

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### THE OPERATION OF TONSILLECTOMY.

A DESCRIPTION of the ambidextrous method of tonsillectomy may interest those unfamiliar with it.

Doyen's gag is introduced from the right side and ethyl chloride is administered. The surgeon stands behind the patient's head, which is drawn over the end of the table. A blunt guillotine (McKenzie's or Heath's) of suitable size is selected, and a La Force adenotome is laid ready to hand. In "slow motion" the subsequent steps are as follows.

If the right tonsil is to be removed first, the guillotine is held in the left hand. With elbow raised and wrist pronated it is passed, handle upwards, into the pharynx, elevating the tongue. A momentary inspection of the fauces is made.

The second combined movement in three planes resembles a parry in fencing: supination of the forearm rotates the instrument through a right angle, abduction of the hand carries it obliquely across the patient's mouth, and flexion of the elbow dislocates the tonsil forwards for about an inch.

The third stage is commenced by levering the anterior pillar of the fauces inwards with the palmar aspect of the right forefinger until the sulcus around the tonsil can be engaged by the cutting edge. As the left thumb presses the blade home the right forefinger is swept firmly upwards towards the root of the tongue, pressing the whole tonsil through the ring.

A final circling movement, which brings the guillotine back to its original position, handle upwards, is continued by steadying the instrument with the right hand, thrusting it a short way down the throat, and withdrawing it, together with the enucleated tonsil.

The guillotine is transferred to the right hand and manipulated in a corresponding manner for the removal of the left tonsil.

The adenotome is passed into the pharynx with the right hand. Retracting the soft palate with the left forefinger, the handle of the instrument is carried towards the patient's chest, so that the other end glides upwards. Pressing firmly on the posterior nasopharyngeal wall, the blade is thrust home, removing intact the adenoid mass, in which deep vertical clefts are apparent.

The patient is turned over on the right side and cold compresses are applied to the face.

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#### INTESTINAL OBSTRUCTION FROM UNDIGESTED POTATO.

ILEUS in association with foreign bodies in the intestine is familiar, the commonest foreign body being, of course, a gall stone. It is rare, however, for foodstuffs to survive the softening influence of gastric digestion, to pass the pyloric sphincter, and to escape into the intestine in sufficient bulk to produce an actual obstruction. The case here reported will serve to illustrate that acute obstruction may result from this cause.

A hawker, aged 66, had a meal in a common lodging-house at 10 o'clock one Sunday night. He ate heartily of a dish consisting of meat, potatoes, and suet, and recollected gulping chunks of food, the cooking of which was not above suspicion. About 1 o'clock the following morning—that is, three hours after his meal—he was awakened by severe pain, and about an hour later he vomited. Occasional vomiting and colicky pains continued until his admission to hospital, about eighteen hours after the commencement of the illness.

He was a spare, but tough, man. The pulse was 72 and the temperature 99° F. His teeth were in a deplorable state, and he was not possessed of any adequate chewing mechanism. When first seen he had little pain. The abdomen was not distended, nor was there visible peristalsis. Abdominal palpation afforded no clue. Rectal examination was negative, and examination of the hernial sites disclosed no abnormality. Repeated enemata emptied the lower bowel, but, thereafter, neither faeces nor flatus were passed. In view of the history, and of the fact that the pulse was not rising, it was resolved to wait. In the early hours of

Tuesday morning the vomiting became frequent, copious, and definitely faecal in character. The abdomen remained flaccid. A diagnosis of intestinal obstruction was made, and at 10.30 a.m. the abdomen was opened. On passing the hand into the pelvis a rounded hard mass, at first thought to be a gall stone, was felt in the lower ileum. The intestine, which was healthy and of about normal calibre, was delivered through the wound, incised, and the foreign body removed. Examination proved it to be a hard, partly cooked, wart-like mass of potato weighing 14 grams. Its size was, in itself, insufficient to produce obstruction, and there is no doubt that it would have easily passed along had the intestine been at all dilated. Local spasm of the gut was the deciding factor in the production of the blockage. After suturing the intestine the abdomen was closed. Recovery was uneventful, and the patient left hospital for a convalescent home on the fourteenth day.

