

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### MASSIVE DOSAGE WITH INSULIN.

THE interest of the following case lies in the unusually large amount of insulin that was necessary to produce any noticeable improvement.

On the evening of September 20th, 1927, a baker, aged 23, was admitted to St. George's Hospital in a semicomatose condition; he was very drowsy and apathetic, and it was only with the greatest difficulty that he could be persuaded to answer any questions. An examination of his urine revealed a very considerable quantity of sugar, together with acetone and aceto-acetic acid. His breath smelt strongly of acetone.

He was immediately given 15 units of insulin and put on Graham's diet (first day). The next morning a blood sugar estimation showed 0.317 gram per 100 c.cm. Massive dosage with insulin was then carried out, carefully controlled by frequent blood sugar estimations as detailed below. All the estimations were done by Hagedorn and Jensen's micro-method.

#### September 21st.

6.45 p.m.: Insulin 60 units.  
8.15 p.m.: Blood sugar 0.370 gram per 100 c.cm.  
Patient's condition same as on admission.  
9.45 p.m.: Insulin 90 units.  
11.15 p.m.: Blood sugar 0.340 gram per 100 c.cm.  
11.30 p.m.: Insulin 50 units.

#### September 22nd.

12.15 a.m.: Insulin 120 units.  
Coma becoming deeper.  
12.30 a.m.: Blood sugar 0.330 gram per 100 c.cm.  
1.40 a.m.: Blood sugar 0.350 gram per 100 c.cm.  
2.45 a.m.: Insulin 180 units.  
3.40 a.m.: Blood sugar 0.365 gram per 100 c.cm.  
Slight improvement.  
11.15 a.m.: Blood sugar 0.335 gram per 100 c.cm.  
11.45 a.m.: Insulin 100 units.  
2.10 p.m.: Blood sugar 0.305 gram per 100 c.cm.  
2.15 p.m.: Insulin 200 units.  
3.45 p.m.: Blood sugar 0.278 gram per 100 c.cm.  
4.15 p.m.: Insulin 200 units.  
5.45 p.m.: Blood sugar 0.262 gram per 100 c.cm.  
6.30 p.m.: Insulin 300 units.  
9.0 p.m.: Blood sugar 0.227 gram per 100 c.cm.  
Condition definitely improved.  
9.15 p.m.: Insulin 200 units.

#### September 23rd.

1.20 a.m.: Blood sugar 0.182 gram per 100 c.cm.  
10.45 a.m.: Blood sugar 0.090 gram per 100 c.cm.

Thus it is seen that he received in all 1,715 units of insulin in thirty-six hours.

His subsequent treatment was briefly as follows. He was worked up the ladder diet: no insulin was given till the sixth day, up to which time his urine had remained sugar-free. He was then put on insulin again and the diet increased up to the tenth day with supplements to equal a calorific value of 1,805 C. His basal metabolism had previously been estimated at 1,820 C. From October 3rd to November 20th it was found necessary to give him on an average 200 units a day to keep his urine sugar-free.

On October 1st he was found to have marked signs of pulmonary tuberculosis in the right chest, bacilli being found in his sputum. A radiogram showed that it was only the right upper lobe that was affected, and it was decided to perform an artificial pneumothorax on that side. Considerable difficulty was experienced owing to the presence of multiple adhesions. The element of sepsis must have contributed to the abnormal resistance to treatment. In addition to the presence of tuberculosis, both his arms and legs, on admission to hospital, had been covered with a multitude of small rounded ulcers in various stages, caused apparently by the injections he had been giving himself.

His dose of insulin was subsequently reduced, and he was discharged from hospital on December 13th, having gained over a stone in weight, and being able to maintain himself on a sufficient diet with the help of 110 units of insulin per diem.

I am indebted to Dr. J. S. Collier for the permission to publish the notes of this case.

HAROLD A. BYWORTH, B.M., B.Ch.Oxon.,

London, N.W.3.

Late House-Physician, St. George's Hospital.

#### FULL-TIME ABDOMINAL PREGNANCY: PROLONGED SUPPURATION: RECOVERY.

THE following case seems to be of sufficient interest to place on record.

