

power of zinc. The technique followed is that described by Friel, and scrupulous attention to detail is absolutely necessary.

In order to ensure that the zinc solution comes into immediate contact with the infected walls of the cavity the ear must be thoroughly cleansed, and this is best done by syringing twice daily for a week with a solution of equal parts of potassium chloride, sodium bicarbonate, sodium chloride, and borax. At the end of this period the ear is syringed with sterile water, anaesthetized by a solution of cocaine, as recommended by Dr. F. P. M. Clarke (*BRITISH MEDICAL JOURNAL*, November 20th, 1926, p. 938), and the ionization proceeded with.

The tympanic cavity is filled with the solution zinc sulphate (2 per cent.) and a zinc electrode placed in the meatus and connected to the positive pole. The negative electrode is placed on the leg over a pad of lint soaked in saline. A continuous current, very gradually increased to 3 milliamperes as gauged by the galvanometer, is passed through and controlled by a rheostat.

The average length of treatment is from ten to fifteen minutes, at the end of which period the current is very slowly decreased to zero. The ear is then carefully dried and a little boric powder insufflated.

#### *Applications of the Treatment.*

In the treatment of granulations a bipolar electrode composed of zinc is applied directly to them and the current, as described above, passed through. For attic sepsis the cavity is thoroughly syringed, filled with the standard zinc solution, a fine zinc wire electrode is introduced through the perforated tympanic membrane into the attic, and the current passed.

#### *Conclusions.*

Zinc ionization has given excellent results, as will be seen from the following table.

*Results of Treatment of Chronic Suppurative Otitis Media by Zinc Ionization.*

Causes of Suppuration.	Total.	Cured.	Left Hospital.	Referred for Operation.	Still under Treatment.
<b>Tympanic conditions solely:</b>					
(a) Tympanic sepsis ... ..	154	132	15		7
(b) Tympanic sepsis + granulations ... ..	51	36	3		12
(c) Tympanic sepsis + polypus ... ..	5	1	2		2
(d) Tympanic sepsis + caries ... ..	4	2			2
<b>Tympanic conditions combined with:</b>					
(a) Tonsils and adenoids ... ..	44	41	1	38	2
(b) Nasal conditions ... ..	15	12		1	3
<b>Tympanic conditions combined with:</b>					
(a) Attic disease ... ..	7	2	2		3
(b) Mastoid disease—					
Previous operation in hospital ... ..	12	8			4
Previous operation before admission ... ..	14	12	1		1
<b>Tympanic conditions combined with:</b>					
(a) External otitis ... ..	11	11			
(b) Stricture of meatus ... ..	1	1			
<b>Totals ... ..</b>	<b>318</b>	<b>258</b>	<b>24</b>	<b>39</b>	<b>36</b>

In cases treated soon after onset and showing no complications one ionization has generally been followed by cure. If, however, the discharge persists after one or two treatments, complications must be sought for. It has been noticed that after ionization a much more effective view of the parts can frequently be obtained, as their turgidity is diminished.

It is useless to advocate zinc ionization as a cure-all, and it is equally futile to ionize a tympanic cavity if septic foci are left in the nose, mouth, or throat; in the presence of disease of the mastoid, ionization is of little service except as a post-operative measure.

The number I have classified as cured (as judged by the complete cessation of the discharge from the ear) may appear somewhat larger than the figures quoted by some other workers, but it is influenced by the fact that all patients are

treated as in-patients, and are, consequently, under the best conditions for the prevention of any reinfection.

Careful records of each case are taken, and every endeavour is made to keep in touch with discharged children. Seven have been readmitted with a recurrence of the ear condition, but in each of these it has been evident that after-care has been insufficient.

The best results have been obtained in those cases which have developed otorrhoea whilst in hospital, so that treatment could be commenced within a few days of the onset of the discharge. This would seem to suggest that ionization might be of service in fever hospitals for patients suffering from post-scarlatinal middle-ear infection.

I am indebted to the medical superintendent of Alder Hey Hospital (Dr. P. Macdiarmid) for permission to make use of the statistics obtained in the hospital.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### A PAROXYSM OF AURICULAR FIBRILLATION CAUSED BY ELECTRIC SHOCK.

THE paper by Professor John Hay and Dr. Wallace Jones on "Trauma as a cause of auricular fibrillation," published in the *JOURNAL* of March 26th (p. 559), prompts me to put on record the following case.

A man, aged 35, came to consult me in the evening of November 14th, 1926. He stated that during that afternoon, while working in a tunnel, he took hold of a large portable electric lamp which had been temporarily connected with the switch of a motor. He immediately received a shock and was unable to release his hold of the lamp. When the current was cut off by one of his fellow workmen he fell backwards, but did not apparently lose consciousness. He felt dazed and was conscious of a strange fluttering sensation in his chest. After a rest, however, he was able to resume his job and continued at work for the rest of the afternoon.

He walked about a mile and a half to my house, and when I saw him he was not obviously distressed though he complained of feeling shaken, and still felt the fluttering in his chest. There was a small burn on the right thumb. The pulse was quick and irregular, and a polygraph curve showed a ventricular venous pulse with a radial rate of about 118 per minute. Certain parts of the radial curve showed a tendency to a regular recurrence of the irregular beats, which could be spaced, in the manner shown by Lewis, to occur in the irregular pulse which is sometimes associated with auricular flutter. It is possible, therefore, that this was a paroxysm of auricular flutter rather than fibrillation.

Twenty-grain doses of potassium bromide were prescribed and he was advised to go home and stay in bed. When he was seen next morning the pulse was regular and a polygraph curve showed that sinus rhythm was restored at a rate of 66 per minute. No disease of the heart could be detected. The apex beat was in the normal position and the sounds were free from murmur.

I have known this man for many years. He has never had rheumatism. Like at least two others of his family, he has suffered for many years from partial deafness associated with nasal obstruction, but apart from this he enjoys good health.

