

ulcer, superficial tuberculous infections being comparatively rare, and the extent of the remedial action is necessarily limited. It follows that only in the case of superficial tuberculous ulcers can a thorough and permanent cure be expected; with deeper infections no lasting cure is to be obtained. Superficial healing will often occur, but deeper down the tubercles continue to grow; sooner or later they will sprout through the cicatrix or beside it.

Laryngeal tuberculosis deserves special mention. I have treated a large number of cases by my method, and in many of them I have obtained a perfect and lasting cure; others, which remained unaffected, indicating the correctness of the two principles mentioned previously. Careful attention must be paid to the condition of the lungs. If these are too extensively diseased it is no use trying to cure a local tuberculous affection. Advanced and progressive lung tuberculosis, with its corollaries of anaemia and cachexia, forbids the application of the method, since the patients can barely tolerate it, and the body has lost its power of recuperation. The treatment of local tuberculosis may be summed up as follows. For tuberculous and lupoid ulcers a complete and lasting cure can be obtained if the infection has not penetrated too far into the tissues, but if the infection is deep, as is commonly the case, only a superficial healing, or none at all, is to be expected.

The Treatment of Tropical Ulcers.

It is well known that external ulcers are very numerous and difficult to cure in the tropics. Not only are there those ulcers which commonly occur in temperate climates and which, owing to unfavourable tropical conditions, progress unfavourably, but also there are ulcers which are indigenous. I believe that my method should be particularly useful in the treatment of these tropical ulcers, and, since the British Empire includes the most extensive tropical dominion in the world, I have ventured to submit my proposal to the BRITISH MEDICAL JOURNAL in the hope that it will thus reach those regions where it is likely to prove of most use.

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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TRACHEOTOMY TUBE WORN FOR OVER SIXTY YEARS.

I saw recently, in consultation with Dr. Benson Goulding, a case that may be worth recording.

It was that of an old lady, aged 81, who when 10 years old got "scarlatina followed by croup," and was tracheotomized very urgently in her home by Mr. Hutton, of "railroad catheter" fame in this city. She still wears the tube. She quotes Mr. Hutton as saying that she was only the third case of tracheotomy in Dublin, the other two having been performed in the Richmond Hospital.

The operation was a high tracheotomy. The voice when she stops the tube is quite good and pleasing. The larynx appears normal in phonation, but the rima glottidis does not open from ankylosis of the arytenoids. She has been perfectly healthy since the operation except for some rheumatic

arthritis, has never had bronchitis, and is mentally as active as the average individual of 40.

A noteworthy feature of her case is that she can never leave the tube out without putting in a substitute at once, for fear of choking, the fistula, in spite of its age, still preserving its tendency to close.

In her 20's she spent two winters in Canada, crossing Lake Ontario in the mail sleigh on her way home. She married at about 28 and has had seven children, five of whom are alive.

Dublin.

ROBERT WOODS.

DIPHTHERIA IN OLD AGE.

DIPHTHERIA is essentially a disease of childhood, but cases may be met with in any age period, and, though relatively infrequent in old age, it is by no means as uncommon as the paucity of recorded cases would suggest. Fever hospital statistics understate the incidence, because, as one might expect, the tendency is for practitioners to treat aged patients in their own homes. In 1913 fourteen notifications relating to cases of diphtheria in patients of over 60 years of age were received in the metropolitan area, but only two of these cases were admitted to hospital. In the previous year nine such cases were notified, but none of them received hospital treatment. The following table is self-explanatory:

Cases of Diphtheria in the Fever Hospitals of the Metropolitan Asylums Board, 1895 to 1914.

Total number of cases (all age groups), 110,741.

		Males.	Females.	Total.
Aged 60 and upwards	...	15	21	36
Deaths	...	3	7	10

In early life diphtheria is slightly commoner and more fatal in the female sex. In old age both the incidence and mortality rate are much higher in females. With one exception all the cases I have been able to trace from the literature have referred to female patients. The following is an instance of diphtheria in a patient of advanced age.

A woman, aged 94, was admitted to the Grove Hospital in July, 1924. On admission an exudate covered both tonsils and there was slight bilateral cervical adenitis. The clinical diagnosis was confirmed bacteriologically, and she received 21,000 units of antitoxin. Five days after admission the throat was clean, and the subsequent course was uneventful. She had no paralytic sequelae, and except for a slight albuminuria there were no complications. She was discharged well after a stay of thirty-eight days in hospital.

In some of the recorded cases the exudate consisted of a small patch on a somewhat atrophic faucial mucous membrane. The false membrane showed little tendency to spread, and deliquescence was sluggish. Paralysis, noted in some of the cases, did not differ from the type observed in younger patients. The mortality must have been unfavourably influenced by the age of the patients and the consequent increased liability to intercurrent affections.

