

through which ran the fracture. The sac, on being opened and the clot turned out, showed the openings of seven vessels into its wall. I had at first contemplated plating the fracture as a second stage of the operation, but, owing to the fact that the patient did not take the anaesthetic well, and that the dissection took longer and was more difficult than I had expected, I decided to abandon plating until a later date. The ends of the fragments were curetted. The cavity made by excising the sac having been obliterated by deep catgut sutures, the wound was closed, and the limb was then put back on the original type of splint. The wound healed by first intention, and the circulation in the limb appeared normal. Six weeks later there was good union. The patient was discharged from hospital, and is now doing his duty. The excitable heart condition improved and disappeared.

Fractures of the tibia and fibula in this position, due to indirect violence, are so common, and injuries to the vessels so rare, that at first I wondered if there might not have been some direct violence (kick) damaging the vessels. The violence was, however, of a twisting nature. The foot caught against an irregularity in the ground, and the man, half turning round, fell down. He was emphatic that there had been no kick or direct violence.

Aneurysms of the posterior tibial artery are rare. Crisp,¹ in his table of 500 aneurysms, reports only two cases of aneurysm of the posterior tibial. The India catalogue of the library of the Surgeon-General, U.S.A., gives a list of eighty cases of aneurysm of peripheral vessels, of which only one—a case of diffuse aneurysm of the anterior tibial artery—was due to fracture.²

Treatment by operation in this case was most successful. Digital or instrumental pressure was not attempted in view of the complicating fracture and the rapidly increasing size of the tumour. In this case there can be no doubt that the posterior tibial vessels received an injury at the time the fracture was incurred. It is a remarkable fact that the vessels escape as often as they do. The failure to unite was certainly caused and aggravated by the presence of the aneurysm; the surrounding tissues were very dense and fibrous, and showed considerable peripheral connective tissue hyperplasia, which interfered with the nutrition and bone-forming units at the ends of the fragments. There were no signs of general vascular disease. The man was young, healthy, and, as far as shown by the Wassermann test, free from syphilitic taint.

REFERENCES.

- ¹ *Diseases and Injuries of the Blood Vessels*, Jacksonian prize essay.
² *Bull. Soc. Méd. de Paris*, 1917.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

LOCAL ANAESTHESIA IN SUBMUCOUS RESECTION OF THE NASAL SEPTUM.

SUBMUCOUS resection of the septum nasi gives good results in suitable cases, but it is not an easy operation. A high authority has, indeed, stated that in any case in which it proves easy it was not needed, and the difficulties natural to it are greatly increased by the use of general anaesthesia, however skilfully administered.

After a long and mainly disappointing experience of many varieties of local anaesthesia I have found a method which permits of the most extensive resection without pain, haemorrhage, or the need for hurry. It is as follows.

One hour before the time fixed for operation the patient receives half a grain of morphine by hypodermic injection. When upon the table he is assured that no pain will be inflicted. The nasal mucosa is then very gently but very thoroughly gone over with a cotton mop repeatedly dipped in a solution of adrenaline. This is massaged into every part of the nasal cavities that can be reached, half a drachm of adrenaline being used. Five minutes at least are devoted to the application, after which anaesthesia is induced by the surface application of cocaine. Three grains of cocaine hydrochloride crystals are measured into a porcelain capsule, and a cotton-tip, wet with adrenaline solution, is loaded with the solid cocaine; the nasal cavities are then massaged with it until the whole of the cocaine has been applied. It is important to leave no area of the nasal mucosa untreated. The operation can then be undertaken.

The completeness of the anaesthesia is unbelievable until one has had experience of it, and the absence of haemorrhage eliminates the chief difficulty of the operation. During the past few months I have employed the method in thirty-eight cases, and find it incomparably superior to any means of inducing local anaesthesia by injection. The entire absence of toxic symptoms may be attributed to the thorough application of adrenaline, which is an indispensable preliminary. I owe my knowledge of the method to the kindness of Dr. Dan McKenzie, who demonstrated it to me last year at the Central London Throat and Ear Hospital.

Leigh Infirmary, Lancs.

F. PEARCE STURM.

HENOCH'S PURPURA IN AN ADULT SIMULATING "ACUTE ABDOMEN."

THE report of a case of Henoch's purpura in an adult by Dr. Alex. G. MacGillivray, in the *JOURNAL* of February 12th (p. 279), prompts me to record the following case.

A single woman, aged 19, was admitted to Lincoln County Hospital on November 23rd, 1926, complaining of pain of two weeks' duration in the lower abdomen, vomiting, and diarrhoea. The diarrhoea ceased in a week, but intermittent vomiting and pain continued up to the day of admission. There was no history of epistaxis or headache, etc.

The patient looked extremely ill; the tongue was furred and the breath foul. The temperature was 102°, the pulse 80, and respirations 24. The chest was normal. The abdomen was not distended, but did not move well, and there was tenderness and rigidity in the lower half, more on the right side than the left. On rectal examination no mass could be felt, but there was tenderness. The urine contained a slight trace of albumin.