In August, 1927, an African woman, about 25 years old, was brought to me with the following history. About August, 1924, the patient became pregnant for the first time. In April, 1925, she had labour pains, but "nothing was born." The pains ceased after a day or two, and the patient was left with a hard swelling in the abdomen. The swelling caused only a little inconvenience until

August, 1926, when it became very painful, increased in size, and finally burst in the region of the umbilicus, discharging a quantity of evil-smelling pus. About the same time the patient noticed pus in the stools. At intervals the swelling continued to discharge pus in which were noticed short hairs and small fragments of bone.

**Condition.**—The patient was extremely emaciated, scarcely able to stand unaided, and quite unable to stand erect because of a large hard and rounded swelling in the middle of the abdomen. The swelling was discharging thin pus through a small opening about half an inch above the umbilicus. Her pulse was 120, and her evening temperature 100° F.

**Operation.**—The swelling was incised in the middle line. A fold of peritoneum was accidentally opened for about half an inch in the upper part of the incision, but was swabbed with acriflavine and closed. The cavity contained the fetid remains of an apparently full-time foetus. The cranial bones were lying loose, the brain having liquefied. Several limb bones were lying loose, but the greater part of the soft parts were still recognizable. The cavity passed downwards towards the left iliac fossa, and apparently opened into the pelvic colon. The cavity was emptied carefully, irrigated with warm saline, swabbed out with acriflavine, and drained through a large rubber tube below the umbilicus. On the second day after the operation some faeces were passed through the drainage tube and continued in diminishing quantity for fourteen days. The patient's general condition commenced to improve immediately. After six weeks she was able to attend as an out-patient, and two weeks later was soundly healed, and was discharged quite fat and well.

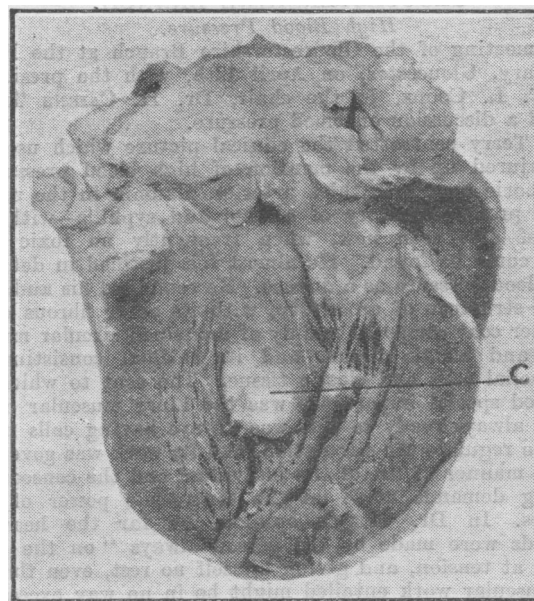
Moravian Mission, Tabora,  
Tanganyika Territory.

A. J. KEEVILL, M.B., Ch.B.

#### HYDATID CYST IN THE HEART.

THE illustration, supplied by the South African Institute of Medical Research, Johannesburg, depicts a hydatid cyst (c) situated in the septum of the heart in the region of the bundle of His. The specimen is in the museum of the Institute, and the interior of the left ventricle is here displayed.

The man from whom it was taken was a patient of Dr. Andrew Watt, who gave me permission to use his notes.



He had two attacks of unconsciousness while in hospital, both lasting about a minute and accompanied by fit movements. Dr. Watt identified one of them as being due to ventricular standstill. The electro-cardiograph gave no evidence of heart-block between the attacks. On other grounds a diagnosis of cerebral tumour was made. Before operation another attack of unconsciousness occurred, in which the patient died. On post-mortem examination the condition of the heart depicted here was shown, and also hydatid cysts were found in the cerebrum.

The septal lesion had evidently an intermittent effect on the conducting tissues, and recalls the case of intermittent heart-block published by Russell Wells and Wiltshire, in which the lesion was a large calcareous mass in a similar position.

H. L. HEIMANN, M.D., M.R.C.P.,  
Honorary Assistant Physician, Johannesburg  
General Hospital.

### MERCURY SALICYLATE INJECTIONS IN CHRONIC ULCERATION.

THE following details of the successful treatment of a very intractable ulcer of the leg by intramuscular injections of mercury salicylate seem to deserve recording.

