

3. It is susceptible to toxic action even when the diet is not at fault, but more so when the diet is wrongly balanced.

4. When affected by toxins or ill-balanced diets it is so handicapped in its work as to be rendered physiologically subnormal and still more susceptible to toxic action.

5. It accordingly attempts a compensatory hypertrophy, sometimes succeeding, more often failing, and suffers from the usual effects of overstrain (that is, diffuse fibrosis), which induces a state of hypothyroidism (probably unregistrable by basal metabolic rate methods), of which the clinical signs may be so slight that they are only rendered apparent by the effects of thyroid therapy.

The last four paragraphs contain the gist of McCarrison's important paper (*Lancet*, April 30th, 1927, p. 916), in which he announced the origination of a new type of goitre in rats; by giving them diets resembling the average diet of Western nations he has caused serious changes to occur in their thyroid glands. Such an achievement may have widespread consequences, for human beings may be similarly affected. Need we wonder at so many women having unsymmetrical necks, and need we be surprised if thyroid therapy is found useful to a far-reaching degree?

This completes a short setting out of the basic principles which seem to underly this treatment. We have oxygen present in a form which may have great potentialities. Potassium is there to help the cellular interchange with a quickening of oxidative processes. Manganese, which is deficient in the modern human body, and which is indispensable for oxidation, is supplied in quantity and carries with it other necessary properties. Lastly, we have thyroid substance with all that it stands for to a generation which apparently is suffering from incipient hypothyroidism.

Here, then, is a formidable array of oxidizing agents, the combined action of which is likely to result in reinforced oxidative processes. This action might be compared to the fire on the domestic hearth, by substituting potassium for the paper, manganese for the wood, metabolites for the coal, and thyroid substance for the bellows. The potassium, or paper, sets up combustion; the manganese, or wood,

conveys the heat to the metabolites, or coal; if insufficient oxygen is present, or if the coal is of the foreign or "out-crop" quality familiar to all of us during the coal strike, the bellows, or thyroid substance, may be required before the whole of the material is consumed.

CONCLUSION.

It is the opinion of many who have used this treatment extensively—heightedened in the case of those who know what has been effected during the last two years in certain farms where domestic animals suffering from sepsis have been treated on like principles—that when these drugs are combined in their action oxidative processes are greatly increased, with the following effects, though not necessarily always in this sequence.

1. Rapid reduction of infective agents and of toxic products in the blood and tissues.

2. This is followed by a lessening of the load on the thyroid gland, which quickly, or slowly, returns to its normal action according to the degree of injury it may have received.

3. The continued administration of thyroid substance provides for any deficiency of supply of thyroxine when the gland is seriously injured.

4. A purer blood supply also eases the strain on the other internal secreting organs, and more normal secretions are prepared. Where hormones of good quality have been secreted, or where vitamins in good quantity have been ingested, only to be neutralized by toxic products in the blood, this waste is quickly lessened or ceases altogether.

5. By the removal of the condition of nerve-block, conceivably brought about by organic compounds just as selective in their action, perhaps, as are the drugs atropine, digitalis, and aconite, the delicate balance of the autonomic nervous system is restored in so far as degenerative changes will allow.

REFERENCES.

¹ Walbum and Morsh: *Ann. de l'Inst. Pasteur*, 37, 1923, 396. ² R. McCarrison: *Indian Med. Research Journ.*, January, 1927. ³ *Idem*: *Lancet*, April 30th, 1927, p. 916. ⁴ Bayliss: *Principles of General Physiology*, 1924, p. 585.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

PLACENTA PRAEVIA IN FOUR SUCCESSIVE PREGNANCIES.

THE following notes seem to be of sufficient interest to warrant publication.

In March, 1920, I was urgently summoned to an agricultural labourer's wife. I found that she was six months pregnant and had lost a large quantity of blood. She was very blanched, with a small, rapid pulse, and was very faint, but quite conscious. Examination showed a central placenta praevia with a lax os the size of a five-shilling piece. A little chloroform was at once administered, the hand put into the vagina, and in a couple of minutes the os was digitally expanded sufficiently to allow the edge of the placenta to be reached. The placenta was pushed aside, forceps put on, and the child delivered.

The next time I saw this woman was in response to an urgent summons in May, 1922. I found exactly the same state of affairs save that she was now seven months pregnant. I acted exactly as before, with the same result.

In April, 1925, there came another urgent summons; everything was as on the previous occasions save that she was eight months pregnant. I acted as before, and with the same result.

