

THE
British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY

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VOLUME I, 1925.

JANUARY TO JUNE.

London :

PRINTED AND PUBLISHED AT THE OFFICE OF THE BRITISH MEDICAL ASSOCIATION,
TAVISTOCK SQUARE, LONDON, W.C.1.

KEY TO DATES AND PAGES.

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THE
British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

SUPPLEMENT

CONTAINING

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MEDICAL BILLS IN PARLIAMENT

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NAVAL AND MILITARY APPOINTMENTS

CORRESPONDENCE, Etc.

VOLUME I, 1925.

London :

PRINTED AND PUBLISHED AT THE OFFICE OF THE BRITISH MEDICAL ASSOCIATION,
TAVISTOCK SQUARE, LONDON, W.C.1.

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THE
British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EPITOME

OF

Current Medical Literature.

JANUARY TO JUNE, 1925.

London :

PRINTED AND PUBLISHED AT THE OFFICE OF THE BRITISH MEDICAL ASSOCIATION,
TAVISTOCK SQUARE, LONDON, W.C.1.

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in contact with dendritic process A. It is conceivable that with a stone of this weight and size a sudden jolt, such as may have taken place on lifting a heavy bucket of water six weeks previously, may have caused the dendrite A, which was sharper and more dependent than the others, to tear the lining of the calyx into which it fitted, and thus to have made an entrance for bacterial infection of the kidney substance. (3) Perforation of the kidney with leakage of urine and formation of abscess within the fatty capsule. (4) Extravasation beyond the fatty capsule with abscess formation and cellulitis of the posterior abdominal wall. (5) Septicaemia.

The photograph (see special plate) is a reduction of one showing the actual size of the stone. Its measurements are as follows: length $4\frac{3}{4}$ in., girth 3 in., circumference $12\frac{1}{2}$ in., weight 1,202 grains ($2\frac{3}{4}$ oz.). It consists of calcium phosphate.

Remarks.

It is instructive to recall with the pathological findings the history and the clinical picture. The total absence of any symptoms, excepting bouts of flatulence, although the stone must have been there for many years; the more acute onset of pain and rigor, corresponding with the invasion of the kidney substance by organisms, and final perforation brought about by the continual pressure of a heavy stone upon an infected and necrosing area; the extension of pain in the back to the anterior abdomen following the spread of infection in the perinephric and iliac cellular tissues; the symptoms of profound toxæmia, especially the vomiting and diarrhoea.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF MEASLES WITH MENINGISM AND SURGICAL EMPHYSEMA.

THE following case of measles, occurring in a child aged $2\frac{1}{2}$, the daughter of a marine stationed at the Depot, Royal Marines, Deal, seems to be worth recording on account of its unusual complications.

After coryza and general malaise for about four days the child became covered with a typical and extremely well marked measles rash; Koplik's spots were present on the gums; the temperature was 102° F., there was slight tonsillar enlargement, and sibilant bronchi were scattered over both lungs. On the following day there was practically no change in the child's condition or in the physical signs, but by the third day her state had become much worse. The temperature was 104° , the respirations 70, and well marked patches of bronchopneumonia were present in both lungs. Persistent cough was present with considerable cyanosis, and symptoms of acute laryngitis were rapidly becoming manifest. Owing to the length of time before the result of a bacteriological examination could be obtained, and in view of the possibility of the laryngitis being diphtheritic, 4,000 units of antitoxin were given at once. Within a few hours there was a distinct improvement in the child's general condition, the temperature had dropped to 99.4° F., and the laryngitis had much improved. The lung condition was unaltered, however, and dyspnoea was still severe.

