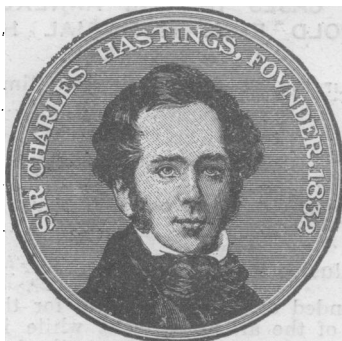


The
British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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[REGISTERED AS A NEWSPAPER

5. The removal or treatment of any obvious focus of sepsis is as important as in acute nephritis. I have seen one case in which the surgical drainage of an empyema was followed in six weeks by disappearance of albuminuria and oedema.

CHRONIC NEPHRITIS.

Chronic nephritis is a disease unlikely ever to become curable, though prevention may some day be within our power. The type with oedema is rare, and is a mixture of the previous and following types.

In the non-oedematous case there is nitrogen retention and high blood pressure, but no difficulty in water excretion. The indications in treatment are, therefore, restriction of activities and a low protein diet; but there is no need to reduce the fluid intake, and it is wrong to attempt to reduce the blood pressure by drugs, even if permanent reduction were possible. The high blood pressure exists to keep an adequate circulation through the diseased cerebral or renal vessels. It is surprising how often the onset of uraemic symptoms may be traced to a failure of the heart to keep up the high pressure. As the pressure falls the renal function becomes inadequate, and the patient dies of uraemia before he has time to die of heart failure. In all such cases the indication is to treat the heart and raise the blood pressure again; I have recently used pituitrin for this purpose, I think with some success.

URAEMIA.

In relation to the treatment of uraemia the following points are worth noting. (1) Patients with true uraemia occasionally recover temporarily and lead a more or less comfortable life for a few years. (2) Lumbar puncture is useful in convulsions, even in true uraemia. (3) Intravenous injection of glucose solution is probably more effective treatment than the older method of injecting saline. (4) Since the respiratory type of uraemia (so-called "renal asthma") is due to a true acidosis brought about by failure of the kidney to maintain the acid-base equilibrium, treatment by two-hourly administration of alkaline sodium phosphate in 30-grain doses, as suggested by Meakins and Davies,¹² is a rational procedure.

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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

HEROIN AFTER ABDOMINAL OPERATIONS.

THE interesting article by Mr. A. E. Mortimer Woolf, on March 16th (p. 499), tempts me to record an experience of my own.

A woman, aged 29, and in other respects perfectly healthy, was operated on by Mr. Geoffrey Bate for a twisted left ovarian cyst on March 22nd, 1928, at 9.30 a.m. Before the operation she received a hypodermic injection of 1/6 grain morphine and 1/180 grain atropine. No difficulties were encountered either with the operation or with the anaesthetic, which was administered by Mr. C. N. Chadborn.

At 3.30 p.m., as the patient complained of some pain, she was given hypodermically, 1/12 grain heroin hydrochloride. The matron of the nursing home, feeling tired herself, sat down in an armchair after giving the injection of heroin, intending to rest in the patient's room. Half an hour later, hearing the patient grunt, she rose from her chair, and found her cyanosed and comatose, with complete cessation of respiration. Artificial respiration was started at once, oxygen freely given, and 1/20 grain of strychnine was injected hypodermically. When seen by me fifteen minutes later the pupils were small, but reacted to light, the corneae were insensitive, the respirations nine per minute, and the pulse good. Half an hour later the patient had come round completely.

There cannot, I think, be any doubt but that had the patient been alone in the room at the time, as might well

have happened, she would have been found dead. The symptoms of poisoning were attributed at the time to an idiosyncrasy, and I do not think were in any way connected with the operation six hours earlier.

Personally I agree entirely with what Mr. Mortimer Woolf writes as to the dosage of heroin, 1/12 grain of which is nearly always an adequate dose, although the tendency in recent years appears to favour 1/6 grain.

Hove.

DONALD HALL, M.D., F.R.C.P.

AN UNUSUAL CASE OF ECLAMPSIA.

THE case of eclampsia reported below may be of interest for the following reasons: (1) the strictness of the antenatal care throughout; (2) the unusual delay between the confinement and the onset of the fits; and (3) the large number of fits.

The patient, who was 26 years of age, came up for first examination in the twenty-fourth week of pregnancy. Her history revealed nothing of interest, though she had nursed two patients of mine with mild scarlet fever a year previously. She was a well-built country woman, and her urine was free from abnormalities. She was asked to report at monthly intervals.

