

April 15th. At this time there was considerable distension of the abdomen; restricted respiratory movements, especially in the lower abdomen; surface hyperaesthesia in the left iliac region, and deep tenderness across the whole lower abdomen. Per rectum there was tenderness and a tense feeling in the pre-rectal pouch. Pulse 88, regular, temperature subnormal; tongue dry. A large faecal vomit occurred just before I examined him. Unable to make any diagnosis other than "acute abdomen," I opened in the middle line and inspected numerous coils of small intestine, all of which were acutely inflamed, distended, and deep scarlet in colour, with occasional slight smears of pus. The appendix was perforated; around it there were no local conditions other than those general to the middle and lower abdomen. The appendix was removed and the wound closed without drainage, the severe distension causing the usual difficulties in such cases of abdominal wall closure. Having decided that this was a case where recovery by the usual methods of after-treatment was almost out of the question, I proceeded to perform Costain's lymphaticostomy.

I exposed the junction of the internal jugular with the left subclavian vein, and identified the thoracic duct by its position and by seeing it fill with beads of brilliant clear yellow fluid resembling thin honey drained from the comb. The duct was ligatured off from the vein, slit up, and stitched to the skin; the wound was left open and lightly filled with gauze. A culture from this lymph was proved next day to be sterile.

On April 16th the patient was progressively more ill; he was semiconscious at 10 a.m.; pulse irregular and feeble. There was only a small exudation from the wound in the neck. Abdomen still distended. At 11 p.m. he was still semiconscious, could just be roused; chyle was discharging more freely from the neck. Respirations 28, pulse 128. The next day he was fully conscious, the pulse had improved, though the abdomen was still distended. Chyle was pouring freely from the neck.

On April 19th the distension was decreasing; good result at last after numerous enemas and six doses of pituitrin at intervals. The neck was still discharging freely. Pulse good.

On April 23rd the distension had gone. There was discharge of pus from the abdominal wound and sudden diminution of chyle from the neck. By April 26th the neck was practically dry; the bowels acted daily. Since April 17th the temperature had never been above 98.8°.

The patient was discharged from hospital on May 10th with both wounds healed and normally convalescent.

Two points appear to me to call for comment:

1. The thoracic duct is not very easy to find. I had practised several times on the cadaver, and consider it a difficult minor operation, because the duct is delicate in texture and thinner than one expects. After the exposure by dissection one is glad to have confirmation in the living subject by the presence of beads of lymph. In this case the beads were honey yellow at the time of operation; two days later the discharge had the usual appearance of thin dirty milk.

2. The paucity of lymph in the first twenty-four hours in this case is explained by the fact that this man was depleted of fluid by starvation and by a large faecal vomit; it was only after continuous rectal saline for twenty-four hours that lymph began to flow freely. No measures were taken to stop the flow of lymph, and this subsided in a week; Costain states that the lymphatics on the right side restore the circulation.

#### REFERENCE.

<sup>1</sup> Canadian Med. Assoc. Journ., November, 1922. *Surgery, Gynecology and Obstetrics*, March, 1923, p. 365. *Medical Annual*, 1924, p. 9, abstract by Dr. E. Wyllys Andrews.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### SOME INDICATIONS FOR TUBERCULIN THERAPY.

TUBERCULIN in certain cases appears to act like a charm, in others to do little or no good, and in others again to do actual harm.

I have under review 96 afebrile patients treated with tuberculin, all of whom showed a considerable degree of ill health. Before treatment each case was tested by the modified von Pirquet test of Ellis, in which the dilutions used are 1 in 500, 1 in 100, and 1 in 10 old tuberculin. Those who react to 1 in 500 are called "hypersensitive," those to 1 in 100 "sensitive," and those to 1 in 10 "sub-sensitive."

For a time I was puzzled as to what factor influenced the results. I tried grouping the cases according to physical signs, degrees of sensitiveness to tuberculin, and so on, but the exceptions in each class were many. I then hit on the expedient of dividing the cases under headings of "effect of treatment," grouping the cases as "good," "fair," and "no change." By "good" I mean those which were to all intents and purposes in good health at the end of the

course; by "fair" I signify improvement. I found that by this method under the heading "good" were included all children and adults with low blood pressures (tubercle bacilli negative in both classes). The remainder of the cases came under the headings of "fair" or "no change."

