

ACUTE INTUSSUSCEPTION IN ADULTS DURING A FAST.

BY

A. W. MOORO, F.R.C.S.ENG.,

SURGICAL TUTOR AND REGISTRAR, KASR-EL-AINI HOSPITAL, CAIRO.

ACUTE intussusception in the adult is rare. Of 187 cases, acute and chronic, analysed by the late H. L. Barnard, only 19 were in patients over 20 years of age, and those were mostly subacute or chronic. The few cases of intussusception that are met with in adults are as a rule of the chronic variety and commonly secondary to the presence of polypi, other submucous tumours, or foreign bodies.

The following two cases of acute intussusception in adults are specially interesting as they both occurred in the same week during the Mohammedan fasting season, when Mohammedans abstain from all food and drink of any description from the small hours of the morning until sunset. Both patients had been in perfect health without a sign or symptom of intestinal—or indeed any other—disorder before they developed the condition. They were both at the end of a fasting day when the symptoms of invagination occurred—in one case after drinking a glass of cold water, but in the other case before taking any food or drink.

CASE I.

A policeman, aged 40, drank a glass of water at sunset—that is, after a fast of nearly sixteen hours. He immediately developed severe colicky pains, followed in about two minutes by vomiting of a slightly yellowish fluid. He came to hospital four days later with a history of incessant vomiting and absolute constipation and all the signs and symptoms of acute intestinal obstruction and commencing peritonitis. Laparotomy revealed an ileo-colic intussusception. Reduction was impossible owing to oedema of the intussusceptum and commencing gangrene in parts of the intussusciptens. Resection and drainage of the bowel and peritoneum were performed, but the patient died twelve hours later.

CASE II.

The second patient, a peasant aged 50, had been fasting for about sixteen hours. Half an hour before sunset, while preparing his long-awaited-for meal, he was seized with violent colic, followed by vomiting of a small amount of yellowish stringy fluid and absolute constipation. He came to hospital five days later presenting a typical picture of acute intestinal obstruction and peritonitis. On laparotomy, pus and faeces were found in the peritoneal cavity as well as an intussusception of the variety known as iliaca-ileo-colica. It had started as an ileo-ileal intussusception about 4 inches from the ileo-caecal valve, the intussusceptum passing through the latter into the caecum. The intussusciptens was gangrenous in patches and there was a ring of gangrene round the intussusceptum where it was constricted by the proximal end of the intussusciptens; this had resulted in perforation. Resection was therefore resorted to, and the bowel and peritoneum were drained. The patient died six hours after operation.

In both cases examination of the intussusceptions removed, and of the rest of the intestines, *post mortem* showed nothing in the nature of a tumour of the intestinal wall or of a swelling of Peyer's patches to account for the invagination. The length of invaginated gut was 2 feet in the first and 3 feet in the second case.

It is probable that hunger could be considered as the exciting cause of the invagination in both, or at least in one, of these cases. In one of Leichtenstern's 442 cases the evidence of invagination came on shortly after drinking much cold water while sweating. Whatever part the drinking of cold water played in the causation of Case i, in the second case this factor did not exist.

The connexion between "hunger pains" and gastric peristalsis is well established, and so is the presence of a gastro-ileal and a gastro-colic reflex. Hurst, in summing up "mass peristalsis of the colon," mentions that the movement occurred in two of his patients when they felt faint with hunger and food was brought into the room. He considers such cases as "a remarkable example of the influence of the mind on the motor functions of the intestines." He also says that patients who suffer from diarrhoea after meals also have diarrhoea when they are faint with hunger as a result of the unusual postponement of the hour of a meal. It is therefore not very unlikely

that excessive hunger, together with the eager expectation of a good meal, as is the habit of the fasting Mohammedan, may excite the abnormal peristalsis which leads to intussusceptions in the ileo-caecal region.

BIBLIOGRAPHY.

