

diameter, its walls thickened and rigid. Realizing the existence of an intussusception, I followed the small gut upwards and came upon the commencement of the lesion some twelve inches from the ileo-caecal valve. Attempts to "milk" back the intussuscepted bowel were ineffectual, and I therefore removed the appendix, enlarged the opening so left in the caecum, and with two fingers inside the caecum reduced the protruding gut through the ileo-caecal valve. It was only by patient and careful manipulation that this could be done, so tightly was the small bowel gripped by the valve. The whole of the intussusception was then, with comparative ease, reduced, and as the last portion emerged a Meckel's diverticulum turned itself inside out, resuming its normal position and appearance. The wound in the caecum was then closed.

The diverticulum was on the antimesenteric border, was short, and its lumen wide. On each side of it the bowel was ecchymosed and of very doubtful vitality. Within the lumen of the gut, at the level of the diverticulum, there could be felt a soft swelling. I removed six inches of ileum, including the diverticulum, performed a lateral anastomosis, and after fixing the mobile caecum in its normal position by catgut sutures, closed the abdomen without drainage.

Recovery was uneventful, and the patient left hospital three weeks later free from symptoms, the pregnancy continuing normally. The pathologist reported: "The intussusception consisted of a portion of bowel in a state of acute congestion and commencing gangrene from strangulation of the blood supply. It contained in its cavity a mass of breaking-down blood clot."

A CASE OF RAT-BITE FEVER.

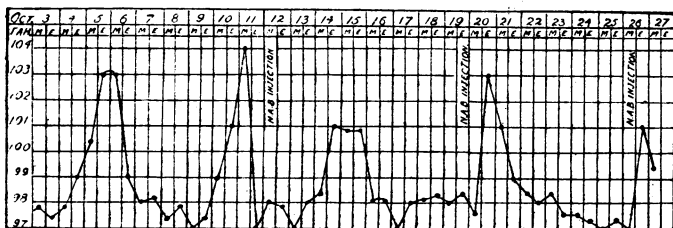
BY

J. ODERY SYMES, M.D.,

SENIOR PHYSICIAN TO THE BRISTOL GENERAL HOSPITAL.

RAT-BITE fever is not of common occurrence in this country, and the following case is so typical in character as to merit publication.

T. H., a boy aged 13 years, whilst on holiday in Devonshire was bitten on the left hand by a rat, on August 16th, 1922. The wound was not a severe one, and on the following day it was washed with carbolic lotion and dressed by a surgeon. It did not suppurate, and the doctor who saw the wound on August 23rd said it was doing well. It subsequently healed. About August 30th the wound was red and oedematous, and the temperature rose to 103° F. Two incisions were made near the wound, but no pus was found. During the following week the temperature rose again, but the boy was well enough to make a long journey to his home at Clevedon on September 7th. He was then seen by Dr. Hubert, who dressed the hand and found a little pus escaping. The wound healed rapidly, but from time to time until the date on which I saw him (October 11th) he



was subject to a rise of temperature varying between 102° and 104° F., coming on every three or four days, and lasting for two days. Each return of fever was accompanied by the appearance of a patchy erythematous rash all over the body. There was no lymphangitis. The scar was healthy, and not reddened. There were two small lymphatic glands palpable in the left axilla, and one in the left posterior triangle of the neck. The left hand was cyanosed. During the height of the fever there was a peculiar smell about the patient, reminding one of a hot wet dog. On one occasion there was a trace of albumin in the urine. He was brought to a nursing home under my care on October 12th, and 0.15 gram of novarsenobillon was injected intravenously on October 13th; further doses of 0.3 gram were given on October 19th and 26th, just before the rise of temperature might be expected. The fever which followed each of these injections was brief, and on the first two occasions only was accompanied by a rash which was of both an erythematous and urticarial character. The rash lasted for twelve hours. The blood was examined by Dr. Hadfield on October 14th. His report was as follows:

Red blood cells ... 4,100,000 per c.mm.
White blood cells ... 7,850
Haemoglobin ... 78 per cent."

There is no abnormality in the differential leucocyte count. The blood was examined by taking films and a thick drop. No parasites

were seen. There is, however, slight polychromatophilia. This and the anaemia are the only pathological findings.