Laryngeal forms are very rare in old age, but their occasional occurrence has led Akesson to emphasize the importance of examining for the diphtheria bacillus in the laryngitis of elderly people. As J. D. Rolleston has pointed out, the prognosis in the laryngeal diphtheria of adults is grave on account of the likelihood of an extension of membrane to the bronchi and lungs. The laryngitis from which George Washington died, at the age of 67, was supposed by Bretonneau to have been diphtherial.

From the notes of a case recently reported by Muir it would appear that there is a possibility that some of the cases of rhinitis in the aged may have a diphtherial origin. The non-specific therapeutic value of horse serum is well recognized, and it is interesting to note that in the cases recorded by Birt and Keyes the administration of antitoxin was followed by the apparent cure of gout in one case and of a varicose ulcer in the other.

G. W. RONALDSON, M.D. Glas., D.P.H. Oxon.,
Assistant Medical Officer, Grove Hospital, London.

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A CASE OF CHOREA IN INFANCY.

THE absence from Dr. Mary Bertram's series (BRITISH MEDICAL JOURNAL, March 14th, p. 496) of any case of chorea under the age of 3 prompts me to record one seen by me some years ago, frequently mentioned to students, but not hitherto given more permanent record. The patient was a female infant, aged 1 year and 10 months. The choreic movements were of recent origin and moderate severity, and there was quite definite carditis with mitral systolic bruit conducted outwards. The child had also a very rachitic head which had been wrongly considered to be hydrocephalus, beaded ribs, and other evidences of rickets. Furthermore, there was a very neurotic family history, the father being a confirmed epileptic. The subsequent history of the case is unknown to me. The patient was also seen in consultation by my senior colleague on the staff of the Children's Infirmary, Dr. Peter Davidson, whose opinion coincided with mine that the case was undoubtedly one of rheumatic chorea.

Liverpool.

HUBERT ARMSTRONG, M.D.

SPONTANEOUS RUPTURE OF THE HEART.

THE report of the following case had been written out before the publication of the paper on a similar case by Drs. Skeen and Rutherford Dow in the BRITISH MEDICAL JOURNAL of February 7th (p. 262). The cases have certain features in common. In neither was the heart enlarged, the accident did not take place during violent exertion, and in both there was marked arterio-sclerosis of the coronary vessels. In the case now reported the spontaneous rupture can also be attributed to "a diminished blood supply with consequent secondary degenerative changes in the heart muscles."

A man, aged 70, recently attended at Dr. Kahan's surgery and complained that during the previous night he had been seized with severe pain in the epigastric region. At the time of examination the pain was practically gone, and nothing abnormal was detected. Five days later he again called and stated that he was feeling much better. Three days afterwards he appeared at the surgery about 10.30 a.m. At 10.45 another patient offered to allow him to go into the consulting room before his turn, as he looked so bad. He, however, did not move. Dr. Kahan and I immediately examined him. We could not feel his pulse; the corneal reflex was practically absent; the breathing was slow and stertorous; and the cardiac sounds were not audible. In about ten minutes from the onset of the attack the respiration ceased and the man was dead.

Post-mortem Examination.—The body was well nourished, with a tendency to obesity. As a cerebral haemorrhage was suspected, the brain was examined first, but no sign of a haemorrhage was found; the membranes were thickened and somewhat adherent to the surface of the brain; the cerebral arteries were definitely thickened. On opening the chest the pericardium was seen to be well covered with fat. The pericardial sac, opened *in situ*, contained about 8 oz. of blood. The heart appeared of normal size. The valves were competent, but showed evidence of sclerosis. The cardiac musculature was flabby and apparently in a state of degeneration. Near the apex, and adjacent to the septum, on the internal surface of the anterior wall of the left ventricle, was a tear $\frac{3}{4}$ in. long. On attempting to pass a probe through this rent it came through only at the lower end to the external surface of the heart. The muscle immediately surrounding the rupture was necrotic. The coronary arteries were sclerosed and their lumen narrowed. On the inner surface of the aorta there were numerous atheromatous plaques. The lungs were slightly emphysematous. The liver was enlarged and congested, and the gall bladder contained ten small gall stones. The spleen was congested. The kidneys were of average size, but their cortex was narrowed and contained two or three small cysts. Their capsules were somewhat adherent, and their surface showed only slight granulations. The stomach contained some semisolid pultaceous food. The other organs showed nothing abnormal.

The sudden attack of pain of which the man first complained may have been due to gall-stone colic, or may perhaps have been associated with the splitting of the endocardium and myocardium, and death resulted when the epicardium gave way.

Spontaneous rupture of the heart usually occurs during violent exertion; but this was not the case here, as the man was sitting quietly when the catastrophe happened.

