

the cerebrum and cerebellum were fruitlessly explored for pus. The child appeared to be moribund, and required only a very little anaesthetic.

After-History.—The hernia cerebri gradually subsided, and the patient made a complete and uninterrupted recovery.

I would emphasize the value of the two-stage operation. It often happens, as in these two cases, that while it is manifestly the surgeon's duty to open the cranium it is not so obvious what further steps should be taken. It may be necessary to drain the meninges, or turn clot out of the lateral sinus, or explore the brain. Therefore it is often wise, in the first instance, merely to expose the dura widely. This drains any local extradural abscess; the relief of tension helps the patient; and, since the dura is more resistant to infection than is bone, no harm has been done. If there is no clear indication to proceed further, the patient is returned to bed. Except in the rare cases in which the condition clears up, apparently as a result of the simple decompression, the second stage is undertaken one or two days later. By now there is usually more exact evidence of the lesion to be dealt with—both clinical evidence and evidence from the appearances of the exposed area. But by now, also, the patient is more ill, and would possibly not stand the prolonged operation of removing bone. This, however, has been obviated by anticipation, and the exploration of brain or sinus only occupies a few minutes.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PROLAPSE OF GUT DISTAL TO A COLOSTOMY.

In performing colostomy, after finding the sigmoid colon, the surgeon gently pulls down the loose bowel until the descending colon is nearly taut, so that any loose folds of sigmoid are not left just above the opening. The interest of the case here recorded lies in the fact that the sigmoid distal to the colostomy made in the recognized fashion prolapsed 9 inches.

W. M., male, aged 75 years, admitted to the Paddington Infirmary on January 26th, 1925, stated that colostomy had been performed twenty years previously for cancer of the bowel. There was a left iliac colostomy through which 9 inches of gut prolapsed. The abdomen was tender and rigid, but replacement of the prolapsed gut caused these signs to disappear. The patient suffered also from capillary bronchitis. Death occurred in fifteen hours.

Necropsy.

In addition to advanced bronchitis in both lungs, chronic interstitial nephritis and generalized arterio-sclerosis were present. The colostomy had been performed at the lower end of the descending colon. The gut for 16 inches distal to the opening was oedematous, congested, and dilated. The remainder of the large gut was contracted and empty. There was no sign of any malignant growth in the abdominal cavity, but there was well marked diverticulitis of the pelvic colon; some of the diverticula were minute, containing nothing but mucus, but one, resembling a normal appendix in size and length, contained a small amount of faecal matter. These observations were confirmed on microscopical examination. The appearance did not suggest that any portion of the gut had been removed at the previous operation.

We wish to express our thanks to Dr. Bendle, medical superintendent of the Paddington Infirmary, for permission to record this case.

It would appear that this case of diverticulitis of the colon had been regarded as an inoperable carcinoma. Retroperistalsis depends on a state of tension. Retroperistaltic waves once started may be augmented by an increase of internal pressure (Cannon). The fact that at the necropsy all the large gut except the 16 inches distal to the colostomy was empty suggests that the tension of this part of the gut caused by the presence of faeces initiated a retroperistaltic wave, which was sufficiently strong to cause prolapse of a portion of mucosa, and that the lumen of the gut was thereby obstructed, causing a further rise in tension which led to a greater degree of prolapse. Such a complication is obviously prevented by the frequent periodic flushing out of the segment of the bowel distal to a colostomy opening.

C. M. GREENSLADE, M.B., F.R.C.S.

London, W.

F. J. S. HALL, M.B., M.R.C.S.

TREATMENT OF DIABETES BY RAW FRESH GLAND (PANCREAS).

I DECIDED to try the treatment of diabetes by raw fresh gland in a lady of 67, who had been on a strict diet for six weeks without any appreciable improvement. The percentage of sugar present before gland treatment was 2.65; after four days' trial sugar had completely disappeared. I then recommended gland ingestion every other day for a week, when the urine showed a return of the glycosuria, but only 0.22 per cent. She returned to her original daily dose, when again, after a few days, the urine was free of sugar. She declares herself wonderfully better, her abnormal thirst and appetite having practically disappeared.

