

and rarely larger than a filbert. There is never any evidence of peritoneal thickening or adhesion over these glands, as is so common in tubercle, nor are there visible the whitish or yellowish patches of that disease. The glands are semitranslucent, fawnish or grey, never white; there is never caseation or suppuration. The total number of nodes is not greatly increased, as is so characteristic of tuberculosis, nor is there dense periadenitis. On section the glands are homogeneous and firm: in acute cases they are oedematous and exude fluid, and show microscopically all the signs of acute inflammation; in chronic cases there is simple hyperplasia. Culture in two acute cases gave a growth of *B. coli*; in many, however, it was negative. All cases easily pronounced non-tuberculous on the above appearances were confirmed microscopically.

The bowel was carefully inspected in all cases, but in none was there any external evidence of ulceration, inflammation, or hyperplasia of submucous lymph nodes. In one case with intense glandular swelling the terminal two inches of the ileum and the caecum were intensely and uniformly glistening and rubbery, with the appearance seen after reduction of an intussusception—the condition was clearly one of lymphatic obstruction, and a result, not a cause, of the glandular disease. In general there is no gross appendicular disease (and it may be stated that manifest appendicular infection—for example, suppuration—is not associated with such glandular swelling as here described). Very constantly, however, there is a diffused, swollen, succulent condition of the mucosa, slight polymorphonuclear infiltration, and lymphoid hyperplasia, at times considerable. Other abnormalities—oxyurides, soft faeces, submucous fibrosis—were fairly common, but did not appear relevant.

PATHOGENESIS.

Once again it must be insisted that this disease is not tuberculous, and occurs chiefly in a very distinct type of patient, whose mucosae offer but poor resistance to the passage of bacteria and in whom exacerbations of infection are apt to precipitate attacks of acidosis. That the incidence is chiefly on the ileo-colic glands would suggest the altered nature of the bowel content in this region as a determining factor. No confirmation of a catarrhal disease of the caecum was obtained by microscopy of a small portion of this excised with the appendix. There is, however, another possibility: it is commonly said that lymphoid tissue, wherever found, is defensive, a barrier to infection; applied to submucous nodes, such a view is certainly open to the gravest objections, the structure of some such masses in particular giving the impression of being designed to favour the entrance of bacteria into the system. The appendix, by its structure, invites infection, and by its nature causes stasis and enhancement of bacterial virulence. In a large proportion of cases, but admittedly not all, treated by appendicectomy there has been not only cure of the symptoms but also a considerable improvement in general health. Treatment by intestinal antiseptics has been quite valueless, but, in view of their general inefficacy, perhaps the argument fails to carry weight as to whether or no the bowel is the source of the infection. The production of the acute attacks of pain may perhaps excite curiosity; it seems probable they may be vascular or neurogenous in origin, owing to the intimate relationship of the diseased structures to the neuro-vascular supply of the gut. In a recent case of acute adenitis it was seen at operation that irregular peristalsis had been excited, for, in addition to pronounced glandular disease, there was the beginning of an intussusception in the terminal ileum.

A protest should be registered against the widespread, rather happy-go-lucky "child will grow out of it" attitude; chronic infections in childhood may be the cause of grave damage, which may not become apparent until the stresses of middle age find the viscera exhausted; and it should be remembered in this particular instance that the infected lymphatics, as has long been known, are capable of inducing disease in such organs as the pancreas, gall-bladder, and pylorus.

TREATMENT.

In the acute cases, though recovery is invariable without intervention, and the diagnosis from appendicitis is usually

easily made, it will nevertheless often be felt that operation is safest, if only to put the diagnosis beyond doubt. In such instances the appendix will be removed.