The low pulse rate was difficult to interpret, but in view of the signs of peritonitis it was decided to operate. The abdomen was opened by a median incision, and the pelvis was found to contain several ounces of blood-stained fluid. The ovaries, tubes, and uterus were normal, as were the caecum, appendix, and ileum. The greater part of the jejunum was found to be swollen and intensely hyperaemic, with patchy effusions of blood. No ulceration was discovered, and there were no signs of strangulation, intussusception, or volvulus. The serous coat of the jejunum and ileum were normal, and Peyer's patches were not enlarged. The blood-stained fluid was mopped out, and the abdomen closed, Henoch's purpura being diagnosed. On the next day the temperature fell to normal and the patient was much better. There was some black vomit on November 25th, but after that the patient took food well.

On December 4th a typical purpuric rash appeared on her arms and legs. This soon disappeared and the patient made an uneventful recovery.

This case illustrates the well known fact that abdominal symptoms may appear before the purpuric rash, that intestinal obstruction or appendicitis may be simulated, and that the effusion of blood may produce peritonitis and further complicate the diagnosis. The normal pulse rate was also a feature of Dr. MacGillivray's case.

I am indebted to Dr. Watkins, surgeon to Lincoln County Hospital, for permission to publish this case.

Edinburgh.

JOHN A. HADLEY, M.B., B.S.

TREATMENT OF INFLUENZA.

DURING the great influenza epidemic in 1918 I found the following treatment useful in cases with pyrexia or epistaxis and pulmonary complications.

Amm. chloridi	...	...	...	...	...	...	5 jss
Liq. amm. acetatis	...	...	...	...	...	...	3 vj
Tr. euonymi	...	...	...	...	...	...	3 ij
Tr. nucis vomicae	...	...	...	...	...	...	3 jss
Ess. pepsinae	...	...	...	...	...	...	q.s. for 3 iv

One teaspoonful in a wineglass of water every two hours until better, then every four hours until well.

This treatment is based upon the experience of 1,972 cases, most of them in the crowded districts of Boston. There was no available nursing and the hospitals were overcrowded. Most of our physicians were at the front, and of those at home many were ill themselves.

In the gastro-intestinal form with anorexia and emesis the addition of one ounce of milk of bismuth was effective. The ensuing complications of bronchitis or lobular pneumonia responded equally well. The addition of strophanthus in long cases marked by cardiac failure was necessary.

Boston, U.S.A.

I. EUGENE REID, M.B., C.M.Ed.

until his death. In 1908 the University of Wisconsin conferred on him the honorary degree of Doctor of Laws, and in 1913 he was awarded the Hanbury gold medal. In 1921 Mr. Wellcome presented him with a commemorative gold medal. Dr. Power was an honorary member of many scientific societies and institutions, a former vice-president of the Society of Chemical Industry, and served on the committee of the United States Pharmacopoeia; in 1920 he was elected vice-president of the United States Convention.

The following well known foreign medical men have recently died: Dr. ANTONIO CARDARELLI, professor of clinical medicine at Naples, aged 86; Professor PERTHES, director of the Tübingen Surgical Clinic; Dr. JEANNE, professor of clinical surgery at the medical school at Rouen; Dr. ZOEGE VON MANTEUFFEL, extraordinary professor of surgery at Dorpat, aged 68; Professor RIELÄNDER, a Marburg gynaecologist, aged 48; Professor SPIEGEL, who discovered the alkaloid yohimbin; Dr. GIOVANNI D'ABUNDO, professor of clinical neurology at the University of Catania; Dr. J. SINGER, formerly professor of internal medicine at Prague, aged 72; Professor A. VALENTA EDLER VON MARCHTURN, gynaecologist at Laibach, aged 57; Dr. PAUL CORNET, general secretary of *Paris médicale*; Dr. PAUL RIBIERRE, a Paris cardiologist, aged 52; Dr. LANGLET, national associate of the Académie de Médecine, and formerly mayor of Rheims; Professor J. CURTILLET, dean of the faculty of medicine of Algiers, aged 64; Professor GAVELLO, director of the oto-rhino-laryngological clinic at Turin; and Dr. LÉONCE PIERRE MANOUVRIER, director of the laboratory at the Collège de France and professor at the Ecole d'Anthropologie.

The Services.

Brevet Colonel William Westropp White, C.B., C.M.G., Bengal Medical Service (ret.), died at Cove, Bampton, Devon, on March 21st, aged 64. He was born on June 10th, 1862, the eldest son of the late John Carpenter White of Cork, and was educated at Queen's College, Cork; he graduated as M.D., M.Ch., and M.A.O., of the Royal University, Ireland, in 1887. He entered the I.M.S. as surgeon on October 1st, 1887; he became lieutenant-colonel after twenty years' service, and received a brevet colonelcy in 1915. He retired on August 2nd, 1921. He had a long record of war service—North-West Frontier, Hazara campaign of 1891, medal with clasp; Chitral, 1895, relief of Chitral, medal with clasp; Tirah, 1897-98, operations on the Samana range and in the Kurram Valley, and in Buner, two clasps; China, 1900, relief of Pekin, mentioned in dispatches in *London Gazette* of May 14th, 1901, medal with clasp. He also served throughout the recent war, in France, Mesopotamia, and Palestine successively, was four times mentioned in dispatches (1915, 1916, 1918, and 1919), and received the C.B. on January 1st, 1916, and the C.M.G. on June 3rd, 1919.