The patient went home on October 19th and made a quick convalescence. There has been no return of fever. No parasite was found in the blood of this case, but it seems probable that the disease is identical with that seen in India, which is associated with a spirochaete discovered by Futaki in 1915 (*S. morsus muris*). The incubation period is usually two or three weeks. The initial wound heals normally in a few days, but later becomes swollen, painful, and red. Fever recurs every five or six days. The urine is increased in quantity, and contains albumin and casts. In India about 10 per cent. of untreated cases die. In any case convalescence is slow and there is emaciation and anaemia.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

RINGWORM AND ITS TREATMENT.

ALL present methods of treating ringworm require prolonged supervision, and even x-ray treatment requires some three months. At the school clinics in Blackburn, in 1920, I experimented with various methods of treatment, and by the end of the year I began to get rapid results with the following method:

The hair is cut short, permitting a good examination of the whole surface, the affected parts are shaved, and then washed with ether soap, dried, and the following lotion applied: Calomel 5 grains, tinct. iodi (B.P.) 1 drachm; stir with glass rod—a reddish precipitate is formed. This lotion is poured upon small pieces of cotton-wool and applied to the ringworm area by gentle rubbing. The piece of wool is then discarded, clean white lint applied and bandaged. The child returns to the clinic the next day, the dressings are removed, the areas are washed well with ether soap, ammoniated mercury ointment (B.P.) applied, and a bandage again used. This process is continued until cure results, generally within fourteen days; the child is ready to return to school during the third week.

During 1921, 61 cases of ringworm of the hairy scalp, 2 involving the whole hairy scalp, forehead, and neck, were treated at the clinics by this method; the average number of days required for cure was eighteen. The shortest period was six days, the longest thirty-seven days; in this case two children at home were being treated for ringworm by the mother; this explained the fresh areas of ringworm on our patient's head which arose during treatment.

The calomel iodine lotion must be applied gently, and must be freshly prepared for each case. If rubbed in instead of gently daubed on, within a few hours' time the child suffers severe pain, due to a burn of the first or even second degree; in the first case a mild erythema, and in the second case erythema and small blisters, simulating erysipelas. I have only had three such cases, and those among my early cases. The best treatment of these early burns is to apply a mixture of olive oil 3 parts and castor oil 1 part. The lotion need be applied only once; it seems to penetrate and destroy the

parasites perhaps by the liberation of nascent iodine. The further treatment described keeps the surface clean and rubs out all loose hairs. In several cases a chronic scurfiness continued, but cleared up when the oil application was used. All the 61 cases mentioned have been kept under observation and in no case was there any recurrence.

As the lotion is very active, I considered it necessary to limit the surface of application by dividing the scalp into six equal areas. On the first day the whole scalp is washed with ether soap, and dried. To area 1 freshly prepared calomel iodine lotion is applied gently, and ammoniated mercury ointment rubbed into the remaining five-sixths; the head is then bandaged. On the second day the five-sixths part is washed with ether soap, and the lotion applied to another sixth part. The part to which the lotion was applied is then washed as a separate area, and ammoniated mercury ointment applied, and so on. On the seventh day the whole head is again treated as one area with ether soap wash, and ammoniated mercury ointment applied.

Ringworm of the body receives similar treatment, the child remaining at school, as the condition is cured within

forty-eight hours. When applying the calomel lotion care must be taken to prevent it running down the scalp.

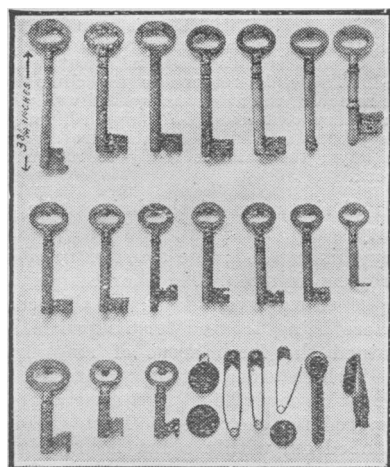
I have to thank Mr. Holroyd, head of the Chemical Department of the Blackburn Technical College, for giving me the following analysis of the active lotion. He says: "The precipitate is mercuric iodine together with a little calomel. The filtrate from this precipitate contained a mixture of the chlorides and iodides of potassium and mercury. For purposes of convenience the mixture may be said to consist of potassium chloride 0.75 grain and mercuric chloride-iodide 2.95 grains."