I next heard from her about the middle of November, 1927. She told me that she was expecting to be confined early in December, and asked if I would attend her; she had never troubled to engage me on the other occasions. I wrote saying that I would much prefer not to, and heard no more. On December 9th, however, I got an urgent message at 8 a.m. that she had lost a lot of blood, more than ever before. I went at once, and found her blanched and fainting; the os was about the size of half a crown. I plugged the vagina very tightly, put on a tight binder, and took her in my car to the maternity ward of the local hospital. She appeared to lose little after this, and two hours after admission I was able to do as on the three previous occasions.

The woman is now 40 years of age; her first placenta praevia was her tenth pregnancy. The durations of the

pregnancies were six, seven, eight, and nine months respectively; all the infants were dead. The question of performing a Caesarean section never really arose save perhaps in the last pregnancy, but if she again becomes pregnant, and information is given in time, section with removal of the uterus would probably be the best plan. I am aware that the classical method is to turn and bring down a leg, but in this woman's case, and in that of two other multiparae with central placenta praevia who were unconscious when first seen, and in whom the placenta was torn through centrally and the forceps applied, it appeared to me that less blood would be lost by the method used than if turning were performed.

I realize that I have been very fortunate in not having to deal with severe haemorrhage with an undilated os.

T. MACCARTHY, M.R.C.S., L.R.C.P.

Sherborne, Dorset.

THE FORGOTTEN SWAB.

THE subject of this note is the first surgeon's swab as the second surgeon sees it. Case I gives an excellent example of the powers of the body in walling off a foreign body in the abdomen. Case II is perhaps unique, and I should be interested to hear if a similar case has been reported.

CASE I.

A married woman, aged 34, was admitted to hospital in May, 1926. Three days before admission she was seized with sudden acute pain in the lower part of the back, and a diagnosis of acute lumbago was made. She had been operated on in Calcutta a year previously for a ruptured ectopic gestation. There was no other history of note. On examination there was found a fixed, fluctuant, tender swelling arising out of the pelvis; per vaginam the same swelling could be felt and its fixity and fluid nature could more easily be demonstrated.

Operation.—The abdomen was opened by a right paramedian incision below the umbilicus, and a cyst the size of a grape fruit was found fixed in the pelvis; it extended upwards and was

attached to the promontory of the sacrum and fifth lumbar vertebra. The swelling was covered anteriorly by adherent omentum. The omentum was divided at the upper limit, and it was then seen that the lower aspect of the cyst was adherent to the upper surface of the bladder, and that two coils of small intestine were lying parallel across and adherent to the upper surface of the cyst. These adherent viscera were carefully stripped off and the cyst was then separated from its adhesion posteriorly to the peritoneum covering the posterior abdominal wall. The cyst was removed intact. The pelvis was drained and the wound closed after considerable difficulty in dealing with oozing from the bare areas of separated viscera. On opening the cyst it was found to be filled with thick yellow pus, and floating free was a large gauze swab measuring 8 by 6 inches. There was a perfect fibrous wall to the cyst. The patient made an uninterrupted recovery.

CASE II.

A man, aged 27, admitted in December, 1927, had been kicked in the abdomen four years previously while playing football, and was operated on the same day in a hospital in the North of England for a ruptured spleen. For four days previous to admission to this hospital he had recurring attacks of colic, becoming more severe and associated with vomiting of increasing severity and frequency. On examination there was tenderness below and to the left of the umbilicus, and an indefinite soft mass was felt. During an attack of colic visible peristalsis was present. He vomited dark brown, foul-smelling fluid once after admission. There was no distension, but a small amount of free fluid in the abdomen. The diagnosis of a high obstruction in the jejunum was made, and he was operated on the same evening.

Operation.—A left paramedian incision below the umbilicus disclosed free clear fluid in the peritoneal cavity. Lying among coils of collapsed small intestine was a dusky red dilated coil of jejunum; this was delivered and found to contain a foreign body extending 6 inches along its lumen, and movable up and down the lumen. The loop was traced upwards for 9 inches and there found to be adherent over a considerable area to a fibrous nodular mass in the left hypochondrium. The intestine was incised and the foreign body removed; it was found to be a rolled-up gauze swab several layers thick, and when spread out measured 12 by 8 inches. The intestine was sutured and the wound closed. Recovery has been uninterrupted.

Presumably the mass in the left hypochondrium was inflammatory in nature, and was the former site of the swab, which had ulcerated through into a coil of small intestine forming part of the wall of the cavity walling it off. The swab had then been gradually drawn into the lumen by peristalsis and eventually rolled up till it was of sufficient diameter to cause symptoms of obstruction.

