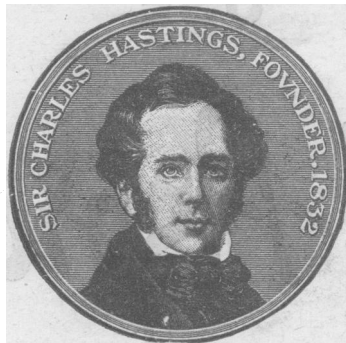


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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TRAUMATIC RUPTURE OF THE SPLEEN COMPLICATED BY HAEMATURIA.

THE following instance of rupture of the spleen seems worth recording in view of the masking of the diagnosis by haematuria, and the relatively slow pulse rate.

A man, aged 29, was admitted to hospital one night in a dazed condition. He had been riding a motor cycle round a bend in the road when he had skidded; he could remember nothing of the accident. There was no history of malaria, and the patient had never been abroad.

On admission he complained of pain in the left loin and in the head; the forehead was contused and there was some epistaxis. The pulse rate was 74 and the temperature 96.8° F. There was no pain, tenderness, or rigidity in the abdomen. The next morning the pain in the left loin was more pronounced and was accompanied by a swelling which extended forwards from the left kidney angle, and blood-stained urine was passed. The pulse rate was 82 and the temperature 98.2° F. During the day he began to complain of pain in the epigastrium, thirst, and dryness of the mouth. He vomited occasionally, but the vomit consisted mainly of fluids administered. The pulse rate was taken hourly during the day and ranged from 82 to 86, the volume being well maintained. Four specimens of urine were collected; the colour varied from smoky to definite red. In the evening a little distension of the abdomen was noticed.

On the following day the pulse rate was 88, but the volume remained good. The patient was still vomiting and the abdomen was somewhat more distended. The bowels having been confined since admission, an enema was given, and was followed by considerable relief. At noon the pulse rate remained at 88, but the abdomen was becoming distended again, and some dullness in the flanks was now present for the first time. It was more marked on the left side, though it could be made to shift from either side. After this the dullness and distension steadily increased, although the pulse rate never exceeded 88. The urine passed during the morning had remained blood-stained. At no time had the patient complained of pain in the left shoulder.

It was thought that the kidney had ruptured into the peritoneal cavity, and that afternoon the abdomen was opened by a left paramedian incision above the umbilicus. A large quantity of free blood was encountered as soon as the peritoneum was incised; this was rapidly mopped up. Examination of the left kidney area showed some swelling, but no communication with the peritoneal cavity. Blood was found to be issuing from the upper left quadrant of the abdomen, and the examining hand encountered a ruptured spleen. An incision across the left rectus enabled the spleen to be brought out of the wound. The upper pole was pulped and, in addition, there was a transverse wound at the level of the hilum. The pedicle was ligatured and the organ was removed.

Convalescence was uneventful save for the haematuria, which continued for twelve days, but gradually abated.

The cardinal signs of splenic rupture—namely, abdominal rigidity, local tenderness, Ballance's sign (shifting dullness in the right flank and constant dullness in the left flank), and Kehr's sign of pain referred to the left shoulder—were singularly absent in this patient.

Foucault¹ mentions rupture of the kidney in differential diagnosis from rupture of the spleen, and states that the latter is made apparent by the associated haematuria and lumbar swelling, both of which were present in this instance.

Gordon Watson² remarks that in rupture of the spleen the pulse diminishes in volume as it increases in rate until it becomes running and imperceptible. Hamilton Bailey³ says that "when the diagnosis is uncertain a clearly recorded half-hourly pulse chart is above all things of the greatest diagnostic value."

More helpful in this instance was the dictum of Butler and Carlson,⁴ who discuss nine cases of traumatic rupture of the spleen: "In all patients in whom there is a history of trauma to the abdomen, to the flanks, or to the lower chest, even if there is no visible injury or local evidence of injury, we must always be alert and not overlook the slowly developing shock, the slight distension, and the abdominal pain, not too severe, that are the early signs of rupture of the spleen."

Torquay.

B. VENN DUNN, M.D., F.R.C.S.Ed.

¹ Foucault: *Journ. de Méd. de Bordeaux*, 1925, 102, p. 1138.

² Gordon Watson: *Choyce's System of Surgery*, 1914, vol. 2, p. 105.

³ Hamilton Bailey: *Brit. Journ. Surg.*, 1927, xv, 57, p. 41.

⁴ Butler and Carlson: *Surg. Clin. of North America*, 1926, vi, 2, p. 517.

THE CAUSE AND CURE OF MORNING SICKNESS.

MANY years ago I was treating a pregnant patient for a vaginal condition, and among other things I used a tampon of glycerin and borax (B.P.). When I next called on her I was greatly interested in her statement that since my previous visit she had been quite free from morning sickness. This caused me to investigate the matter, and after eliminating other factors I concluded that the cure was due to the glycerin tampon. Thereafter I made it my constant practice to treat cases of morning sickness with glycerin and borax tampons, and since that time I have never had a failure.