JAMES ROBERTSON, M.B., D.P.H.,
Assistant Medical Officer of Health and Medical
Officer of Schools, Blackburn.

FOREIGN BODIES IN THE STOMACH REMOVED BY OPERATION.

THERE have been many cases recorded of foreign bodies being swallowed and removed from the stomach by operation, but the following is perhaps worthy of record, not only on account of the number of articles found, but because of their size and the constancy with which the patient preferred a certain kind of article—namely, iron keys.

A woman, aged 27, who had been the subject of several abdominal operations, again complained of epigastric pain early in January, 1922, but knowing her neurotic nature I was inclined to lay little stress upon her subjective symptoms, and as her objective symptoms



FOREIGN BODIES IN STOMACH.

were *nil*, I temporized. A few weeks later she again came to me, and I found slight tenderness in the right upper quadrant of the abdomen. She was vomiting frequently. I kept her in bed, and on deep palpation a movable mass was felt in the region of the gall bladder. A skiagram was taken, but as the plate was spoiled, and as the pain had become more acute again, I decided not to wait any longer.

I opened the abdomen by a vertical epigastric incision through the right rectus and found the gall bladder to be normal. While passing my hand down over the duodenum I felt a hard irregular mass, which proved to be the stomach. I lifted it out of the abdomen, and having opened it anteriorly in the prepyloric area, removed one by one the articles shown in the accompanying photograph. The stomach and abdominal parietes were closed in the usual way, drainage being provided for by means of a small rubber tube, left in the wound for forty-eight hours. The patient made an uninterrupted recovery.

She had not at any time given me the slightest hint as to her peculiar diet, and she must have been swallowing the articles for at least six weeks. The complete list is: 17 keys, the largest of which was 3 3/8 inches in length; 2 coins (one with a ring through it); 3 safety pins (one open); 1 button; 1 engineer's split pin; and 1 pencil sharpener.

A. GEORGE BRAND, M.B., Ch.B.

Ayr County Hospital.

THE late Mr. Arthur Leaman Crosfield, of Oxtou, Birkenhead, who left personal property valued at £44,898, has bequeathed one-fourth of his estate to the Hospital for Women, Liverpool; one-eighth to the Hospital for Cancer and Skin Diseases, Liverpool; and one-sixteenth to the Liverpool Sanatorium, Delamere Forest.

In a recent communication to the Royal Society Drs. Leonard Hill and Eidinow state that the biological action of light is accelerated by warmth, retarded by cold. This was found to be true for bacteria, infusoria, and human skin. By adequate exposure to cool air overaction of the sun on the skin can be prevented. The success of heliotherapy applied to children with surgical tuberculosis, depending as it does on exposure to sun and cool air, can probably, the authors think, be secured for cases of phthisis if they are no longer exposed in hot sun boxes, but suitably stripped and exposed in cool air.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

CAPE OF GOOD HOPE (WESTERN PROVINCE) BRANCH.

THE Cape of Good Hope (Western Province) Branch was entertained by the medical superintendent and visiting staff of the New Somerset Hospital, Cape Town, on April 13th, when a clinical evening was held. Two sections were organized—one, surgical, in charge of Mr. C. C. ELLIOTT, and the other, medical, in charge of Professor A. W. FALCONER.

