

a hollow viscus had occurred. These patients did not, however, lie still, as does one with acute perforation, but rolled about in pain; some of the patients insisted on getting into the knee-elbow position during the spasms. The abdominal respiratory movement was little if at all impaired in spite of the large degree of rigidity. This is a point which I believe is always of great value in diagnosis between a surgical abdomen and referred abdominal symptoms. It is a sign which I have before described as "the respiratory movement resistance-ratio."

The pulse rate in most cases was unaltered at the commencement of the trouble, the temperature was normal or even subnormal. The facial expression was in no way suggestive of an abdominal lesion, and was a valuable piece of evidence. In twenty-four to forty-eight hours the picture changed, and signs suggestive of influenza were manifest, whilst the pain had in large measure disappeared. It is with the cases in which an acute obstruction is suspected that most difficulty arises. It is hard to refrain from opening the abdomen in a doubtful case when two enemata have produced no result. The passage of intestinal contents may be arrested in three ways: by mechanical obstruction, by paralytic ileus, and by acute spasm of the intestine, or what is called spastic ileus. The one case which I opened was of this type. Its association with influenza has been noted by other observers. If this condition is suspected and two enemata have no result, then the correct treatment is to give an injection of morphine and follow this by another enema in half an hour. In my experience a good faecal result will follow this practice, and so prevent untimely surgery.

There appears to be a definite seasonal incidence, since these cases have mostly occurred during an epidemic of influenza. As happens with influenza, relapses were not

uncommon in this series, in some of which the whole sequence of events was repeated after a fortnight or three weeks; in one instance of a girl who had severe vaginal and pelvic pain three attacks supervened.

In other cases of influenza pain of a similar nature has been felt along the course of the fifth cranial nerve, and in some this has been followed by a herpetic eruption over the area so supplied; in others an eruption has not appeared although the acuteness of the pain in the area has been just as marked. A true herpetic eruption was seen in only one of this series. In another case, however, which suggested an acute cholecystitis, in place of the ordinary vesicular appearance of the herpetic lesion a crop of petechial haemorrhages with the same characteristic spacing and distribution was later seen in the area of the skin of the abdominal wall affected by the pain. I have on one other occasion seen pain along the course of cutaneous nerves followed by a similar haemorrhagic manifestation of herpes.

In encephalitis lethargica, which also in some measure keeps pace with influenza epidemics, an intermittent painful spasm of the abdominal musculature is a well known feature.

The suggestion which is here put forward in explanation of the pathology of these cases is based on the work of Sir Thomas Lewis on the setting free of a histamine-like body in the skin by the use of antidromic nerve impulses. It is suggested that the influenza toxin or some ultramicroscopic virus associated with the disease causes a lesion of the posterior root ganglia. Instead of a toxic agent being set free in the skin, as it is in some instances as a result of such irritation, this happens at the nerve endings in the sub-peritoneal tissues, and so gives rise to the petechial haemorrhages and the free fluid which are the common pathological changes seen if the abdomen is opened in these cases.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### PAPILLOEDEMA AND ARTERIO-SCLEROSIS.

**DURING** May, 1926, two patients were admitted to the ophthalmic ward of St. Bartholomew's Hospital complaining of failing vision.

##### CASE I.

A man, aged 52, had been in the hospital in June, 1925, when he complained of failing vision, and was found to have marked swelling of both discs, unaccompanied by haemorrhage or exudation. There was also well marked retinal arterio-sclerosis. Vision in both eyes was much reduced ( $< 6/60$ ). The heart was slightly enlarged; the blood pressure was 260/160, and there was a trace of albuminuria. No nervous lesion was discovered. The Wassermann reaction was negative. He was discharged at the end of June, 1925, *in statu quo*.

On readmission in May, 1926, he had the same degree of papilloedema and of retinal arterio-sclerosis as before, but vision was still more reduced. His complexion was blotchy and unhealthy. The heart was not appreciably larger than before; blood pressure 260/140. There was no nervous lesion. The urine contained a heavy cloud of albumin, urea 1.65 per cent., and there was a scanty deposit consisting of a few white blood corpuscles, epithelial cells, and hyaline casts.

##### CASE II.

A man, aged 52, gave a history of failing vision (presbyopia) for four years. He was found to have considerable swelling of both discs with no haemorrhages or exudation. Arterio-sclerotic changes were well marked in both fundi. Vision in both eyes was 6/12. The general examination revealed that his health was good. The heart was slightly enlarged; blood pressure 205/145. No nervous lesion was discovered. The urine contained a trace of albumin; urea 2.6 per cent.; a moderate deposit contained a few white blood corpuscles and a few epithelial cells.