Treves: *Intestinal Obstruction*, 1839.Barnard: *Contributions to Abdominal Surgery*, 1910.Hurst: *Constipation and Allied Intestinal Disorders*, 1919.Leichtenstern: *Viertel Jahrschr. f. d. prakt. Heilk.* (quoted by Treves).

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CARBON TETRACHLORIDE AND OIL OF CHENOPodium IN HELMINTHIASIS.

AN article under this heading appeared in the *BRITISH MEDICAL JOURNAL* of June 23rd, 1923 (p. 1048), and I write to express my agreement with the opinion of its author, Dr. J. G. Reed of Borneo, that carbon tetrachloride is even more effective as an anthelmintic when combined with oil of chenopodium. The following procedure has given good results in the Georgetown Public Hospital, British Guiana. The faeces are examined for ova of *Ankylostoma duodenale* and other parasites before treatment, and also three days after it. Three ounces of saturated solution of sodium sulphate are given in the evening, and next morning a dose of carbon tetrachloride, from 40 minims to 1 drachm, according to the age and strength of the patient, is administered. On the third night after this another dose of 3 ounces of the sodium sulphate solution is given. About 60 per cent. of the patients so treated experienced nausea and headache. Of 135 patients, 104 were positive as regards *Ankylostoma duodenale* ova; a few of them were positive also for *Strongyloides intestinalis*, *Ascaris lumbricoides*, or *Trichuris trichiura*. The majority of those faeces which did not contain ankylostoma ova contained those of one or other of the parasites mentioned. About 40 per cent. were found to have become negative after a single dose of carbon tetrachloride. Some patients require several doses, and these heavily infected cases are very weak, anaemic, and oedematous. East Indians form the majority of patients requiring treatment: their faeces invariably contain ankylostoma ova, and a characteristic symptom of the condition is a purplish tongue. The following are details of three heavily infected cases:

CASE I.—An anaemic black man, aged 56, admitted with pyrexia and delirium, was found to have an enlarged liver, and the faeces contained large numbers of ankylostoma ova and embryos of strongyloides. The blood count was as follows: total red cells 760,000 per c.mm., normoblasts, megalocytes, and microcytes present, but no malarial parasites; haemoglobin 10 per cent., colour index 0.6; total white cells 10,000 per c.mm.; differential count—polymorphonuclears 70 per cent., large lymphocytes 25.5 per cent., large mononuclears 4.5 per cent. After two months' treatment with carbon tetrachloride, amounting in all to 6 drachms, and with iron and quinine, ankylostoma ova were still present, but the anaemia was much less. The blood count was now: total red cells 4,200,000 per c.mm., haemoglobin 50 per cent., colour index 0.6; total white cells 3,200 per c.mm.; differential count—polymorphonuclears 53.5 per cent., large lymphocytes 29 per cent., large mononuclears 3.5 per cent., eosinophils 14 per cent. After further administration of 40 minims of carbon tetrachloride, combined with 15 minims of oil of chenopodium, ankylostoma ova were absent from the stools.

CASE II.—A black man, aged 34, with ankylostoma ova and strongyloides embryos in the faeces. Six weeks' treatment with carbon tetrachloride (4 drachms in all), iron, and quinine, resulted in an increase of the red blood corpuscles from 1,736,000 to 2,110,000 per c.mm.

CASE III.—A Portuguese, aged 32, whose faeces contained large numbers of ankylostoma ova, and whose blood count was 1,952,000 red cells and 34,800 white cells per c.mm., only required one week's treatment in hospital.

I am indebted to Dr. A. J. Craigen, resident surgeon, for permission to publish these notes; to Dr. F. G. Rose for the pathological examinations; and to Nurse M. Welch for collecting and tabulating the clinical records.

G. A. GRANDSOUTL,

Georgetown, British Guiana.

L.R.C.P. and S.Edin., L.R.F.P.S.G.

was up to the time of his death a member of the Edinburgh and Leith Division of the British Medical Association, and was president of the South Indian and Madras Branch, 1913 to 1918.

