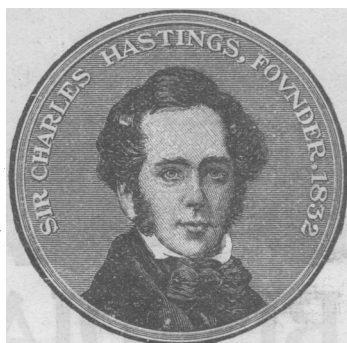


The British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3562.

SATURDAY, APRIL 13, 1929.

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THE INFLUENCE OF MOVEMENT ON THE TRUNK OF THE HUMAN BODY.

(NOTES ON PHYSIOLOGY AS SHOWN BY A STUDY OF SCOLIOSIS.)

BY

A. MACKENZIE FORBES, M.D., C.M.,

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In a study of the possible movements of individual vertebrae and the vertebral column as a whole, made prior to 1911, it was found that rotation of the trunk by means of the upper extremities was followed by rotation of the lumbar vertebrae in one direction and of the dorsal vertebrae in the opposite direction. This discovery of an apparent paradox led to an avid study of the influence of movement on the vertebral column. The study was undertaken in the hope that some light might be thrown on the subject of pathological scoliosis. In this brief paper will be shown what has been learned of the physiological in the study of the pathological.

The word "scoliosis" is taken from the Greek, and signifies twisted. It means more. At the time these studies were begun it was felt that there were two types of pathological scoliosis—namely, "functional" scoliosis and organic scoliosis. The first was characterized by lateral deviation of the spine and rotation of individual vertebrae without apparent change in their internal architecture. The second was characterized in addition by distinct bony change.

As years have passed it has become more common to accentuate the fact that scoliosis may be physiological or pathological. Of physiological scoliosis it may be said that the trunk assumes this position many times each day. Physiological scoliosis is due to posture, and in it there is never any change in the architecture of the individual vertebrae. Whenever the trunk is rotated or bent to the side a certain definite roll of the component parts of the trunk takes place. This roll forms a picture which is known as physiological scoliosis, and is the counterpart of pathological scoliosis. Every attitude is either one of strain or non-strain. Thus it is felt that physiological scoliosis may be the forerunner of pathological scoliosis.

The complex picture which is known as scoliosis, when analysed, is shown to be represented by a lateral deviation of the spine, or by lateral deviations of the spine. A posterior prominence of the ribs of one side is also seen—indeed, the rib wall seems often to become crushed in towards the spinal column. It is so flattened that frequently the posterior prominence becomes razor-like. On the opposite side the thoracic wall is broadened, and there is an anterior protuberance of the ribs. There is, indeed, a flattening of the ribs and a diminution of the thoracic cavity on one side, with a flanging out of the ribs and a corresponding increase of the thoracic cavity on the other side. The spinal column is usually curved in the dorsal region, the curve being convex towards the side on which the ribs are flattened. There are compensatory curves, usually in the cervical and lumbar region. The formation of these compensatory curves may depend on the laws of gravity.

This picture, known as scoliosis, is the same either in physiological scoliosis or in pathological scoliosis, with the difference that from physiological scoliosis, which is due to movement, there is a return to the so-called normal, or passive, position, while from pathological scoliosis there is no return to the normal. In physiological scoliosis there

is never change in the architecture of individual vertebrae, whereas in pathological scoliosis change is common.

Many endeavours have been made to use our knowledge of physiological scoliosis in order to treat pathological scoliosis. Superimposing physiological scoliosis of a reverse character on a pathological scoliosis already existing was practised. These endeavours were not successful because pathological scoliosis is always greater than physiological scoliosis, and it is impossible to change the greater by the lesser.

One of the most interesting physiological facts brought out in these studies of scoliosis was that rotation and lateralization (side-bending) both cause scoliosis of exactly the same character. The same picture is seen in either of these movements—indeed, it is impossible to turn the trunk as a whole without the occurrence of a certain definite order of movement of its component parts. It is also impossible to lateralize the trunk, or bend it to the side, without a certain definite order of movement of the individual parts taking place. The turning of the trunk to one side causes exactly the same change as the bending of the trunk to the same side.

