

This patient was never off an open verandah. His general condition is excellent in every way; there is now no pain or tenderness, and the pulse and temperature are quite normal.

The apparatus is simple to use; it can be quickly adjusted in any direction by the medical officer from time to time, and it renders nursing easy. Thus a bed-pan is used by merely hooking up the extension weights and sliding the patient up the bed; he fits back into position when the pan is removed, and the weights again hang free. The splint will lie on any ordinary bed and fit any patient, child or adult. Cradles, which cause draught and discomfort, are rendered unnecessary.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

FRACTURED BASE OF THE SKULL FOLLOWED BY ACUTE MASTOID DISEASE: RECOVERY.

ACUTE mastoid disease is an unusual sequel of fractured base, and the following details of such a case seem to be worthy of record, especially since almost complete recovery followed operative treatment.

While hunting on February 1st, 1926, a lady was thrown from her horse, which rolled over her. She was unconscious on being picked up, and was bleeding from both ears and from the nose. Both clavicles were broken, and there were injuries to some ribs. She was completely unconscious for twelve hours, and only partially conscious for the next four days. It was noticed that she had right facial paralysis, and on recovering consciousness more completely it was found that she had paralysis of the right sixth nerve, causing double vision.

The external auditory canals were kept clean by swabbing with 1 in 20 carbolic solution. On the eighth day there was earache on the right side; a discharge appeared from both ears on the tenth day, and her temperature rose to 100° F. On the twelfth day she complained of earache on the left side. There was considerable swelling around the upper part of the right mastoid, extending above the ear into the temporal region, and in front to just below the zygoma. This had appeared very shortly after the accident. There was a free discharge of pus from this ear, and when the canal was cleaned out it was found to be torn across close to the membrane, which could not be seen properly owing to narrowing of the canal. The left canal contained some dried blood and discharge, but no perforation could be seen in the membrane, which was not reddened. Both mastoids were very tender to pressure, and this had always been the case since she recovered consciousness. Air conduction was diminished, but bone conduction was normal. The temperature was 100.6° F., and the pulse 92. She answered questions intelligently, but when not spoken to lay in a drowsy condition with her eyes closed. The following day the pulse and temperature were normal, and remained so for thirty-six hours, when the temperature again rose to 100° F., the pulse being 88. On the sixteenth day she had "neuralgic" pain in her right ear and mastoid, and there was some increase of the swelling in this region, the ear being pushed forward; the temperature was 101.6° F., and the pulse 100. The left ear was again discharging slightly, and it was obvious that the right mastoid was infected.

First Operation.—The usual incision was made, and a fracture could be felt; on retracting the tissues it was seen to run upwards and backwards over the mastoid from the lower part of the bony meatus, and there was some gaping between the edges. A small three-sided trocar was used to make a hole in the bone; this was replaced by larger-sized trocars, and by gentle use of burrs and forceps the hole was enlarged. Some pus was found in the cells just over the antrum, and on opening the latter there was a gush of pus. The surrounding cells were removed, but no attempt was made at a formal operation. The middle ear was washed out through the auditus, and the cavity in the bone, after being mopped out with spirit, was bipped and lightly packed with bipped gauze. The perforation in the left membrane was enlarged. The time of operation was 11 p.m.

The next morning at 8 o'clock the temperature was 98.4° F., pulse 86, but by 10.30 the temperature had risen to 103° F., pulse 132; the breathing was sighing, and she appeared very ill indeed. There were no meningeal or labyrinthine symptoms, but the question of a commencing lateral sinus infection or a perisinus abscess had to be considered, as had also a deep infection of the tissues in the swollen area or in the line of the fracture. By the evening the temperature had dropped to 100.6° F., pulse 104, and she was in much better condition. The temperature remained below 100° F. till the twentieth day, when it again rose to 101.4° F. at 8 a.m., and 101.4° F. at 4 p.m. the next day. The swelling in the temporal and zygomatic region became more marked, the right eyelid was swollen, and the eye was nearly closed; some oedema and reddening over the forehead appeared, extending to the left side.

Second Operation.—An incision was made in the temporal region, and the temporal, zygomatic, and speno-maxillary regions were explored with a very large-bore needle, but no pus was found. A further free incision in the temporal region was made and fomentations were applied. The next day the temperature again

shot up to 103° F., but dropped to 98° F. by 8 p.m.; after this convalescence was rapid and uneventful.

The facial paralysis had almost entirely cleared up by the beginning of May, when she was able to take walks of two to four miles, but the diplopia persisted for about another month. Some granulations had to be curetted out of the right canal. The discharge soon cleared up. As soon as the membranes were soundly healed gentle politizerization was used, and this was later supplemented by massage. From time to time all treatment was stopped for a week to ten days.

The hearing in both ears is now practically normal; there is no narrowing of the right external auditory canal. The patient is again leading her normal life, and has resumed hunting. Head-aches, or other sequelae, are absent.

W. J. HARRISON, M.B., B.S.
Surgeon, Ear, Nose, and Throat Hospital,
Newcastle-on-Tyne.

PNEUMONIA WITH ACUTE ABDOMINAL SYMPTOMS AND MULTIPLE ABSCESES.

THE simulation by pneumonia of an acute abdominal condition is not very uncommon, but the following case presents some unusual features and seems, therefore, to be worthy of record.

A young lascar was admitted to the British Cottage Hospital at Algiers, on February 16th, complaining of anorexia and great pain below the liver running down the right side of the abdomen. On palpation muscular contraction prevented exploration of the subjacent viscera, but no tympanites was present and the abdominal respiration was unimpeded. The temperature was 101°. The bowels were loose, but nothing abnormal was found in the faeces; it was decided that there was no necessity for immediate intervention.