In the conservative treatment of both acute and chronic cases the mouth and throat are put in order, the bowels are regulated, and the diet modified—green vegetables with plenty of roughage seem to exercise more influence than any other dietetic factor. If there be acidosis both sugar and alkali are necessary. A fair trial may be given to these and other general hygienic procedures (in my experience seaside air, sunlight, etc., have proved disappointing in these cases). A very considerable proportion of patients resisting such treatment will be cured by appendicectomy, and the opportunity can be taken to verify the non-tuberculous character of the case by microscopy of a gland. This again needs emphasis, as there seems to be an ineradicable general impression that all enlarged abdominal glands are tuberculous.

STATISTICAL SUMMARY.

Total cases 48; average age 10 years. Females 74 per cent.

Acute Cases (8).—Duration of symptoms three and a half days (average). Culture of *B. coli* from glands in 2 cases.

Chronic Cases.—Average duration of symptoms ten months. The patient conforms to type in about 75 per cent. Pain purely local in 72 per cent., on walking in 20 per cent. Glands felt without anaesthesia in 74 per cent. Constipation in 52 per cent.; occasional diarrhoea in 15 per cent. Tonsils removed in 17 cases. Urinary culture negative—9 female cases. Cases operated on 28; oxyurides in appendix in 6 cases; culture of glands always sterile.

Results.—Cases difficult to trace. In those followed, cures with great improvement in general health noted from six months up to five years. Four recurrences after operation—in one case there were several attacks during the first month after operation, none since; one case had several attacks up to two years after. Dental caries: one case (referred to under "Pathology") in which a large glandular mass was removed; this was actually said to be sarcoma by one pathologist. A painful attack occurred three years later; this seemed to be partial obstruction, possibly due to adhesions from the operation.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SARCOMA OF THE STOMACH.

MR. JAMES S. HALL's report on March 10th (p. 393) of a case of sarcoma of the stomach which clinically simulated a duodenal ulcer has led me to consult the records of an undoubted case which came under my observation.

Although the condition is said to be extremely rare, another case was recorded on January 22nd, 1927 (p. 139), by Mr. H. Stewart Brander. In both these instances symptoms pointing definitely to stomach or duodenum were prominent features, whereas in the case I saw the symptomatology was entirely different.

A young man, aged 20, pale and listless, had begun three months previous to admission to have twinges of pain in the abdomen. This pain was in no way related to the taking of food; he had had no sickness, and his appetite was good. He was found to have a tumour mass about the size of a man's clenched fist in the left hypochondrium and extending into the epigastrium. The tumour was slightly movable and was not notched. He had been sent in with a diagnosis of abdominal tuberculosis, but in appearance he looked more like a patient with a grave blood condition, and the position of the swelling seemed to support this. A blood examination gave a haemoglobin percentage of 70, with 4,500,000 erythrocytes and 12,000 leucocytes, a differential count revealed no abnormal elements.

One month after admission the abdomen was opened by Mr. James Taylor. A large tumour mass was found involving practically the whole of the stomach wall save for small portions at the cardiac and pyloric ends. It was adherent to the pancreas and to the under surface of the liver, and numerous gland masses were present in the gastro-hepatic and gastro-colic omenta. Removal of the growth was attempted, but was found impossible; a small portion and an enlarged gland were taken for pathological examination. Sections revealed small round cells of a typically sarcomatous nature with very little surrounding stroma. I for-

warded part of the specimen to Dr. R. M. Buchanan, city pathologist, who independently diagnosed it a sarcoma.

The patient remained in hospital for two weeks after operation, and during that time his appetite remained good; he had no nausea or vomiting, and little discomfort save for spasmodic attacks of abdominal pain. His anaemia rapidly became worse till the haemoglobin percentage had fallen to 30, with about 2,000,000 red cells; the anaemia remained of a simple secondary type. He died three weeks after going home.

Apart from the rarity of the tumour the case is interesting because of the entire absence of digestive disturbances, which may be explained by the fact that the neoplasm, originating, as such tumours are said to do, in the sub-mucosa, spread outwards in the middle coat and did not apparently cause ulceration of the mucosa. The other two patients mentioned had definite digestive symptoms, but ulceration was present.