LITERATURE.

Forbes: *New York Med. Journ.*, July, 1912; *Canadian Med. Journ.*, November, 1912; *Amer. Journ. of Orthopedic Surgery*, July, 1913; *British Medical Journal*, August, 1913; *Surg., Gynecol. and Obstet.*, April, 1914; *Amer. Orthopedic Journ.*, 1914; *Canadian Med. Journ.*, July, 1920; *Journ. of Bone and Joint Surg.*, July, 1922; *Canadian Med. Assoc. Journ.*, March, 1923; Feiss: *Amer. Journ. of Orthopedic Surgery*, 1908-9; *Cleveland Med. Journ.*, 1908.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

MONILIASIS AND TUBERCULOSIS.

In 1914 a young woman was under my care with chronic bronchitis and asthma, from which she had suffered for several months. She was not doing well, and I sent her to a chest hospital, where her condition was diagnosed as tuberculosis. For domestic reasons, however, she refused to enter an institution, and I was enabled to make a number of careful examinations of her sputum. I did not find tubercle bacilli, but yeast cells were constantly present. Mouth contamination was excluded by the fact that all the sputa I examined were fresh, and from each one I picked out portions from the pellets. Fermentation reactions proved that the yeast cells were maltose, non-saccharose fermenting monilia—in fact, the thrush fungus. After prolonged treatment with alkalis, potassium iodide, and adrenaline, the patient recovered, and has been in good health since. In the case of this patient and other similar cases I did not attach importance to the presence of yeast cells, and assumed some other cause for the bronchial catarrh, until I read some papers by Colonel E. P. Marett of Jersey. In an examination of the sputa of a number of cases of suspected tuberculosis he found that 40 per cent. contained blastomycetes, 40 per cent. blastomycetes and tubercle bacilli, and 20 per cent. tubercle bacilli without blastomycetes. His experience suggested, furthermore, that the first class, if left untreated, soon passed into the second, a damaged lung being particularly susceptible to tuberculous infection, and that the outlook for the second class was less hopeful than for the class of pure tubercle bacillus infection. This latter class, he maintains, should be treated apart from the second in order that double infections might be avoided; the outlook for the second class may be improved by the immediate treatment of the curable blastomycetic infection; and the first class can be cured by means of alkalis, potassium iodide, and blastomycetic vaccines. I think it probable that Colonel Marett has brought to light a truth unsuspected by his predecessors—that chronic blastomycetic bronchial catarrhs occur frequently, and that they are the commonest precursors of tuberculosis in this country. The system of treatment he has devised is within the reach of everybody; its application cannot fail to secure greater efficiency in the treatment of tuberculosis and to diminish the frequency of the disease.

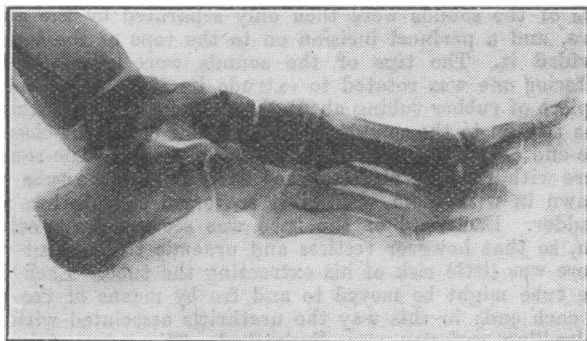
Ealing, W.13.

ROBERT CRAIK, M.D.

KÖHLER'S DISEASE OF THE SECOND METATARSO-PHALANGEAL JOINT.

THE following case is recorded on account of its rarity. Whether the rarity is real or is due to cases being overlooked is uncertain. The clinical condition bears a superficial resemblance to osteo-arthritis, and it is probable that some cases are labelled as such where no x-ray examination has been made.