Hull. E. E. LASLETT, M.D. Vict.

#### RUPTURE OF THE RECTUS ABDOMINIS MUSCLE.

IN the *JOURNAL* for April 30th Mr. P. J. Moir and Mr. C. R. McCash describe interesting cases of rupture of the rectus abdominis muscle occurring in healthy persons during severe physical effort. The following case furnishes still another example, and may also be of some interest.

On July 22nd, 1917, an ambulance attendant was, with one assistant, carrying a very heavy patient on a stretcher up a difficult staircase in a nursing home, when he felt a tearing pain in the right side of his abdomen. He struggled through his work during the next two days, but was then forced by increasing discomfort to enter the Glasgow Western Infirmary.

Examination revealed a slight swelling over the right rectus muscle, and this area was exquisitely tender. There was no ecchymosis. On operating I found that the sheath of the right rectus was intact, but on opening this I saw at once that the muscle, except at its medial and lateral borders, was torn across. The gap between the retracted torn fibres was filled with blood clot. The level of the injury was about two inches below the umbilicus. Muscle and sheath were sutured, and the wound closed.

The patient has been at work continuously since his dismissal from hospital.

Glasgow.

CHARLES BENNETT, M.B.

LOCAL ANAESTHESIA IN SUBMUCOUS RESECTION  
OF THE NASAL SEPTUM.

THAT a local anaesthetic method, such as that of McKenzie, ought to be more widely known is evident from the fact that the operation is still performed under general anaesthesia in certain centres. General anaesthesia causes more haemorrhage, makes the operation more difficult, and is more dangerous.

The following points may be added to Dr. Sturm's excellent account of Dr. Dan McKenzie's local anaesthetic method.<sup>1</sup>

1. Anaesthesia is improved if particular care is taken to apply the cocaine and adrenaline to the mucosa overlying the sphenopalatine ganglion, an area situated just behind and above the posterior end of the middle turbinal.

2. In cases where the anterior edge of the quadrilateral cartilage is dislocated the usual application of cocaine and adrenaline to the mucosa of the nose should be supplemented by an injection of novocain and adrenaline into the skin covering the anterior edge of the displaced cartilage.

3. The quantity of cocaine (3 grains) advocated by Dr. Sturm may be largely exceeded without any ill effects.

4. Hospital patients may go home the same day, to return the following morning; the packing is then removed and is not replaced.

Manchester.

B. McKELVIE, M.B., F.R.C.S. Ed.

PEDUNCULATED SUBMUCOUS FIBROMYOMA OF  
THE STOMACH.

THE following details of a case of submucous gastric fibromyoma, which at first was thought to be gastric ulcer, seems to be worthy of record.

An unmarried woman, aged 32, well developed, of mixed European, African, and Burman descent, had had good health until November 27th, 1924, when she felt tired and giddy and passed tarry stools. The family history was good, with the exception that her mother had died at the age of 48 from cancer of the stomach. There was no vomiting or abdominal discomfort of any kind. By the beginning of June, 1925, she had recovered entirely and remained well until the beginning of February, 1926, when she again felt tired and ill and passed dark stools. On February 13th, the abdomen was heavily kneaded, which is the Burmese panacea for all abdominal troubles; soon after this the patient vomited a considerable quantity of blood. When admitted to hospital on February 17th, 1926, her condition was bad. She was intensely anaemic, the face and ankles were oedematous, the temperature 101°, pulse 150 and feeble, and respirations 26. The case was diagnosed as bleeding gastric ulcer, and medical treatment was given, the temperature continuing to range between 100° and 101°. Three days later she developed parotitis which cleared up with fomentations, and on February 23rd her blood gave a positive Widal reaction in a dilution of 1 in 80. She was then treated as a case of enteric fever complicated by gastric ulcer. The temperature returned to normal on March 3rd, the anaemia slowly disappeared, and the patient was discharged from hospital on April 6th, 1926.

Five months later the patient was again suffering from haemoptysis and passing tarry stools; she stated that the trouble had returned on August 20th. On admission to hospital her condition was good, the temperature normal, the pulse 84, there was no pain or tenderness of any kind, but she was very anaemic. One morning a small movable tumour was felt in the epigastric region, which disappeared suddenly, and was not detected again. She continued to pass blood in the stools, and on September 9th a test meal showed that the free and total acids were normal; x-ray photographs indicated a distinct tumour at the upper end of the lesser curvature.

On the following day she was given scopolamine, morphine, and spinal anaesthesia with stovaine, local anaesthesia with novocain, and a few whiffs of A.C.E. mixture. The abdomen was opened by an incision extending from the ensiform cartilage to the umbilicus, and a freely movable pedunculated tumour was found high up, attached to the lesser curvature of the stomach. As it was difficult to reach the attachment of the tumour from outside the stomach an opening was made over the lower part of the tumour and the pedicle was separated from the stomach wall on the inside. Several bleeding vessels were tied, and, since the haemorrhage continued, a silk purse-string suture was tied round the raw areas. The size of the tumour was 6 by 4½ by 4 cm., and the area of its attachment was about 3 by 2½ cm.

Lieut.-Colonel J. Taylor, director of the Pasteur Institute, Rangoon, reported that the tumour was a fibromyoma. The patient made an uninterrupted recovery.

W. F. BRAYNE, M.B., Ch.B.,  
Lieut.-Colonel I.M.S.

A. I. SIMON, M.B., B.S.

Mandalay, Burma.

<sup>1</sup> BRITISH MEDICAL JOURNAL, April 16th, 1927, p. 720.

## Reports of Societies.

## THE USE OF FASCIAL GRAFTS IN HERNIA.

At a meeting of the Devon and Exeter Medico-Chirurgical Society on April 21st, with Dr. R. EAGER in the chair, the President, Mr. A. L. CANDLER, read a short explanatory paper on the subject of the use of fascial grafts in the repair of ventral and inguinal hernia.