ALEXANDER SMITH, M.B., Ch.B.

Robroyston Hospital, Glasgow.

TREATMENT OF RECTAL PROLAPSE BY INJECTION.

WHILE the treatment of haemorrhoids by the injection of carbolic acid and hamamelis, or of other preparation, is well established as a surgical procedure, little or no attention appears to have been directed to this form of treatment for the cure of prolapse of the rectum. A considerable number of cases have now been treated by me, or under my supervision, in this manner, with satisfactory results. The following case, treated and reported by Dr. A. Briggs, my resident house-surgeon at the Eastern District Hospital, may be given as an example.

A man, aged 66, was admitted in November, 1926, complaining of pain, and a feeling of something coming down the back passage on defaecation, of ten years' duration. Examination revealed a rectal prolapse which protruded on straining for fully two inches beyond the anal margin. Patient was also suffering from chronic bronchitis and double inguinal bubonocoele. Once a week for six weeks the wall of the prolapsed rectum was injected with carbolic acid and hamamelis, starting with a dose of 1 c.cm., and increasing to 2 c.cm. The patient was discharged at the end of December without prolapse. He reported in March, 1928, that the bowel had given no further trouble, and did not come down.

In this case, then, six injections were sufficient to remove a condition of ten years' standing, and it has not recurred for over a year, notwithstanding the patient's poor general condition and cough.

The treatment is carried out with even greater ease than the injection of haemorrhoids, since no speculum is required and, so far as one can judge, with less pain. Care should be taken to return the prolapse after injection, and it is generally well to give one or two final injections after the mass no longer comes down, using a speculum, if necessary.

JOHN A. C. MACEWEN,
M.B., C.M., F.R.F.P.S.,
Surgeon, Glasgow Royal Infirmary
and Glasgow District Hospitals.

APPENDICITIS AND HEPATIC ABSCESS.

IN view of the case reported by Drs. W. A. Barnes and L. V. Pearson on March 10th (p. 390) the following details may deserve recording.

A married woman, aged 25, was sent to the Royal Lancaster Infirmary on December 28th, 1927, by my colleague Dr. E. Dockray, suffering from appendicitis.

I removed an inflamed and much swollen appendix through the usual paramedian incision. The patient ran a temperature for a few days and complained of epigastric distension, but otherwise made an uneventful recovery and was discharged on January 21st.

A few days after her return home Dr. Dockray was again called in and found her complaining of recurrent attacks of indefinite abdominal pain, which finally settled in the epigastrium. There was frequent hiccup, which lasted sometimes for hours. Her temperature ranged between 99° and 101° F., and the pulse between 84 and 120. I eventually saw her with him on February 4th, and it was decided to readmit her to hospital.

After admission she complained of localized pain and tenderness over the right lobe of the liver, which, however, did not appear to be enlarged. There was no abdominal distension and the spleen was normal; cholecystitis was suspected.

On February 8th I again operated, using Kocher's incision, and on opening the peritoneum came straight on to a single localized abscess in the liver substance, the size of a golf-ball. There were dense adhesions between the border of the liver and the stomach and transverse colon. There was no sign of any trouble in the gall-bladder.

The pus having been evacuated, a rubber drainage tube and gauze packing were inserted, and the wound was closed. The patient made an uninterrupted recovery and left hospital, feeling quite well, on March 7th.

WILLIAM GEORGE, M.B., Ch.B.,
Honorary Surgeon, Royal Lancaster Infirmary.

Reports of Societies.

PORTAL CIRRHOSIS.

At a meeting of the Section of Pathology of the Royal Academy of Medicine in Ireland on March 16th, the president, Dr. T. T. O'FARRELL, in the chair, Dr. V. M. SYNGE read notes on a case of portal cirrhosis, and Dr. J. LAIT demonstrated the specimens.