A woman, aged 20, complained of pain and swelling of the second metatarso-phalangeal joint of the left foot. Discomfort in the joint, not amounting to actual pain, was first noticed

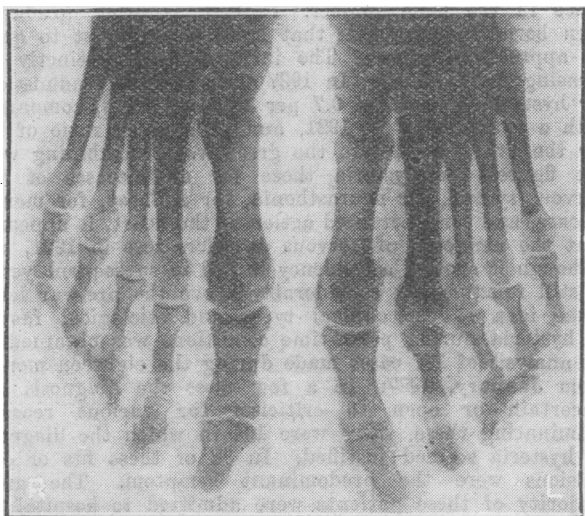


while playing hockey about four years ago, and had been present intermittently since then. During the fortnight before examination the joint had been red and swollen, and walking was distinctly painful.

On examination no crepitus was found, but the head of the metatarsal was felt to be enlarged. There was no limitation of movement. X-ray examination revealed the following abnormalities:

1. The whole length of the second metatarsal bone showed marked sclerosis. Its girth was increased by cortical proliferation, but no periostitis was present.
2. The metatarsal head, instead of having a smooth convex outline, was ragged and concave.
3. The base of the first phalanx, instead of having a smooth concave outline, was ragged and convex.
4. The concavity of the metatarsal head was deeper than the convexity of the base of the first phalanx, so that the joint space was widened. The width was slightly greater towards the outer side of the joint.
5. No true osteo-arthritic changes were present.

The disease occurs between the ages of 10 and 18; it is more common in females than in males, and in the right foot than in the left. It may be followed in later life by osteo-arthritic changes.



In regard to etiology, many theories have been advanced, but no settled conclusions are possible at present. Some Continental authors describe an aseptic epiphyseal necrosis with obliteration of the vessels of the periosteum and of the articular capsule. They believe that such changes only result from a series of mechanical insults in which the head of the second metatarsal, owing to its important

weight-bearing function, is peculiarly exposed. There is a certain similarity in its radiological appearance with Perthes's disease of the hip-joint. In each case the joint surfaces are irregular, the joint space is widened, and there is increased girth due to new bone formation. Secondary osteo-arthritic changes may occur in both diseases. Whether or not this similarity points to a common etiological factor remains to be proved.

In Köhler's *Röntgenology* will be found a full description and bibliography of the condition.

PAUL CAVE, M.B., B.S.
D.M.R.E.Camb.

London, W.1.

Reports of Societies.

RETENTION OF URINE.

At a meeting of the Brighton and Sussex Medico-Chirurgical Society, on April 4th, with the president, Mr. GEOFFREY BATE, in the chair, Mr. H. J. McCURRICH read a paper entitled "Retention of urine."

Mr. McCurrich said that retention of urine, one of the most distressing conditions, might be overlooked, or diagnosed as present when it was really absent. The former error was due to misinterpreting the symptom of overflow due to retention of urine. The second mistake arose from a failure to diagnose suppression of urine; a catheter would clear up the difficulty, and should always be used before a diagnosis of incontinence was made. The lecturer added that he had once seen a patient who had been placed in seclusion as a case of mania. The real trouble was uraemia and retention of urine, due to an enlarged prostate. The man's retention of urine with overflow had been mistaken for incontinence. In partial retention of urine, residual urine remained after micturition, and its amount indicated the degree of obstruction or the weakness of the bladder.

The Historical Aspect.