The heart was not enlarged. It may perhaps be deduced from this that the tension in the arterial system was not greatly increased. Monro¹ writes:

¹ *Manual of Medicine*, fourth edition, pp. 353-354.

"There is reason to believe that certain toxic agents, such as alcohol and lead, give rise to degenerative changes in the arteries through their direct influence, and without necessarily causing increase of tension. It is possible, too, that endogenous poisons resulting from perverted metabolism may have a similar effect."

Of course, the sclerosis of the coronaries, by interfering with the nutrition of the heart, would tend to its atrophy. This man was a compositor, but had done no work for several years. He was not a teetotaler. Though there was extensive cardio-vascular degeneration, the man apparently enjoyed good health till about one week before his death.

London, E.1.

M. COHEN, M.B., Ch.B.Glas.

TRAUMATIC INTUSSUSCEPTION.

JUDGING from the scantiness of the literature on the subject it is clear that the condition described in the following case must be rare.

A girl, aged 10 years, fell across a chair at school and hurt her abdomen. She fainted, but rapidly recovered, and returned home complaining of pain in the umbilical region. She vomited many times during the night and next morning. When seen twenty-two hours after the accident the temperature was subnormal; the pulse was about 100, very irregular, and rather thin. The tongue was dry and she was still vomiting (pure bile). The abdomen moved fairly well, but was tender all over the left side and slightly rigid, especially in the upper left segment. As it was feared that rupture of the intestine had occurred, immediate laparotomy was performed. A little free blood was found in the peritoneal cavity, and considerable extravasation was present in the layers of the great omentum and in the lesser sac, though not sufficient to form a swelling. Tracing up the ileum from the caecum an intussusception was found at the lower end of the jejunum, the upper portion entering the lower for about one and a half inches. A few feet higher up another "double intussusception" was found, both upper and lower segments entering the gut for about one inch and meeting in the middle of the tumour. In both lesions the gut was absolutely normal in appearance, calibre, and texture, and obviously no obstruction, either circulatory or intestinal, had arisen. Both lesions were undone with the greatest ease, leaving no trace of where they had occurred.

Obviously they were due to violent and irregular peristalsis following the trauma. Recovery was only slightly delayed by influenza.

D. A. MITCHELL, M.B.Lond.,
F.R.C.S.Ed.

Midsomer Norton, Somerset.

LONG SURVIVAL WITH CANCER OF THE
BREAST.

ALTHOUGH it has long been known that patients suffering from carcinoma of the breast may live for a long time, the following case may prove to be of interest.

Mrs. M. B., aged 78, first consulted me on January 1st, 1924. She complained of headaches and a feeling of weakness, but had no pain. Practically the whole of the left side of the chest was eaten away. There were no respiratory movements and no physical signs of acting lung on that side. The heart appeared normal. The walls of this cavity were insensible to touch or heat or cold, but bled readily when touched. There were no evidences of metastases.

I obtained the following history: Twenty-five years ago she noticed a lump in the left breast which slowly grew until at the end of a year it was about the size of a golf ball. She was then operated upon by a surgeon who is now dead (I could not discover the scope of the operation). Twelve months after the operation there was recurrence in the scars, which she refused to have operated upon. The growth gradually ate into the chest, ultimately producing the condition I have described above.

She died on March 2nd, 1925, conscious to the last, but extremely weak. There was at no time evidence of metastases. A *post-mortem* examination was refused.

Preston.

J. BERNSTEN, M.B., M.R.C.S.

in the other x rays. The growths in both were examined pathologically, and no doubt could be entertained as to diagnosis.

The case Sir Lenthal Cheatele refers to, in the last paragraph of his letter, was, I have reason to believe, a case of keloid. During the war and after I treated several cases of keloid with ultra-violet rays with most gratifying results. They are tedious, slow cases to deal with, but I have no hesitation in saying that good results are obtained from this method, and I have never seen the slightest sign of malignancy in any case. I merely refer to this because I think Sir Lenthal was under a misapprehension when he spoke of "speculative therapeutical procedure."

In conclusion I would like to refer to the condition of my own hands. After approximately 35,000 administrations of ultra-violet rays I think there is distinctly less sign of "biotripsis" than is customary at the age of 52, though I have never safeguarded my skin in any way.—I am, etc.,
London, W.1, April 6th. EDWARD JAMES DECK.

BACTERIAL VACCINES.

SIR,—On behalf of Dr. L. S. P. Davidson, who is at present abroad, may I take the opportunity of replying to the letter by Dr. Myer Coplans in your issue of April 11th (p. 717)?