From experience I think it unsafe to be too dogmatic on any line of treatment for diabetes, as, despite recent research, the etiology and pathology of some cases are most puzzling and they refuse to respond to any form of treatment.

HELENA POMEROY KELLY, M.B., Ch.B.

Wolverhampton.

Mrs. K. aged 50, who had been treated for diabetes by dieting since January last, appeared from the history to have suffered from diabetes for at least two years. Under treatment some symptoms subsided, but the specific gravity of the urine was never reduced below 1030; it was usually considerably higher, and the percentage of sugar was only reduced to 2.5. The patient objected to trying insulin. Raw pancreas was started on March 17th (as recommended by Dr. Hollins, *BRITISH MEDICAL JOURNAL*, March 14th, p. 503), and on March 21st the urinary sugar was reduced and the specific gravity of the urine was 1025. By April 24th the urine was free of sugar and the specific gravity 1020. The patient put on one pound in weight, and all symptoms disappeared. Apart from the addition of the pancreas, which was taken five days a week, no change was made in the diet.

Cardiff.

CONSTANCE L. GRIFFITHS.

X RAYS IN THE TREATMENT OF WHOOPING-COUGH.

DR. H. I. BOWDITCH, in the *Journal of the American Medical Association* (vol. i, 1924, p. 1422), gave an account of the treatment of 300 cases of whooping-cough by x rays at the Boston Floating Hospital. References to the work of Dr. Bowditch and his colleagues appeared in the *Epitome*, November 29th, 1924 (para. 424), and December 20th, 1924 (para. 491). A previous article on this subject was published by Dr. Bowditch in the *Boston Medical and Surgical Journal* of March 8th, 1923. Acting on the suggestion, but adopting a rather simpler technique, I have used the method in nine consecutive cases of whooping-cough during the past three months, and my experience may be summarized as follows.

1. The cases were all well established examples of uncomplicated whooping-cough, and four were very severe. The ages of the patients ranged from 1 year and 9 months to 55 years, and the duration of the attack from ten days to four months.

2. The dose of x rays varied with the age of the patient from 1/4 to 3/4 pastille dose, using in each case a suitable aluminium filter and a tube of equivalent spark-gap of 8 inches. In each case the dose was directed to the inter-scapular area from behind, this being the nearest point of approach to the root of the lungs, where enlargement of the lymphatic glands occurs in this disease. Two doses were given, with an interval of one week, in all except three cases, in which one dose only was given. The patients received no other treatment.

3. In all the nine cases so treated the cough ceased in less than a fortnight, and in no case did it recur; the cough at night was the first to be stopped.

The rationale of the method is explained by Dr. Bowditch, and I have personally confirmed the existence of enlarged glands at the root of the lungs. I do not believe that any bad sequelae are likely with these small doses, which have been employed in a large number of cases of early tuberculous adenitis; this invariably clears up under similar but

more prolonged treatment without unpleasant results. I venture to draw attention to the method in the hope that it may be more extensively practised in a disease in which other methods of treatment have been generally unsatisfactory. The relief which followed its use in these cases was extraordinary. If the good results are confirmed by more extensive trial we appear to have at our disposal a method of treating whooping-cough which will cut short its distressing symptoms, prevent the onset of many complications, and materially reduce its mortality.

Glastonbury, Somerset.

J. W. J. WILLCOX, M.B.Lond.

POISONING BY EUCALYPTUS OIL.

THE following case of poisoning by eucalyptus oil, in which alarming symptoms arose, may be of interest to readers. Other cases have been recorded in the *BRITISH MEDICAL JOURNAL* (1906, i, pp. 558, 1020, 1085).