A man received, in 1918, an abrasion of the inner side of the right ankle while assisting in the cleaning of a foul sewer; some septic material infected the cut surface. Several small painful pus-discharging ulcers formed, and in a short time coalesced into a single ulcer about the size of the palm of the hand. Despite various forms of treatment the ulcer did not improve. The veins were not varicose. I first saw him in February, 1921, and treated the ulcer in the usual way with rest, antiseptic lotions, ointments, and strapping. During the years 1921 to 1925 the patient was not under my observation from the months of May to October, as he was engaged as chef in various hotels. In April, 1925, he was treated at St. John's Hospital, Leicester Square, where his Wassermann reaction was found to be negative. During treatment in this hospital the ulcer partially healed, but broke down ten days after discharge, becoming as large as before.

In March, 1926, I injected twice weekly for a fortnight into the gluteal muscle 1 grain of mercury salicylate ("Glaseptic" ampoules 1 c.cm., Parke, Davis and Co.). The patient then left the town and I did not see him again until last October, when I found the ulcer perfectly healed with a healthy non-adherent scar. He told me that the healing process had been complete three weeks after the injections.

I showed the patient at a meeting of the Southampton Medical Society. This treatment was suggested to me in a paper read to this society by Dr. Budd Ferguson of America a few years ago.

EDMUND WILLIAM LYNCH,  
L.R.C.P. and S.I., D.P.H.

Southampton.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### GLOUCESTERSHIRE BRANCH.

##### *High Blood Pressure.*

At a meeting of the Gloucestershire Branch at the Royal Infirmary, Gloucester, on April 12th, with the president, Mr. C. L. COODE, in the chair, Dr. H. CAIRNS TERRY opened a discussion on blood pressure.

Dr. Terry contrasted the clinical picture which used to be conjured up by the mention of high blood pressure—a plethoric man with thick arteries, albumin in the urine, and a probable history of alcohol and syphilis—with the type of case seen now, when frequently no toxic condition could be found. He almost felt justified in defining high blood pressure as a disease. He reminded his audience of the structure of an artery, with its outer fibrous coat, its inner coat composed mainly of unstriated circular muscle fibres and elastic tissue, and its intima, consisting of endothelial cells and elastic tissue. The coat to which he attached special importance was the inner muscular coat; it was always ready to act, was always having calls made on it to regulate the circulation, and its work was governed by the manner of life of the individual and the consequent varying demands made on the contractile power of the arteries. In Dr. Terry's opinion, by far the heaviest demands were made by the person always "on the go," always at tension, and giving himself no rest, even though the muscular work entailed might be in no way excessive. Such an individual tended to call too continuously on his circulation; a stage of muscular irritability in the arteries was reached, the elastic fibres began to fail to support the muscular, the muscle passed into a state of "tone," and high blood pressure resulted. As such a person grew older the muscle developed chronic spasm, the pressure rose to overcome it, the heart tried to compensate, and a vicious circle was established. Then appeared true arterio-sclerosis—degeneration in muscle which was tired out by overaction. As an example of the earlier stage Dr. Terry mentioned a man, aged 33, who came to him complaining of brain fag, which he had tried to counteract by the "fetish of fresh air and exercise." This man led a very active life, and his condition was due to interference with his circulation, the highly specialized cells in the brain being the first to exhibit symptoms of insufficient blood supply. The systolic blood pressure was over 200 mm. Hg, and even at that pressure the brain was suffering from relative starvation. In such a case the first essential was rest. Drug treatment

for lowering the pressure was illusory, and the rest must be absolute; the patient must be put to bed and kept there till it was clear that the pressure had fallen to his normal. The only drug treatment recommended was small doses of bromide or luminal to help to secure the patient's co-operation in attaining a sufficiency of rest; such patients were among the most difficult to keep in bed. In this case the blood pressure fell to 130 mm. Hg, and remained there; the patient had become perfectly fit. In its more aggravated forms the interference with cerebral circulation might produce a condition precisely simulating a haemorrhage. A woman, aged 72, intensely active in spite of her years, visited the Wembley exhibition and explored it thoroughly. Two days later she suddenly became unconscious, with incontinence and complete hemiplegia. Her blood pressure was 240, but there was no albumin in the urine. She rapidly recovered; in ten days her blood pressure had fallen to 160, and she was to all intents and purposes well. The attack left no ill effects, and she regained perfect health. The prognosis in high blood pressure depended upon the amount of fall in response to rest and the condition of the heart. If the heart was enlarged, dilated, and irregular, the outlook was much more doubtful. If albuminuria was present then the patient was heading for true arterio-sclerosis and all that that entailed.

