

from February 15th to 29th. Infected mosquitos were fed on February 20th, and thus 60 grains were given before the infection and 90 grains after. No pyrexia followed, but the blood showed scanty parasites from March 14th for a few days, thereafter becoming negative. On April 23rd parasites again found. From April 23rd to 25th quinine sulphate, 30 grains daily, was given. On May 24th an intramuscular injection of 2 c.cm. of infected blood was given, but no infection followed, the blood remaining negative.

CASE II.

The patient gave a history of malaria previously. On August 23rd, 1924, an intramuscular injection of 2 c.cm. of infected blood was given. No pyrexia followed, but the blood became scantily positive from September 2nd to 6th; thereafter it was negative. On September 16th the patient was again inoculated intramuscularly with 2 c.cm. of infected blood. The blood became positive from September 20th to 27th, but there was no temperature. On December 7th, 9th, 12th, and 15th intramuscular injections of 1 c.cm. of adrenaline were given, and on December 10th 1 c.cm. of milk. The blood continued to be negative until December 15th, when two infected cells were found in the blood film.

CASE III.

The patient was infected with mosquitos on November 23rd, 1923; double tertian infection followed; he was allowed to have twelve rigors. Quinine sulphate, 30 grains daily, was given from December 23rd to 25th. As there had been little mental change an attempt was made to reinfect on July 20th by intramuscular injection; no temperature followed, but the blood was positive from August 1st to 4th; after that it was negative. Even here, however, the parasites appear to have become resistant to the immune body, for there was relapse with parasites in the blood from August 24th to 30th, but no temperature.

SUMMARY.

1. The malaria treatment of general paralysis is justifiable and hopeful, provided the patients are in fair physical health. The earlier the case the better the prognosis. The treatment is contraindicated where the patient is likely to have a fatty heart or where there is poor physical health. It may be added that the administration of strychnine, with digitalin or strophanthin to steady the heart, is advisable and helpful, especially during the later pyrexial attacks.

2. Relapses of malaria do occur, but practically only in mosquito-infected cases.

3. Compared with infection by the inoculation of trophozoites, it would appear that infection by the sporozoites from the mosquito produces a parasite which readily becomes resistant to the immune body, and thus relapses frequently occur.

4. A previous attack of malaria would appear to induce partial immunity; although scanty parasites appear in the peripheral blood, there is no rise of temperature.

I wish to thank Professor Warrington Yorke for providing the infected mosquitos and for his encouraging advice; Dr. G. A. Watson, pathologist to Rainhill Mental Hospital, for assistance with the biochemical tests; and Dr. F. M. Rodgers, medical superintendent of Winwick Mental Hospital, for permission to publish these notes, and for his kindly supervision and guidance.

REFERENCES.

- ¹ Wagner-Jauregg (1922): *Journ. Nerv. and Ment. Dis.*, vol. lv, p. 369.
- ² Mühlens (1920): *Arch. f. Schiffu. u. Trop. Hyg.*, vol. xxiv, p. 173.
- ³ Kirschbaum (1922): *Zeit. f. d. gesamte Neuro-Psychiatrie*, 75.
- ⁴ Grant and Silverston (January, 1924): *Journ. Ment. Sci.*, pp. 1-8.
- ⁵ Yorke and Macfie (May, 1924): *Trans. Roy. Soc. Trop. Med. and Hyg.*, vol. xviii, Nos. 1 and 2.

CONGENITAL NYSTAGMUS.

BY

T. STENNER EVANS, M.B., B.S.LOND., D.P.H.,
FOCHRIW, GLAMORGAN.

THE occurrence of congenital nystagmus is sufficiently uncommon to justify the record of a series of cases in a single family in which the condition appears to be hereditary.

A woman, aged 55 years, recently consulted me about her eyesight. She had marked nystagmus of the lateral movement type, without rotary movements of the eyeballs or spasm of the eyelids. Her optic discs were pale, but beyond a moderate degree of presbyopia there was no visual defect. The woman volunteered the information that her father and grandmother (both of whom she remembered well) had always suffered from a similar condition. The patient had six children—five daughters and one son. Of these children, the son suffered from marked nystagmus, but with the exception of one of the daughters (who suffered from slight nystagmus) the female children showed no trace of the condition. The son married recently, and his young

daughter has nystagmus. Hence it can be seen that in five generations of this family nystagmus makes its appearance, and is transmitted through both male and female members of the family. I cannot recall any instance of an abnormal condition transmitted so definitely both by male and female. In haemophilia, and in the muscular dystrophies, transmission of these diseases is through the female to the male, the female very rarely suffering from the condition.