About this time a general puffiness of the skin of the neck was noticed, which rapidly extended up to the cheeks. On palpation crackling was readily elicited, and suggested surgical emphysema. During the next few days the condition became progressively aggravated until there was marked oedema over the head, neck, chest, abdomen, back, and upper extremities, the skin being raised from half an inch to an inch from the subcutaneous tissues. The patient's condition remained unchanged during the two following days, the temperature fluctuating between 100° and 103° F. The next day I was informed by the parents that the child had been extremely restless all night, and was apparently in great pain. I found marked retraction of the head and neck, with intense photophobia and opisthotonos. On being touched anywhere in the region of the skull the child uttered the piercing, high-pitched meningeal cry. Kernig's sign was strongly marked, no knee-jerks could be elicited, and there was no response to plantar stimulation. The child was semi-conscious, the respirations were 70, and the pulse was practically imperceptible. I decided to perform a lumbar puncture, and the same afternoon withdrew about 15 c.cm. of cerebro-spinal fluid. This was under increased pressure, and was slightly turbid. It was forwarded to a pathological laboratory for examination.

The withdrawal of this fluid had an almost immediate effect: by the same night the patient's condition had definitely improved, full consciousness had returned, and she was able to recognize her parents. The pain appeared much less, and the child did not resent handling. Plantar stimulation was followed by attempted withdrawal of the foot. By the next morning nearly all the meningeal symptoms had disappeared, and the temperature had dropped to 99° F. From this time on the patient rapidly improved and the lung condition began to subside. Within four days the temperature became normal, and the respirations had dropped to 24. The

child is now convalescent and doing well, though slightly irritable in temper. No organisms were recovered from the cerebro-spinal fluid, and a swab from the tonsils was negative for the Klebs-Loeffler bacillus.

With regard to the meningitis, a similar case is reported by Fica¹ in a girl aged 16, but in this case the cerebro-spinal fluid showed no turbidity. I have no explanation of the emphysema to offer, and can only submit the hypothesis that rupture of some air vesicles occurred through constant coughing, permitting air to escape via the anterior mediastinum to the subcutaneous tissues.

I am indebted to the Medical Director-General of the Royal Navy for permission to publish the details of this case.

R. W. NESBITT, M.B.,

Royal Marine Infirmary,
Deal.

Surgeon Lieutenant-Commander, R.N.

CONGENITAL MALFORMATION OF THE DIAPHRAGM.

THE following case illustrates what is, I believe, a very rare condition, and therefore seems to be worthy of record. I recently performed a necropsy on a male infant 11 days old. Its weight at birth was 4 lb. The parents were young and healthy. The child was apparently well nourished; it had been breast-fed and was slowly gaining weight. It had not been examined by a medical practitioner. I found the right lung normal and the heart in the middle of the chest; the left side of the chest contained about half a pint of clear fluid and the left lung was undeveloped. There was a large bulge of about 18 in. of the transverse colon into the lower part of the left side of the chest, above the diaphragm, and pressing against the heart. Several coils of the small intestine were also situated in the chest behind the colon. I found a large, well-defined opening in the diaphragm behind the spleen and just in front of the left kidney; it admitted four fingers. There was apparently no strangulation, since the intestines moved freely in and out of the chest through the opening.

J. GUNN McLANNAHAN, L.R.C.P. and S.I.

Stonehouse, Gloucestershire.

TREATMENT OF PSORIASIS BY PARATHYROID EXTRACT.

IN the BRITISH MEDICAL JOURNAL of April 26th, 1924 (p. 772), there was a note by Dr. Claude Wilson on the treatment of psoriasis by parathyroid extract. I was particularly interested as I have a patient, a man aged 40, who has suffered from psoriasis since the age of 8 years. Various forms of treatment have been used without success. Chrysarobin, however, has never been tried, owing to the fact that the patient is unable to spare the time from his professional duties. He has noticed that from October to March in each year he is more or less free from the condition, whereas from April to September it is always with him.

Treatment by parathyroid extract was commenced on May 1st and continued until the end of August. The dose was $1/10$ grain daily. I regret to say that there was no amelioration in the condition. There was no decrease in the number of lesions, which became redder and more irritable. Large crusts formed on the scalp to a much greater extent than ever before.

I am not suggesting that the disease was aggravated by the treatment, but I could not help feeling disappointed in view of Dr. Wilson's optimistic note.

Holt, Norfolk.

A. S. HENDRIE, M.B.

OVARIAN CYST COMPLICATING LABOUR.