In conclusion it is interesting to note:

1. Both operations were acute emergencies.
2. Both swabs were very large.
3. Neither of the swabs was provided with a tape.
4. There may be a great deal in favour of the method of incorporating in every swab a small disc of lead, and a routine x-ray examination of every abdomen before the patient's discharge.
5. It is conceivable in the case of a small swab that the patient may be fortunate enough to pass it per anum.

H. ROLAND SEGAR, M.B., Ch.B.,
Medical Superintendent, Wellhouse Hospital,
Barnet.

A LUBRICANT FOR APPLYING ZINC IONIZATION TO THE MALE URETHRA.

In the treatment of certain non-specific forms of anterior urethritis we were confronted with the difficulty of finding a suitable lubricant (without which the electrode cannot be introduced) which would not impede the passage of the current or the zinc ions from the positive zinc intraurethral electrode to the urethral mucous membrane.

Experiment by one of us (B. B. S.) showed that liquid paraffin and vegetable oils, such as olive oil, did not conduct. Trial with a lubricant of glycerin and mucilage of gum tragacanth with phenol 3 per cent. as a preservative demonstrated that a strong current was required to overcome the resistance. Therefore one of us (C. F. O. W.) tried the conducting powers of each of the constituents of the above lubricant.

Taking a 1 per cent. solution of sodium chloride as a standard, and with the indicator of the instrument at a fixed mark, the galvanometer recorded 10 milliamps. With the original lubricant only 4 milliamps was recorded; with the gum tragacanth mucilage 6 milliamps; with the phenol 3 per cent. solution 8 milliamps; with the glycerin no current at all passed. The glycerin was therefore omitted, and 1 per cent. zinc sulphate added so that the zinc ion in

the lubricant would add to the germicidal action, the final composition being:

Phenol	...	...	...	3% (gr. 131)
Gum tragacanth	...	...	...	2.5% (1/4 oz.)
Zinc sulphate	...	...	...	1%
Aqua destillata	...	...	ad 100	(10 oz.)

This lubricant proved satisfactory, and it was found that the galvanometer now recorded 8 milliamps passing through the solution, and we consider that with this solution no buffer action can take place.

We are indebted to Mr. Randolph, dispenser at the Royal Northern Hospital, for preparing the various trial substances and the final solution selected.

C. F. ORR WHITE, M.R.C.S., L.R.C.P.,
Medical Officer in charge of Physiotherapeutics,
B. BUCKLEY SHARP, M.B., B.S.,
Assistant, Venereal Diseases Department,
Royal Northern Hospital, London.

Reports of Societies.

PULMONARY AND GASTRO-INTESTINAL SEQUELS OF NASO-ORAL SEPSIS.

THE Sections of Laryngology, Medicine, and Odontology of the Royal Society of Medicine held a joint discussion on January 11th, with Mr. HAROLD BALMER, president of the first-named Section, in the chair, the subject being the influence of naso-oral sepsis on the lungs and gastro-intestinal tract.

Mr. EDWARD D. D. DAVIS, who opened for the Section of Laryngology, said that nasal sepsis could influence the lungs or lower respiratory tract: (1) by direct extension of the inflammation to the larynx, trachea, and bronchi, or infection through the blood and lymphatic streams; (2) by aggravating or increasing an existing pulmonary lesion; and (3) by being part of a general infection in which both the upper and the lower respiratory tract were involved. In 100 of his cases of nasal sinus suppuration the infection was confined to the nose in 90; the other patients had bronchitis, asthma, lung abscess, bronchiectasis, or a gastro-intestinal condition. Of 474 cases of definite pulmonary tuberculosis which he had examined as laryngologist at Mount Vernon Hospital he had found to his surprise that only five showed nasal sinus suppuration. A chronic nasal sinus suppuration should be regarded, he thought, as a potential chest case, and general measures similar to those for tuberculosis should be added to local treatment of the nose. Cases of gastro-intestinal infection arising from the nose had been rare in his experience. This was all the more surprising when it was remembered what large quantities of purulent discharge from the nose were constantly being swallowed, yet these patients did not complain of sickness, gastric pain, diarrhoea, or symptoms arising from infection of the gastro-intestinal tract. Loss of appetite and general malaise in such patients were considered to be due to the toxic effects of the suppuration. But cases of duodenal or gastric ulcer had been known to coexist with nasal sinus suppuration, and a marked improvement in the symptoms had resulted after treatment of the nose.