THE LATE DR. BERNARD HARRY WEDD.—Professor S. Russ writes as follows: The death of Dr. B. H. Wedd, recorded in your issue of February 16th (p. 298), will be deplored by many, but especially by those who were privileged to know him intimately. A man of retiring disposition, modest to the point of self-effacement, critical in a constructive way, and wonderfully balanced in judgement, he has left a record of work in many fields which bear the stamp of his sterling personality. Dr. Wedd had a remarkable range of knowledge, and this broadened his aspect on research problems to the advantage of many who were associated with him. He did not publish a great deal, perhaps mainly because the criteria of proof that he thought necessary in experimental matters were so rarely realized, but a stricter impartiality than his in scientific judgement it would be difficult to meet. Few of his colleagues guessed that he had to combat delicate health most of his life, but he cheerfully undertook the most laborious and dangerous work with a field ambulance for the first two years of the war. He was a fine sportsman in every sense of that term.

The death is announced, at his house in Bournemouth, of Mr. W. E. SOFFE, who before his retirement practised at East Harling, in Norfolk. He was a student at the Middlesex Hospital and took the diplomas of M.R.C.S.Eng. and L.R.F.P.S.Glasg. in 1863. Dr. Michael Beverley, formerly of Norwich, has sent us a tribute to Mr. Soffe's memory. "Mr. Soffe," Dr. Beverley writes, "had a considerable practice in the neighbourhood of East Harling, where his name was a household word. He was a *persona grata* in the families of his patients and was much esteemed and trusted by them. A sound practitioner of the old school, he kept himself *au courant* with the new. It was always a pleasure to his professional brethren to meet him in consultation or otherwise. On his retirement from practice, now many years ago, he went to live at Bedford, where he made many friends amongst the medical men there and occasionally assisted them. The nearness of Bedford to London enabled Soffe to enjoy to the full his favourite relaxation—the theatre—and he seldom missed one performance a week. On the drama he was quite an authority—especially with the old classical plays. An assiduous and intelligent reader, books were in fact the great solace of his declining years. He was a great talker and an amusing raconteur. His great forte, however, was letter writing. His lengthy epistles, admirably expressed, were always a pleasure to read."

Dr. GEORGE SNELL died suddenly in London, at the age of 72, on February 12th. He received his medical education at Guy's Hospital and the University of Aberdeen, and graduated M.B., C.M.Aberd. in 1891 and M.D. in 1893. After holding appointments at the Kensington Dispensary and the Victoria Hospital for Children, Chelsea, he decided to specialize in lunacy, and became assistant at the Glamorgan County Asylum. Later on he was appointed superintendent of the British Guiana Lunatic Asylum, a large institution accommodating 700 patients and having a staff of three medical officers. He held this responsible post for twenty-one years, and at the time of his resignation the surgeon-general, Sir David Palmer Ross, M.D., C.M.G., placed it on record that "Dr. Snell performed his duties in a most efficient and satisfactory manner, and his success was due to his professional and administrative ability, and the gentle care he always bestowed on his patients. I have no hesitation in saying that, on his retirement, Dr. Snell handed over to his successor one of the best managed institutions in the Colonies."

Dr. ALLEN THOMSON SLOAN, a well known Edinburgh practitioner, who died on February 8th, aged 63, was educated at Watson's College and Edinburgh University.

He graduated M.B., C.M.Edin. in 1882 and M.D. in 1885. After holding a succession of resident and extern appointments at the Edinburgh Royal Infirmary, he began practice in Edinburgh nearly forty years ago. During the war he served on a medical board, which involved a good deal of travelling. This duty, together with the work of a large practice, overtaxed his strength, and he was compelled about a year ago to give up active work. Before retiring he was joined in practice by his son, Dr. A. T. Sloan, junr., the well known Scottish International Rugby player. His youngest son, Lieutenant T. I. T. Sloan, was killed in action near Rouex, in 1917. Dr. Sloan was a member of the Edinburgh and Leith Division of the British Medical Association.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on February 16th the following medical degrees were conferred:

D.M.—S. C. Dyke.