At the next attendance (thirtieth week) there was a slight cloud of albumin in the urine. She was put on a modified protein-free diet and advised more rest, and told to report in a fortnight. This time the albumin had increased, and there was slight oedema of the feet. Blood pressure 150/110; fundi normal.

She was put on a strict milk diet and confined to bed. The following week the albumin decreased and the blood pressure was 140/90. The diet was maintained with the addition of carbohydrates, and she was allowed up for two or three hours in the afternoon. The next week the albumin increased again, and she was ordered back to bed, where she remained until her confinement, which took place a fortnight before full term. She had a remarkably easy labour, lasting only four hours, and was delivered at 7 a.m. on December 16th, 1928, of a healthy female child weighing 4 lb. 8 oz. The next three days were uneventful. She felt very well and the temperature and pulse were normal. She was still on a milk diet. Without any warning, at 5 a.m. on the morning of the fourth day after labour, she had her first fit. In all she had twenty-three severe fits.

She was removed five miles in an ambulance to the War Memorial Hospital, Melton Mowbray. Before removal she was given 2/3 grain of morphine sulphate hypodermically in two separate doses. On admission her stomach and colon were washed out with sodium bicarbonate; 2 oz. of castor oil were left in the stomach, and she had 2½ drachms of chloral hydrate, in 30-grain doses every two hours, per rectum. Venesection was performed and 15 oz. of blood withdrawn; 1/50 grain of nitroglycerin was given hypodermically. She was catheterized every eight hours. She had at six-hourly intervals 1½ pints, 1½ pints, and 1 pint of saline subcutaneously.

The urine at first was solid with albumin, but this has diminished every day. Her recovery has been uninterrupted. At no time has the fundus oculi been other than normal.

LEONARD J. HAYDON, M.R.C.S., L.R.C.P.

Melton Mowbray.

A COLOSSAL OVARIAN CYST.

THE following extraordinary case seems of sufficient interest to warrant recording.

A married woman was sent into hospital by Dr. Milburn of Kingston with a diagnosis of ovarian cyst. The patient stated that she had had a swelling for five years, but since Christmas it had increased to such an extent that she could hardly get about. She suffered little or no pain, no trouble with micturition, but much constipation.

On examination, I found that she was 4 ft. 10 in. in height, and her abdomen measured 56½ in. at the level of the umbilicus. There was no swelling of the lower extremities, her heart and lungs were fairly normal, but she looked like bursting at any moment. On February 2nd, under novocain, I made a small incision to the right of the navel and soon came upon the thickened wall of the cyst. I inserted a De Pezzer's self-retaining catheter with a clamp on the end, and had the fluid drawn off gradually at the rate of one gallon every two hours. Had I removed the whole cyst at one operation I feel sure she would have succumbed. On February 3rd the pulse, which had been rapid and somewhat irregular, had recovered, so I decided to operate. By a mid-line incision I removed the cyst, which was adherent over the whole surface of the abdominal cavity, and very thick-walled and multilocular, and non-malignant.

The thick brown fluid was very carefully measured, and amounted to 55½ pints. The patient made an uninterrupted recovery and left the hospital in eighteen days.

It seems very strange in these days that anyone should develop such a huge swelling without seeking medical advice. The amount is surely a "record" for so small a woman.

JOHN W. HEEKES, M.B., B.S.Lond.,

Surgeon and Gynaecologist, Royal Hospital, Richmond.

general anticipation is that a prorogation about May 8th will be immediately followed by a dissolution and by the general election campaign.

Lord Moynihan took his seat in the House of Lords on April 17th. He was introduced by Lord Dawson of Penn and Lord Illingworth.

Radium.

Dr. VERNON DAVIES, on April 16th, asked the Prime Minister what action the Government proposed to take on the report of the subcommittee of the Committee of Civil Research on Radium.

Mr. Churchill's Statement.

Mr. CHURCHILL, who replied, said: In view of the importance of the matter and the public interest attracted by it, the Government arranged for the immediate publication of the report. It will be seen that the report deals with the national requirements for radium in medical treatment, in the Fighting Services, and for the purposes of physical research, and with the possibilities of developing new sources of supply. Further, in a full statement as to the use of radium in medical treatment, the subcommittee has indicated that a great volume of avoidable distress and suffering persists simply because the radium required for the treatment of cancer is not available; and that the acquisition of further supplies should encourage the wider development of the highest skill in its use and the allocation of more hospital beds to the treatment of suitable cases. The subcommittee expresses the opinion that in order to meet the requirements of England and Wales, and of Scotland, 20 grams of radium, in addition to the stocks already available or likely to be available shortly, for general medical use, should be acquired within a specified period—namely, before the end of 1930.