Retention of urine had occupied the attention of medical practitioners for centuries. Read, in 1588, gave a good description of caruncle, which was the name for stricture; he appeared to consider it a form of new growth, and remarked that Galen used to pluck it forth with iron instruments. He did not dilate the stricture, but passed vegetable stalks through it, and took steps to reduce the congestion. If he could not get a stalk to traverse the stricture he used a lead sound, and, if that failed, a silver or gold one. Wax candles or bougies were used to apply medicaments to the stricture. Ambroise Paré, surgeon to King Henry III of France and Poland, issued in 1579 a work on surgery, which comprised a large range of subjects, including that of retention of urine, or suppression, for these two terms were used synonymously, though Paré stated that in some cases no urine was in the bladder, and therefore a catheter would not help. In the midst of accurate observations, Paré introduced statements that showed that he was a believer in "humours" and in such vital properties of organs as "attraction" and "sympathy." He also held the view that seasons affected these matters, and that the best season in which to treat a stricture was the spring. There was no mention of enlargement of the prostate in Paré's writings. Hart, in 1625, in his *Anatomy of Urines*, described the diagnosis of complaints by persons to whom the urine of patients was brought, but whom they had never seen. Hart jeered at them, and asked what would be sent to these persons if retention of urine existed. He gave a disastrous instance of the folly of this procedure. Record, in 1547, in the *Urinal of Physic*, gave various herbal preparations for the treatment of stricture. He mentioned one delightful homoeopathic remedy for the treatment of stone, which consisted of obtaining a stone passed by a human being, grinding it up with water, and drinking the mixture so prepared. Johann Scultetus, in the *Chyrurgcons Store House*, translated by E. B., and published in 1674, quoted from Celsus an excellent account of catheterization. Charles Brandon Trye of Gloucester, in 1774, had described obstruction at the internal meatus, traumatic rupture of the

Association and honorary secretary and treasurer for the maternity work. Dr. Hedden was a member of the British Medical Association and was a member of the Executive Committee of the Barnstaple Division from 1923 to 1928; he was also a member of the Devonshire Association. He was married twice and his second wife survives him.

Dr. JAMES McHUGH, who died on March 31st after a few days' illness, received his medical education at Liverpool, where he was awarded the Derby Exhibition in Medicine. He graduated M.B., Ch.B. in 1927 with first-class honours and distinctions in medicine and surgery; in the same year he obtained the diplomas M.R.C.S., L.R.C.P. He spent twelve months as a resident at the Liverpool Royal Infirmary, first as a house-surgeon and then house-physician, after which he became assistant to Dr. Rowlands of Waterloo six months ago. A colleague writes: McHugh's death brought to a close prematurely a career which promised to be of brilliant and faithful service to the community and his profession. By a wide circle of friends he will be missed as a loyal colleague, a charming personality, and a faithful friend.

The following well-known foreign medical men have recently died: Professor OTTO HERMES, formerly director of the surgical department of the Rudolf Virchow Hospital, Berlin; Professor EDUARD MÜLLER, director of the medical polyclinic at Marburg, aged 52; Dr. WILHELM WIECHOWSKI, professor of pharmacology at Prague; Dr. PIERRE KOVINDY, a Paris physiotherapist; Professor LASSER, formerly head of the medical department of the Würtemberg War Office and author of numerous works on epidemiology and neurology, aged 69; Dr. ALBERT FREIHERR VON SCHRENCK-NOTZING, a writer on hypnotism, aged 67; Dr. HUGO SALUS, a gynaecologist and lyric poet of Prague; and Dr. J. W. H. JOHNSON of Copenhagen, author of several studies on the history of medicine, aged 60.

Medico-Legal.

POISONING BY THALLIUM ACETATE.

On April 8th a London coroner's jury returned a verdict of death from poison accidentally administered in the case of three brothers, aged respectively 10, 7, and 5 years, who had been treated for ringworm of the scalp by the internal administration of thallium acetate at a hospital.