In both these cases there was well marked papilloedema of a type which, ophthalmoscopically, was indistinguishable from that seen in cases of cerebral tumour. The only other changes were those of arterio-sclerosis. There were no haemorrhages and no exudation. The clinical diagnosis in each case was persistent hypertension, and the diagnosis lay between hyperpiesia and chronic interstitial nephritis. The high diastolic pressure in both cases is in favour of

chronic interstitial nephritis, in which the diastolic pressure tends to be rather higher than in the purely vascular group. In the first case the presence of a heavy cloud of albumin was also in favour of chronic interstitial nephritis. In both cases there was absence of symptoms of renal function failure or renal toxæmia; there was no loss of weight in Case II (slight in Case I); no digestive disturbance, no micturition changes, and no secondary anaemia. In both cases the kidneys could concentrate well. There were no red blood cells or appreciable excess of white blood cells in the urine.

Dr. Geoffrey Evans has shown that arterio-sclerosis of a certain form is a constant pathological change found after death in vessels of patients suffering from persistent hypertension during life. In both cases, therefore, the pathological diagnosis of diffuse hyperplastic sclerosis can be made. But whereas Case II belongs to the group of essential hypertension, or hyperpiesia (German arteriolo-sclerosis mitis, or nephro-sclerosis lenta), the first case belongs, more probably, to the group of chronic interstitial nephritis (German arteriolo-sclerosis gravis; Volhard's form of malignant hypertension). The striking point is the amount of papilloedema. In both cases, as has been stated above, this was present in the degree which is seen in cases of pronounced increased intracranial pressure, and, indeed, it was indistinguishable from that which occurs in this condition.

Papilloedema does occur in renal retinitis, but rarely to such a degree, and is very seldom unaccompanied by other evidence of renal retinitis—such as cotton-wool patches and haemorrhages. Further, in Case II the renal origin of the disease can be, with a good deal of certainty, excluded.

It is noteworthy that the amount of papilloedema in Case I remained unchanged after one year.

It is suggested that the papilloedema in these cases is associated with persistent hypertension and arterio-sclerosis.

These cases are published in order to call attention to this association, for by following up such cases it should be possible to tell if Bright's disease in any form develops.

My thanks are due to Mr. R. Foster Moore and Dr. Geoffrey Evans for their assistance in compiling these notes.

London, N.W.3.

J. G. MILNER, B.A., B.Ch.Cantab.

## SPONTANEOUS RUPTURE OF THE HEART.

WE desire to place on record the following notes and *post-mortem* findings of a case of sudden death in a woman aged 79.

Mrs. N., who had previously complained of breathlessness and flatulent dyspepsia, rose from bed as usual at 7 a.m. She was heard to give a scream and to fall on the floor. The relatives saw her at once and replaced her in bed. She was unconscious, and efforts were made to give her restoratives. When seen half an hour later by one of us (J.R.S.) she was dead. It was thought that death had occurred within fifteen minutes.

*Post-mortem* examination revealed fairly healthy conditions of all organs with the exception of a number of small gall stones, and a spleen weighing 9½ oz. relatively soft and friable. The pericardium was tense and distended, and, on incising the pericardial sac, blood clot weighing 9½ oz. was found forming a cast round the heart. The blood clot was nowhere adherent except at three places about a quarter of an inch in diameter over the anterior aspect of the heart muscle. At the lowest of these places the clot dipped down into the fatty heart substance. On careful inspection of the heart and large vessels no opening for the escape of blood was found except as later stated.

The heart weighed 15½ oz. The mitral valve cups were thickened. The chambers of the heart were empty of blood clot with the exception of a small clot in the right ventricle. The muscle was pale and flabby, and the anterior wall of the right ventricle seemed to be almost entirely replaced by fat and fibrous tissue. This part was translucent, and a small oval aperture with fairly smooth edges could be seen, the position of the opening being in the lower half of the right ventricular wall a quarter of an inch from the interventricular septum.

This portion of the right ventricle was submitted for further examination and reported on as follows: "There is an actual perforation of the heart wall, leading into the pericardium, and sections show that the cardiac muscle is very atrophic and actually deficient in several places, especially in the region where the macroscopic hole occurs. The coronary artery supplying the area is arterio-sclerotic and shows narrowing of its lumen and partial blocking in many places."