Lieut.-Colonel David MacDonald Davidson, C.I.E., Bengal Medical Service (ret.), died at Lahore on March 13th, a few days before his sixty-second birthday. He was born at Antananarivo, in Madagascar, and was educated at Aberdeen, where he graduated M.B. and C.M. with honours, and gained the Murray scholarship in 1897; he proceeded M.D. in 1896, and took the D.P.H. of the Glasgow Colleges in 1897. He entered the I.M.S. as surgeon in October, 1887, became lieutenant-colonel after twenty years' service, and retired in October, 1923. After two years' military duty he entered civil employment in the Punjab, where he was for many years civil surgeon, first at Delhi and afterwards at Lahore, and in December, 1914, was appointed professor of midwifery in the Lahore Medical College, in addition to his duties as civil surgeon. On his retirement he came home, but after a short period in Europe returned to India and settled at Lahore, where he served as a municipal commissioner. He received the C.I.E. in January, 1921. He was the author of the article on dysentery in his father's well known work, Davidson's *Hygiene and Diseases of Warm Climates*, published in 1893.

Major Roger Durrant Willcocks, Indian Medical Service (ret.), died on January 9th, aged 50. He was educated at Liverpool, where he graduated M.B. and Ch.B. of the Victoria University in 1901, and entered the I.M.S. as lieutenant in January, 1902. He attained the rank of major on July 29th, 1913, and retired on October 12th, 1920. He served in the recent war.

Major Sorab Dinshaw Billimoria, Indian Medical Service, died on February 2nd, aged 41. He was born in 1885, and was educated at the Grant Medical College, Bombay, where he obtained the diploma of L.M.S. in 1910. He joined the I.M.S. as a temporary lieutenant on January 4th, 1915, and received a permanent commission, ranking from his original date of entry, in November, 1920. He served throughout the great war, in Egypt in 1915-16, and in Mesopotamia in 1918, and was mentioned in dispatches on August 15th, 1917.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

ON April 7th the Parliamentary Medical Committee visited the National Research Institute, Hampstead, and the Mill Hill experimental farm. The Committee were very favourably impressed by the organization at both. All departments were visited, special attention being paid to the research into rickets and to the section of applied physiology. At Mill Hill the Committee saw the arrangements for the investigation of distemper in dogs and of Johne's paratuberculous disease in cattle, and also the ultra-microscopic work of Dr. Gye and Mr. Barnard, for which a special building has now been provided.

The Budget.

Mr. Churchill presented in the House of Commons, on April 11th, the Budget for 1927-28. This showed an estimated expenditure for the year of £833,390,000, including a provision of £65,000,000 for Sinking Fund, and an estimated revenue of £796,850,000 on the basis of existing taxation. Mr. Churchill proposed to increase this revenue to £834,830,000. An additional £14,800,000 is to be obtained by collecting income tax under Schedule A for 1928 in one instalment next January, and £12,000,000 will be transferred from the Road Fund reserve to general account. New duties are proposed on imported tableware, on imported motor tyres, and on British wines, and the duties on "fortified" foreign wines are increased. No change is made in the rates of income tax nor in the motor car duties, but the Chancellor announced important changes in income tax administration to take effect next year. Taxation under Schedule E (salaries) will be transferred to the basis of the previous year; supertax and income tax are to be harmonized into a single graduated tax on income, and taxpayers will make a single annual return for all purposes of the total income for the previous year. Mr. Churchill further announced that the Government had decided to abolish the Ministry of Transport, Mines Department, and Department of Overseas Trade, and to slow up the rate of entry for the civil service.

At the close of the day's sitting a resolution giving the force of law to the duty on "patent" medicines was carried by the House. The debate on the Budget duty was resumed on April 12th and 13th.

Landlord and Tenants Bill (No. 2).