A woman, aged 56, was admitted to hospital in August, 1927, complaining of weakness and jaundice. She had been operated on two years previously for abdominal pain, and a small piece of liver had been removed for examination, the diagnosis being portal cirrhosis. The jaundice had commenced in the previous February. On admission the patient was rather deeply jaundiced and wasted; the hepatic facies was absent, and there was no history of vomiting. The liver extended two finger-breadths below the costal arch, and was slightly irregular on the surface; there was slight ascites. The urine contained bile, and the van den Bergh test gave a strong direct positive reaction, which was slightly delayed; the Wassermann reaction was negative. The spleen became slightly enlarged, and superficial distended veins appeared reaching from the groins to the umbilicus; the ascites remained slight, and the jaundice deepened, but the temperature remained normal except for occasional rises to 99° or 100° F. Death occurred in December. Clinically the case presented the appearance of the unclassified type of hepatic cirrhosis associated with enlarged spleen.

The liver was slightly atrophic, and when fixed weighed 40 oz. It had a well-developed "hobnail" appearance, and on section showed the typical appearance of a portal cirrhosis. Little fatty change was seen macroscopically, but the liver was deeply bile stained. Microscopical examination revealed the appearances commonly found in an advanced portal cirrhosis. In sections stained with Mallory's aniline blue the reticulo-endothelial cells were clearly seen, many of which contained bile. The spleen was slightly enlarged, and when fixed weighed 6 oz.

The PRESIDENT said that newly formed bile ducts were more commonly found in the other types of cirrhosis than in portal cirrhosis, and he wondered why in this case there had been bile retention; he had only met with it in one case, and that of genuine alcoholism. He suggested that in the present instance the pigment had been picked up by the Kupffer cells, and thought that it might be a disadvantage to remove the spleen in these cases.

Dr. A. R. PARSONS said that this case seemed to combine the two types of cirrhosis—namely, the biliary and portal—and he regarded it as more like a case of the former. It made the differential diagnosis between these two types of cirrhosis still more difficult.

Bacterial Agglutination.

Dr. J. W. BIGGER read a paper on recent work on bacterial agglutination. He first dealt with the discovery of the phenomenon of agglutination and some of the early observations made on it. He explained Ehrlich's views on the relation of agglutinin to agglutigen, and pointed out the differences between major and minor agglutinogens as demonstrated by Castellani's absorption technique. He then reviewed Smith and Reagh's work on flagellar and somatic agglutinogens and agglutinins, and the discovery by Beyer and Reagh that flagellar agglutigen was thermolabile. Dr. Bigger's paper was chiefly concerned with the discovery by Weil and Felix of H and O types of culture, and the investigation by these workers, Sachs, Arkwright, Goyle, Bruce White, and others of the relation between the three types of culture (normal, smooth variant, and rough variant) and the three agglutinogens (H, O, and R). He showed that the normal type had two agglutinogens: H (heat labile and flocculating) and O (heat stable and granulating); the smooth variant only had O agglutigen, and the rough variant had a new heat-stable granulating agglutigen, R. Dr. Bigger next pointed out the importance of Andrews's discovery of the alternation of cultures of certain bacteria, particularly the *Salmonella bacilli*, as regards their H agglutinogens between the specific and group types. He concluded his paper with a consideration of Bruce White's work on the antigenic constituents of the members of the *Salmonella* group.

Industrial Research. Certain of the technical and industrial organizations concerned in the subject would also send representatives.

Notes in Brief.

On April 3rd Sir P. CUNLIFFE-LISTER told Lieutenant Commander Kenworthy that the inspection of crew spaces on British merchant vessels was one of the duties of the Board of Trade survey staff, which numbered 198 in all. Any defects discovered were notified to the owner or agent, with an intimation that if the defects were not remedied the space would have to be added to the tonnage of the ship, and that this procedure had the desired effect. It had been his experience that wherever defects had been brought to the notice of shipowners practically in every case they had been attended to.