A number of similar cases have been already reported in the *BRITISH MEDICAL JOURNAL* (1924, vol. ii, pp. 373, 465, 669; 1925, vol. i, p. 262), and it is interesting to note that in the seven cases reported (including our own) six occurred in female patients. In every case except that here recorded the tear was found in the wall of the left ventricle.

J. R. STOTT, M.D., B.Sc.

R. BLAIR, M.A., M.B.

Surbiton.

## A RISK OF LIQUID PARAFFIN IN CHRONIC CONSTIPATION.

MINERAL oils have become so suspect as a cause of cancer of the scrotum that it seems questionable therapeutics to prescribe paraffin in cases of chronic constipation. Pure medicinal petroleum, as liquid paraffin is labelled, may be as perfect a preparation as it is possible to get, but it cannot be gainsaid that when expelled, in due course, from the rectum it is a dirty oil, and thus the anal region is kept in constant contact with dirty oil. Owing to the arrangement of the muscle at the anus the skin in this region presents a stellate arrangement with the anus as centre, and if, by any cause, the skin of the region becomes inflamed, folds and fissures are liable to develop which are cleaned with great difficulty. Thus a condition comparable to that obtaining on the scrotum is easily set up. Further, in many people the oil seeps through the anus and soils the underclothing, and if the patient continues to swallow the paraffin the whole of the buttocks may be in constant contact with oil.

My attention was first directed to paraffin as an irritant to this region by the following case:

A man, aged 48, consulted me for eczema ani, from which he had suffered for over twelve months. He had been the subject of constipation since childhood, and during the past two years had taken liquid paraffin with some success. Twelve months ago he thought the anal region felt wet, though the underclothing was not soiled. Later the part became itchy, and when I saw him the perianal region was the seat of a weeping eczema and inflamed with a stellate condition leading to the anus. Lotion was prescribed to settle the inflammation, with, however, little success. I then stopped the paraffin and prescribed compound liquorice powder as an aperient. The eczema began to settle almost immediately, and in a few weeks he was quite recovered.

Since this experience I have had five cases of eczema ani, three of whom were the subjects of chronic constipation and were taking paraffin. In all the paraffin was stopped before commencing treatment for the skin condition.

ROBERT GIBSON, M.D.,

Honorary Dermatologist to the Salford Royal Hospital;  
Assistant Honorary Physician, Manchester and Salford  
Hospital for Skin Diseases.

## British Medical Association.

## CLINICAL AND SCIENTIFIC PROCEEDINGS.

OXFORD AND READING BRANCH.—OXFORD  
DIVISION.*Surgical Treatment of Gastric Ulcer.*

At a meeting of the Oxford Division at the Horton Infirmary, Banbury, on April 22nd, with Dr. W. COLLIER in the chair, Professor GEORGE E. GASK, director of the surgical unit St. Bartholomew's Hospital, delivered a British Medical Association Lecture on gastric ulcer.

Professor Gask said that there had been gradual improvement in the surgical treatment of gastric ulcer in association with the better diagnosis of this condition. The first great advance had followed the invention of test meals, which were still valuable, though sometimes disappointing. A further stride had followed the introduction of x rays, and the accuracy of the radiographical diagnosis as verified by operation had been found to be as high as 88 per cent. Professor Gask illustrated by lantern slides the diagnosis of ulcers in various parts of the stomach following the administration of a barium meal, and insisted that x rays must not be allowed to supplant careful clinical examination, with especial reference to such clinical points as the duration of the pain and the habits of the patient. Such examination should include the study of the blood, the stools, and the gastric contents after the exhibition of a test meal. Professor Gask thought it was most necessary for the surgeon to be present at the radiographical examination. He said that the type of gastric ulcer had changed in the last twenty years; it seemed that the acute type formerly found in chlorotic girls had disappeared. Surgical treatment was urgently indicated in cases of perforation, pyloric stenosis, carcinomatous implantation, and sometimes in haematemesis. Although medicinal treatment might sometimes cure the condition there was often no improvement, and then more active measures were required. It was undesirable to delay so long that the patient was worn out by the pain. With regard to the type of operation, gastro-enterostomy was the simplest and most useful when there was pyloric obstruction from old ulceration. Good drainage was obtained, but it was necessary to remember the occasional failure, and the possibility of the return of pain and ulceration. Professor Gask briefly discussed the operation of pyloroplasty advocated by Professor Finney of Baltimore. It was difficult to adjudicate between the relative values of gastro-enterostomy and gastrectomy, but the latter appeared to be gaining the day. Much depended on the site of the ulcer. For instance, when it was high up, on the lesser curvature—in which situation medical treatment was of little or no avail—some form of gastrectomy, even though it meant sacrificing a large part of the stomach, was the operation of choice. The cause of gastric ulcer was still undetermined, and consequently all treatment at present was empirical; it was possible that under better social conditions the disorder might be eliminated. In the meantime, as far as operations were concerned, the immediate results of large gastrectomy were good, but only time could show what the ultimate results would be. Some of the patients on whom gastrectomy had been performed had subsequently developed severe anaemia. Professor Gask's dispassionate survey of gastric ulcer and its treatment was much appreciated; it was discussed by several members. A vote of thanks, proposed by Mr. WATERFIELD and seconded by Mr. HUGH WHITELOCKE, was carried with acclamation.

