

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### TREATMENT OF ACNE VULGARIS.

ACNE VULGARIS is unfortunately still considered by a good many medical men as a disease very little influenced by treatment and which must run a long and protracted course. This is to be deplored, because cases should be treated early to avoid marked scarring; even in chronic cases most of the signs of the disease can be removed within a month under a form of treatment which requires very little alteration in different cases.

Pure cases of acne vulgaris are practically non-existent; they present a mixture of comedones and pustules; in some the acne bacillus predominates and there are more comedones, in others the *Staphylococcus epidermidis albus* is more abundant and more pustules are present.

I have not found that dieting exerts much influence on the disease, except in the cases of young girls, who seem to feed on sweets and chocolates to the exclusion of almost any other food; but, generally speaking, excess of carbohydrates in the diet is bad; fruit and green vegetables are good.

The patients should be ordered enough of the following powder during the day or at bedtime to ensure two good motions a day: pulv. rhei 2 to 5 grains, pulv. sulph. precip. 30 grains. To this powder may be added sodium bicarbonate, bismuth carbonate, or charcoal if necessary. Rhubarb, as pointed out by Sabouraud, seems to have a specially beneficial action in acne.

The parts affected by acne should be cleared of all grease with a mixture of ether and alcohol, equal parts, then steamed, and the most conspicuous comedones extracted with a comedo extractor and the larger pustules opened with a fine tenotome and the pus evacuated.

The patient should be ordered three warm baths a week of twenty minutes each, in which should be dissolved 15 to 30 grams of zinc sulphate, according to the tolerance of his skin, and he should dab his face with the water while in the bath. In addition he should apply the following lotion to the affected parts night and morning: sulph. precip. 2 to 5 dr., zinci oxidi 2 dr., pulv. camph. 20 grains, pulv. tragacanth. 1/2 dr., aqua calcis ad 8 oz. The sulphur should be increased according to the tolerance of the skin, with a break occasionally if necessary; the patient may also with advantage use sulphur soap for his toilet.

This treatment, which is really extremely simple, will in less than a month completely transform the worst type of case of acne vulgaris, and if the doctor looking after the case will take the trouble to remove a few comedones and to open a few deep pustules whenever he sees the patient, he will find that 95 per cent. of all the lesions have gone in less than a month and that new ones are no longer appearing. In addition most of what is left of the disease at this stage can be dealt with by the electro-cautery, ionization, or x rays, but the average patient will not trouble about seeing a specialist on that account, being well satisfied with the results already obtained.

Even in the worst possible cases, those of army pensioners of five and more years' standing, I have always had quick and satisfactory results. The treatment is a combination of the method advocated by two of my teachers, Dr. Sabouraud of Paris and Dr. Douglas Heath of Birmingham, with a few additions.

The scalp condition in acne patients should also be attended to if greasy, scurfy, or both. In men, washing with sulphur soap three times a week will generally remove the condition. In women, washing once a week with sulphur soap and the daily application of a lotion containing mercury perchloride and salicylic acid will also generally be successful. The scalp condition should be attended to in all these cases because seborrhoeic conditions lead, among other things, to a form of diffuse alopecia, and very often also to a crop of boils on the back of the neck.

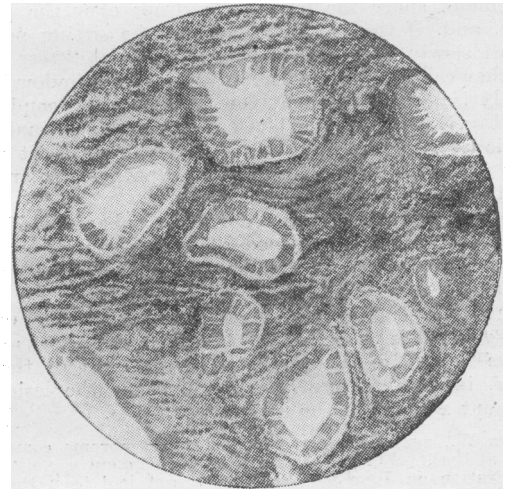
As a warning, I wish to point out that about 1 per cent. of general skin patients are intolerant to the external application of sulphur, but personally I have never seen it in patients suffering from acne vulgaris.