Dr. ALLMAN POWELL mentioned the help which might be obtained from a study of the blood pressure in estimating operative risk, and gave illustrative examples.

Dr. SOUTAR discussed the effect of emotion on blood pressure, the heightened pressure due to this cause aggravating the emotional condition, until Nature could no longer stand the cumulative strain, and a crisis was precipitated.

Dr. ARNOTT DICKSON emphasized the point made by Dr. Terry that it was the muscular coat of the artery which counted in affecting blood pressure. Nearly twenty years before he had conducted an inquiry into the incidence of thickened arteries in coal miners. Among 500 men examined the very great majority had thickened arteries; this occurred at all ages, from 15 upwards. Although very thick arteries, which could be rolled under the fingers like a pencil, were frequently met with, high blood pressures were almost unknown. The explanation was forthcoming when, after a pit disaster, it was possible to obtain portions of the radial artery from a number of men who had been previously examined. It was found that the thickening was confined almost entirely to the intima, which in several cases was ten times as thick as the normal—a condition not previously described. This variety of thickening apparently did not influence blood pressure, though the lumen of the vessel was greatly encroached upon.

##### *Clinical Cases.*

Mr. J. F. H. STALLMAN showed two cases of congenital torticollis after open operation. He condemned the subcutaneous division of the muscle, since this left the deep cervical fascia and other structures untouched, with a consequent poor result. He demonstrated the type of harness which he fitted, and detailed the after-treatment, including daily manipulation and exercises.

He also showed a boy, aged 9, who last August sustained a supracondylar fracture of the right humerus. When first seen by Mr. Stallman in the following month a hard mass could be felt in the antecubital fossa which was diagnosed as myositis ossificans; this was confirmed by x-ray examination. Treatment by ionization and radiant heat, combined with rest in a sling, proved valueless, and if was only after prolonged rest in plaster that the condition cleared up. A series of x-ray films demonstrating the gradual disappearance of the bony mass was shown. Mr. Stallman drew attention to the danger of this condition developing in the region of the elbow-joint, with special reference to operative treatment, too early movement, or too heavy massage.

In reply to the President, Mr. STALLMAN added that the danger existed also in cases of dislocation, and that in his opinion all injuries round the elbow-joint should be treated by prolonged immobilization in the flexed position, preferably in plaster.

Mr. STALLMAN next showed a case of spastic paraplegia

**Duties of Registrars of Births and Deaths.**—On May 7th Mr. CHAMBERLAIN told Sir C. Oman that a registrar of births and deaths was required by regulations to report to the coroner every death which, on the information before him in the medical certificate or otherwise, was due to any one of certain prescribed causes or occurred in certain prescribed circumstances, and, pending consideration by the coroner, to defer registration and the issue of an authority for burial. He had thus no discretion to decide whether to report such cases or not. He (Mr. Chamberlain) was aware of no reason for apprehension that registrars of births and deaths did not discharge faithfully the duties of their office in those cases where they also held Poor Law office.

**Milk Production in England and Wales.**—On May 7th Mr. GUINNESS, in reply to Mr. R. Young, stated that the total amount of milk produced in England and Wales during the past two years, exclusive of milk fed to calves and pigs, but inclusive of milk manufactured into various products, both on and off farms, as well as milk consumed in liquid form, had been estimated as follows: June to May, 1925-26, 1,135 million gallons; June to May, 1926-27, 1,150 million gallons. "Certified," "Grade A (T.T.)," and "Grade A" milk constituted approximately 1 per cent. of the milk consumed as liquid milk. No reliable estimate for "pasteurized" milk was available. The terms "clean" and "purified" were not recognized as official designations; they were entirely relative terms, and the quantities of milk sold under them were unknown.

**Dysentery in a Prison Camp.**—On April 30th Mr. AMERY informed Mr. Rennie Smith that his latest information on the outbreak of dysentery in a prison camp at Malaita was given in a reply to a question on April 17th. So far as his information went, only one of the natives was arrested by the end of October last. Arrests were still being made in February. The trials would ordinarily be conducted by the chief magistrate of the protectorate, but he had to leave the protectorate owing to ill health, and another judicial officer had to be sent to the protectorate from Fiji. He (Mr. Amery) proposed to await the report of the High Commissioner before deciding whether any inquiry by the Special Commissioner in regard to happenings between the arrest and trial of the prisoners was desirable. Until he received that report he was not prepared to enlarge the present scope of the inquiry.