Mr. C. C. ELLIOTT showed cases of depressed fracture of the skull, depressed fracture of the supraorbital ridge, and, for diagnosis, a case of tumour in the right inguinal region in a male European. He also exhibited an excellent specimen of an excised Gasserian ganglion. Mr. H. A. MOFFAT demonstrated an old dislocation of the head of the radius, a fracture of the head of the radius, a fracture of the carpal scaphoid, and a tuberculous shoulder-joint. Mr. C. F. M. SAINT exhibited an interesting and unusual case of psoas abscess, with superimposed pneumococcal infection. He also showed a case for diagnosis, probably duodenal ulcer, and a tuberculous shoulder-joint. Dr. A. REITH FRASER exhibited a case of digital chancre in a coloured midwife, and one of granuloma inguinale in a Kaffir which had failed to respond to intravenous tartar emetic and intramine. Professor E. C. CRICHTON showed an interesting collection of pathological specimens. A series of radiograms exhibited by Dr. H. W. REYNOLDS included cervical ribs, fractured skull, fractured spine, bone graft, talipes calcaneo-cavus, and perforating gastric ulcer. Professor A. W. FALCONER conducted the medical section to his wards, where cases of amoebiasis, cerebellar tumour, and gummatous meningitis were demonstrated. Dr. D. P. MARAIS showed a specimen of a cerebellar growth *post mortem*; he also demonstrated a case of Addison's disease, and several cases of children indicating the value of heliotherapy in strumous conditions. Mr. D. J. WOOD's collection of eye cases included a rare example of glaucoma in a child 7 years of age. This was believed to be a record in the matter of age incidence, and tended to upset preconceived speculative theories regarding the etiology of glaucoma—a condition which had been taught to be unknown in childhood. Other cases included chalazion, tuberculosis of the conjunctiva, trachoma, and spring catarrh. There were sixty-nine members present.

On April 27th Dr. O. M. GERICKE read a paper entitled "In the days of Van Riebeeck." He outlined Van Riebeeck's medical and political career, and gave an interesting account of the establishment of a hospital at the fort in Table Valley in 1652, the nature of the various sicknesses in the valley, and the need for such an establishment. Van Riebeeck's contemporaries in Europe, the state of public health and sanitation in England, France, and Holland at that period, the universities, the teaching methods, the first London Pharmacopoeia, and the materia medica of the times generally were passed under review. The paper stimulated a keen discussion, in which Dr. DARLEY-HARTLEY, Dr. A. REITH FRASER, Dr. DE BEER, Dr. D. P. MARAIS, and Dr. R. SHARP took part.

Dr. R. A. BARLOW then read a paper on "Some surgical complications of influenza." He laid emphasis on the extremely large proportion of cases of influenzal bronchopneumonia which were followed by empyema, met with in the Royal Navy during the pandemic of 1918-19. The difficulty of making a diagnosis in this condition was due to lack of conformity with the usual textbook symptomatology. The advantages to be gained from delaying open operation until repeated aspiration had been fully tried out were clearly stated; in this connexion a certain measure of success had followed the use of intravenous eusol in septicaemic cases. Other complications discussed included appendicitis, perinephric abscess, surgical emphysema, and otitis media. Mr. C. C. ELLIOTT and Dr. D. P. MARAIS discussed the paper, and the President, Dr. C. M. MURRAY, thanked Dr. GERICKE and Dr. BARLOW for their interesting contributions.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examinations indicated:

D.P.H.—Part I: W. H. Butcher, W. Champneys, M. J. Saldanha.
Part II: W. Champneys, Mary P. Wilson.

UNIVERSITY OF CAMBRIDGE.

At the special congregation held on June 12th Dr. William Henry Welch, Director of the School of Hygiene and Public Health of Johns Hopkins University, and President of the Board of Scientific Directors of the Rockefeller Institute for Medical Research, received the degree of LL.D., *honoris causa*. In his Latin speech of presentation Dr. T. R. Glover, the Public Orator, described Dr. Welch as having dedicated the whole of his life to medicine, working to search out the secrets of Nature and to combat disease before it made its appearance; he was the high priest in the temple dedicated by Rockefeller to the goddess Hygeia Propugnatrix.

At a congregation held on June 8th the following medical degrees were conferred:

M.D.—S. L. Bhatia.
M.B., B.Ch.—G. Habgood.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE following have, after examination, been admitted as Fellows of the Faculty: Robert Alexander Anderson, George Dalziel, M.C., Leander Iowrie Fife, George William Hill, James Hogg Martin, and Sundar Das Soudhi.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

THE following, having passed the necessary examination, have been duly admitted Members of the College: Jamna Vinayak Dhuraudhar and Francis Joseph O'Donneil.

The Services.

ROYAL COMMISSION ON INDIAN SERVICES.