A boy, aged 16, was recovering from measles when he was given by mistake half an ounce of eucalyptus oil. He swallowed the draught from the medicine glass without looking at it, and immediately said, "You have given me eucalyptus instead of my medicine." He felt some burning in the mouth and tried to cough the oil up, without success. In two or three minutes he suddenly became faint, and, according to the parents' account, was quite unconscious. On arrival ten minutes later I found the patient much collapsed, almost pulseless, and completely unconscious. The conjunctival reflex was nearly absent, and the breathing stertorous. With difficulty I got a little mustard and water down, but as there was no proper reflex action of swallowing I desisted. However, the boy vomited twice; whether this was due to the poison or the mustard I cannot say. His colour and pulse improved, but as I was not satisfied I washed out the stomach three or four times with the stomach tube. Three hours later the bowels acted involuntarily, but the patient remained comatose for another hour, when coughing commenced and the conjunctival reflex became brisk. Two hours later still, speech and recognition of relatives had returned, and the subsequent recovery was uneventful. The patient told me that he remembered nothing of what happened from the time of his feeling faint at 11 a.m. until about 5 p.m. On recovery of consciousness he complained only of thirst; there was no abdominal uneasiness. The symptoms therefore were those rather of a narcotic poison than of an irritant.

The poisonous nature of such a common household remedy is probably not widely known.

Horwich, near Bolton.

J. S. SEWELL, M.D.Ed.

SACRALIZATION OF FIFTH LUMBAR VERTEBRA WITH PRESSURE ON LUMBAR PLEXUS.

THE following case, of a condition which I believe to be rare, seems worthy of record. I am indebted to Mr. A. M. Sinclair, honorary surgeon to the Victoria Hospital, Burnley, for permission to publish these notes.

A man, aged 30, sustained an injury in March, 1924, to the lumbar region of the back. A week after the accident the patient was completely free from pain. On returning to light work, five weeks later, he noticed that his back was easily fatigued, and towards the end of April, 1924, he began to suffer pain in his back over the site of injury. He experienced increasing weakness in the right leg, and later on pain in it on exertion. About November, 1924, he found he could not completely extend his right knee, the attempt to do so causing pain in the back, shooting down to the right heel.

When examined in March, 1925, some flaccidity and wasting of the muscles of the right thigh and right calf (due mainly to disuse) and considerable weakness of the right quadriceps femoris were present. There was limitation of all movements at the hip-joint, in particular of those of extension and internal rotation, and all movements at that joint caused pain over the right posterior superior iliac spine. The knee-joint could not be completely extended, and attempts to do so produced pain over the right posterior superior iliac spine, shooting down the back of the right leg to the heel. There was evidence of interference with sensory filaments in a slight loss of the sense of superficial touch, marked loss of pain sense over the anterior aspect of the right thigh extending upwards as far as Poupert's ligament, and also considerable loss of deep muscular sensibility in the right calf. No variation in the reflexes could be made out. The Wassermann reaction was negative.

The skiagram disclosed a shadow, suggesting bone in density, extending from the lower portion of the right transverse process of the fifth lumbar vertebra downwards to the first piece of the sacrum, and outwards, rather more vaguely, to the iliac crest a short distance above the posterior superior iliac spine. A homologous but rudimentary process was present on the left side.

In March, 1925, the patient was operated on at the Victoria Hospital, Burnley. On separating the muscles through a posterior incision a small bony process was found tapering downwards and outwards from the lower portion of the right transverse process of the fifth lumbar vertebra, and being prolonged as a band of firm fibrous tissue to the iliac crest. Below it was connected with the first piece of the sacrum. The fibrous band was cut, and the cone removed flush with the transverse process of the fourth lumbar vertebra.

After the pain immediately subsequent to the operation had subsided the patient found that he could completely extend his knee without pain. When the operation wound had healed, all movements at the hip-joint were found to be normal and painless, and also there was definite evidence of returning cutaneous sensibility. On April 18th the patient was discharged from hospital, all symptoms of the condition having disappeared.

R. B. HENDERSON,

House-Surgeon, Victoria Hospital, Burnley.

SECONDARY CARCINOMA TREATED WITH DEEP X RAYS.

ALTHOUGH the patient in the following case eventually died, the effect of deep x-ray therapy was in certain respects so favourable that it appears worth while to record the facts.