If Dr. Coplans will refer to the *Edinburgh Medical Journal*, April, 1925, vol. 32, transactions of the Medico-Chirurgical Society of December 3rd, 1924, pp. 70-78, he will obtain striking evidence in further support of Dr. Davidson's contentions regarding the antigenic value of different types of vaccines. This is embodied in a paper by Dr. Davidson on immunity to the pneumococcus (abstracted in the *BRITISH MEDICAL JOURNAL*, December 27th, 1924, p. 1200).

Having followed closely Dr. Davidson's work, and appreciating the difficulties in interpreting results put forward by Dr. Coplans, I think this paper should help to reassure the latter with regard to the claims which he criticizes. In the experiments recorded in this communication the criterion of immunity has been actual protection of animals from multiple lethal doses, and it is of some interest in regard to the significance of antibody reactions that the results should lead to the same conclusions as those arrived at in the previous paper which Dr. Coplans now comments on.—I am, etc.,

T. J. MACKIE,

April 13th. Professor of Bacteriology, University of Edinburgh.

THE MAKING OF SERUM PEPTONE.

SIR,—In my article on this subject, published in the *JOURNAL* of March 7th, I omitted to mention that with the stronger solutions of peptone, the serum peptone may not appear very readily or get detached from the blood clot sufficiently freely to be poured off. To prevent this, as soon as the tube is removed from the incubator I pass a long and very thin bistoury right round between the blood clot and the glass. Next day, the clot will have collapsed, and the upper part of the tube contains a clear fluid, which is readily poured or pipetted off. It may be as well to mention this.—I am, etc.,

London, W.1, April 8th.

A. G. AULD.

Obituary.

DR. WILLIAM WATKIN LEIGH, who died suddenly on April 10th, in his 71st year, was educated at Cowbridge School, King's College, London, and Guy's Hospital, obtaining in 1878 the diplomas L.R.C.P.Ed., M.R.C.S.Eng., and L.S.A.Lond. He joined his father, Dr. John Leigh, in practice at Llanfabon, Nelson, and Treharris, and after his father's death in 1885 he continued the practice until 1919, when he retired, his son, Dr. H. V. Leigh, succeeding him. Dr. Watkin Leigh had held the following appointments: medical officer of health for Llanfabon; senior surgeon to the Ocean colliery, Treharris; the Dowlais-Cardiff colliery, Abergynon; Penalta colliery, Gellygaer; certifying factory surgeon to the Nelson district; Poor Law

medical officer and public vaccinator for the Nelson district of the Pontypridd Union, and for the Treharris, Trelewis, Bedlinog, Gellygaer, Bargoed, Ystrad Mynach, and Llanbradach districts of the Merthyr Tydfil union; medical officer to the Board of Education and the Post Office at Treharris, Bedlinog, and Nelson; medical referee for numerous medical insurance companies; and he was a member of the honorary medical staff of the Pontypridd Cottage Hospital. He was an ex-president of the South Wales and Monmouthshire Branch of the British Medical Association, and a member of the Cardiff Medical Society. He was also a member of the governing body of the Church of Wales, and he took a great interest in public affairs of all kinds; he was made a justice of the peace for the county of Glamorgan in 1885. He is survived by his wife, two sons, and one daughter.

Dr. E. TENISON COLLINS of Cardiff died on April 8th. He was a native of Staffordshire, and received his education at the Universities of Edinburgh, Birmingham, and Cambridge; he took the diplomas of L.S.A. in 1880 and M.R.C.S. in 1890. After serving as house-surgeon at the Jessop Hospital for Women, Sheffield, and resident obstetric assistant at the Queen's Hospital, Birmingham, he settled in Cardiff, where he became gynaecologist to the Cardiff Infirmary, the Pontypool Hospital, and Cardiff City Mental Hospital, as well as consulting gynaecologist to the Bridgend and Abergavenny Hospitals. Throughout his life he was closely associated with the Volunteer and Territorial movements, and held the rank of lieutenant-colonel R.A.M.C.T.(ret.). He had received the Territorial Decoration. He commanded the 2nd Welsh Field Ambulance at Gallipoli in 1915, and subsequently was in charge of one of the medical boards at the Cardiff recruiting headquarters. He was an ex-president of the Cardiff Medical Society. He took great interest in all sports, and was one of the founders of the Welsh Golfing Union, of which he was for many years secretary and later president. He had recently undergone an operation, from which he appeared to be making a quick recovery, when a relapse set in and proved fatal.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE following have been recognized as teachers of the University in the subjects and at the institutions indicated:

London Hospital Medical College.—Dr. G. Riddoch (medicine). *Maudsley Hospital.*—Teachers of Mental Diseases: Dr. H. Devine (psychology), Dr. B. Hart and Dr. F. C. Shrubbsall (psychiatry), Dr. E. Mapother and Sir Frederick W. Mott, F.R.S. (psychological medicine), Dr. W. C. Sullivan (criminology and forensic psychiatry).