THE promised Royal Commission on the Superior Civil Services in India has been appointed, with Viscount Lee of Fareham as chairman. The other members are Sir R. H. Craddock, late Lieutenant-Governor of Burma; Sir Cyril Jackson; Sir Chimanlal Harilal Setalvad, barrister, vice-chancellor of Bombay University; Sir Muhammad Habibullah, a member of the council of the Governor of Madras, who has in various ways shown his interest in Mohammedan educational movements; Pandit Hari Kishan Kaul, commissioner of the Jullundur Division, Punjab; Mr. David Petrie, Indian Imperial Police Service; Mr. Bhupendra Nath Basu, vice-chancellor of the Calcutta University and a member of the Council of the Secretary of State for India; and Mr. Reginald Coupland, Beit professor of colonial history, Oxford. The reference to the Commission is as follows:

1. The organization and general conditions of service, financial and otherwise, of the Superior Civil Services in India.
2. The possibility of transferring immediately or gradually any of their present duties and functions to services constituted on a provincial basis.
3. The recruitment of Europeans and Indians respectively for which provision should be made under the constitution established by the said Act and the best methods of ensuring and maintaining such recruitment, and to make recommendations.

Communications should be addressed to the Secretary to the Royal Commission, India Office.

Medical News.

THE annual general meeting of the Research Defence Society will be held at the house of the Medical Society of London, 11, Chandos Street, Cavendish Square, on Wednesday next, June 20th, at 3.30 p.m. The chair will be taken by Lord Lamington, and Dr. C. W. Saleeby will give an address on sunlight and disease. The annual report draws attention to the efforts, dating from 1909, of the opponents of scientific medicine to prejudice the minds of members of the Labour party by spreading falsehoods and fostering distrust of the medical profession. The society is prepared to assist in meeting such allegations on the spot and has a considerable collection of lantern slides suitable for illustrating lectures.

The Prince of Wales will visit the country branch of the Royal National Orthopaedic Hospital, Brockley Hill, Stanmore, Middlesex, on the afternoon of Saturday, June 23rd, when he will lay the foundation stone of the nurses' home and formally open the new hut.

SIR ROBERT PHILIP, Professor of Tuberculosis in the University of Edinburgh, will be the speaker at the annual meeting of the Paddington Tuberculosis Dispensary at 8.30 p.m. on Monday, June 25th.

By the death of Princess Christian, aunt of the King, the hospitals and the nursing profession have lost a good friend. It is said that as a girl Princess Christian was anxious to take a full course of training at a London hospital, and she always showed a great interest in nursing and in public health activities. She was long president of the Royal British Nurses Association; she was one of the founders of the training college for children's nurses at Manchester, which bears her name; she took up and helped forward schemes for improving workhouse infirmaries and for providing nurses for the sick poor; and at the time of her death she was president of the National Health Society, in the work of which she was deeply interested.

THE annual dinner of the Indian Medical Service will be held at the Trocadero on Wednesday, June 20th. Tickets and all particulars may be obtained from the joint honorary secretary, Colonel J. J. Pratt, I.M.S.(ret.), 63, Addison Road, Kensington, W.14.

OWING to the necessity of carrying out extensive repairs and alterations, Westminster Hospital will be closed for in-patients from July 2nd next for about six months. Out-patients will be treated at Westminster Hospital Medical School, 12, Caxton Street, but no casualty cases will be dealt with. There is no record of the doors of this historic institution having been shut in the whole period of over 200 years since it was founded. Substantial improvements will be made in the wards and in the out-patient department, an additional operating theatre will be built; the x-ray, massage, and other departments will be brought up to date, and better accommodation for the nurses will be provided in a home outside the hospital. The cost will be about £45,000, for which a special appeal will shortly be made.

RECENTLY conferences of the Presidents of the various Sections of the Royal Society of Medicine have been held to consider whether the Sections might work together without interfering with their entire freedom of action, and as the first result of these conferences it has been decided during next session (1923-24) that the following discussions should be arranged upon dates to be settled later and announced on the diary cards: By the whole society—(1) the possible substitutes for cocaine, (2) the grading of the population from the point of view of bodily fitness, (3) chronic abdominal pain in nervous women. By the sections concerned—(1) the treatment of severe gastric and duodenal haemorrhage, (2) birth injuries, (3) the uses and limits of vaccine therapy, (4) vertigo, (5) the surgical treatment of pulmonary tuberculosis, (6) post-operative and puerperal mental disorders.