A lady, aged 48, in the spring of 1921 had a small nodule just above the clavicle on the right side. The left breast had been excised five years earlier for carcinoma. The right arm was slightly swollen. The patient was of a very nervous temperament, with dilatation of the left pupil and a suggestion of exophthalmos; the pulse rate was frequently accelerated, and her condition resembled in certain respects the thyroid type. By the autumn of the same year there was considerable glandular involvement in both supraclavicular regions, especially the left; the glands were very hard and adherent to the cervical tissues.

The surgeon who had operated in the first instance pronounced the condition inoperable, and she was transferred to Frankfurt, where she was placed in the City Hospital, under the care of Professor Schmieden. Though the condition was not considered suitable for irradiation, in view of the extent of the glandular involvement and the swelling and neuralgic pains down the arm, she received irradiation of three hours on each side of the chest on October 28th, 1921. First field (left breast and axilla): Distance 80 cm.; dose 110 per cent.; filter 0.5 mm. of zinc. Second field (right supraclavicular area from front): Distance 40 cm.; dose 100 per cent.; filter 0.5 mm. of zinc. Third field (right supraclavicular area from behind): Distance 40 cm.; dose 100 per cent.; filter 0.5 mm. of zinc.

Within a month from the date of treatment a distinct difference in the size of the glands was observable, an improvement that still held at the end of five months. Marked improvement was observed in the general health; the condition, however, could not be regarded as cured, pleuritic friction being audible between the shoulder-blades. Blood examination showed: Haemoglobin 100 per cent.; red blood cells 7,400,000, white blood cells 10,600 per c.mm. Anaemia of the ordinary hyperplastic type was therefore present. X-ray examination gave no evidence of intrathoracic involvement.

She paid a second visit to Frankfurt on April 10th, 1922. For about six weeks prior to this visit the supraclavicular glands had shown a tendency to increase. Professor Schmieden found her general condition improved. X-ray examination of the thorax revealed a long narrow mediastinal band, but screening showed the retrocardial space free. Several bronchial glands appeared enlarged, which may explain pains she experienced in the chest. The mediastinum, however, being free, was treated with high x-ray doses. The left thorax, axilla, and clavicular area were treated at 70 cm. and 80 cm. distance by two fields, giving 50 per cent. erythema skin dose each, the filter being 0.5 mm. of zinc, the milliamperage 3, the spark-gap 44 cm., and the time 115 minutes with each tube. This was immediately followed by a 70 per cent. dose at 50 cm. distance, given obliquely from the left scapula, the irradiation field being 10 by 15 cm. Five days afterwards the right clavicular region was also irradiated—moderated, owing to the state of the patient, to a 90 per cent. dose at 50 cm. distance with a field of 10 by 15 cm.

A third visit was paid in August, 1922. The left gland had markedly decreased and flattened out, the right glands had increased and even slightly involved the skin—a striking commentary upon the relative underdosage on the right side in April. The general condition of the patient was poor, although Dr. Holfelder, who had charge of the patient while she was in Frankfurt, reported that she stood the journey fairly well. The percussion note was damped in the left posterior thorax, with pleuritic friction; there was pain, and a diagnosis of pleural metastases was made. The supraclavicular and infraclavicular regions were treated with 100 per cent. erythema skin dose at a distance of 80 cm. This was followed by almost immediate retrogression of the glands in the right supraclavicular area.

During the ensuing year the general condition sank. Constipation remained a marked feature; she became thinner. The blood sank to 55 per cent. of the colour index. The glands involved the skin above and below the clavicles. The pulse rate rose to 120 to 140. Arsenic and radium made little difference.

The facts of the case were of interest, notwithstanding the negative outcome. It was over seven years from the date of the primary operation that the patient succumbed, and, giving a year for the primary growth, the illness was of over eight years' duration, with a clear interval of five years. In October, 1921, she was so ill that x-ray treatment was almost refused. The opinion of the observers, both in London and on the Continent, was that the first and second irradiations exerted a definitely retarding effect on the growth of the cervical glands. The advantages of the treatment lay therein, in a partial relief of pain, and in the belief that everything possible was being done for her.