A GOOD many years ago I saw in consultation a primipara who, some days before, had been delivered after a difficult forceps operation. When I saw her the abdomen was distended and she was obviously very ill. The perineum was ruptured into the rectum, from which hung the septic remains of an ovarian cyst wall. The fingers in the vagina passed straight into the abdomen, among the bowels behind the uterus.

I opened the abdomen at once, removed the remains of the cyst, and drained both through the abdominal wall and vagina, after repairing the rent in the recto-vaginal

¹ *Gaz. degli Osped.*, 1923, 464.

septum. The patient rallied from the operation, but died some days later from septic peritonitis.

This case, like that reported by Dr. Gordon Taylor in your issue of December 6th, 1924, emphasizes the necessity of ascertaining the cause of delay before resorting to forceps. With an anaesthetized patient one may easily invoke the catastrophe of Dr. Gordon Taylor's and my own case.

Penrhyn Bay, Llandudno.

NORMAN PORRITT.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

CAMBRIDGE AND HUNTINGDON BRANCH.

AN APPARENT CASE OF HOUR-GLASS STOMACH.

At a combined meeting of the Cambridge Medical Society and the Cambridge and Huntingdon Branch of the British Medical Association, held at Addenbrooke's Hospital on December 5th, 1924, the following notes on a case of apparent hour-glass stomach were contributed by the President, Dr. J. R. GARROOD.

The congenital form of hour-glass stomach, which this case resembles, is referred to in the textbooks, but on examining the literature it appears to be a vanishing condition, due, I think, to more accurate diagnosis.

Saake (1896),¹ in the case of a female aged 67, states that the hour-glass contraction was obviously of congenital origin, while in the pyloric portion a large cancerous growth was discovered.

Rokitanski (1859)² mentions rare congenital malformations in which an annular contraction divides the stomach into a cardiac and pyloric portion or into three or four sacculated divisions.

C. F. Martin (1908)³ thinks that in the specimen in McGill Museum from an infant the condition is so marked as to leave no room for any conclusion but that it is congenital; but, speaking of pylorospasm, he states that fixation in the contracted condition may take place at death in one phase of digestion.

Adami and McCrae (1914)⁴ mention occasional cases of congenital hypertrophy of the mid zone of muscle, but Moynihan denies the existence of the condition.

The specimen here described was taken from the body of a male child which lived seven weeks. The mother was 47 years old; the labour was uncomplicated. The patient was the eighth child (the other children are normal); he weighed 7 lb. at birth and was breast-fed; he cried a good deal and vomited from the first; no treatment benefited him. The amount of vomit was estimated to be about as much as he took; it was yellow or brown; he also brought up wind which was offensive.

After the meconium but little faeces was passed, and that which came was described as looking like a worm; not much urine was passed. The upper abdomen was rather swollen. The patient wasted and died in seven weeks. On opening the abdomen a reversed S (2) shaped organ appeared, and apparently consisted of a double stomach. The upper and right limb of the S was directed backwards, its plane being nearly at right angles to the lower curve.

I removed the stomach and intestines, and wish now I had taken the liver and pancreas as well. On opening the organ both cavities were found to contain milk. The opening between the two admitted a wooden match. The cavities were of about the same size, and I thought I had a perfectly good hour-glass stomach. I removed a small piece of tissue from the junction piece, sections from which were examined under the microscope.

On further consideration I have come to the conclusion that the second sac is really the first and second parts of the duodenum, for the entrance to the common bile duct is found in it. The microscopical structure at the point of junction of the two sacs is similar to that at the pylorus, as is the macroscopic appearance, while the lower end of the second sac has no resemblance to it. If this is so, we have a dilated and hypertrophied duodenum brought about by an almost complete occlusion just below the entrance of the bile duct. This could not have been complete, for the infant lived seven weeks, but was very nearly so, as the patient starved to death, and the intestines are nearly empty; presumably seven weeks, even under bad conditions of nourishment, was sufficient time for the enlargement to take place.