I mentioned this treatment at various times to my assistants, and also to my fellow practitioners, and spoke about it at the Glasgow Gynaecological and Obstetrical Society, without being able to explain why it should be successful. Recently I hit upon what I believe to be the solution of the problem. On reading up the subject I find that all the successful cures so far recorded have followed the opening of the cervical canal: one practitioner forced his finger through the cervical canal, while another employed a wide, tapered sound. The risk of these procedures was so manifest that their disuse followed. One other practitioner swabbed the cervix with a solution of silver nitrate, causing a marked improvement in the patient's condition.

I have been watching my cases recently and have observed the following facts. The vulva and vagina were turgid, swollen, and discoloured; the cervix was also swollen, and the canal was choked with the increased secretions from the endocervical glands. After the use of the tampons the turgidity of the vulva and vagina was greatly diminished, while the colour was much brighter and more healthy looking; the greatest improvement, however, is to be seen in the cervix, which is greatly diminished in size, and in the cervical canal, which is practically normal.

How does it come about that the closure or choking of the cervical canal should cause morning sickness? Our surgeons could understand it by comparing it to choked ducts such as the bile duct, or obstruction as in strangulated hernia; one has only to think of what happens when the Eustachian tubes become obstructed.

Technique of Applying Tampon.

A piece of Gamgee tissue 2 by 4 inches is rolled up, and tied with a length of soft crochet thread; two ends of the thread about 8 or 10 inches long are left, so that the patient may remove the pad herself. It is then inserted into the pouch of Douglas, extending at least as far as the vault, and lying in contact with the cervix. This pad can be removed after being in position for two days, and another pad can be inserted. I generally find that two pads are quite sufficient, and I have had to use four pads on only two occasions.

There is no reason why they should not be persevered with in profound cases until the sickness has entirely passed away. My experience has been that in mild cases one tampon gives so much relief that, generally, there is no necessity for a second. The most inveterate cases may require up to four, each one giving increased relief.

To sum up, in simple morning sickness one or two tampons will suffice. In hyperemesis gravidarum, or, as our American friends call it, the profound emesis of pregnancy, four tampons may be required.

Paisley.

ANDREW RICHMOND, M.B., C.M.

MYXOEDEMA FOLLOWING MAMMARY HYPERTROPHY IN CHILDHOOD.

THE unusual after-history of the case about to be described is my excuse for submitting it for publication.

The patient was a perfectly healthy girl until the age of 13, when it was noticed that both breasts were rapidly increasing in size. The enlargement became so great that it was necessary to seek treatment, and she was accordingly admitted to the Pendlebury Hospital, Manchester, on April 4th, 1900. The following is a note of the condition made at the time of her admission, and for which I am indebted to the secretary of the hospital.

"There is a very great hypertrophy of both breasts, especially the right. The hypertrophy is general, diffused, and is not a tumour; there is no localization and all the breast tissue is involved. The breasts are quite soft and flabby, while here and there strands of fibrous tissue can be felt; when the girl stands up the right breast hangs well over the abdomen. There is no

pain, no inflammation, no glandular enlargement, and no hypertrophy of tissue elsewhere.

On April 21st, 1900, the right breast was removed and was found to weight 8 lb. 2 oz. Two months after the operation the girl menstruated for the first time. The left breast was amputated in July of the same year and weighed 6 lb. 8 oz. The patient made an excellent recovery from both operations, and for the next twenty years her health was good, except that the periods were irregular, the loss scanty, and a good deal of pain was experienced. She was married in 1917, and in the following year gave birth to a healthy male child.

About the beginning of 1922 she began to grow very stout, complained of weakness, and walking was difficult from stiffness of the knees and ankles. She thought she had "dropsy," and consulted a doctor, who, after examining the urine, assured her that there was nothing wrong with the kidneys. I saw her first in December, 1925, when she presented the typical picture of advanced myxoedema. There was no albuminuria. Treatment by thyroid extract was started at once, at first tentatively, and then pushed gradually to the limit of tolerance. The result was that the condition cleared up rapidly, and one of the most striking effects from the patient's point of view was that she menstruated regularly and painlessly for the first time in her life. She still takes thyroid extract, and three years after the commencement of the treatment remains perfectly well.

The long history of dysmenorrhoea suggests that a degree of hypothyroidism existed, at any rate from puberty; while it is more than likely that the condition of the breasts occurring at this time may have had its origin in some derangement of the endocrine system.

Umtali, S. Rhodesia.

WALTER ALEXANDER, M.D., D.P.H.

Reports of Societies.

GENERAL PARALYSIS OF THE INSANE.