Glasgow.

ARTHUR TURNBULL.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Fellowship in Physiology at New College.

THE College proposes to elect, not later than October next, to a Fellowship in Physiology. The person elected will be required to undertake, as from Michaelmas term next, the teaching of members of the College reading for the Honour School of Physiology and the medical examinations. Details of the appointment and forms of application can be obtained from the Warden. These forms, duly completed, should be returned to the Warden not later than June 15th.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on May 9th the following medical degrees were conferred:

M.B., B.CHIR.—J. H. Doggart, N. F. Adeney, J. Ness-Walker, A. S. H. Walford.

The Raymond Horton-Smith Prize, awarded to the candidate who presents the best thesis for the M.D. degree during the academical year, has been awarded to M. B. R. Swann (Caius); *proxime accessit*, D. V. Pickering (Emmanuel).

Diploma in Psychological Medicine.

An examination for Part II of the Cambridge Diploma in Psychological Medicine will be held in London on June 10th, 11th, and 12th. Applications should be addressed to "The Registry, Cambridge University," at once.

UNIVERSITY OF LONDON.

DEGREE CEREMONY.

THE annual degree ceremony of the University of London was held in the Albert Hall on May 13th.

The Principal's Annual Report.

The Principal, Sir Cooper Perry, reported that the total number of those who had entered the University during the academic year 1924-25 was 7,603, as compared with 3,852 in the last year before the war and 7,731 in 1923. Of the total in the past year 5,542 came in through the ordinary matriculation examination, 360 as graduates of other universities, 998 as holders of the Oxford or Cambridge School Examination certificate, 483 as holders of other approved certificates, and 220 after examination under Statute 116, which authorizes the admission of a student after a special test. The total number of candidates for all examinations was 31,623, about 200 fewer than in the last year. Of the 3,420 candidates for degrees, 2,079 were internal and 1,341 external, figures which corresponded very nearly with those for the previous year. The number of candidates at all examinations who obtained diplomas and degrees was 2,642, as compared with 2,598 last year. The number of internal students had risen from 8,849 to 9,002.

The Principal enumerated various gifts made to institutions of the University, and mentioned that over 10,000 volumes had been added to the University library. The inspection of the various schools of the University had been continued, and through the reports of the inspectors the Senate was acquiring a valuable store of information. The Senate had also investigated the general question of the salaries of the teaching staffs; it was largely want of money, and the Principal hinted that gifts for the augmentation of salaries would be very welcome. The grants for scholarships had been increased from £1,800 to £3,000 a year; this had made it possible to establish two university post-graduate travelling studentships open to internal and external graduates in all faculties, and three post-graduate studentships open to the faculties of theology, arts, laws, music, and engineering.

Correspondence had passed during the year between the University and the Treasury upon the subject of the Bloomsbury site, but this matter, so important a chapter in the history of the future, still remained for decision. The departmental committee established by the President of the Board of Education had been sitting for some months to consider the final report of the Royal Commission on University Education in London (1913), and to indicate the principal changes now most needed in the existing constitution of the University of London. Its findings might be awaited with confidence, remembering that, in whatever form the body of the University constitution might be moulded, the spirit which gave it life and growth remained.

The annual service for graduates was held at Westminster Abbey at 5.45, and a graduation dinner followed at Drapers' Hall at 8 p.m.

MEDICAL RESEARCH FUND.

Applications for grants from the Thomas Smythe Hughes Medical Research Fund for assisting medical research must be sent to the Academic Registrar (from whom full particulars can be obtained) by June 15th.

UNIVERSITY OF GLASGOW.