A possible sequence of events can be made out in this case. Severe pain commenced three hours after the meal, and was probably associated with the passage of the potato through the pylorus. Once in the small bowel peristalsis was able to move the foreign body as far as the lower ileum, until, progress retarded, a second obstructive attack, accompanied by faecal vomiting, occurred.

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#### OSTEOMYELITIS OF RIB.

CASES of acute osteomyelitis of ribs are so uncommon that an account of the following may be of interest.

A boy, aged 16, was admitted to the Eccles and Patricroft Hospital, Manchester, on July 23rd, 1926, complaining of pain in the left side of the chest. This had come on ten days previously. There was no history of injury. The pain was most acute on the left side towards a point in the anterior axillary line over the fifth rib. The boy was acutely ill, with a temperature of 103°, pulse 108, and respirations 28. He was sweating profusely and there was a strong sourish smell that was not suggestive of rheumatic fever. There was a swelling over the fifth rib extending from axilla to sternum; it was exquisitely tender to touch and was pulsating, owing to transmitted impulse from the heart. The whole of the chest in the region of the swelling was dull to percussion, and it was impossible to define the area of cardiac dullness. The swelling was explored with a needle and free pus withdrawn.

#### Operation by Mr. Jefferson.

Anaesthesia was produced by open ether, and an incision four inches long was made over the swelling and deepened until pus was found; some 8 to 10 ounces escaped. Pus was seen to be welling up through an opening in the intercostal muscle, and the upper part of the fifth rib in the neighbourhood of the aperture was bare of periosteum. Three inches of the rib were removed. Pus was seen to ooze out of the rib medulla as the bone was cut through. The inner layer of periosteum was found to be largely destroyed. The deeper wall of the cavity appeared to be composed of fine vascular adhesions over the pleura. These were not disturbed for fear of pleural infection. The inner abscess wall pulsed freely with the heart beat.

The pathologist reported infection by *Staphylococcus aureus*. The infection did not spread to the pleura, and uninterrupted recovery followed.

One point of interest was that the infection appeared to have begun in the rib near to its union with the costal cartilage, and in this matter conforms with the rule observed in osteomyelitis of the long bones. The disease begins on the metaphyseal side of the epiphyseal line.

An account of acute osteomyelitis of ribs was published by Parcellier and Chauvenet of Bordeaux.<sup>1</sup> They gave an account of six cases and showed a table of 83 recorded cases; a pathological report was available in only 32. The pathology of this condition does not differ from osteomyelitis of the long bones. The typhoid bacillus was found once, and the pneumococcus twice.

The first case of primary osteomyelitis of ribs was recorded by Jaboulay in 1885. Michelson<sup>2</sup> quotes 16 personal cases. Fantozzi could find but one case over a period of twenty-five years.

It seems that the condition is seen more often between the ages of 10 and 16, and in boys rather than girls. The left side is more often affected. The seventh rib is the commonest site, then come the fifth and ninth respectively.

I am indebted to Mr. Jefferson, consultant surgeon at Eccles and Patricroft Hospital, for permission to publish this case.

Bradford. M. Y. PAGET, M.R.C.S., L.R.C.S.P.

<sup>1</sup> Parcellier and Chauvenet: *Arch. de Chirurgie*, 1924.