Mr. James Sherren, C.B.E., F.R.C.S., has been reappointed the representative of the Royal College of Surgeons of England on the Senate.

The ceremony of presentation day will be held in the Royal Albert Hall on Wednesday, May 13th, at 3 p.m. The annual service for members of the University will be held at Westminster Abbey at 5.45 p.m., when the Right Rev. L. H. Burrows, D.D., Bishop of Sheffield, will preach, and the graduation dinner will take place at the Drapers' Hall, Throgmorton Street, at 8 p.m. on the same day.

Four lectures on cardiology will be given at University College Hospital Medical School by Dr. John Hay, Professor of Medicine, University of Liverpool, on June 11th, 12th, 18th, and 19th, at 5 p.m.

Dr. B. Brouwer, Professor of Neurology in the University of Amsterdam, will give a lecture at Charing Cross Hospital Medical School, on a date in May to be announced later, on the projection of the retina in the brain.

Four lectures on physiology will be given by Dr. H. H. Dale, C.B.E., F.R.S., head of the Department of Biochemistry and Pharmacology under the Medical Research Council, at St. Bartholomew's Hospital Medical School, on May 15th, 19th, 22nd, and 29th, at 5 p.m.

A course of lectures on medical hydrology will be given at the central buildings of the University from April 27th to May 2nd. The lectures will be supplemented by demonstrations and clinical lectures at a British spa.

A course of lectures on mental deficiency, supplemented by a course of clinical instruction, will be given at the central buildings of the University from May 18th to 23rd.

Applications for grants from the Dixon Fund for assisting scientific investigations must be received by the Academic Registrar not later than the first post on May 15th, from whom further particulars may be obtained.

A Carpenter medal, together with a money prize of the value of £20 in all, will be awarded by the Senate in 1925 for a thesis

of exceptional distinction in statistical, genetic, comparative, or experimental psychology, including the functions of the central nervous system and special senses for which a doctor's degree (other than the Ph.D. degree) has been awarded during the period of three years ending on May 31st, 1925. No award will be made unless a thesis of sufficient merit is presented. Applications must be sent to the Academic Registrar by June 10th, from whom further particulars can be obtained.

Applications for grants from the Thomas Smythe Hughes Medical Research Fund for assisting original medical research must be sent to the Academic Registrar not earlier than May 1st and not later than June 15th, 1925.

April 23rd is the latest date for the receipt of applications for the University chair of biochemistry, tenable at the Middlesex Hospital Medical School; salary, £800 a year.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—M. Allan, C. W. Anderson, Bessie R. Barr, J. Barr, M. J. Bastible, J. A. Bell, D. M.D. Bell, N. L. Bennie, Ann K. Black, A. D. Boyd, W. Brock, A. R. Brown, D. Brown, H. Brown, Edna W. Bruce, D. R. Campbell, A. Clark, A. F. Clark, J. S. Clark, D. H. Clutterbuck, E. Cochrane, J. M. Cormack, Elizabeth Coupland, J. Crow, J. Crawford, O. Cross, J. Cunningham, Janet B. Cunningham, M. Curran, R. A. Currie, Eileen M. Deane, R. C. Deans, M. C. Douglas, G. D. Drever, Lucy M. Dron, W. W. Ferguson, J. W. Ferrie, A. J. Finlayson, J. D. Finlayson, J. Flynn, J. C. Forsyth, J. M. Forsyth, M. A. Foulis, C. A. I. Fuge, Elizabeth S. Galbraith, W. D. Gillespie, T. L. Gordon, Tina Gray, R. G. R. Grieve, J. B. Harrower, R. Harvey, Ellen M. Hegarty, J. Hill, G. Hutcheson, R. G. Hutchison, R. S. Hynd, J. A. Imrie, T. Imrie, R. F. Innes, Dora Karnovski, D. H. Kinmont, N. M. A. Lees, A. Leiper, M. Lurie, T. B. M'Alister, D. A. P. Macalister, A. MacArthur, I. E. MacArthur, J. C. Macarthur, A. G. M'Callum, D. M'Callum, N. M'Diarmid, F. A. M'Dougall, D. T. M'Gibbon, J. MacGowan, E. J. MacIntyre, N. D. Mackinnon, A. MacLachlan, S. H. P. M'Lauchlan, N. MacL. MacLean, Elizabeth V. MacLeod, H. A. Macmillan, W. M'Millan, A. S. M'Neish, T. S. Meighan, W. Meiklejohn, Isomay Mitchell, C. M. Morton, J. Munna, A. G. M. Murdoch, D. S. Murray, J. A. Murray, S. D. S. Park, J. Paterson, W. Paterson, J. Peter, Margaret I. Pragnell, L. W. Quelch, R. Ramsay, H. C. Reid, T. G. Rennie, A. Roberts, G. S. Robertson, H. J. Scott, Gertrude R. S. G. Smith, H. Smith, J. Smith, J. T. Smith, W. H. Smith, W. F. Stalker, G. B. Stark, Norah Mack. Steele, T. J. Steven, W. R. M. Stevenson, M. Stewart, J. M. Stobo, T. F. Strang, D. Struthers, J. W. Struthers, W. Tait, Matilda D. Tennent, D. Thomson, J. Thomson, P. D. Thomson, R. N. Walker, Agnes B. T. Warden, J. Warren, A. W. Watt, J. D. Wilson, J. Wilson, G. M. Wyburn, J. Young.