Mr. Candler quoted extracts from the paper by Gallie and Le Mesurier in the *British Journal of Surgery*, October, 1924, and lantern slides of the illustrations in this article were also exhibited. Mr. Candler showed four patients who had been so treated. The first was a man, aged 47, who for eight years had had a ventral hernia as big as a football, following gangrene of the abdominal wall after appendicectomy and drainage. A graft composed of three strands of fascia had been inserted in 1926 with good results. A lad aged 17 had been operated on in 1923 for a left obturator hernia, the pelvis being full of pus and adhesions. After drainage of the cavity the abdominal wall had become gangrenous, and there had resulted a large ventral hernia, with a gap four inches wide, in the aponeurosis. In 1925 this gap was closed with fascial sutures, the peritoneum being repaired with catgut. The patient had been able to work as a farm labourer since this operation. A man, aged 40, had been operated upon two months previously for the repair of the posterior wall of the inguinal canal by fascial sutures. There had been a recurrence of the hernia for which the ordinary radical cure operation had been performed in 1921. The last patient was a man who had received a bayonet wound in the left iliac region during the war with a resulting large ventral hernia, which had recurred at varying intervals after three operations for repair. A fourth operation had been performed in December, 1926, for repair by fascial sutures, but suppuration in the wound had led to an unsatisfactory result.

Dr. SHAW showed a woman, aged 35, who had had an operation for appendix abscess in 1913. A ventral hernia resulted, for which repair was attempted in 1916, and again in 1919. After a further recurrence the gap was once more closed in December, 1926, four strips of fascia lata being grafted for this purpose. At the present time the wound appeared to be quite sound and the result of the operation was most satisfactory. Dr. Shaw remarked that the case was a good illustration of the value of "living suture repair." At the operation a definite gap was found which was surrounded by a hard scar, and bridged over by the thinnest areolar tissue. Fascial grafts were used to make a "darn" filling in the space, the sutures being carried through the hard edges.

Mr. WAYLAND SMITH showed a man, aged 46, who had had a left inguinal hernia for over thirty years. When first seen there was a scrotal hernia "the size of a pint mug," and an inguinal ring admitting three fingers. He came to hospital because the hernia was increasing in size and becoming painful. In May, 1926, the hernia was operated upon, and the inguinal canal repaired with four strips of fascia lata. The patient had restarted work as a gardener two months after the operation, although advised further rest. There had, however, been no recurrence. Mr. Wayland Smith also showed a woman, aged 46, who had developed a ventral hernia and wide separation of the recti after childbirth five years previously. Excision of the hernial sac and the stretched linea alba was performed in August, 1926. A new linea alba had been constructed by suturing the cut edge of the sheath of the anterior rectus muscle with five strips of fascia lata.

## Clinical Cases.

Dr. R. N. CRAIG showed a woman, aged 54, whose condition had been diagnosed as Charcot's disease. During the past six years a gradual deformity of the left knee and right ankle had developed. The pupils were equal but did not react to light; the reaction to accommodation was

treatment in certain circumstances, but not in a case where he had been called upon to give advice.

In his judgement Acton, J., said the question was undoubtedly one of some importance and one which at first sight might appear to present some little difficulty. The very question, however, had been raised before and decided by a divisional court in *Hall v. Trotter*, where the plaintiff had a diploma from an American college of osteopathy, but was not registered as a medical practitioner in this country. It was to be regretted that the facts in *Hall v. Trotter* were not fully set out in the report, as it would have been useful to know whether the plaintiff there undertook any diagnosis, or gave any advice, as distinct from actual manual, or manipulative, treatment; and, if so, how far his claim was based upon the former. In that case the county court judge had held, and the divisional court had confirmed his decision, that osteopathy was treatment that did not fall within Section 32 of the Medical Act, 1858. However, from the report it appeared that arguments similar in substance to those relied upon in the present case had been addressed to the court. One of the judges, Horridge, J., had said: "In his view of the findings of the county court judge the plaintiff did not give an advice. She gave certain treatment to the bodies of these three persons. He declined to be led into definitions. He was satisfied that the case did not fall within the Act." The other judge, Shearman, J., had agreed: "The plaintiff applied her knowledge of anatomy to help her to determine the part of the body to which she should apply the treatment she had been specifically called in to give... he thought the county court judge here was right, but he was far from saying that anyone who chose to call himself an osteopath could charge for any service which he chose to render." His lordship said it might be that if the plaintiff's charges were analysed, and if it were proved that any part of those charges was for advice given, the plaintiff would not be able to recover in respect of that portion. The plaintiff's claim, however, had been wholly barred by the county court judge. In view of *Hall v. Trotter*, it was not open to that court to do other than follow that case, and, therefore, they would order a new trial, but he (his lordship) would express no opinion whether the plaintiff's claim could be divided into charges for manual treatment and charges for advice.

Talbot, J., in concurring, said a very strong argument in support of the county court judge's judgement might have been urged but for the decision of a divisional court in *Hall v. Trotter*, which he regarded as a binding one.

## Obituary.

**JAMES DUNCAN MACLAREN, M.D., F.R.F.P.S.G.,**

Formerly Physician to the Royal Infirmary, Glasgow.