The subcommittee recommends that the necessary sum, estimated at £200,000, should be raised by a public appeal, to which the Government should contribute pound for pound within that maximum sum. The subcommittee also proposes the setting up of an organization consisting, first, of a body to hold the funds and purchase and hold the radium, and, secondly, of a body to distribute the radium and secure its full use in the manner best adapted to further the advancement of knowledge and the treatment of the sick. As regards the recommendations of the subcommittee on the subject of the organization, these have been accepted in principle by the Government, but the precise form of the organization will remain open to further discussion. The Government has accepted the financial recommendation of the subcommittee, and will be prepared to contribute from public funds, up to a maximum of £100,000, to the extent of £1 for every £1 of private subscription for the purchase of additional radium. The Government confidently expects that there will be no difficulty in raising, in a very short space of time, the funds necessary to provide this invaluable addition to the national resources for dealing with one of the most formidable maladies known to us.

Mr. RAMSAY MACDONALD asked if the Government had considered the effect of this announcement on the price of radium, and if it proposed to take any steps to safeguard itself in that matter. Mr. CHURCHILL: I understand that all that is dealt with in the committee's report. The House is entitled to the report, and therefore publicity is unavoidable, but I do not apprehend any serious evil consequences.

Commander BELLAIRS asked if the report dealt with the international aspects of radium, and if it made any recommendation to bring the matter before the League of Nations, especially with regard to the Belgian monopoly. Mr. CHURCHILL said that he must confess that, like Commander Bellairs, he was looking forward to studying the report.

Lieut. Commander KENWORTHY asked if the right hon. gentleman was aware that every time the Government had gone into the market to purchase radium the price had been raised against it, and if he would consider the suggestion of Commander Bellairs and advise the Foreign Office to examine into the matter of international action. Mr. CHURCHILL said that he understood, though he did not speak with first-hand knowledge, that this matter was fully discussed in the report. Replying to Dr. VERNON DAVIES, who asked if there would be an opportunity to discuss the report, Mr. CHURCHILL said that it did not seem to him that the House was going to have much opportunity for further discussion.

Sir R. THOMAS asked if the report dealt with the potential supply of radium in Australia. Mr. CHURCHILL: That is covered by the statement that I have not yet been able to study the report. Mr. R. MORRISON asked if it would not be necessary for the Government to have a supplementary estimate. Mr. CHURCHILL replied that whatever was right and necessary would certainly be done. Mr. W. THORNE asked what was the approximate cost of an ounce of radium. Mr. CHURCHILL replied that he was sorry that he did not happen to have that information. Mr. THORNE: Is the right hon. gentleman aware that the cost is about £400,000 per ounce?

On April 15th Dr. VERNON DAVIES asked a question on the same subject. Sir KINGSLEY WOOD said that the report of the subcommittee of the Committee of Civil Research would be published. The question whether the report should be brought before the League of Nations would be considered.

Small-pox.

Dr. FREMANTLE asked, on April 15th, the number of passengers landed from the s.s. *Tuscania* which recently arrived at Liverpool from Bombay; whether passengers and crew were under observation; what number of cases of small-pox had occurred among them; the number and vaccination history of the cases that had died; and whether any cases of small-pox had been notified from contacts with passengers and crew. In reply, Sir KINGSLEY WOOD referred Dr. Fremantle to the statement on the case which had been issued by the Ministry of Health and is published at page 742 this week. At present the Minister of Health was not in a position to make any further statement.

Mr. T. JOHNSTON asked the Secretary for Scotland whether he was aware that a member of the crew of the *Tuscania* was discharged at Marseilles; whether subsequently a wireless message was received from Marseilles intimating that the man had died of small-pox; whether on arrival at Liverpool the other members of the crew were taken to hospital for small-pox; whether on arrival at Glasgow, and before fumigation or disinfection of the ship, an engineer, along with twenty-three cases of chickens and seven barrels of ducks, was transferred to the s.s. *Caledonia*, which sailed for New York on April 7th; whether the Transport Workers' Union informed the ports' medical authorities of the transfer of the engineer and the foodstuffs from the infected ship prior to the sailing of the *Caledonia*; why nothing was done to prohibit this proceeding; if forty bags of flour had since been transferred from the infected vessel to the s.s. *California*, and whether the Secretary of State could assure the House that all proper steps were being taken to prevent a spread of the infection. Sir J. GILMOUR, in reply, said that he had been unable to obtain information on the detailed matters referred to. He was making inquiries and would communicate the result to Mr. Johnston after these had been completed. He was satisfied that all reasonable steps were being taken by the competent authorities in Scotland to deal with the position and to protect the interests of the public.

