Postmaster-General in the Cabinet of President Harding, has been appointed Secretary of the Interior.

THE medical library of Sir Norman Walker of Edinburgh has been offered, according to the *Journal of the American Medical Association* of March 10th, to the State University of Iowa College of Medicine, Iowa City, through Dr. Walter L. Bierring, of Des Moines. The gift has been accepted by the university. It is stated that Sir Norman Walker visited the university two years ago and was favourably impressed by the medical work being done there.

THE board of management of the Hull Royal Infirmary has received £2,000 from the Right Hon. T. R. Ferens, High Steward of Hull, for the purchase of the necessary apparatus for the intensive x-ray treatment of cancer.

DR. LEONARD GRANT, on leaving New Southgate, where he practised for nearly forty years, has been presented by his friends and patients with a pair of marqueterie cabinets, four silver fruit dishes, and a volume containing the names of eight hundred subscribers. A surplus of over £45 is, at Dr. Grant's request, to be given to the local cottage hospital.

THE Dental Board of the United Kingdom has decided to publish in one volume, with illustrations, the following lectures on the diseases of the periodontal tissues due to infection in their relation to toxæmia: (1) Patho-Histology, by Mr. J. Howard Mummery; (2) Local Clinical Symptoms, by Mr. J. G. Turner; (3) Bacteriology, by Professor E. E. Glynn; (4) Systemic Effects, by Sir William Willcox.

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.

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, *Mediscra*, 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.

GALACTORRHOEA.

"E." asks for advice in the treatment of a woman who has suffered from copious galactorrhoea since the birth of a still-born child about a year ago, the milk even spurting across the room when the breasts are pressed. The usual remedies have been tried without effect.

INCOME TAX.

"EXILE" asks, What is the tax (1) on an unearned income of £600 for a married couple with two children (insurance £12 15s.), and (2) if a further £600 income were earned?

. (1) £48 5s., (2) £182 8s. 9d. It is assumed that the £600 is the profit liable to assessment—that is, the gross receipts less cost of maintaining car, reasonable proportion of rent, rates, and servants' wages, and expense of keeping up stock of instruments, drugs, etc.

Allowable Expenses.

"R. P." inquires as to the following expenses: (1) Car used half for professional and half for private purposes, running and maintenance cost £200 for the year, to include £50 for breakdown and collision expenses when on private use. (2) Cost of post-graduate course. (3) Cost of membership of Royal Sanitary Institute. (4) Cost of additions (not replacements) to stock of surgical instruments.

. (1) Apparently half of £200—£50=£75 plus one-half of any ordinary wear and tear made good when the special repairs were executed. (2) and (4) Not allowable; these expenses represent the cost of "improvements." (3) A proportion of the subscription may be allowable determined by the ratio of the institute's income to its expenses.

LETTERS, NOTES, ETC.

'Varsity Moonshine', by "Pancreas" (Edinburgh: J. Galloway, 1923. 2s. 3d.), is a little book of rather slangy verses about Edinburgh medical student life, which will doubtless amuse the contemporaries of the anonymous author. He may be congratulated on his enterprise, for many medical students write verses of a sort, but few think of publishing a book of them.

BROKEN NEEDLE IN PERINEUM.

DR. W. H. HENSHAW (Manchester) writes: At a recent labour case I discovered a small black object protruding from the lacerated surface of a ruptured perineum. It was easily seized and withdrawn, and proved to be a portion of a curved needle $1\frac{1}{2}$ in. in length. The previous confinement occurred ten and a half years ago, on which occasion the medical attendant broke the needle whilst suturing the perineum. I believe there was a prolonged search amongst the bedclothes and on the bedroom floor, but without avail. The interesting feature of the case is that this sharp-pointed foreign body should remain *in situ* for such a long time without giving rise to any pain or discomfort.

TWO NECROPSIES.

DR. W. LLOYD-WILLIAMS (Burgess Hill) writes: The two following records of necropsies done recently are, I think, worth publishing:

Three-lobed Left Lung.—A man, aged 45, died suddenly. There was atheroma of the coronary arteries, with thinning and softening of the myocardium. The left lung had three lobes of almost symmetrical size to those of the right. The sulcus between the upper and middle lobes was about one and a half inches deep.

Effect of Parathyroid on Blood Pressure.—A woman, aged 60, who had had previous fainting attacks, died suddenly. The most prominent pathological lesions were some hypertrophy of the left ventricle, atheroma of the aorta and coronary arteries, the latter being partially calcified, and arterio-sclerosis (general). About an hour before death parathyroid extract, gr. 1/8, had been administered for the treatment of a varicose ulcer. I should be glad to know if the parathyroids have any known effect on blood pressure, because, if so, they would appear to be contra-indicated in a case such as that just quoted.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 27, 28, 31, 32, 33, 34, and 35 of our advertisement column, and advertisements as to partnerships, assistantships, and locumtenencies at pages 30 and 31.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 99.

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