ON April 7th the Home Secretary, Sir William Joynson-Hicks, moved the second reading of the Landlord and Tenants Bill (No. 2), which would entitle the tenants of leasehold business premises to compensation for goodwill and for improvements made after the passing of the bill, or alternatively to renewals of their leases. The bill also proposes to set up a tribunal of arbitrators to deal with questions in dispute between landlords and tenants. Mr. Dalton, moving an amendment on behalf of the Labour party, regretted that the bill was limited to business premises. A large number of doctors, dentists, and other professional people were liable to suffer from confiscation by their landlords, when their leases fell in, of the goodwill which they had added to their practices. In the poorer parts of London doctors had built up considerable practices. When their leases fell in they must be turned on the streets or in the alternative pay a grossly excessive rent to the landlords who were aware of the amount of goodwill that had been created around these practices. Mr. MacLaren, seconding the amendment, said it was laid down in law that professional men had their goodwill assessable for Probate Duty and other purposes. Mr. Ellis Davies said the solicitor as a rule was not entitled to goodwill in respect of the premises which he occupied, but the doctor's connexion was much more personal and therefore the doctor ought to be included within the scope of the bill. Dr. Graham Little urged the extension of the provisions of the bill to the professional premises of doctors. Two classes of doctors were concerned. The first were the consultants who were resident in London. Under the present law a surgeon would take a house for a short period, would establish a great reputation, and at the end of some years would be faced with the necessity of removal or of renewing the lease. The landlord understood it was a damaging thing for that man to remove from the neighbourhood, and the lease would immediately go up to an extortionate value. Unless the bill applied to professional premises it would make leases more difficult to obtain. The inland revenue regarded a doctor's house as business premises. The general medical practitioner would be, perhaps, more hardly hit. He read a resolution by a meeting of general practitioners urging the Government to make provision in the bill for the security of tenure of practitioners who had been in many instances compelled to build on leasehold premises to comply with the requirements of the National Health Insurance Act. The Solicitor-General, Sir Thomas Inskip, said Dr. Little's suggestion that doctors' goodwill should be made the subject of compensation was purely a question for the Committee stage. The Government had no desire to reject reasonable proposals for making the bill more effective. The second reading of the bill was carried by 240 to 83.

Shop Hours.

At the first sitting of the Committee which has been appointed to inquire into the working of the Shops Acts of 1920 and 1921 and to consider whether they should be made permanent, and, if so, whether with or without modifications, evidence was given by Mr. A. Larking, secretary of the Early Closing Association. He recalled the history of the early closing movement, and said that the habit of late shopping by the public had entailed suffering on the young people behind the counters. All over the country shops were open from 7.30 or 8 in the morning to 10, and midnight on Saturday, and the hours of assistants ranged from eighty to one hundred a week. The only safeguard was for all shops to be closed at a prescribed time, whether employing shop assistants or not. An additional reason for continuing the Shops Act of 1920 was its value in connexion with the Summer Time Act, which afforded time for outdoor recreation every evening of the week, instead of, as previously, only on the half-holiday.

Replying to Miss Margaret Irwin, a member of the Committee, the witness said that he had medical evidence that long hours were injurious to the health of women and men employed in shops.

The Chairman (Sir W. W. Mackenzie) said the Committee would like medical evidence since 1912. The witness said that since 1912 the number of hours worked had been much reduced, and the half-holiday and the Shop Seats Act considerably lessened the hardships of shop assistants.

The Chairman said if the evidence showed the injurious effect of long hours before the Shops Acts were passed it would not be very material. The witness replied that the hours to-day were not sufficiently long to warrant medical evidence against long hours. He could bring medical evidence that if the Shops Act of 1920 were discontinued, and things went back to the old state of affairs, keeping open to 9 or 10 at night, the effect on young people, especially girls, would be most injurious.

Replying to Miss Irwin, the witness said that work in shops at any time with artificial light was far more exacting than working in ordinary light. In some shops the sanitary conditions left a good deal to be desired.

The Committee adjourned till Thursday.

Opium and Drug Addiction.—Mr. G. Locker-Lampson denied that the League of Nations Advisory Committee on Opium and Drug Addiction had stated that in Europe 700,000 men and women were engaged in the illicit sale of morphine, heroin, and cocaine, a good percentage being employed in Great Britain. The statement was without foundation and had not been made by any responsible body. Mr. Amery, replying to Mr. Gardner on April 11th, said that opium consumers were not registered in the Straits Settlements or Federated Malay States, though the Governments of those territories had put into operation measures designed to lead up to registration of consumers when possible. The Government of North Borneo had recently introduced an experimental and tentative system of registration of consumers of opium.

Cholera in India.—On April 11th Earl Winterton informed Mr. Short that the epidemic of cholera in the Bombay Presidency appeared to have started in the Dharwar district in February last and had spread to three other districts. Figures relating to these outbreaks had not yet been received. The measures taken to arrest the spread of the disease were a matter for which the local Government was responsible, but the Secretary of State had no reason to suppose that all possible steps to this end were not being taken. The Belgaum district was freshly infected on March 19th, and on March 28th the disease was spreading in that district.

Infantile Mortality in Palestine.—Mr. Amery has stated that the infant mortality rate per 1,000 births in Palestine was 184.83 in 1924, 188.64 in 1925, and 163.15 in 1926. Twenty-nine non-Government infant welfare centres had been established in Palestine, to many of which the Government had given financial assistance. In addition, two Government centres had been established where training by experienced British nursing sisters was given to women who wished to take up infant welfare work. A training centre for midwives had been established, at which forty-three women had already qualified, and a scheme was on foot for establishing nursing clinics in a number of villages.

Poisons and Pharmacy Acts.—On April 11th Captain King told Dr. Fremantle that traders engaged in the sale of poisons, both by wholesale and retail, were represented on the committee which was investigating the working of the Poisons and Pharmacy Acts. He was unable to say when the committee's report might be expected. Lady Astor asked whether whisky was classed as a poison for the purpose of this inquiry. No answer was returned.