THE death occurred on May 10th, at his residence, Dunreggan, Elie, Fifeshire, of Dr. J. D. Maclaren. He was in his 95th year, and had been a fellow resident of Lord Lister in Edinburgh Royal Infirmary. He was born in Stirlingshire and studied both at Glasgow and Edinburgh Universities; at the latter he graduated M.D. in 1854 with a thesis on the nutritive process. In the winter session 1854-55 he acted as house-physician in Edinburgh Royal Infirmary to the professors of clinical medicine. These were Alison, Christison, Hughes Bennett, and Simpson, of whom he had many memories and anecdotes. His fellow residents included Dr. J. Beddoe, Dr. (later Sir John) Kirk, Joseph (later Lord) Lister, Dr. David Christison, and Dr. (later Sir Patrick Heron) Watson. Immediately after his term of office as a resident, Dr. Maclaren went to the Crimea, where the troops were at that time greatly in need of medical assistance. He served both at Scutari and as assistant physician to the civil hospital at Renkioi in the Dardanelles. For a period he also acted as company commander to troops, since there was a shortage of officers. On his return to this country after the Crimean war Dr. Maclaren settled in practice in Glasgow, where he ultimately became physician to the Royal Infirmary. He took up the practice of the late Professor Harry Rainy, the father of Principal Rainy, and practised medicine at Glasgow during half a century. Dr. Maclaren was the senior member of the Faculty of Physicians and Surgeons in Glasgow, which in 1924 elected him an honorary Fellow. He had taken the licentiate of the Royal College of Surgeons of Edinburgh in 1854, and had become an ordinary Fellow of the Royal Faculty of Physicians and Surgeons of Glasgow in 1866.

Both in Glasgow and after his retirement Dr. Maclaren took a great interest in the affairs of the United Free Church. In 1858 he had been appointed session clerk of Claremont Church, Glasgow, of which his brother was the minister, and after his retirement, when he went to reside in Elie, Dr. Maclaren was session clerk of Elie United Free Church. This office he held till his 89th year, when

increasing blindness compelled him to resign; until some two or three years ago he attended regularly the annual general assembly of the United Free Church. Dr. Maclaren retired from active practice some twenty-two years ago; he travelled extensively and twice went round the world. He was a man of wide culture and interests, and a great reader. His interest in every recent work on history, biography, or politics as it appeared was continued even after increasing failure of vision necessitated the help of a reader, and his keenness of intellect and memory remained to the end of his life. He continued a member of the British Medical Association until last September, when he resigned. His vitality was surprising for a man of his years. Living at Elie, he was a member of Elie Golf House Club for over twenty years. He played golf regularly, and could beat many younger men, until the age of 85. Some three years ago he underwent a serious operation for calculus, but made an uninterrupted recovery. Dr. Maclaren had been a widower for many years; he had a family of five daughters, of whom three survive him. The interment took place at Tillicoultry on May 13th.

## THE LATE PROFESSOR E. H. STARLING.

SIR WILLIAM HALE-WHITE writes: The admirable account of the late Professor Starling in your last issue prompts me to add something to what Dr. C. J. Martin says about his clinical work. At the end of his studentship at Guy's Hospital Starling obtained the Treasurer's Gold Medal for Clinical Medicine and was *proxime accessit* for that for Clinical Surgery. He became my house-physician in 1889, and I never had a better. He had a marvellous flair, not only for the science, but also for the art of clinical medicine. If he had chosen medicine for his life's work he would have become one of the chief among the really great physicians. He never lost his clinical aptitude. When war broke out he came, saying that he proposed to go round the wards with me to furbish up his medicine. Although he had done no clinical work for twenty-four years, he picked it up at once; in a fortnight he was as good at it as when he finished his house-physiciancy, and he went forthwith to take charge of patients at the Herbert Hospital. His interest in medicine remained throughout his life, for he would always discuss with enthusiasm how his physiological work helped the elucidation of medical problems. It has been my happiness to have known him and to have seen much of him during the past forty years. There was no greater pleasure than that of talking to him—he was so alert, so interested in everything. He could not be dull; in a few words he got to the root of the matter and illuminated the whole subject, whatever it might be.

The following well known foreign medical men have recently died: Dr. SCHICKELE, professor of clinical gynaecology at Strasbourg University; Professor PAUL REGNARD, director of the Oceanographic Institute founded by the Prince of Monaco and member of the Académie de Médecine; Professor EUGENIO PIRONI of Parma, one of the founders of the Italian Society of Urology; Professor GAVELLO, an otologist of Turin; Dr. SALVADOR CARDENAL, honorary professor of surgery in the University of Barcelona, aged 74; Dr. J. DE BRUIN, professor of clinical pediatrics at Amsterdam; Dr. JULES BOECKEL, honorary professor of the Strasbourg faculty of medicine and Commander of the Legion of Honour, aged 78; Dr. MARCEL BRIAND, a leading Paris alienist and for nearly thirty years medical superintendent of the Villejuif Asylum; Dr. JULIUS POHL, formerly professor of pharmacology at Breslau; Dr. M. HOFMEYER, formerly professor of gynaecology at Würzburg; Professor ALEXANDER TRETZE, a leading Breslau surgeon; Professor UHTHOFF, formerly director of the ophthalmological clinic at Breslau, aged 74; Dr. BARFURTH, formerly professor of anatomy at Rostock, aged 78; Dr. PERETTI, formerly professor of psychiatry at Düsseldorf, aged 75; Dr. HERMANN VON TAPPEINER, professor of pharmacology at Munich; and Professor GEORGE SUMNER HUNTINGTON, professor of anatomy at Columbia College and joint editor of the *Journal of Anatomy and Physiology*.

skilled optician would have a chance of knowing whether there were anything seriously wrong with the eyes. Mr. A. V. Alexander spoke of the desire of the co-operative societies to retain the right to maintain optical departments.

The motion for the second reading of the bill was then negatived.

#### Shop Acts, 1920 and 1921.

The Departmental Committee which is inquiring into the working of the Shop Acts, 1920 and 1921, met at the Home Office on May 11th and 12th.

Mr. J. Hallsworth (Industrial General Secretary of the National Union of Distributive and Allied Workers) said that it was impossible, without the compelling force of a generally applicable early closing law, to protect and safeguard the health and comfort of those engaged in retail distribution.

