

The usual complication of a foreign body in the bladder is, of course, a deposition of phosphates which gradually forms a calculus with the foreign body as its nucleus; but in the first case the foreign body gave rise to a comparatively rare complication—namely, the perforation of the bladder wall with fairly profuse haematuria and the formation of a perivesical abscess.

In the second case the most striking symptom was the incontinence, for which the patient had to wear a urinal. Further points of interest, apart from the size of the calculus, were the adhesion of the bladder to the pelvic wall and the impaction of the foreign body in the bladder, so that it could not be removed until a very large opening had been made.

That the wound should have taken six weeks to heal soundly was not unexpected in view of the foul state of the urine, the severity of the inflammation of the mucous membrane, and the size of the bladder incision.

The remarkable power of recovery latent in the bladder wall is illustrated by the fact that the patient could easily retain 6 ounces of fluid and empty the bladder completely some fourteen weeks after the wound had healed, although she had previously been incontinent for a year.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CELLULITIS OF THE SCALP TREATED BY INTRAVENOUS COLLOIDAL SILVER.

I THINK that the following case is of interest as it would appear to indicate a simple treatment for a serious condition.

On November 29th, 1926, a woman, aged 62, was admitted to Andover War Memorial Hospital suffering from a scalp wound in the occipital region (about 1½ in. long) and a mild degree of concussion. For the next few days she ran a high evening temperature and looked very ill. She complained only of severe headache and had all the appearances of suffering from a toxæmia against which she was incapable of fighting. A thorough general examination failed to reveal any definite cause for her condition. The only fact noted was that the wound, though not discharging, was gaping and showing no signs of healing.

On December 6th the diagnosis of the patient's condition was made obvious by the appearance of an isolated patch of cellulitis over the forehead. She looked so ill as to appear almost moribund. On the following day the affected area had extended, although the inflammation seemed, if anything, less intense.

An intravenous injection of 10 c.cm. of colloidal silver was given. There was a striking and immediate improvement in the patient's condition, and two days later the cellulitis had almost disappeared, the tongue was clean, and there was no headache. The edges of the wound, which was now discharging slightly, looked healthy, and had approximated. The treatment was repeated, and the patient made an uneventful recovery, being discharged well on December 21st.

So far as I am aware, colloidal silver has not been previously used in a similar case.

Andover, Hants.

R. S. WEIR, M.B., Ch.B.

#### POTASSIUM SILVER IODIDE IN THE TREATMENT OF GONORRHOEA.

THE double iodide of potassium and silver ( $KAgI_2$ ) is a crystalline substance readily soluble in a small quantity of water. On dilution the solution begins to precipitate silver iodide, but the precipitation is not complete until a fairly high dilution is reached.<sup>1</sup> The precipitated silver iodide is in a very finely divided condition and a part of it is in a colloid state. It has a tendency to creep up and adhere tenaciously to the sides of a test tube, and would presumably creep into the crypts and ducts of the urethra and adhere to them and to the gonococci found there. The unprecipitated portion is still in the form of a double salt and in a state of molecular dispersion. In this condition it would presumably diffuse through the walls of the cells, and on being further diluted by the tissue fluids would precipitate more silver iodide inside the tissues. The decomposition of the double salt on dilution tends to be reversed by the presence of excess of potassium iodide.

The potassium silver iodide was prepared as described by Mellor (*loc. cit.*). One part by weight of crystallized

potassium silver iodide and four parts of potassium iodide were intimately mixed and dissolved in water as required in the strengths of 0.5 gram, 1.0 gram, and 1.5 grams, in 20 c.cm. in each case. Each of these dilutions contains a fine suspension of silver iodide, some of it in a colloidal state, and a true solution of the double salt.

#### Method of Treatment.

Of the above solution 20 c.cm. is placed in a glass syringe. The tip of the syringe is introduced into the meatus and the solution is injected slowly and steadily, with the fingers grasping the glans to prevent escape of the fluid. At the same time the patient is asked to keep his nostrils closed and breathe freely through the mouth. After injection a soft bandage is applied over the glans tight enough to prevent the injected fluid from coming out. The bandage can be removed after fifteen to thirty minutes. The injection distends the urethra fully, opening out the crypts and recesses, and a portion perhaps enters the bladder. The solution seems to reach the prostate and seminal vesicles, as on massaging the prostate and vesicles two or three days after the injection the expressed fluid is seen to contain some silver iodide. In acute cases the anterior urethra is washed out twice, using 10 c.cm. of the first strength each time, before the injection of 20 c.cm. is given, and the bandage applied. In chronic posterior urethritis an injection of the second strength is given after urination, with prostatic massage, and later in the treatment the third strength is used. The treatment has the advantage that the injections need only be given twice or thrice a week, as the silver iodide persists in the urethra and continues to exercise its antiseptic action.