Dr. PENROSE showed four cases.

(1) A woman, aged 53, had first sought advice in January, 1925, for pain in the neck and throat. Marked jaundice had come on suddenly three days before, but the urine had been dark for some weeks. There had also been loss of appetite for some weeks, but no pain or vomiting. The jaundice had continued, but the patient's weight, which had gone down at first, was now the same as when she was first seen. Attacks of diarrhoea began toward the end of 1925 and had continued subsequently. Chronic pancreatitis, malignant disease, and gall stones had been suggested as the diagnosis.

(2) A man, aged 50. This patient had had attacks of loss of consciousness for two years, tending to be increased by worry.

for members to identify themselves so completely with it as Starling did with the Physiological Society. For more than thirty years he was at its heart as it always was at his. Among those who knew Starling as a teacher, even in the years before he was 30, there must be many who still feel the power of his enthusiasm. The vivid light that he could concentrate on facts meet for reflection made difficulties glow with meaning. When a teacher can make his pupils feel that his whole life and being reinforces his intellect in its assault on the obstacles to understanding, he will have followers. He had many, who will to the end draw much of their best inspiration from the memory of what he was to them in the days when it all came from him. This is his legacy to physiology. His companionship, exhilarating to look forward to, will now be always exhilarating to remember, like the sun and air in the high Alps, where it was best of all. There to see the way he set about the day's work was good, partly because it was the same as the way he set about an experiment—the same eagerness and zest, the same forethought and attention to detail. When he could take a holiday it was to the Alps that his thoughts turned; from whatever was irksome in a busy life it was in his experiments that he found relief.

We have received this tribute from Professor ELLIOT SMITH, F.R.S.; it is dated from the Institute of Anatomy, University College—a building under the same roof as the Institute of Physiology—and is most appropriate, for no one better than Starling appreciated the value of the close working together of anatomy and physiology:

Others have written with fuller knowledge and competence of Starling's vast influence in the progress of physiology, of his superb skill as an experimenter, and of his happy association with Bayliss in providing new and fruitful conceptions of the essential phenomena of living processes. Every field of investigation that he cultivated was enriched, not only by additions to our information, but also with new methods of study and stimulating suggestions. Starling was not one of those who devote themselves to a select band of followers. His influence was world-wide; and it was physiologists in general and not simply a group of disciples who enjoyed the fruits of his labours and the inspiration of his help and guidance. A quarter of a century ago Starling foresaw that with the increase of specialization and the development of new departments of knowledge there was a danger of the medical sciences becoming separated and so losing that intimate correlation which is essential for real progress. Hence he set to work to design a scheme which would keep all these sciences in close touch with one another and promote the integration of all by permitting readjustments of the boundaries of the different departments to meet new circumstances and provide better co-operation. He was largely responsible for collecting the money to erect his Institute of Physiology, and later, in extending this building, to make provision for pharmacology and biochemistry. These achievements were the chief factors in attracting the attention of the Rockefeller Foundation to University College. Their gift enabled the College to complete Starling's original scheme and to create an object lesson in co-operation between the medical sciences, which is already exercising an influence throughout the world.

Although Starling regarded physiology as the chief instrument in the search for truth, and was very frank and outspoken in expressing his opinions on other departments of biology and medicine, he was an easy man to work with and a delightful colleague. He was so honest and courageous that while he bluntly said what he really thought, he was ready to accept equal frankness from his colleagues without resentment. He was intensely loyal to the College to which he gave the best years of his life, and had a firm faith in the greatness of its destiny.

#### UNIVERSITY COLLEGE.

At a General Assembly of the staff and students of University College and University College Hospital on May 5th, the following resolution, moved by the Dean of the Faculty of Medical Sciences, Professor G. Elliot Smith, F.R.S., and seconded by the Dean of University College

Hospital Medical School, Dr. A. M. H. Gray, was unanimously adopted:

That this assembly of the staff and students of University College and University College Hospital desire to express their sorrow and deep regret at the death of Professor Ernest Henry Starling, formerly Jodrell Professor of Physiology in the College.