In Green's *Encyclopedia*⁵ it is stated that duodenal occlusion

occurs just above the entrance to the bile duct, and is due either to a membrane or to gradual narrowing. The vomit is not bile-stained, the bowels act several times after birth, and death occurs in one to eleven days. Obviously the occlusion in my case does not quite correspond with this account.

The specimen shows a stomach 14 cm. along its greatest curvature, with walls from 2 to 3 mm. thick, and, I believe, a normal pylorus—at all events it was patent, and the second cavity contained milk. This is followed by a sac 8.5 cm. along its greatest curvature, with walls of the same thickness as the stomach. They show plicae circulares within, and there is no mesentery; a bristle has been passed through a short piece of the portal vein behind. At the intestinal end of this sac is a transverse partition, and on the upper surface of this is a small opening, which on passing a bristle is found to lead to a vessel which I believe to be the common bile duct. The first part of the duct passes in the wall of the septum, and was so thin that it broke away, but the track can be seen in its substance beneath the bristle. A narrow opening can be made out in the septum near the posterior and inner wall. The intestine which immediately succeeds this partition appears quite normal. The sections show the thickened portion at the pylorus followed by the thinner first part of the second sac or duodenum. There is a gradual transition from pyloric glands to Brunner's glands and villi; the difference between these is never very marked, and I suppose would be even less obvious in an infant.

Reports of Societies.

RHEUMATOID ARTHRITIS.

At meetings of the Royal Medico-Chirurgical Society of Glasgow on December 5th and 12th, 1924, the President, Professor ARCHIBALD YOUNG, in the chair, a discussion was held on rheumatoid arthritis.

Professor R. STOCKMAN described rheumatoid arthritis as being probably a group of closely allied microbic diseases, such as chronic articular rheumatism, chronic rheumatic arthritis, chronic fibrous rheumatism, chronic villous polyarthritis, nodose rheumatism, rheumatic gout, atrophic arthritis, Still's disease, and chronic infectious arthritis. The clinical course and morbid anatomy marked it as a bacterial infection of low virulence, but of extreme chronicity. As a rule, no organism could be found in the areas affected or in the blood, but in a very small number of cases bacilli, diplobacilli, cocci, diplococci, and streptococci had been isolated from the joints. There were probably several different causal organisms, and this belief was supported by the considerable clinical and anatomical differences in individual cases. Whether all cases were due to the same organism or to various different organisms the broad results for the patient were the same. The white fibrous tissues of the locomotory system of the body were the sites of attack, and essentially and in the beginning the disease was a fibrositis, with proliferation and increase of the affected fibrous tissue structures. There was never any suppuration or local emigration of polymorphous leucocytes. Chronic hydrarthrosis of one joint was probably its mildest form, and from this there were all grades of severity up to polyarthritis with high fever. The disease usually began insidiously in the small joints and progressed with little constitutional disturbance; less often it began in the large joints with more acute systemic symptoms. Ultimately in all cases it presented the general clinical aspect of a low chronic septic infection. It must be regarded as a very general infection and not merely as an arthritis. In all cases the fibrous tissue of the muscle, aponeuroses, fasciae, and panniculus adiposus were more or less deeply involved and inflamed. In the joints the fibrous tissue of the synovial membrane and capsule were primarily affected. The cartilage and bone were not primarily involved, but as the influence of disuse, muscular contractures, and other changes came into play the bone became thinned and atrophied, the cartilage rough or ulcerated, the fibrous capsule contracted and hardened, and ultimately a fibrous or a bony ankylosis might result.

The focus of infection could only very rarely be identified with certainty. It was possible that in many cases the original focus had disappeared before the patient came under observation, and one joint might remain as a reservoir

¹ Saake (1896): *Med. Annual*, 1896, p. 539.

² Rokitanski (1859): *Path. Anat.*, Syd. Soc., p. 23.

³ C. F. Martin (1908): *Osler's Modern Medicine*, vol. v, pp. 203 and 304.

⁴ Adami and McCrae (1914): *Textbook of Pathology*, p. 626.