JAMES AVIT SCOTT, M.B.B'ham,  
M.R.C.S.Eng.,  
Consulting Dermatologist to the Ministry  
of Pensions, West Midland Region.

#### A MUCOUS POLYPUS OF THE UTERUS CAUSING POST-PARTUM HAEMORRHAGE.

As a cause of post-partum haemorrhage this condition is so rarely met with that a brief history of the case appears worthy of record.

Mrs. D., aged 39 years, was delivered of her third child at a private hospital in the country on October 2nd, 1922. Her previous confinements had been normal, with normal recoveries. In the case of the third the labour was again normal and the patient went on well, as I am informed, till the evening of the eighth day, when she was suddenly seized with severe and alarming haemorrhage, during which she was quite blanched and required the presence of the doctor at her bedside all night. The haemorrhage was ultimately arrested and she was allowed to go home three weeks after admission to hospital, but was instructed to remain in bed for another week. This she did, but at the end of that time bleeding came on again, though it was not excessive. It ceased in a few days. (She was unable to suckle the child.)



A month later she came to the metropolis for a change, but had been here only about six days when haemorrhage again set in, and became so alarming that I was asked to see the patient on December 12th—that is to say, about ten weeks after the birth of her child. She was then very pale and much alarmed on account of her previous attacks of haemorrhage. With iodoform gauze plugging, frequently repeated doses of ergot, and raising the foot of the bed, bleeding ceased in a few days.

On December 20th, Dr. Schalit administering the anaesthetic, I dilated the cervix and felt a small growth, not larger than a filbert, at the very top of the fundus uteri. I removed the growth with a curette, and the patient has remained well ever since, menstruating regularly and normally and improving in every way.

I made a microscopic examination of the growth, and Mr. W. J. Owen, histologist to the Australian Institute of Anatomical Research, kindly made the photomicrograph here reproduced. In the figure (low power) numerous enlarged glands, lined with columnar epithelium, are seen in cross-section, lying in a stroma of rounded cells exactly like those of the normal mucosa. The surface of the growth is covered with a layer of columnar epithelium.

It is remarkable that so small a growth should have caused so much trouble.

FRANK A. NYULASY, M.D.

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marriage; and with the death last year of his brother, Sir James Thursfield, and his own increasing infirmities, the desire of life waned, and he had learnt to welcome the approach of death. His final illness began in December of last year, and his pain and discomfort increased so rapidly after Christmas that he hailed the prospect of relief by surgical means, although he knew well that that relief would almost certainly be by death. He died quietly in his sleep after an operation.

Sir DYCE DUCKWORTH, Bt., writes:

Dr. Thursfield was a remarkable man. His activities were fully recognized in the town of his adoption, and have left their mark there. He never forgot to recognize the highest calls of his profession, and to take its proper position on all occasions. He well earned his popularity in the town and neighbourhood, and was active till his health failed. He had a beautiful garden which gave him joy and interest to the last of his days. His son, Dr. Hugh Thursfield, is physician to St. Bartholomew's Hospital and to the Great Ormond Street Children's Hospital.

Mr. J. LIONEL STRETTON of Kidderminster sends the following personal appreciation:

I have enjoyed intimate friendship with the late Dr. Thursfield since my boyhood. He was a handsome man with a great personality. As an accomplished physician he soon won the respect and affection of a large number of patients. He was a man to look up to. His advice was sought by many in the profession and was always given generously and with decision. He was a strong man with high ideals and deep convictions, which he expressed forcibly and courageously—a true gentleman, and a hater of all cant and humbug. In addition to his professional work he took a deep interest in the hospital and its extension, and in the public life of Leamington, where he became one of the chief citizens. In his home life he was an ideal husband and father. He himself attributed much of his success in life to the fact that in his youth he was compelled by circumstances to work hard and to economize. One of his favourite sayings was: Happy is the man who is born poor.