THE History of Medicine prize has been awarded to Dr. Dan McKenzie (London) for his essay entitled "The infancy of medicine." This is the first award of the prize, value £60, founded by a professor in the Faculty of Medicine.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

W. H. ASHMORE has been admitted a licentiate in medicine of the College.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

D.P.H.—D. G. Anderson, M. J. Pett, A. H. Campbell, Agnes F. Dickson, W. Fraser, Clara F. Gertzen, Jean M. Gilchrist, Mary M. Jack, J. C. Lindsay, P. L. McKinlay, Elizabeth P. Y. Paterson, G. H. Percival, W. C. Sharp, Annie V. Taylor, J. Walker, Elizabeth Wheatley, A. B. Williamson, Anne C. Wilson. *Part I:* Ruth M. Allinson, Mary V. F. Beattie, Elizabeth S. Cook, Elsie B. Dickson, Jane T. Gilmour, Hilda R. Hay, R. Levinson, W. R. Logan, Elizabeth M. Mackay, R. Norton, Margaret M. Paterson, J. Sachs, D. A. M. Shearer, M. Somerville, Jeanie M. Strathie, H. W. Sutherland. *Part II:* G. A. Pollock.

Medical News.

THE Leicester Medical Society has issued invitations to the opening of the Leicester Private Hospital on Wednesday afternoon, May 20th. The new hospital, in Regent Road, is the gift of Mr. T. Fielding Johnson, J.P., late chairman of the Leicester Royal Infirmary. It has been built and equipped, as far as possible, with all the facilities and conveniences of a voluntary hospital. The object of the donor has been to make available for the use of private patients the advantages of a modern hospital. The capital outlay having been given, it is intended that, as regards its maintenance and upkeep, the hospital shall be managed on a self-supporting basis. It is open to the patients of any medical practitioner, with no restriction upon free choice of doctor. There is accommodation for fifty patients, mostly in single rooms, and provision has been made for the reception of medical, surgical, and maternity cases.

A FESTIVAL dinner in aid of the funds of the Infants Hospital, Vincent Square, Westminster, was held at the Guildhall on May 8th, under the chairmanship of H.R.H. Prince Henry, who read a telegram from his sister, Princess Mary, president of the hospital, wishing success to the occasion. In proposing the toast of "The Infants Hospital," Prince Henry said it was the first of its kind to be established in Europe; it was founded with the object of placing on a scientific basis the management of infants up to 5 years of age, the treatment of diseases of nutrition, and the investigation of means by which infantile mortality could be prevented. A subscription list of £15,000 was announced, which included £4,500 subscribed by friends of the hospital for the endowment of nine cots at a cost of £500 each, in honour of His Royal Highness's presidency at the festival.

THE annual prizegiving at the London Hospital Medical College will take place on Tuesday, June 2nd, at 3 p.m. The prizes and certificates will be distributed by Dr. Charles H. Mayo of Rochester, Minnesota, in the Medical College library, and the distribution will be followed by a garden party in the hospital grounds.

H.R.H. THE DUKE OF YORK has accepted the Honorary Presidentship of the thirty-sixth Congress of the Royal Sanitary Institute to be held at Edinburgh from July 20th to 25th, at which the Secretary for Scotland will preside and deliver the inaugural address.

THE annual general meeting of the London and Counties Medical Protection Society will be held at the offices of the society, Victory House, Leicester Square, W.C.2, on Wednesday, May 20th, at 4 p.m.

THE bi-annual dinner of the Aberdeen University Club, London, will be held at Gatti's Restaurant on Thursday, May 21st, at 7.30 p.m. The Hon. Sir Arthur Greer will be in the chair, and Sir Leslie McKenzie, M.D., will be the guest of honour. Dr. Milligan, 11, Upper Brook Street, W.1, will be pleased to hear from either men or women graduates wishing to join the club or attend the dinner.