⁵ Green's *Encyclopedia of Medicine and Surgery*, vol. 4, p. 513.

Universities and Colleges.

UNIVERSITY OF LEEDS.

HONORARY DEGREES.

THE celebrations in connexion with the jubilee of the Yorkshire College of Science and the coming of age of the University of Leeds were described in our issue of last week, and it was mentioned that the University had taken the opportunity of conferring honorary degrees on a number of distinguished persons, including the Earl of Balfour, Chancellor of the University of Cambridge; Sir Michael Sadler, formerly Vice-Chancellor of the University of Leeds; Sir Berkeley Moynihan; and Dr. J. E. Eddison, formerly professor of medicine in the University.

In presenting Sir Berkeley Moynihan, the Vice-Chancellor recalled that he had been a student of the Leeds School of Medicine, that he had been connected with Leeds General Infirmary during the whole of his professional life, and that he had been elected in 1909 to the chair of clinical surgery. It had been Sir Berkeley Moynihan's privilege and pride to enhance the prestige of the school. During the great war he had been consulting surgeon to the Northern Command, and chairman of the Army Medical Advisory Board (an office he still retained). His office as teacher of surgery had enabled Sir Berkeley Moynihan to bring into play the magnetism of a rare personality, stimulating, suggestive, inspiring, vigorous, and lofty-minded. He had insistently urged upon his students that the first duty of a surgeon was to make use of every available source of knowledge to place the patient in the right position for recovery. His brilliant technique, his imaginative resourcefulness, his splendid courage, his delicate manipulative power, were the admiration of his professional brethren.

In presenting Dr. J. E. Eddison (who was not able to be present), Professor Wardrop Griffith said that the name of Emeritus Professor John Edwin Eddison would always be remembered by those who had watched the development of the University of Leeds. He had been a member of the council of the Yorkshire College from its earliest years; he had succeeded Sir Clifford Allbutt as professor of medicine, and he had taken a great part in the work of the Leeds Literary and Philosophical Society; he had also for some years been its president. Between that society and the University there had always been a close connexion. Dr. Eddison had served on the full staff of the General Infirmary from 1871 to 1892, and during all that time was actively engaged in teaching. As a teacher he was critical and suggestive rather than merely didactic, and probably the full and true value of his teaching was appreciated by his pupils only after they had been some years in practice.

UNIVERSITY OF DURHAM.

AT the convocation held on December 20th, 1924, the following degrees were conferred:

M.D. (for Practitioners of Fifteen Years' Standing).—P. Henderson, E. G. D. Milson.

M.B., B.S.—Elizabeth M. Anderson, S. Annecke, Kathleen A. M. Ayton, Dorothy I. Brown, A. H. F. Cole, J. Davis, W. H. Denholm, C. F. Fairlie, J. Farnham, Bertha Flintoff, D. R. C. Grey, J. B. Hartley, R. E. Holme, H. V. Ingram, A. G. Ogilvie, F. P. Rust, J. Stokoe.

UNIVERSITY OF ST. ANDREWS.

A MEETING of the Senate was held on December 20th, 1924, when Dr. W. L. Burgess and Dr. David Lennox were appointed Lecturers in Public Health and Forensic Medicine respectively. Professor E. P. McLoughlin, Professor of Anatomy, University College, Dublin, was appointed an additional examiner in anatomy for graduation in arts, science, and medicine, and Dr. Alexander Trotter (Perth) an additional examiner in surgery for the Diploma in Dental Surgery.

QUEEN'S UNIVERSITY, BELFAST.

AT the meeting of the Senate on December 23rd, 1924, Sir William Whitla, M.A., M.D., D.Sc., was appointed Pro-Chancellor, Dr. John A. Milroy was appointed "J. C. White" Professor of Biochemistry, and Dr. Victor D. Allison "J. C. White" Lecturer in Bacteriology.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following candidates have been approved at the examinations indicated:

PRIMARY FELLOWSHIP.—J. J. Walsh.