Such men as he are far too few in our profession. We are the poorer for his loss, but he has left an example which should be an inspiration to the younger men, and encourage them so to follow in his path of high endeavour and strenuous labour that they in their turn may leave behind them the same great reputation for loftiness of aim and nobility of character.

## The Services.

### NAVAL MEDICAL COMPASSIONATE FUND.

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on January 15th, when Surgeon Vice-Admiral Joseph Chambers, C.B., C.M.G., Medical Director-General, was in the chair, the sum of £75 was distributed among the several applicants.

### DEATHS IN THE SERVICES.

Fleet Surgeon Henry Harries, R.N. (retired), died at the Hoe Park Nursing Home, Plymouth, on January 12th, from injuries received while hunting with the Dartmoor hounds on January 10th. He attended a meet at Ivybridge, and while taking part in a fast run his horse put its foot in a hole and fell, falling on him and fracturing his pelvis; death was due to pneumonia. He was educated at University College, London, and took the M.R.C.S. in 1882 and the L.R.C.P. Lond. in 1883; he entered the navy and attained the rank of fleet surgeon in 1900. He was surgeon of H.M.S. *Boadicea*, the flagship of Vice-Admiral the Hon. Sir E. Fremantle, K.C.B., on the East Coast of Africa, when he served with the Naval Brigade in the punitive expedition against the Sultan of Vitu in October, 1890; he was senior medical officer of Commander Montgomerie's advanced guard during the night attack of October 25th, and was mentioned in dispatches, receiving the Africa General medal with clasp. He had retired from the navy before the recent war, but rejoined for service, serving as a member of the Medical Board of the Naval Hospital, Plymouth.

Captain Montague Bryan Tuke, M.C., R.A.M.C. (S.R.), of Kwa Magwaza, Melmoth, Zululand, died at Jamestown, South Africa, on January 14th, from the after-effects of gassing in France in 1918. He was the fifth son of George Montague Tuke, of Sutton Valence, and was educated at the Middlesex Hospital, taking the M.R.C.S. and L.R.C.P. Lond. in 1914. He joined the Special Reserve of the R.A.M.C. as lieutenant on September 30th, 1914, and became captain six months later; he was gazetted to the Military Cross on March 26th, 1918.

## VITAL STATISTICS FOR ENGLAND AND WALES, 1923.

We are indebted to the Registrar-General for the following statement regarding the birth rates and death rates and the rates of infantile mortality in England and Wales and certain parts of the country during 1923. The statement is issued for the information of medical officers of health. The birth rate and infantile mortality rate for London have been provisionally corrected for transfers.

### ENGLAND AND WALES.

*Birth Rate, Death Rate, and Infant Mortality during the Year 1923 (Provisional Figures).*

	Birth Rate per 1,000 Total Population.	Death Rate per 1,000 Population (Crude Rate).	Deaths under One Year per 1,000 Births.
England and Wales ... ..	19.7	11.6	69
105 county boroughs and great towns, including London	20.4	11.6	73
157 smaller towns (populations from 20,000 to 50,000 in 1921)	19.8	10.6	68
London ... ..	20.2	11.2	61

The death rate for England and Wales relates to the whole population, but that for London and the groups of towns to the civilian population only.

The birth rate of England and Wales as a whole is the lowest recorded except during the war years 1917-19, while the death rate and infantile mortality are the lowest on record.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

At a congregation held on January 18th the following medical degrees were conferred:

M.B., B.Ch.—E. C. Malden, J. H. Porter.

M.B.—Yik-Shing Wan.

B.Ch.—G. T. Henderson, G. C. Millis, R. Jackson.

\* Admitted by proxy.