<sup>2</sup> Michelson: *Arch. f. klin. Chirurg.*, 1922.

secretary of the Section of Ethics at the Annual Meeting at Manchester in 1902, and from 1919 to 1920 he was chairman of the Ashton-under-Lyne Division and a member of the Representative Body; he was also a member of the Executive Committee from 1915 to 1924. He was appointed secretary of the Manchester Medical Guild in 1899, and as secretary of the Committee on Organization established by the Manchester Conference of 1900 he attended many meetings in all parts of the country without neglecting the work of his practice. This, however, proved too much for him, and he had to relinquish the secretaryship later in the year. Sir Jenner Verrall, speaking at the representatives' dinner at Bradford, July, 1924, on the occasion of the twenty-first anniversary of the present constitution of the Association, referring to the initiation, progress, and perfection of the Representative Body, said that the idea of such a body began in the minds of two or three people, but in one in particular, Samuel Crawshaw of Ashton-under-Lyne. Crawshaw realized that this thing had to be, although, of course, he did not realize the form it would take at first. It was Crawshaw who set the ball rolling. It was not so difficult to pat the ball along once it was started.

Dr. Crawshaw's energy at this time was amazing, but he paid for it later in breakdowns of health. He was president and vice-president of the Ashton District Nursing Association, and later became a trustee. From 1915 to 1920 he was honorary physician to the Ashton and District Infirmary, retiring under the regulations at the age of 60. He was generous to a fault, and gave to the poor a large percentage of his income. In 1915 he was elected as a Liberal member of the Ashton Town Council, and served there till 1925, taking a very active interest in the formation of the child welfare centre. His deep interest in infant mortality then led him to study the housing question, the smoke abatement nuisance, and the pure milk and food supply. At this time he was also serving on the Lancashire Panel Committee, and in 1921 he was made a justice of the peace, serving on the bench until his retirement. All these demands on his time and energy began to tell on his health, and a few years before his death he was advised to confine himself to professional duties, which in themselves were quite onerous. He was an accurate diagnostician and no trouble was too great to take on behalf of his patients; consequently he was much loved, and his death will be widely felt as a personal loss. Through all his work and anxieties he was most ably seconded by his wife, who, with his two sons, survives him.

The MEDICAL SECRETARY writes: The death of Dr. Crawshaw makes a sad gap among those who were in at the inception of the new constitution of the Association. Those of us who were at the memorable meeting called by the Manchester Medical Guild in 1900 gratefully remember him as the originator of that conference, and the man who did nearly all the hard work in connexion with it. He it was who focused the general discontent among the younger medical men in the country about the constitution of the British Medical Association, its lack of local unit organization and of democratic control. It was the Manchester conference which brought matters to a head. When the Council of the Association appointed the Constitution Committee, whose efforts resulted in the present constitution of the Association, Dr. Crawshaw would undoubtedly have been a member had he so desired, but the pressing claims of duty at home made him decline to take any part in the central work, and he thus never obtained the publicity and prominence to which his work and personality might well have entitled him. But nobody rejoiced more than he did when the new constitution came into operation, and so long as his health lasted he was a tower of strength to the Association in Ashton-under-Lyne. His was a very modest and lovable personality, whose simplicity and sincerity of character impressed everybody with whom he was brought into contact. Those of us who have ever been privileged to work with Dr. Samuel Crawshaw will join with his colleagues in Ashton-under-Lyne in sympathy with Mrs. Crawshaw and her family.

## LLEWELLYN POWELL PHILLIPS, M.A., M.D., F.R.C.P., F.R.C.S.,

Emeritus Professor of Medicine, Royal School of Medicine, Cairo. We regret to announce the death of Professor L. P. Phillips, at the age of 55, on New Year's Day, at his residence in Kasr-el-Doubara, Egypt, after a long illness.

Llewellyn Powell Phillips, only son of the late James Mathias Phillips, M.D., of Cardigan, was born at Taibach, South Wales, on July 28th, 1871. From Epsom College he went to Caius College, Cambridge, in 1889, obtaining first-class honours in Part I of the Natural Sciences Tripos of 1892, and then entered as a student at St. Bartholomew's Hospital. He qualified as M.R.C.S., L.R.C.P. in 1894, took the M.B. and B.Ch. Camb. degrees in the following year, and in 1897 obtained the diploma of F.R.C.S. Eng. In 1903 he proceeded M.D. and obtained the M.R.C.P., and in 1909 was elected a Fellow of the Royal College of Physicians of London. His earlier posts included those of house-surgeon, extern midwifery assistant, and demonstrator of anatomy at St. Bartholomew's Hospital, and house-physician to the Royal Free Hospital.

