bilirubin at the site of production of ammonia, though the latter may exist as such for only a very short time, is sufficient to explain the formation of the bilirubin ammonium salt. The liver cells are, in fact, the most probable site of formation of the ammonium salt.

Our views, therefore, as to the chemical nature of the two forms of bilirubin do not in any way conflict with the modern theory of jaundice, but on the other hand appear to lend it some support.

REFERENCES.

[1] McNee, J. W.: BRITISH MEDICAL JOURNAL, September 24th, 1924. [2] Blankenhorn, M. A.: *Arch. Intern. Med.*, 27, 131, 1921. [3] Bruié, M., Garban, H., and Weissman, C. L.: *Presse Méd.*, 39, 985, 1922. [4] Nash, jun., T. P., and Benedict, S. R.: *Journ. Biol. Chem.*, 48, 463, 1921. [5] Wells, H. G.: *Chemical Pathology*, p. 772, 1925.

DOUBLE VAGINA AND SINGLE UTERUS.

BY

R. C. BARTLETT, M.R.C.S., L.R.C.P.,

ROMSEY, HANTS.

IN the JOURNAL of March 13th (p. 476) Dr. Macgown of Kong-Kong reports a remarkable and interesting case of double uterus with double vagina, in which, occasion for Caesarean section having arisen, he was given the opportunity of verifying his previous clinical observations as to the degree of duplication of the uterus.

In the rare lapses on the part of Nature from her usual wonderful precision the departure from normal in failure to effect fusion of the Müllerian ducts increases as the failure extends from the level of the Fallopian tubes downwards. Thus uterus didelphys (or uterus septus) with double vagina, as met with by Dr. Macgown, is an exceedingly rare condition. A reversal in the order of fusion by which double vagina is associated with complete coalescence in the body of the uterus and the uterine cavity is probably the rarest of all such abnormalities. In the limited field of research at my immediate disposal I find no such case recorded, but that a few cases similar to the one I now wish to describe can be cited I do not doubt.

A woman, aged 29, married seven years, nulliparous and desirous of children, consulted me solely in respect of the infertility of her marriage. She was of good physique and health, menstruation had been regular, and she was aware of no sexual incapacity or anatomical defect.

On digital examination the ostium vaginae and the vagina itself appeared normal, and the cervix uteri was fully developed and centrally situated, but, as it seemed, a thin membrane covered the whole of the vaginal cervix, intervening between it and the examining finger. On preparing to insert a vaginal speculum I noticed (almost by chance, I think) to the left of the ostium vaginae, and tucked away against the left labium, what at first sight looked like a second meatus urinarius. The meatus urethrae proper was in its natural position anteriorly. On drawing the labium further aside there was displayed an intact left hymen having a natural opening no larger than would easily admit a No. 10 catheter. The next day, under a general anaesthetic, I broke down this left hymen and discovered a completely separate left vagina with a normal cervix and cervical canal beyond it. This was, of course, the cervix I had previously felt through the septum from the right vagina. Right up in the fornix of the right vagina was a rudimentary bud-like right vaginal cervix no larger than a hazel-nut. It had an umbilicated central depression but no patent cervical canal, and it appeared to spring from the side of the left (main) cervix at the level of the internal os. The body of the uterus, as far as I could determine its outline bimanually, was neither bicornuate nor unicornuate. The vaginal septum was thick and fleshy below, thin and membranous above, and it extended the whole length of the vagina right up to the angle formed by the rudimentary right cervix. Either vagina admitted a 1¼-inch Fergusson's speculum easily, the septum being deflected to the opposite side. The two blades of a bivalve speculum, being passed, one into each vagina, displayed the septum and its attachments perfectly.

Evidently the menstrual flow had always been through the left vagina, and probably the virginal condition of the right hymen had been similar to that of the left. Had the left hymen given way instead of the right on the patient's marriage, I could see no reason to doubt that impregnation would have occurred, or to suppose that the vaginal septum would have opposed any resistance in parturition, and so have been destroyed. I think it even possible that the very existence of the right vagina might then have been unnoticed in the ordinary course of obstetric attendance. However that may have been, in deference to the patient's paramount desire to have children, and to give her the greater chance of its fulfilment, I decided to throw the two vaginae into one by division or excision of the septum. Accordingly the septum was divided by scissors from below upwards, and the cut edges of the lower thick parts were sewn over by a few loops of continuous suture. The flaps retracted and shrivelled, and when I next saw the patient, eight months later, little more than an anterior and a posterior raphé remained. She was then already five months pregnant. Gestation was perfectly normal throughout and went to its full term, and in due course I delivered her of a well developed male child after a rather easy labour. She subsequently, as I was informed, bore another (female) child—again without difficulty.

Apart from the fact that neither before nor during pregnancy could I detect a separate right uterine body, or any vestige thereof (although therein I may have been mistaken), my reasons for believing that only the vagina was double are: (1) that there was no history of haematometra or other pelvic crisis arising from puberty, and (2) that the vaginal septum, while thick and fleshy below, thinned almost to the vanishing point at the fornix. Against such view may be urged the existence of a rudimentary right cervix. But this appeared to be integumentary rather than substantial in structure, and, that being so, would it not morphologically belong to the vagina rather than to the uterus?

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TUBERCULIN LINIMENT.

THE value of tuberculin in the treatment of tuberculosis is enhanced if one realizes the conditions under which the best results are likely to be obtained. Some two years ago, as the result of an analysis of 96 cases treated with tuberculin, I formed a working theory as to the class of case in which it was likely to prove beneficial. The details were published in the JOURNAL.[1] I have had no reason to alter the conclusions to which I then came, which were:

1. That fibrosis is an important factor in tuberculin therapy, and that, other things being equal, the less fibrosis there be the more satisfactory will be the results with tuberculin.
2. That hypersensitiveness is no contraindication to tuberculin therapy.
3. That in subsensitive cases much improvement cannot be expected except in asthma.

By far the best results, in my experience, are obtained in hypersensitive cases and in asthma. The difficulty is that if hypersensitive subjects be treated with hypodermic injections of tuberculin the general reactions may be unduly severe, and in the asthmatics an attack of asthma may be precipitated. For these reasons one is apt to be deterred from giving tuberculin in the very cases in which it is such a powerful agent for good. Fortunately, there are other ways of exhibiting tuberculin besides the hypodermic method.