**Insanitary Areas in Plymouth.**—On May 1st Sir KINGSLEY WOOD told Mr. Hore-Beelish that the Minister of Health had seen the report of the medical officer of health for Plymouth for 1927, in which he stated, with reference to the three insanitary areas which he scheduled in Plymouth more than three years ago, that it appeared almost incredible that the short, though necessary, formalities regarding his representation should still be incomplete and that matters should have advanced so little towards any definite end. A scheme dealing with one of the areas in question had been submitted to the Minister, and he had directed a public inquiry into the scheme. He was making inquiry as to the other two schemes. The report of the medical officer of health for 1927 stated that upwards of £100,000 was spent by owners of insanitary property in Plymouth on repair work during the years 1924-27.

**Rating of Voluntary Hospitals.**—Sir KINGSLEY WOOD, replying to a question, said that no complete statement of the amount of rates paid in respect of voluntary hospitals was available. In the opinion of the Minister of Health any proposal to de-rate voluntary hospitals must be considered in relation to similar claims made on behalf of other charitable and public institutions.

**Ethyl Petrol.**—Sir PHILIP SASSEON stated, on May 2nd, that ethyl petrol was used by high-speed aircraft during practice flights in the Air Service. The Royal Air Force had been experimenting for four years with this spirit, and had no evidence to show that it was more dangerous than ordinary spirit.

#### Notes in Brief.

In 1926-27 the gross expenditure on the school medical services was £1,516,995 and the receipts £66,010.

During the twelve months ended March 31st, 1928, 14,714 animals were cremated on account of foot-and-mouth disease, and 621 were buried.

During 1927 there were 1,028 fatal and 172,883 non-fatal accidents at mines under the Coal Mines Act, resulting in 1,128 deaths and disablement for more than three days to 173,449 persons.

In 1927 there were 48 fatal accidents in the Royal Air Force, with 56 deaths; in 1928, to April 24th, there had been 15 fatal accidents with 24 deaths.

The Minister of Health cannot reconsider the decision not to allow the use of sulphur dioxide in the treatment and milling of barley.

The birth rate for the administrative county of London in 1927 was 16.1 per 1,000. The boroughs with the highest birth rates were Shoreditch (20.7) and Bethnal Green (20.0).

At the beginning of April 2,685 maternity and child welfare centres were known to the Ministry of Health in England and Wales as against 2,575 a year previously.

Sir Kingsley Wood states that he cannot give an assurance that the proposed Local Government Bill will await the report of the Royal Commission on Local Government.

In Glasgow, on March 31st, the number of houses inhabited but certified unfit for human habitation was 3,007.

The governors of the Royal Veterinary College are endeavouring to obtain the necessary funds to rebuild the College, and the Ministry of Agriculture has promised a grant of £35,000 on a pound for pound basis.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

At a congregation held on May 3rd the following medical degrees were conferred:

D.M.—L. N. Jackson.  
B.M.—C. W. Flemming.

### UNIVERSITY OF LONDON.

#### UNIVERSITY COLLEGE.

In addition to those announced on April 28th (p. 740) the public lectures at University College, Gower Street, during the current term will include one by Professor Ross G. Harrison of Yale University, on "Modern trends in the study of animal development." The lecture, which will be given at 5.30 p.m. on Monday, May 21st, is addressed to students of anatomy, physiology, and zoology, and is open without fee or ticket.

### UNIVERSITY OF SHEFFIELD.

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B. (Part I).—J. D. Gray, Bessie Hatherley.  
THIRD M.B., CH.B.—W. H. Carlisle, A. Cohen, \*F. Ellis, R. B. Gould, Iris M. Moody, S. K. Panuiker, †T. H. Pudar, I. Slesnick, J. H. Wilbourn.  
\* With distinction in pathology.  
† With distinction in anatomy, pathology, and pharmacology.

### UNIVERSITY OF DUBLIN.

#### TRINITY COLLEGE.

At the first summer commencement of Trinity Term, held on May 5th, the following medical degrees were conferred:

M.D.—W. R. Aykroyd, L. C. Brough.

### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on May 1st, when the president, Dr. Robert A. Fleming, was in the chair.

Dr. James Thomson was introduced and took his seat as a Fellow of the College. Dr. John Bowes McDougall and Dr. Anna Justina Augusta Wilson were elected Fellows.