I then found that the low blood pressure cases (tubercle bacilli negative) were either hypersensitive or sensitive to tuberculin and that the high blood pressure cases were less sensitive. I could come to no definite conclusion about the tubercle bacilli positive cases, so I put them into a separate class. My results finally worked out as below.

#### A. Sputum negative to tubercle bacilli.

1. Children under 14: 16 cases—100 per cent. "good."
2. Adults—
  - (a) Blood pressure 120 or under: 37 cases—100 per cent. "good"; these were all sensitive or hypersensitive.
  - (b) Blood pressure 130 and over: (1) Sensitive: 13 cases—100 per cent. "fair." (2) Subsensitive: 14 cases—28 per cent. "good" (all asthmatics); remainder unchanged.

#### B. Sputum positive to tubercle bacilli: 16 cases—50 per cent. "fair"; none good.

It became evident that blood pressure was an important factor, and it seemed probable that the degree of fibrosis in the lung would influence this. In order to ascertain if this were so, I examined a series of hospital records with special reference to the amount of fibrosis indicated by x-ray photographs, and classified them as above.

#### A. Sputum negative to tubercle bacilli.

1. Children under 14: 14 cases—beyond some enlarged hilus glands very little change.
2. Adults—
  - (a) Blood pressure 120 and under: 20 cases—very slight fibrosis in all except 2 in which it was marked.
  - (b) Blood pressure 130 or over: 48 cases—all had marked fibrosis except 10.

#### B. Sputum positive to tubercle bacilli: 22 cases—in every case there was marked fibrosis.

#### Conclusions.

1. Fibrosis is an important element in tuberculin therapy, and, other things being equal, the less fibrosis there be the more satisfactory the results with tuberculin.

2. Hypersensitivity is no contraindication to tuberculin therapy.

3. In subsensitive cases much improvement with tuberculin cannot be expected save in cases of asthma.

FRANK E. GUNTER, D.S.O., M.D.,  
Lieutenant-Colonel R.A.M.C. (ret.),  
Assistant Physician, Margaret Street  
Hospital for Diseases of the Chest.

## HYDRONEPHROSIS WITH DOUBLE URETERS.

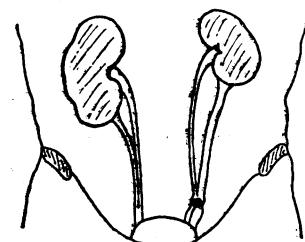
THE following condition is interesting on account of the combination of hydronephrosis with a calculus impacted in the ureter, and with the presence of two ureters from each kidney.

A man, aged 75, was admitted to the Northumberland Mental Hospital on February 14th, 1924, suffering from senile dementia; he died on February 26th. There was a history of an illness twelve years before, supposed to be renal in origin, but no details could be obtained.

At the necropsy the following unusual condition was found. The right kidney weighed 4 oz. and had a small cyst at the upper end. Emerging from the lower end was a second ureter, which passed side by side with the normal ureter to the bladder. Both contained urine and appeared to have functioned. The left kidney when emptied weighed 1 oz. and showed merely a thin shell of kidney tissue, filled with clear urine. As in the right kidney a second ureter emerged from the lower end of the kidney. These two ureters passed downwards and united 3 inches from the bladder. Just below the junction a calculus with a rough surface and as large as a good-sized hazel-nut was impacted, completely blocking the ureter.

J. M. MOYES, M.B., Ch.B., D.P.M.,  
Deputy Superintendent, Northumberland  
Mental Hospital.

Morpeth.



## Obituary.

ROBERT KENNEDY, M.A., M.D., D.Sc.,  
St. Mungo Professor of Surgery and Surgeon, Royal Infirmary,  
Glasgow.

THE medical profession and the public of Glasgow and the West of Scotland have viewed with concern and distress the recent and unlooked for losses by death of so many of their leading surgeons. Within a few months Sir T. K. Dalziel, still hoping for years of fruitful work and leisurely life; Sir William MacEwen, in fullness of age and honoured as the greatest surgical genius of his generation; Dr. Newman, in retirement, voyaging abroad in pleasant travel; and now Professor Robert Kennedy, in age only a little way beyond "the middle time of this our mortal life," have all crossed the border into the unknown. Professor Kennedy was present at the Annual Meeting of the Association of Surgeons in Liverpool in the beginning of May, apparently in excellent health. He was unable, however, to undertake any teaching in the summer term as he was acutely ill with Bright's disease and pericarditis, and died at his residence on June 3rd.