Sir Robert Philip has advocated[2] the administration of tuberculin as an ointment. I use this method frequently with satisfactory results. It has, however, the disadvantage that the dosage cannot be accurately regulated. Dr. James Crocket[3] speaks favourably of tuberculin liniment. I have given this method an extensive trial and have found it valuable. A description of the procedure adopted may therefore be of interest.

The patient is first tested as to sensitiveness to tuberculin by the von Pirquet method modified by Ellis. This consists in performing a cutaneous test with dilutions of "old tuberculin." Those cases which react to 1 in 500 dilution are classified as hypersensitive, those to 1 in 100 as sensitive, and those to 1 in 10 as subsensitive. A skiagram of the lungs is taken and the extent of fibrosis, if present, is noted. The test is essential and the *x*-ray report most desirable, for, as indicated above, a knowledge of the degree of sensitiveness to tuberculin and the amount of fibrosis is the keynote to successful tuberculin therapy and to prognosis.

The patients take their own temperatures four times a day and their weight is recorded weekly. They attend hospital once or twice a week for treatment, which is conducted as follows: 0.01 c.cm. of T.A.F. ("tuberculin albumose frei") is diluted with a suitable quantity (say 0.5 c.cm.) of compound camphor liniment. This the patient rubs into the back of his upper arm. If there be no local reaction to this the dose is doubled at the next sitting, and doubling is continued at each subsequent sitting till

[1] BRITISH MEDICAL JOURNAL, June 14th, 1924.
[2] Ibid., March 24th, 1923.
[3] *Edinburgh Medical Journal*, March, 1924.

a local reaction is obtained or till 0.1 c.cm. of tuberculin is reached. After this the dose is increased with more caution. The treatment is continued till 1 c.cm. of tuberculin is reached.

I have under consideration 36 cases treated on these lines. All were afebrile, and in no case were tubercle bacilli found in the sputum.

Result of Treatment.

5 were hypersensitives (reacted to 1 in 500)	All much improved.
10 were sensitives (reacted to 1 in 100) ...	All improved.
4 were subsensitives (reacted to 1 in 10) ...	None much improved.
16 were cases of asthma	All much improved.

It is interesting to note that all the cases of asthma reacted to either 1 in 10 or 1 in 100, not one to 1 in 500 tuberculin. I have never yet found a tuberculous asthmatic who was hypersensitive to tuberculin.

I use the word "improved" advisedly. By it I mean the symptoms cleared up and there was a gain in weight. The more I see of tuberculosis the less I like to use optimistic expressions, such as "cured" or "disease arrested."

I do not consider that this form of treatment will displace other methods of tuberculin therapy. Some cases seem to do better on injections, but the absence of general reactions and the simplicity of the technique are much in its favour.

F. E. GUNTER, D.S.O., M.D.,
Lieut.-Colonel, R.A.M.C. (ret.).

London, E.C.2.

ANAPHYLAXIS FOLLOWING ADMINISTRATION OF SERUM.

I WAS much interested by the note in the Epitome of the JOURNAL of June 5th (para. 559) of a paper by C. A. Stewart in the *Journal of the American Medical Association* on anaphylaxis following serum injection in children who had previously received diphtheria toxin-antitoxin. I have recently had such a case myself, and although, as I believe, they are practically never really dangerous, these reactions are sufficiently alarming to make it desirable, in general practice at any rate, to take every precaution against their occurrence.

A boy, aged 8, was inoculated in December, 1925, with combined scarlet fever and diphtheria prophylactic, and at that time had not any reaction of exceptional degree. At the beginning of May last he had fairly severe tonsillitis, accompanied by carditis, as evidenced by dilatation and a definitely harsh mitral systolic murmur. An almost pure culture of haemolytic streptococci was grown from a throat swab, and early tonsillectomy was decided on. With the idea of diminishing the toxaemia, 10 c.cm. of scarlatinal antitoxin was given by intramuscular injection. In about an hour a pretty severe "immediate reaction" had begun—generalized urticaria with intense itching, oedema of the lips and tongue, rising pulse rate and temperature, and slight dyspnoea. The symptoms gradually subsided in about thirty-six hours, and all seemed well. On the fourth day, however, they recurred, and were if anything more severe than before. Adrenaline and pituitrin were given by intramuscular injection and apparently hastened the subsidence of the symptoms. On the eighth day there was a third and final attack similar to the other two. The subsequent progress was good, and the boy has apparently made a complete recovery.

Two interesting points seem to me to arise. First, was the attack one of acute rheumatism, and, if so, had the antistreptococcal treatment, prophylactic and therapeutic, anything to do with the rapid recovery? Or, secondly, was it, as it were, an abortive scarlet fever, in which, owing to prophylactic injection of scarlatinal toxin, there was sufficient antitoxin in the blood to prevent the appearance of the toxic erythematous rash? These, however, are speculative considerations; the practical points are those made by Stewart—namely, that serum reactions are at least not unlikely to occur in children who have had toxin-antitoxin inoculation, and that it is most desirable that some non-serum or even non-protein (if possible) method of antidiphtherial inoculation, such as Larson's, should be made available.

The sister of my patient, aged 5—also previously inoculated—who was, I am afraid, imperfectly isolated, subsequently developed a similar tonsillitis. Serum was not employed in her case.

E. R. C. WALKER, M.B., Ch.B.Ed.

Aberdeen.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

SECTION OF LARYNGOLOGY.

THE summer meeting of this Section was held on June 3rd and 4th, with the President, Dr. W. H. KELSON, in the chair.

Nasal Sinusitis as a Cause of Toxaemia.