## Medical News.

THE lectures at the Royal College of Surgeons during February begin with that on injuries of the cervical spine, by Mr. Geoffrey Jefferson, on Friday, February 1st. On Monday, February 4th, Mr. Kenneth Walker will deal with the internal secretion of the testis; on Wednesday, February 6th, Mr. Page will discuss the surgical treatment of osteoarthritis; and on Friday, February 8th, Mr. W. Heneage Ogilvie will lecture on the infection of the upper alimentary tract. On Monday, February 11th, Mr. Sampson Handley will lecture on general peritonitis; on Wednesday, February 13th, Mr. R. Lawford Knaggs (Leeds) on osteogenesis imperfecta; on Friday, February 15th, Mr. V. E. Negus on the mechanism of the larynx; and on Monday, February 18th, Mr. Cecil P. G. Wakeley on some actions of radiations on living tissues.

THE Fellowship of Medicine announces a short course of clinical demonstrations in dermatology to be given at the Hospital for Diseases of the Skin, Blackfriars, each afternoon from January 28th to February 10th. Clinical lectures on the more important tropical diseases will be given at the London School of Tropical Medicine, Endsleigh Gardens, on Tuesdays and Thursdays from February 5th to 28th. A combined course in children's diseases has been arranged for the whole of February by the four following institutions: Paddington Green Children's Hospital, Royal Waterloo Hospital for Children and Women, Victoria Hospital for Children, and the "Children's Clinic" at the Western General Dispensary. Copies of the syllabus of any of the courses, with particulars of fees, can be obtained from the secretary to the Fellowship of Medicine, No. 1, Wimpole Street, London, W.1.

A NEW post-graduate course at the National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, W.C., will begin on Monday, February 4th, and end on March 28th. The course will include clinical lectures and demonstrations, out-patient clinics, lectures on the anatomy and physiology of the nervous system, the pathology of the nervous system, and neurology of the eyes. There will also be clinical demonstrations on methods of examination.

DR. J. A. MURRAY, Director of the Imperial Cancer Research Fund, will give four lectures on cancer at St. Thomas's Hospital, beginning on Thursday, February 21st, at 5 p.m., when Sir George Makins, G.C.M.G., F.R.C.S., the treasurer of the Fund, will be in the chair. The lectures, which will be illustrated by lantern slides, will be addressed to advanced students of the University of London and to others interested in the subject. Admission is free.

UNDER the auspices of the Health Organization of the League of Nations a number of medical officers from foreign countries are about to visit England to study public health administration. A reception in their honour will be held by the Royal Sanitary Institute at its house, 90, Buckingham Palace Road, on Tuesday, February 5th, at 5 p.m.

DR. T. D. ACLAND has, at the invitation of the Minister of Pensions, accepted appointment as honorary consulting physician to the Ministry.

DR. BENJAMIN SUMNER, on his retirement from the post of honorary gynaecologist at the Bootle Borough Hospital, after thirty-four years' service, has been presented with his portrait in oils. A duplicate portrait will hang in the hospital.

A HUDDERSFIELD Practitioners' Mutual Help Association has been formed for the administration of a scheme for mutual help during holidays and illness. A meeting of those willing to join the association will be held at the Huddersfield Royal Infirmary on Wednesday, January 30th, at 8.15 p.m., to elect a committee and arrange for putting the scheme into operation.

DR. J. HEDLEY MARSH, honorary surgeon to the Macclesfield General Infirmary and medical officer of health for Macclesfield, has been appointed to the commission of the peace for that borough.

MESSRS. G. BELL AND SONS, Ltd., announce for early publication *Radium, X Rays, and the Living Cell* (with Physical Introduction) by H. A. Colwell, M.B., and Sidney Russ, D.Sc.

THE eighteenth Voyage d'études médicales (V.E.M.) will be made to the Mediterranean watering places, starting from Aix-en-Provence on April 17th and ending at Nice on April 23rd. It will be under the direction of M. A. Carnot, professor of therapeutics in the Faculty of Medicine, Paris, and M. E. Rathéry, assistant professor. The number of participants is limited to 180. The cost will be 450 francs. Before this main tour there will be another, limited to 60 persons and costing approximately 350 francs; it will start from Carcassonne on April 15th and reach Aix-en-Provence on April 17th. A number of watering places, including Amélie-les-Bains, will be visited by motor car, and also the university town of Montpellier. After the main tour there will be a third to Corsica, starting from Nice on April 23rd and ending at Nice or Marseilles on April 27th. The maximum number that can take part in this tour is 60; it will cost 400 francs. The French railways will grant a reduction of 50 per cent. to doctors and their wives or daughters and to medical students from a frontier station. Full information can be obtained from Madame M. C. Juppé-Blaise, representative of the French Spas, at the Office Français du Tourisme, 56, Haymarket, S.W.1.