Universities and Colleges.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

THE annual dinner of the Fellows of University College, London, will be held at the College on Tuesday, April 30th, at 7.15 for 7.30 p.m., in commemoration of the laying of the first stone of the College buildings by H.R.H. the Duke of Sussex on April 30th, 1827. Professor F. W. Oliver, M.A., D.Sc., F.R.S., elected a Fellow in 1886, will preside.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council meeting was held on April 11th, when the President, Lord Moynihan, was in the chair.

The secretary reported the death of Sir Anthony Alfred Bowlby, Bt., past President and past Member of the Council. The following vote of condolence was passed:

The Council hereby express their deep regret at the death of Sir Anthony Bowlby, and their very sincere sympathy with Lady Bowlby and the members of her family in their bereavement. The Council also desire to express their grateful sense of the many services rendered to the College by Sir Anthony Bowlby during the twenty-four years he served as a Member of the Council, and especially to record their appreciative recognition of the distinction and ability with which he fulfilled the duties of President during his three years of office. The Council feel that the College has lost one of its most illustrious Fellows, who will long be remembered for his eminence as a teacher of clinical surgery, his conspicuous services during the South African and Great Wars, and for the zeal and ability which he brought to bear in the discharge of many duties undertaken by him on behalf of the State and the medical profession.

The honorary Gold Medal of the College was awarded to Sir George Makins, G.C.M.G., C.B., LL.D., in recognition of his valuable services to the College, more especially in arranging and describing the series of drawings in the Army Medical War Collection.

Sir D'Arcy Power was appointed honorary Librarian of the College in recognition of his services in re-editing Plarr's *Lives of the Fellows* and of his distinguished position as a bibliographer.

The Jacksonian Prize for 1928 was not awarded. The subject for the Jacksonian Prize for the year 1930 is "The pathology of ovarian cysts and its bearing on their treatment."

The vacancy in the Court of Examiners occasioned by the expiration of Sir Cuthbert Wallace's term of office on May 8th next will be filled up at the next meeting of the Council.

The following Members of twenty years' standing were elected to the Fellowship: Comyns Berkeley, M.D., M.Chir., obstetric and gynaecological surgeon to the Middlesex Hospital; William Blair Bell, M.D., B.S., obstetric and gynaecological surgeon to Liverpool Royal Infirmary.

On the recommendation of the Museum Committee it was decided to devote Lord Beaverbrook's grant of £1,000 to tissue culture research.

Medical News.

THE centenary of the Zoological Society of London will be celebrated on Monday, April 29th. A commemorative meeting will be held at 5 p.m. in the great hall of University College, followed by a dinner in the Gardens of the Society in Regent's Park.

THE annual luncheon of the Irish Medical Schools' and Graduates' Association will be held at the Queen's Hotel, Piccadilly, Manchester, on Wednesday, July 24th, at 1 o'clock sharp. Tickets, price 4s., may be obtained from the honorary secretary for the provinces, Dr. Falkland L. Cary, 67, King's Road, Harrogate. All Irish graduates, whether members of the association or not, are invited to attend the luncheon. The honorary secretary requests that applications for tickets may be sent to him as early as possible before the date of the meeting.

THE twelfth and last of the annual series of Sims Woodhead Lectures in connection with the People's League of Health Travelling Scholarship will be delivered to-day (Friday, April 19th) at 6 p.m., at 11, Chandos Street, Cavendish Square, W., by Dr. C. C. Worster-Drought, on the subject of decay and disease, natural and premature.

At the next meeting of the Royal Sanitary Institute, to be held on Friday, April 26th, at 3 p.m., in the City Hall, Cardiff, discussions will take place on the new Local Government Act, on town planning, and on the proposed reconstruction, widening, and lowering of Cardiff Bridge.

THE annual meeting of the Medical Mission Auxiliary of the Church Missionary Society will be held in the Central Hall, Westminster, S.W., on Wednesday, May 1st, at 7.15 p.m. Tickets of admission may be obtained from the Superintendent, Loan Department, Church Missionary Society, Salisbury Court, E.C.4. A small number of reserved seats at 1s. each are available.

A DISCUSSION on the sterilization of the unfit will be opened by Lord Riddell at a meeting of the Medico-Legal Society, at 11, Chandos Street, W.1, on April 25th, at 8.30 p.m.

THE annual general meeting of the Tavistock Square Clinic for Functional Nervous Disorders will be held in the form of a luncheon party at the Hotel Russell, Russell Square, W.C.1, on Monday, May 6th, at 1.10 p.m.; Sir F. J. Willis will preside. The honorary director, Dr. H. Crichton-Miller, and the treasurer will present brief reports, and plans for the extension of the work of the clinic will be discussed.