B.M.—R. V. Facey, B. G. Scholefield.

At a congregation held on February 19th it was announced that the Trustees of the Rockefeller Foundation had offered to the University the sum of £75,000 for the development of the Department of Biochemistry.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on February 9th the degree of Doctor of Medicine was conferred upon R. A. Woodhouse.

UNIVERSITY OF LONDON.

THE Senate, on January 30th, received from the Ministry of Health and approved the draft of a suggested charter for the School of Hygiene embodying the heads of agreement which were approved in October, 1922. Dr. Iris Fox was recognized as a teacher of pathology at the London (Royal Free Hospital) School of Medicine for Women, and Dr. G. W. Goodhart as a teacher in clinical pathology at University College Hospital Medical School. Certain emendations were agreed to in the regulations for the second examination for medical degrees Part I. It was decided to suspend for 1924 the operation of the resolution of the Senate adopted on October 24th (BRITISH MEDICAL JOURNAL, November 17th, 1920, p. 947) with reference to the change of date of the M.B., B.S. examination for internal and external students. It was resolved that in and after 1924 the latest dates of entry for the M.D. and M.S. examinations for internal and external students be as follows: M.D. (July) in all branches with or without thesis, May 15th; M.S. (July), Branch I, with or without thesis, May 15th; M.S. (July), Branches I, III, and IV, with or without thesis, March 1st; M.S. (December), Branch I, with thesis, and Branches I, III, and IV, with or without thesis, September 1st.

The ceremony of Presentation Day will be held in the Royal Albert Hall on Wednesday, May 14th, and not on Friday, May 2nd, as stated in the University Calendar for 1923-24 (White Book).

University medals at the M.D. examination for internal and external students, December, 1923, have been awarded as follows: In Branch III (*Psychological Medicine*), to Mary R. Barkas (St. Mary's Hospital), and in Branch IV (*Midwifery and Diseases of Women*), to Sybil G. Mocatta (St. Mary's Hospital).

Applications for grants from the Thomas Smythe Hughes Medical Research Fund must be received not earlier than May 1st and not later than July 16th, 1924. The grants are allocated annually for the purpose of assisting original medical research. Further particulars may be obtained from the Academic Registrar.

A University Studentship in Physiology, value £50 for one year, tenable in a physiological laboratory of the University, or of a school of the University, will be awarded to a student qualified to undertake research in physiology. Applications must be received by the Principal Officer on or before May 31st, 1924. Full regulations for the award of the studentship may be obtained on application.

Applications for grants from the Dixon Fund for assisting scientific investigations must be received between April 1st and May 15th, 1924. Full particulars may be obtained from the Academic Registrar.

Applications for the Graham Scholarship in Pathology, value £300 per annum, must be received by the Principal Officer at the University not later than by the first post on Monday, March 3rd. The scholarship was founded under the will of the late Dr. Charles Graham to enable "a young man to continue his pathological researches and at the same time to secure his services to the School of Advanced Medical Studies connected with University College Hospital as a teacher under the direction of the Professor of Pathology."

A course of lectures on mental deficiency, for medical officers of local authorities and institutions and medical men engaged in work for defectives, will be given at the central buildings of the University from May 19th to 24th. The arrangements are being made by the Council of the Central Association for Mental Welfare in consultation with the University Extension Board.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council meeting was held on February 14th, when the President, Sir John Bland-Sutton, was in the chair.

Diplomas of Membership were granted to 197 candidates, and Diplomas in Ophthalmic Medicine and Surgery were granted jointly with the Royal College of Physicians to 12 candidates. (The names were published in the report of the comitia of the Royal College of Physicians printed in our issue of February 9th, p. 258.)