THE Sections of Psychiatry and Neurology of the Royal Society of Medicine combined on February 12th and 14th for a discussion on the prognosis and treatment of general paralysis of the insane. On the first evening Sir MAURICE CRAIG presided, and on the second evening Mr. DONALD ARMOUR.

Dr. W. H. B. STODDART, in opening, remarked that it would be interesting to know in what proportion of cases a remission occurred when the disease was allowed to run its natural course. In the report of the London mental hospitals for 1926 it was stated that during the three years previous to the introduction of malarial therapy only 2.6 per cent. of the 227 cases of general paralysis were improved. During the first decade of the present century the speaker was in the habit of giving hexamine to general paralytics, with the result that remissions occurred in about 25 per cent. of the cases. The drug acted best when the patients were receiving a certain amount of alcohol in the form of brandy at the same time. General paralytics treated with hexamine had no apoplectic or epileptic seizures, and their lives were prolonged. The ordinary anti-syphilitic treatment with mercury, iodide of potassium, or salvarsan was of no value, because these drugs could not enter the cerebro-spinal fluid. Some attempts had been made to introduce salvarsanized or mercurialized serum into the cranium, but, on the whole, the clinical amelioration appeared to have been very slight; some such phrase as "no untoward sequels" was the most usual in the reports. With regard to tryparsamide, this was said to have been found of special service in America, but there was a risk with this treatment of producing optic atrophy. On the subject of pyrexial treatment, the question had been raised whether it was better to transfer the malarial blood from one patient to another or to employ the mosquito as intermediate host; so far as he was aware neither method had an advantage. With both methods there were patients who did not contract malaria, or the malaria disappeared after the patient had had six or seven rigors. Contraindications to malarial treatment could all be classed under one heading—namely, a poor general condition of the patient.

Sir JAMES PURVES-STEWART said that the term "general paralysis of the insane" was a clinical label some fifty years old; he suggested the name "progressive syphilitic encephalitis" for common use. Until a few years ago the disease appeared to be resistant to the most assiduous anti-syphilitic treatment. The outlook had changed somewhat

for the better during the past six or seven years. No true specific therapy was yet available, but a wave of therapeutic activity had appeared, and three lines of medication had been on trial: pyrexial treatment, especially malarial inoculation; tryparsamide; and salvarsanized serum, by itself or following a previous pyrexial course. Evidence that true specific treatment had not yet been attained was afforded by the fact that, despite occasional dramatic improvements, the serological reactions in the blood, and still more in the cerebro-spinal fluid, often remained positive; so long as this was so the disease could not be regarded as at an end. As a matter of clinical experience, benign tertian malaria had proved the most convenient method of inducing artificial pyrexia. Now and then a patient was found resistant to malarial inoculation, but an efficient series of pyrexial reactions could usually be produced by other means. The results of pyrexial treatment had been variously appraised. It certainly modified clinical symptoms, but it was not devoid of risk; he had known five patients die of cardiac failure during or shortly after a course of malarial injections. Many observers were content if the outstanding mental symptoms cleared up. In America good results had been obtained by tryparsamide treatment in a number of instances, and salvarsanized serum yielded comparatively favourable results. In order to supplement the clinical improvement achieved by the pyrexial course he had himself followed up malarial treatment with intracisternal injections of salvarsanized serum in the hope of securing serological results. He presented a series of 24 patients so treated, dating from 1922 to 1928, but mostly 1923 to 1925. Ten of these had remained perfectly well, clinically and serologically, for periods of from two to five years; 4 had improved for two or three years and subsequently relapsed; 2 others had slightly improved. He described one case, seen as a certified patient who was grandiose, incoherent, and had dysarthria. Malaria was first given, but the condition of the patient remained exalted and dysarthric. Salvarsanized serum was then tried, and the patient became mentally alert, the dysarthria being doubtful. In June, 1926, two years after the date when first seen, he was at home again, released from certificates; in January, 1929, he was still mentally normal, and had complete negative serological reactions in the blood and cerebro-spinal fluid. The speaker insisted that the standard of recovery should not be the mere remission or even the disappearance of clinical symptoms, but should also comprise the disappearance of the characteristic serological reactions.