Sir WILLIAM WILLCOX opened a discussion on nasal sinusitis as a cause of toxaemia. He said that there was strong evidence that the lead given by British medicine in the realization of the great etiological importance of focal sepsis was being appreciated and followed in other countries. A point of the greatest importance was that just as dental sepsis was often latent and could only be demonstrated by radiological methods, so in nasal sinusitis the existence of the focus of infection was quite latent in a large number of cases and gave rise to no local symptoms. It was easy to overlook nasal sinusitis in a case of chronic disease such as arthritis or diabetes unless special search was made. Where no focus of infection was found, as a rule the explanation was that the investigation had not been sufficiently complete. In a considerable number of cases under his care where the disease had been obviously due to a chronic toxaemia a latent nasal sinus infection had been discovered. He was most strongly of opinion that in every case of this kind a systematic expert examination of the nasal sinuses was essential. It had to be remembered that often a nasal sinusitis was coexistent with another focus of infection, and the presence of dental sepsis, for example, should not preclude a systematic examination of the nasal sinuses. It was also necessary to remember that a clear serous effusion or an oedematous mucous membrane would exhibit some opacity to *x* rays but little to the light rays; in a number of cases of latent sinusitis under his care there had been a discrepancy between the radiographic opinion and expert opinion based on transillumination. The diagnosis of the presence of pus in an antrum could not be made with absolute certainty by radiographic examination alone, and rhinoscopic examination accompanied by puncture of the suspected sinus appeared to be the only certain method of diagnosis. Examination of the washings with a sterile saline solution would reveal the presence of pus or bacterial infection. Transillumination was a method of investigation which, with a little practice, could be performed by every practitioner, and in cases of toxaemia of obscure origin it was desirable that it should be carried out as a routine procedure. Sir William Willcox gave the details of a number of cases arising from nasal sinusitis, including cases of acute and chronic toxaemia, pernicious anaemia, adenitis resembling lymphadenoma, arthritis, diabetes, and toxic neuritis.

The paper was discussed by Sir STCLAIR THOMSON, Mr. HERBERT TILLEY, Dr. P. WATSON-WILLIAMS, Dr. W. S. SYME, and Sir JAMES DUNDAS-GRANT, all of whom agreed that the only certain method of diagnosing antral disease was to puncture the antrum.

The Path of Infection in a Case of Leptomeningitis.

Dr. A. LOGAN TURNER read a joint paper by himself and Dr. F. E. REYNOLDS, illustrated by a series of excellent photomicrographs, on the path of infection in a fatal case of leptomeningitis following operation on the ethmoidal air cells. There was no break of the cribriform plate; and it was clearly demonstrated that the infection had spread up to the meninges along the perineural lymphatic spaces of branches of the olfactory nerve.

The Lymphatics in Laryngeal Disease.

Dr. JOBSON HORNE gave an epidiascopic demonstration of the role of the lymphatics in laryngeal disease and the role of the larynx in lymphatic disease. He said that the factor determining the involvement of the adjacent lymphatic glands was whether the disease in the larynx was primary or secondary. If primary the glands became involved, if secondary the glands were not affected. In carcinoma of the larynx a gland sooner or later became palpable. That

were strengthened under special opportunities in the nineties in Germany.

Now it is generally admitted there is no one road by which the disease is spread; the causes seem too manifold—namely, man, dog, fodder, carcasses, air; and until some bacterial remedy is verified it will be more economical to let the disease run its course when the pole-axe fails to check outbreaks.—I am, etc.,

Folkestone, June 12th. P. BROOME GILES.

THE SPAHLINGER TREATMENT.

SIR,—I am deeply touched by the kindly efforts to guide my faltering footsteps along the path of pure logic, and can assure Dr. Hawthorne that the humility with which I receive them is appropriate to the occasion.

I agree that the tone of any communication is intangible, but that does not prevent the reader from forming a clear impression on the point. It is interesting to learn that one person considers the Committee's comments favourable to the remedy. Several other medical men have understood them as I have.

It is now claimed that the report "professes openly to favour" the remedy; one can but marvel. This present dispute turns upon an inability to distinguish between mere hostility and bad faith, a state of affairs which I do not consider to be of sufficient importance to endeavour to alter or to warrant a continuance of this correspondence.—I am, etc.,

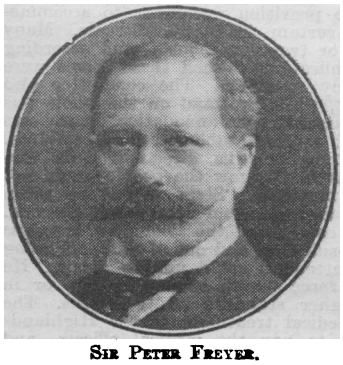
Manchester, June 19th. C. E. JENKINS.

The Services.

INDIAN MEDICAL SERVICE.

THE annual dinner in London of the Indian Medical Service was held on June 16th, when Lieut.-Colonel R. H. Elliot was in the chair; seventy-eight officers were present and three guests—Major-General Sir R. H. Luce, K.C.M.G., F.R.C.S., M.P., Sir Dawson Williams (the *British Medical Journal*), and Dr. E. C. Morland (the *Lancet*).

These dinners were remarkable in the past for the good fellowship which prevailed, the excellence of the food and drink, and the absence of speeches. Gradually, during the last few years, the practice of making speeches has crept in, and this year both Colonel Elliot and Sir Richard Luce spoke at some length. The latter is Chairman of the Naval and Military Committee of the British Medical Association, and the former was his predecessor in the chair. Colonel Elliot made a strong fighting speech in which he sketched the difficulties the Naval and Military Committee had encountered during his chairmanship, and the pertinacity which had to be displayed in order to induce the Government of India to listen. A favourable change took place when the late Mr. Montagu became Secretary of State for India; his attitude was far more sympathetic than any of his predecessors. The Service was fortunate in having Sir Havelock Charles at Whitehall as medical adviser to the Secretary of State at that time; it had never had a better, more consistent, and more courageous friend than he. Sir Richard Luce, the present Chairman of the Naval and Military Committee, gave a sketch of recent developments. The outlook was, he thought, more hopeful than it had been, and he got the impression that many officers now serving in India were also of that opinion. The administrative work falling to the Indian Medical Service might, and probably would, diminish, but its officers would still long have a wide field and great scope for their energies as teachers.



SIR PETER FREYER.