He began to cough considerably two days after admission, and examination showed dullness over the upper lobe of the right lung extending into the axilla. The sputum was not particularly viscid and did not present the characteristic colour of pneumonic expectoration. Puncture of the pleura over the dull area brought away only a few drops of blood-stained fluid rich in pneumococci. At the back respiration at the upper part of the lung was blowing and there was pectoriloquy. The crisis occurred on February 25th, when the temperature returned to normal and did not subsequently rise.

The patient improved and began to take food readily, but he complained of pain in the back of the neck on movement in any direction. Nothing abnormal could be made out in that situation by palpation, but there may have been pneumococcal arthritis; Kernig's sign was absent. Then swellings appeared on the arms—one on the outer aspect of the right forearm and two on the outer aspect of the left arm, the uppermost just below the deltoid. The swellings ranged in size from a filbert to a walnut, and fluctuated freely. On being opened they gave exit to creamy pus containing a pure culture of pneumococci. The patient was given three intravenous injections of antipneumococcal vaccine; these were not followed by any rise of temperature, but he became noisy and had to be placed in a separate ward. He ultimately made a good recovery, the abdominal symptoms having cleared up spontaneously in the course of four or five days; the stiffness of the neck subsided gradually.

Judging from the literature of the subject the prognosis in cases of pneumococcaemia before the introduction of vaccines was extremely grave, but this is my second case in which the use of an antipneumococcal vaccine appears to have exerted a favourable influence. I reported a case of pneumococcal polyarthritis in the *British Medical Journal* of September 13th, 1924 (p. 455).

The interesting feature in the present instance is the patient's admission as an acute abdominal case. The fact that pneumonia may simulate appendicitis has long been known, and this is particularly the case in infantile pneumonia. Daussy, in 1913, collected notes of a number of such cases for his Paris thesis. He points out that while some patients treated for pneumonia were found after death to have had appendicitis, on other occasions patients operated upon for appendicitis were found after death to have had pneumonia. He concluded that pneumonia, especially in children, might be accompanied by an abdominal syndrome resembling that of appendicitis. This is not due to an abnormal localization of the pneumococcus; it is quite possible, of course, for the two affections to coexist, and it is obvious that an attack of appendicitis may predispose to an attack of pneumonia. He divides these cases into two main groups—namely, (1) those in which the pneumonia soon dominates the scene while the abdominal symptoms spontaneously clear up, and (2) those in which the appendicitis becomes and remains the principal feature, the pneumonia only being recognized later on. The cases belonging to the first group are usually mild, but the prognosis is not so good in the second. The moral to be drawn from his observations is that in

practice we ought to look after the appendix in our pneumonia patients and keep an eye on the lungs in cases of appendicitis.

Algiers.

ALFRED S. GUBB, M.D.

PULMONARY SILICOSIS.

THE following case would appear to be worthy of record in view of the question of compensation that arises.

A stone borer, aged 42, had worked in a coal mine for twenty years; there was no history of any previous illness or a family history of disease. Before his employment in the mine he had worked in a quarry, boring with a pneumatic drill and blasting away the hard rock above the coal seam. I am told that this rock is so hard that no other method but explosive will suffice. Last August he complained of an irritable dry cough, which resembled a bark. There were no definite signs then in the lung, and a tuberculosis officer excluded this disease; the x-ray photograph showed mottling, but there was no wasting. In fact, the man said he felt quite fit, but the cough tired him out.

An examination by a laryngologist led to the suggestion of there being pressure on the recurrent laryngeal, with silicosis as the probable cause. The Wassermann reaction was negative. The patient was seen by the regional medical officer, who agreed with the diagnosis of silicosis. Several specimens of sputum were sent to the county bacteriologist with negative results. Dr. Ifor Davies saw the case and also diagnosed silicosis. Early this year the patient had an attack of acute bronchitis with signs of bronchiectasis; cardiac insufficiency and oedema supervened, ending in death. Four or five sputum examinations were made during the last month again for tubercle bacilli, but proved negative each time.

I do not think there is much doubt as to the diagnosis. The patient had been seen by six independent medical practitioners, who agreed as to the nature of the condition.

I am informed that silicosis is not on the schedule; consequently this man's widow and children receive nothing. Tenosynovitis and miners' beat hand come within the scope of the Workmen's Compensation Acts, when in my opinion a "damaged" lung is a condition with a much less problematic etiology. Compensation is paid should tuberculosis supervene in a previously damaged joint at work; why should it not be available if the lung is damaged through the hazard of occupation?

GWILYM L. PIERCE, L.R.C.P.,
L.R.C.S.Ed., L.R.F.P.S.Glas.

Penrhiwceiber, Glamorgan.

Reports of Societies.

THE INTESTINAL AMOEBAE OF MAN.

At the meeting of the Royal Society of Tropical Medicine and Hygiene on June 21st, with Professor J. W. W. STEPHENS in the chair, a paper on "The differentiation of the intestinal amoebae of man" was read by Professor E. BRUMPT, of the Laboratoire de Parasitologie, Faculté de Médecine, Paris.