FINAL PROFESSIONAL FELLOWSHIP.—R. H. J. M. Corbet, G. E. Strahan, and W. E. C. Wynne.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FINAL PROFESSIONAL EXAMINATION.—J. J. Bourke, A. F. Cook, T. F. Crean, T. A. Cronhelm, J. Dalrymple, E. J. A. Dougan, Mary J. Fagan, E. M. Finegan, E. C. Grey, T. T. Joyce, C. Keating, M. G. Kelly, A. B. Kennedy, Wilhelmina C. Maguire, J. C. Murphy, Mary J. McDermott, Mary E. Nelson, T. J. O'Connor, C. R. A. O'Riordan, A. Owen Flood, J. H. Owen-Flood, P. C. Raftery, T. C. Studley, R. Taylor, T. W. Wilson.

D.P.H.—Rosaleen H. Hoskin, Kathleen O. M. Kennedy, J. F. O'Connor, M. Sayers.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—A. H. Allam, D. T. Jenkins, A. Mishriky (Section I), J. Wilson.

MEDICINE.—S. W. Cuff, D. T. Jenkins, T. McD. Kellough, F. R. Ratnagar, C. C. Taffs, R. D. M. Tims.

FORENSIC MEDICINE.—C. L. Copeland, T. G. L. Davies, R. Norrie, K. Samaan, P. B. Skeels, W. T. Swanton, C. C. Taffs, R. D. M. Tims, C. W. Warne.

MIDWIFERY.—W. T. Swanton.

The diploma of the Society (L.M.S.S.A.) has been granted to Messrs. K. Samaan, W. T. Swanton, and R. D. M. Tims.

Medical News.

AS will have been seen in the newspapers this week, Dr. C. Courtenay Lord showed much courage and resource in his efforts to rescue a party of motorists whose car fell into the river Onny, near Craven Arms, in Shropshire, during the Christmas holidays; he succeeded in saving the lives of two people, and with great difficulty pulled a third (who died later) out of the flooded river. Dr. Lord is Assistant Medical Secretary of the British Medical Association.

THE arrangements for the next social evening, on January 19th, of the Royal Society of Medicine have been altered. The guests will be received by the President, Sir StClair Thomson, at 8.30 p.m., and at 9.30 Miss Lena Ashwell will give an address entitled "The Drama as a Necessity of Civilized Life."

REGULAR interchange of information is a notable feature of modern effort to control infectious disease. In England, for the use of medical officers of health and all others interested, the Registrar-General issues weekly and quarterly returns. There is, besides, for the confidential guidance of port health officers, a weekly record of infectious diseases at ports at home and abroad. Recently we called attention to the international action taken by the League of Nations in publishing annual reports of infectious diseases in many lands in every quarter of the globe, as exemplified in the volume for 1923. But note should also be taken of the monthly issue of similar reports in French and English. These contain in addition to tables of statistics, charts, etc., a general summary calling attention to the salient features of disease prevalence; the reports are on sale by authorized agents throughout the world. For Britain the agents are Constable and Co., Ltd., 10 and 12, Orange Street, London, W.C.2. The annual subscription is 10s., and the price per number is 1s.

AT the general meeting of L'Union des Syndicats Médicaux de France, held at the end of November, 1924, it was decided after a long discussion that the co-operation of the Syndicats Médicaux with the proposed insurance legislative measures would only be possible if the following conditions were accepted: Free choice of doctor, and strict professional secrecy; fees payable on a basis of visits, either according to a tariff regulating the financial responsibility of the State, but not limiting the actual amounts chargeable, or by arrangement between the medical practitioner and his patient, possibly in accordance with some agreement between the medical associations and the Government. With reference to the proposed new taxation a resolution was adopted that the medical practitioner should not be assessed on his apparent income without regard to his expenses; and that no new tax should be imposed on sickness by classifying medicinal preparations as luxuries. It was added that the medical staffs of hospitals should not be taxed.

THE late Lord Abercrombie, who was himself a distinguished authority on prehistoric archaeology, bequeathed to the University of Edinburgh a sum of £17,000 to found a chair in that subject. He also bequeathed to the University certain books to form the nucleus of a special section of the library, together with any other of his archaeological and anthropological books and photographs that the library committee of the University might select.