Llewellyn Phillips's career in Egypt began with the appointment of resident surgical officer to the Kasr-el-Aini Hospital, Cairo. He subsequently became physician to that institution, and was elected professor of medicine in the Royal School of Medicine at Cairo. During the war he held a temporary commission as lieutenant-colonel R.A.M.C., and commanded the British Red Cross Hospital at Giza; he was mentioned four times in dispatches. From 1914 to 1917 he held the appointment of physician to H.H. la Hussein Kamel, Sultan of Egypt, and for his services was made a member of the Orders of the Nile and of the Medjidieh. He had contributed articles on tropical medicine to various medical journals.

The following well known foreign medical men have recently died: Professor OTTO HETBNER, for many years director of the children's clinic at the Charité Hospital, Berlin, and author of a textbook on children's diseases, aged 84; Professor KARL FRANZ, director of the women's clinic at the Charité Hospital, Berlin, aged 56; Dr. W. OETTINGER, formerly physician to the Paris hospitals; Dr. ANDRÉ COLLIN, aged 50, Paris, a writer on child psychology; Dr. ALEMBERT WINTHROP BRAYTON, aged 78, of Indianapolis, a prominent American dermatologist; Dr. GROSSICH of Fiume, aged 77, who introduced painting the skin with tincture of iodine before operations; Professor JEDLIČKA, professor of surgical pathology and treatment at the Karl University at Prague, aged 56; Professor PREYSING, director of the ear, nose, and throat department at Halle University.

## Medico-Legal.

### MEDICAL WITNESSES' EXPENSES.

IN a motor collision case tried recently at Romford (Essex) County Court, it appeared that the cause of action arose at Uckfield (Sussex), and that the plaintiff, who lived at Eltham (Kent), had elected to bring his action in the county court within the jurisdiction of which the defendant lived. This had involved the calling by the plaintiff of medical witnesses—Dr. Cyril Williams, attached to the Uckfield Cottage Hospital, and Dr. John Higginton of Eltham.

Dr. Williams complained that the witness fee of one guinea which he had just received was entirely inadequate to cover the expense to which he had been put in journeying from Uckfield to Romford in order to give his evidence. To reach the county court at the proper time that morning he had been compelled to travel to London the previous night; further, he had had to engage another medical man to carry on his duties during his absence.

His Honour Judge Crawford said that Dr. Williams had been called from Sussex and Dr. Higginton from Kent, to the great inconvenience of both. There was no reason whatever why that case should not have been brought in a county court which would not have necessitated such long and unnecessary journeys. Such a payment as Dr. Williams had received was ridiculous. A medical witness was entitled to reasonable expenses for all the trouble and inconvenience to which he had been put. Judge Crawford added that he had no power to order it, but he hoped an adequate sum would be paid.

## Universities and Colleges.

## UNIVERSITY OF LONDON.

## Lectures.

A COURSE of four lectures on current views on internal secretion will be given by Professor Swale Vincent at the Middlesex Hospital Medical School, Cleveland Street, W.1, on January 14th, 18th, 21st, and 25th, at 4 p.m. Dr. D. T. Harries will give a course of three lectures on the biological action of light at University College, Gower Street, W.C.1, on January 20th and 27th and February 3rd, at 5 p.m. Six lectures on cytology in relation to physiological processes will be delivered by Dr. R. J. Ludford at University College, Gower Street, W.C.1, on January 20th and 27th and February 3rd, 10th, 17th, and 24th, at 5.30 p.m. Admission to the lectures is free without ticket.