Born in Glasgow, educated at the High School of Glasgow, Robert Kennedy went up to the University with no great school reputation. In the University he soon showed himself to be a man of outstanding capabilities. He had to carve his own fortunes, establishing himself as a "lad o' pairts" dear to the Scottish independent mind, maintaining himself and paying his way through college largely on bursaries and scholarships. He won many class prizes and in addition two of the best prizes open to competition in the University—the George A. Clark and the John Clark Scholarships in Mathematics and Natural Philosophy, whose combined value was £225 per annum, tenable for four years. During the last two years of his medical course he was assistant to the late Professor John Young—the well known "Cocky Young" of a generation ago—in the Department of Natural History, and lectured on biology in the Glasgow Technical College. He graduated B.Sc. in 1887, and M.A. with honours in natural science in 1888; he completed his medical course two years later, graduating M.B. and B.Ch. with commendation; he took the M.D. with honours in 1896, and in 1899 he obtained the D.Sc. He continued post-graduate study in Edinburgh and in Berlin, and returned to Glasgow to practise surgery. He held junior surgical posts in the Victoria Infirmary, the Lock Hospital, and the Western Infirmary, and for five years was University Lecturer on Applied Anatomy.

In 1910 a special Board of Curators was commissioned to deal with the arrangements for the establishment of four university chairs in the Royal Infirmary with the object of broadening the teaching basis and of expanding the opportunities for clinical study open to university students. The Chair of Clinical Surgery, founded in 1874 and held in the Western Infirmary successively by Professor George Buchanan and Sir Hector Cameron, now became the St. Mungo Chair of Surgery at the Royal Infirmary for the teaching of systematic, operative, and clinical surgery. In 1911 Kennedy was appointed to the new chair. By that time he had a well founded scientific surgical reputation resting mainly on his work in the surgery of nerves. Papers on "Regeneration of nerves," published in the *Proceedings* of the Royal Society in 1897, were regarded as a noteworthy contribution and attracted much attention. These experimental studies were continued, and from 1911 to 1915 he published a good deal of work on experiments on restoration of paralysed muscles by means of nerve anastomosis. His operations for "Suture of the brachial plexus in birth paralysis of the upper extremity" (BRITISH MEDICAL JOURNAL, 1903), and "Section of the posterior primary divisions of upper cervical nerves in spasmotic torticollis" (Ibid., 1908), and for "Section of the facial nerve with suture to the spinal accessory" (Ibid., 1900), are now described in all the advanced textbooks of operative surgery. The descriptive anatomy of these procedures displays an intimate and familiar knowledge with an intricate anatomical region. During the war he had further opportunities of nerve work, and his researches were published in

the *British Journal of Surgery* in 1918. There can be no doubt that the success of Kennedy's nerve surgery was due to meticulously accurate anatomical knowledge. In teaching he made a feature of anatomy, and of late years at least, when anatomical subjects were almost unobtainable, his share of the final examination in operative surgery was conducted rather along the lines of applied anatomy than in manipulative exercises on the cadaver.

Professor Kennedy played a non-obtrusive part in the public life of the city of Glasgow. He was sometimes seen on the platform at political meetings held in the Conservative interest. He was a justice of the peace and a Deputy Lieutenant of the city. During the war he did much work as consulting surgeon in charge of the Orthopaedic Department of the Scottish National Red Cross Hospital at Bellahouston, and when this hospital was taken over by the Ministry of Pensions he was appointed surgeon-in-chief, holding the office till over a year ago.

A FRIEND AND COLLEAGUE writes: The Scots have the reputation abroad—the Scots themselves think it a libel—of being a people of "dour" disposition, harsh manner, obstinate temper, possessing to a less degree than their neighbours those graces and humours that help to make life easier for themselves and other folk. To others than his intimates and those in frequent working touch with him, Kennedy was a Scot of that type. But there were soft bits in his nature, which indeed he was at times at great pains to hide, often too successfully. We fear that Robert Kennedy—"Rab" was his hospital nickname—would have had little use for the motto of the good William of Wykeham, "Manners maketh man." He had much sorrow in the past two years in the death of his son and of his wife. His daughter is now the only member of her family, and very general and sincere sympathy is felt for her in her triple bereavement.