In doing so they wish to record their high appreciation of his loyalty and devotion to the College, and of his conspicuous services to the advancement of knowledge and scientific method.

Among his many services they recall the high distinction he conferred upon the College by researches in many departments of physiology, which were not only important additions to our knowledge, but also bold adventures that stimulated research in the widest fields of biology, and provided new and fruitful conceptions of the essential phenomena of life. They recall also his great conception for the more intimate co-operation of teaching and research in all departments of the medical sciences, which, largely as a result of his own efforts, he was able to see realized in this College. But above all his enthusiasm in the search for truth, and his courage and honesty in giving frank expression to what he believed, conferred upon him a powerful influence in the College, which he always served with conspicuous loyalty and faith in the greatness of its destiny. He endeared himself to his colleagues and students by his boldness in doing what he thought was right.

This assembly desires to convey to Mrs. Starling and the members of his family their respectful sympathy in the great sorrow that has fallen upon them.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

#### ACQUISITION OF THE BLOOMSBURY SITE.

THE University of London has been enabled to acquire the site in Bloomsbury to the north of the British Museum originally bought for it by the Government in 1920. It may, we think, be assumed that the decision is final, for the Duke of Bedford has agreed, and the Senate of the University was unanimous in accepting the offer.

The announcement was made by the President of the Board of Education at the Presentation Day dinner on May 11th in the following terms:

During the past few months, with the promise of a limited Government grant, the University of London has been negotiating with the Duke of Bedford and his trustees for the purchase for University purposes of part or the whole of what is known as the University site in Bloomsbury. These negotiations have now ended in agreement on essentials and, though the formal contract has still to be completed, it can be stated that the Duke has agreed to sell the whole site to the University, and that the University is in a position to buy it and has decided to do so. This purchase by the University has been made possible partly by the use of a limited grant promised to the University by the Chancellor of the Exchequer last July, and partly by a munificent contribution from the Rockefeller Foundation.

Lord Eustace Percy added that the announcement marked a great and historic moment in the history of the University of London, for the selection of its home was something more than a mere question of geography. The task now was to establish a university teaching centre worthy not only of the capital city of the United Kingdom, but of the capital of the Empire. The Vice-Chancellor, Sir William Beveridge, said that the choice of the site was now finally and fortunately settled. Although the formal contract was not complete, the site would pass very shortly into the possession of the University and would be irrevocably dedicated to University purposes; it would be the headquarters of the University and the spot from which its further growth would take place; it was in the heart of the capital city of London, and in the midst of the great teaching colleges in Bloomsbury. There were now in this district seven or eight colleges, forming a university larger than Cambridge, the next largest of the universities in the British Isles. They were grouped round the British Museum and the empty space north of the Museum which the University had now acquired. The University headquarters were still to make, and on this site of 8½ acres there would, he foresaw, presently be erected a central office, a senate house, a library, a ceremonial hall, examination halls, together with the Institute of Historical Research, a faculty club for teachers, a students' union, a centre for students' activities—and, above all, for hospitality to overseas students—headquarters for the O.T.C., perhaps two or more colleges, and, finally, the beginning of residential quarters, both for teachers and

students. At present the money in hand was only sufficient to build a central office, but as money became available it would be possible to erect on that open tree-bounded space something of beauty, to be a common possession and a common pride for all. A visitor to one of the ancient universities could not fail to feel how much of their influence was due to the sheer beauty with which they surrounded the young men and women that went to them. In London it would not be possible to do quite the same, but there could be built on the site something as unique and characteristic of London and the new arts and materials of modern building as the buildings of the old universities were characteristic of their time. He hoped that the University would have the means to seek and the luck to find an inspired artist who could embody the ideal in stone and steel. It ought to be possible to bring into the heart of London a group of buildings which, with their towers and pinnacles rising to the sky, would form a shrine of youth and learning in Bloomsbury to rank with the shrine of our history and our liberties by the Thames at Westminster.

The site covers 11½ acres, including roads; it is bounded on the south side by the British Museum, on the west by Malet Street, where the Imperial College of Hygiene and Tropical Medicine is being built; on the north by Gordon Square, and on the east by Woburn Square, Upper Montague Street, and Russell Square; it is almost within sight of the House of the British Medical Association.

#### *Presentation Day.*

The annual presentation of degrees took place on May 11th in the Albert Hall, South Kensington; 2,700 degrees were conferred, and in addition 550 diplomas, certificates, and prizes were awarded.