The value of this drug in the treatment of tinea capitis, based on its property of producing a total, though temporary, alopecia, was first recognized early in the present century by Sabouraud, but it was not until 1918, when Professor R. E. Cicero discovered that by carefully assessing its dosage in terms of body weight he was able to prevent the severe toxic symptoms occasionally attending its administration, that the employment of thallium acetate became at all general. The dose recommended by Cicero, of 8 milligrams per kilogram of body weight with a maximal dose for any patient, however heavy, of 0.3 gram, has been found by dermatologists generally to produce satisfactory results, and it is clear from the evidence at the inquest that the doses actually ordered for the three boys fell well within these limits. On chemical analysis, however, it was found that each dose of the solution administered contained 5.6 times as much thallium acetate as was ordered in the prescription, a blunder which arose not from any carelessness in the actual dispensing, but from the fact that the hospital pharmacist had made a mathematical error in converting the amounts of the prescription from the metric to the apothecaries' measure.

In a rider to its verdict the jury expressed the view that there should be a better system at the hospital for the checking of weights and measures. But such a system can be applied effectively only in an institution, and the position of the pharmacist in private practice, who must frequently make calculations in converting from one numerical symbolism to another, is in no way affected. The coroner stated in his summing-up that thallium acetate being a Continental drug its dosage had been worked out on the decimal system. But the

need would appear to be for the adoption in the case of all prescriptions of a uniform system of pharmaceutical measurement and symbols. At present, error may arise not only as a result of arithmetical miscalculation, but from the existence of symbols similar in appearance but very different in meaning. The symbol gr., for example, in apothecaries' measure, representing the grain, is commonly used in prescriptions written on the metric system to represent gram. It is, however, only in Britain and in the British Empire that such confusion is likely to arise, and this tragic case provides a further reason for the supersession of the apothecaries' system of measurement by the decimal system adopted practically universally on the Continent and in America.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE annual service at Westminster Abbey will be held on Presentation Day, May 8th, at 5.30 p.m.

A course of six lectures on dietetics will be given by Professor S. J. Cowell at St. Thomas's Hospital on May 2nd, 9th, 16th, 23rd, 30th, and June 6th at 5 p.m.

Professor A. J. Hall (Sheffield) will give two lectures at University College on some of the sequels of epidemic encephalitis (lethargica), with lantern and cinematograph illustrations, on May 3rd and 10th at 4 p.m.

Three lectures on drug-like actions of some food constituents will be given by Professor E. Mellanby at University College on April 29th, 30th, and May 1st at 5.15 p.m.

A course of two lectures will be given by Dr. J. J. R. Macleod, F.R.S., Regius Professor of Physiology in the University of Aberdeen, on the physiology of glycogen, at the London Hospital Medical College on May 16th and 17th at 5.30 p.m.

Two lectures on the psychology of dementia will be given at University College on May 29th and 30th, at 5.30 p.m., by Dr. E. D. Wiersma, Professor of Psychiatry and Neurology in the University of Groningen.

Dr. A. Bruchet, Prosecteur and Professor of Anatomy in the University of Brussels, will give three lectures on experimental embryology at University College on May 28th, 29th, and 31st at 5.30 p.m.

UNIVERSITY OF BIRMINGHAM.

Post-Graduate Demonstrations.

A COURSE of post-graduate demonstrations will be given at the General Hospital, Birmingham, on Tuesdays, and at the Queen's Hospital, Birmingham, on Fridays, from 3.30 to 5 p.m., from April to July, commencing on April 23rd at the General Hospital and on April 26th at the Queen's Hospital. The course will be given by members of the medical and surgical staffs, and will include demonstrations on medical, surgical, and gynaecological cases, nervous diseases, ophthalmic cases, diseases of ear, nose and throat, radiology, venereal diseases, children's diseases, etc. Particulars may be obtained from the clerk to the Clinical Board, the University, Edmund Street, Birmingham.

Lectures.

The William Withering Memorial Lectures, open to all members of the medical profession, will be delivered in the large theatre of the medical school at 4.30 p.m. on Wednesdays, April 24th, May 1st and 8th, and June 19th and 26th, by Dr. Charles Singer, who has chosen for his subject "Epochs of medical history."

Dr. Matthew B. Ray will deliver a lecture on the spa treatment of chronic non-tuberculous arthritis at 4 o'clock on Thursday, May 16th, in the Medical Lecture Theatre (Edmund Street Buildings).