Some points of general practical interest also arise in this connexion. Some time ago a coal-miner suffering from nystagmus endeavoured to establish a claim for compensation on the ground that his nystagmus was due to his occupation. It was subsequently discovered, however, that at an early age the patient had been seen by the surgeon who was now examining him for compensation. The surgeon's notes showed that the patient had suffered from nystagmus, which had manifested itself at an early age, before he entered a coal-mine. Hence the claim for compensation failed.

During the recruiting days of 1916 one of the male members of the family whose history I have outlined was called up by the army authorities for examination as to his fitness for service. The examiner noticed that the man had nystagmus, so in view of the man's statement that he was a coal-miner he told him that he was unfit for service. A careful examination, however, would easily have excluded miner's nystagmus, for apart from the movements of the eyeballs and slight nodding spasm there were no other signs to justify this diagnosis.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

GREEN TEETH FOLLOWING PROLONGED
JAUNDICE IN INFANCY.

THE occurrence of green teeth following jaundice in infancy is so rare that the following case is worth recording.

History.

Caroline F. is now 2 years and 4 months old. She was born at full term after a normal labour. The mother, now 39 years old, enjoyed good health during the pregnancy and had no illnesses or fevers of any kind; she has had no miscarriages. The father is 44 years old, and is well. There are three brothers (aged 24, 18, and 14), and three sisters (aged 20, 8, and 4), alive and well; none of these children showed jaundice at any time. One sister (the third child) died when a week old; it suffered from imperforate anus, which apparently could not be relieved; it was not jaundiced. There is nothing else noteworthy in the family history.

C. F. was born jaundiced—"as yellow as a duck's foot" the mother said; the skin of the whole body and limbs was coloured yellow, and so were the sclerotics. The jaundice continued to be intense and quite constant for three months, then it became gradually less, but it had not entirely disappeared until the child was 7 months old. All this time the child was "fairly well in itself." The motions (two or three a day) were green, loose, and slimy for six months. The child for six months was given a grey powder each day. All that the mother can tell about the urine is that it stained the clothes a deep yellow for several months. The umbilical area was "septic" for three weeks after separation of the cord. At birth the child weighed 5½ lb., and it regularly increased in weight, so that at 8 weeks it weighed 8½ lb., at 24 weeks 13 lb., and at 1 year 21 lb. It was never at the breast, but was fed on cow's milk (diluted suitably) until it was 9 months old, and thereafter there were the usual additions to its dietary.

With the exception of the prolonged jaundice and "a slight bronchitis every time she cut a tooth," the child has had no illnesses of any kind. The first tooth, a lower incisor, was cut at 9 months, and teeth appeared regularly after that in this order: lower central incisors, lower lateral incisors, upper central incisors, upper lateral incisors, first molars, then, at 2 years, the lower canines, and lastly the upper canines (not yet fully erupted). The first tooth "came in green," and all the others have done the same.

Condition on Examination.

The child is well developed and well nourished, and weighs 28 lb. There is some rickety thickening of the bones about the wrists and ankles; otherwise the chest and limbs are well formed. Nothing abnormal was found on examination of lungs, heart, nervous system, or abdomen. The spleen is not palpable. The liver edge can just be felt at the costal margin. The urine and stools are normal. No jaundice is now present. Mentally the child is normal. The Wassermann reaction is negative.

I am indebted to Dr. Crombie, dental surgeon to the hospital, for the following report on the teeth: "The temporary teeth are stained green, to the extent of the whole of the crown of the central incisors, about three-quarters

of the crown of the lateral incisors, a good tip of the cutting edge of the canines, and fully half of the crown of the first molars. The second molars are not erupted. I think the staining is confined to the dentine, as the enamel at the cutting edges of the incisors seems to be free of stain. Still, it is quite possible that there is some staining of the enamel, and it will be interesting to see if this is so, or not, when you get sections, some years hence, of a shed tooth. The staining approximates very closely to the amount of dentine that has been formed at the period just after birth."

JOHN CRAIG, M.B., Ch.B.,
Assistant Physician, Royal Aberdeen
Hospital for Sick Children.

NASAL DIPHTHERIA.