Notes in Brief.

The Home Secretary is about to make a scheme under the Workmen's Compensation Act which will embrace all the metal grinding industries, including the edge-tool trade.

The Ministry of Labour estimates that on March 21st last 10,702,000 insured persons were employed in Great Britain, as against 9,677,000 in July, 1922.

The Minister of Health is of opinion that the re-issue in casual wards of unwashed night clothing does not satisfy the existing regulations.

Material will be contributed by the Ministry of Health to the next Health Yearbook issued by the League of Nations.

The Consultative Council of the Ministry of Health last met on December 7th, 1921, and the Minister cannot say whether there is hope of its meeting again.

Medico-Legal.**A CORONER'S INQUEST.**

ON March 24th a meeting of the Southall Medical Society was held at the Manor House to discuss the matter of the inquest held at Westminster on March 15th last by the coroner, Mr. S. Ingleby Oddie, relating to the death of Lily Leah Wise, and circumstances arising therefrom. The meeting was called because of the strong feeling that an injustice had been done, and that a question arises affecting the medical profession generally. Dr. J. Davenport Windle presided, and all the members were present—namely, Drs. Hart, Wynn-Werninck, Hutchison, Brook, McKenna, and Seccombe.

The report of the proceedings at the inquest which appeared in the *West Middlesex Gazette* of March 19th was laid on the table. The coroner, in returning a verdict of accidental death, said that it was an unfortunate case of a young married woman losing her first child. In view of the difficulties the doctor had to contend with some injury might easily be received by the infant, but the abrasion on the scalp became infected and the infant died of pyaemia. The doctor should have seen that the abrasion was bathed with antiseptics and kept clean. The coroner added a rider regretting that the doctor had not supervised the keeping clean of the abrasion by the nurse or kept it clean himself. The chairman said that the remarks of the coroner, especially in the rider to the verdict, contained an unjustifiable reflection on the professional skill of Dr. McKenna. Professional witnesses had been unable to say whether the infective process originated in the abrasion or was conveyed by contagion from the mother. Dr. Weir, the pathologist, although of opinion that the origin of the condition was the wound on the head, properly admitted the possibility of infection from the mother. The chairman pointed out other possible sources of infection, including infection from the cord (sloughing of the cord), a common cause, and infection from the nurse. A member pointed out that infection was prone to occur in the case of any child whose weight at birth was much below the normal, due to prematurity or some hereditary cause. He asked why the nurse was not called at the inquest, and, as the question of the doctor's conduct had arisen, why there was no jury. Though it might be the coroner's duty to censure where the facts were incontrovertible, it was his duty, the speaker considered, to determine the cause of the death, and this he had failed to do. He had formulated an opinion and evolved out of it a reflection on a medical practitioner. A motion was unanimously adopted to send a copy of the minutes of the meeting, together with the local newspaper, to the British Medical Association and the Medical Defence Union.

Universities and Colleges.**UNIVERSITY OF OXFORD.**

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

D.M.—A. Kendrew.
B.M.—C. W. Mackenzie, Grace Batten.

UNIVERSITY OF LONDON.

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

St. Bartholomew's Hospital Medical College.—Mr. Reginald Hilton (physiology).
Guy's Hospital Medical School.—Dr. William W. Jameson (hygiene).
Middlesex Hospital Medical School.—Mr. Stephen L. Baker (pathology—morbidity anatomy and histology); Dr. Davis E. Bedford (medicine); Dr. Samson Wright (physiology).
London School of Medicine for Women.—Sir Bernard H. Spilsbury (forensic medicine).
St. Mary's Hospital Medical School.—Mr. Gerald R. Lynch (pathological chemistry).
University College.—Mr. Albert Hemingway, temporary (physiology).

Dr. Hamilton Hartridge has been admitted to the Faculties of Medicine and Science as from September 1st, 1927.

Sir Holburt Waring, M.S., has been appointed a governor of the Imperial College of Science and Technology.

Mr. V. Warren Low has been reappointed the representative of the Royal College of Surgeons of England on the Senate, and Lord Dawson of Penn and Mr. H. L. Eason have both been reappointed as the representatives of the Faculty of Medicine.

Applications for the Chair of Anatomy tenable at King's College (salary £1,000 a year) must be received not later than the first post on April 21st by the Academic Registrar, from whom further particulars may be obtained.

Three lectures with lantern illustrations on sensation and the sensory pathway will be given on May 3rd, 4th, and 6th, at 4.30 p.m., by Professor J. S. B. Stopford at University College.

A course of four lectures with lantern illustrations on inflammation and infection will be given by Professor E. H. Kettle at Guy's Hospital Medical School on May 20th, 27th, 31st, and June 3rd, at 5.30 p.m.

Professor John Fraser will give a course of three lectures with lantern illustrations on some surgical problems at the Middlesex Hospital Medical School on May 16th, 17th, and 18th, at 5 p.m.

UNIVERSITY OF GLASGOW.