Mr. W. Thelwall Thomas was elected to represent the College on the Court of the University of Liverpool for three years.

Morbid Histology.

A resolution, proposed by Mr. Sampson Handley and seconded by Mr. R. P. Rowlands, "That steps be taken by the Council to revive and encourage the study and teaching of morbid histology," was carried and referred to the Museum Committee.

Election of Council.

A meeting of the Fellows will be held at the College on Thursday, July 3rd, for the election of three Fellows into the Council in the vacancies occasioned by the retirement in rotation of Mr. William F. Haslam, Mr. T. H. Openshaw, and Mr. Raymond Johnson. A reception will be held from 4 to 6 p.m. on the same day, and the annual exhibition of additions to the museum will be open for inspection.

The Services.

THE NAVAL MEDICAL SERVICE.

A RETIRED naval medical officer, in the course of a letter over the pseudonym "Action," writes:

"Recently a committee of the medical members of the Senate of London University reported to the Admiralty on the Naval Medical Service. The fact that it is not intended to publish the report will disappoint most naval medical officers, as did the failure to publish the report of the Durnford Committee.

"Now trying to improve or popularize the Naval Medical Service are three bodies—London University, the Naval and Military Committee of the British Medical Association, and presumably the Admiralty. Surely the time is ripe for a commission such as reorganized the Army Medical Service. Many of us think we know the reforms necessary for success, but it is only by an open commission that suggestions can be encouraged and organization perfected. Perhaps a few suggestions may not be impertinent.

"The condition that causes most dissatisfaction is the apparently unfair distribution of shore billets. The establishment of a roster should not present insuperable difficulties. Rosters for the men are kept at drafting establishments, as it is well known that an unfair distribution of home billets is a fertile source of discontent. It is not uncommon to find some officers employed four or more years in one shore billet or a sequence of shore billets. The reasons for such officers being employed ashore to the exclusion of others have been explained variously, but never satisfactorily. Shore billets help to take the place of the rare post-graduate courses, for it is whilst holding them that there is the best opportunity for study. Hospital medical officers should take their turn at sea. It is Gilbertian that sea-going medical officers who are really indispensable—for the hospitals can always be staffed by civilians, as during the late war—should rarely get any reward in spite of doing most of the unpleasant work.

"Probably the next cause of most heart-burning is the failure to obtain promotion to surgeon captain. In the old days the great attraction of the service was the handsome pension that a senior fleet surgeon drew, about as much as a surgeon commander draws at present when money is worth so much less. The penalty for failure to attain promotion is now much more serious, as a relatively large pension cannot be obtained without promotion. The remedy is to revert to the old scheme of granting pensions by removing the maximum limit. Another disadvantage of failure to attain promotion is compulsory retirement at 50 instead of 55, just at the time when a professional man expects to receive most pay in order to meet the expenses of children's education or to save in order to provide sufficiently for dependants. Probably it will be found necessary to revert to retirement of surgeon commanders at 55 instead of 50. There need be no alteration of the age for retirement of surgeon captains. In civil life it is the successful man who retires early, in the navy the reverse is the case. Again, it should be made possible for all medical officers to have an equal chance of promotion. It has always been difficult for a medical officer joining after 24 to obtain promotion. This difficulty results in graduates of London and Cambridge and some other universities being practically excluded from promotion. Promotion by seniority plays a great part in the navy as elsewhere, but in other branches more consideration is ensured by the more equal age at which candidates join. Promotion by merit occasionally occurs, but there are few cases of real outstanding merit. A new method has recently been given some consideration. Selection has been made to a greater extent from amongst the officers on the point of being compulsorily retired. This, which might be called the compassionate method, seems unfair to the senior but younger officer. The proper remedy lies in having an upper limit to the promotion zone, so that all

officers may remain in the real promotion zone for an equal length of time.