Professor Brumpt said that English authors had been the first to demonstrate the frequency of occurrence of four-nucleated cysts of *Entamoeba* in individuals who had never been in tropical countries. These cysts had been considered as invariably identical with those of the real *E. dysenteriae*, discovered by Quincke and Roos in 1893, and it was upon this rather hasty identification that all writers had published their statistics. The statistics demonstrated the peculiar fact that four-nucleated cysts were encountered nearly as often in countries where amoebic dysentery was unknown as in those where it was extensive. It had yet to be explained why amoebae were pathogenic for man in one of four persons of the Philippines, one in ten or twenty in various parts of India and Indo-China, while in England, France, and Holland, where millions of cyst-spreaders existed, only a few cases occurred each year, and among those cases contagion from exotic carriers was usually demonstrable. In the speaker's estimation most statistics had been established on a false basis. Nearly all authors had considered all four-nucleated cysts as belonging to *E. dysenteriae*, but in fact these cysts were produced by three different entamoebae—namely, *E. dispar*, *E. Hartmanni*, and *E. dysenteriae*, and in that order of frequency. *E. hartmanni* was a small amoeba, found in all parts of the world, and one which did not seem to be pathogenic for man. He thought it could be separated from *E. dysenteriae* by its morphological and biological characters. *E. dispar*, which

had been taken for *E. dysenteriae* in temperate countries—in England, for instance—was much more difficult to identify than *E. hartmanni*, for it differed from *E. dysenteriae* only in a negative character. It stood out from *E. dysenteriae* by its natural and experimental habitat, its geographical distribution (which extended beyond that of *E. dysenteriae*), by the way in which it fed in natural hosts and in culture, and by its pathogenic power. This amoeba, dwelling in the large intestine, lived probably on the surface of the epithelium without producing macroscopic lesions. It was incapable of producing liver abscess, though, like *E. hartmanni*, *E. dispar* probably gave rise, when numerous, to various slight digestive troubles. This parasite was widely spread among individuals who seemed to tolerate it quite well, while in post-mortem examination lesions of the gut caused by it had never been observed. Differentiation could be made by injection of the cysts into cats. When the agent was the dysenteric amoeba the cat died with the usual lesions; if it was *E. dispar* any infection produced was only mild. Professor Brumpt considered that the dysenteric infections reported during the war by Yorke and others as occurring among recruits who had never been out of England were infections in which *E. dispar* and not *E. dysenteriae* was implicated. If amongst cyst-bearers—and there were several millions in England—only one or two cases of dysentery occurred each year, it was because these many cyst-bearers were infected with *E. dispar* and *E. hartmanni* and not with *E. dysenteriae*.

Professor WARRINGTON YORKE said that Professor Brumpt had offered a very simple explanation of a puzzling phenomenon—namely, why a definite percentage of apparently healthy people should harbour a pathogenic organism, or what until that evening most of those present had believed to be such. Professor Brumpt had said that it was difficult to differentiate these species, *E. dispar* and *E. dysenteriae*, on their morphological characters, but the speaker confessed himself one who still clung to morphology as offering the soundest basis for classification. The onus of proof lay on those who stated that things which appeared to be the same were really different. With regard to the work which he and others had done in 1917 on recruits who had never left England, it was noteworthy that in at least two of these cases infections were produced in cats which were not to be distinguished from those resulting from similar experiments with the excreta of chronic dysenterics. In certain circumstances amoebic dysentery could be contracted in England in indigenous cases, and it was possible that if signs of amoebic dysentery among the population of temperate zones were sought for by skilled observers they would be found much more commonly than at present imagined. Why certain persons should harbour *E. dysenteriae* and exhibit no signs of the disease was not known, but the explanation might well be that before *E. dysenteriae* could produce any disease some additional factor was necessary, such as susceptibility of the alimentary canal. The researches of Adams and himself had shown that cysts of *E. dysenteriae* passed by different individuals, or by the same individual at different times, differed markedly in numbers passed in a day, the stage of development at which they were passed, and their viability as judged by cultural methods.

Dr. H. L. DUKE instanced the parallel with regard to trypanosomes. The dualist view was that *T. rhodesiense* and *T. brucei* had very little to do with one another; a recent investigator had linked up *T. rhodesiense* and *T. gambiense* as the same species appearing under different guises, and *T. brucei* was regarded as a trypanosome which had no use for man. The unicists, of which he was one, regarded *T. rhodesiense* and *T. brucei* as very nearly allied, and he himself thought that *T. gambiense* was a variant of *T. brucei* which had become a specialized parasite of man, having been forced to utilize man as its final host owing to the decrease of game in the regions where man and the tsetse fly came into close contact. There was a parallel between the situation in the trypanosomes and as Professor Brumpt had sketched it in the amoebae. The speaker put forward the hypothesis that there was one polymorphic species of amoeba, a parasite of man, but differing in its adaptation to man in different circumstances, and that occasionally this adaptation broke down, resulting in dysentery.

board of health in Wales, and it neither specified any number nor laid down that there should be any chairman. Sir C. KINLOCH-COOKE asked if Sir Kingsley Wood was aware that the abolition of this post was causing indignation, and whether the Minister of Health would receive a deputation on the subject. Colonel Woodcock asked what saving would be effected by the abolition of this post. Sir KINGSLEY WOOD said he believed there would be a saving of about £1,600 a year. If any indignation had arisen over the action of the Minister of Health it was due to misapprehension. Replying to Mr. Morris, Sir KINGSLEY WOOD said the effect of the abolition of the post was not to place the Welsh nation under the jurisdiction of the English Commissioners. The Welsh Board had met on an average only three times yearly. The Minister of Health believed that the duties of the office would be carried on efficiently.

On June 26th Sir KINGSLEY WOOD stated that the saving realized by the recent reorganization of the establishment of the Welsh Board of Health was £1,628.

Liquor (Disinterested Ownership and Management) Bill.