Mr. C. A. S. RIDOUT quoted cases of children with general debility and bronchial signs, but no tubercle bacilli were found; these patients invariably had enlarged and obviously infected tonsils and adenoids, generally marked dental caries, and very often definite infection of the antra of Highmore. The cases illustrated the need that every tuberculosis clinic should have a consultant laryngologist and otologist. The same necessity for team work was shown in regard to the relation of gastric ulcer to nasal and oral sepsis. The speaker had constantly noticed the association of oral sepsis with gastric conditions such as ulcer and carcinoma, and more especially pharyngeal and oesophageal carcinoma. It would seem that a preliminary condition, the result of naso-oral sepsis, preceded the establishment of gastric or duodenal ulcer, innocent or malignant, and the aid of the laryngologist might be all-important. Many patients complained of vague gastric discomfort, dyspepsia, and general malaise,

Why don't they collect more data to work on? I hate notifying anything, but cancer should be notifiable, not with the idea of preventing infection, but in order to collect statistics about the lives of cancer patients. It should be an elaborate form of notification, recording everything medically worth knowing about these people—what diseases they have suffered from, age of parents when married, and size of family.

It would be much more worth while doing this than trying to keep records of all one's insured patients, and writing in their record cards "cough," "cough," and "cough." Records of the life-history of cancer subjects might throw some light on the etiology of cancer, or at least on its relation to other diseases and circumstances of life.—I am, etc.,

Bingham, Jan. 4th.

E. GRANGER.

Medico-Legal.

CHLOROFORM FOR CONVULSIONS.

NEWSPAPER reports of a recent inquest in the Birmingham area, concerning the death of a child aged 3 years, leave a rather disquieting impression. There was nothing noteworthy about the case. The child, it appears, had severe convulsions, and the father fetched a medical man, who found the patient stiff and insensible and ordered a mustard bath, but this had no effect. The doctor then, after auscultating the child's heart, administered chloroform by the drop method on a piece of linen. After a time the breathing became quieter and began to fail. The doctor then tried artificial respiration and massaged the heart, pursuing his efforts, but without success, for something like an hour and a half. The father made no suggestion of any improper treatment; indeed, he declared himself satisfied that the doctor did everything in his power to save the child. Medical evidence was given by the local practitioner who performed the necropsy, and by his partner who assisted him. The first of these two witnesses thought that the cause of death was heart failure due to the inhalation of chloroform; the second concurred, and added that, in his opinion, the child had not had an overdose of chloroform, but had probably died in the early stages of the anaesthetic. Each of these witnesses was questioned by the coroner regarding the propriety of administering chloroform for severe infantile convulsions. The first said that this treatment was given in the medical textbooks. He used to employ the method himself, but had abandoned it because of an alarming experience he once had. The method of administering the chloroform in this case, as described by the child's father, seemed to him a proper one. Answering the medical man whose treatment was in question, he agreed that Dr. Still said that the administration of an anaesthetic was a proper treatment for convulsions. The other doctor, asked by the coroner if a child having a violent attack of convulsions was a fit and proper subject for an anaesthetic, replied that there was a difference of opinion among doctors. His own view was that it was not wise to do so, and he would not do it himself. The coroner, having thus led on two medical men to criticize the treatment given by one of their colleagues, went a little further in the course of his summing up, for he balanced their opinion—that it is unwise to give chloroform to a child in convulsions—against the other view generally taught in the textbooks and put into practice by doctors called upon to deal with these emergencies. He then delivered judgement on this point of therapeutics as follows: "The case has shown, I think, that it is not wise for a medical man to give chloroform to a child in a convulsed condition." He suggested, however, that the jury ought to hesitate before deciding that any blame attached to the doctor, and the jury, after a few minutes' deliberation, returned a verdict in accordance with the medical evidence, adding that the anaesthetic, in their opinion, was skilfully and properly administered. It seems to us, with all respect to the coroner, that an inquest is not an appropriate setting for the discussion of a medical question such as this, and that, having elicited from two medical witnesses that they disagreed with the generally accepted view, he should have refrained from indicating to the jury that in his opinion they were right and their brother practitioner wrong. The matter is one rather for debate in a medical society or in the columns of a medical journal.

Obituary.

DR. FREDERICK GORDON BROWN, who practised in the City of London for many years, died at Chigwell, Essex, on January 15th, at the advanced age of 85. He was the son of the late Dr. Thomas Brown, who practised in Wormwood Street, and was born in the city, being educated at Merchant Taylors' School and St. Thomas's Hospital. In 1863 he obtained the diplomas L.S.A., M.R.C.S., and L.M. For more than fifty-two years he was a medical officer of the City of London Union, and for over twenty-eight years was surgeon to the City of London Police. He retired in September, 1914, but acted for various younger men during the war in order to release them for war service. He was for some time medical officer in charge of the 7th Royal Fusiliers. Dr. Gordon Brown was a prominent Freemason, being a Past Grand Officer of the Grand Lodge of England. He was also the senior Past Master of the Society of Apothecaries of London, and a former president of the Hunterian Society.