I HAVE recently been impressed by the large number of cases of nasal discharge which I have seen at the Birmingham Children's Hospital, in which nasal swabs have yielded the Klebs-Loeffler bacillus. These cases rarely exhibit general symptoms. The nasal discharge is usually bilateral, but in at least two cases it was unilateral.

There seems no particular characteristic whereby the disease can be recognized clinically. In no case have I noted a definite membrane on the nasal mucous membrane, though in two cases the nasal pus was coagulated, and in two others coagulated with blood. The other cases resembled chronic purulent rhinitis.

The importance of the condition seems to me to be twofold:

1. It is unwise to operate for tonsils and adenoids in ignorance of the nasal condition.
2. These cases are diphtheria carriers, and may be contributory to the prevalence of diphtheria at the present time.

Birmingham.

F. D. MARSH, M.B., B.Ch., F.R.C.S.

SHOCK DOSES OF *B. COLI* VACCINE IN EXOPHTHALMIC GOITRE.

THE following notes are founded upon eighteen cases of exophthalmic goitre treated with shock doses of *B. coli* vaccine. The dose was 500 million. No case required more than six injections, which were given every seven days. At first patients were kept in bed for four weeks. Later this proved unnecessary, except in severe cases. Every patient had the classic symptoms. The benefit from the vaccines persisted long after the cessation of the injections. In nearly every instance *B. coli* were found in the urine. Every case resulted in cure. The vaccine treatment of simple goitre, in my hands, proved to be less successful. Four cases of exophthalmic goitre and one of simple goitre in a dog call for comment.

Case 1.—A lady who had lost 4 st. in weight and had been in bed for ten weeks was (1913) given an injection; three or four days later the pulse had fallen from 160 to 100. Six injections sufficed for recovery. To-day she is in perfect health.

Case 2.—This patient, in addition to exophthalmic goitre, had bacilluria, pyuria, and an infected right kidney. Her first symptoms calling for medical advice were those of appendicitis. After fourteen weeks in bed convalescence was complete.

Case 3.—In this instance the vaccine always caused a local reaction in the thyroid gland.

Case 4.—This patient had been treated by several physicians by, among other remedies, x rays. Six injections removed all nervous symptoms, with a gain, in twelve months, of 2 st. in weight.

The object aimed at was to produce a slight and fleeting pyrexia. On one occasion a dose of 1,000 million produced pyrexia of 102° to 103° for three days. This served no useful purpose; 500 million proved both safe and satisfactory.

The following instance of simple goitre in a dog is not without interest.

A spaniel was brought to me with a thyroid enlarged to the size of a lemon, which was causing dyspnoea. After a first injection of 250 million the swelling was reduced in a fortnight to the size of a Tangerine orange. After a further injection of 500 million the tumour in another fortnight was the size of a walnut. No more injections were given, and in eight weeks from the start there was no sign of the swelling. A year later the dog remains in perfect health.

Such a result does not point to a specific effect of the vaccine; rather does it indicate an alteration of the metabolic balance, the difference between health and disease. The following case points to a specific effect.

A girl, aged 14, with endocarditis and pericarditis, had been given the usual remedies, and also rheumatic vaccine. No effect was produced on the pyrexia; the urine contained *B. coli*. She was given 250 million *coli* vaccine. In three days the temperature dropped to normal, though it rose again at the end of another four days to the old condition of 102° to 103.5°. After injection of 500 million the temperature fell to normal for seven days. Thereafter weekly injections prevented pyrexia and brought about gradual convalescence.

Formby, Lancs.

ARTHUR C. WILSON, M.B., Ch.B.

ACUTE CALCULOUS CHOLECYSTITIS AND MALIGNANT DISEASE.

As the carcinomatous condition in the following case was not apparent at the time of operation, it lends support to the opinion that cholecystectomy is the operation of choice for cholecystitis rather than drainage of the gall bladder; had the gall bladder not been excised the malignant condition would not have been detected.

A married woman, aged 60, was admitted to hospital on January 13th suffering from acute epigastric pain and vomiting. Both recti were rigid, particularly the upper half of the right, and the whole abdomen was tender. The maximum tenderness was over the gall bladder. Acute cholecystitis was diagnosed and laparotomy decided upon.