THE Fellowship of Medicine announces that Dr. T. W. Eden will lecture at No. 1, Wimpole Street, on May 18th, at 5.30 p.m., on the prevention of puerperal sepsis. On the same date will begin the two weeks' course for general practitioners at the London Temperance Hospital; at 4.30 p.m. a clinical demonstration will be given, and at 5.30 a brief lecture. A special course will be held at the Infants Hospital from May 18th to 30th, and a two weeks' afternoon course in dermatology has been arranged from May 18th to the end of the month by the Hospital for Diseases of the Skin (Blackfriars); a special demonstration of cases will take place on May 19th. During June there will be courses in diseases of the chest at the Victoria Park Hospital for Diseases of the Heart and Lungs, in gynaecology at the Chelsea Hospital for Women, in tropical medicine at the London School of Hygiene and Tropical Medicine, in urology at St. Peter's Hospital, in venereal diseases at the London Lock Hospital, and an intensive course in general medicine, surgery, and the specialties at the London Temperance Hospital. Full particulars may be obtained from the Secretary of the Fellowship of Medicine at No. 1, Wimpole Street, W.1.

A SUMMER school of maternity and child welfare will be held in London, under the auspices of the National Baby Week Council, from July 1st to 7th. Sir Arthur Newsholme will preside over a session dealing with maternal mortality and morbidity in childbirth, the introductory address being contributed by Dame Janet Campbell, M.D. Addresses will also be given by Dr. A. E. Giles, on medical preventive measures; by Dr. Mabel Brodie, on the social problem of establishing preventive measures for combating maternal mortality and morbidity; and by Dr. James Fenton, on the administrative aspect of preventive measures. Visits will be paid to hospitals for children and other institutions of interest to child welfare workers. The full programme may be obtained from the Secretary, National Baby Week Council, 117, Piccadilly, W.1.

AT a meeting of the Royal Microscopical Society to be held at 20, Hanover Square, at 8 p.m., on Wednesday, May 20th, Dr. R. J. Ludford, of the Institute of Anatomy, University College, will read a paper on the cytology of cancer.

THE annual medical missionary breakfast of the Medical Prayer Union will be held on Wednesday, May 20th, at the Refectory, University College, Gower Street, W.C., at 8 a.m., under the presidency of Mrs. Scharlieb, C.B.E., M.D., M.S. An address will be given by Dr. E. J. Peill, of Tsangchow. An intimation of intention to be present will be welcomed by the honorary secretary, Dr. Tom Jays, Livingstone College, Leyton, E.10.

THE late Sir G. Anderson Crichtett, Bt., surgeon oculist to the King, who died in February last, left estate of the gross value of £92,150, with net personalty £91,632. He has bequeathed £100 each to Epsom College and to the Royal Medical Benevolent Fund.

THE seventh Congress of the Middle German Surgical Association will be held at Chemnitz on June 6th and 7th, when the following subjects will be discussed: modern treatment of carcinoma of the rectum, introduced by Professor Reichel; surgical treatment of pulmonary tuberculosis, introduced by Dr. Wendel of Magdeburg.

IN his report for 1924 Dr. Walter Garstang, the medical officer of health for the urban district of Hucknall (population 17,760), states that the small-pox outbreak which began in August, 1923, continued throughout 1924. The total cases in 1924 were 193, and all were removed to hospital. The vaccinated numbered 37 and the unvaccinated 156. Of the vaccinated none were under 20 years of age, and 15 were vaccinated after exposure to infection. The disease has been of a very mild type, and the medical officer is emphatic that it can be stamped out only by vaccination, and that, looking to the continued neglect of vaccination, cases of small-pox may be expected for a considerable time—probably for years.

DR. J. G. MACQUEEN of the Middle Temple, and Drs. W. R. H. Heddy and R. B. Davidson of Gray's Inn, were called to the Bar on May 6th.

THERE has been a reduction in mortality from tuberculosis in Germany from 26 per 10,000 inhabitants in 1919 to 11.5 in 1923. Germany possesses 514 sanatoriums for tuberculosis, with a total of 43,000 beds.