"Another suggestion is that there should be an increase in the number of surgeon captains so that the flagship medical officers may be of that rank, but, in order that expense may be spared, they should be paid at the rate of senior surgeon commanders, the numbers paid at the higher rate remaining as before. Lastly, there should be a fixed number of promotions each half-year as in the executive branch, otherwise there is an unfair distribution of promotions.

"The above are some suggestions that might popularize the service if it is not considered practicable to appoint a commission. Many more suggestions are available; some have been omitted in order to curtail this letter, others because they are more suitable for discussion at a committee."

Medical News.

As already announced, several special courses have been arranged for next month by the Fellowship of Medicine and Post-Graduate Medical Association. A two weeks' intensive course will be given by the staff of the Royal Northern Hospital in association with the Central London Ophthalmic Hospital, the North-Eastern Fever Hospital, and the Royal Chest Hospital (City Road), from March 3rd to 15th; a special course in gynaecology at the Chelsea Hospital for Women, covering the whole month, commencing on March 3rd; two series of lectures and demonstrations in psychological medicine at Bethlem Royal Hospital from March 8th to April 5th, and in electrotherapy at the Royal Free Hospital from March 5th to April 9th. In addition to the foregoing there will also be a course on diseases of children, arranged by the Royal Waterloo Hospital for Children and Women, from March 17th to April 5th. At the end of March a course in ophthalmology will be given at the Royal Westminster Ophthalmic Hospital, details of which will be announced later. Copies of the syllabus with particulars of the courses can be had from the Secretary to the Fellowship of Medicine, 1, Wimpole Street, W.1.

LORD ATHOLSTAN, who has been conducting a crusade in the *Montreal Star* against tuberculosis and the conditions which produce it, has offered a personal contribution of 500,000 dollars to assist the Quebec Government in combating the disease. The *Times*, from which we take this information, states that the donor suggests that measures should be taken similar to those instituted six years ago in Framingham, a town of some 17,000 inhabitants in Massachusetts. An account of this experiment was given in our columns some time ago. Briefly stated, it consists of an intensive study of tuberculosis, its prevalence, and the domestic conditions favouring it in a small community. A large staff was engaged and a house-to-house visitation made, information being collected as to the number of people affected and the conditions of the houses in which they resided.

At a recent conference of educational associations in this country it was stated that instruction in mothercraft was given in sixteen towns; it is interesting to note that a similar movement is on foot in France. Taking the view that ignorance plays a very important part in the production of a high infantile mortality rate, various organizations have for some years agitated for the teaching of mothercraft to all schoolgirls. The usual objections were raised to such a proposal: that it would increase an already overburdened curriculum, that the subject was too advanced for elementary schoolgirls, and that it would not yield any permanent results. The subject of mothercraft was, however, introduced into the school syllabus at eight institutions in Paris and district. The girls, whose ages ranged from 10 to 13, showed great interest in the course, and so successful was the experiment that in March, 1923, the subject was made compulsory in every French elementary school for girls. The Comité National d'Enfance was invited to co-operate with the educational authorities in drawing up the syllabus, and two courses have been proposed—a compulsory elementary course to be given by the regular mistresses, for whose assistance a book has been prepared, and an advanced optional series of lectures by specially qualified instructors (doctors and midwives).

A NOTE of the first congress of tropical medicine held in West Africa last year appeared in our columns of November 17th (p. 953). The inaugural speech of the High Commissioner and Governor-General of Angola, General Sir J. M. R. Norton de Matos, has now been published, together with an abstract of the history of this Portuguese colony from 1484 to 1921. An account is given of the transformation of a conquered country into a loyal colony, the introduction of civilization and of commerce, and the establishment of educational and medical services.

THE National Clean Milk Society (3, Bedford Square, W.C.1) has now published a detailed account of the proceedings of the National Milk Conference on Pasteurization held in London last November; a report appeared in our columns of December 1st, 1923 (p. 1062). The aim of this society is the improvement of the hygienic standard of milk and milk products, and the education of the general public with regard to the importance of a clean and wholesome milk supply.