The total amount of the invested funds of approved societies in connexion with the National Health Insurance Act at December 31st, 1927, was approximately £111,000,000.

The Services.

TERRITORIAL MEDICAL DINNER.

A REUNION DINNER, open to all past and present Territorial medical officers, including *à la suite* officers, will take place, under the auspices of the Territorial Army Medical Association, on May 11th, at 7.30 p.m., at the Connaught Rooms, Great Queen Street, W.C.2, with Major-General Sir Richard H. Luce, K.C.M.G., C.B., M.P., in the chair. Price of dinner, 12s., exclusive of wine. For tickets application should be made to the Secretary, Territorial Army Medical Officers Association, 36, Russell Square, W.C.1.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE Electors have awarded the George Herbert Hunt Travelling scholarship, 1928, to Thomas Holmes Sellors, B.M., Oriel College, casualty surgical officer at the Middlesex Hospital.

At a congregation held on March 31st the following medical degrees were conferred:

B.M.—D. H. Brinton, Olive H. Lister.

UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—*Pathology and Bacteriology; Materia Medica, Pharmacology, and Pharmacy; Public Health; Medical Jurisprudence:* H. U. G. Harrison. *Pathology and Bacteriology, Materia Medica, Pharmacology, General Principles of Therapeutics, and Pharmacy; Public Health; Medical Jurisprudence:* *A. R. D. Pattison, J. C. Arthur, M.Sc., A. Franklin, S. Adler, W. F. Cross, K. Daniels, A. Davis, S. M. Garstein, C. M. Gillis, Katherine M. Girling, C. E. Goldberg, H. W. T. Hall, J. G. Lawson, J. A. Lennox, D. C. Livingston, J. Maddison, W. Mair, J. H. Pool, J. K. H. Scott, J. W. M. Stevenson, J. B. Tilley, H. Willcox, J. Wolfe.

* First-class honours.

† Second-class honours.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary comitia of the Royal College of Physicians was held at 5 p.m. on April 2nd.

The President, Sir John Rose Bradford, gave the annual presidential address and reviewed the work of the College. The number of Fellows was 385 and of members 916. Gifts of the portraits of past Fellows (Sir James Hope and Sir Percy Bassett-Smith) had been received. The President gave an account of the life and work of the following Fellows who had died during the year: Ernest Henry Starling, Henry Cook, Sir Horatio Bryan Doukin, Charles Wilberforce Daniels, Alexander Blackhall Morison, Amand Jules McConnel Routh, Sir Percy William Bassett-Smith, Sir Dyce Duckworth, Sir Dawson Williams, Sir David Ferrier, Hugh James Moore Playfair, Henry Lawrence McKisack, and William Joseph Tyson.

Sir John Rose Bradford was re-elected President for the ensuing year.

The resignation of Sir Wilmot Heringham as representative of the College on the Senate of the University of London was accepted with much regret. It was decided not to fill the vacancy, as the new Senate of the University would shortly be appointed and the College would not be represented on it. The President was appointed as delegate to the commemoration of Harvey's discovery by the Academy of Medicine in Paris.

Mr. Vernon Joseph de Boissiere was declared to be no longer a Licentiate of the College, having been convicted in the High Court (Divorce Division) of adultery with a patient.

Diplomas.

The Diploma in Tropical Medicine and Hygiene was granted to the following forty-four candidates:

C. R. Amies, Mary N. Andrews, R. E. Barrett, A. Bearblock, S. Bergsma, A. Dunlop, H. Fairbairn, Elisabeth Farrar, H. A. Fawcett, M. M. Fikri, O. M. Francis, W. E. Giblin, H. K. Giffon, H. H. Gilbert, J. C. P. Grey, Alma B. Hardy, Eva Ho Tung, W. A. M. Jack, D. R. Jandial, B. M. Johns, R. S. Johnston, F. B. Jones, Margaret E. Lovett, Margaret M. McDowall, A. A. E. M. Magraby, R. C. Mahajan, M. V. Merchant, J. C. Milne, J. H. Oonvala, T. Parukutti Annal, J. R. Pierre, E. W. Reece, J. D. Reynolds, Enid A. Robertson, G. I. Shaw, T. A. Sherwin, G. Sloan, Hilda M. Smith, A. E. M. Solomon, Grace M. L. Summerhayes, V. E. Whitman, N. J. Willans, C. H. Williams, H. M. Willoughby.