Alfred Joseph Clark, Margaret Black Martin, David Taylor Mackie, Joseph Ryland Whitaker, and Mohamed Abd El-Hamid Gohar, were elected members of the College.

Dr. Robert Thun was elected a representative of the College on the Conjoint Committee of Management of the Triple Qualification. Dr. William Russell was elected the representative of the College on the General Council of Medical Education and Registration.

The Lister Fellowship was awarded to Dr. Charles G. Lambie, F.R.C.P., for his work on carbohydrate metabolism.

At an extraordinary meeting held the same day, Dr. Walter Tyrrell Benson was elected a Fellow of the College.

## Medical News.

THE next session of the General Medical Council will commence at 2 p.m. on Tuesday, May 22nd, when the President, Sir Donald MacAlister, Bt., K.C.B., M.D., will take the chair and give an address. The Council will continue to sit from day to day until the termination of its business.

THE next quarterly meeting of the Royal Medico-Psychological Association will be held on Wednesday, May 16th, at the British Medical Association House, Tavistock Square, W.C.1, under the presidency of Dr. Hamilton Maw. The ninth Maudsley Lecture will be given, at 3.30 p.m., by Sir John Macpherson on "The new psychiatry and the influences which are forming it."

PROFESSOR W. E. DIXON will deliver a Chadwick public lecture on June 7th, at 5 p.m., in the Chelsea Physic Garden, on narcotic plants.

A MEETING of the Chelsea Clinical Society will be held on May 15th, at 8.30 p.m., at the Hotel Rembrandt, when Dr. J. H. Ruffel and Dr. O. L. De Wesselow will open a discussion on the clinical value of biochemical methods. The meeting will be preceded by dinner at 7.30 p.m., and after the discussion the annual general meeting of the society will take place.

At the meeting of the Biochemical Society to be held to-day (Saturday, May 12th), at 2.15 p.m., at the University of Birmingham, a number of communications will be made, including one by Mr. S. H. Edgar on the composition of the blood in acute rheumatism of childhood, and another by Messrs. E. M. Hume, H. H. Smith, and I. Smedley-MacLean on the biological examination of irradiated zymosterol for vitamin D.

At a meeting of the Royal Society of Tropical Medicine and Hygiene at 11, Chandos Street, W.1, on Thursday, May 17th, at 8.15 p.m., Dr. George W. Bray, medical officer of Nauru, Central Pacific, will read a paper on "Vitamin B deficiency in infants: its possibility, prevalence, and prophylaxis." The paper will be preceded, at 7.45, by a demonstration to illustrate the subject.

THE London Clinical Society has arranged a clinical evening, to be held at the London Temperance Hospital, Hampstead Road, N.W.1, on Thursday, May 17th, to which all medical practitioners are invited. Cases will be shown from 8.15 p.m., and the chair will be taken at 9 p.m. Smoking will be permitted and refreshments provided.

At the meeting of the Royal Microscopical Society to be held in the Lecture Hall, 20, Hanover Square, W., on Wednesday, May 16th, at 7.30 p.m., a communication will be made by Mr. G. F. Marrion and Dr. A. S. Parkes on the effects of inanition and vitamin B deficiency upon the testes of the pigeon. The annual pond life and general microscopical exhibition will be held on June 6th, from 7.30 to 10 p.m.

THE annual medical missionary breakfast of the Medical Prayer Union will be held on Wednesday, May 16th, at the Refectory, University College, Gower Street, London. An address will be given by Dr. A. W. Hooker, Wesleyan Mission, China, recently returned from West Africa. An intimation of intention to be present will be welcomed by the honorary secretary, Dr. Tom Jays, Livingstone College, Leyton, E.10.

THE Midday Mission Hospital, Bethnal Green, which has now attained its jubilee, has recently completed the building of a new extension and the equipment of an x-ray department, and the formal opening of these additions will take place on Saturday, May 19th, on the occasion of the annual meeting and "pound day." In recent years the number of in-patients has doubled, and increased accommodation has therefore become necessary, not only for the patients, but also for the additional staff required. Out of £20,000 needed to complete the extension £13,000 has been given or promised, and a special appeal is now being made to secure the balance.