DR. ALEXANDER CAMERON MILLER, who died suddenly on December 31st, 1927, at the age of 66, was born at Fort William and received his medical education at Edinburgh, where he graduated M.B., C.M. in 1883, and proceeded M.D. with honours in 1888. After holding appointments at Banff as assistant visiting surgeon to the Chalmers Hospital, and assistant physician to the Banff Dispensary, he commenced practice in Fort William, and soon won high esteem. He was consulting physician to the Inverness-shire Sanatorium, surgeon to the Belford Hospital, and a member of the Highlands and Islands Consultative Council of the Scottish Board of Health. He was also medical officer of health for the Ardgour and Kingairloch, Fort William Burgh and Kilmallie District, parochial medical officer and vaccinator for Kilmallie, Ardgour, and Kilmorivag, medical referee under the Workmen's Compensation and Teachers' Superannuation Acts, medical officer to the Post Office, and certifying factory surgeon. He held the commission of lieutenant-colonel R.A.M.C.(T.), and had received the Territorial Decoration. During the war he was chairman of the district medical board. He was a Fellow of the Royal Society of Edinburgh and of the Society of Antiquaries of Scotland; he was also a justice of the peace. He took great interest in Freemasonry, and at a recent meeting of the Brethren of Lodge Fort William No. 43 was presented with a Past Master's jewel on vacating the chair. Dr. Miller was a member of the Inverness Division of the British Medical Association.

Universities and Colleges.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examination indicated:

D.P.H.—V. H. Atkinson, Annie T. Deane, Sybil O. Edwards, A. N. Malhotra.

UNIVERSITY OF MANCHESTER.

PROFESSOR J. S. B. STOPFORD, M.D., has been appointed Pro-Vice-Chancellor in succession to Professor A. S. Peake.

UNIVERSITY OF SHEFFIELD.

THE following candidates have been approved at the examination indicated:

M.D.—Marion Hirst.

FINAL M.B., CH.B.—(Part II): H. Brookes, A. O. Flint, P. B. Lee-Potter, V. E. A. Marwood. (Part I): W. Alcock, Doris Butler, Dorothy Colver, E. D. Dewar, T. E. Gumpert, K. J. G. Milne (with distinction in Public Health), T. K. Owen, G. B. Thomas, W. A. Timperley, Joan J. J. Wallace.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council meeting was held on January 12th, when the President, Sir Berkeley Moynihan, was in the chair.

Congratulations were given to Sir Percy Sargent and Sir Frederic Hallett on having received the honour of knighthood from His Majesty.

Diplomas.

Diplomas of Membership were granted to six candidates who have now complied with the regulations.

Diplomas were granted, jointly with the Royal College of Physicians, in Psychological Medicine to nine candidates, in Laryngology and Otology to sixteen candidates.

A report was read from the Board of Examiners in Anatomy and Physiology for the Fellowship stating that at the examination concluded on December 17th, 1927, 169 candidates were examined, of whom 51 were approved and 118 rejected.

A report on the proposal to hold Primary Fellowship examinations in Canada was discussed and postponed for further consideration.

A vote of thanks was given to Dr. N. A. Dyce Sharp, M.R.C.S., late medical officer in the British Cameroons, for a gift of 40 skulls of gorillas, 20 of chimpanzees, and 12 of baboons. A vote of thanks was also given to Mr. Arthur Cheate and Mr. V. E. Negus for the gift of a copy of their model of the right and left labyrinths, the model being based on investigations carried out in the Museum laboratories by Mr. Negus.

Presentation.

The offer of Mr. Lawrence Pick, M.R.C.S., to present to the College a portrait of his father, the late Mr. T. Pickering Pick, Vice-President of the College in 1895 and 1898, painted by the late Phil Morris and hung in the Royal Academy exhibition of 1895, was accepted with thanks.

John Hunter Bicentenary.

The President reported that the Hunterian Oration would be delivered by Sir H. J. Waring at 4 p.m. on February 14th; that the Festival dinner would be arranged for 8 p.m. on that day; that on February 16th there would be a reception in the College from 3 to 5 p.m., followed by the Thomas Vicary Lecture by Dr. G. C. Peachey at 5 p.m. on "The homes of Hunter"; that a special display of Hunterian specimens would be arranged by Sir Arthur Keith, and that Hunterian relics would be shown by Mr. Victor Plarr, the Librarian.

The Services.

TERRITORIAL DECORATION.