MRS. PYE-SMITH, widow of Dr. Philip Henry Pye-Smith, F.R.S., physician to Guy's Hospital, bequeathed £1,000 to the governors of Guy's Hospital, to endow a bed in the "Philip" Ward in memory of her husband, and gave to the Royal College of Physicians his gold medals.

ALL the blind candidates entered for the recent massage examination of the Chartered Society passed. They were trained in the massage schools of the National Institute for the Blind by an entirely blind staff. The majority of blind masseurs and masseuses have their own private clinics. The secretary of the massage department, National Institute for the Blind, 224, Great Portland Street, W.1, will gladly answer any inquiries.

DR. AUBREY A. MONTAGUE, chief medical officer, Fiji, has been appointed a Member of the Executive Council of the Colony of Fiji.

THE *Journal of the Kenya Medical Service* for December, 1923, contains several valuable articles, including one by Dr. H. S. de Boer, on the outbreak of plague in Nairobi; a note on railway medical services, by Dr. V. M. Fisher; and shorter articles on intestinal obstruction due to parasites, on yaws, and on antimalarial measures. Clinical notes and letters are included, and the whole journal reflects credit on the originator, and editor, Dr. C. J. Wilson. Although the periodical bears the title of the *Journal of the Kenya Medical Service*, the circulation is not confined to medical officers in the Government services, and two contributions to the present number come from outside their ranks. It is a typewritten, not a printed, publication.

## INSURANCE CAPITATION FEE.

### *The Court's Award.*

#### NINE SHILLINGS.

THE award of the Court of Inquiry into the remuneration of insurance practitioners is as follows:

WE, the undersigned being the Court of Inquiry appointed by a minute of the Minister of Health and the Secretary for Scotland dated the 12th December, 1923, have inquired into the matter mentioned in such minute and hereby report that the amount of the Capitation fee per insured person per annum on the basis of which the Central Practitioners' Fund under Article 19 of the National Health Insurance (Medical Benefit) Regulations, 1924, should be calculated as from the 1st January, 1924, so as to afford adequate remuneration for the time and service to be given by general practitioners under the conditions set out in those Regulations in connexion with the medical attendance and treatment of insured persons due regard being had to the service in fact rendered under the Regulations hitherto in force (such Capitation fee not to include any payment in respect of the supply of drugs and appliances nor any payments to meet the special conditions of practice in rural and semi-rural areas) is nine shillings.

In the course of the inquiry it was stated on behalf of the Minister of Health and the Secretary for Scotland and on behalf of the British Medical Association that our finding was only intended to be binding for the year from the 1st January, 1924, to the 31st December, 1924, but that both parties desired the Court to make a recommendation covering such longer period as we should think fit.

We therefore recommend that the Capitation fee of nine shillings so found by us should remain in force for a period of three years from the 31st December, 1924.

T. R. HUGHES.  
F. C. GOODENOUGH.  
GILBERT GARNSEY.

January 23rd, 1924.

## Letters, Notes, and Answers.

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

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.

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

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, *Aitology 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. *Residence Abroad.*

"E. P. H." resides in China and derives income as follows: (a) Salary from a public appointment there; (b) interest on 5 per cent. war loan, 1929-47; and (c) dividends from companies registered some inside and some outside the United Kingdom.

\* \* We assume that neither "E. P. H." nor his wife maintains a residence in this country. He is not liable to British income tax on (a) or (b), though (b) would be liable if he were ordinarily resident here and absent temporarily only. As