* With distinction in surgery.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

At the monthly meeting of the Royal Faculty of Physicians and Surgeons of Glasgow on April 6th the following were, after examination, admitted Fellows: James Pearson Brown, D.S.O., Arthur Charles Lodge La Frenais, Thomas Murray Newton.

Dr. James Alexander Adams was elected the representative on the General Medical Council for a period of five years.

Medical News.

THE Minister for Local Government and Public Health of the Irish Free State has appointed a committee to advise him on the question of the future position regarding medical registration. The committee consists of Senator Dr. O'Sullivan, Dr. T. Hennessy, T.D., Professor A. F. Dixon, Sir James Craig, T.D., Mr. Maunsell, Dr. Coffey, and Dr. Magennis.

THE new nurses' home in connexion with the Royal Berkshire Hospital was opened by H.R.H. Princess Mary, Viscountess Lascelles, on April 7th. The home is a building of three stories, and will accommodate ninety nurses. The British Red Cross Society made a grant of £15,000 towards its cost. Princess Mary subsequently visited the Royal Berkshire Hospital and was conducted over the wards, giving special attention to the children's ward, which was endowed as a county memorial to King Edward VII. She also paid a short visit to the Girls' Friendly Society Hostel, which bears her name, and represents part of the gift of Reading to her on the occasion of her marriage.

THE Committee for the Study of Medical Hydrology in England invites all medical practitioners interested in the subject to take part in the course of lectures and demonstrations at the University of London, April 27th to 30th. Lectures will be given by Dr. Thresh on types of water, Mr. Dewey on hydrogeology, Professor Barcroft on the capillary circulation in the skin, Dr. Fortescue Fox on the use of heat in the treatment of disease, Dr. Burt on disorders of digestion, Dr. Coates on arthritis, and Dr. Rupert Collins on neurasthenia; a visit will afterwards be paid to Buxton. Those proposing to be present at the lectures or at Buxton are asked to notify the Honorary Secretary, Hydrology Committee, University of London, South Kensington, S.W.7.

THREE post-graduate lectures have been arranged at the Manchester Babies' Hospital, Burnage Lane, Levenshulme, To-day (Friday, April 17th) Dr. Leonard Parsons (Birmingham) will speak on the role of fats in the production of infantile atrophy. On Friday, May 1st, Dr. George Graham deals with the use of insulin for young children, and on Friday, May 15th, Miss Herzfeld, F.R.C.S., will lecture on hernia in infants. The lectures will be delivered at 8 p.m.

A COURSE of ten lectures on the treatment of functional nerve disease will be given at the Tavistock Clinic for Functional Nerve Cases, 51, Tavistock Square, W.C.1, on Tuesdays at 5 p.m., commencing on May 5th. The fee for the course to medical practitioners is £2 2s. and for medical students £1 1s. A syllabus of the lectures and further particulars can be obtained on application to the Honorary Lecture Secretary at the clinic.

THREE lectures on recent advances in the study of living cells will be given at King's College, London, by Professor Robert Chambers (professor of microscopic anatomy in Cornell University, New York), on April 27th, 28th, and 29th, at 5.30 p.m. Admission is free.

THE annual congress of the Royal Institute of Public Health will be held at Brighton at Whitsuntide under the presidency of the Lord Lieutenant of the county of Sussex (Lord Leconfield). It will be opened on Wednesday, May 27th, when the mayor of Brighton will give a reception; the six sections will begin their discussions on Thursday, May 28th. In the Section of State Medicine and Municipal Hygiene there will be discussions on immunization against diphtheria, on tuberculosis and employment, on obstetrics and public health, and on the control of venereal disease. The Naval, Military, and Air Section will hold discussions on the teaching of hygiene, and on mother and child welfare in the army, on occupational deafness, and on bismuth in the treatment of syphilis. In the Sections of Industrial Hygiene, Tropical Diseases, and Pathology the presidents, who are respectively Sir Max Muspratt, Bt. (Liverpool), Dr. Andrew Balfour, and Professor E. C. C. Baly (Liverpool), will give opening addresses, to be followed in each instance by a number of papers. In the Section of Women and the Public Health discussions will take place on heliotherapy and actinotherapy, on the relation between mental and physical disorders, and on birth control in relation to infant and child welfare. The congress dinner will be held on May 28th, and a number of excursions have been arranged on other days.