Speaking on June 26th, in the House of Lords, on a motion for the second reading of the Liquor (Disinterested Ownership and Management) Bill, moved by Lord Balfour of Burleigh, Lord Dawson of Penn said that the principle of local option carried with it certain disadvantages, not to say dangers. The institution of elections for this or that matter must cheapen elections in the eyes of the people. Experience in regard to elections for boards of guardians and under the Scottish Temperance Act showed that relatively small numbers of people went to the polls. Everyone interested in social reform rejoiced that they had the valuable experiment at Carlisle, but after twelve years, with every advantage, it could not be said that Carlisle was an outstanding success. He could see no end to these *ad hoc* bodies. Possibly they would have the New Health Society asking to have local option in the use of brown bread. Legislation on drink had proved that unless legislators carried the people with them they defeated their own objects. Education and suasion had done far more than legislation to promote temperance in this country. The improvement in temperance began long before the war, and the figures showed a steady improvement in that respect among the masses of the people. Nothing was more striking than the rapid and progressive improvement in the temperance of the people. He would give one set of figures which showed that in a large fully licensed house in London 75 per cent. of the people who sat there on one evening were consuming no alcohol at all. The only place where drunkenness seemed entrenched was from time to time behind the motor wheel. The statesmanlike course to pursue if they wanted to increase temperance was to study the causes which worked for temperance, and further them wherever possible. Among those causes was the growth of knowledge through education. The educational propaganda of the last twenty-five years had done a great deal. Another cause was the growth in popularity of recreation and games. Above everything else there was the love of health and fitness. There was the realization of how good alcohol was in its right place and how they ought not to drink too much, and there was growing up a degree of temperance which left little to be desired. There had been a striking improvement in the public houses in this country wherever one went, with the exception of the slums. In some of the newer houses around London food and coffee were provided, and non-alcoholic drinks, with games and amusements, and the management were not paid any commission on the amount of alcoholic drink. Along such lines as these they ought to proceed.

The motion for the second reading of the bill was defeated by 67 votes to 24.

Slaughter of Animals (Scotland) Bill.

The House of Commons, on June 22nd, considered the Slaughter of Animals (Scotland) Bill, and passed it through report and third reading. The bill proposes to make the use of the humane killer compulsory for the slaughter in Scotland of cattle, calves, sheep, and lambs, but not of swine. An amendment to allow young lambs and calves to be killed by the knife was defeated. General CHARTERIS referred to an experiment conducted by the chief veterinary officer of Edinburgh, and attended by two independent scientists of Edinburgh. This experiment had determined that from the time when the first incision of the skin was made by the bullet from the captive bolt of the instrument there elapsed no more than four-fifths of a second until complete unconsciousness supervened. With the knife the time was thirty-three and one-fifth seconds. With the humane killer unconsciousness was, for all intents and purposes, instantaneous.

Dr. DRUMMOND SHIELDS said that sheep required the use of the humane killer more than any other animal.

Dr. ELLIOT (Under Secretary for Scotland) said the Government regarded the bill as an instalment of legislation applicable to the United Kingdom.

Experiments on Animals.—On June 26th, in reply to Mr. Maclean, Sir W. JOYNSON-HICKS said that in 1927 there were 13,871 experiments on animals with anaesthetics and 279,431 without anaesthetics. The latter class of experiments were mostly inoculations and feeding experiments, and in no case was an operative procedure more severe than simple inoculation allowed without an anaesthetic. In 1927 there were 253 places registered for conducting experiments in vivisection, and 1,230 persons were licensed to conduct them; 7,647 experiments were performed under certificate B (that is, where the experimenter is relieved from the obligation to kill the animal before it recovers from the anaesthetic). Of these, 583 were on cats and dogs.

Treatment of Tuberculous Pensioners.—In a reply, on July 21st, to Sir Wilfred Sugden, Major TRYON said treatment for pensioners suffering from tuberculosis was secured through the local health authorities, who normally made use of their own sanatoriums, approved for the purpose by the Ministry of Health. This practice ensured that local facilities were utilized to the full and was also consistent with the policy of treating pensioners, as far as possible, near their own homes. Cases of this class likely to be suitable for, and to benefit from, ultimate residence in a village settlement after any course of treatment required, would be increasingly few among pensioners whose tuberculosis was directly traceable to their war service, having regard to the stage of their complaint, age, previous occupation, habits of life, and other factors. When such cases arose treatment in a sanatorium attached to a village settlement might be preferable to the normal arrangements of treatment in the sanatorium of the local health authority, and he was prepared to continue to give reasonable facilities for the treatment of suitable cases. There were excellent local sanatoriums in the North of England, and the Ministry of Health desired to make full use of them.

Death of a Radiographer from Cancer.—Dr. VERNON DAVIES, on June 25th, asked the Prime Minister whether, in view of the facts disclosed by the inquest held on June 19th at Deptford, on the body of Arthur Augustus Parsons, radiographer at the Seamen's Hospital, Greenwich, for over twenty years, and for six years previously at Westminster Hospital, who died from carcinoma contracted in the course of his duty, he would consider recommending some appropriate method by which the State could show its appreciation of such work for the public good. Mr. BALDWIN said that if Dr. Davies sent him full particulars of this case he would look into it.

Petrol Tax.—The House of Commons, in Committee, on June 25th, considered the petrol tax. Mr. Snowden moved to reduce the tax from 4d. to 1d. This amendment was resisted by Mr. Churchill, and defeated by 237 votes to 115.

Notes in Brief.

On June 25th Mr. Baldwin stated that it was not proposed to make any alteration in the status of the Ministry of Pensions during the life of the present Parliament.