THE KING has conferred the Territorial Decoration upon the following officers of the R.A.M.C.T.: Major E. L. Paton (ret.) and Major F. R. Humphreys (ret.).

GREENWICH HOSPITAL PENSION.

SURGEON CAPTAIN H. E. SOUTH, R.N. (ret.), has been awarded the Greenwich Hospital pension of £50 a year, in the vacancy caused by the death of Fleet Surgeon S. Keays, R.N. (ret.).

Medical News.

THE festival dinner of the Royal National Orthopaedic Hospital will be held at the Mansion House, on the invitation of the Lord Mayor, on Monday, January 30th, at 8 p.m., when H.R.H. Prince Henry will preside.

THE Industrial Welfare Society will hold a conference on accident prevention at the Hotel Metropole, London, on January 27th, when papers will be read on "Accident prevention—works discipline and co-operation," and "The competitive spirit in accident prevention." After lunch a visit will be paid to the Home Office Industrial Museum.

A PROVINCIAL meeting of the Maternity and Child Welfare Group of the Society of Medical Officers of Health will be held in Edinburgh, from January 26th to 28th inclusive. Papers will be read on the food requirements of infants, some types of persisting cough in young children, some common surgical conditions in early childhood, ammoniacal dermatitis as a cause of dysuria in infants, chemical investigations upon the blood of rachitic infants exposed to ultra-violet rays, and the value of measuring infants at a welfare centre. There will also be clinical meetings and a lecture-demonstration on congenital syphilis. Further information may be obtained from Dr. Margaret Emslie, 22, Wimpole Street, W.1.

DR. W. A. POTTS will lecture for the Fellowship of Medicine on January 23rd, at 5 o'clock, at the house of the Medical Society of London, 11, Chandos Street, on mental defect and its importance to the community. On the same date Mr. MacCallan will give a clinical demonstration at 3 p.m. at the Royal Eye Hospital, Southwark, and Mr. Mortimer Woolf will give a general surgical demonstration at Queen Mary's Hospital, Stratford, E.15, at 2 p.m.; on January 26th, at 1.30 p.m., Sir Thomas Horder will demonstrate at St. Bartholomew's Hospital. The lecture and demonstrations are free to medical practitioners. The remaining six lecture-demonstrations on psychological medicine at the Bethlem Royal Hospital will be given on Tuesdays and Saturdays at 11 a.m. On February 6th a four weeks' course in venereal diseases will begin at the London Lock Hospital, and consist of clinical instruction in the out-patient department; formal lectures will be delivered if there is an entry of six. The London School of Dermatology (St. John's Hospital) will hold a four weeks' course from

January 30th to February 25th comprising clinical instruction in the out-patient department throughout the week, and lectures on Tuesdays and Thursdays at 5 p.m.; practical pathological demonstrations can be arranged if desired. There will be a combined children's course from February 6th to 18th at the Paddington Green Hospital and the Victoria Hospital for Children, with morning and afternoon sessions. From February 20th to March 3rd an all-day course will be given at the Queen Mary's Hospital, Stratford, E., in medicine, surgery, and the specialties. An eight weeks' course will be held from January 30th to March 23rd at the National Hospital, Queen Square, in neurology, anatomy, and physiology of the nervous system, and demonstrations of pathology and of methods of clinical diagnosis. Syllabuses, tickets, and copies of the *Post-graduate Medical Journal* may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

THE Royal Sanitary Institute has arranged a course of lectures and demonstrations for smoke inspectors, commencing on January 30th, and including the regulations for the emission or prevention of smoke, the chemical and physical processes concerned, and the possibilities of smoke prevention. Visits will be paid to various works and institutions, and examinations will be held during 1928 in London, Newcastle, Manchester, Birmingham, and elsewhere. Similar courses and examinations are provided for meat and food inspectors.

THE winter exhibition of the Royal Academy of Arts, which opened to the public on January 12th, consists of the works of recently deceased academicians and associates, and also of the sixty-three Old Masters recently bequeathed to the nation by Lord Iveagh, which are to be kept permanently at Kenwood, Hampstead. It is a very fine collection and contains good examples of the work of Rembrandt, Van Dyck, Reynolds, Gainsborough, Romney, Turner, and many other celebrated painters. The greater part of the exhibition consists of works by Sir Luke Fildes, Mark Fisher, Ambrose McEvoy, John William North, Frederic Cayley Robinson, Sir J. J. Shannon, and Solomon J. Solomon. McEvoy is represented by a large number of paintings, and of this comprehensive collection of his works the portraits of women are the most successful, his gift for graceful lines and his characteristic lighting being more adapted to the portrayal of women. Medical visitors will be interested in the painting by Solomon J. Solomon of a dinner party at the house of Ernest Hart, sometime Editor of the *BRITISH MEDICAL JOURNAL*, in which the guests, all of them distinguished physicians or surgeons, are drinking the health of their host. Their names are Sir William Broadbent, Sir Anderson Critchett, Sir Victor Horsley, Sir Lauder Brunton, Sir Joseph Fayrer, Sir Spencer Wells, Sir Henry Thompson, Sir James Paget, and Sir Richard Quain. The picture was exhibited at the Royal Academy in 1893. There are also portraits, by Luke Fildes, of Sir Frederick Treves and Dr. Thomas Buzzard, father of the new regius professor at Oxford.