#### Results.

Under this treatment the discharge decreases very rapidly and after about six injections disappears, though in many cases on prostatic massage a few extra-cellular diplococci may be detected microscopically in a smear. After about twelve to fifteen injections gonococci completely disappear, and even after provocative treatment and prostatic massage a smear shows their absence. Cases which come with a stricture do not readily respond unless the stricture is dilated prior to the injection. Cases of prostatitis, vesiculitis, and cystitis respond readily. A case of gonorrhoea with acute retention of urine was treated by hot hip baths with repeated catheterization and injections. The patient recovered rapidly.

I wish to thank Major Clive Newcomb, I.M.S., chemical examiner to the Government of Madras, for his guidance and help, and Lieut.-Colonel R. B. B. Foster, I.M.S., superintendent of the Government Royapuram Medical School, Madras, for permission to publish this note. I am also indebted to my assistants, Mr. N. Raghavayya, assistant lecturer in chemistry, Royapuram Medical School, Madras, and Dr. C. R. Krishna Pillay, for their active co-operation with me.

[Dr. Naidu sends notes of ten cases: in all of them gonococci were detected microscopically in smears, the injections were well borne, and none of the patients complained of any considerable pain.]

Madras.

S. RAJAGOPAL NAIDU, B.A., M.B., B.S.

#### GASTRECTOMY FOR SARCOMA OF THE STOMACH.

SARCOMA of the stomach being a fairly rare condition, the following case may be of interest.

A man, aged 27, was admitted under my care to the Victoria Hospital, Keighley, on December 12th, 1926, with a history of indigestion extending over three months. On admission he was much emaciated—the emaciation, he stated, had become very apparent during the previous four weeks. He had severe pain almost immediately after food (even liquids), and there was frequent vomiting. On examination the abdomen was much retracted and a large sausage-shaped tumour could be readily seen and palpated in the epigastrium. The tumour was fairly movable and very tender, even on the slightest pressure.

On December 17th I performed gastrectomy. The tumour was found to involve practically the whole of the stomach, there being only a very small portion of the cardiac end apparently free from disease, which made the anastomosis between the resected end of the stomach and the jejunum rather difficult. The tumour did not involve the duodenum, but there were many enlarged glands in the gastro-colic and gastro-hepatic omenta. One hard nodule was also detected in the liver.

After operation the usual treatment to counteract shock, etc., was carefully carried out, and from the third day after operation

<sup>1</sup> Mellor, *Inorganic and Theoretical Chemistry*, vol. iii, p. 432.

the patient was able to take fluids and meat jellies freely by the mouth, and expressed himself as feeling very comfortable. On the tenth day, however, he died suddenly from heart failure.

The stomach was sent for pathological examination to Mr. Alfred Gough of Leeds, who reported as follows: "The tumour forms a large cake about an inch thick. It lies essentially in the muscular coat. The mucosa extends over it for some distance, gradually thinning out, and giving place to an ulcerated surface covered with granulation tissue. The tumour is composed of spindle cells rather loosely arranged with a good deal of intercellular substance. It is a myxosarcoma."

Boyd, in his book on *Surgical Pathology* (p. 293), under the heading of Rare Conditions of Stomach and Duodenum, says: "Sarcoma of the stomach is of equal frequency in men and women. It is usually of the round-celled variety, but may be spindle-celled. It starts in the sub-mucous coat, and may attain an enormous size, bulging into the cavity or growing outwards to form a mass outside the stomach."

H. STEWART BRANDER, M.D., Ch.B.,  
Honorary Surgeon, Victoria Hospital, Keighley.

## Reports of Societies.

### THE ETIOLOGY OF EPILEPSY.

At the meeting of the Section of Neurology of the Royal Society of Medicine on January 13th, with Sir J. PURVES-STEWART in the chair, a discussion on epilepsy was opened by Dr. W. ALDREN TURNER.