A POST-GRADUATE course commenced at the National Hospital, Queen Square, Bloomsbury, W.C.1, on Monday, May 7th; it will continue until Friday, June 29th. The general course will consist of clinical lectures and demonstrations, teaching in the out-patient department, and pathological lectures and demonstrations. A course of lectures on the anatomy and physiology of the nervous system will also be given. Further particulars can be obtained on application to the dean of the Medical School.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that on Tuesday, May 15th, at 2.30 p.m., there will be a clinical demonstration by Dr. Thomas Cotton at the National Hospital for Diseases of the Heart, and that on the same day, at 5 p.m. at St. Mark's Hospital, Mr. W. B. Gabriel will give a demonstration of cases illustrating diseases of the rectum. A demonstration will also be given on Thursday, May 17th, at 1 p.m., at the Royal London Ophthalmic Hospital, by Mr. Whiting. The first of four demonstrations on ante-natal diagnosis and treatment will be given at the Royal Free Hospital by Professor Louise McIlroy at 5 p.m. on Wednesday, May 16th. Arrangements for June include special courses in chest diseases at the Victoria Park Hospital, from June 18th to 30th; in diseases of children at the Children's Clinic, from June 4th to 16th; in gynaecology at the Chelsea Hospital for Women, from June 18th to 30th; and in neurology at the West End Hospital for Nervous Diseases, from June 25th to July 21st. Particulars may be obtained from the secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

At the meeting of the Society of Public Analysts held on May 2nd a communication on the separation of lead tetra-ethyl from solution in petroleum spirit was made by Messrs. F. W. Toms and C. P. Money. The method depends on the separation of lead ethyl sulphinate on passing sulphur dioxide into "ethyl petrol," and conversion of the deposit into lead sulphate.

THE Minister of Health has appointed Mr. A. B. MacLachlan to be a principal assistant secretary and Mr. M. Heseltine, C.B., to be an assistant secretary of the Ministry.

At a meeting of the council of the University of London Graduates' Association, held on May 7th, it was resolved to support the re-election as representative of the University in Parliament of Dr. E. Graham Little, M.P.

DR. LEWIS S. ROBERTSON, who has been appointed superintendent of the Pretoria General Hospital, has taken a prominent part in professional affairs in that city, notably as an officer in the local branch of the Medical Association of South Africa (British Medical Association). He received his early medical education at Capetown, and entered Aber-

deen University in 1913, but in October, 1914, joined the Scottish Red Cross and served in France for two years with that organization, subsequently holding a commission in the Royal Field Artillery. After graduating M.B., Ch.B. Aberd. in 1919 and obtaining the D.P.H. he returned to South Africa. Since 1922 he has been in practice in Pretoria.

WE have received the first number of a new scientific quarterly, published by direction of the Council of the Pharmaceutical Society, entitled the *Quarterly Journal of Pharmacy*. The four issues when bound into a volume for the year will represent the *Year-Book of Pharmacy*, which was first issued in 1870. The present volume contains an historical introduction by the President of the Pharmaceutical Society of Great Britain, and an account of the outlook in pharmacology and pharmacy by Sir John Rose Bradford, President of the Royal College of Physicians of London. Original articles include the pharmacological assay of digitalis by different methods, the composition and solubility of strychnine hydrochloride, the solubility and rate of solution of arsenious oxide *H.P.*, and a critical article on the oestrous cycle in the guinea-pig and the suitability of the uterus for the estimation of pituitary extract. The issue also contains abstracts of current literature. It should prove a very useful work of reference.

A MEDICAL congress will be held at Rio de Janeiro from July 15th to 19th. Further information can be obtained from the general secretary, Dr. Belmiro Valverde, Rua Sao José 84, Rio de Janeiro, or from Dr. Drugman, 18, Boulevard des Moulins, Monte Carlo.

THE eighth Italian congress of radiology will be held at Florence from May 14th to 16th, under the presidency of Professor Luigi Siciliano.

MESSRS. J. AND A. CHURCHILL announce for early publication two new volumes in the Recent Advances Series—*Surgery*, by Mr. W. H. Ogilvie, and *Disease of Children*, by Drs. W. J. Pearson and W. G. Wyllie.

ACCORDING to the census of 1926 the population of the Union of the Soviet Republics is 145 million as compared with only 104 million in 1897, so that in spite of the war, famine, and epidemics the population has increased by 40 per cent. in the last thirty years. During this period the number of urban dwellers has increased two-fold, while the increase in the rural population has been only 30 per cent.

## 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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