Witnesses for the National Federation of Retail Fruiterers urged a general closing order for all trades of 8 o'clock on week nights and 9 on Saturdays, without exemptions. They said that, thanks to the medical and other scientific advice, fruit was no longer considered a special luxury. It was becoming a regular daily article of diet. In 1926 £2,000,000 worth or more of fruit was consumed.

Mr. E. D. Roberts, one of the witnesses, said that his experience was that girls who came into the fruiterer's trade weakly and anaemic became strong and healthy.

#### Small-pox.

Sir Kingsley Wood, answering Mr. Thurtle, said that up to May 11th 28 cases of small-pox in England and Wales had this year ended fatally. Of these, 21 were unvaccinated at the time of infection; 7 had been vaccinated in infancy. Of these latter the ages at the time of attack were 22, 23, 44, 50, 54, 58, and 62. He had no reason to doubt that all the cases were small-pox. Dr. Watts asked whether the types of cases in the last few months had been more virulent than for some time. Sir Kingsley Wood said he had seen a statement to that effect. Answering Mr. Harrison, Mr. Chamberlain said that in the fifty-two weeks ended April 2nd, 1927, 12,922 small-pox cases were notified in England and Wales. In the year ended March 31st, 1927, 32 deaths were classified as due to small-pox, and in another case small-pox was one of the causes of death. Mr. Harris asked whether some of the cases were not supposed to be chicken-pox. Mr. Chamberlain said some people would believe a case of small-pox to be anything but that. He added that he was obtaining full information on the number of local authorities in England and Wales who had no permanent buildings which could be used for dealing with an outbreak of small-pox. In due course this information would be published. Mr. Groves asked whether, as the small-pox cases removed from Hendon and Golders Green were originally reported as very mild, the Minister could throw light on the fatal result of half of them. Mr. Chamberlain did not know of such reports. He said the first case was relatively mild, but most of the others were severe. Mr. Groves asked whether the regional medical inspectors, when called in to diagnose cases of suspected small-pox, received a fee. Mr. Chamberlain replied that the question did not arise, as it was no part of the duties of regional medical officers of the Ministry to assist in such diagnoses.

On May 17th Sir Kingsley Wood stated that twenty persons contracted small-pox in the county of Durham in 1924. In 1925 there were 1,138 cases, and in 1926, 6,645. In reply to further questions, he said he could not state how many of the cases were children, how many had not been vaccinated, nor in how many instances the disease was originally contracted abroad.

**Sickness in the Royal Navy.**—Answering Sir Bertram Falle, Mr. Bridgeman said that in 1924 five cases were invalided from the navy for nephritis and one for stone in the kidney. Particulars of subsequent cases were not available. There had been an inquiry to determine whether distilled water was detrimental to health, but no evidence was available that it was a factor in the causation of disease. Distilled water produced in ships underwent considerable aeration before it was consumed. In a further answer to Sir B. Falle, Mr. Bridgeman said in 1924 20 boys, Royal Navy, were admitted to sick quarters and hospital for "rheumatism" and kindred complaints; in 1925 11, and in 1926 13. Such cases were kept under observation, and the figures did not show there was any increase. The medical department were diligent in the matter, and he understood it to be satisfied that there were no unusual circumstances causing this disability. Dr. Vernon Davies asked how many of these cases were invalided out with heart disease. Mr. Bridgeman asked for notice of the question. Mr. Groves asked the Minister of Health whether, in cases of infectious disease where there was uncertainty regarding the complaint and the medical officer was called in to decide, the patient's doctor or the medical officer received the notification fee. Mr. Chamberlain said that in such a case the medical officer of health would not be entitled to a notification fee, but if the patient's doctor notified the case he would receive the usual fee.

**The University of London Site.**—On May 17th the Financial Secretary to the Treasury stated that the University of London had arranged to purchase the Bloomsbury site from the Duke of Bedford, but he was informed that no contract had yet been signed. The Chancellor of the Exchequer had informed the House on November 9th last that he promised, in June, 1926, on behalf of His Majesty's Government, that they would be prepared, within certain financial limits, to ask Parliament to make provision for improved accommodation for the University, subject

to the Treasury approval of plans to be formulated by the Senate. No official intimation had yet reached the Treasury. He could only say that the amount which Parliament would be asked to provide towards the improved accommodation of the University would be approximately half the price paid by the Government for the Bloomsbury site, which was £425,000.

#### Notes in Brief.

In the administrative and higher grades of the Ministry of Health 223 men and 14 women are employed at headquarters.

Further legislation on the acquisition of playing fields by local authorities is not proposed.

The Minister of Health remarks that the installation of telephones at the residences of public health nurses is a matter for the consideration of the bodies by whom the nurses are employed.

Mr. Chamberlain told Mr. Thurtle that the reconsideration of his decision concerning the giving of birth control information at maternity centres would depend on an expression of opinion by Parliament.

The Minister of Health is not aware that any canned goods are imported into this country the sale of which is prohibited in the countries of origin because of the presence in them of preservatives or artificial colouring matter.

On January 1st, 1926, there were 1,439,810 persons in England and Wales in receipt of Poor Law relief, including lunatics in asylums, casuals, and persons receiving domiciliary medical relief only.

The further study, by the Industrial Fatigue Research Board, of the effect of atmospheric conditions on the working capacity of miners, and also on the accident rates in mines, is engaging the attention of the Secretary for Mines.

Colonel Lane-Fox says that he does not propose to introduce legislation making the provision of pit-head baths compulsory.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

At a congregation held on May 5th the degree of Doctor of Medicine (D.M.) was conferred on H. St. H. Vertue and C. F. T. East.

In convocation on May 10th a decree was promulgated accepting with gratitude the sum of £1,000 offered to the University by the widow and sisters of George Herbert Hunt, M.D., physician to Guy's Hospital, who died in January, 1926, for the establishment of a medical travelling scholarship in his memory.