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—W. Abdurahman, Margaret K. M. Alexander, H. Black, A. Blair, G. F. Cables, A. Campbell, J. Campbell, Margaret C. Campbell, Colomba C. Capaldi, H. Dickie, J. Downes, D. J. Ferguson, J. S. Ferguson, J. A. Fleming, H. W. O. Frew, J. P. Galloway, T. Gibson, Mary L. Gilchrist, Marjorie Gillespie, W. H. Graham, W. F. Greer, B. M. Hegarty, J. Hepburn, J. Hill, *F. T. Land, H. V. Lavelle, J. L. McCole, E. C. Macdonald, Isabel M. Macdonald, C. J. McGhee, I. S. McGregor, A. A. McMillan, D. R. McPherson, A. Matchett, J. F. Milne, R. A. Neill, R. L. Paterson, Annie B. Price, J. A. Reid, *J. Richard, †Jeannie McC. Robertson, C. N. Robison, J. F. Russell, F. F. Schorn, A. Sharman, S. Sharman, J. S. Sharpe, J. B. Simpson, N. Smith, P. Spence, A. McD. Steele, J. R. Sutherland, Anne I. Symington, A. C. Thomson, Donella A. F. Watson, W. Watson, E. Yoddes.

* Distinction in surgery.

† Distinction in medicine.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council meeting was held on April 7th, when the President, Sir Berkeley Moynihan, Bt., was in the chair.

Honorary Fellowship.

The following honorary Fellows, elected by the Council on March 10th last, were introduced and received their Diplomas: Roberto Alessandri (Rome), Edward William Archibald (Montreal), Frans Ali Bruno Krogius (Helsingfors), Paul Lecène (Paris), René Leriche (Strasbourg), Rudolph Matas (New Orleans), Charles Willems (Liège).

Fellowship.

Diplomas of Fellowship were granted to Messrs. G. F. G. Batchelor and R. W. Jones, who have now complied with the regulations. Sir Henry Gauvain and Mr. Cecil Beadles, members of twenty years' standing, were elected to the Fellowship.

Prizes.

The Jacksonian Prize for 1926 on "The pathology, diagnosis, and treatment of abscess of the brain" was awarded to Mr. E. Miles Atkinson, F.R.C.S. (Bath). The subject for the Jacksonian Prize for 1928 is "The surgical treatment of pulmonary tuberculosis." The John Tomes prize for 1924-26 was awarded to Mr. Herbert Cecil Malleson, M.R.C.S., L.D.S., for his work in connexion with the histology and pathology of the dental tissues.

Mr. Robert Gordon Wilbond of Bristol University was appointed Begley Student for the ensuing three years.

Appointment of Representatives.

Sir Cuthbert Wallace was appointed delegate to attend the celebration of the centenary of University College, London, on June 23rd. The President, Sir D'Arcy Power, and Sir James Berry were appointed as representatives to be present at the coming celebration of the 1,330 anniversary of York Minster on July 1st.

Medical News.

The annual report presented to the meeting of the Hospital Saturday Fund on April 6th showed that the general fund amounted to £79,192. The collections and donations amounted to £77,037, a decrease of £1,713 on the previous year. The total sum received from all sources was £109,769. Though the receipts from business houses, workshops, and factories were affected by the general strike the fund had nearly regained its old position towards the end of the year. The sum of £69,061 had been awarded to hospitals, nursing homes, and other institutions as against £71,604 in 1925. At the conclusion of the meeting the chairman announced that at the present time the fund was £837 in advance of the corresponding period of last year.

A POST-GRADUATE course on diseases of the nervous system will be held at the National Hospital, Queen Square, W.C.1, from May 9th to July 15th. The general course will consist of clinical lectures and demonstrations, teaching in the out-patient department, and pathological lectures and demonstrations. A course of lectures on the anatomy and physiology of the nervous system and clinical demonstrations, chiefly on methods of examination of the nervous system, will also be given. Further particulars can be obtained on application to the secretary of the hospital.

The Colyer Prize was founded by the Royal Society of Medicine in June, 1926, to commemorate the twenty-five years' service of Sir Frank Colyer as honorary curator of the Odontological Museum. The accumulated income of this fund (about £20) may be used every third year as a prize for the best original work in dental science completed during the previous five years, by a dental surgeon educated at any recognized dental school in Great Britain or Northern Ireland who has not been qualified to practise more than five years at the date of the award. Applications from candidates for

the first award should be submitted not later than July 1st, 1928, together with a general account of their researches, both completed and in progress.