The gall bladder was explored through an incision splitting the upper fibres of the right rectus. She had suffered from previous attacks of a similar but milder nature, and this was apparent during the operation by the numerous adhesions around the gall bladder. When exposed the latter was found to be acutely inflamed, but small and very hard. The liver appeared normal. Cholecystectomy was performed, working from the fundus towards the cystic duct. The fossa was drained for forty-eight hours. She made an uninterrupted convalescence, and was discharged from hospital within three weeks of her admission.

Examination of the gall bladder after removal showed that it was acutely inflamed and contracted upon its contents, five mulberry-shaped calculi. These were not faceted, were about the size of peas, and mottled brown and white. In addition to the calculi, and lying near the fundus of the gall bladder, was a hard patch which cut like an unripe pear. This was thought to be carcinomatous, and histological investigation verified this assumption.

I am indebted to Dr. J. T. Bailey for permission to record this case, also to Dr. Norman Kletz, pathologist to this hospital, and to Dr. David Greig, conservator of the museum of the Royal College of Surgeons of Edinburgh, for kindly reporting on sections made of the hard area. Their reports agree that the hard area is a carcinoma.

This case appears to be of interest, in the first place, because it affords another instance of the association of gall stones with cancer of the gall bladder; secondly, because such an association, although undetected at the time of the operation, amply justified the performance of cholecystectomy; and thirdly, because the possibility of such association adds to the mass of evidence in support of cholecystectomy, as opposed to cholecystostomy, in the treatment of acute cholecystitis.

Stockport Infirmary.

LAMBERT ROGERS, F.R.C.S. Edin.

A CASE OF TRUE EPISPADIAS.

A BOY, aged 15, was sent to me by Dr. Hornsby of Greenock. The patient's general development, both physical and mental, was rather below par. The penis was little more than an inch in length, but, except for the deformity and absence of the prepuce, was otherwise well developed and of fully normal diameter. The glans was well formed, and the ventral median raphe clearly defined, as it appears after circumcision. Thus there could be no question as to which was the dorsal and which the ventral aspect of the penis, and it was therefore clear that the penis was not twisted, and that the cleft was definitely on the dorsal aspect, from which it extended downwards, between the corpora cavernosa, to the position of the urethra. The cleft was deep and narrow, and ran from the normal urethral orifice, backwards through the dorsal aspect of the glans, to near the root of the body of the penis.

A simple flap operation was easily performed, and was entirely successful in removing the deformity and in forming the urethra.

JOHN A. C. MACEWEN,
Surgeon, Royal Infirmary, Glasgow.

the Egyptian medal and the Khedive's bronze star; in the campaigns in Burma in 1886-87 he was personal assistant to the surgeon-general, and gained the frontier medal with a clasp. He had a literary bent throughout his career. Twice he gained the Alexander Memorial gold medal, in 1879 and 1885; and he was also the author of two volumes entitled *Contributions to Military and State Medicine*; he also won the Howard medal of the Royal Statistical Society of London. After his retirement he published a volume of poetry in blank verse, *A Legend of the Severn, an Idyll of Ancient Britain*. He was also interested in Freemasonry, and took a prominent part in the foundation of a lodge in Burma, of which he was the first worshipful master. He was twice married, and leaves a widow, a daughter, and two sons, both in the medical profession.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on February 28th the following medical degrees were conferred:

M.D.—J. H. Burn.
M.B.—A. C. Mowle.

Drs. G. Forssell and R. Knox have been approved for the diploma in medical radiology and electrology.

UNIVERSITY OF LONDON.

DR. J. H. DIBLE has been appointed, as from April 1st, 1925, to the University Chair of Pathology at the London School of Medicine for Women.

The title of Emeritus Professor of Medicine at University College has been conferred upon Sir John Rose Bradford, K.C.M.G., C.B., C.B.E., F.R.S., who occupied at University College the Chair of Materia Medica, Pharmacology, and Therapeutics from 1895 to 1903 and the Chair of Medicine and Clinical Medicine from 1899 to 1907.

Professor H. R. Kenwood, C.M.G., who held the Chadwick Chair of Hygiene at University College from 1904 to 1924, has been appointed Emeritus Professor of Hygiene in the University.

The School of Pharmacy of the Pharmaceutical Society of Great Britain has been admitted, for pharmacy only, as a school of the University in the Faculty of Medicine for five years from January 1st, 1925.

The degree of D.Sc. in Biochemistry has been conferred upon Mr. R. Robison, an internal student of the Lister Institute of Preventive Medicine, for a thesis on hexosephosphoric esters and their physiological functions.