## WILLIAM CAMPBELL, M.D.,

Springburn, Glasgow.

THE death took place on May 26th, at Kilmacolm, Renfrewshire, of Dr. William Campbell, late of Springburn, Glasgow. Dr. Campbell was born in Islay 58 years ago. He graduated M.B., C.M. at Glasgow University in 1893, and M.D. in 1911. After graduation he acted as an assistant in Sunderland, and afterwards began practice in Springburn, Glasgow, where for twenty-five years he never spared himself in the service of his patients. About three years ago, on account of failing health, he retired from practice.

He was a man of great charm. His appearance was but an outward mark of a nobly sensitive nature. Showing exceptional courtesy to rich and poor alike, he was at once quick in sympathy, abhorring cruelty, hypocrisy, and disloyalty above all things. To those most intimate with him, it was not the successful practitioner who appealed most, but the man. Big in every sense, full of the milk of human kindness, given to liberality, he was a delightful friend. One of Nature's gentlemen, extremely sociable and a perfect host, he seldom left his happy domestic circle. His home life and his work were his sole thoughts.

During his twenty-five years' work in Springburn he became, as a result of his broad outlook and his interest in all the numerous specialties, a practitioner of enviable wisdom and reputation. He had a high moral standard, though only to a few would he unburden his mind. He was a man of deep but simple belief, to which he clung like a true Scot with unswerving devotion. He was indeed a man who lived and died in the exercise of humble Christian faith. Dr. Campbell was unmarried. He leaves behind him a record of good work well done and the affectionate remembrance of a large number of friends. F. W. M.

Professor LUDWIG WAELSCH, a well known dermatologist of Prague, has recently died at the age of 57.

Dr. RICHARD PALTAUF, director of the Institute of General and Experimental Pathology in Vienna, and a well known writer on the pathology of the blood, diseases of metabolism, and intoxications, has recently died at the age of 67.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examination indicated:

D.P.H.—*Part I*: T. O. Thompson. *Part II*: J. G. Johnstone, T. O. Thompson.

### UNIVERSITY OF CAMBRIDGE.

AT a congregation held on June 7th the following medical degrees were conferred:

M.D.—C. S. Dodson. H. B. Bolus.  
M.B., B.CH.—T. K. MacLachlan, W. E. F. Davidson.

### UNIVERSITY OF LONDON.

A MEETING of the Senate was held on May 21st.

It was resolved to institute a University Chair of Medicine, tenable at the London Hospital Medical College, with a salary of £2,000 a year; applications to be received by June 23rd.

The following footnote was appended to Regulation 4 of the regulations for the examination for the diploma in psychological medicine:

A candidate who enters for both parts, A and B, on the same occasion (March-April or October-November), but fails to satisfy the examiners in Part A, is ineligible to proceed to Part B, and the fee which has been paid in respect of Part B is returned to him.

Mr. Raymond Johnson, having resigned his membership of the Senate as one of the representatives of the Royal College of Surgeons of England, has been succeeded by Mr. James Sherren for the remainder of the period 1921-25.

The annual report for 1923 of the Superintendent of the Brown Animal Sanatory Institution was presented. It recorded that during the year 5,652 animals were brought to the institution. Five lectures on the influence of environment on the life of bacteria were, as required under the will of the late Mr. Brown, given by the superintendent in December, 1923. A considerable number of experiments on filter-passing viruses had been carried out by the superintendent for the Medical Research Council, but so far it had been found impossible to determine with any certainty the exact nature of this most important group of viruses. The acid-fast group of bacilli had been investigated and work also done on symbiosis. The appointment of Mr. Twort as superintendent of the institution had been continued for one year from June 1st, 1924.

### ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following officers were elected on June 2nd: President, Mr. Robert C. B. Maunsell; Vice-President, Mr. Andrew Fullerton; Secretary, Sir Frederick C. Dwyer.

## Medical News.

THE Savill (Memorial) Lecture in connexion with the West End Hospital for Nervous Diseases will be delivered by Dr. Arthur Hurst at the house of the Royal Society of Medicine, 1, Wimpole Street, W., on July 3rd, when Sir William Hale-White will take the chair at 5 p.m. The subject of the lecture is migraine. The lecture is open to all members of the medical profession.