## UNIVERSITY OF GLASGOW.

DR. J. M. MUNRO KERR, Professor of Obstetrics in the University of Glasgow, has been appointed Regius Professor of Midwifery, in succession to Professor Murdoch Cameron, whose resignation took effect as from December 31st, 1926.

## SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—F. W. Barton, G. Danby, J. H. Gillatt, T. W. Riseley, K. Roberts, N. S. J. Roberts (Section I), J. B. Scarr, S. Wray.

MEDICINE.—A. C. F. Barrow, G. Danby, H. J. Fordham, W. E. Ivers, C. H. Spencer.

FORENSIC MEDICINE.—L. Ashkenza, R. Bobo, G. Danby, S. K. Rigg, L. W. Rose, T. de L. Walker.

MIDWIFERY.—F. G. Hardaker, T. C. Lansdale, L. Wasef.

The diploma of the Society has been granted to Messrs. F. W. Barton, H. J. Fordham, W. E. Ivers, T. W. Riseley, J. B. Scarr, and C. H. Spencer.

## Medical News.

A PAPER on the forecasting and control of cholera epidemics in India will be read before the Indian Section of the Royal Society of Arts by Sir Leonard Rogers, C.I.E., M.D., F.R.S., on Friday, January 28th, at 4.30 o'clock. The chair will be taken by Sir Michael F. O'Dwyer, G.C.I.E., formerly Lieutenant-Governor of the Punjab. Tickets for the meeting may be obtained from the Secretary, Indian Section, Royal Society of Arts, John Street, Adelphi, W.C.2.

DR. A. F. VOELCKER will deliver an Emeritus Lecture on "The unscarred abdomen," in the Large Lecture Theatre of the Middlesex Hospital Medical School on Friday, January 14th, at 3 p.m.

THE mid-sessional address before the Abernethian Society of St. Bartholomew's Hospital will be given by Professor W. Blair Bell on the evening of Thursday, January 20th; his subject is "Team work in research, with special reference to the nature and treatment of cancer."

DR. PERCY STOCKS, reader in medical statistics in the University of London, will give a course of lectures at University College, London, on vital statistics, on Fridays, at 5 p.m., beginning on January 14th.

THE next meeting of the Röntgen Society will be held on Tuesday next, January 11th, at 8.15 p.m., in the British Institute of Radiology, 32, Welbeck Street, W. A paper entitled "Some experiments on the production of rapid serial skiagrams from the screen image by means of a cinematograph camera" will be read by Dr. Russell J. Reynolds. At 8.30 p.m. a special general meeting will consider the proposed amalgamation with the British Institute of Radiology.

TWO courses of lectures have been arranged by the British Institute of Philosophical Studies during the Lent term, 1927. Mr. C. Delisle Burns will give a course of ten lectures on the philosophy of social life, on Tuesdays, at 6 p.m., commencing January 11th, at the University of London Club, 21, Gower Street, W.C. Professor J. S. Mackenzie will deliver ten lectures on the world of values, on Thursdays, at 5.30 p.m., commencing January 13th, at the Royal Anthropological Institute, 52, Upper Bedford Place, W.C. Particulars may be obtained from the Director of Studies, the British Institute, 88, Kingsway, W.C.2.

THE Fellowship of Medicine announces that the series of lectures on emergencies in medicine and surgery will be resumed on January 27th, when Dr. L. S. Burrell will lecture on haemoptysis, at 5 p.m., at 11, Chandos Street, W.1. The clinical demonstrations in surgery and ophthalmology will also be resumed during the month. From January 10th to 22nd there will be a course in medicine, surgery, and the specialties at the Prince of Wales's General Hospital and one in diseases of children at the Children's Clinic and the Royal Free Hospital. From January 11th to February 5th a series of lecture demonstrations will be held at the Bethlem Royal Hospital, and from January 17th to 29th a course in radiology at the National Hospital for Diseases of