AUTHORITY has now been given by the Home Office for the provision on British steam fishing vessels of a preparation of cocaine in castor oil with mercuric chloride for the purpose of first-aid treatment in cases of injury to the eye, subject to certain conditions. The previous authority to keep a supply of a compound tincture of chloroform and morphine and of tincture of opium is revoked.

THE December issue of the *Kenya and East African Medical Journal* contains an article by Mr. C. B. Symes, entomologist to the medical department in Kenya, on a simple method of differentiating the anopheline mosquitos, both in their adult and larval forms, with a view to assisting medical officers engaged in malaria prevention.

THE *Gazette des Hôpitaux*, founded by Fabre of Marseilles in 1828, has recently issued a centenary number, with portraits of the founder and the present editorial staff.

WE have received a copy of the first issue, dated October 15th, 1927, of a new fortnightly periodical entitled *Bibliographia Medica Chirurgica*, and published at Madrid under the editorship of Dr. Leon Cardenal y Pujals, professor of surgical pathology and director of the Clinical Hospital of the faculty of medicine at Madrid. In addition to short papers and medical news the issue consists of abstracts from the current literature of all departments of medicine and surgery, arranged according to an ingenious plan by which abstracts can be filed according to their subject.

IT is announced that a gift of approximately £39,000 has been made to the Johns Hopkins University and Hospital at Baltimore to endow a five years' investigation into the causes and possible cure of the common cold.

PROFESSOR BERGMARK has contributed to the *Acta Medica Scandinavica* for December 31st, 1927, a memoir, in French, of Professor Karl Petré, who died last October. An obituary notice of Professor Petré appeared in our issue of December 24th (p. 1210).

A RESEARCH institute for psychiatry, consisting of serological, genealogical, chemical, histological, anatomical, and psychological departments, for which the funds have been provided by the Rockefeller Foundation, will be opened at Munich next May.

THE Congress of the German Society of Internal Medicine will be held at Wiesbaden under the presidency of Professor L. R. Müller from April 16th to 19th, when the following subjects will be discussed: the influence of cancer on metabolism, introduced by Drs. Warburg of Berlin, Gräfe of Würzburg, and Sack of Heidelberg; and chronic splenomegalies, introduced by Drs. Hueck of Leipzig, Naegeli of Zürich, and Lubarsch of Berlin.

In the French journal *Le Temps* for December 24th, 1927, there is an account of the prosecution of a masseur for having employed ultra-violet rays in treatment. It was held by the court that this procedure was liable to give rise to complications, and was dangerous except in the hands of medical practitioners. A fine accordingly was inflicted on the masseur.

THE following appointments have recently been made in the German faculties of medicine: Dr. Friedrich Pietrusky of Breslau, professor of medical jurisprudence at Halle; Dr. Victor Freiherr von Weizsäcker, professor of internal medicine at Heidelberg; Dr. Georg August Wagner of Prague, professor of obstetrics and gynaecology at Berlin; Dr. Georg B. Gruber of Innsbruck, professor of pathology at Göttingen.

THE King has conferred the rank of Honorary Knight Commander of the Order of St. Michael and St. George upon Dr. Aldo Castellani, C.M.G., Director of Tropical Medicine at the Ross Institute, Putney Heath.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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The **TELEPHONE NUMBERS** of the British Medical Association and the **BRITISH MEDICAL JOURNAL** are *MUSEUM* 9861, 9862, 9863, and 9864 (internal exchange, four lines).

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QUERIES AND ANSWERS.

HIRSUTIES.

"A. M. V." would be glad to hear of any method of treatment, glandular or otherwise, of general hirsuties in a girl, aged 25, who is in other respects normal.

TREATMENT OF ULCERS OF THE MOUTH.

"X. Y. Z." asks for suggestions for the treatment of small ulcers of the mouth and tongue, from which he has suffered at intervals for some years. He states that he is a non-smoker and an abstainer, and often uses a mouth wash. He has no obvious foci of sepsis, but continues to suffer from these small ulcerations, and has some glandular pain at times. His age is 27.