THE annual general meeting of the Hunterian Society of London, which had been postponed, will be held on May 11th, at Simpson's Restaurant, Cheapside.

APPLICATIONS for the Dickinson surgery scholarship must be sent to the secretary to the trustees, Manchester Royal Infirmary, by April 30th. The scholarship is of the value of £75, tenable for one year, and is open to students who shall have received at the University and the Manchester Royal Infirmary instruction in pathology, medicine, and surgery necessary for taking the M.B., Ch.B. Manch. degrees.

At the meeting of the Central Midwives Board for England and Wales on April 2nd Sir Francis Champneys, Bt., was re-elected chairman. The following appointments to act as representatives on the Board were announced: County Councils' Association, Mr. Leonard Henry West, O.B.E., LL.D.; Royal College of Surgeons, Dr. W. S. A. Griffith, C.B.E.; Society of Apothecaries, Mr. Charles Sangster, M.R.C.S., L.S.A.; Queen Victoria's Jubilee Institute for Nurses, Mrs. Bruce Richmond.

DR. PHILLIP JAMES, who has resided in Senghenydd for thirty-two years, has been presented by his friends and patients in the district with a public testimonial, consisting of a cheque for £428, in recognition of his great services to the community. Before going to Senghenydd, Dr. James practised at Pontypridd, and was one of the recipients of the bronze medal awarded in 1877 by the British Medical Association for heroic conduct, self-denial, and humanity at a colliery accident at Pontypridd.

DR. CANUYT has been nominated professor of oto-rhino-laryngology in the Strasbourg Faculty of Medicine.

DR. WRIGHT MASON, who recently retired from the office of medical officer of health for Hull, has been presented by the head officials of the corporation with a silver salver as a mark of their good will and esteem.

MR. J. D. ROCKEFELLER, jun., has presented £400,000 to the Tokyo Imperial University to assist in the restoration of the University library, which was destroyed in September, 1923. This will enable the University to enlarge the plan of the library and to perfect its fireproof, sanitary, and other equipment. The University has also received a grant of £130,000 from the Government. The new library will accommodate 1,000 students, as compared with 300 in the last building. A special fireproof stockroom is to be constructed for particularly valuable books.

THE London office of the Italian State Railways and State Tourist Department (12, Waterloo Place, Regent Street, S.W.1) announces that the annual international visit of doctors to Italian health resorts will take place from September 5th to 21st. Among the places to be visited are San Pellegrino, Fonte Bracca, Acqui, Allassio, San Remo, Ospedaletti, Bordighera, Pietra Ligure, Nervi, Rapallo, Santa Margherita, Portofino, Viareggio, Montecatini, Monsummano, Chianciano, Finggi. The members of the party (limited to 200 in number) will travel by special train in Italy and will be accommodated at first-class hotels. A limited number of places in the tour are reserved for members of the families of participants. Italian doctors, speaking fluent English, accompany the tour and assist in the medical conference held at each centre. The charge for the tour, including cost of travel from Milan to Rome, railway and hotel expenses, will be lire 1,600 (about £15). Members will be granted reduced rate tickets from the Italian frontier to Milan and from Rome back to the frontier.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated. 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.2. 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.

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.

INCOME TAX.

Extension of Premises.

"H." bought a new house over a year ago, and, as there was no consulting room accommodation, had to build additional rooms at a cost of £700.

*. * In our opinion, no portion of the £700 can be claimed as expenditure deductible for the purpose of income tax, Schedule D. Rule 3, applying to Cases I and II, Schedule D, is to the effect that "no sum shall be deducted in respect of . . . any sum expended for repairs of premises . . . beyond the sum usually expended for those purposes according to an average of three years. . . ." The exact meaning of that rule may be open to some doubt, but it is fairly clear that it would exclude by implication expenditure on adding rooms to an existing house. From a practical point of view, too, the £700 was capital outlay—that is, money invested to bring in returns over a future tract of time; "H." spent a certain sum in acquiring suitable premises, and it is immaterial that the total was laid out in two separate sums and not in a single payment for the final result.

LETTERS, NOTES, ETC.

IODINE IN WHEAT PRODUCTS.