Dr. J. BRANDER (Bexley) said that in general paralysis it was the diagnosis which was most likely to provoke differences of opinion. While acknowledging freely the great assistance to be derived from the laboratory both in diagnosis and control of treatment, he believed that serological examinations had introduced into the diagnosis of this disease an added source of confusion. There had been for some years a tendency to associate under the term "general paralysis" both the classical forms and the so-called neurological or mixed types, mostly on the basis of the serological findings, which might be very similar in the two groups. In mental hospitals the neurological type used not to be classified as general paralysis, but was called insanity with a gross brain lesion. Such patients responded in varying degrees to treatment, and were considered to have a much less grave prognosis, especially with regard to life, than was the case in general paralysis strictly so called. It was obvious that very different statistical results might be obtained according to the relative proportions of the two groups in a series. It was important from many points of view to discriminate between original general paralysis and the heterogeneous group of symptoms associated with it. The suggestion had been put forward that the character of general paralysis was changing, that it was less malignant, but he had examined in detail the records of his own and his colleagues' cases for 1910-14 and for 1920-24, and found no difference in the character of the cases as between the two periods, except that the maximum incidence in the later period was in the age group 40-45, whereas in the earlier period it was in the age group 35-40. Instead of assuming a change in type he thought one should guard against any ready change of diagnostic standards. The speaker went on to refer to cases treated at Bexley with malaria. Since

We regret to learn of the death, at the age of 66, of FRANCIS XAVIER DA COSTA, F.R.C.S.Eng., L.R.C.P.Lond., L.M. and S.Bombay, which occurred on December 23rd, 1928, at Bangalore, Southern India. After receiving his early education at St. Xavier's College, Bombay, and graduating in medicine and surgery at Bombay University, he entered Charing Cross Hospital, and obtained the diplomas of the English Conjoint Board in 1888. For some time he served as house-surgeon to Charing Cross Hospital, proceeding to the Fellowship of the Royal College of Surgeons, England, in 1890. Subsequently he held appointments as house-surgeon to the St. Peter's Hospital for Stone, and surgical registrar to Charing Cross Hospital. During this period he earned a high reputation as a coach in medical and surgical subjects. On his departure for India in 1894 he received from his teachers, fellow students, and pupils in England tokens of their appreciation of him as man and colleague. After some years' practice in Goa he proceeded in 1908 to Bangalore, where he soon commanded an extensive practice. In 1915 he was placed in charge of St. Martha's Hospital, where he worked until some five months before his death. He was highly respected for his professional skill, his genial manner, and ready sympathy. The Apostolic delegate in India, the Bishop of Mysore, and other high officials of the Roman Catholic Church have referred to the death of Dr. da Costa as a loss sustained by the whole diocese of Mysore. He leaves a widow, who is also a member of the medical profession, three sons, and three daughters.

The following well-known foreign medical men have recently died: Dr. JEAN SICARD, a prominent neurologist and professor of medical pathology in the Paris faculty of medicine; Inspector-General DELORME, formerly director of the medical school at the Val-de-Grâce Military Hospital and president of the Académie de Médecine, aged 82; Dr. JAMES BADAL, formerly professor of clinical ophthalmology at Bordeaux, aged 89; Dr. LÉOPOLD DANDOIS, emeritus professor of clinical surgery at Louvain and formerly president of the Belgian Royal Académie de Médecine; Dr. ERNESTO TRICOMI, professor of clinical surgery at Palermo; Professor HEINRICH WINTERBERG, a Vienna cardiologist; and Dr. PAUL SILEX, extraordinary professor of ophthalmology of Berlin, aged 71.

CORRECTION.

PROFESSOR T. WARDROP GRIFFITH desires to correct a slip in the obituary notice of Dr. J. E. Eddison published in the *Journal* of February 16th (p. 327). In the fourth line of the second paragraph, for "the first William Hey" read "the second William Hey."

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on February 16th the degree of Doctor of Medicine (D.M.) was conferred on L. J. Barford.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on February 16th the following medical degrees were conferred:

M.B.—E. G. Recordon.
B.Chir.—I. C. C. Tchaperoff.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council meeting was held on February 14th, when the President, Sir Berkeley Moynihan, Bt., was in the chair.

The secretary reported the death, on January 28th, of Mr. Victor G. Plarr, M.A., Librarian of the College since 1897. The following vote of condolence was passed:

The Council hereby express their deep regret at the death of Mr. Victor Gustave Plarr, and their very sincere sympathy with Mrs. and Miss Plarr in their bereavement. The Council do also record their appreciation of Mr. Plarr's services to the College as Librarian, a post which he held with faithfulness and unflinching courtesy during the long period of thirty-one years. The Council recognize that the reputation of the Library has been worthily maintained during Mr. Plarr's term of office, and that the good order in which it has been kept during large additions and several extensions bears witness to his able direction and to the care and attention which he devoted to the duties of his office.

The Library Committee was requested to consider and report to the Council upon the steps to be taken with the object of filling up

the vacant office of librarian, and upon what alterations, if any, it would be desirable to make in Section 27 of the Standing Rules relating to the office.

The Diploma of Fellowship was granted to Russell Claude Brock, who had complied with the regulations.

Diplomas of Membership were granted to 143 candidates, and Diplomas in Public Health were granted jointly with the Royal College of Physicians to 37 candidates. (The names of the recipients of the diplomas were printed in the report of the meeting of the Royal College of Physicians, published in our issue of February 9th, p. 276.)