THE third English-speaking Conference on Infant Welfare will be held at Caxton Hall, Westminster, on Tuesday, July 1st, and three following days. At 10.30 on the first day the Minister of Health will give an address, and there will be a discussion on education in relation to maternity and child welfare. In the afternoon there will be a conference arranged by the National Council for the Unmarried Mother and Her Child. This will be followed by a meeting of the Council of the Association of Infant Welfare and Maternity Centres, when playgrounds for young children and the reorganization of health visiting schemes will be considered. On the morning of July 2nd child adoption and overseas settlement of children are the subjects for discussion, and in the afternoon there will be a debate on day nursery work; this will be followed by a special meeting of the members of Poor Law authorities to discuss the relation of maternal and infant mortality to out relief. On July 3rd the Eugenics Education Society has arranged a meeting to consider heredity as the basis of child welfare work, and in the morning and afternoon there will be debates on prematurity and maternity administration and on propaganda. The maternity and child welfare group of the Society of Medical Officers of Health will meet in the afternoon to consider infant malnutrition. In the evening Sir Maurice Craig will give a lecture on mental hygiene in relation to child training. Friday will be devoted to a series of visits to child welfare institutions. Full particulars can be obtained from the honorary secretary of the National Association for the Prevention of Infant Mortality, Carnegie House, 117, Piccadilly, where, during the conference, a mothercraft exhibition will be open.

THE annual dinner of the Federation of Medical and Allied Services on June 20th will take place at the Connaught Rooms, Great Queen Street, W.C.2, and not, as originally arranged, at the Langham Hotel.

THE Fellowship of Medicine and Post-Graduate Medical Association announces the following courses of instruction for practitioners: A four weeks' course in urology at St. Peter's Hospital for Stone, from June 16th to July 12th. A course in children's diseases, arranged at the Children's Clinic (Western General Dispensary), from June 16th to July 4th. Beginning on June 16th, a two weeks' intensive course at the Royal Northern Hospital and Royal Chest Hospital. A two weeks' course in ophthalmology will begin on July 7th at the Royal Eye Hospital, Southwark. A two weeks' intensive course in medicine and surgery will begin on July 21st at the North-East London Post-Graduate College (Prince of Wales's General Hospital, Tottenham). There will be the following courses in August: diseases of children, at the Queen's Hospital for Children; diseases of the chest, at the Brompton Hospital; neurology, at the West End Hospital for Nervous Diseases. A syllabus of the above courses, with particulars regarding fees, etc., can be had from the Secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

THE Master and Wardens of the Society of Apothecaries will entertain the representatives of the medical profession from the Dominions at dinner in the Apothecaries' Hall, Blackfriars, E.C., on Tuesday, July 8th, at 7 p.m.

THE annual clinical meeting of the Subsection of Proctology of the Royal Society of Medicine will be held in connexion with the visit of the American Proctologic Society to London on July 9th, 10th, and 11th.

MR. H. D. GILLIES, C.B.E., F.R.C.S., has been granted permission to wear the insignia of Commander (Second Class) of the Order of the Dannebrog conferred upon him by the King of Denmark in recognition of valuable services.

THE Chairman, Dr. Charles Wilson, and Dr. Sloane, Medical Superintendent of Wrenbury Hall, will receive visitors on Wednesday, June 18th, at 3.15 p.m.; tea will be served at 4.30. The institution is the war memorial gift of the Cheshire British Red Cross Society and Order of St. John to the Cheshire County Council, and is intended to be used for the re-establishment of the health of tuberculous men by work in healthy conditions. The hall, farm, garden, orchards, workshops, and range of open-air huts to house fifty men will be open for inspection.

THE twelfth annual report, issued by the *Journal of the American Medical Association*, on typhoid fever in the sixty-nine cities in the United States with a population of more than 100,000 shows that every one of the twelve largest cities—that is, those with a population exceeding 500,000—had a typhoid death rate in 1923 under 5 per 100,000, the lowest figure hitherto recorded for the cities in this group. In fifty-seven cities the records extend back to 1910; the typhoid death rate in them was somewhat higher in 1923 than in 1922, but with that exception the rate was the lowest on record—namely, 3.45 per 100,000. Taking the whole sixty-nine cities, the typhoid records for the last four years show a slight reduction in 1923 as compared with 1922. The opinion is expressed that, though the actual reduction in typhoid is less rapid than before, probably owing to the fact that the new group of young men reaching the age of typhoid susceptibility is no longer protected by inoculation, improvement in the typhoid situation is still progressing in many cities. It is hoped that a further diminution will occur within the next few years, especially if rural typhoid can be eradicated.