AT the meeting of the board of management of the King Edward VII Hospital, Cardiff, on June 7th, it was announced that Royal assent had been given to change the name of the institution, which will in future be known as the Cardiff Royal Infirmary.

DR. T. H. C. STEVENSON, C.B.E., of the General Register Office, will read a paper on the social distribution of causes of death in England and Wales, at a meeting of the Society of Biometricians and Mathematical Statisticians to be held in the theatre of the Galton Laboratory, University College, Gower Street, on June 25th, at 8 p.m. Visitors will be welcomed.

DR. F. M. ROWLAND, C.B.E., of Lichfield, vice-chairman of the Walsall and Lichfield Division of the British Medical Association, has been made a justice of the peace for the city of Lichfield.

THE Glasgow Post-Graduate Medical Association has arranged post-graduate courses in the various hospitals of Glasgow during the summer months. Full particulars can be obtained on application to the Secretary, Post-Graduate Medical Association, the University, Glasgow.

THE annual general meeting of the Medico-Legal Society will be held at 11, Chandos Street, W.1, on Tuesday, June 19th, at 8.30 p.m., and will be followed by an ordinary meeting, when Dr. A. S. Woodward will read a paper on some attempts to defraud life assurance companies.

THE Mayor and Corporation of Harrogate will, on Saturday, June 30th, entertain a party of guests who will have travelled to Harrogate by the new pullman car train which the London and North-Eastern Railway Company and the Pullman Car Company have arranged to run in future between London and Leeds and Harrogate.

AT the annual meeting of the Nottingham Children's Hospital on June 6th Mr. J. D. Player announced that plans had been prepared, according to the suggestions made by Dr. Mackintosh, for the erection of an entirely new wing which would when completed afford accommodation for 68 beds, or double the number at present available. He also stated that he and his wife had handed to the trustee a sum which it was thought would be sufficient to cover the cost of building and equipping the new wing.

At the last meeting of the Oldham Board of Guardians the resignation was accepted, with regret, of Dr. Frank Radcliffe, visiting surgeon to the Boundary Park Hospital. Dr. Radcliffe, who is a member of the Council of the British Medical Association and a member of the Insurance Acts Committee, has held the post of visiting surgeon for over eleven years. The Chairman said that by Dr. Radcliffe's retirement the board and the patients in the hospital were losing the services of one who had served the public well and faithfully. It was resolved that a record of the board's appreciation should be made in the minutes.

A SERIES of free lectures to nurses on venereal diseases, by Mr. Leonard Myer, honorary surgeon to out-patients at St. Paul's Hospital for Skin and Genito-Urinary (including Venereal) Diseases, were commenced at the hospital, Endell Street, Holborn, W.C.2, on June 8th, and will be continued on Fridays, June 15th, 22nd, and 29th, at 5 p.m.

THE following promotions in the Order of the Hospital of St. John of Jerusalem in England have been announced:—As Knights of Grace: Major Arthur H. Johnston, O.B.E. (from Esquire), Dr. George H. R. Holden (from honorary Associate), Dr. Harry George Waters (from honorary Associate); as Esquires: Captain James Anderson, M.D. (from honorary Associate), Major Cecil Henry Elmes, C.B.E., V.D., M.B. (from honorary Associate).

DR. WILLIAM MACKIE, medical officer of health for Elgin, was entertained at dinner on June 1st to signalize the honorary degree of LL.D. recently conferred upon him by the University of Aberdeen in recognition of his eminent work. During the proceedings Dr. Mackie was presented with a silver salver of Chippendale pattern and Mrs. Mackie received a diamond ring.

THE annual general meeting of the Lebanon Mental Hospital, Asfuriyeh, near Beyrout, Syria, will be held at 11, Chandos Street, W.1, on Tuesday, June 19th. The chair will be taken by Dr. E. W. G. Masterman at 3.30 p.m. The director of the hospital, Dr. H. Watson Smith, O.B.E., will be present to give information and Bishop Bury has promised to speak.