The President reported that he had appointed Mr. R. P. Rowlands as Bradshaw Lecturer for the ensuing year.

Mr. Ernest W. Hey Groves was appointed Hunterian Orator for the year 1930.

The secretary reported that from information recently received from Canada it appeared probable that there would be a sufficient number of candidates to justify a Primary Examination for the Fellowship being held at Toronto this year, that the dates of the examination had provisionally been fixed for August 6th and 7th for the written examination and August 9th and 10th for the viva voce examination, and that Professors William Wright, Le Gros Clark, Lovatt Evans, and John Mellaub had accepted the nomination to conduct the examination, Professor J. B. Leathes having found it not possible for him to act.

The President reported that he had received a letter from the Prime Minister enclosing a cheque for £1,000 as a grant to this College from the sum of money placed at the Prime Minister's disposal by Lord Beaverbrook in gratitude for his and his associates' escape in a recent motor accident; the sum to be expended either as capital or interest for the furtherance of medical knowledge—for example, research, studentships, contributions to scientific equipment or to the library, and not to be used for any purpose of a routine character or one which should be met out of ordinary income. The Council referred this matter to the Museum Committee for their advice.

A letter was read from Sir James Berry resigning his seat in the Council, such resignation to take effect at the end of the College year in June. The resignation of Sir James Berry was accepted with regret.

The President reported that an election of four Fellows into the Council would take place on Thursday, July 4th, at 11 a.m., in the vacancies occasioned by the retirement in rotation of Sir H. J. Waring, Mr. C. H. Fagge, and Mr. W. Sampson Handley, and by the resignation of Sir James Berry; that notice of the election would be given to the Fellows by advertisement and by circular on March 9th; that March 18th would be the last day for the nomination of candidates; and that a voting paper would be sent on April 2nd to every Fellow of the College whose address is registered at the College.

The Services.

DEATHS IN THE SERVICES.

Colonel William George Beyts, C.B.E., Army Medical Service (ret.), died in Queen Alexandra's Military Hospital, Millbank, on February 12th, aged 63. He was born on February 24th, 1865, educated at Guy's, took the M.R.C.S. and L.R.C.P.Lond. in 1889, and entered the army as surgeon lieutenant on January 30th, 1892. He attained the rank of lieutenant-colonel on January 1st, 1914, got a brevet colonelcy on January 1st, 1917, became colonel on December 26th, 1917, and retired in 1924. After retirement he filled the post of medical officer of the Tower of London. He served on the north-west frontier of India in the campaign of 1897-98, with the Kohat and Kurram Valley forces, took part in the action of the Ublan Pass, was mentioned in dispatches in the *London Gazette* of December 21st, 1897, and gained the Frontier medal with two clasps; also in the South African war in 1902, receiving the Queen's medal with three clasps.

Lieut.-Colonel Alexander John Willcocks, Bengal Medical Service (ret.), died of pneumonia at Dehra Dun on January 14th, aged 77. He was born on May 15th, 1851, the son of the late Captain W. Willcocks of the Indian Army, and was educated at Aberdeen, where he graduated as M.B. and C.M. in 1873, and as M.D. in 1883, and at Guy's, also taking the M.R.C.S. in 1873. He entered the I.M.S. as surgeon on September 30th, 1873, passing in first, of the first batch admitted to the service after the abolition of the rank of assistant surgeon, became lieutenant-colonel after twenty years' service, and retired on April 1st, 1901. For two years, 1903-5, he acted as a member of the India Office Medical Board. He rejoined for service in the war of 1914-18, when he served in Egypt, and was mentioned in dispatches in the *London Gazette* of July 6th, 1917. After the war he settled in India. Nearly the whole of his service was spent in civil employ in the North-West Province, now the United Provinces. While serving as civil surgeon of Bulandshahr, a small and unimportant station in that province, he distinguished himself by performing a greater number of surgical operations than had ever been done by any civil surgeon before, especially extractions of cataracts. Others may have met with even greater success in this direction in later years, but it was Willcocks who first

same considerations applied to preferential terms of assessment. The Government desired to do what it could for voluntary hospitals, but if they began to give preferential treatment they would be confronted with claims on behalf of blind institutions and other institutions. The Central Valuation Committee had made recommendations with respect to the assessment of hospitals and charitable institutions, and when these recommendations had been adopted there should be no undue hardship.

On February 14th Mr. ROBERT MORRISON put a question asserting that under the Rating and Valuation Act, 1925, the assessment of provincial hospitals in England and Wales had been increased from £1.56 per patient bed to £2.36 per patient bed. Mr. CHAMBERLAIN replied that he had no general information on the effect of the revaluation of hospitals. The subject would probably be discussed many times, but in legislation this Parliament had said its last word. In Sheffield the new assessments of all the voluntary hospitals showed an increase of £11.