Dr. Aldren Turner said that the essential feature of epilepsy was a disturbance of consciousness, occasionally sudden, swift, and brief, which might or might not be accompanied by spasm or convulsions. Certain psychical phenomena might be associated, such as dream states and visual hallucinations. There had been a tendency during recent years to broaden the basis of epilepsy mainly from the psychical side, and to regard as epileptic certain states of disturbed consciousness of longer duration, including somnambulism and stupor. It was now generally accepted that there was no single clinical entity to which the name "epilepsy" might be applied. Three special groups were to be distinguished: (1) organic; (2) toxic, infective, or metabolic; (3) psychogenic; other varieties might be designated "epilepsy of unknown origin." The suggestion had been made that the phenomena of epilepsy might be explained by the circulation of toxic substances in the blood, arising, for example, from defective carbohydrate metabolism in the small intestine. There could be little doubt that some cases of epilepsy at the commencement of the illness were attributable to toxic, infective, or metabolic agencies; these included, for example, epilepsy following any of the exanthemata, also a form of epilepsy associated with intestinal stasis and the toxæmia resulting therefrom. A quite unjustified degree of importance had been attached to the relation of epilepsy to glandular disturbance. With regard to the metabolic group of epilepsies, there was considerable clinical evidence in favour of the existence of such a group, but so far convincing biochemical evidence was lacking. Emotional causes had come to be regarded as of great importance, but it was only of recent years that it had been revealed how emotion acted in mental illness. A group of epileptic reactions had been discovered which would appear to be attributable to emotional influences. It was difficult to distinguish between the hysterical and the epileptic type of fit, and certain attacks could not be classified as either. According to some workers, a study of the types of epileptic attack had demonstrated that some disturbance of the emotional state and some reaction against expressing the emotion had been found in every instance, but it was doubtful whether an intensified emotion was sufficient to give rise to that dramatic crisis, the major epileptic fit. The whole subject of the epileptic fit as an expression of an emotional state involving a disturbance of consciousness required fuller examination. It seemed that in all forms of epilepsy an additional factor had to be detected; it would most probably be found in a constitutional defect conveyed through inheritance or acquired later. Dr. Turner had investigated the temperamental qualities of a large number of epileptics; only a few were

of the absent-minded and day-dreaming type, while the self-satisfied and self-opinionated also formed only a small group. The outstanding feature of the epileptic temperament was nervousness and anxiety; a great part seemed to be played by fear and apprehension in the development of their mental outlook. There had been a tendency of recent years to under-estimate the importance of inheritance, but in this group of illnesses it was impossible to survey the family history of any large number of epileptics without obtaining direct evidence of epilepsy in the family in quite a substantial proportion of cases. His own investigations, covering quite a large number of cases, showed an hereditary history in 33 per cent.

Dr. GEORGE RIDDOKH said that at the London Hospital during the past two years a number of workers had approached this problem from the clinical and biochemical sides. Most of the questions which they set out to elucidate were still unsolved; notably, the etiology of epilepsy, and the mechanism of the production of the seizure. Very little was known about etiology, and it was difficult to assess the hereditary factor. Family histories were hard to obtain, especially in patients of the hospital class, but at least one-third of the cases of epilepsy studied revealed a definite family history. The old question of insanity and its bearing upon epilepsy had been taken up, and it appeared that mental disorders of that class were no more common among epileptics than among non-epileptics. It was found that the epileptics who had a significant family history were the first-born in a disproportionate number of cases, a fact which might point to trauma at birth, resulting in brain lesion. One investigation made at the London Hospital concerned the effect of starvation upon epilepsy. In a number of epileptics it was found unquestionably that starvation lasting for a fortnight, with water only, had a beneficial effect, the fits either ceasing altogether from the beginning of the period or diminishing in frequency; the good effect continued after the starvation period was over. He did not put this forward as a therapeutic method, but only as an investigation. In connexion with the study of the mechanism of the production of seizures, he related some experiments on cats and rabbits in which characteristic convulsions after the injection of certain substances had been investigated. It was also found with these animals that bromide given in increasing doses and increasing concentration gradually diminished the severity of the seizures and finally eliminated them entirely.