A COURSE of six lectures on milk and milk products will be given at the Chelsea Polytechnic, Manresa Road, on Thursday evenings at 7 p.m., beginning on February 28th. Similar courses have been attended during the last twelve years by over 500 persons, including sanitary inspectors and people engaged in the dairying trade. This course will be given by members of the staff of the National Institute for Research in Dairying and the British Dairy Institute, Reading. The fee is 5s.

THE anniversary dinner of the Medical Society of London will be held at the Grand Hotel, Trafalgar Square, on Wednesday, March 12th, at 7.30 p.m.

At the February meeting of the council of the Society of Members of the Royal College of Surgeons of England Dr. Sidney C. Lawrence was presented with an illuminated address in order "to place on record their high appreciation of his services as honorary secretary for the past fifteen years and the great zeal and ability with which he has discharged the duties of his office."

THE Society of Superintendents of Tuberculosis Institutions has devised a course of training and examination for nurses in institutions dealing with pulmonary tuberculosis. An outline of the conditions of training appears in the February issue of *Tubercle*. The society will award certificates to those who pass through the full course of training and satisfy the examiners. A schedule of the practical training required is appended. In addition there is a statement of the classification of cases of tuberculosis adopted by the society in October, 1921, and a list of the terms used in describing the immediate results of treatment. The first examination will be held next May. Further particulars may be obtained from the honorary secretary of the society, Dr. P. W. Edwards, Cheshire Joint Sanatorium, Market Drayton, Salop.

At the meeting of the Manchester Clinical Society to be held in the Medical Society's library on Thursday, February 28th, at 4.30 p.m., Sir Thomas Horder will give a lecture on medicine and old ethics.

A CONJOINT annual meeting of the Canadian and Ontario Medical Associations will be held in Ottawa, from June 17th to 20th inclusive, under the joint presidency of Dr. J. F. Kidd, president of the Canadian Medical Association, and Dr. J. F. Argue, president of the Ontario Medical Association.

A COURSE in tropical hygiene will be held at the Institute for Naval and Tropical Diseases at Hamburg from March 10th to May 17th and again from October 6th to December 6th. Each course will consist of lectures, demonstrations, and practical work dealing with the etiology, morbid anatomy, symptoms, and prophylaxis of tropical diseases. The courses will be conducted by Nocht, Fülleborn, Giemsa, Mühlens, Paschen, Da Rocha-Lima, and others. Further information can be obtained on inquiry addressed to the Institut für Schiffs- und Tropen-krankheiten, Bernhardstrasse 74, Hamburg.

THE annual provincial meeting of the Tuberculosis Society will be held at Cambridge on April 10th, 11th, and 12th. A full programme will shortly be issued. A limited number of rooms in Clare College will be available at an inclusive charge of £1 per diem. Members wishing to avail themselves of this accommodation are requested to notify the honorary secretary, Dr. F. J. C. Blackmore, 139, Herbert Road, S.E.18, at once.

DR. MALCOLM CAMPBELL and DR. D. MACKELLAR DEWAR have been appointed justices of the peace for the county of the City of Glasgow.

THE fifteenth congress of the German Röntgen Society will be held from April 27th to 29th at the Langenbeck-Virchow Haus in Berlin under the presidency of Professor Wintz. The first day will be devoted to diagnosis, the second to the dosimetry of x rays, radium, and light rays, and the third to technique. Further information can be obtained from the secretary, Dr. Graessier, Buerger Hospital, Cologne.

THE twenty-eighth congress of French-speaking alienists and neurologists will be held at Brussels in April under the presidency of Dr. Glorieux of Brussels and Dr. de Massary of Paris. The subjects to be discussed are: mentally deficient children, introduced by Drs. Vermeulen of Ghent and Simon of Vaucuse; disturbances of language, introduced by Dr. Froment of Lyons; and the adaptation of the mental patient to his environment, introduced by Dr. Sans of Ghent.