Automatic Machines for the Sale of Aspirin.—Sir ROBERT THOMAS asked, on February 13th, whether Mr. Chamberlain was aware of a proposal to install automatic machines for the sale of aspirin, and whether the uncontrolled sale of this drug was in the public interest. Sir KINGSLEY WOOD said the question had been referred to the Inter-Departmental Committee on the Poisons and Pharmacy Acts, whose report Mr. Chamberlain must await. He could not say when that report would be received.

Central Midwives Board and Instruction of Pupil Midwives.—On February 14th Mr. CHAMBERLAIN, answering Mr. P. J. Hannon, said he knew the Central Midwives Board had directed that pupil midwives at the two hospitals of the Birmingham guardians should cease to take their theoretical instruction within these hospitals. In this matter he had no authority to interfere with the discretion of the Central Midwives Board. A departmental committee was considering the powers of the board, and a question like that from Birmingham would come within the terms of reference. Mr. Chamberlain returned a similar answer to Sir Philip Richardson, who called attention to the fact that the Central Midwives Board had instructed the Kingston-on-Thames board of guardians that pupil midwives were not to receive lectures from the medical superintendent of the Kingston and District Hospital.

Notes in Brief.

During the twelve months ended February 1st Mr. Chamberlain confirmed schemes for clearance of insanitary areas in Chelsea, Leeds, Sheffield, Knaresborough, Wednesbury, Brampton, Preston, Rochdale, Exeter, and Liverpool. Nine schemes are at present under his consideration.

During 1928 eighteen airmen were discharged from the R.A.F. suffering from pulmonary tuberculosis. Three of these cases were held to be attributable to service. The number of men discharged from the army for tuberculosis in 1928 is not yet available.

The Home Secretary states that to remove injured persons to hospital the Metropolitan Police make use of the ambulances of sixty different agencies, including the St. John Ambulance Association, forty-two urban district councils, and thirteen borough councils.

It is not the practice for Poor Law inspectors of the Ministry of Health to attend inquests on persons dying in Poor Law institutions.

Under the direction of the First Commissioner of Works a survey of places in London available as shelters from aerial attack is being made.

Medical News.

AT a meeting of the Royal Society on February 28th, at 4.30 p.m., a discussion on ultramicroscopic viruses infecting animals and plants will be opened by Sir Charles Martin, F.R.S.

UNDER the auspices of the National Council for Mental Hygiene Dr. W. A. Potts will deliver a lecture on "The irresistible impulse" at the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Wednesday, February 27th, at 5 p.m.

THE Sections of Urology, Pathology, and Therapeutics of the Royal Society of Medicine will hold a joint discussion on urinary antiseptics on Thursday, March 21st, at 8.30 p.m.

IN connexion with the inauguration of the Jordanburn Nerve Hospital, the chairman and managers of the Royal Edinburgh Hospital for Mental and Nervous Disorders have issued invitations to a dinner in the Hall of the Royal College of Physicians of Edinburgh on Monday, February 25th.

DR. HECTOR CAMERON will lecture for the Fellowship of Medicine on Monday, February 25th, on "Appendicitis and other causes of acute abdominal pain in children" at the Medical Society, Cavendish Square, W.1, at 5 p.m. On Wednesday, February 27th, at 4 p.m., a clinical demonstration will be given by Dr. Knyvett Gordon on "The leukaemias and Hodgkin's disease" at the Wellcome Museum of Medical Science, 33, Gordon Street, W.C.1. On the same day and at the same time Dr. Kenneth Playfair will demonstrate heart cases at the Royal Waterloo Hospital. The lecture and both demonstrations are free to medical practitioners. A week's intensive course begins at the Brompton Hospital

for Chest Diseases on February 25th. The Hospital for Sick Children will provide a morning course from February 25th to March 9th; early application is desirable as the class is limited to 20. In March two special courses only will be held, both of these from March 11th to March 23rd. The first is an all-day course at the Royal National Orthopaedic Hospital, the minimum entry being 10. The second is in ophthalmology at the Royal Eye Hospital, and consists of instruction in the afternoons only. Copies of all syllabuses, specimen copies of the *Post-Graduate Medical Journal*, and information relating to the general course, consisting of the clinical practice of the various affiliated hospitals, can be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

DR. R. G. CANTI of London and Dr. Regaud of Paris, who recently delivered addresses at the Berlin Medical Society on the control of cancer, have been elected foreign members of the German central committee for the investigation and control of cancer.