The effect of coal dust in causing chest diseases among surface workers at collieries is being investigated.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Radcliffe Prize, 1929.

THE next award for the Radcliffe Prize will be in the year 1929. The prize, of the value of £50, is awarded by the Master and Fellows of University College, Oxford, every second year for research in any branch of medical science comprised under the following heads: human anatomy, physiology, pharmacology, pathology, medicine, surgery, obstetrics, gynaecology, forensic medicine, hygiene. It is open to all graduates of the University of Oxford who have proceeded, or are proceeding, to a medical degree in the University. Candidates must not have exceeded twelve years from the date of passing the last examination for the B.A. degree, and must not, at the date of application, be Fellows on the Foundation of Dr. John Radcliffe. Candidates must send in their memoirs to the Secretary of Faculties at the University Registry, Oxford, by December 1st, 1928. The award will be made in March, 1929. No memoir for which any University Prize has already been awarded is admitted to competition for the Radcliffe Prize, and the prize will not be awarded more than once to the same candidate.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on June 19th the degree of Doctor of Medicine was conferred on W. D. Keyworth.

A congregation for the conferment of degrees in medicine and surgery will be held on July 21st, at 2 p.m.

The A. R. Graham prize in medicine has been awarded to J. Metcalf.

The following candidates have been approved at the examinations indicated:

THIRD M.B. B.CHIR.—(Part I) *Surgery, Midwifery, and Gynaecology:*

M. E. Albury, N. R. Barrett, H. F. Bateman, W. A. G. Bell, F. Bush, S. S. Chessier, E. Clayton-Jones, G. C. Dewes, A. J. Dix-Perkin, W. J. G. Drake-Lee, J. StC. Elkington, W. A. Elliston, P. H. Fox, E. L. Graff, C. J. Grosch, R. Hodgkinson, S. H. G. Humphrey, S. D. Isaacs, W. P. Jones, L. W. A. Lankester, P. G. Levick, J. O. F. Lloyd-Williamson, A. Maberly, A. A. Miles, J. K. Monro, J. R. Peacock, L. S. Penrose, J. R. A. Reynolds, A. M. Rhydderch, A. M. Roberts, W. H. Scott-Easton, U. W. Shaw, H. J. Simmons, W. H. Simonds, E. T. O. Slater, T. R. Stevens, H. H. Stewart, H. S. Taylor, Young, J. F. Varley, J. Vaughan Bradley, H. S. Waters, L. B. Winter, F. W. J. Wood. *Women:* M. H. D. Carr, M. Leathes, J. R. Lees, M. A. Wilcox. (Part II) *Principles and Practice of Physiology, Pathology, and Pharmacology:* M. C. Andrews, W. R. Ashby, N. R. Barrett, D. H. Belfrage, W. Buckley, S. S. Chessier, H. T. Cox, W. J. G. Drake-Lee, J. StC. Elkington, E. G. Frewer, T. O. Garland, R. M. Gilchrist, F. H. Gillett, J. C. Gordon, E. A. P. Gray, L. J. Hardon, J. H. Hopper, M. C. Hounsfield, L. E. Jones, T. E. Lanech, J. M. Lees, E. W. Lindock, W. J. Lloyd, R. A. McCance, D. J. MacMyn, W. E. Mashiter, A. A. Miles, T. St. M. Norris, M. D. Nosworthy, R. E. M. Pilcher, J. C. O. Poole, E. J. Fye-Smith, E. G. Recordon, A. M. Rhydderch, F. A. Richards, A. M. Roberts, T. R. Robins, R. P. Ross, H. Scudamore, L. Shillito, E. Smith, T. R. Smith, W. Smith, E. T. C. Spooner, T. C. Stevenson, G. R. S. Stewart, H. H. Stewart, G. S. Storrs, J. R. H. Towers, H. S. Waters. *Women:* A. G. Clogg, C. P. Giles, E. M. Hoskin, M. F. Shacklil.

UNIVERSITY OF LONDON.

SIR GREGORY FOSTER has been elected Vice-Chancellor for 1928-29, in succession to Sir William Beveridge.

The degree of D.Sc. in Anatomy has been conferred upon Miss I. C. Mann, and that of D.Sc. in Physiology upon Mr. C. H. Best.

Dr. J. Fawcett has been appointed the representative of the University at the fourteenth annual conference of the National Association for the Prevention of Tuberculosis, to be held in London in October next.

UNIVERSITY OF GLASGOW.

A GRADUATION ceremony was held on June 20th, when the following were among the degrees conferred:

HON. LL.D.—Professor G. W. Crile, F.R.C.S. (Cleveland, Ohio).
M.D.—F. R. Martin.

QUEEN'S UNIVERSITY, BELFAST.

The results of Queen's University final examinations, held in June, show an unusually high percentage of passes. For the degree of M.D. seven candidates were successful, representing 75 per cent. of the total number of candidates; while forty-five candidates were awarded the degrees of M.B., B.Ch., B.A.O.—approximately 70 per cent. of those who sat for the examination. The following is a list of the successful students:

M.D.—H. W. Black, J. S. Campbell, J. C. Davison, H. Harris, W. F. T. Math, R. A. Reynolds, L. Walker.
M.B., B.Ch., B.A.O.—J. A. P. Alexander, F. F. Kane, W. W. Bassett, J. H. Biggart, J. A. D. Deeny, Eileen M'C. Hill, H. C. Lindsay, S. Anderson, T. H. Baillie, Martha E. Cantley, F. W. H. Caughey, H. M. B. Chisholm, H. H. Collier, J. De Lary, G. B. W. Fisher, J. H. Getty, A. D. Glasgow, M. J. Gordon, S. E. V. Gordon, J. Gourley, Margaret M. Hovey, Mary E. Houston, T. S. Hoy, D. J. Hurrell, M. Jeffers, Elizabeth H. J. Kelly, J. M. Kennedy, J. S. Kyle, A. E. Lavelle, K. N. Lavelle, W. J. Ludlow, W. E. Lyster, C. B. McCarthy, W. N. McCullough, W. H. M'Ilraith, Margt. M. MacNeill, Jane E. M'Neill, W. B. Morton, Alice I. Muir, J. Pitt, M. Rossenfield, W. J. Stewart, Nora E. Stoupe, A. M'C. Wallace, F. L. Wynne.