### SCHORSTEIN RESEARCH FELLOWSHIP IN MEDICAL SCIENCE, 1927.

Provided that the decree promulgated on March 15th is approved by Congregation on May 10th, the Board of the Faculty of Medicine will make an election to the above fellowship in June if a candidate of sufficient merit presents himself. The Board has power, in special circumstances, to divide the fellowship into two studentships.

The fellowship, which will be of the annual value of £200, will be tenable for two years from October 10th in any of the medical departments at Oxford under such regulations as the Board may approve. Candidates must be graduate members of the University, holding a registrable medical qualification, and must be under 35 years of age on October 10th. Applications must be sent to the Dean of the Medical School, University Museum, not later than Thursday, May 19th. Each candidate must submit evidence of age, testimonials (three copies) or names of referees, together with a statement of his career, and of the department of medical science in which he proposes to research.

### UNIVERSITY OF CAMBRIDGE.

At a congregation held on May 7th the following medical degrees were conferred:

M.B., B.CHIR.—D. Riley.  
M.B.—H. L. Wilson.

### UNIVERSITY OF LONDON.

#### UNIVERSITY COLLEGE CENTENARY CELEBRATIONS.

THE celebration of the centenary of University College, London, will be inaugurated by the King and Queen, who will visit the College on the afternoon of Thursday, June 23rd; on the afternoon of the following day the Great Hall will be dedicated by Prince Arthur of Connaught, who will receive the delegates, by some of whom addresses will be presented. On Saturday the morning will be occupied by lectures and demonstrations, and in the afternoon there will be a garden party at Perivale, where are the hostel and sports ground of the College. On Monday evening, June 27th, a conversation will be held, and on the following Thursday afternoon there will be a special thanksgiving service at Westminster Abbey; in the evening of the same day the Right Hon. H. A. L. Fisher, who was President of the Board of Education when the Bloomsbury site was originally offered to the University and is now Warden of New College, Oxford, will give the Centenary Oration. On Friday, July 1st, the Master and Wardens of the Worshipful Company of Drapers will give a luncheon in their hall. A centenary play will be given on three evenings, and on Saturday, July 2nd, there will be a dance in the Great Hall. On each morning, with the exception of Thursday and Saturday, during the week ending July 2nd there will be lectures and demonstrations.

## VICTORIA UNIVERSITY OF MANCHESTER.

THE Dauntsey Medical Senior Scholarship has been awarded to W. W. Kay.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia of the Royal College of Physicians of London was held on May 12th.

*Fellowship.*

The gentlemen elected on April 28th (BRITISH MEDICAL JOURNAL, May 7th, p. 859) were admitted to the Fellowship.

*Junior Standing Counsel.*

The Registrar reported that Mr. C. Stafford Crossman had accepted the post of junior standing counsel to the College.

*Medical Science Abstracts and Reviews.*

A letter was read from the secretary of the Medical Research Council regretting the inability to resume the publication of *Medical Science Abstracts and Reviews*.

*Delegates.*

It was reported that Dr. S. W. Wheaton had consented to act as the delegate of the College to the third Imperial Social Hygiene Congress.

Dr. L. S. T. Burrell was appointed the delegate of the College to the thirteenth annual conference of the National Association for the Prevention of Tuberculosis.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council meeting was held on May 12th, when the President, Sir Berkeley Moynihan, Bt., was in the chair.

Diplomas of Fellowship were granted to Mr. George Frederick Gibberd and Mr. Arthur Joseph Wrigley, who have now complied with the regulations.

Mr. Cecil Fowler Beadles and Sir Henry John Gauvain were introduced and were admitted Fellows of the College.

Diplomas of Membership were granted to 163 candidates, of whom 28 were women.

A report from the Nomination Committee was received on the Primary Examination. It was decided that at present no alteration be made in the subjects of the Primary Examination for the Fellowship. The following recommendation of the Nomination Committee was adopted:

That it is desirable to send examiners to the Dominions to conduct a Primary Examination for the Fellowship of the same standard as the examination in this country on conditions to be hereafter determined, provided that satisfactory arrangements can be made.

The President reported that the new by-laws had been approved and signed by the Secretary of State for Home Affairs, the Lord Chancellor, and the Lord Chief Justice.

Mr. E. Miles Atkinson was presented with the Jacksonian prize for the year 1926, together with a document declaratory of the award.

Mr. Herbert Cecil Malleon, winner of the John Tomes prize for 1924-26, and Mr. Robert Gordon Wilboud, appointed Begley student, were also introduced.

*Jacksonian Prize.*

The subject selected for the Jacksonian prize for 1927 is "The pathology, diagnosis, and treatment of bronchiectasis and abscess of the lung." The amount of the dividend received from the trust is £19 10s. The dissertations for the prize must be delivered to the secretary at the College by 1 p.m. on Saturday, December 31st. As already announced the subject for the 1928 prize is "The surgical treatment of pulmonary tuberculosis," for which the dissertations must be received at the College by 1 p.m. on Monday, December 31st, 1928.

## Medical News.

A DISCUSSION on the function and distribution of haemoglobin and related substances in living organisms was opened at the meeting of the Royal Society on Thursday, May 12th, by Professor J. Barcroft, F.R.S., who reviewed the recent work on haemoglobin and related substances; he was followed by Dr. H. Hartridge, F.R.S., and Mr. F. J. W. Roughton, who dealt with the measurement of velocities of reaction of haemoglobin with other substances; by Dr. D. Keilin, on the cytochrome in animal and plant cells; by Mr. R. Hill, on the structure and preparation of haemoglobin and its chemical precursors; by Professor H. Munro Fox, on haemoglobin analogues in the blood of certain polychaete worms; and by Mr. J. B. S. Haldane, on the effect of carbon monoxide on plants and insects containing no haemoglobin. The discussion was brought to an end by Sir Frederick Hopkins, F.R.S., who stated some general conclusions.