AMONG the various special holiday tours arranged for members of the medical profession one of the most attractive is the annual cruise organized by the *Bruxelles-Médical*. This year the cruise will extend over twenty-four days, from July 13th to August 4th, passengers embarking and leaving the motorship *Brazza* at Zeebrugge. From Zeebrugge the *Brazza* will cross the North Sea to Koperovick, and the following eight days will be spent in cruising round the fiord-broken coast of Norway, with opportunities for visits to places of interest. The voyage will then be continued north into the polar circle to Svartisen and the Lofoden Isles, the return journey being broken by calls at the Faroe Isles, the Shetlands, and at Leith. The fares, not including excursions, will range from £20 5s., in the second class, up to £32 5s. 6d., de luxe, per person for doctors and their relatives. Persons not connected with the medical profession but vouched for by their family doctor may be admitted to the cruise at slightly higher rates. Early application for particulars should be addressed to Croisière "Bruxelles-Médical," 29, Boulevard Adolphe Max, Brussels.

THE Ministry of Health has issued a memorandum (No. 139) describing the bacteriological standards for the various classes of graded milk prescribed by the Milk (Special Designations) Order, 1923, the methods of sampling milk, the laboratory technique of bacteriological examination, and the form in which the results of examination should be recorded. The leaflet may be obtained from His Majesty's Stationery Office.

DR. G. B. HILLMAN has been appointed a Justice of the Peace for the county borough of Wakefield.

AN alabaster tablet in memory of the late Professor E. M. Crookshank, M.B., has been placed in East Grinstead parish church.

THE Meteorological Office has issued Section VI of the *Book of Normals* of meteorological elements for the British Isles, containing normals of relative humidity. This publication includes an explanatory chapter containing a note on relative humidity and a description of the methods used in securing the data for the tables and isopleth diagrams which follow. These contain the normals of relative humidity for each hour of the day in each month and in the year for twelve observatories in the British Isles. Copies of the pamphlet may be obtained from H.M. Stationery Office, or through any bookseller, price 9d. net.

A RESIDENTIAL school for children, aged from 4 to 10, and crippled by surgical tuberculosis, infantile paralysis, or rickets, has been established at Bournemouth by the Shaftesbury Society and Ragged School Union. There is a similar institution at Hastings for boys aged 10 to 16, and another at Margate for girls in the same age group. The schools have been approved by the Ministry of Health and the Board of Education as centres to supplement the provision made in hospitals and schools for the physically defective. Further information will be supplied by the secretary of the society, John Kirk House, 32, John Street, W.C.1.

THE Hungarian Minister for Public Welfare and Labour has convened a conference on x-ray and high current prophylaxis, under the chairmanship of the State Secretary, Dr. T. de Györy. A committee of x-ray experts and engineers was appointed subsequently to draw up a scheme of prophylactic rules against x-ray and high current injuries; to watch the scientific and technical development of radiology; and to keep in touch with foreign committees of this kind. Its first meeting was held in Budapest on February 4th.

WE have received a copy of a little work on Sweden issued as a souvenir of the Swedish section of the International Press Exhibition held last year at Cologne. In addition to miscellaneous information about the country the work contains an interesting and lavishly illustrated account of

the Swedish press from the earliest times until the present day, and an attractive article on Sweden as a country for tourists, from which we learn that a free supply of drinking water changed several times daily is provided in all the railway carriages, an example which might be followed in other countries.

THE National Baby Week Council has awarded the Lady Astor shield to the Kettering Urban District Council Ladies' Voluntary Committee for Infant Welfare for the most effective local Baby Week campaign in a large area in 1928. The Oldbury Infant Welfare Centre secured the second place and will receive a special trophy. Certificates of merit have been gained by the Bilston Urban District Council, Kingston-on-Thames Infant Welfare Centre, and Sunderland County Borough. The William Hardy Shield, which is reserved for smaller areas, was won in 1928 by the Hill and Cakemore (Worcestershire) Infant Welfare Centre, the Halesowen Centre securing second place. Certificates of merit were awarded to Bungay (Suffolk) Nursing Association, East and West Molesey (Surrey) Infant Welfare Centre, Lymington (Hants) Infant Welfare Centre, and Welwyn Garden City (Herts) Health Association.

THE British Engineering Standards Association, which represents all the principal engineering institutions, has issued a British standard specification for the electrical performance of transformers for x-ray purposes. It is the first specification of the kind to be issued relating to x-ray apparatus, and it applies to the main high-tension transformers, dealing with the subject on lines similar to the corresponding specification for the electrical performance of transformers for power and lighting, but with the necessary modifications to meet the service conditions of x-ray work. The definition of the rating of the transformer is given, also the method of testing output, and some notes on rectification. Copies of the specification (No. 326, 1928) can be obtained at 2s. 2d., post free, from the Standards Association, 23, Victoria Street, London, S.W.1.

WE have received the report of the School of Medicine of Shantung Christian University which covers the year ending August 31st, 1928. This University which is under joint British and American control, suffered severely from the recent disturbed conditions in China; the diploma of the medical school was, however, awarded to twenty students last May. It is hoped that during the present year more settled conditions will prevail and enable the University teaching to be extended.