the Heart. From January 31st to February 26th the London Lock Hospital will hold a comprehensive course in venereal diseases, and a special course in dermatology at St. John's Hospital will continue for four weeks from January 31st. Classes in pathology can also be arranged. From February 7th to 19th an all-day course in diseases of children will be held by the Paddington Green and the Victoria Hospitals. For one week, starting February 21st, a general practitioner's course will be given at the Royal Northern Hospital, for which no fee will be charged. Copies of all syllabuses and the programme of the general course of work can be obtained from the Secretary of the Fellowship, 1, Wimpole Street, W.1, who will also supply copies of the *Post-Graduate Medical Journal*.

AT the meeting of the Post-Graduate Hostel at the Imperial Hotel, Russell Square, W.C.1, on January 13th, at 9 p.m., Dr. E. I. Spriggs will discuss diverticulitis; on January 14th, at the same hour, Professor D. P. D. Wilkie will give an address on cholecystography. Dinner will be served at 8 p.m. (5s.). All medical practitioners are welcome.

AT a sessional meeting of the Royal Sanitary Institute, on Friday, January 28th, in the small Town Hall, Reading, a discussion on cancer will be opened from the point of view of the physician and the public authority by Sir Stewart Abram, senior physician, Royal Berkshire Hospital, and chairman of the Health Committee. Dr. T. Skene Keith, pathologist to the hospital, will consider "Cancer research to-day," and Mr. J. L. Joyce, F.R.C.S., senior surgeon, the present position of the treatment of cancer. The chair will be taken at 7.30 p.m. by Professor H. R. Kenwood, C.M.G., M.B.

THE fourth International Congress of Military Medicine and Pharmacy will be held at Warsaw at the end of May, when the following subjects will be discussed: (1) Evacuation in a war of movement, introduced by representatives of Poland and Brazil. (2) Etiology and prophylaxis of influenza, introduced by representatives of Poland and Denmark. (3) Sequels of traumatism of the skull, introduced by representatives of Poland and Greece. (4) Methods of chemical examination of arsenobenzols, introduced by representatives of Poland and Lithuania.

AT a meeting of the Pharmaceutical Society of Great Britain in the Lecture Theatre at 17, Bloomsbury Square, W.C., on Tuesday, January 11th, at 8 p.m., a paper entitled "Notes on preparations of the *British Pharmacopoeia*, 1914," by Mr. J. H. Franklin, will be followed by a discussion, and tea and coffee will be served in the Examination Hall at the close of the meeting. Medical friends and members will be welcomed.

THE next International Tuberculosis Congress will be held at Rome in 1928 under the presidency of Professor Raphael Paolucci, president of the International Federation against Tuberculosis.

THE next German Congress of Natural Science and Medicine will be held at Hamburg in 1928 under the presidency of Professor von Eiselsberg of Vienna. The number of members has increased from 2,500 to 6,000 in the last two years.

FOR the convenience of the medical profession, especially general practitioners, Dr. Camac Wilkinson has changed the hours at the Tuberculin Dispensary. In future the dispensary will be open at 32, Fitzroy Street, London, W.1, on Mondays and Thursdays from 2.30 to 5 p.m.

A NEW periodical, the *London Weekly*, made its appearance on January 1st, under the editorship of Dr. L. Haden Guest, M.P. In arrangement and scope it resembles closely some of the other sixpenny weekly reviews, and, as its subtitle—"Home and Overseas"—suggests, much attention is given to British politics and Imperial affairs, both in editorials and in contributed articles. The first issue includes a message from the Secretary of State for the Dominions, entitled "A Constructive Empire Policy," and a paper on research into the feeding value of pastures, by Dr. W. E. Elliot, M.P., Parliamentary Under Secretary of State for Scotland, and Dr. J. B. Orr.