Letters, Notes, and Answers.

Communications intended for the current issue should be posted so as to arrive by the first post on Monday or at latest be received not later than Tuesday morning.

ALL communications with reference to advertisements as well as orders for copies of the JOURNAL should be addressed to the Financial Secretary and Business Manager, 429, Strand, London, W.C. Attention to this request will avoid delay. Communications with reference to editorial business should be addressed to the Editor, BRITISH MEDICAL JOURNAL, 429, Strand, W.C.2.

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 Financial Secretary and Business Manager, 429, Strand, W.C.2, on receipt of proof.

THE telephone number of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is Gerrard 2630 (Internal Exchange). The telegraphic addresses are:

EDITOR of the BRITISH MEDICAL JOURNAL, Aitiology Westrand, London.

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), Articulate Westrand, London.

MEDICAL SECRETARY, Mediscera Westrand, London.

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

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.

CHRONIC INTESTINAL STASIS.

"SUFFERER" writes: Concerning the interesting lecture by Sir W. Arbuthnot Lane (January 26th, p. 142), may I ask the following two questions. (1) Is there any evidence that the adults of uncivilized races defaecate more than once a day, generally? (2) It is known that workers in paraffin are liable to cancer. Does not the lecturer think that the long-continued regular administration of liquid paraffin may conduce to this disease?

A MEDICO-CHIRURGICAL AND PHILOSOPHICAL MAGAZINE.

"R. B." asks for information with regard to the weekly *Medico-Chirurgical and Philosophical Magazine*, first published on February 8th, 1823. He asks: Were any numbers issued above 48, which was the last number of vol. ii, published January 3rd, 1824? Who was the editor of the magazine? If it ceased publication after Saturday, January 3rd, 1824, was it on account of the publication of the *Lancet* in October, 1823, some six months after the first publication of the weekly *Medico-Chirurgical and Philosophical Magazine*? That it was intended to publish a third volume (our correspondent continues) is evident from the notice at the end of the last number of vol. ii (No. 48), which reads under the heading "To Correspondents": "The ensuing number of the *Medico-Chirurgical (Review) and Philosophical Magazine* (commencing the 3rd vol.) will contain a portrait, with a memoir of Sir Astley Cooper, Bart." At the end of No. 44 there is a notice anent the alteration of title: "We beg leave to apprise our numerous respectable friends and readers, the gentlemen of the honourable professions of medicine, surgery, etc., that it is intended, on the commencement of the ensuing year, to introduce the word 'Review' to our title in the following manner: 'The Medico-Chirurgical Review and Philosophical Magazine.'" Was a number published under this title?

SLOW PULSE AFTER INFLUENZA.

DR. A. G. WILKINS (Stafford) inquires as to the significance of a slow pulse in the following case. A woman aged 50, one month after the beginning of influenza, suffered from shortness of breath without physical signs of dilatation or valvular disease. After exertion and two minutes' repose the pulse was markedly slower than before exertion.

* * Bradycardia following an acute infectious disease, especially influenza or enteric fever, is a well known phenomenon, and is likely to occur after exertion in association with a fall of blood pressure, the so-called "hypotension of effort" described by French writers. Our correspondent does not state whether any such changes of blood pressure occurred in this patient.

INCOME TAX.

"A. C. M." was demobilized on October 24th, 1922, and acted as locum tenens from November 24th, 1922, to September 30th, 1923, earning in all £214, apart from unassessable advantages as free room and board, etc. On these earnings he is asked to pay £20 2s. 10d. Since then he has been taking a D.P.H. course and has not been earning any income.

* * The earnings of £214 have to be divided into the two financial years ending April 5th, 1923, and April 5th, 1924. *Prima facie* it would seem that the earnings falling into the