THE most recent issue of the sections of the International Labour Office *Encyclopaedia of Industrial Hygiene* contains Brochures No. 134 and No. 140, dealing with basic slag, basket weaving, bones industry, boot and shoe manufacture, brass, brooms, and building trades respectively. This issue completes the subjects coming under the letter "B," which may therefore now be assembled in their correct order. When the pamphlet edition is complete the entire work will also be issued in volume form.

A LIST of students from other countries who are studying in the universities and university colleges of Great Britain and Ireland in the current session has been published, at the price of 1s., by the Universities Bureau of the British Empire, 50, Russell Square, W.C.1. The list includes 5,170 names—against 4,875 a year ago—arranged according to their countries under each university or college. Each continent and practically every European country—from Turkey to Iceland—is represented; there are over 1,500 names of students from India, and between 500 and 600 in each case from the United States and South Africa. At the other end of the scale Armenia, Manchuria, and the Dutch East Indies are each represented by one student.

WITH a view to disseminating information about the proceedings of Hungarian medical societies and publications, arrangements have been made to publish, at fortnightly intervals in German, a journal of clinical abstracts and medical news entitled *Verhandlungen der Ungarischen Ärztlichen Gesellschaften*. It may be obtained from the editorial office, Vadsász-utca 26, Budapest V, the annual subscription being £1.

THE Rumanian Government has conferred the distinctions of Grand Officer of the Crown of Rumania on Professor Marcel Labbé, and of Commander of the Star of Rumania on Professor Rathery, Dr. Laiguel-Lavastine, and Dr. Armand-Deille on the occasion of the fifth congress of thalassotherapy.

THE following appointments have recently been made in foreign medical faculties: Dr. Eckert Möbius, professor of oto-rhino-laryngology at Halle, in succession to Professor Denker; Dr. Tarozzi, professor of morbid anatomy; Dr. Centani, professor of general pathology at Bologna; and Dr. Reeb, professor of gynaecology and obstetrics at Strasbourg in succession to the late Professor Schickelé.

A PAN-PACIFIC congress of surgery will be held at Honolulu in April.

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 9361, 9362, 9363, and 9364 (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, Medisera 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.

TREATMENT OF NAEVUS IN INFANTS.

"FREE STATE" asks for advice how to treat a child 6 weeks old who has a naevus on the cheek about the size of a threepenny piece. It was not noticed till the child was about ten days old. Ought operation to be postponed till the child is older; and what operation would be best—the electric needle, caustic, ligature, or the knife?

DRY SKIN.

DR. E. MARGARET PHILLIPS (Pekin) writes: In reply to "H. M. C.'s" query on December 15th, 1928 (p. 1120), I would suggest simple lanolin for his patient's skin cracks. The Pekin climate is very dry, and numerous cracks on the finger-tips and sides used to make the winters miserable for me, but since I discarded all creams and lotions at the beginning of this winter and used only Messrs. Burroughs Wellcome and Co.'s toilet lanolin I have not had a single crack. My hospital patients are quite happy with plain vaseline or boric ointment, but I like this lanolin because it does not leave the skin greasy. I apply it two or three times a day, and wash the hands in cold water during the daytime.

SOUND-PROOF DOORS.

DR. F. G. GARDNER (Oxford), in reply to the question on February 16th (p. 331), how to prevent the transmission of sounds between consulting and waiting rooms, writes: "Inquirer" will probably find much to interest him in an article in the *Times* of February 5th, entitled "Quietness in City offices." This article, which deals with the application of absorbent coverings, such as a special seaweed from Nova Scotia, to walls and ceilings, is written in such convincing style that it seems as if the question of noise abatement, in so far as it applies to any individual building, or part thereof, is almost settled.

INCOME TAX.

Replacement of Car.

"A. B." bought an 11.9-h.p. car, two-seater, in 1922 for £490, and has sold it for £30, buying a 15.9-h.p. saloon for £375. What can he deduct for income tax?

* * The principle involved is that no expenditure in respect of improvements can be deducted. Horse-power is an element, but only one among several, in that question. *Prima facie*, however, the new car is one of a better range or type than the 1922 car, and, if so, the amount allowable is, strictly, the excess of the cost in 1923 of a car similar to the one replaced over the £30 received.

Car Transactions.

"R. S. T." has hitherto adopted the basis of renewals, his last allowance being made in respect of a renewal occurring in 1927. He contemplates retiring in 1930, and inquires whether he should now change the basis of allowance.

* * Yes; otherwise, of course, he will never receive any allowance for the car he is now using. He could not have changed for 1928-29 because the 1927 allowance is, in effect, made for that year, inasmuch as he is assessed on the previous year's basis. Consequently, it seems that he will receive an allowance for 1929-30 only.