Dr. W. RUSSELL BRAIN described the results of biochemical investigations in epilepsy also made at the London Hospital. There was no confirmation of the suggestion that epilepsy was caused by a reduction in the calcium-iron concentration in the body fluids. Hitherto no metabolic abnormality in epilepsy had been conclusively proved or generally accepted, but a good deal of work at the London Hospital had been directed to the study of the blood cholesterol. It had been stated that epileptic women were most likely to have fits at that period in the menstrual cycle when the blood cholesterol was known to be at its minimum, and two French observers had stated that they had found in epilepsy a fall in the level of the blood cholesterol during the attacks, though they believed this to be the result and not the cause of the attacks. It was therefore resolved to investigate the behaviour of the blood cholesterol in epilepsy, and the level of the blood cholesterol was thereupon determined in a large number of epileptics. From figures which he exhibited, comprising some thirty or forty normal persons of each sex, and about an equal number of epileptics, it appeared that normal individuals had a higher blood cholesterol content than the epileptics. It was also found that in epileptics from whom blood had been taken within twenty-four hours of the attack the blood cholesterol, both in the whole blood and in the plasma, was considerably lower than in the case of epileptics from whom blood was taken more than twenty-four hours after the attack; in the latter the figures were much nearer to those exhibited by the normals. Dr. Brain concluded that there was a relation between a low level of the blood cholesterol and an epileptic attack. In a few instances which it was possible to observe continuously the attack was found also to be preceded by a prolonged fall in the level of the blood cholesterol; therefore the

## Universities and Colleges.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council meeting was held on January 13th, when the President, Sir Berkeley Moynihan, Bt., was in the chair.

#### Honorary Fellowship.

The President reported that H.R.H. Princess Mary, Viscountess Lascelles, had consented to become an honorary Fellow of the College. The President also stated that Princess Mary hoped to attend at the College on Monday, February 14th, to hear the Hunterian Oration, and that there would then be a suitable opportunity for presenting the diploma to Her Royal Highness.

#### Lister Centenary Celebrations.

Sir Berkeley Moynihan was nominated to represent the Royal College of Surgeons of England at the celebration in London of the centenary of the birth of Lord Lister, which falls on April 5th, 1927.

#### Appointments.

Mr. Thelwall Thomas was re-elected to represent the College on the Court of Liverpool University.

Mr. E. Rock Carling, Mr. A. E. Webb-Johnson, and Mr. Claude Frankau were introduced and admitted members of the Court of Examiners.

#### Diplomas.

Diplomas were granted jointly with the Royal College of Physicians: in Public Health, to twenty-six candidates; in Psychological Medicine, to ten candidates; in Laryngology and Otology, to seven candidates.

The diploma of Fellowship was granted to one candidate, the diploma of Membership was granted to three candidates, and the Licence in Dental Surgery was granted to one candidate, these having now complied with the regulations.

## Medico-Legal.

### A DUBLIN SURGEON'S FEES.

AN action was heard recently in the High Court in Dublin by Mr. Justice Hanna in which Mr. Denis Kennedy, F.R.C.S.I., a well known Dublin surgeon, claimed £1,468 from the executors of the will of Susan Fay, for work done and services rendered by the plaintiff as a medical practitioner for the deceased, a widow, who had resided at Sandymount, Dublin. The defendants pleaded that the plaintiff did not render the services alleged, and said that the fees charged were not agreed fees, and they were exorbitant and unfair. While denying any liability, the defendants brought into court the sum of £526, which they said was sufficient to satisfy plaintiff's claim. The deceased, it appeared, was operated upon several times by the plaintiff, and otherwise attended at a private hospital and at her own residence before her death.

The plaintiff gave evidence, and outlined the nature of the operations and his subsequent work for the deceased in hospital and at her home. He said that his charges were reasonable. If she had been a very wealthy woman he might have charged more. In cross-examination, the witness said that he never brought a patient into court. Asked what was the highest fee that he had ever received for an abdominal operation, he replied that he once received 400 guineas for an operation and attendance in hospital afterwards. A hundred guineas was not an exorbitant fee for an abdominal operation if the patient was fairly well off. He was in attendance on this lady for nearly two years. He never sent his account to the deceased, as she never asked for it, but she said his fees would be all right. Mr. J. S. McArdle, F.R.C.S.I., gave evidence; he said that the usual fee for operations of this kind was 100 guineas, but it was not the maximum fee. He would not like to take it at anything less than Mr. Kennedy took. The witness said that he had performed 2,000 operations similar to this one. He had received payment for about 25 per cent. of them. His minimum fee for such an operation was 50 guineas. Mr. R. C. B. Maunsell, F.R.C.S.I., said that these were full fees, but certainly not excessive. Asked if it was not usual to send a bill before the patient died, witness said that in some cases it was kind not to do so.