THE Fellowship of Medicine announces that a course of clinical and cystoscopic demonstrations will be given at the All Saints' Hospital from May 2nd to 28th; on each Wednesday during the four weeks a special lecture dealing with genito-urinary diseases will be delivered at 2 p.m. Also beginning on May 2nd and continuing for four weeks an afternoon course in psychological medicine will be held at the Maudsley Hospital. A four weeks' course in venereal diseases, including clinical instruction, will commence on May 2nd at the London Lock Hospital. On successive Wednesdays, from May 4th to 25th, Professor McIlroy will give lecture-demonstrations on ante-natal diagnosis and treatment at the Royal Free Hospital, at 5 p.m. An intensive course will be arranged at the Central London Throat, Nose and Ear Hospital from May 9th to 28th, comprising a clinical and an operative course, either of which may be taken separately. As the entry for the operative course is limited early application is desirable. From May 9th to July 15th there will be a course in neurology at the National Hospital, Queen Square. Two courses begin on May 16th at the Infants Hospital and the Hampstead General Hospital. The first course is open to those interested in infant welfare work as well as to post-graduates, and the second is primarily for general practitioners. Copies of all syllabuses and of the *Post-Graduate Medical Journal* are obtainable from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

AMONG the Friday evening discourses to be given at the Royal Institution of Great Britain after Easter is one, on May 13th, by Sir Humphry Rolleston, Bt. Its title is "Concerning old age."

THE annual meeting of the members of the Auxiliary Royal Army Medical Corps Funds will be held at 11, Chandos Street, Cavendish Square, W.1, on Friday, April 29th, at 2.30 p.m., when the annual report and financial statement for the year ended December 31st, 1926, will be presented, and the officers and committee for the current year elected.

THE third lecture on the history of medicine will be given at the University of Durham College of Medicine, Newcastle-upon-Tyne, on Wednesday, April 20th, at 4.45 p.m., by Dr. Charles Singer of University College, London. Medical practitioners in the neighbourhood are invited to attend.

THE annual spring dinner of the Queen's University Belfast Club, London, will be held at the Connaught Rooms, Great Queen Street, W.C., on Thursday, April 21st, at 7.30 for 8 p.m., when Professor J. A. Lindsay, president of the club, will preside.

THE Board of Trade gives notice that representations have been made to it under Section 10 (5) of the Finance Act, 1926, regarding dial (acid di-allyl barbituric), elbon (cinnamoyl para-oxyphenylurea), integrators (planimeter type), R. lead acetate, lipiodin (ethyl di-iodo brasidate), phytin (calcium magnesium inositol hexaphosphate), planimeters. Communications with the Board regarding these applications should be sent to the Principal Assistant Secretary, Industries and Manufactures Department, Board of Trade, Great George Street, S.W.1, within two months from the date of this notice (March 30th).

APPLICATIONS for the Dickinson Research Travelling Scholarship must be sent to Mr. Frank G. Hazell, Secretary of the Trustees, Manchester Royal Infirmary, by May 2nd. The scholarship of £300 is tenable for one year. Candidates must have graduated with distinction in medicine and surgery at the University of Manchester in any one of the three years immediately preceding the award.

THE Vocal Therapy Society exists to form ex service men into choirs, called the "King's Services Choirs," with a view to promoting the health of war-disabled men through speech, song, and efficient breathing. To the choirs started at the Star and Garter at Richmond, at Beckenham, and at Cheshunt, two new choirs have been added, one at the Ex-service Welfare Society's home in Nightingale Lane, and the "London Centre Choir," for men who have left hospital, in Osnaburgh Street. The report of the Society for 1925-26 records the success achieved at these centres in improving the health and nerves of disabled men. The late Sir Frederick Mott was one of the founders of the Society; and Sir James Dundas-Grant, Sir Bryan Donkin, Sir Robert Jones, and Sir George Makins are among the medical men interested in its work.

THE recipient of the Smith award of the Royal Institute of Public Health this year is Dr. J. R. Kaye, medical officer of health for the West Riding of Yorkshire. The award is made every third year to the medical officer of health considered to have done the most noteworthy work in the discharge of his official duties.

THE issue of the *Deutsche medizinische Wochenschrift* for April 1st contains appreciations of Lord Lister by Professor von Haberer of Graz and Dr. Leo Zumbusch of Liestal, and an autograph letter to the editor in which Lister expressed his regret that his state of health prevented him from contributing to the special number of the journal in honour of Robert Koch.

THE Minister of Public Instruction of the French Republic, having ratified the nomination made by the Council of the Faculty of Medicine of Strasbourg, Professor George H. F. Nuttall, F.R.S., of Cambridge, has been made Professor, *honoris causa*, of the University of Strasbourg.

THE second general congress of psychotherapy will be held at Bad Nauheim from April 27th to 30th.

ACCORDING to official statistics recently published there were 180 fatal cases of influenza in Holland last December.

DURING the academic year 1925-26, 1,242 diplomas of doctor of medicine were conferred by the following French faculties: Paris, 651; Lyons, 166; Bordeaux, 127; Montpellier, 113; Lille, 41; Toulouse, 40; Nancy, 33; Strasbourg, 30; Algiers, 30; and Beyrout, 11.

A JUGO-SLAV oto-neuro-ophthalmological society has recently been founded at Zagreb, with Professor Lapinsky as president.

A SOUTH AMERICAN Anti-Cancer League has recently been founded at Buenos Aires.

A POST-GRADUATE course in modern methods of treatment will be held at Vienna from June 20th to July 2nd, and will be followed by special clinical instruction in classes. The subjects include endocrinology, the treatment of diabetes, surgical tuberculosis, and syphilis, and the use of x rays and radium. Further information may be obtained from Dr. A. Kronfeld, Porzellangasse 22, Vienna IX.