The Ingleby Lectures will be delivered on May 23rd and 30th at 4 o'clock in the Medical Lecture Theatre by Dr. H. Charles Cameron, whose subject will be "Some types of septic infection in the newly born."

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly business meeting of the College, held on April 5th, the following candidates, nominated on January 4th, for the Fellowship were unanimously elected by ballot: Nicholas M. Cummins, Robert C. Cummins, and Robert E. Steen.

The following, having passed the Final Conjoint Examination, were admitted to the Licences in Medicine and Midwifery: A. P. Dolan, Mary A. Kealy, A. Meijas.

A letter was read from the Registrar of the University of Cape-town inviting the College to nominate delegates to the celebration of the centenary of the South African College in October. The nomination was left in the hands of the President.

The Services.

AUXILIARY R.A.M.C. FUNDS.

THE annual meeting of the members of the Auxiliary R.A.M.C. Funds will be held at 11, Chandos Street, W.1, at 2.30 p.m., on Friday, April 26th, when the annual report and financial statement for the year ended December 31st, 1928, will be presented and the officers and committee for the current year elected.

Medical News.

IN celebration of the completion of its new building in Broad Street, Holborn, the Royal Westminster Ophthalmic Hospital will hold a Festival Dinner at the May Fair Hotel on Thursday, May 2nd, with Lord Ashfield in the chair.

At a meeting of the Eugenics Society on Wednesday, April 24th, at the rooms of the Royal Society, Burlington House, Piccadilly, Mr. C. J. Bond, F.R.C.S., will lecture on hemilateral asymmetry in animals and man, and its relation to cross-breeding. The chair will be taken at 5.15 p.m. by the president, Sir Bernard Mallet. Visitors are welcome.

A NEW series of public debates will be held at the London School of Economics this year, in aid of King Edward's Hospital Fund for London. Particulars can be obtained from the Secretary of the Fund, 7, Walbrook, E.C.4.

At a meeting of the Royal Society of Arts on Wednesday, April 17th, at 8 p.m., at the Society's House in John Street, Adelphi, Mr. F. E. Lamplough, M.A., will read a paper on the properties and applications of vitaglass, illustrated by demonstrations. Professor Leonard Hill, F.R.S., will take the chair.

THE Fellowship of Medicine announces that there will be a series of eight lecture-demonstrations at the London School of Hygiene and Tropical Medicine on Tuesday and Thursday afternoons at 2 p.m. from April 9th until May 2nd. A two weeks' course for the general practitioner will be held daily from April 15th to 26th at the London Temperance Hospital from 4.30 to 5.30 p.m. On successive Wednesdays, at 5.15 p.m., from April 10th to May 1st, a series of lecture-demonstrations on light and heat therapy will be given at the Royal Free Hospital; at the Royal Waterloo Hospital there will be a course in medicine, surgery, and gynaecology from April 15th to May 3rd, occupying the greater portion of each day. From April 15th to May 10th the West End Hospital for Nervous Diseases will give a series of daily lecture-demonstrations, illustrated by cases, at 5 p.m.; minimum entry, ten. The Fellowship of Medicine proposes to hold its first evening course for the M.R.C.P. diploma from May 7th to June 28th. Lectures will be given on Tuesdays and Fridays at 8.30 at the Medical Society of London by well-known authorities on diseases of the brain, nervous system, heart, blood, alimentary system, spleen, and biochemical methods. Fees, 10s. 6d. per lecture or £6 6s. for the complete course of sixteen lectures. Application should be made to the secretary of the Fellowship, 1, Wimpole Street, W.1, for further information about this course; detailed syllabuses of the various other special courses can also be obtained, and information about the general courses available at hospitals affiliated to the Fellowship.

THE Bayliss-Starling Memorial Scholarship, founded in commemoration of Professor Sir William Maddock Bayliss and Professor Ernest Henry Starling, has an annual value of about £120, with exemption from tuition fees, and is tenable at University College, London. The scholar will be required to follow a course of study approved by the Jodrell Professor of Physiology involving a training in the principles of, and methods of research in, physiology and biochemistry. Candidates must send their applications to the secretary of University College not later than May 15th.