Medical News.

THE KING has appointed Mr. Laurence George Brock, C.B., to be a Commissioner under the Mental Deficiency Act, 1913, to fill the vacancy caused by the retirement of Sir Frederick Willis.

THE next meeting of the Harveian Society of London will be held on Thursday, April 19th, at the Paddington Town Hall, at 8.30 p.m., when there will be a discussion on the treatment of ulcerative colitis from medical and surgical points of view. It will be opened by Dr. H. Letheby Tidy, followed by Mr. L. E. C. Norbury, Dr. E. Bellingham Smith, and Mr. C. P. G. Wakeley.

A MEETING of the Society of Medical Officers of Health will be held at the Guildhall, Bath, on April 20th, at 2.30 p.m., when there will be a discussion on causes of the decline in tuberculosis mortality. The opening speakers will be Sir Robert Philip, Dr. W. M. Willoughby, Professor E. L. Collis, and Professor M. Greenwood. Before the meeting the Mayor of Bath will entertain members of the society at luncheon. Those who intend to be present are asked to notify Dr. J. F. Blackett, M.O.H., Health Offices, Sawclose, Bath, not later than April 16th.

THE following additional appointments have been made to the staff of the Woolwich War Memorial Hospital: Obstetric surgeon, Mr. Harold Taylor, F.R.C.S.; senior anaesthetist, Dr. de Caux; anaesthetists, Dr. Moore Smith and Dr. Dyson. Dr. Cowie and Dr. Moore Smith have been elected to the medical committee of the hospital to represent the interests of the practitioners in the Woolwich district.

THE Health Organization of the League of Nations, following the policy adopted since 1926, has arranged a series of special study courses for medical practitioners who have specialized or who desire to specialize in malariology. Courses will be held this year in London from April 25th to June 13th, in Hamburg from May 7th to June 13th, in Paris from June 1st to July 13th, and in Rome from July 2nd to July 30th, the instruction being given in each case in the language of the country concerned. Details may be obtained from the Information Section of the League of Nations, 16, Northumberland Avenue, W.C.2.

FOLLOWING the establishment of an orthopaedic branch by the Melbourne Children's Hospital the committee is inviting applications for the position of medical superintendent; details will be found in our advertisement columns. A small experimental ward for orthopaedic work has been in existence for about two years, and its success has led the committee to undertake a larger scheme. The new buildings now in course of erection on a spacious site at Frankston, on the sea coast twenty-six miles from Melbourne, will have accommodation for 100 patients, provision being made for physiotherapy, hydrotherapy, and occupational therapy departments, a gymnasium, and school rooms. All the wards will be entirely open on one side to facilitate heliotherapy. It is expected that the new hospital will be ready for occupation about May, 1929.

A SOCIETY with the name of the London Jewish Hospital Medical Society has been constituted, with its headquarters at the London Jewish Hospital, Stepney Green, E.1.

THE KING has confirmed the appointment of Dr. Kenrick Stanton Wise (Surgeon General) to be an official member of the Legislative Council of Trinidad and Tobago, and of Dr. Arthur Hutton McShine to be an unofficial member.

Health and Empire, the journal of the British Social Hygiene Council, has embarked on its third year with the March number, published by Messrs. Constable and Co., at 2s. 6d. An editorial note explains that the council is anxious to extend the circulation of the journal, and the current issue includes material in easily understandable form intended for parents and others concerned with the education of youth.