Dr. E. Barclay-Smith, Professor of Anatomy at King's College since 1915, and Sir John Charlton Briscoe, physician to King's College Hospital, have been appointed Fellows of King's College.

A course of lectures on medical hydrology, arranged by the University Extension Board in co-operation with the Committee for the Study of Medical Hydrology, will be given at the central buildings of the University from April 27th to May 2nd, 1925. The lectures will be supplemented by demonstrations and clinical lectures at a British spa.

Matriculation.

At the January matriculation examination of the University of London 100 candidates passed in the first division and 758 in the second division, while 60 took the supplementary certificate in Latin.

UNIVERSITY COLLEGE.

Annual Report.

During the session 1923-24 the total number of students enrolled was 2,835. Of these 2,285 were taking day courses, 329 evening courses, and 158 vacation courses. The day course students included 513 post-graduate and research workers. Of the total, 2,317 students came from homes in the United Kingdom; 214, including 74 post-graduate and research, came from various parts of the Empire. From European countries there were 177 students: Switzerland 35, France 27, Holland and Russia each 22, Denmark and Germany each 9, Norway and Sweden each 6; 43 students came from the United States of America (17 undergraduate, 24 research, and 2 vacation course). From other countries the largest number—36—came from Japan; of these 8 were doing research work. There were 1,696 registered internal students in various stages of degree courses. Of these, 305 passed examinations leading to degrees; 274 obtained degrees (215 bachelor degrees, 154 with honours); 59 higher degrees (40 masters, 10 Ph.D., and 9 doctors).

The financial statement shows on the maintenance account a total expenditure of £176,994 and income of £168,943, leaving a deficit of £8,051, mainly accounted for by the very heavy expenses incurred in the maintenance of the new buildings and in rates on these buildings. It is also partly accounted for in the slight decline in the number of students in the professional faculties in which fluctuation takes place from time to time, according to the financial position prevailing in the country. Steps are being taken to prevent a recurrence of the deficit, and hope is expressed that the University Grants Committee may be able to increase its grant in view of the large donations received by the college through the Rockefeller Trust and other bodies for the erection and equipment of the new buildings.

The two halls of residence for the college have been full throughout the session, and it is clear that at an early date an extension of accommodation for resident students will become essential.

Medical News.

THE Fellowship of Medicine announces that there will be a discussion on post-graduate teaching in London at No. 1, Wimpole Street, on March 18th, at 6 p.m. Sir Arbuthnot Lane will preside, and members of the medical profession are invited to be present and give criticisms of the existing Fellowship arrangements and suggestions for their improvement. On March 11th Mr. Oswald Addison will lecture on cleft palate at No. 1, Wimpole Street, at 5.30 p.m. From March 9th to April 4th there will be an afternoon course in ophthalmology at the Central London Ophthalmic Hospital. At the Chelsea Hospital for Women a two weeks' course in gynaecology is to be held from March 16th to 27th, and during the same period a course in chest diseases will be conducted at the Brompton Hospital, including demonstrations of cases, x-ray work, and protein tests. The Royal Northern Hospital, in conjunction with the Royal Chest Hospital, will give an intensive course in medicine, surgery, and the special departments, from March 16th to April 4th. The lectures and demonstrations at 4.30 p.m. each day are free to the medical profession. During April there will be courses in diseases of children at the Queen's Hospital, in proctology at St. Mark's Hospital, and an intensive course at the Hampstead General Hospital. A special course in anaesthetics will be arranged for an entry of four post-graduates, and early application is requested. The syllabus of these courses can be obtained from the Secretary to the Fellowship, No. 1, Wimpole Street, W.1.

THE seventeenth international post-graduate course at Vienna from June 15th to 27th will deal with modern therapeutics, including hydrotherapy, diathermy, serum therapy, and various specialties. The course will be followed by practical and clinical work in various hospitals from June 30th to July 4th. Tickets for the course may be obtained from Professor Dr. Richard Wasicky, Bureau der Wiener Ärztekurse, Schloßelgasse, 22, Wien viii. Presentation of these tickets at the Austrian Legation in Belgrave Square, London, will enable a reduction of 50 per cent. on the visa (6s.) to be obtained, and also a tariff of the various Vienna pensions, hotels, and restaurants.