* Gold medal. † With commendation.
‡ First-class honours. § Second class honours.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

SURGERY.—K. J. M. Graham, T. A. P. Proctor, A. F. Quarumby, S. M. Rahman, W. Ziv.

MEDICINE.—P. C. Basu, H. C. Clifford-Smith, S. M. Rahman.

FORENSIC MEDICINE.—M. K. Bryce, A. F. Quarumby.

MIDWIFERY.—H. H. Jackson, C. P. Madden, H. Murkis.

The diploma of the Society has been granted to Messrs. K. J. M. Graham and W. Ziv.

The Services.

INDIAN MEDICAL SERVICE.

ANNUAL DINNER IN LONDON.

The annual London dinner of the Indian Medical Service was held at the Trocadero Restaurant on June 20th, when Major-General Sir R. Havelock Charles, Bt., G.C.V.O., K.C.S.I., was in the chair. The following is a list of the officers present:

Major-Generals: B. N. Deare, C.I.E., A. A. Gibbs, K.H.P., G. F. A. Harris, C.S.I., R. W. S. Lyons, Sir R. C. MacWatt, C.I.E., J. B. Smith, C.B., C.I.E.

Colonels: J. Crimmin, V.C., C.B., C.I.E., V.D., H. M. Cruddas, C.M.G., O.B.E., C. M. Goodbody, C.I.E., D.S.O., T. A. Granger, C.M.G., C. R. M. Green, J. A. Hamilton, C.M.G., H. Kellock McKay, C.B., C.I.E., A. J. Macnab, C.B., C.M.G., R. A. Needham, C.I.E., D.S.O., J. J. Pratt, R. G. Turner, C.M.G., D.S.O., F. Wall, C.M.G., C. N. C. Wimberley, C.M.G.

Lieutenant-Colonels: A. W. Alcock, C.I.E., F.R.S., W. G. P. Alpin, O.B.E., J. Anderson, C.I.E., S. R. Christophers, C.I.E., O.B.E., K.H.P., Sir Frank Connor, D.S.O., A. G. Coullie, D. G. Crawford, J. M. Crawford, O.B.E., R. H. Elliot, G. H. Frost, H. Greany, J. B. Hanafin, C.I.E., E. C. Hepper, E. C. Hodgson, D.S.O., E. V. Hugo, C.M.G., Dalziel J. B. Hunter, O.B.E., S. P. James, Davenport I. Jones, J. Kirkpatrick, W. H. Leonard, T. M. Macrae, O.B.E., J. Masson, F. O. N. Mell, C.I.E., A. Miller, F. O'Kinealy, C.I.E., C.V.O., J. S. O'Neill, M.C., Sir Leonard Rogers, C.I.E., F.R.S., E. R. Rosi, O.B.E., S. Browning Smith, C.M.G., R. Steen, Ashton Street, W. A. Sykes, D.S.O., D. W. Sutherland, C.I.E., C. Thomson, G. Sloane Thomson, W. H. Thornhill, E. L. Ward, C.B.E., D. P. Warlicker, A. C. Younan.

Majors: Norman Briggs, Sir T. J. Carey-Evans, M.C., H. S. Cornack, M.C., A. W. Duncan, P. K. Gilroy, M.C., N. H. Hamer, M. L. C. Irvine, J. C. John, O.B.E., R. N. Kapadia, M.C., G. Rieky Lynn, D.S.O., V. Mahadevan, N. B. Mehta, R. V. Morrison, M. A. Nicholson, M. J. Quirke, M. A. Rahman, J. Rodger, M.C., E. C. A. Smith, H. Tait Caldwell, M.B.E., D. R. Thomas, G. Y. Thomson, F. R. Thornton, M.C.

Captains: M. P. Atkinson, D. P. Bhargava, J. E. Gray, A. C. Hayden.

Lieutenant: F. T. Harrington.

COMMISSIONS IN THE R.A.M.C.

The War Office announces that a limited number of commissions in the Royal Army Medical Corps are being offered to qualified practitioners under 28 years of age. There will be no entrance examination, but candidates will be required to present themselves in London for interview and medical examination. Applications should reach the War Office not later than July 20th. In the meanwhile, all information as to conditions of service and emoluments may be obtained from the Under Secretary of State, War Office (A.M.D.1), Whitehall, London, S.W.1.

DENTAL OFFICERS R.N.

The gold medal for candidates on entry as dental officers R.N. has been awarded to W. Holgate, surgeon lieutenant (D).