#### *Annual Report of the Principal Officer.*

Mr. T. Franklin Sibly, D.Sc., who has succeeded Sir Cooper Perry as principal officer of the University of London, states in his annual report on the work of the University during 1926-27 that the total admissions by all channels numbered 7,668, as compared with 7,577 in the previous year, and 3,852 in the last year before the war. The great majority (5,407) of the entrants came in through the matriculation examination. There were 3,967 candidates for degrees, as compared with 3,819 in 1925; the number who attained degrees and diplomas was 3,173, as compared with 2,908 last year. The roll of internal students now comprises 9,342 names; there were 9,323 in 1925.

During the year under review the London County Council increased its annual grant for the current triennium to £57,933; it has also undertaken to meet any demands arising during the triennium for the provision of University extension courses in evening institutes up to a limit of expenditure of £600 in any one year. The University has made a non-recurring grant of £1,000 for libraries generally, and a capital grant of £15,000 to Bedford College for building; other applications for capital grants were under consideration. A second donation of £10,000 for engineering studies at University College was made by Lord Cowdrey before his death. Sums have been received to endow a Queen Alexandra lectureship in Danish and the Crown Princess Louise lectureship in Swedish; reference is made also to the gift by Lady Godlee of £500 to University College and its medical school for the establishment of a lecture in memory of the late Sir Rickman Godlee. An anonymous gift of £10,000 has been received towards the establishment of a chair of dietetics, and £180,000 has been presented by the trustees of the Laura Spelman Rockefeller Memorial to the London School of Economics for general endowment and capital expenditure.

The Cancer Hospital has been admitted as a school of the University for a period of three years. The visitation of schools of the University is being continued, and during the year reports of inspectors were received with regard to University College, King's College, King's College for Women, Household and Social Science Department, and East London College. It is stated that the Senate is prepared to consider any scheme for co-operation between training colleges and the University.

In concluding his report Dr. T. Franklin Sibly refers to the transition nature of the year now commencing. The problem of the provision of a dignified home for the University has been earnestly debated and is, he thinks, approaching complete solution.

#### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on May 3rd, when Dr. G. M. Robertson, president, was in the chair.

Dr. John Robert Lord, C.B.E., and Dr. William Bell were introduced and took their seats as Fellows of the College. Dr. Walter Duncanson Chambers was elected a Fellow of the College.

The following were elected members of the College: Arthur Mills, Harold E. Whittingham, Ram S. Gupta, James Davidson, James A. L. Loudon, William L. Kinnear, and Raymond L. A. Kitchen.

Dr. R. A. Fleming was nominated a representative on the Conjoint Committee of Management of the Triple Qualification.

The Parkin prize was awarded to Dr. John D. Comrie.

The Freeland Barbour Fellowship was awarded to Dr. Thomas R. R. Todd.

## The Services.

### ROYAL ARMY MEDICAL CORPS WAR MEMORIAL.

THE service of dedication of the stained glass window, which completes the Royal Army Medical Corps War Memorial in Westminster Abbey, will take place on Sunday, May 22nd, at 4.15 p.m., in the Nave. Tickets of admission are not required for the service, but subscribers to the Memorial Fund and others interested desiring reserved seats for the 3 o'clock evensong preceding it should apply by letter to Major-General H. B. Fawcus, C.M.G., D.S.O., Room 313, War Office, Whitehall, S.W.1. Uniform need not be worn at the service of dedication.

## Medical News.

THE next session of the General Medical Council will begin on Tuesday, May 24th; the President, Sir Donald MacAlister, Bt., K.C.B., M.D., will give an address at 2 p.m.

A MEETING of the Maternity and Child Welfare Group of the Society of Medical Officers of Health will be held at the Shoreditch Model Welfare Centre, 210, Kingsland Road, on Wednesday, May 18th, at 4.30 p.m., when cases will be shown by the medical officers of the Shoreditch Maternity and Child Welfare Department, and when a paper entitled "The Newcastle-upon-Tyne caloric percentage method of dieting the premature and the sick infant" will be read by Dr. Glen Davison at 5.45 p.m. The centre is passed by buses Nos. 22, 35, and 69 from Liverpool Street.

AT a sessional meeting of the Royal Sanitary Institute to be held at the Guildhall, Bath, on Friday, May 20th, at 7.30 p.m., a discussion on cremation will be opened by Mr. H. T. Herring, M.B., B.S., honorary secretary of the Cremation Society of England, and continued by Dr. Preston King, chairman of the Bath Health Committee. On the morning of the following day (Saturday, May 21st), after a paper on sewage disposal by Mr. E. P. Sissons, engineer of Bath, a visit will be paid to the Bath City Sewage Disposal Works.