The Chairman called attention to a portrait on the menu card of the late Sir Peter Freyer, who had founded the Indian Medical Service Dinner Fund in 1897. Everybody in the Service in his day, and many who joined it afterwards, came, through these dinners, to know and love "Paddy Freyer," who was the friend of everyone and the enemy of none. By the kindness of his brother, Lieut.-Colonel S. F. Freyer (late R.A.M.C.), we are enabled to illustrate this brief report by a reproduction of the photograph.

The following is a list of the officers present:

Chairman: Lieut.-Colonel R. H. Elliot. *Members.—Major-Generals:* Sir R. H. Charles, G.C.V.O., K.C.S.I., B. H. Deare, C.I.E., T. Grainger, C.B., G. F. A. Harris, C.S.I., H. Hendley, C.S.I., J. B. Smith, C.B., C.I.E. *Air Vice-Marshal:* D. Munro, C.B., C.I.E. *Colonels:* J. Crimmin, V.C., C.B., C.I.E., C. M. Goodbody, C.I.E., D.S.O., T. A. Grainger, C.M.G., C. R. M. Green, J. A. Hamilton, C.M.G., R. A. Needham, C.I.E., D.S.O., J. J. Pratt, H. Austin Smith, C.I.E., T. Stodart, C.I.E., P. C. H. Strickland, R. G. Turner, C.M.G., D.S.O., C. N. C. Wimberley, C.M.G. *Lieut.-Colonels:* A. W. Alcock, C.I.E., F.R.S., W. G. P. Alpin, O.B.E., J. Anderson, C.I.E., L. A. P. Anderson, R. W. Anthony, J. T. Calvert, C.I.E., R. Markham Carter, C.B., H. P. Cook, W. V. Coppinger, D.S.O., J. W. Cornwall, D. G. Crawford, J. M. Crawford, O.B.E., C. A. Gill, W. D. Hayward, W. M. Houston, E. V. Hugo, C.M.G., W. W. Jeudwine, C.M.G., J. G. Jordan, H. C. Keates, H. Kirkpatrick, J. C. G. Kunhardt, Clayton Lane, F. P. Mackie, O.B.E., J. W. D. Megaw, C.I.E., F. O. N. Mell, C.I.E., A. Miller, W. O. S. Murphy, E. A. R. Newman, C.I.E., H. R. Nutt, F. O'Kinealy, C.I.E., C.V.O., Sir L. Rogers, C.I.E., F.R.S., E. R. Rost, O.B.E., S. Browning Smith, C.M.G., R. Steen, T. G. N. Stokes, Ashton Street, W. A. Sykes, D.S.O., C. Thomson, W. H. Thornhill, H. J. Walton, D. Warliker, R. T. Wells, W. S. Willmore, H. R. Woolbert, A. W. Cook Young, A. C. Younan. *Majors:* A. F. Babonau, C.I.E., O.B.E., Sir T. J. Carey Evans, *M.C.*, C. H. Fielding, N. H. Hume, N. C. Kapur, G. R. Lynn, D.S.O., A. C. Macrae, E. S. Phipson, D.S.O., A. L. Sheppard, J. A. Sinton, V.C., O.B.E., W. E. R. Williams, O.B.E., W. L. Watson, O.B.E. *Captains:* S. L. Bhatai, *M.C.*, J. H. Grove-White.

No. 14 GENERAL HOSPITAL.

The sixth reunion dinner of the 14th General Hospital, Wimereux, will be held at the Criterion Restaurant, Piccadilly Circus, on July 14th, at 7.45 p.m., under the presidency of Lieut.-General Sir John Goodwin, K.C.B., C.M.G., D.S.O. Tickets (12s. 6d. each) can be obtained on application to Miss Molineux, Hessle, E. Yorks.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Radcliffe Prize, 1927.

THE next award for the Radcliffe Prize will be in the year 1927. The prize, which is of the value of £50, is awarded by the Master and Fellows of University College every second year for research in any branch of medical science comprised under the following heads: human anatomy, physiology, pharmacology, pathology, medicine, surgery, obstetrics, gynaecology, forensic medicine, hygiene. The prize is open to all graduates of the University who have proceeded, or are proceeding, to a medical degree in the University. Candidates must not have exceeded twelve years from the date of passing the last examination for the degree of Bachelor of Arts, and must not, at the date of application, be Fellows on the Foundation of Dr. John Radcliffe. Memoirs must be sent to the Secretary of Faculties, at the University Registry, on or before December 1st, 1926. The award will be made in March, 1927. No memoir for which any university prize has already been awarded is admitted to competition for the Radcliffe Prize, and the prize will not be awarded more than once to the same candidate.

UNIVERSITY OF LEEDS.

DR. RICHARD DOUGLAS PASSEY, lecturer in pathology in the Welsh National School of Medicine, Cardiff, has been elected to the new chair of experimental pathology, and will also be Director of Cancer Research.

Dr. Bryan A. McSwiney, who was Assistant Professor of Physiology at Trinity College, Dublin, and subsequently lecturer in experimental physiology at the University of Manchester, has been appointed to the chair of physiology, in succession to the late Professor W. F. Shanks.

UNIVERSITY OF SHEFFIELD.

THE following candidates have been approved for medical degrees:

M.B., CH.B.—J. H. Blakelock, J. H. Fairclough, A. Isaac, J. D. Young.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following forty-two candidates have been approved at the first examination for the Fellowship; eighty-nine were rejected:

F. G. Allan, N. Attygalle, T. S. M. Barnett, J. R. J. Beddard, J. B. Blaikley, R. K. Bowes, P. D. Braddon, M. N. Chatterjee, S. M. Cohen, R. A. S. Cory, D. M. B. Evans, A. C. Fisher, R. R. Fitzgerald, H. N. W. Harley, C. P. Hines, D. J. Jones, C. A. Keele, A. M. Lazarus, S. I. Levy, Hilda M. Linford, J. E. Morton, Keren Isabel Parkes, R. J. Parry, A. R. D. Pattison, I. Preiskel, K. H. Pridie, F. T. Ridley, H. R. Rishworth, S. Shalaby, A. E. Smith, T. R. Stevens, R. C. Taylor, J. H. Thompson, S. A. M. Thompson, W. E. Tucker, J. H. M. Walker, H. S. Waters, N. L. White, P. Wiles, Beatrice M. Willmott, Margaret D. Wright, S. Zuckerman.