THE Far Eastern Association of Tropical Medicine was instituted to serve as a means of co-ordinating the medical, dental, and veterinary professions of the countries of the Far East in the promotion of the science and art of tropical medicine and the instruction of public opinion in the prevention of disease. Congresses have already been held at

Manila (1910), Hong-Kong (1912), Saigon (1913), Java (1921), Singapore (1923), and Tokyo (1925). At the invitation of the Government of India the seventh congress will be held this year at Calcutta from December 5th to 22nd, when Major-General T. H. Symons, C.S.I., Director-General of the Indian Medical Service, will preside. Scientific sessions will be held at Calcutta during the first week of the congress, after which excursions will be made to some important cities and places of interest in India; in this way several provinces will be able to take part in the proceedings. The official languages of the congress will be English, French, and German. An exhibition of various manifestations of tropical disease is being prepared. Scientific papers from medical practitioners are invited; the titles should be sent as soon as possible to the general organizing secretary, Lieut.-Colonel J. Cunningham, I.M.S., at the Pasteur Institute of India, Kasauli, Punjab. It is requested that typewritten abstracts, not exceeding 1,000 words, may be supplied not later than the end of July, and that complete papers shall reach the secretary at least eight weeks before the beginning of the congress. Arrangements will be made to exhibit lantern slides and microscopic preparations. The fee for membership is £2.

FIELD-MARSHAL VISCOUNT ALLENBY will distribute the prizes at St. Mary's Hospital Medical School on Wednesday, June 8th, at 3 o'clock.

THE fourth annual congress of the Incorporated Association of Hospital Officers will commence at the Royal Horticultural Hall, Vincent Square, Westminster, S.W., on Friday, May 27th. The morning session opens at 10.30 a.m., and the afternoon session at 2 p.m. The chief subjects for discussion will be hospital policy with reference to the raising of funds and hospital planning and construction. The annual dinner will take place at the Hotel Cecil in the evening. Visits will be paid to London hospitals and other places of interest on Saturday, May 28th. A hospitals and institutions exhibition in connexion with the conference will be opened by Princess Arthur of Connaught on May 26th at noon, and will remain open on the two following days from noon till 8 p.m.

By invitation of Mr. Henry S. Wellcome the meeting of the Royal Anthropological Institute on May 24th will be a conversazione to be held at the Wellcome Historical Medical Museum, 54A, Wigmore Street, W., when Professor G. Elliot Smith, F.R.S., will give a brief discourse on the medical and magical aspects of the anthropological material in the museum, and Fellows will have an opportunity to inspect the collections.

AN address on Lord Lister and the romance of surgery will be given at University College by Mr. Raymond Johnson, F.R.C.S., consulting surgeon to University College Hospital, on Monday, May 23rd, at 5.30 p.m.

DR. J. STRICKLAND GOODALL will deliver the St. Cyres lecture at the National Hospital for Diseases of the Heart on Tuesday, May 31st, at 5 p.m. The subject of the lecture will be some general aspects of myocarditis. Tickets of admission can be obtained on application to the Secretary of the Hospital, Westmoreland Street, W.1.

THE annual meeting of the Lebanon Hospital for Mental Diseases was held on May 19th, at 3 p.m., at Friends' House, Euston Road, N.W.1. Dr. H. Watson Smith, director of the hospital, presented his report for the year. This hospital is situated at Asfuriyeh, near Beyrout, in Syria; it was founded in 1900 as an acute mental hospital for the peoples of Syria and Palestine. It is controlled by committees in London, Holland, Switzerland, and Philadelphia.

IN aid of King Edward's Hospital Fund for London the president of the Royal Astronomical Society (Rev. T. E. R. Phillips) will give a lantern lecture at the Polytechnic, Regent Street, London, on Friday, May 27th, at 8 p.m., on the total eclipse of the sun, which traverses part of northern England and Wales on June 29th. The charge for admission is 1s. 6d., but reserved seats can be obtained from the secretary of the Fund, 7, Walbrook, E.C.4, price 4s.

AT a meeting of the Society of Superintendents of Tuberculosis Institutions to be held at St. Thomas's Hospital to-day, Saturday, May 21st, at 2.30 p.m., Dr. G. T. Hebert will read a paper on interpretation of negatives in chest radiology.

THE annual dinner of the Harveian Society of London will be held at the Connaught Rooms, Great Queen Street, on Thursday, June 9th, at 7.30 p.m. Particulars may be obtained from the Honorary Secretary, 81, Cambridge Terrace, W.2.

THE Fellowship of Medicine announces that demonstrations will be given by Mr. J. Swift Joly at St. Peter's Hospital on May 25th, at 2 p.m., and on the same date by Mr. H. Neame, at the Royal London Ophthalmic Hospital, at 1 p.m. On May 26th, at 2.15 p.m., Dr. E. G. B. Calvert will give a clinical demonstration at the Royal Northern Hospital. These demonstrations are free to medical practitioners. From June 8th to 21st the Chelsea Hospital for Women staff



will undertake a special course in gynaecology, including operations, lectures, and demonstrations. A four weeks' afternoon course will be held at the Central London Ophthalmic Hospital from June 8th to July 2nd, and an operative course will be arranged if desired. From June 13th to 25th a course in diseases of children will be given at the Children's Clinic. Sessions will also be held at the Hospital for Diseases of the Heart, Bethlem Royal Hospital, Royal National Orthopaedic Hospital, the Royal Waterloo Hospital, and elsewhere. There will be an afternoon course in dermatology at the Hospital for Diseases of the Skin, Blackfriars, from June 20th to July 1st; on each Tuesday special cases of interest will be shown. From June 27th to July 9th the Victoria Park Hospital will provide a special course. The Fellowship of Medicine can arrange for practical courses in anaesthetics and obstetrics, and for clinical assistantships in gynaecology. The Fellowship provides also a general course of instruction at the associated hospitals. Copies of all syllabuses and of the *Post-Graduate Medical Journal* are obtainable from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

THE Dawson centenary gold medal for original medical research in British Guiana during the triennial period 1923-26 has been awarded to Dr. Basil Noel Victor Bailey for a thesis entitled "Some preliminary notes on Bright's disease in British Guiana."