Mr. Fitzgerald, K.C. for the executors, said that they had found it impossible to give the court the expert evidence that was expected. Notwithstanding every effort made by the executors and their solicitors to procure the attendance of a surgeon in Dublin or Belfast, not one of them could be got who would go into the box and tell the court what, in their opinion, was the value of plaintiff's services. The plaintiff's income in fees from this patient worked out at practically £1,000 a year. The executors had met the demand by bringing into court a substantial sum, beyond which they did not think they should be asked to pay. A good deal had been made of what was called the standard fee of a surgeon, but counsel would define it as being what the hope of life would bring from a patient.

In giving judgement for plaintiff for the sum of £680 and costs, Mr. Justice Hanna said that he was bound to take into consideration that the plaintiff was in the first rank, and exercised the very highest degree of surgical skill. He was also bound to consider the position in which Mrs. Fay was. She was a lady who had come into the bulk of her estate through a second marriage, and lived in moderate circumstances in Sandymount. He had nothing but commendation for the executors, who, when faced with a claim which they thought exaggerated, submitted to the court. That was the best way for executors to protect themselves from criticism, and equally Mr. Kennedy had no alternative but to come into

court. The amount might have been left to some eminent surgeon to decide, but it was equally possible that it would be difficult to get a medical man to decide as between a colleague and an outsider. He was not inclined to chesepare with Mr. Kennedy, and, accordingly, in respect to the first three operations, he awarded the fees of £100 for the first operation, £75 for the second, and £50 for the third. It had been argued that the attendance after operations should be complimentary, but, having regard to the evidence, his lordship thought that there was a good deal more to be done than mere normal attendance and examination. Attendance would be covered by £75 in respect of the first three operations. There were six minor operations, for which he awarded £15 each; for attendance during four months, £40; attendance at the deceased woman's residence at Sandymount during seven months, £100; for the Leeson Street Home operation, £75, and treatment and attendance, £50, and to cover general attendance, £25.

## Medical News.

THE Hunterian Oration before the Royal College of Surgeons of England will be delivered at the College by Sir Berkeley Moynihan, Bt. (President), on Monday, February 14th, at 4 p.m.

A DISCUSSION on the treatment of cleft palate will be held at the Section of Surgery of the Royal Society of Medicine on Wednesday, June 1st, at 5 p.m. Sir James Berry will open the discussion and will be followed by Mr. Grey Turner and a large number of other surgeons. All speakers are invited to present statistics and show cases to demonstrate the result as to speech.

THE following promotion and appointments to the Order of the Hospital of St. John of Jerusalem are announced. *As Knight of Justice (from Knight of Grace)*: Major Sir John Lumsden, K.B.E., M.D. *As Knight of Grace*: Lieut.-Colonel E. J. T. Cory, O.B.E., T.D., M.D. *As Officers (Brothers)*: Dr. Marcus A. J. de Lavis-Trafford, O.B.E., Dr. A. R. McLeod, Colonel R. A. Needham, C.I.E., D.S.O., I.M.S., Dr. Louis Patrick Stokes, Major Hugh T. Galbraith, Dr. Robert D. A. Douglas, M.B.E.

TWO sets of post-graduate courses have been arranged at the Royal Northern Hospital for the current year. Course I is open to all practitioners free of charge. It consists of weekly lectures or demonstrations on Tuesdays at 3.15 (the next being on January 25th by Dr. Malcolm Donaldson on salpingitis); and of intensive courses, each lasting a week, to be held in February, May, and October. Tea is provided on each occasion. Course II, on recent advances in medicine, and suitable for the M.R.C.P. and other higher examinations, is held thrice yearly at a charge of five guineas; the next will be during the first fortnight in March. Further particulars may be obtained from the Dean, Dr. E. G. Calvert, Royal Northern Hospital, Holloway Road, N.7.