THE seventh Congress of the International Society of Surgery will be held in Rome from April 7th to 10th, 1926, when the following subjects will be discussed: Radium therapy of cancer of the uterus, treatment of cerebral tumours, surgery of the spleen, abscess of the liver, remote results of the treatment of Jacksonian epilepsy. Further information can be obtained from the Secretary, Dr. L. Mayer, 82, Rue de la Loi, Brussels.

THE new medical school building attached to the Hanchow Mission Hospital, which was opened at the beginning of October, 1924, is a combination of Chinese and foreign architecture, and provides an educational establishment on the most modern lines. On the ground floor is a large assembly room, four smaller lecture rooms, three laboratories

for physics and chemistry, and a museum. On the first floor there are two more lecture rooms, accommodation for the medical staff, and laboratories for biology, histology, and pharmacology, together with a library and reading room. The pharmacology laboratory contains two lines of steel drums, driven by an electric motor, for recording muscular action. The third floor of the building provides dormitories for seventy-five students, and there is additional accommodation in the old building for sixty. The old building also has a lecture hall for seating 1,000 students, and is fitted with a cinematograph. The medical school is attached to a hospital containing 500 beds and dealing with nearly 40,000 patients annually.

THE Joint Nursing and Midwives' Council of Northern Ireland, being about to revise its list of examiners, invites applications from registered medical practitioners, including women, who would be willing to act. Particulars can be obtained from the Registrar, 118, Great Victoria Street, Belfast, to whom applications should be sent not later than January 15th.

THE Harben Lectures of the Royal Institute of Public Health will be delivered at its house (37, Russell Square, London, W.C.) by Dr. Edgar L. Collis, professor of preventive medicine in the University of Wales. The subject of the course is phthisis and industrialism (national and occupational), with reference to other infectious diseases. The lectures will be given on January 26th, 27th, and 28th at 4.30 p.m. on each day. The lectures are open to the public.

POPULAR science lectures in aid of King Edward's Hospital Fund (7, Walbrook, E.C.4) will be delivered during the first three months of 1925, at various centres in London. The lectures will deal chiefly with scientific discoveries and achievements in recent years in the departments of biology, physics, chemistry, and physiology; they will be illustrated by experiments and demonstrations, or by lantern slides.

A SESSIONAL meeting of the Royal Sanitary Institute will be held at the Town Hall, Newcastle-on-Tyne, on Friday, January 16th, when, with Professor H. R. Kenwood, C.M.G., M.B., in the chair, a discussion on maternity and child welfare practice will be opened in critical papers by Dr. A. F. G. Spinks and Mr. H. Harvey Evers, M.S., F.R.C.S., at 4 p.m. Other papers will be read in the evening. On Saturday visits will be paid to the maternity and child welfare centre, to a maternity hospital, to a model dairy, and to the new public baths.

A HOSPITAL, health, nursing, and midwifery exhibition and conference will be held at the Central Hall, Westminster, from April 20th to 24th. The railways have consented to issue tickets at the single fare and a third for the return journey. Further particulars can be obtained from the Organizing Director, 12B, Belsize Park Gardens, London, N.W.3.

THE issue of *Nature* for this week (January 3rd) will contain an article by Professor E. H. Starling on the scientific work of Professor I. P. Pavlov. It will be accompanied by a photographic plate portrait suitable for framing.

NEW YEAR HONOURS.

THE New Year's honours list contains the following names of members of the medical profession:

K.C.V.O.

HENRY JOHN FORBES SIMSON, M.B., C.M., F.R.C.S.Ed., Surgeon to the Hospital for Women, Soho Square, and Obstetric Surgeon to the West London Hospital.

Knighthood.

JOHN CAMPBELL, M.Ch., F.R.C.S., LL.D., Senior Surgeon to the Samaritan Hospital for Women, Belfast, and the representative of Queen's University in the Northern Ireland Parliament.