THE following foreign appointments have been recently announced: Dr. Stoeltzner of Halle to be professor of children's diseases in the University of Königsberg; Dr. H. E. Sigerist of Zürich to succeed Professor Sudhoff in the chair of the history of medicine at Leipzig; Dr. Ceelen to be professor of morbid anatomy at Greifswald University in succession to Professor Grosz; Dr. Eric Hessé to be professor of surgery at Leningrad; Dr. Ombrédanne to be professor of the surgery of childhood and orthopaedics, and Dr. Roussy professor of pathological anatomy, in the Paris faculty of medicine; Dr. Lecercle to be professor of clinical surgery in the Damascus faculty of medicine; Dr. C. Roques has been nominated professor of medical physics in the Bordeaux faculty of medicine in place of the late Professor Bergonié; and Dr. Patel has been nominated professor of operative surgery in the Lyons medical faculty.

THE late Mr. J. David Williams of Styal, Cheshire, a director of the Manchester Ship Canal Company, has left estate of the gross value of £634,959, with net personalty £529,080. He has bequeathed one hundred £10 fully paid up preference shares in the Manchester Ship Canal Company each to the Manchester Royal Infirmary, for cancer research; to the Ancoats Hospital and Ardwick and Ancoats Dispensary, to endow a J. D. Williams bed; and to St. Mary's Hospital, Manchester, to endow a J. D. Williams bed.

WE have received the first issue of the *Journal of the Australian Veterinary Association*; it bears date March, 1925. It is edited by Mr. M. Henry, with the assistance of an editorial committee, and is issued from the Veterinary School of the University of Sydney. It contains several original

articles, and a report of the fourth general meeting of the Australian Veterinary Association held in Adelaide last year. It is intended to keep veterinarians in Australia acquainted with the progress of their art and also to let the rest of the world know what is being done in Australia.

THE first International Child Welfare Congress will be held in Geneva from August 24th to 28th, under the patronage of the Swiss Federal Government, and it is anticipated that about 1,000 delegates from fifty different countries will be present. Papers will be contributed by Sir Henry Gauvain, Mr. R. C. Elmslie, Dr. Cyril Burt, and Dr. D. C. Kirkwood. The congress will be divided into three sections, the first dealing with hygiene and medicine, under the presidency of Professor Clemens Pirquet, director of the children's clinic at the University of Vienna; the second, concerned with social welfare and administration, under the presidency of Mr. George Scelle, professor of international law at Dijon; and the third, which will discuss educational propaganda, will be presided over by the Marchioness of Aberdeen, president of the International Council of Women.

ONE of the results of the earthquake in Japan has been a great deterioration in the sanitary conditions. During 1924 three times as many cases of typhoid fever occurred as in 1923; 3,869 cases were admitted to hospital, and 198 deaths were due to this cause in November alone. Infantile mortality in Japan is also very high.

THE Dutch Congress of Public Health will be held at Leeuwarden on June 26th and 27th.

WE regret to announce the death, on May 13th, of Dr. Howard H. Tooth, C.B., C.M.G., consulting physician to St. Bartholomew's Hospital and to the National Hospital for the Paralysed and Epileptic. We hope to publish an obituary notice next week.

Letters, Notes, and Answers.

ALL communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, 429, Strand, W.C.2.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the **BRITISH MEDICAL JOURNAL** alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Matter intended for the current issue should be posted so as to arrive by the first post on Monday, though in special circumstances urgent communications can usually be received on Tuesday morning.

Authors desiring REPRINTS of their articles published in the **BRITISH MEDICAL JOURNAL** must communicate with the Financial Secretary and Business Manager, 429, Strand, W.C.2, on receipt of proofs.

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, W.C.2. Attention to this request will avoid delay.

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QUERIES AND ANSWERS.

"IGNORAMUS" asks whether there is any record of injections of adrenaline, used for the relief of spasmodic asthma, inducing eczema or aggravating an existing attack of eczema.

INCOME TAX.

Additional Assessments.

"M. H." (Kent) has received notices of assessment for the three years 1921-22 to 1923-24, that for 1921-22 being the second additional notice. What are his chances of appealing successfully?

** We should advise our correspondent to write to his local inspector of taxes giving formal notice of appeal, to keep himself right as regards the time limit, and asking for information as to what precise fees or emoluments the assessments cover. It is at least possible that it may be found that the additional assessments may relate to some particular earnings which have been included in the general Schedule D return and already assessed accordingly.