A NEW series of post-graduate clinics arranged by the University of Sheffield commenced on January 14th, when Dr. Wilkinson discussed cerebral complications of middle ear suppuration. The meetings are held at the Royal Hospital, Sheffield, and are open to all qualified medical practitioners without fee; they will be continued on Fridays, at 3.30 p.m., until March 25th.

A POST-GRADUATE course on diseases of the nervous system will be held at the National Hospital, Queen Square, from January 31st to March 25th. It will include clinical lectures, out-patient work, and demonstrations, and the fee will be five guineas. A course of lectures on the anatomy and physiology of the nervous system will be arranged if there are sufficient applicants. A special course of clinical demonstrations on methods of examination of the nervous system will also be given. Further information may be obtained from the Secretary of the Medical School, National Hospital, Queen Square, W.C.1.

FOUR lectures on a survey of the public health, based on the report for 1925 of the Chief Medical Officer of the Ministry of Health, will be delivered by Sir Robert Armstrong-Jones at Gresham College, Basinghall Street, E.C.2, on January 25th, 26th, 27th, and 28th, at 5 p.m. Admission to the lectures is free to men and women.

THE lecture to the congress of the Royal Sanitary Institute, to be held at Hastings next July, will be given by Sir W. H. Willcox, K.C.I.E., M.D., on chronic rheumatism in its relation to industry. The congress will have six sections, and there will also be seven conferences.

THE third annual Sims Woodhead Memorial Lecture will be delivered in the Arts School, Benet Street, Cambridge, on Thursday, January 27th, at 5.15 p.m., by Mr. W. McAdam Eccles, M.S., F.R.C.S. His subject is "Alcohol in the light of modern research: points accepted and disputed." The Vice-Chancellor of the University will preside. Seats will be reserved on the 3 p.m. train from King's Cross.

THE Fellowship of Medicine announces that on January 27th the opening lecture of the new series on emergencies in medicine and surgery will be delivered by Dr. Burrell on haemoptysis, at 5 p.m., at 11, Chandos Street, Cavendish Square. On January 25th Mr. Victor Bouney will give a demonstration at the Chelsea Hospital for Women, at 2 p.m. From January 31st for four weeks the London School of Dermatology (St. John's Hospital) will hold a clinical course in dermatology; classes in pathology can be arranged. From February 7th the London Lock Hospital will give a four weeks' clinical course in venereal diseases and a series of lectures. Also starting on this date there will be a combined two weeks' course in diseases of children in which the Paddington Green and Victoria Hospitals are participating. The Fellowship also organizes courses in obstetrics and anaesthetics, and can arrange appointments as clinical assistants at the Samaritan Hospital. Copies of all syllabuses, the *Post-Graduate Medical Journal*, and the programme of the general course can be obtained from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE programme of the Post-Graduate Hostel, Imperial Hotel, Russell Square, W.C.1, for next week includes an address, on Tuesday, by Professor C. C. Choyce, on pre-listerian surgery, and a discussion, on Thursday, on the hyroglossal tract. Dinner (5s.) will be served each day at 8 p.m., and the meetings begin at 9 o'clock. All medical practitioners are welcome.

THE Child Study Society, London, has issued its syllabus of lectures and discussions for 1927. At the meeting on March 17th a paper on "Completion of the education of the parent" will be communicated by Dr. J. R. Rees, with the president of the society (the Hon. Sir John A. Cockburn, K.C.M.G., M.D.) in the chair. At the annual meeting on April 28th a discussion on problems in the upbringing of children will be opened by Dr. J. Norman Glaister. Both meetings will be held at 6 p.m., at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., at which address full particulars of the society can be obtained on writing to its secretary, Miss H. M. Richards.

A MEETING of pathologists attached to various London and provincial hospitals was held at the London School of Medicine for Women on January 7th, when it was decided to form a society entitled the British Pathologists Association, to develop the application of pathology in relation to medicine, and to protect all those engaged in its study and practice. It was agreed that membership should be open to all registered medical practitioners engaged in pathological work; the annual membership fee was fixed at one guinea, no entrance fee being required. Dr. C. Powell White of Manchester was appointed president of the new association, and Dr. S. C. Dyke of Wolverhampton, secretary.

ON his retirement Dr. John R. Staddon, after forty years' service as medical officer to the Ipswich Board of Guardians, was entertained by the past and present staff at Heathfields at a farewell supper, and presented with a Sheraton dining table and an illuminated address, together with a cut-glass cigarette bowl from the patients in the infirmary.