THE Board of Trade has issued additional lists of articles chargeable with duty as from January 15th, 1927, under the Safeguarding of Industries Act, 1921. These lists refer to optical glass, elements, and instruments; laboratory porcelain; scientific instruments; and synthetic organic chemicals. Copies of the lists may be obtained from H.M. Stationery Office, price 2d. net.

THE American Psychological Association is commencing this month the publication of a monthly journal entitled *Psychological Abstracts*, under the editorship of Professor W. S. Hunter. The annual subscription, 6.25 dollars, is payable to Mr. H. S. Langfeldt, Princeton University, New Jersey.

AN epidemic of leprosy has broken out in the Tartar Republic in Russia, and an epidemic of cholera in China, with a thousand cases a day.

THE West African medical staff list for October, 1926, may be obtained from the Crown Agents for the Colonies, 4, Millbank, S.W.1. Three lists of officers are given according to their grades, their grouping by colonies, and their qualifications and service.

THE Société de Chirurgie de Paris has received from Madame Lebaudy a gift of 50,000 francs for any orthopaedist of a neutral or allied country who invents the best prosthetic apparatus for the hand. Further information can be obtained from the Secretary of the society, 12 Rue de Seine, Paris.

THE Dr. Sofia A. Nordhoff-Jung Cancer Prize has been awarded for 1926 to Dr. Otto Warburg for his work on the metabolism of cultivated tissues, with reference to the biochemical aspect of the cancer problem.

SIX further pamphlets—Nos. 52 to 57—issued by the International Labour Office deal with formic acid, the incandescent mantles industry, lead poisoning, methyl alcohol, oxalic acid, and the painting industry. The information given about lead poisoning includes a comprehensive account of the sources of poisoning, the toxic action of lead, symptoms, diagnosis, prophylaxis, and treatment.

THE *Revista Médica Panamericana* is the organ of the Pan-American Medical Association, which has recently been founded to promote an exchange of scientific ideas and methods between members of the medical profession in North, Central, and South America. It is published in Spanish four times a year.

THE Victorian Branch of the Australian Association for Fighting Venereal Diseases has issued a memorandum on the problem of venereal diseases in which the incidence, prevention, and treatment are clearly explained for lay readers. Reference is made to the resolutions passed by the Council of the Victorian Branch of the British Medical Association in June, 1922, and the constitution and objectives of the Australian Association are detailed.

## 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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**FINANCIAL SECRETARY AND BUSINESS MANAGER** (Advertisements, etc.), *Articulate Westcent, London.*

**MEDICAL SECRETARY**, *Medisecra 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.

### TETANUS NEONATORUM.

"R. H. M." asks what is the maximum dose of tetanus antitoxin serum which can be given in a case of tetanus of the new-born, and would welcome any other information about drugs and their dosage in such a case.

### INCOME TAX.

"C. T. C." began practice on March 13th, 1925—he "simply put up a plate and waited for patients." His earnings for the year to March 12th, 1926, were £30 5s. 4d., and for the following year, say, £180.

\* \* He is not liable to income tax until 1927-28, for which year he will be assessable at £180, less, of course, the usual reliefs. The assistance received from his friends does not affect his liability, nor does the payment by him of any sums to them, except that if he pays any interest to them he should deduct tax at the standard rate and show the facts on his income tax returns.