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:

EDITOR OF THE BRITISH MEDICAL JOURNAL, Aitiology Westcent, London.

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

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.

"D. H." asks for suggestions as to the treatment of tinnitus aurium in a man, aged 64, suffering from locomotor ataxy.

FEES FOR POST-MORTEM EXAMINATIONS.

"H. D."—Under the Coroners Act, 1926 (which comes into force on May 1st next), the following fees will be payable to medical practitioners:

(a) For attending to give evidence at any inquest whereat no post-mortem examination has been made by the practitioner, one and a half guineas for each day on which he is required to attend;

(b) For making a post-mortem examination of the body of the deceased and reporting the result thereof to the coroner, without attending to give evidence at any inquest, two guineas;

(c) For making a post-mortem examination of the body of the deceased (including the making of a report, if any, of the result thereof to the coroner) and for attending to give evidence at an inquest on the body, three guineas for the first day and one and a half guineas for each subsequent day on which the practitioner is required to attend.

INCOME TAX.

Allowance for Wife's Assistance.

"D. L.'s" wife, a trained nurse, dispenses for him and gives him professional assistance in other ways. What allowance can he obtain?

* * Section 18 (2) of the Finance Act, 1920, provides for an addition to the normal (married) personal allowance of £225 where the total income includes earned income of the wife. The maximum addition is £45, or nine-tenths of that earned income. If, therefore, "D. L." were to pay his wife £36 as an assistant she would be assessable on £36, less £6 earned income relief = £30, but the £36 could be deducted as wages or salary in his professional account and nine-tenths of £36—say, £32—additional personal allowance claimed. It may perhaps be pointed out that no real benefit would accrue for 1927-28, as "D. L.'s" earnings would be assessable on the basis of his 1926 profits (when the payment was not being made) and his wife's salary on the actual amount for the year ending April 5th, 1928.

Letting of Unfurnished Rooms.

"J. H. B." refers to our answer to "Overtaxed" in the issue of March 26th and encloses a letter from his solicitors advising that he should continue to bring into his return the receipts obtained from letting unfurnished consulting-rooms.

* * It is, of course, true that taxpayers are called upon to make a return of all their income, but that income has to be calculated according to certain specified rules. In the case of rents derived from unfurnished rooms, there is, in our opinion, no need to regard them as chargeable other than under Schedule A. When the gross annual value of the premises in question was determined it may be presumed that their suitability for such a purpose entered into the estimate, or, if the premises are held on a lease for full rent, that the assessment was made accordingly. Therefore, our correspondent appears to be entitled to regard his liability in respect of the rents for unfurnished rooms as covered by the assessment under Schedule A, which may or may not be liable to increase. One point should perhaps be mentioned: the amount of the rents so obtained would be one factor, amongst others, in determining what fraction of the total value should be deducted as the equivalent of rent paid for that portion of the premises occupied by himself for professional purposes—if he deducts the whole, then obviously he must bring the rents into the account of his earnings.

LETTERS, NOTES, ETC.

"THE LONDON CLINIC."

WE have received for publication the following letter signed by Drs. L. D. Bailey, J. F. Carter Braine, E. P. Cumberbatch, S. L. Higgs, D. Hubble (resident medical officer), Reginald Jewesbury, G. Murray Levick (honorary medical director), Stanley Melville, and C. A. Robinson; together with Lord Dawson of Penn and Sir Thomas Horder (members of the Advisory Committee):

"In view of certain publicity which has recently been given to the London Clinic (founded and maintained by the British Humane Association), we wish it to be known that we have severed our connexion with that body."

BOVINE TUBERCULOSIS: GUERNSEY'S GOOD RECORD.

DR. HY. DRAPER BISHOP (M.O.H. Guernsey) writes: The very low incidence of tuberculosis amongst the cattle of Guernsey is, I believe, fairly well known, if not on this side of the Atlantic, at any rate on the other. During the years 1925 and 1926 the number of cattle tuberculin-tested was 1,950; of this number there was one reactor only.

✓ OPIUM SMOKE AS AN ANAESTHETIC.

IN a note by Dr. G. L. Deshmukh of Bombay, published in the **JOURNAL** of February 26th (p. 410), he described how, an ordinary anaesthetic not being available, he was able, without inflicting pain, to sew up a wound in a patient who had been given opium to smoke. Dr. W. Macewen of Glasgow inquires how opium is smoked and whether its use could be recommended as an anaesthetic.

* * The method of preparing opium for smoking is described in the *Encyclopaedia Britannica* (eleventh edition) by way of extracts from published statements by Mr. Hugh M'Callum (Government Analyst, Hong-Kong) and Mr. Theo. Samoson (of Canton). The quotations are too long to reproduce here. Briefly it comes to this: the opium is of a treacly consistency and is picked up and twisted on to a sharp-pointed dipper. With acquired dexterity the smoker introduces the pellet of opium into the centre of the bowl of a pipe of special construction. He puts the stem to his lips and holds the bowl over a lamp. The heat causes the opium to frizzle, and the smoker