ROCKEFELLER MEDICAL FELLOWSHIPS.

THE Medical Research Council announces that, on behalf of the Rockefeller Foundation, it has made the following awards of Medical Fellowships provided by the Foundation and tenable in the United States of America during the academic year 1926–27:

GEOFFREY BOURNE, M.D.Lond., M.R.C.P.; First Assistant in the Medical Unit, St. Bartholomew's Hospital, London.
HUGH WILLIAM BELL CAIRNS, M.B.Adelaide, F.R.C.S.; Assistant Surgeon, London Hospital.
Miss ROSALIE EVELYN LUCAS, M.B.Bristol; Clinical Assistant, Maudsley Hospital, London.
RONALD DOUGLAS MACKENZIE, M.B.Ed., M.R.C.P.Ed.; Lecturer in Pathology, University of Edinburgh.
CARL FREDERICK ABEL PANTIN, M.A.Camb.; Assistant Physiologist, Marine Biological Laboratory, Plymouth.
ARTHUR FREDERICK BERNARD SHAW, M.D.Dubl., F.R.C.P.I.; Lecturer in Pathology, University of Durham.
JAMES CALVERT SPENCE, M.D.Durh., M.R.C.P.; Medical Registrar and Chemical Pathologist, Royal Victoria Infirmary, Newcastle-on-Tyne.
HARRY ELLIS CHARTER WILSON, M.B.Glasg.; Assistant in Chemical Physiology, University of Glasgow.

Dr. Lucas and Mr. Pantin have been appointed on modified conditions while holding scholarships or emoluments from other sources.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons this week completed the Committee stage of the Finance Bill, had a second reading debate on the Government's bill for reorganizing the coal-mining industry, and discussed the Estimates for the Ministry of Agriculture. The Parliamentary Medical Committee met on June 23rd. The Select Committee on the registration of nursing homes has completed the taking of evidence. This has been almost uniformly in favour of inspection and registration, and the Committee is expected to present a unanimous report.

Births and Deaths Registration.

On June 18th the Births and Deaths Registration Bill, as amended in Grand Committee, came before the House of Commons on report. This was the last day available for private members' bills. Mr. Basil Peto moved a new clause enjoining that no death should be registered until the registrar had received a certificate signed by a medical practitioner of the fact and the cause of death, this certificate only to be given after the practitioner had viewed the body. The new clause further proposed that it should be the duty of the General Medical Council to establish a fund by equal annual contributions from all persons on the *Register* who were actually practising, from which such fee as they might decide should be paid to every medical practitioner for each inspection and certificate. He said the first consideration in the bill should be that the registrar should have definite proof that the person whose death he was asked to certify was, in fact, dead. Clause 7 of the bill contained a provision that the body of a stillborn infant should be inspected by a medical man. In the larger question the medical profession took the view that it was in the interests of somebody else, and not of the medical profession, that inspection of the dead should be made, and that somebody else should pay. With that view he had a certain sympathy, and he thought that in 99 cases out of 100 the doctor's final item for the inspection of a body would be paid as a matter of course. A minute contribution from each practitioner yearly would form a pool from which poorer practitioners with poor patients could draw a reasonable fee as recompense for their loss of time. Mr. Groves said he had an interview with the Registrar-General, who admitted that the percentage of deaths with medical certification was 40. They could produce proof of cases in which people who were not really dead were about to be buried. Tho panel doctors and infirmary and hospital doctors should view the body as part of their work. Captain Elliot pointed out that the bill had been prepared with great care, closely examined by a committee of the House, and was supported by all parties. The Government could not accept the proposed new clause, and if its promoters pressed it they would wreck the bill. Despite this warning, Mr. Herbert Williams talked the bill out, and as no more time is available for private members' business its passage this session is regarded as impossible.

General Practitioners and Public Health.

On June 17th Dr. Fremantle asked the Minister of Health if it was the policy of the Ministry to secure the replacement of general medical practitioners by specialist medical officers of health throughout the country as and when possible. Mr. Neville Chamberlain said the general policy of his department was to approve, where possible, the appointment by local authorities of whole-time medical officers. Dr. Fremantle asked what was the proportion of whole-time to part-time medical officers of health when this policy was originally adopted by the Local Government Board in 1872; and what was the proportion now. Mr. Chamberlain said a parliamentary return published in 1873 showed that for England and Wales the proportion of whole-time appointments was about one-quarter. At present the proportion was slightly over one-third, the number of authorities having considerably increased. Dr. Fremantle asked whether this did not show that the policy of getting whole-time officers was impossible. No answer was given.

Dr. Fremantle further asked the Minister of Health if he proposed to utilize general medical practitioners for the prevention as well as cure of disease in the community in his reorganization of the public health system and his proposals for reform of the Poor Law; and what steps he was taking to improve education in the medical curriculum accordingly. Mr. Chamberlain said that, in common with his predecessors, he had always been anxious that general practitioners should take their full share in preventive medicine, but the proposals for the reform of the Poor Law would not affect the responsibilities of general practitioners in this regard. He saw no necessity at present to invite the Lord President of the Council to advise the General Medical Council to consider any further modification of the medical curriculum for this end. Dr. Fremantle asked whether the Sanitary Commission of 1869-71 suggested that Poor Law medical officers should be made the basis of the sanitary service of this country, a duty for which they were not at present fully educated, their education being almost entirely therapeutical. He asked whether it would not be an advantage that they should be fully educated. Mr. Chamberlain remarked that he was in favour of education for everybody.

Scottish Board of Health.