WE published on February 21st (p. 391) a note about hexyl resorcinol, and in the *Epitome* this week (para. 240) an abstract appears of Dr. Veader Leonard's paper in the *Journal of Urology*, December, 1924. We are now informed by the British Drug Houses, Ltd., that they have prepared some hexyl resorcinol in their laboratories, and, while feeling it premature to offer it for sale without further evidence as to its clinical value, they are willing to supply limited quantities to any medical practitioner who would care to make trial of this preparation in the treatment of infections of the genito-urinary tract.

DR. J. A. HARRIS on his resignation of the post of medical officer of health for Chorley has been presented by the members and officials of the Rural District Council with his portrait painted in oils by Mr. F. E. Jackson. In making the presentation Colonel W. Ince Anderton referred to the tact and courtesy displayed by Dr. Harris during the forty-nine years he had served as medical officer.

At the annual dinner of the Hospital Saturday Fund on February 28th it was announced that the total income from all sources for the past year had reached £107,386, showing an increase of £6,143 over the previous year; the management expenses were 8 per cent.

THE Minister of Health announces (Circular 567, dated February 27th, 1925) that the review of civil service bonus on March 1st, 1925, is based on an average cost of living figure of 80—that is, on the same basis as obtained on March 1st, 1924.

DR. DAVID A. VOLUME has been appointed by the King to be an official member of the Executive Council of the Presidency of the Virgin Islands.

THE late Mr. James M. G. Propit of Glenluce, Wigtownshire, and London, left estate of the gross value of £219,793, with net personality £213,735. The residue of his property he left to his sister for life, and at her death the residuary estate is to be made a trust fund, of which one-half is to be applied for inquiry into the nature, cause, prevention, treatment, and cure of tuberculosis, and one-half for a similar inquiry regarding cancer as a board of special trustees, which is to include the President of the Royal College of Surgeons of England, shall decide. The trustees may apply the funds of the trust in financing persons or institutions conducting such research, the equipment and endowment of institutions or laboratories for this purpose, and the publication of the results of such researches. After payment of duties it is anticipated that the value of the bequest will be about £160,000 net.

DR. JOHN FRASER, surgeon to the Royal Hospital for Sick Children, Edinburgh, and assistant surgeon to the Royal Infirmary, has been appointed Regius Professor of Clinical Surgery in the University of Edinburgh, in succession to Sir Harold Stiles.

THE committee of the Athenaeum, under Rule II (which empowers the annual election of certain persons of distinguished eminence in science, literature, arts, or for public service), has elected into the club Lieutenant-General Sir W. B. Leisbman, K.C.B., K.C.M.G., F.R.S., Director-General Army Medical Service.

A DENTAL travelling scholarship of the value of £250 will be awarded by the treasurer of Guy's Hospital Dental School, upon the recommendation of the Dental Council, next July. Applications must be received by July 1st. Candidates must have been educated at Guy's Hospital Dental School, and will be required to engage in at least six months' practical work at an approved colonial or foreign dental school or college. Further particulars will be found in our advertisement columns.

DR. PAUL DELBET, whose death we announced in the JOURNAL of January 31st, was stated to be surgeon to the Necker Hospital. This was an error; his cousin Pierre holds that position.

THE annual general meeting of the National Baby Week Council was held at 117, Piccadilly, on March 4th, with Sir Arthur Newsholme in the chair. After the chairman's address the certificates of merit won in connexion with the Astor Challenge Shield competition, 1924, were presented. The report of the Executive Committee was adopted on the motion of its chairman, Dr. Eric Pritchard. After the transaction of other business an address on "The formation of character, a problem of child psychology" was given by Dr. J. A. Hadfield, lecturer in psychology, King's College, London.

In the *Bulletin* for 1924 of the Ophthalmological Society of Egypt a detailed account is given of the annual meeting of the society held in March, 1924, including a paper on glaucoma contributed by Professor E. Fuchs of Vienna. The laboratory at Giza, Cairo, has now been completed and placed under the joint control of the Egyptian Government and the British Commissioner in Egypt. Research work is proposed in connexion with trachoma and other forms of ophthalmia in Egypt, and in our issue of February 21st applications were invited for the posts of director and pathologist. It is hoped that one of the main features of the laboratory will be its use as a centre of ophthalmological teaching in Egypt.

Letters, Notes, and Answers.

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

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.

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.*

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.

"H. F.," a medical man suffering from tuberculosis (very slight case), desires to be admitted to a sanatorium, and would be willing to do some professional work as a return.