THE Medico-Legal Institute, which was inaugurated in the Place Mazas, Paris, on May 24th by M. Strauss, the Minister of Hygiene, combines in the same building the Morgue, the laboratory of legal medicine of the Faculty, and the laboratory of toxicology of the Prefecture of Police. The old Morgue behind Notre-Dame has now ceased to exist.

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.

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.

"A. B. UGANDA" inquires as to the liability of a British subject residing abroad in respect of (a) interest on French Government stock, and (b) dividends on British railways.

*. (a) He is not liable to tax in respect of this (non-British) income, and can claim repayment of any tax that may have been deducted. (b) He is entitled to claim in respect of the usual allowances, but only on a proportional basis; for example, suppose he has £750 from Uganda, £250 from France, and £250 from this country, then he is entitled to claim repayment in

respect of 250/1250 of the usual allowances. The income tax statutes do not now allow the British income in such a case as this to be treated as if it were the sole income of the claimant.

LETTERS, NOTES, ETC.

AUTOGENOUS VACCINE IN PUERPERAL FEVER.

DR. JOHN VEITCH (Cowdenbeath) writes: In a note on the curative use of autogenous vaccines in puerperal fever (October 7th, 1922, p. 644) I remarked on the utility of stock serums and stock vaccines. Recently I encountered another case of puerperal fever, and I ordered an autogenous vaccine to be prepared. Unfortunately the patient died before the vaccine was ready, so I laid it aside. Some time later I encountered two cases of puerperal fever. I examined the discharge in both and found streptococci. Further, from the cachectic appearance of both patients I concluded that haemolytic streptococci were causing grave damage. I immediately made use of the vaccine I had in hand, which contained a great number of streptococci. The results were excellent in both cases. This indicates the possibility of almost instantaneous specialized treatment in puerperal cases. I took the precaution of having an autogenous vaccine made from one of the cases to be in readiness for future use.

CARDIAC DILATATION AND HYPERTROPHY.

DR. ERNEST KINGSCOTE (London, W.) writes: I was very much interested in Dr. Claude Wilson's able article entitled "Limitation of effort in heart disease" in your issue of June 9th, p. 962, and was glad to see that he emphasized enlargement as a definite sign of heart trouble. Two points, however, strike one: (1) Where he states "It is often impossible to distinguish between dilatation and hypertrophy," and (2) "all the means at our disposal for estimating the size of the heart are open to fallacy. Percussion is perhaps the least reliable." To these I would briefly reply: (1) The dilated heart can be reduced in size, then and there, by a few resisted movements, whereas, of course, the hypertrophic heart cannot be so reduced; and (2) my pleximeter, described in *The Lancet*, 1896, claims to be an instrument of precision, wherewith a deep-seated organ, even when overlaid by an air-containing viscus, may be percussed out to the fraction of an inch. The pleximeter may be obtained from Messrs. Down Bros., surgical instrument makers, Thomas Street, Borough.

CHRONIC TRAUMATISM OF SOFT TISSUES.

DR. CHARLES J. HILL AITKEN (Kilnhurst, near Rotherham) writes: A year ago a middle-aged man showed me an ulcer on the outside of the terminal phalanx of his right ring finger. He had noticed it for some weeks and he was worried as a near relative had died of cancer. Under a simple dressing, kept on continuously, the ulcer healed in a few days. A month later the ulcer reappeared. I was puzzled until I noticed his fingers were peculiar in that they were short and curved inwards, the right little finger especially, so that when his fingers were in apposition the nail of this finger touched the outer side of the ring finger exactly where the ulcer was. With a simple dressing and attention to keeping the nail cut the ulcer vanished and has not recurred.

A man complained of redness and scurfiness on the upper edge of his ears. This had worried him for a month or two. A friend of his had developed cancer of the ear. I thought of trauma but did not discover what it was till the patient put on his spectacles, remarking, "I find them a nuisance as I am always taking them on and off." (He was presbyopic.) The legs were of steel, rather hard, slightly rusted, and the curl ends were a tight fit. I recommended a pair of rolled-gold spectacles and of a larger size. Very soon the redness and scaliness passed away and have not returned. The ointment I gave him was never used—"Too messy and I always forgot."

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 29, 30, 31, 34, 35, and 36 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 32 and 33.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 267.

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