Medical News.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that on Tuesday, July 3rd, Mr. G. Perkins will give a demonstration at the Brockley Hill Country Orthopaedic Hospital at 11.30 a.m. if not less than ten post-graduates notify their intention to be present by telephone to Mayfair 2236. Demonstrations will be given at the Royal Westminster Ophthalmic Hospital on Thursday, July 5th, at 3 p.m., by Mr. M. L. Hine, and at Charing Cross Hospital on Friday, July 6th, at 2 p.m., by Dr. F. G. Chandler; they are open free to members of the medical profession. There will be a special whole-day course at the Prince of Wales's Hospital in medicine, surgery, and the specialties from July 9th to 21st, and a course in proctology from July 9th to 14th at St. Mark's Hospital. Later summer courses are as follows: At the Queen Mary's Hospital in medicine, surgery, and the specialties from August 27th to September 8th; in diseases of the chest at the Brompton Hospital, July 30th to August 4th; in diseases of infants at the Infants Hospital, August 13th to 25th; in urology at the All Saints' Hospital, August 7th to September 1st. Full particulars, syllabuses, etc., may be had from the Fellowship at 1, Wimpole Street, W.1.

THE annual meeting of the Royal Medico-Psychological Association will be held on July 11th, 12th, and 13th at the West Riding Mental Hospital, Wakefield, under the presidency of Professor J. Shaw Bolton, M.D. On the afternoon of the first day the president will give his address entitled "The evolution of a mental hospital—Wakefield, 1818-1928," and the Gaskell medal and prize for 1927 will be presented to Dr. Elizabeth Casson, and for 1928 to Dr. F. R. Martin. The morning and afternoon sessions of July 12th and 13th will be given up to papers and demonstrations. The general secretary is Dr. R. Worth, Springfield Mental Hospital, nr. Tooting, S.W.17.

AT a special meeting of the Royal Anthropological Institute, to be held at 52, Upper Bedford Place, Russell Square, W.C.1, at 8.15 p.m. on Tuesday, July 3rd, Dr. E. H. Hunt will give an address on the rock-hewn temples of Ajanta and Ellora. On the afternoon of that day, from 2 o'clock, a series of exhibits illustrating the paper—photographs, maps, etc.—will be on view at the institute. Among them will be photographs of self-mutilation ceremonies and implements of the Rafia fakirs of Hyderabad.

A COMPLETE post-graduate course in dermatology and venereology will be held at the clinic for cutaneous and syphilitic diseases at Strasbourg from September 17th to November 3rd. There will also be a laboratory course, including twenty lectures and practical work. The fee for each course is 300 francs. Further information may be obtained from Professor L. M. Pautrier, 2, Quai St. Nicolas, Strasbourg.

ACCORDING to a report issued by the Health Organization of the League of Nations, there has been a great decrease in the incidence of small-pox in European countries during recent years. The only exception to this general rule is offered by Great Britain, where there has been a steady increase in the number of cases officially reported since 1920. In 1927 there were 14,931 cases in Great Britain, as compared with 6,841 in the rest of Europe. The disease is common only in a mild form, known as alastrim, but this mild form has been notably absent from Continental Europe, with the exception of Switzerland, where between 1921 and 1926 it persisted in epidemic form. In 1927, however, no cases were reported in that country. Despite the large number of cases in Great Britain, the mortality has been very low, no deaths having occurred in Scotland between 1922 and 1927, and only 49 deaths in 1927 in England and Wales. During the period under review the disease was limited largely to the North of England and the Midlands. Of 10,141 cases reported in 1926, 10,070 were reported from Durham (6,645), Yorkshire (1,270), Derbyshire (982), Northumberland (843), Nottinghamshire (191), and Lancashire (139). During the winter of 1927-28 a wider diffusion of infection occurred; 4,711 cases were reported from 38 counties in England and Wales in the first quarter of 1928, but the mortality has been almost negligible. The report states that vaccination within ten years appears to give complete immunity to the disease. Thus in 1926 there was not a single case among children below 12 years of age who had been vaccinated in infancy, whereas there were no fewer than 3,980 cases among children below 12 years of age who had never been vaccinated. That part of the report dealing with Russia shows a remarkable decrease in the number of cases since the war. In 1919 there were 186,755 cases, which gives a rate of 30 for every 10,000 inhabitants; in 1926 there were only 16,547, or 1.1 to every 10,000 inhabitants; in 1913 there were 4 cases to

every 10,000 inhabitants. No case of small-pox was reported in Bulgaria, Czechoslovakia, Denmark, Gibraltar, Hungary, Lithuania, Luxembourg, Malta, or Rumania in January or February of this year.

THE annual National Conference on Maternity and Infant Welfare will be held at the Guildhall, London, on July 5th and 6th. In addition to Sir George Newman, Dame Janet Campbell, and other representatives of the Ministry of Health there will be present Dr. Helen MacMurchy, chief of the Child Welfare Division of the Canadian Department of Health; Sir Frederick Truby King, director of child welfare for New Zealand; Dr. Jamshyd Munsiff, chief of the Public Health Department, Bombay; and Dr. Ruth Young of the All-India League for Maternity and Child Welfare. We understand that so great has been the demand for tickets that all the seats in the council chamber of the Guildhall have been allotted.

THE Hampstead Garden Suburb, which, with other more or less similar schemes for the deliberate creation of new social and communal units, has exercised a considerable influence on the ideas associated with town-planning, is now celebrating the twenty-first anniversary of its inauguration with a week of entertainments and other festivities. The Earl of Lytton performed the opening ceremony on June 23rd, when Sir Philip Cunliffe-Lister presided.

THE Austrian State Publishing Office (Österreichische Staatsdruckerei) Wien I, Seilerstätte 24, has published in the German language a reference book on Austrian spas, which is obtainable direct or through any bookseller. It contains much information concerning the various spas, the composition of their mineral waters, and their therapeutical effects. The book has been compiled by well-known Austrian authorities, such as Professor Viktor Conrad, Dr. Karl Diem, Dr. Josef Knett, Professor Hans Horst Meyer, and Dr. Siegfried Stockmayer.