FREDERICK GOWLAND HOPKINS, D.Sc., M.B., F.R.C.P., F.R.S., Professor of Biochemistry in the University of Cambridge.

THOMAS MORISON LEGGE, C.B.E., M.D., Senior Medical Inspector of Factories, Home Office.

HOLBURN JACOB WARING, C.B.E., M.S., F.R.C.S., Senior Surgeon, St. Bartholomew's Hospital, and Vice-president of the Royal College of Surgeons of England; Vice-Chancellor of the University of London, 1922-24.

Major-General ROBERT CHARLES MACWATT, C.I.E., M.B., F.R.C.S., Director-General Indian Medical Service.

FREDERIC TRUBY KING, C.M.G., M.B., Director of Child Welfare, New Zealand Department of Health.

D.B.E.

Miss LOUISA B. ALDRICH-BLAKE, M.S., M.D., Dean of the London School of Medicine for Women.

C.B. (Military).

Major-General S. F. ST. DAVIDS GREEN, C.B.E., M.D., D.D.M.S., Western Command, India.

Major-General H. J. K. BAMFIELD, D.S.O., I.M.S., D.D.M.S., Eastern Command, India.

C.M.G.

W. J. J. ARNOLD, M.B., Colonial Surgeon, St. Helena.

C.I.E.

Colonel C. H. BENSLEY, I.M.S., Inspector-General of Civil Hospitals and Prisons, Assam.

Lieut.-Colonel E. C. G. MADDOCK, I.M.S., late Civil Surgeon, Poona.

Lieut.-Colonel J. C. S. VAUGHAN, I.M.S.(ret.), Superintendent Radium Institute, Ranchi.

Kaisar-i-Hind Medal.

S. C. HORMUSJI, M.D., First Assistant Health Officer, Bombay.

HENRY T. HOLLAND, M.B., F.R.C.S.Ed., Medical Officer of the Church Missionary Society, Baluchistan.

Mrs. GRANT STAIT, M.D., American Baptist Mission, Udayagiri.

Other birthday honours of interest to the medical profession are the Order of Merit awarded to Sir James Frazer, author of the *Golden Bough*, and to Sir Ernest Rutherford, pioneer investigator of radio-activity and the constitution of the atom; and the knighthoods conferred on Mr. W. B. Hardy of Cambridge, Secretary of the Royal Society, and on Mr. Edmund Gosse, who delivered the first Lloyd Roberts Lecture at the Royal College of Physicians, on personal relations between medicine and literature (BRITISH MEDICAL JOURNAL, November 24th, 1923, p. 959).

Letters, Notes, and Answers.

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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.

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QUERIES AND ANSWERS.

INCOME TAX.

Cost of Repairs and Improvements.

"H. G. S." inquires: Can I deduct the cost of doing up my treatment rooms, such as laying new floors, putting up partitions, and the cost of electrical instruments?

** The same principle governs both classes of expenditure—namely, that the cost of improvements or of adaptations for special purposes represents capital outlay and cannot be deducted for income tax purposes. But in so far as the expenditure covers ordinary repairs it is deductible—for instance, if the floor in question was in such a condition as to make it advisable to replace it, then the cost of putting in the same sort of floor would be allowable, but not any extra expense incurred because a different or improved form of flooring was desired; similarly the cost of installing an electrical equipment is not allowable, but the expense of maintaining the apparatus in working order is deductible.

AGED BLIND.

"H. R."—Information regarding institutions where aged blind may be received into residence may best be obtained by application to the Secretary of the National Institute for the Blind, 24, Great Portland Street, London, W.1. The activities of the institute cover all parts of the country; it has local agencies and works in association with local societies for the blind. Since the inquiry comes from Buckinghamshire, communications might also be made to the Secretary of the Buckinghamshire Association for the Blind, Lindford Hall, Wolverton.

TREATMENT OF GOITRE BY IODINE.

DR. G. W. JOSEPH (Prestatyn, North Wales), in reply to Dr. McAskie (December 27th, 1924, p. 1216), writes to say that he has supplied details to all medical practitioners who have made personal application to him.