On the vote of £1,858,345 for the Scottish Board of Health, on June 17th, Dr. Elliot (Under Secretary for Health, Scotland) said the issue of the report of the Board of Health had been delayed by the general strike. The vital statistics of Scotland had justified the hope that the unfavourable movement of the curves during 1924 would not be continued. The general death rate, which in 1924 was 14.4, fell in 1925 to 13.4, and infantile mortality from 97 per 1,000 to 90. The death rate between 1 and 5 years had gone down from 15 to 12—equal to the rate for 1923, the lowest ever recorded in Scotland. Infantile mortality was lower than in any year except 1921 and 1923. Such a continuous fall in the mortality statistics—infant, child, and adult—showed clearly that the general physical condition of the people was maintained in spite of a long-continued industrial depression. The tuberculosis rate had fallen from 80 per 100,000 in 1924 to 76, while the non-pulmonary tuberculosis rate had fallen from 36 to 34. In both instances the death rate for each year was the lowest ever recorded in Scottish statistics, and the death rate for pulmonary tuberculosis was a record for the whole of Great Britain. The English rate was 83. It might be hoped that the campaigns for cleaner milk and better food would reduce the non-pulmonary tuberculosis rate. Though rickets was still prevalent in Scottish cities, a marked decline was recorded by all the public health authorities except at Paisley. Rickets did not show that correlation with housing which had been expected. It occurred among the better class of people as well as among the poorer. Mr. Stewart said Lord Mackenzie's committee estimated that there was a shortage of 3,600 beds—3,000 in general and 600 in maternity hospitals. No provision was made to accommodate patients suffering from certain infectious diseases. Many births took place in one-room or two-room houses, and according to medical evidence when complications ensued these rooms were unsuitable for carrying out any operation. The committee also drew attention to the fact that, while Scotland on the whole was not badly provided with sanatorium accommodation, more was required for the treatment of surgical tuberculosis in children. What was the Government doing in this direction? He also called attention to the fact that in Glasgow the people would not use well equipped Poor Law hospitals. Steps should be taken quickly to divorce these hospitals from Poor Law administration. The Mackenzie committee had condemned the Poor Law hospitals in many parts of Scotland as insufficient and out of date. Nursing was bad and proper medical attention could not be given. He hoped the Government would force parish councils, singly or in combination, to provide a higher standard of treatment. The grant of £42,000 to provide medical treatment in the Highlands and Islands was not sufficient to pay the medical officers, and there was nothing left to provide the hospitals which were required. Mr. Scrymgeour asked for information about the institution for mentally defective children in Dundee and about the after-histories of persons who had left tuberculosis sanatoriums to follow their occupations. He was disappointed at the progress in dealing with mentally deficient adults. In large institutions the patients were huddled together. Mr. Sullivan said the Government was reducing by £5,000 the vote for the treatment of tuberculosis. The vote for the treatment of venereal disease had been reduced by £6,000. Captain Elliot said this was a nominal reduction due to close estimating. Sir John Gilmour (Secretary for Scotland) said that the Board of Health was closely considering the matters raised by the Mackenzie committee, and hoped in the course of time to arrange for the provision of an increased number of beds. This year it was making a grant to institutions in the Stornoway area. Sanatorium treatment had not realized all the hopes aroused, but progress was being made. Some progress was being made also with the problem of venereal disease.

A motion for reduction of the vote was withdrawn and the vote itself was left outstanding for further debate on a later day.

Income Tax on Scottish Mental Hospitals.

On June 21st, on the Committee stage of the Finance Bill, Sir R. Hutchison moved the second reading of a clause exempting the royal asylums in Scotland from income tax. He said that these asylums had been subscribed to by the public. They were not run for

was able to reach friends in London a little over a week before he died. Professor Howland will be missed by many friends in Britain who are interested in children's diseases. He was only 52 years of age.

Medical News.

IN the King's Bench Division on June 17th two appeals by the Commissioners of Inland Revenue against decisions of Special Commissioners in favour of two medical charities were heard by Mr. Justice Rowlatt. The respondent in the one case was the Society for the Relief of Widows and Orphans of Medical Men, and in the other the Medical Charitable Society for the West Riding of Yorkshire. The essential question in each case was the right to exemption of the society's funds from income tax under Section 19 of the Finance Act of 1925. Mr. Justice Rowlatt, in his judgement dismissing both appeals, with costs, said that, taken as a whole, the two societies were in his opinion institutions for charitable purposes only, and therefore exempt from tax. What had to be considered was, not the source of the income, but the purpose for which it was held.

FOUNDER'S day celebrations at Epsom College will take place on Saturday, July 24th. The cricket match begun on the previous day will be resumed at 11 a.m., and at noon there will be a service in the chapel. Viscount Grey of Fallodon will distribute the prizes at 2.45 p.m., after which he will declare the new chemical block open. Tea will be served on the cricket ground at 4.15, and at 8 o'clock there will be a choral performance of *Merrie England* by the College Musical Society.

THE annual dinner of the Cambridge Graduates' Medical Club will be held at St. John's College, Cambridge, at 7.30 p.m., on Saturday, July 3rd. The president of the club, Sir Humphry Rolleston, Bt., will be in the chair.

THE St. Bartholomew's old students' dinner will be held on Friday, October 1st, in the great hall of the hospital, at 7.30 p.m., with Mr. W. T. Holmes Spicer, F.R.C.S., in the chair.

THE annual luncheon of the Irish Medical Schools' and Graduates' Association will be held at the Black Boy Hotel, Nottingham, on Wednesday, July 21st, at 1 p.m. The President-Elect of the British Medical Association, Mr. R. G. Hogarth, C.B.E., F.R.C.S., will be the guest of the association. Tickets (5s. each, exclusive of wine) may be obtained from the honorary secretary for the provinces, Dr. Falkland L. Cary, 67, Kings Road, Harrogate.

THE annual meeting of the Medical Mission Auxiliary of the Church Missionary Society will be held at the Central Hospital, Westminster, on Tuesday, June 29th. The chair will be taken by Sir Richard H. Luce, K.C.M.G., C.B., F.R.C.S., at 7.30 p.m. Tickets of admission can be obtained on application to the Loan Department, Church Missionary Society, Salisbury Square, E.C.4; a small number of reserved seats at 1s. each are available.

AT the annual meeting of the Society for the Study of Inebriety, at the Medical Society of London (11, Chandos Street, Cavendish Square, London, W.) on Tuesday, July 13th, at 4 p.m., Dr. Alfred E. A. Carver, medical director, Caldecote Hall Retreat for Inebriate Men, will open a discussion on the institutional treatment of alcohol and drug addiction.