THE American Red Cross Society in April officially closed its relief work for victims of the Mississippi Valley floods, the largest task it has ever undertaken, after a year of strenuous endeavour. In all over 600,000 refugees came under the society's care, and practically all the relief fund raised, amounting to about £3,400,000, has been expended.

M. MAX HUBER, a judge of the Permanent Court of International Justice at the Hague, has been elected to succeed the late M. Gustave Ador as president of the International Red Cross Committee.

THE Minister of Health (the Right Hon. Neville Chamberlain, M.P.) will open the Surrey County Sanatorium at Milford, on Friday, July 20th, at 3.30 p.m. The sanatorium has been designed to accommodate 300 patients and staff at a cost of about £200,000.

THE President of the French Republic has conferred the Cross of Officer of the Legion of Honour on Professor G. H. F. Nuttall, Cambridge; Professor P. Roudopoloulos of Athens, editor of *Iatriki Proodos* and *La Grèce Médicale*, has been nominated a Chevalier of the Legion; and Dr. Truc, honorary professor of the Montpellier Faculty of Medicine, has been nominated Commander.

DR. NICHOLAS D. DUNSCOMBE, assistant medical officer of health for Southampton, has been called to the Bar by the Inner Temple.

AS announced in our advertisement pages the Association of Surgeons of Great Britain invite applications for a surgical scholarship of the value of £350 for one year. Applications must be sent to the secretary, 17, Wimpole Street, W.1, by September 30th.

THE forty-third volume of the *Archiv für Verdauungskrankheiten* has been dedicated to the editor, Professor I. Boas, on the occasion of his seventieth birthday. The sixty-eighth volume of the *Monatsschrift für Psychiatrie und Neurologie* has been dedicated to the editor, Professor K. Bonhoeffer, on his sixtieth birthday, and a like compliment has been paid by *Dermatologische Zeitschrift* to its editor, Professor Eric Hoffmann. A special number of the *Archiv für Verdauungs- und Stoffwechselkrankheiten* has been dedicated to Professor H. Strauss, director of the medical department of the Jewish Hospital, Berlin, on attaining the same age.

THE Association of Medical Officers of Missionary Societies has issued a new edition (the fourth) of its pamphlet, *Health Instructions for Missionaries in the Tropics*, which conveys much useful information in a small space. A section is given to emergency treatment, and there is a brief supplement for women. Copies are obtainable from the honorary secretary of the association, 1, Farnley Road, E.4, price 4d. each, or 3s. per dozen (inland post free).

DRS. H. T. CHALLIS and John Willett have been promoted Commanders in the Order of the Hospital of St. John of Jerusalem, and Drs. William Blackwood and William Owen Evans have been appointed officers.

Letters, Notes, and Answers.

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

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the **BRITISH MEDICAL JOURNAL** alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the **BRITISH MEDICAL JOURNAL** must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the **JOURNAL**, should be addressed to the Financial Secretary and Business Manager.

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

The **TELEGRAPHIC ADDRESSES** are:
EDITOR of the **BRITISH MEDICAL JOURNAL**, *Aitiology Westcent, London.*

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

MEDICAL SECRETARY, *Medisecca 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, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

INCOME TAX.

"F. G. D." bought a car in 1921 for £596, and has now replaced it by a slightly different type of car at a cost of £295, less £17 allowed for the old car. What claim can he make?

* * For the year 1928-29 he should claim the depreciation allowance on the written-down value as at December 31st, 1927, of the old car—say, £220 at 15 per cent., £33. This will help to pave the way for the allowances to be claimed for 1929-30, which will be (1) obsolescence allowance—that is, £295-£17-£33=£245, and (2) depreciation allowance, £295 at 15 per cent.—that is, £44.

Gift of Car for Professional Use.

"H. B. L." bought a second-hand Hillman coupé in 1922 for £385. In 1927 he received as a present a Hillman all-weather (1925) car in exchange for the coupé. The value of the former when given was £170 and the latter was sold immediately for £60. The depreciation allowed on the coupé has been: 1925-26 £42, 1926-27 £35, and 1927-28 £30. What should he claim as the depreciation allowance for 1928-29?

* * Apparently the last depreciation allowance reduced the written-down value to £170. On that basis the depreciation for 1928-29 will be as follows:

Value of car brought forward	...	...	...	...	£170
Deduct realization value of car replaced	...	...	...	...	60
					£110
Add value of car acquired	...	...	...	...	170
					£280
Allowance at 15 per cent.	...	...	...	...	£42

Cash Receipts Basis.

"T. H. G." bought an additional practice as from April 1st, 1927, and took in a partner, who acquired one-third share in the combined practices. Book debts were not taken over on either purchase. Past returns have been on the cash basis. Are the expenses incurred in connexion with the proprietorship changes allowable?

* * The cash basis is justified by convenience only, and is applicable only where the amount received in the year is probably equal to the value of the gross bookings. In the circumstances stated "T. H. G." cannot require his "cash basis" returns to be accepted, and the accounts for 1927-28 should be based on the gross bookings for that year less a deduction, which should be carefully arrived at after a specific valuation of each outstanding debt, for probable losses by bad debts. Cash received for pre-April, 1927, bookings is not liable to tax, because *ex hypothesi* the tax on those earnings has already been accounted for—on the basis of the assumption that the cash receipts represented the true earnings of past years. The expenses of purchase and formation of the partnership are not allowable; they are of a "capital" nature.