## LETTERS, NOTES, ETC.

### PREVENTION OF CORYZA.

DR. W. STUART-LOW (London) writes: It is well known that a great many people are constantly contracting colds in the head—indeed, are hardly ever free—but it is not so well known that there is a definite reason for this, that it is easily remediable, and that such people are a constant danger to others—their friends in the office and the home, and their fellow travellers in trains. The chief cause of this susceptibility to nasal catarrh is an anatomically disturbed nasal interior, mostly due to an injury sustained when young (even at birth), in the football field, while boxing, or accidentally, as from falls. This explains why one or two members of a family are constantly contracting colds and why the others escape, and why some members of an office staff are always falling victims while others are immune. An individual with a normal nasal interior, breathing even a not too pure atmosphere, is much less likely to become affected by nasal catarrh than another with a disturbed nasal interior breathing a purer air. To discover the cause of constantly recurring nasal catarrh it is therefore necessary that the nose should be skillfully examined, when some such disturbing factor as I have indicated will invariably be discovered. Until it is, and the cause eliminated, the person will go on contracting head colds, to his own great danger and the jeopardy of everyone coming into contact with him. The individual with the internal anatomy of his nose disturbed is so vulnerable to nasal congestions, and therefore head colds, that he is a veritable microbe generator and a bacterial disseminator in every coughing spasm and sneezing attack to which he is liable.

### MIDWIFERY IN GENERAL PRACTICE.

"B.M.OXON." writes: The allegation that women of the poorer classes cannot be confined successfully and aseptically in their own homes seems to be based on two assumptions—first, that the home conditions are unsatisfactory and septic, and secondly, that the doctor is unsatisfactory and septic. The first assumption is, in the majority of cases, true, and helps to make the second true; but as the woman and her family have to carry on all their other physiological processes—that is, live—under these conditions, why devote public money to maternity homes and services which might more profitably be spent on improving the environment for all the physiological processes, of which parturition is but one? I mean that the money could be spent on better housing, with larger rooms and proper larders for food; the provision of clean bedding or periodical disinfection of existing bedding; proper sanitary accommodation in existing houses. In the second assumption there may also be some truth, but in the vast majority of cases I am sure that a doctor who is inefficient books few confinements, and that if a doctor is not completely aseptic in his technique it is due to force of circumstances which would not exist if the foregoing improvements in his patients' homes were carried out, and if there was provided a service of maternity nurses as adequate in numbers as the present district nurse is in efficiency. As a first step towards improving the aseptic technique the provision by public authorities of sterilized drums of dressings, gown, and gloves would seem to be an inexpensive and constructive criticism of things as they are.

### THEORIES ABOUT CANCER.

DR. A. W. CRAWFORD (Boltcn) writes to put on record his disagreement with the view that "all questions relating to the causation of cancer are dominated by the recent discovery of Gye and Barnard that the older theories have to a considerable extent lost colour." What they have discovered, he says, is the cell which is always attacked by cancer, and the only cell so attacked, namely, the epithelial cell, and they have caught it in the early stages of its progressive development, when it has reached the stage of visibility. He maintains that cancer is purely a degeneration of the nutritive cells and the blood, and that there is no vital activity in cancer cells. In his opinion the protozoal origin of cancer, like many other theories, will soon go by the board. Fourteen years ago he published the statement that embryonic cells which became cancerous were defective in their chromosomes and their glycogen.

### POSTURE AS A FACTOR IN HEALTH AND DISEASE.

DR. M. O'BRIEN writes from Perth, West Australia, with reference to the paper by Dr. Forrester-Brown with this title published in the **JOURNAL** on April 17th, 1926. Dr. O'Brien begins by saying that the Class D individual shown in Fig. 2 (p. 691) is a type well known in medical practice, and owes most of his disabilities to weakness of the vertebral column, which is by no means always attributable to chronic ill health. Dr. Goldthwait, in his note on the paper, wrote: "The drooped relaxed figure is less good from every point of view than the erect alert figure." Dr. O'Brien thinks there can be no doubt that this is because the vertebral column, the support of the trunk, is weak; the trunk walls (ribs, intercostal and abdominal muscles) are relaxed, but this is probably secondary to the weak spine. The feeble spinal muscles of the upper dorsal region give insufficient support to the spine, which, consequently, bends forward. The lower part of the dorsal spine is thrown backwards to compensate this, causing the increase in the lumbar curve. The protuberant abdomen is partly produced by the lordosis and partly in some cases by visceroptosis, due to insufficient support being afforded to the viscera by the spine and trunk walls. Therapeutics,