THE annual meeting of the Maternity and Child Welfare Group of the Society of Medical Officers of Health will be held at Caxton Hall, Westminster, on Tuesday, July 6th, at 5.30 p.m., when a discussion on tonsils and adenoids will be opened by Mr. George Waugh, who will give an historical survey of the subject. Dr. R. C. Clarke will follow with a paper on the etiology, and the causes of failure of operation, and Dr. Harold Waller will speak on early symptoms. After the meeting there will be a dinner at the Florence Restaurant, Rupert Street, at 7.30. Full particulars can be obtained from the honorary secretary, Dr. Margaret Emslie, 1, Upper Montague Street, W.C.1.

MR. DOYNE will give a clinical demonstration in ophthalmology for the Fellowship of Medicine on Thursday, July 1st, at 12 noon, at the Royal London Ophthalmic Hospital (Moorfields), City Road, E.C. This demonstration is open to the medical profession without fee. The Prince of Wales's General Hospital, Tottenham, will hold a vacation course occupying all day from July 19th to 31st. The course will consist of clinical and laboratory methods, demonstration of groups of selected cases, general hospital work, and clinical lectures dealing with various subjects. From July 5th to 17th an intensive course will be held at the National Hospital for Diseases of the Heart, and between the same dates there will be an afternoon course at the Hospital for Diseases of the Skin, Blackfriars. At the West End Hospital for Nervous Diseases a four weeks' late afternoon course, comprising lectures and clinical demonstrations upon selected cases, will be given between July 19th and August 11th in the Out-patient Department, 73, Welbeck Street, W. From July 12th to 24th at the Royal Eye Hospital, St. George's Circus, S.E., there will be a series of demonstrations on eye diseases from 3 p.m. daily. During August the following courses will take place: in medicine, surgery, and the specialties, at the Queen Mary's Hospital (Stratford); diseases of the chest, at Brompton Hospital; and diseases of children, at the Queen's Hospital, Hackney. All of these courses will be all-day ones. Copies of all syllabuses and of the general course programme may be had on application to the Secretary of the Fellowship of Medicine, who will also supply copies of the *Post-Graduate Medical Journal*.

TO instruct the public in the disease-carrying propensities of certain insects, an extremely good series of wax models is now being exhibited in the Natural History section of the British Museum at South Kensington. The magnification of the insects in the representative models ranges, according to the subject, from 20 times to as much as 200 times linear in the case of the plague flea. By this magnification the outward characteristics are made intelligible to the general public. The species represented include malarial, yellow fever, and other mosquitos; the sandfly; a small West African horse-fly which conveys Calabar swelling; two kinds of tsetse fly; plague fleas; and the better known disease carriers—the louse, the tick, and the house-fly. In the cases containing the models there are various accessory exhibits, such as diagrams of the organs and of sections of the insects; models and pictures of the germ it carries; and preserved specimens of the insect itself. In the house-fly case there is an unpleasant model of a tray holding the constituents of a lunch, all of which, including the glass of milk, are covered with flies. This exhibit should wake the public conscience! The models are the work of Mrs. E. D. Blackman, Miss Grace Edwards, and Mr. A. J. Engel Terzi.

EXHIBITION lawn tennis matches will take place at Sussex Lodge, Sussex Place, Regent's Park, on Monday, July 5th, from 3 to 7 p.m., in aid of the Hackney Branch of the Invalid Children's Aid Association. A large number of well known players have consented to take part in matches, including Mlle Suzanne Lenglen and Messrs. Lacoste and Borotra. Tickets, price £1 5s. each, including tea, can be obtained from Lady Fripp, 19, Portland Place, London, W.1.

THE annual oration of the London Dermatological Society was delivered on June 16th at St. John's Hospital, Leicester Square, by Sir Humphry Rolleston, Bt., K.C.B., M.D., F.R.C.P., who selected as his subject, "The relations of dermatology and general medicine." Dr. W. Griffith, president, was in the chair, and at the conclusion of the meeting a vote of thanks to the orator was, on the motion of Dr. Knowsley Sibley, seconded by Dr. MacLeod, carried with acclamation. At the annual dinner after the meeting the official guests of the society included Sir Humphry Rolleston, Dr. J. H. Stowers, Dr. J. H. Sequeira, Dr. Haldin Davis, Dr. H. W. Barber, and Dr. H. G. Adamson.

THE Earl of Balfour presided at the first annual general meeting of the British Institute of Philosophical Studies on June 18th. The institute, he said, must "counteract the natural prejudice by which a man likes his opinions couched in the most violent and uncompromising terms, written in the largest letters, put on the most prominent hoarding, and supplying a creed to which, while readily assenting himself, he desires every citizen to give his adhesion." The institute, he continued, "(1) promotes the advancement of philosophic study by teaching and research, (2) helps those interested in and perplexed by the problems of modern life, to ask the right questions, and to indicate the most promising directions from which some important answers to these questions may be expected to come." Among the lectures given during the past year was one on psychology, by Professor T. H. Pear; and the subject at an evening meeting was "The idea of responsibility, legal and medical," by Sir Travers Humphreys and Dr. William Brown. The council of the institute consists of men and women of very varied interests and activities in life; among the medical members are Lord Dawson of Penn, Dr. Henry Head, and Dr. C. S. Myers, F.R.S.

THE Faculty of Medicine of the University of Paris announces a vacation course in children's diseases to be held at the Hôpital des Enfants Malades from July 26th to August 14th next. The course will be under the direction of Professor Nobécourt and Dr. Lereboullet. The fee is 250 francs, and tickets will be issued by the Faculty. A certificate will be granted at the end of the course to those who are duly registered at the secretariat of the Faculty.

THE Bishop of Chelmsford, who presided at commemoration day at the Livingstone College, Leyton, on June 9th, pointed out that the college existed to help to give all those who were sent out by missionary societies of the Church some knowledge of the management of their own health and of the health of other people. He recalled the association with the college since its beginning of Dr. C. F. Harford. An address was given by the Rev. B. T. Butcher, of the London Missionary Society, Papua, who gave illustrations of the services he had been able to render to natives as the result of his training at the Livingstone College. The treasurer, Mr. R. L. Barclay, reported the progress of the £3,000 fund which is being raised in memory of Dr. Harford. Last year 103 students entered the college, including the short course and vacation course students.