MR. ALBERT E. PARKES, F.I.C., F.C.S., public analyst to the Metropolitan Borough of Poplar, has examined a number of specimens of wheat products to ascertain the amount of iodine present, with the following results:

White flour: Less than 1 per 5,000,000.
Whole meal: 2.5 parts per 1,000,000 (17/100 gr. per lb.).
Bran: 3.8 parts per 1,000,000 (27/100 gr. per lb.).
Midlings: 0.6 part per 1,000,000 (1/50 gr. per lb.).
Germ: 3 parts per 1,000,000 (26/100 gr. per lb.).

Results expressed as iodine: Iodine $\times 1.2$ = sodium iodide.

GALL STONES.

DR. DOROTHY A. DALY (Fairlight Sanatorium) writes: I have been interested in the correspondence regarding the age at which gall stones may be found. When a student in Trinity College, Dublin, a girl of 11 was brought into one of the Dublin hospitals as an emergency case of appendicitis. On opening the abdomen the trouble was located in the gall bladder, from which two fair-sized stones were removed. I almost think this establishes a record.

A NEW TUBERCULIN.

WITH reference to Dr. Lundie's paper, "A new tuberculin," in the BRITISH MEDICAL JOURNAL of February 28th (p. 405), Dr. A. W. CRAWFORD (Bolton) has forwarded the following criticism and queries:

(1) Which serum is used, human or bovine? (2) At what stage is it used—whether in the early stage, when bovine infection is predominant, or in the second stage, from 13 to 19, when there is a combination of human and bovine, or in the later stages, when the human only is found? (3) In one patient both were used with great benefit. To which preparation must the benefit be attributed? It is necessary to understand clearly the stage of the disease and the nature of the tuberculin used. (4) Dr. Lundie asks about a solvent for acid-fast substances associated with the bacillus. The coating of the bacillus consists of insoluble salts with animal matter, of which fat is a constituent. They are soluble in a solution of potash; acetic acid, in my opinion, is preferable to hydrochloric acid. (5) Dr. Lundie states that guinea-pigs are more susceptible to tuberculosis than man: which form, human or bovine?—a very important distinction. (6) Wherever tubercle is deposited there is associated with it the growth of fibrous material, which is nature's method of delimitation, and is of epithelial origin, as in cancer. If this encasing substance is sustained, calcification would ensue and tuberculosis receive a check. I should like to suggest to Dr. Lundie that this might be accomplished by the use of a properly selected tuberculin, combined with prepared juices of embryonic tissues. How far this may go to prevent the spreading of tuberculosis I cannot say, but I think it is a step on the way.

We have submitted this letter to Dr. Lundie, who writes:

In reply to Dr. Crawford's very kind criticism, I use the word "tuberculin" in its original sense, which does not include serums. (1) I have used both human and bovine preparations. (2) "Stage" here would be better expressed as "age incidence." I do not think it a useful guide to treatment, but agree that it is most important to understand both the type of infecting organism and the nature of the therapeutic agent. (3) Both preparations appeared to do good. (4) I did not ask, as I am sure about this point. The acid-fast material is mycolaurate, said to be held in the form of an emulsion in a protein substrate. I believe it is probably chemically united to protein. (5) I stated that man has a much greater natural resistance than guinea-pigs or rabbits. Bovine tuberculosis is always more virulent to these animals than to man, and I think the human type is sometimes so also. I believe that many children become immunized in course of time by a series of subinfective doses of tubercle bacilli, administered in all good faith in their milk. The majority of guinea-pigs or rabbits similarly fed would die. (6) There are no epithelial cells concerned in the process. Calcium salts penetrate tubercles with remarkable ease, despite their density and non-vascularity, but the impregnation with calcium experimentally has not been proved to have any beneficial value at all. I do not know what benefit embryonic extracts would confer, beyond causing protein shock, which would be better avoided.

GOATS AND COWS.

DR. S. K. VINES (W. Hythe, Kent) writes: The old-style farmer has long believed that keeping a goat among the cows "prevents miscarriage." This is interesting in the light of recent contributions in your columns on the resemblance between *B. melitensis* and *B. abortus*. Goats would seem not to be subject to epizootic abortion. I do not know what proportion of them in this country carry, or have immunity from, *B. melitensis*. Probably the goat vaccinates the cow with a dead culture.

WILLIAM LEVETT.

G. E. W. writes to point out that the last line on Levett by Dr. Johnson should run "His single talent well employ'd"—not "simple" as printed by inadvertence in our issue of April 11th (p. 705).

CORRECTION.

IN our reference on April 11th (p. 722) to the fourth International Medical Congress of Industrial Accidents and Diseases at Amsterdam it should have been stated that the president of the Congress is Dr. P. H. van Eden of Amsterdam, and that Sir Thomas Oliver is president of the British executive committee. The Minister of the Netherlands is honorary president of the British executive committee.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 37, 38, 39, 41, 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 183.