A DISCUSSION on swimming baths will take place at a meeting of the Medical Officers of Schools Association at the house of the Medical Society of London (11, Chandos Street, Cavendish Square, W.1) on Friday, May 20th, at 5 p.m. The discussion will be opened by Dr. F. Graham Forbes, Divisional Medical Officer, Public Health Department, London County Council, Dr. F. W. Alexander, late medical officer of health for Poplar, and Mr. F. E. Wilkinson, engineer and surveyor, Willesden Urban District Council.

THE bi-annual dinner of the Aberdeen University Club, London, is to be held on Thursday, May 26th, at the Piccadilly Hotel, at 7.30 p.m. The Lord Rector, Viscount Cecil of Chelwood, will be in the chair, and the guest of honour will be Mr. John Buchan, LL.D., M.P. Any Aberdeen University graduates, past or present, men or women, wishing to join the club or attend the dinner are asked to communicate with Dr. Anstruther Milligan, 11, Upper Brook Street, W.1.

THE annual medical missionary breakfast of the Medical Prayer Union will be held on Wednesday, May 18th, at the Refectory, University College, Gower Street, W.C.1, at 8 a.m., under the presidency of Dame Mary Scharlieb, D.B.E., M.D., M.S. An address will be given by Dr. Katherine Harbord of Jaunpur, India. An intimation of intention to be present will be welcomed by the honorary secretary, Dr. Tom Jays, Livingstone College, Leyton, E.10.

MR. WALTER G. SPENCER has been elected to the Senate of the University of London.

THE annual Nettleship prize has this year been awarded by the Ophthalmological Society of the United Kingdom to Mr. Charles H. Usher, M.B., B.Ch.Camb., F.R.C.S.Edin., ophthalmic surgeon to the Royal Infirmary, Aberdeen.

THE practice of the National Hospital for Diseases of the Heart is now open to students who have completed four years of medical study, and short courses of instruction in cardiology will be held immediately preceding the final examinations. Particulars may be obtained from the Secretary of the Hospital, Westmoreland Street, London, W.1.

THE trustees of the Carnegie Hero Fund have awarded an annual grant of £120 to Dr. G. C. W. Williams, who was engaged in x-ray treatment from 1895 to 1926. Dr. Williams contracted dermatitis as a result of his work, and after eight operations, which included the amputation of the right hand and the loss of two fingers of the left, has been rendered almost helpless.

THE Fellowship of Medicine announces that demonstrations will be given by Dr. B. T. Parsons-Smith at the National Hospital for Diseases of the Heart, on May 17th, at 10 a.m.; by Mr. Maurice Whiting, at the Royal London Ophthalmic Hospital, on May 19th, at 1 p.m.; by Mr. Maynard Smith, at St. Mary's Hospital, on May 20th, at 2 p.m. These demonstrations are free to medical practitioners. From May 16th to 28th a special course will be held at the Infants Hospital, and there will be a late afternoon course at the Hampstead General Hospital for two weeks from May 16th. A ten weeks' course in neurology began on May 9th at the National Hospital, Queen Square. The Fellowship of Medicine can arrange for practical courses in anaesthetics and obstetrics, and for clinical assistantships in gynaecology. During June special courses will be held in diseases of the chest at the Victoria Park Hospital, in diseases of children at the Children's Clinic, in gynaecology at the Chelsea Hospital, and in ophthalmology at the Central London Ophthalmic Hospital. The Fellowship provides also a general course of instruction at the associated hospitals. Copies of all syllabuses and of the *Post-Graduate Medical Journal* may be obtained from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

A SERIES of lectures and counter-lectures in aid of King Edward's Hospital Fund for London is being held during May and June in the Great Hall of the London School of Economics, Houghton Street, Aldwych, on Tuesdays, at 5.30 p.m. Tickets may be obtained from the British Charities Association, 103, Kingsway, W.C.2. The subjects are varied, but their irresponsible character may be gathered if we mention that the last debate of the series, on Tuesday, June 21st, will be between Mr. G. K. Chesterton and Mr. Mitchell Banks, K.C., M.P., with Miss Rose Macaulay in the chair, the subject being "Is the House of Commons any use?"