THE League of Nations announces the publication of the *International Health Year-book, 1927*, the third annual volume, which contains reports on public health in twenty-seven countries in 1926. These countries include the leading member-States of the League, the United States of America, and the Soviet Republics. The first three sections of the work deal with demography, budgets, and health legislation respectively; the fourth is devoted to the preventive aspect of medicine, the fifth to its therapeutic side, and the sixth to general questions, such as the control of foodstuffs, water supply, and health insurance. Copies may be obtained from the League of Nations Publications Department, Geneva, the price being 16s. in paper wrappers, or 20s. in cloth.

A chair of tuberculosis, founded by the Conseil Général de la Seine, has just been established at the Faculté de Médecine of Paris, and Professeur Léon Bernard has been appointed as its first occupant.

THE Congress of French-speaking Alienists and Neurologists will be held at Antwerp, under the presidency of Professors Henri Claude of Paris and Auguste Ley of Brussels, on July 23rd, when the following questions will be discussed: catatonias, introduced by Professor Paul Divry of Liège; neuralgias of the upper limb, introduced by Professor H. Roger of Marseilles; and treatment of general paralysis, introduced by Drs. B. Dujardin of Brussels and René Targlowa of Paris. Further information can be obtained from the general secretary, Dr. F. Meeus, 21 Nervierstraat, Antwerp.

THE first congress of the German society for researches on the circulation was held at Cologne, under the presidency of Dr. H. E. Hering, on March 5th and 6th; it was attended by 150 members from all parts of Germany and representatives of eight foreign countries. The chief subjects for discussion were the problem of circulatory weakness, introduced by H. Eppinger of Freiburg, and the formation of normal and abnormal cardiac stimuli, introduced by J. Rihl of Prague.

THE third Polish Congress of Stomatology will be held at Cracow in May on the occasion of the twenty-fifth anniversary of the foundation of the Chair and Institute of Stomatology.

DR. ALFRED DENKER, professor of medicine at Halle University, has been elected a corresponding member of the Otological Section of the Royal Society of Medicine.

DR. CECIL MITCHEL ROLSTON, chief medical officer, has been appointed an official member of the Legislative Council of the Presidency of Dominica.

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

The **TELEGRAPHIC ADDRESSES** are:

EDITOR of the **BRITISH MEDICAL JOURNAL**, *Aitiology Westcent, London.*

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

MEDICAL SECRETARY, *Mediscera Westcent, London.*

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 6, Drumshengh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

A FAECAL FISTULA PAD.

"TUBE" asks for suggestions for an appliance or pad to protect a faecal fistula. Although the discharge is very slight, it necessitates at present a change of the adhesive plaster and gauze pad about twice a week.

RADICAL CURE OF HERPES GENITALIS.

DR. D. S. PUTTANNA (Vienna) asks for suggestions as regards the radical cure of herpes glans penis and preputialis. Local treatment relieves the condition temporarily, but fresh crops of herpes come and go for many months.

CURE OF CHRONIC BLEPHARITIS.

"V. A. R." asks: Can a permanent cure be effected in a case of chronic blepharitis of fourteen years' standing in a girl aged 18? There is no error of refraction and the general nutrition is now satisfactory. The usual silver applications (nitrate and protargol) and mercury ointment give temporary improvement only. Are staphylococcal vaccines useful?

PAROXYSMAL CORYZA.

"F. D. J." asks for advice in the treatment of a chronic and occasionally very acute mucous nasal discharge, which comes on at any time, but is often worse at night, preventing sleep for hours. The turbinate bones have been cauterized, the teeth dealt with, and an autogenous serum has been tried. Various sprays and douches have been employed without benefit. The antra are normal. Acute basal congestion often follows an

acute attack, with distressed breathing, as if of cardiac origin without rhonchi, but there is no valvular trouble. The catarrh became worse after staying at an hotel fifteen months ago, where a particularly virulent type of influenza seemed to be prevalent. The patient, a woman aged about 45, developed an acute attack of influenza after reaching home, with the asthmatic-like symptoms.