"CURWEN," who is contemplating turning a room into an operating theatre, asks for suggestions for the best treatment of walls and floor (an ordinary board floor). He asks for details of special floor materials.

THE TREATMENT OF ASTHMA.

"H. C." writes: I should be glad of suggestions for treating a bad case of asthma in a man aged 40, who resists all the usual forms of treatment, including protein therapy. Adrenaline controls the attacks, but on an average he is taking three injections of adrenaline every twenty-four hours and is slowly getting worse.

INCOME TAX.

"C. G. H. C.," who is on seven months' leave from an appointment outside the United Kingdom, asks how his liability to income tax will be affected by spending a portion of that time outside the kingdom.

* * Briefly the position is that he is liable to tax in this country in respect of income arising here, but as regards income arising abroad and remitted to him he is not liable provided that he "is in the United Kingdom for some temporary purpose only and not with the intent of establishing his residence therein and has not actually resided in the United Kingdom at one time or several times for a period equal in the whole to six months in any year of assessment" (No. 2 of the Miscellaneous Rules applicable to Schedule D, Income Tax Act, 1918). In applying this rule it should be borne in mind that the "year of assessment" runs to April 5th. Dublin would be outside the United Kingdom for this purpose.

LETTERS, NOTES, ETC.

PYLORIC STENOSIS IN INFANTS.

DR. HUGH T. ASHBY and Mr. A. H. SOUTHAM (Manchester) write: Since the publication of our paper on pyloric stenosis in infants (BRITISH MEDICAL JOURNAL, February 28th 1925), we find that the Rammstedt operation was first performed at the Royal Manchester Children's Hospital in May, 1914, with a successful result, and subsequently in succeeding years. Our statement, therefore, that the operation was first taken up in this country in 1918, though true in a general sense, requires some modification in view of the above fact.

DR. N. R. DHARMAVIR (M.O.H. Padiham) writes: I have carefully read (in your issue of February 28th) the article by Dr. Ashby and Mr. Southam on the above subject. During my experience of twenty-five years as a general practitioner and ten years as medical officer to the local maternity and child welfare centre, I have not yet come across a true case of pyloric stenosis. I have, however, over and over again seen cases with signs and symptoms (with the exception of the tumour, on which the writers themselves "lay little stress, as it is often an exceedingly difficult matter to feel the pylorus") as described for the purpose of early diagnosis, and have always ascribed them to injudicious and improper feeding. These cases are easily amenable to careful and intelligent feeding. Regular forceful vomiting, constipation, greediness for food, wasting, etc., are such common symptoms among ill fed infants, and so easily cured, that these must (as the doctors hint) be cases of pyloric spasms and not of stenosis. Then what are the crucial signs or symptoms of stenosis calling for an abdominal operation at such a tender age?

MOTOR CAR PARKS.

THE Automobile Association, since the war, has been in negotiation with the authorities throughout the country for the allocation of the necessary spaces for parking cars. As a result, 111 large towns and cities now have motor vehicle parking arrangements, and 44 towns have erected signs supplied by the A.A. bearing the words "Motors park here." In Liverpool there are 54 of these signs and in Edinburgh 33. It should be noted that cars must not be parked for unreasonable periods; only for the duration of short calls.

A NEW MOSQUITO BREEDING PLACE.

DR. W. E. HAWORTH, late acting director of the laboratory at Dar-es-Salaam, in the *Transactions of the Royal Society of Tropical Medicine and Hygiene*, October, 1924 (p. 162), adduces evidence that mosquitos breed in the crowns of coco-nut palms, where pools of water occur, probably as the result of dew. He urges that no antimosquito campaign can be thorough unless this source of infection is dealt with. His investigations go to show that mosquito breeding continues throughout the year in these pools, even during times of comparative drought, when collections of storm water have disappeared. Within the township areas, such as Dar-es-Salaam and Tanga, the majority of the mosquito larvae detected in these pools were of the biting kind, proved disease carriers predominating at all stations.

INDEX CARD CLIPS.

THE "M. H. S." clip has been designed for the use of medical practitioners and business men in hospitals and public institutions for uniting index cards in book formation, so that the cards will fold flat against each other and occupy a minimal space in the file cabinet. The clips are transparent and can be quickly attached to the card, thus uniting those relating to the same case or subject. They may be obtained from Messrs. Bridge and Co., 92, Chancery Lane, W.C.2.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 38, 39, 42, and 43 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 40 and 41.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 95.