At a recent meeting of the Section of the History of Medicine of the Royal Society of Medicine (*Proceedings*, March, 1927, p. 587) the President, Mr. W. G. Spencer, exhibited eighteen letters written by Edward Jenner to Alexander Marcet, physician to Guy's Hospital and one of the founders of the Medical and Chirurgical Society; they were presented to the library of the Royal Society of Medicine by Marcet's great-grandson, Dr. William Pasteur. Mr. Spencer said that the letters have an important bearing on Jenner's statements concerning the pox of domestic animals (cow, horse, and pig) and human small-pox, which have been confirmed by recent observers.

THE report presented to the annual meeting of the Hospital Saturday Fund for London on May 11th showed that notwithstanding the conditions prevailing in the industrial world throughout the greater part of last year the work of the fund was well maintained. The income of the general fund was £79,192, of which £77,037 was derived from collections and donations. In spite of the general strike, which had affected collections in business houses, workshops, and factories, the old position had been nearly regained at the end of the year. In an address on the institutional treatment of the sick, Sir H. Kingsley Wood, Parliamentary Secretary to the Ministry of Health, said that the Government was heartily in favour of maintaining the present voluntary system and was opposed to a State Medical Service. The voluntary system was regarded as one of the best features of the present health system. A striking example of the way in which the working classes had rallied to the support of the voluntary hospital system was shown in the provinces, where the contributions had increased from £841,000 in 1920 to £1,341,000 in 1925. The demand for surgical treatment in hospital had grown tremendously.

THE Duke of Northumberland, as president of the Royal Institution, has nominated the following members of the medical profession as vice-presidents for the ensuing year: Sir James Crichton-Browne, Dr. J. Mitchell Bruce, Sir Almroth Wright, and Sir Arthur Keith.

UNDER an arrangement made between the Metropolitan Asylums Board and the London County Council beds are now available at Queen Mary's Hospital, Carshalton, and Highwood Hospital, Brentwood, for the accommodation of children under 16 years of age suffering from acute rheumatic fever, subacute rheumatism, the later stages of acute rheumatism, rheumatic chorea, and rheumatic carditis, including recurrent attacks. Medical practitioners who desire to recommend patients for admission should communicate with the School Medical Officer, County Hall, S.E.1, giving particulars of the cases. The children must be resident in the county of London.

THE proceedings of the Section of Physics of the first International Congress of Radiology held in London in 1925 are published in the April issue of the *British Journal of Radiology* (Röntgen Society section). Copies, price 15s. net, postage 6d., can be obtained from Mr. Geoffrey Pearce, hon. treasurer, Röntgen Society, 33, Newton Street, London, W.C.2.

THE new number (vol. v, No. 1) of the *Journal of Helminthology*, published by the Institute of Agricultural Parasitology, of the London School of Hygiene and Tropical Medicine, is adorned by the reproduction of a photograph of a group of research workers in helminthology, taken last December; in the centre is Professor Leiper, F.R.S., who is the editor of the *Journal*. The first and longest paper in this

issue is on three new genera and some little known species of the nematode family, *Protostrongylidae*, Leiper, 1925, by Dr. T. W. M. Cameron. There is also a paper by Dr. Brade-Birks, lecturer in zoology at the Agricultural College, Wye, Kent, on some helminths parasitic on sheep and pigs in South-Eastern England. The supplement *Protozoology* has now reached its third number and affords further evidence of the diligence with which the department carries out its very special study.

THE International Labour Office has published five more pamphlets (Nos. 64 to 68) dealing with mouth and teeth (occupational affections); woollen manufacture; bleaching powder—chloride of lime; carbon dioxide—carbonic acid gas; and coal miners' diseases. They may be obtained from the London correspondent of the International Labour Office, 12, Victoria Street, S.W.1.

THERE were 16 cases of small-pox in Germany in 1924, 24 in 1925, and 7 in 1926. There were 746 cases of cerebrospinal fever with 331 deaths in 1926, as compared with 750 in 1925. Three cases of typhus were notified in 1926.

THERE were 2,015 fatal cases of influenza in Holland in January as compared with 180 in December, 1926.

THE Spanish monthly journal, *As Medica* of Barcelona, offers a first prize of 2,000 pesetas (£72) and two second prizes of 500 pesetas (£18) each for the best medical work written in Spanish sent in by October 1st. The competition is open to medical practitioners of all nationalities.

THE P.L.M. Railway has instituted a through coach from Calais providing 1st and 2nd class seats to Milan via Lausanne, Montreux, Pallanza, and Stresa. This service will begin on May 15th, and will be in connexion with the 11 o'clock service from Victoria. A through Pullman car from Boulogne to Vichy will also run on and after May 16th in connexion with the 9 a.m. service from Victoria. It will reach Vichy at 10.50 p.m.

## 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.

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 4737 Dublin), and of the Scottish Office, 6, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

## QUERIES AND ANSWERS.

### INCOME TAX.

#### *Appointment: Expense of Car.*

"D. F. S." is allowed by the county council under which he holds an appointment 7d. a mile for the use of his car. He uses it for private purposes also, and finds that the council allowance, after paying registration, garage, and insurance expenses, leaves very little for running costs and depreciation. Can he claim any deduction for income tax purposes?

\* \* He will have to show that the additional costs were incurred wholly, exclusively, and necessarily in the performance of the duties of his office; in substance this would amount to proof that the council mileage allowance was insufficient, and frankly we feel that his success in that would be unlikely. He is not entitled to charge the whole of the specified expenses to professional, as distinct from private, use, seeing that they are equally necessary for either.