THE High Commissioner for the Union of South Africa has received from his Government an intimation that, pending the establishment of reciprocity with the United Kingdom, persons holding British degrees or qualifications in dentistry or pharmacy who were not born or domiciled in South Africa are not eligible for registration or entitled to practise in the Union.

A POST-GRADUATE course on the radiological diagnosis of various pulmonary diseases including tuberculosis will be held at Strasbourg from June 24th to 30th. In addition to lectures and demonstrations various sanatoriums will be visited. The course is limited to fifteen persons, and early application should therefore be made to Dr. E. Vaucher, 8, Quai Pinkwiller, Strasbourg. The fee is 300 fr., and a certificate will be obtainable at the conclusion of the course.

A POST-GRADUATE course in French in venereology and dermatology will be held at Strasbourg, from October 7th to November 16th, under the directorship of Professor L. M. Pautrier. The course will include lectures, clinical instruction, and pathological demonstrations; various therapeutical procedures will be illustrated. During the same period a series of twenty lectures will be given on the principal laboratory methods and the general pathological anatomy of dermatoses, with individual tuition. The fee for each course is 300 fr. Further information may be obtained from Dr. Roederer, Dermatological Clinic, Civil Hospital, Strasbourg.

THE Association of French-speaking Gynaecologists and Obstetricians will hold its ninth congress at Brussels from October 3rd to 5th, when papers will be read on the relations between the hypophysis and the female sexual organs, myomectomy during and apart from pregnancy, and indications for and technique of sterilization in women.

At the congress of French-speaking dermatologists and syphiligraphists to be held at the Hôpital St. Louis, Paris, next July a medal and bust will be presented to the president, Dr. Sabouraud, who is retiring from the hospital staff at the end of the year. Subscribers of 100 francs and over, which should be sent to the treasurer, Dr. Maurice Pignot, 2, Rue de Grébaulval, Paris, will receive a bronze replica of the medal.

THE twentieth French Congress of Medicine will be held at Montpellier on October 15th under the presidency of Professor Vedel, when the following subjects will be discussed: etiology, pathogenesis, and physiopathology of scarlet fever, introduced by Cantacuzène of Bucarest, P. Teissier, Coste, Sacquepée, and Liégeois of Paris; arterial hypotension, introduced by Lian and Blondel of Paris; treatment of anaemia, introduced by E. Hedon and Jeanbraud of Montpellier, Lambin of Louvain, and J. Carles of Bordeaux. Further information can be obtained from the general secretary, Professor Rimbaud, Rue Levat 1, Montpellier.

THE sixteenth Congress of the German Dermatological Society will be held from August 5th to the 7th at Königsberg, when the following subjects will be discussed: investigation of heredity in dermatology, introduced by Professor Köhler of Königsberg and Professor Siemens of Munich; prognosis and treatment of congenital syphilis, introduced by Professor Hoffmann of Bonn; and determination of the cure of gonorrhoea, introduced by Professor Jadassohn of Breslau. Further information can be obtained from Professor W. Scholtz, Univ. Hautklinik, Königsberg.

A COMMITTEE composed of Professors Borst, Doederlein, Romberg, and Sauerbrück has awarded the Sofia A. Vordhoff-Jung prize for the best work on the etiology of cancer to Professor Katsusaburo Yamagiwa of Tokio University.

DR. WILLIAM B. H. MASSIAH has been appointed a member of the Legislative Council of the Island of Barbados.

Letters, Notes, and Answers.

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

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INCOME TAX.

Cash Basis and Book Debts.

"MEDICUS" has completed his first year in a new practice, and has been informed by the inspector of taxes that his declaration of profits must be based on the book debts rather than on cash receipts—that is, that he must add to the amount of his cash receipts in his first year the amount of debts due but unpaid at the end of that year.

* * * Income tax is payable on the amount of the profits earned, whether they have been gathered in as cash or are still outstanding. The inspector's attitude is therefore correct, with one rather important qualification. The addition to the cash