IT appears that statements have lately been made in the press to the effect that the French Government proposes to impose certain restrictions which may interfere with touring in that country. The Director of the Office Français du Tourisme (56, Haymarket, London, S.W.1) informs us that any restrictions contemplated will have no influence whatever on the general comfort of tourists, and that no restrictions will be enforced with regard to the consumption of petrol. English tourists may rest assured that there will be no interference with their use of the roads in France this year.

DR. JAMES BENNETT (Warrington) and Dr. Frank Radcliffe (Oldham) have been appointed to the Commission of the Peace for the County Palatine of Lancaster.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to ***The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.***

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.

Authors desiring REPRINTS of their articles published in the BRITISH MEDICAL JOURNAL must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, 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.

The ***TELEPHONE NUMBERS*** of the British Medical Association and the BRITISH MEDICAL JOURNAL are *MUSEUM 9861, 9862, 9863,* and *9864* (internal exchange, four lines).

The ***TELEGRAPHIC ADDRESSES*** are:

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MEDICAL SECRETARY, *Mediscera Westcent, 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, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

QUERIES AND ANSWERS.

DR. JANIE MCBIRNIE (West Kirby) writes: A lady aged 71, suffering from chronic bronchitis and asthma, is confined to bed each winter, but in the summer is able to go about apparently well. Can any of your readers recommend a suitable winter resort?

"F. H." asks for advice in the treatment of lymphangitis of the lower lip. Streptococcus vaccine, autogenous vaccine, mixed serum, have been applied locally, and although improved the lip does not really clear up, and periodically swells anew.

INCOME TAX.

Basis of Return.

"F. T." inquires (1) whether there will be any reduction in the taxation of light cars "in view of the new tax on petrol which comes into force on January 1st, 1927," and (2) also as to the basis of his return of profits and an allowance for a motor car renewal.

*** The taxation of petrol, to which "F. T." refers, is apparently a matter for the indefinite future; when and if it becomes operative presumably the present rates of taxation of cars will be revised. The amount of the allowance for the car renewal which has been effected is £215–£65=£150—that is, the actual out-of-pocket cost. If "F. T." carries out the proposed further replacement the same basis will apply, but the net amount expended will presumably be very much smaller. As regards the basis of the return of profits, "F. T." is liable for 1926–27, according to the previous three years' average profits of his predecessor, but if he can show that his profits for the first year have fallen short since his succession to the practice from some specific cause, he can then claim to substitute for the average the actual profits of his first year.

Three Years' Average.

"J. N." inquires how expenses should be dealt with in calculating liability.

*** Each year's net profit (receipts less expenses of the year) should be separately calculated, and the net results averaged. "J. N." seems to have misunderstood the inspector's computation, however. The figures quoted are apparently the amounts of *net* profits, but in one year £9 has been *added*, presumably on the ground that it represents additional capital outlay.

Car Allowances.

"T. G." asks for advice with regard to the allowances due for his car.

*** It should be borne in mind that the "renewal" allowance has to be dealt with as an expense incurred as for the year in which the transaction takes place. We suggest that he accept (under protest) the 10 per cent. allowance for the year 1925–26—many inspectors would allow 20 per cent., we believe—and when computing the profits for the year to March 17th, 1927, claim as an "obsolescence" allowance the cost of replacement less the depreciation allowance made—that is, £125, less (say) £19=£106. With regard to the private use of the car, so much depends on the particular facts that we cannot answer such a question specifically. We can only say that to the extent to which a car is used for private purposes the allowances have to be restricted—for example, if one mile in every twenty is for private purposes then one-twentieth should be taken off all allowances, depreciation, running costs, etc. It is, of course, unfortunate that the bills for petrol, oil, etc., have not been kept—we do not know whether "T. G." has a detailed record of such expenses; if he has he should, we think, hold to it; if not he is, of course, driven back on an estimate; there is no recognized mileage scale for such costs. We may perhaps point out that there is a right of appeal from the inspector's decision to the district commissioners or, if preferred, to the special commissioners on circuit from London. If the inspector is not prepared to deal reasonably with the matter, such an appeal might be well worth while.

LETTERS, NOTES, ETC.

TREATMENT OF GOUT.

WE have received a communication from the Clayton Aniline Company calling attention to a letter by Dr. Vaughan Pendred on the treatment of gout, published in our issue of June 5th (p. 976). The manager of the pharmaceutical department of the company says that "atoquinol," to which he presumes Dr. Pendred refers under the name "aquinol," is not the Swiss equivalent of atophan (phenylcinchoninic acid), but is the allyl ester of phenylcinchoninic acid. The manager also states that atoquinol contains no quinine, and therefore cannot act as a haemolyser through that drug. Further, our correspondent observes that Dr. Pendred, while stating that his patient's gout was uninfluenced by "aquinol," does not say whether he followed an appropriate diet with increased intake of fluid.

JOHN WATKINS, F.R.C.S.

IN the year 1864 Mr. John Watkins, F.R.C.S., F.S.A., F.R.G.S., of London, was entertained to dinner at Radley's Hotel by a large party of his friends, most of whom had been his patients, and presented with his bust in marble. The bust was inscribed, "Johanni Watkins, sanatori grati sanati" ("the healed to the healer"). The question of the present home of the bust having been raised, any reader who happens to have information on the point is requested to communicate with the Medical Secretary.

EMERGENCY COOKING BLOCK.

MR. E. S. SHRAPNELL-SMITH, chairman of the Empire Motor Fuels Committee of the Imperial Motor Transport Council, suggests a simple method of improvising an emergency cooking block during the coal shortage. A piece of hearthstone, 4 in. by 3 in., is soaked for half an hour in methylated spirit and placed on a tin support. The kettle or pan is then placed on the block and a light applied. The lighted block can be extinguished by an empty tin and the block resoaked. After drying with a duster or blotting paper the soaked block can be kept indefinitely in a closed tin.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 37, 40, and 41 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 38 and 39.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 248.