THE Cambridge University Press announces for early publication the *Proceedings of the Seventh International Congress of Psychology*, edited by Dr. C. S. Myers. The volume includes articles by leading psychologists in England, America, France, Germany, Austria, Holland, and Sweden.

A CONGRESS for logopaedics and phoniatrics will be held at the physiological institute of Vienna University from July 3rd to 5th, when the following subjects will be discussed: (1) aphasia; (2) stuttering; (3) disturbances of speech and intelligence; (4) measures adopted in schools for dealing with children with speech defects; (5) affections of the speaking and singing voice. Further information can be obtained from Dr. E. Fröschels, Feistergasse 6, Vienna.

THE University of London Press has arranged for the early publication of a series of pamphlets on "The London County Council and what it does for London."

AT the invitation of the Dutch Government Professor Frosch and Dr. Dahmen will give a lecture and demonstration on the cause of foot-and-mouth disease, in the large hall of the Jaarbeursgebouw at Utrecht, on Tuesday, June 17th, at 1.30 p.m. All Dutch veterinarians have been cordially invited to attend by the Director of the Veterinary Service.

THE annual general meeting of the University of Durham Medical Graduates' Association will be held on Thursday, June 26th, at 4.30 p.m., at the house of the Medical Society of London, 11, Chandos Street, W.1. Following the ordinary business of the meeting, Dr. G. de B. Turtle will read a short paper entitled "An attempt to classify certain types of pyrexia." An informal dinner will be held the same evening at the Criterion Restaurant at 7.45 (10s. 6d., exclusive of wine). Any member wishing to attend is asked to apply to the Secretary, Dr. F. W. M. Pratt, 15, Clarges Street, Mayfair, W.1.

A MEDICAL tour to the main spas of Italy is being organized by the Italian State Tourist Department (E.N.I.T.) from September 18th to October 3rd. The following spas will be visited under the guidance of Professor Guido Ruata, M.D., general secretary of the E.N.I.T.: Acqui, S. Pellegrino, Levico, Vettirolo, Roncagno, Salsomaggiore, Bagni di Montecatini, Monsummano, Chianciano, Fiuggi, Agnano. First-class train and hotel accommodation will be provided throughout. At each spa visited lectures will be given by a local physician, and medical interpreters in English, French, and German will accompany the tour. The complete charge is fixed at 1,600 lire, including all railway and hotel expenses from the beginning of the "Nord-Sud" at Milan to its end at Naples. Reduced fares will also be obtainable from the Italian frontier to Milan and from Naples back to the frontier. The application list will close when the number 200 has been reached, and in any case not later than July 31st. Programmes and further information may be obtained from the Italian State Railways Tourist Office, Waterloo Place, London, S.W.1.

THE Ministry of Health has issued a revised list of clinics for venereal diseases in England, Wales, Scotland, and Northern Ireland.

## 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.*

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

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.

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.

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, *Artiology Weststrand, London.*

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

MEDICAL SECRETARY, *Medisecra Weststrand, London.*

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.

### PULMONARY TUBERCULOSIS IN LATER LIFE.

"B." asks for help in advising a patient in the following circumstances. He is a man, aged 57, who down to four years ago was capable of hard work. He has had a cough for about eighteen months, and has lost about 2 st. in weight. The tubercle bacillus is present in the sputum. He has spent most of his life in Western Canada, where he lived a rough, out-of-door life as trapper and farmer. He served with the Canadian contingent during the Boer war, and believes that the Karoo would suit him. He wants a dry, sunny climate, where living is inexpensive, and does not want to see any more snow. "B." would be glad to know whether the Karoo would be likely to suit his patient, and, if so, how he could go about settling there. His means are limited, and he has a wife and daughter.