THE Dr. Jessie Macgregor prize for medical science will be awarded next July to the applicant who presents the best record of original work in the science of medicine. This work may be unpublished or published, but in the latter contingency must not have been published earlier than three years before the month of July, 1929. The prize is of the value of £75, and is open to women who have graduated in medicine in the University of Edinburgh, or have taken the triple qualification, and who will have previously studied medicine for at least one year in Edinburgh. The successful applicant shall within three months of the award deliver a lecture to the medical profession in Edinburgh on the subject for which the prize has been awarded. Applications, marked "Dr. Jessie Macgregor prize in medical science," must reach the Convener of Trustees, Royal College of Physicians of Edinburgh, not later than May 31st.

LORD DAWSON OF PENN will distribute the prizes and certificates to students of the London Hospital Medical College (University of London) on Friday, June 28th.

THE first course for the M.R.C.P. diploma organized by the Fellowship of Medicine will extend from May 7th to June 28th, and consists of sixteen lectures by well-known authorities on Tuesdays and Fridays, at 8.30 p.m., in the lecture hall of the Medical Society of London, 11, Chandos Street, Cavendish Square. Two courses are now in progress: one in medicine, surgery, and gynaecology, at the Royal Waterloo Hospital, will conclude on May 4th, and the other in neurology, at the West End Hospital for Nervous Diseases, and consisting of lecture-demonstrations at 5 p.m. each day, will finish on May 10th. A comprehensive course begins on April 29th in diseases of the throat, nose, and ear at the Central London Throat, Nose, and Ear Hospital, and continues for three weeks. Starting also on April 29th is a month's course in psychological medicine at the Maudsley Hospital. From May 6th to June 1st a course in venereal diseases will be conducted at the London Lock Hospital. From May 2nd to June 1st the London School of Dermatology will hold a special course consisting of clinical instruction and formal lectures. Practical pathological demonstrations can be arranged if desired. From May 27th to June 8th an afternoon course, under the direction of Dr. Eric Pritchard, will be held at the Infants Hospital. Detailed syllabuses of the foregoing courses, information

relating to the general course of work at the various London general and special hospitals, and copies of the *Post-Graduate Medical Journal* may be obtained from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

THE Central Midwives Board for England and Wales met on April 4th, with Sir Francis Champneys in the chair. The standing committee reported that it had appointed the following to be members of the Approvals Subcommittee: Miss A. Davies, Miss E. M. Doubleday, Dr. J. S. Fairbairn, Miss E. E. Greaves, Dr. R. A. Lyster, Miss A. A. I. Pollard, and Mrs. E. Richmond. Approval for the year ending March 31st, 1930, was given to the list of examiners, the list of lecturers and institutions where lectures may be delivered, and the list of institutions, homes, and midwives at which, or under whom, midwives may be trained.

As announced in our advertisement columns, applications are invited for the Dickinson Pathology Scholarship and for the Dickinson Travelling Fellowship in Medicine. Candidates for the former, value £75, must have received their full course of instruction in pathology, medicine, and surgery at the University of Manchester and the Manchester Royal Infirmary. The Travelling Fellowship is of the value of £300, and candidates must have taken out the full course of clinical instruction required by their examining bodies in the Manchester Royal Infirmary and the University of Manchester. The scholarships are both tenable for one year. Full particulars and a copy of the regulations may be obtained from Mr. F. G. Hazell, secretary to the trustees, Manchester Royal Infirmary, to whom applications must be sent by May 2nd.

THE issue of *Medizinische Klinik* for March 28th is dedicated to the memory of the distinguished Viennese surgeon, Theodor Billroth, on the occasion of the celebration of the centenary of his birth on April 26th, 1829, and contains articles on him by Professor G. Lotheissen, and also Drs. I. Fischer and K. Feri of Vienna and Professor W. Körte of Berlin.

THE March issue of *The Mission Hospital*, published by the Church Missionary Society, London, is devoted to maternity and child welfare, and contains accounts of the progress being made in this respect under the auspices of the society in different parts of the world, including China and Southern and Central Africa.

Letters, Notes, and Answers.

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QUERIES AND ANSWERS.

LORD LISTER.

"J. S. R." asks if any reader can tell him where he could obtain a small bust of the late Lord Lister.

INCOME TAX.

Succession followed by Introduction.

"H. D. O." sold his practice as from December 31st, 1928, but remained acting, according to the agreement for sale, as assistant to the purchaser during the following three months. What adjustment can he claim, and what is his liability—if any—for the year 1929-30?

* * * We assume that the practice was a "sole" practice. Our correspondent can have his liability for the year ended