INCOME TAX.

"W. E." inquires whether a booklet is published with special reference to income tax returns by medical men.

"* * We are not acquainted with one, and can only suggest that our correspondent should prepare a statement setting out all the expenses which he considers may reasonably be regarded as having been incurred for professional purposes, and enclose a copy with his income tax return. We shall be pleased to deal with any specific question which may arise in the preparation of the statement or after its receipt by the inspector of taxes.

Expenses of Illness.

"BEMOX" had an illness in 1927, and inquires as to what expenses he can deduct in computing his profits for that year.

"* * The cost of the locumtenent, including expenditure on board, service, etc., when supplied, can be deducted as being incurred in the earning of the profits of the practice, and similarly with regard to any payments that may have been made for services rendered to his clients. But payments made—for example, to the nurse, radiologist, etc.—for personal services rendered to our correspondent are not proper subjects for deduction. Admittedly they were necessary to maintain him in a position to continue to earn an income, but it is clearly established that their personal nature takes them out of the allowable class of expenditure.

LETTERS, NOTES, ETC.

NEPHROSTOMY.

MR. I. C. GRAHAM, F.R.C.S. Ed. (Bishopstoke, Hants), writes with reference to Mr. J. F. Dobson's explanation of the use of the term "nephrostomy" (*Journal*, April 7th, p. 618):

With all due deference to Mr. Dobson, I consider the term misapplied in the case in point. The term "nephrotomy" includes all necessary drainage after operation, with a view, however, to eventual closure. "Nephrostomy," on the other hand, means making a stoma or mouth—namely, a "permanent" opening. That Mr. Dobson does not intend the latter is obvious, as the first case mentioned in his article (March 24th, p. 486) under "nephrostomy alone" distinctly proves, for he says with evident satisfaction "the wound healed completely in a very short time." The term "nephrostomy" in such a case is obviously misleading. If this nomenclature is adopted we will soon be speaking of external urethrostomy and tracheostomy.

SHOCK IN BLACK RACES.

DR. E. F. HOARE (Salford) agrees with Dr. Dickson (March 24th, p. 524) that the coloured races make good surgical but bad medical patients. He writes: My first experience "out East" was when a "nigger" fell down an empty ship's hold and landed on his back across the propeller shaft casing. Taken out as dead, he was placed under a gangway out of the sun. In a few moments he recovered, had a drink of water and half an onion, and after two hours' sleep was back at work again. Later on I saw native Egyptians operated on for stone in the bladder without an anaesthetic. After the dressings were applied they rolled off the table and kissed the operator's hand. In the war, with Indians and Chinese, the converse was illustrated: a very mild attack of dysentery or beri-beri killed them at once on no adequate medical grounds. Yet an Arab child with a torn-open thigh appeared almost indifferent to its injuries, and made an uninterrupted recovery.

TOURS IN CANADA.

A NUMBER of special tours to Canada, designed to meet the needs of those who, like most doctors, must limit their holidays to three or four weeks, have been arranged for this summer by the Cunard and White Star lines in co-operation with the Canadian National Railways. One tour, which takes only twenty-three days, involves a journey of 6,600 miles, but permits a stay of a full week in Eastern Canada, while another, a tour of six weeks, gives four weeks in Canada, permitting the crossing and recrossing of the continent by different routes, with three days in the Jasper National Park in the Rocky Mountains, two days on the Great Lakes, and a 500-mile steamer trip from Vancouver on the Pacific coast. Other tours vary in duration between these limits, some having official escorts attached to shoulder all travel responsibilities. The organizers have aimed at keeping costs as low as possible.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 44, 45, 48, and 49 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 46 and 47.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 124.