### METHYLATED SPIRIT AND ZINC.

"H. M."—We are advised that the addition of zinc sulphate to methylated spirit would interfere with its utility for burning (it would clog the wick and pollute the atmosphere) as well as for a number of other applications. The revenue department concerned with regulations relating to methylated spirit has had before it numerous suggestions embodying a great variety of

ideas. It would willingly adopt a new preventive if it had any advantage over those now in use and introduced no graver objection.

### DIAGNOSIS IN SORE THROAT.

"PERPLEXED" writes: May I be permitted to bring forward a question which undoubtedly has presented itself and caused anxiety at one time or other to every general practitioner—that is, the question of the differential diagnosis between tonsillitis and diphtheria? On being called to a doubtful case of "sore throat," with doubtful origin, showing an inflamed condition of the tonsils, without spots or membrane, what course is to be followed by the practitioner if he wishes to protect himself against charges of professional negligence, carelessness, and unskilled treatment, and yet at the same time give justice to his patient? Some suggest giving antidiaphtherial serum and taking a swab for examination, but should the case really be one of simple tonsillitis and not diphtheria, is it fair to inconvenience the patient with antitoxin? Then, again, should this patient get over this attack and later develop true diphtheria, say, after an interval of ten or twelve days, what about the question of anaphylaxis when a second dose of serum is given on admission to hospital? Others suggest the swab only, postponing the serum until a result necessitating it is obtained, but does not each moment of delay before the pathological examination is complete tend to lessen the chances of recovery should the result give a positive diagnosis of diphtheria? One other course open to the medical man in a case of "sore throat" is to send the patient to hospital as "diphtheria," without injecting or swabbing, but, on the face of it, this is surely wrong unless a definite and correct diagnosis has been given.

### INCOME TAX.

"H. E. B." explains that he is a bachelor and employs a working housekeeper and one maid. He has been refused a deduction on account of the housekeeper.

\*\* The refusal seems justified except for the, presumably, short period of the maid's absence on holiday. "H. E. B." is entitled to deduct as a professional expense only that portion of his wage, etc., expenditure which is incurred in respect of the professional portion of the premises or in waiting on clients.

### Cash Basis.

"INQUIRER" explains that when he purchased a share in a practice some years ago the receipts which came to hand after the change took place were included in his firm's income tax returns, whether they were handed on to the retired partner or not. The same procedure is being followed now that the other partner has been succeeded by a newcomer. Is this correct?

\*\* "Inquirer" may usefully refer to a reply published in our last issue (p. 1036). The procedure is correct, but it should not be regarded as payment by one man of tax on another's income, with a probable *quid pro quo* to follow when the position is reversed. When "Inquirer" included the fees handed on to the outgoing partner in the computation of his firm's liability he did not pay tax strictly in respect of those fees, he included them to obtain a true measure of the earnings of the firm (whether then received in cash or not) for the year of assessment.

## LETTERS, NOTES, ETC.

### HERPES AND VARICELLA.

DR. G. DEERY (Plymouth) writes: I am attending a case very similar to that recorded by Dr. Stansfield (BRITISH MEDICAL JOURNAL, May 24th, p. 944). A man, aged 67, suffering from a severe attack of infraorbital shingles, developed, on the fifth day of his complaint, a well marked chicken-pox rash. This is the first case of this nature which I have seen.

### POST-MORTEM CRYING.

DR. DOUGLAS KERR (Assistant, Forensic Medicine Department, Edinburgh University) writes: With reference to Dr. Veitch's note under the above heading (May 31st, p. 956) he is surely under a misapprehension; there is no such thing as *post-mortem* crying, and his own account proves that in this case the child was living when it uttered the cries. It is not an unusual occurrence, as obstetricians know, for an infant to live for a few minutes after even such a severe injury as that described. In regard to the suggested medico-legal aspect, it is surely evident that if the body of a newly born infant was found the lungs of which were fully expanded with air, and which had severe injuries to the head of such a nature as could not have been produced during birth, the medico-legal examiner would be entitled to conclude that the child had survived its birth and had been "born alive." A mother could not produce such injuries unless the child was outside the maternal passages. If, on the other hand, the injuries were caused by a third party, then the circumstances would show whether they were caused with criminal intent or by a medical man in the legitimate conduct of the case.

### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 33, 34, 35, 38, and 39 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenancies at pages 36, 37, and 38.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 283.