A COURSE of four consecutive week-end demonstrations will be given at St. Bartholomew's Hospital during June and July, commencing at 5 p.m., on Friday afternoons, and terminating on Saturday evenings. On June 17th and 18th the subject will be modern methods in the diagnosis and treatment of chronic diseases of the lungs, and the following week-end will be devoted to the treatment of the common fractures of general practice. The diagnosis and treatment of chronic renal disease will be considered on July 1st and 2nd, and ante-natal methods will be dealt with on July 8th and 9th. The fee for each week-end is one guinea, or four guineas for the course. Further information may be obtained from the Dean, St. Bartholomew's Hospital, E.C.

## 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.

A BRITISH medical man, aged 62, resident abroad, has a blood pressure of 170 to 200, and suffers from daily attacks of pain, beginning over the centre of the sternum, spreading to both sides of the neck and head, and down both arms. It is worse after food or any little excitement. He asks for advice.

### FACIAL SPASM IN A CHILD.

"A. G." asks for suggestions in regard to treatment and prognosis in the following case: A boy, aged 5 years, has developed a facial habit-spasm. He frequently draws up his nose and winks the eye at the same time on the side affected. Adenoids were removed some time ago, and his teeth were damaged at the time of the operation. He has been troubled with enuresis, which is practically cured. Otherwise he is healthy and is very quick at learning.

### ASPIRIN AND POTASSIUM CITRATE.

DR. BRODRIBB (Penmaenmawr), having observed that aspirin dissolves freely when prescribed together with potassium citrate, inquires whether the dissolution implies a chemical change in the drug and consequent modification of its therapeutic value.

\* \* The solution of aspirin by potassium citrate is unaccompanied by any chemical reaction, and there is accordingly no change in the nature of its physiological action. But although its chemical identity is preserved, there may be a notable difference in the therapeutic effects, for apart from the independent action of the potassium citrate, the speed and even the locus of absorption may be altered. It is said that aspirin passes through the stomach unchanged, but is slowly decomposed by the alkali of the duodenum, with liberation of salicylic acid. It would accordingly seem that its dissolution in potassium citrate would result in a larger absorption by the stomach and less being carried forward to the duodenum.

### INCOME TAX.

#### Partnership Assessments.

A and B were equal partners in a practice until June 1st, 1926, when A's share was transferred to C. In whose names should the returns be made and how should the assessment be divided?

\* \* The return should be made by "A and B and successors B and C." In dividing the liability it should be borne in mind that it is the gross assessment—that is, the amount assessed before any personal allowances are deducted—that serves as the basis of the division. The shares of the gross assessment attributable to each partner will be as follows—A  $\frac{1}{2}$ , B  $\frac{1}{2}$ , and C  $\frac{1}{2}$ ; from these shares the full amount of the personal allowances due to each partner should be deducted. Thus if the amount of the assessable earnings less professional expenses is £3,200, A will be liable to tax on £400 less the £225 personal allowance and any others to which he may be entitled.

### LETTERS, NOTES, ETC.

#### VITAL-STATISTICAL FACTS NOT GENERALLY RECOGNIZED.

DR. B. DUNLOP (London, S.W.) writes: It is stated in your issue of May 7th (p. 850) that "although some seventy thousand more babies were born in France than in England and Wales in 1926, the excess is reduced to little more than twenty-six thousand if account is taken of the higher rate of infant mortality across the Channel." The French rate was 83 and ours was 70, and  $765,226 \text{ minus } 133\frac{1}{2}$  of  $766,226$  exceeds  $694,897 \text{ minus } 133\frac{1}{2}$  of  $694,897$  by more than twice "twenty-six thousand." The slip or misprint is unfortunate, because people should know that the French death rate is only slightly excessive among the infants, but is slightly excessive also among the rest of the population. This suggests that the population is still pressing on its food supply and that there will be no further decline of the general death rate unless there be a further reduction of the birth rate.

#### EARLY PARENTHOOD.

DR. A. R. RENDLE (Godalming) writes: Docteur Cabanès, in his book *Le sixième Sens*, quotes the case of childbirth in a girl aged 13, of another case in which the mother was aged 12, and of another case, occurring in Paris in 1756, in which the mother was 9½ years old.

#### FOREIGN BODY IN RECTUM.

"R. B. G." writes: I can add a third case to the two recent notes. An old friend (of my college days), who sent for me while on a visit to the neighbourhood many years ago, complained of a constant desire to defaecate, with slight melaena. On examination I felt a hard, longish, thin substance lying across the exit, which, on removal, not without difficulty and pain, turned out to be a codfish bone. On informing him he said that he had partaken of a fish supper two nights previously.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 41, 42, 43, 46, and 47 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 44 and 45.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 203.