PAINLESS NATURAL LABOUR.

DR. A. BURN (Crawley, Sussex) asks if such a case as the following is a very rare event. He was called to a primipara, aged 29, at 9 p.m., as the membranes had ruptured, and found that the os admitted a finger. There had been no pains, and as apparently all was quiescent, both the nurse and patient went to bed. At 5.30 a.m., after only a little straining, which was not all painful, a 7½ lb. female child was born, to the intense surprise of patient and nurse. The patient stated that, apart from restlessness, which prevented her sleeping, and a dull ache in the groins, which lasted an hour or so, she had no pain whatsoever.

INCOME TAX.

"Loco No. 2" refers to our reply to "Loco" in our issue of November 12th last, and explains that his local inspector has refused to allow the deduction of agent's commissions on the ground that the expense is incurred before going to the place of professional duty. He is assessed under Schedule D.

"* * We think that the inspector's view is based on the assumption that "Loco No. 2's" professional activities are discontinuous and can properly be dealt with separately. A more correct view, in our opinion, is that he is continually carrying on his profession in a particular way, and that the expense is incurred because of the manner in which he exercises his profession, and is not anterior or exterior to its exercise. The true analogy is not with some agency for obtaining employment, but rather with an agent arranging various engagements for, say, a concert singer. The fact that the assessment is made under Schedule D, and not under Schedule E, shows that the earnings are treated as those of a profession and not as those of an employment. We are not aware of any case on the point under Schedule D; our correspondent might ask the inspector to quote one in support of his contention, especially as the equity is with the taxpayer in this case."

LETTERS, NOTES, ETC.

HERPES ZOSTER AND VARICELLA.

DR. ALETHEA J. EAMES (Wrexham) writes to record one more instance of the association of herpes zoster and varicella. On November 29th, 1927, she was consulted by a man, aged 22, on account of a profuse eruption of herpes zoster involving the distribution of the first three lumbar cutaneous nerves on the right side, and extending almost to the mid-line of the body. The pain was not severe, and was easily controlled by the internal administration of sodium salicylate and the application of calamine powder. On December 13th the patient's sister, aged 18, developed a typical attack of chicken-pox, with vesicles of varying size over the whole body, a temperature of 102°, which fell to normal two days later, and a coated tongue. The girl had not been away from home, had seen no visitors, and there had been no other case of chicken-pox in that district. Dr. Eames has twice before had similar experiences, the most recent being three years ago, when the first patient was a school-boy with herpes zoster of the left temporal region, followed just over a fortnight later by chicken-pox in a brother and sister. Dr. Eames believes that there are two distinct forms of herpes zoster, one as described previously, and the other occurring in elderly persons, with less eruption but far more pain, which requires morphine; the second variety is not followed by chicken-pox in contacts.

AN EGG-CUP IN THE RECTUM.

DR. HILDRED CARLILL (London, W.) writes with reference to Mr. A. Hopkins's note on a novel haemostat in our last issue (p. 52): I recall clearly a night some twenty years ago at Guy's spent in the piecemeal removal of a china egg-cup of ordinary size from a rectum in which it was lodged intact. The concavity presented and was just in reach of the finger. The lady had not used it as a haemostat. I fancy that she was a little drunk and came up to say that she had lost an egg-cup. When we found it for her she said that she must have sat on it. Mr. S. W. Daw of Leeds will recollect the incident.

TREATMENT OF PROSTATIC ENLARGEMENT.

"GENERAL PRACTITIONER" (Dublin) refers to the numerous letters published in the **JOURNAL** during the last few months on the surgical treatment of prostatic enlargement, and suggests that it would be both interesting and instructive to have the opinions of radiologists, physicians, and general practitioners on other than surgical procedures. He adds that he has noted definite improvement follow ordinary x-ray treatment and also the administration of prostatic gland substance.

THERAPEUTIC INJECTIONS OF DISTILLED WATER.

DR. G. ARBOUR STEPHENS (Swansea), referring to the use of therapeutic injections of distilled water (*Epitome*, December 3rd, 1927, para. 523), states that in the *Dublin Journal of Medical Science* for April, 1926, there was an article dealing with the therapeutics of distilled water, a subject discussed by Dr. Arbour Stephens himself in the **BRITISH MEDICAL JOURNAL**, 1913, 1, p. 706.

A DISCLAIMER.

DR. S. BALLANTINE (Leicester) writes to disclaim all responsibility for the publication of his name in a death notice. He has protested to the management of the daily paper concerned.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 40, 41, 44, and 45 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 42 and 43.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 23.