DR. AND MRS. D. J. THOMAS of Porthcawl have been presented by the inhabitants of Nantymoel with a silver tray and entrée dishes and a wallet of notes as a mark of esteem for the services rendered by them during the past forty years.

DR. CHARLES SINGER's second lecture on the "History of medicine" will be given at the College of Medicine, Newcastle-upon-Tyne, on Friday, February 11th, at 4.45 p.m. All medical practitioners in the neighbourhood are invited to attend.

SIR JOHN HERBERT PARSONS has written *An Introduction to the Theory of Perception*, which will be published by the Cambridge University Press next month in the Cambridge Psychological Library, the series in which his earlier work on colour vision also appeared.

THE Sollux Publishing Company, Slough, has published translations in English of Rost's *Biological Basis of Ultra-violet Therapy*, Jesionek's *Light as Stimulus*, and Bach's *The Treatment of Wounds*, all at 1s. It has also published in English Huldshinsky's *The Ultra-violet Light Treatment of Rickets*, at 6d., and Heusner's *Light Therapy in Pulmonary Tuberculosis*, at 1s. 6d.

THE nature and properties of acriflavine have been fully reported upon in the *BRITISH MEDICAL JOURNAL*; in fact, they were, we believe, first described by Professor C. H. Browning of Glasgow and his colleagues in our columns. The British Drug Houses, Ltd. (16, Graham Street, City Road, London, N.1), have now put on the market preparations in solution, tablet, and other forms, for the use of medical practitioners. The same firm also supplies enflavine and proflavine.

THE Kaiser Friedrich Hospital at San Remo, which is primarily intended for visitors to the Riviera, was reopened last October under a staff of German physicians.

A PLAY entitled *La Vocation*, which is the joint work of André Pascal (Dr. Henri Rothschild) and Professor Pierre Delbet, has recently been performed at the Théâtre de la Renaissance in Paris.

FROM the French census, taken on March 7th last, it appears that the population of France was 40,743,851 on that date, as compared with 39,209,666 in 1921. But out of this increase of 1,500,000 in five years less than half a million were French. The increase in resident foreigners has become so great that in some areas they form a very substantial proportion of the population. Thus in the department of the Seine one-tenth of the inhabitants are foreigners; in Seine-et-Oise one-thirteenth; while in the Alpes-Maritimes no less than one-third of the population is foreign.

DURING September four cases of plague were notified in Guayaquil, and 21,233 rats were caught, 30 of which were infected.

A FRANCO-DUTCH Scientific Committee has recently been formed as an independent section of the centre for Franco-Dutch studies at Paris. The new committee consists of French and Dutch subsections. In the Dutch subsection physiology is represented by Professor J. J. A. Buytendijk, medicine by Professor A. A. Hijmans van den Bergh, and bacteriology by Professor P. C. Flu.

THE Bureau of the Far East at Singapore reports that for the week ending December 25th there were 21 cases of plague with 10 deaths, 296 cases of cholera with 276 deaths, and 304 cases of small-pox with 79 deaths.

TWO persons, one of whom was the well known physician Professor Ellermann, have recently died of anthrax at Copenhagen after using infected horse-hair shaving brushes.

## 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.**

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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, Drumshugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

## QUERIES AND ANSWERS.

"F. J. B." asks for suggestions for the treatment of a baby, aged 6 weeks, suffering from burns (now healed) of third degree on face, with a view to preventing contractures and scarring.

### INCOME TAX.

#### Appointment: Expenses.

"D. W. T." held a hospital appointment from February to October, 1922; his earnings from April 5th to October, 1922, were £198 10s., and he is asked to pay £6 10s. for 1922-23. Can he claim any relief, especially as regards expenses consequent on illness occurring in that year?

\* \* The tax payable for 1922-23 appears to be as follows:

Salary	£ s. d.
198 10 0	
Deduct one-tenth earned income relief	19 16 6
Assessable income (say)	179 0 0
Personal allowance	135 0 0
Income chargeable to tax	44 0 0

Tax due thereon at 2s. 6d. in the £ = £5 10s.

"D. W. T." cannot claim to average his earnings for purposes of assessment, and the expenses to which he refers are not allowable.