

thicknesses of lint, saturated in 20 per cent. saline and strapped securely to one wrist. There is no advantage to be gained from multiplying the number of indifferent electrodes. The active electrode is usually a small metal ball mounted on a curved ebonite holder, through which the insulated current is carried. It is well to keep a variety of electrodes for special sizes and situations of the tonsils. A diathermy current of two amperes is adequate, the frequency of oscillations being about 500,000 per second. The surgeon depresses the patient's tongue with a glass spatula, and uses a forehead spotlight illumination; he should not switch on the current until the active ball electrode is in contact with the tonsil tissue. The operation is rapidly effected with the patient sitting in a comfortable chair. During the operation the tonsil becomes rapidly hotter and a coagulation area spreads from the point of application of the ball electrode to the outer surface generally. The entire operation takes but a few seconds, and the ball electrode is withdrawn to allow sufficient arcing effectively to seal the smaller blood vessels. After the operation the patient is told to use an antiseptic mouthwash three times a day, and not to gargle. A suitable throat tablet—for example, of benzoic acid, cocaine, eucalyptol, and menthol—is prescribed, and for three days the patient should take a light diet. During the first twenty-four or forty-eight hours the tissue round the tonsil becomes oedematous. The patient has only slight discomfort, but as in some cases there is a rise of temperature I think it is advisable to order rest in bed for forty-eight hours. Surgical shock does not occur. Coagulated tissue starts to separate as a slough in about three days, and the process continues for a week or a fortnight. The odour of the slough, though slightly disagreeable, does not trouble the patient, and it disappears when the slough has separated. Infection has not occurred in any of my cases. The formation of scar tissue is accompanied by an ingrowth of epithelium, and the resulting scar is soft and glossy, and shows practically no sign of contraction. I know of no case in which secondary haemorrhage has occurred.

In diathermy the heat is generated within the tonsil and surrounding tissue; in contrast, therefore, with treatment by means of the electric cauter, where the effect is limited to a narrow zone around the hot metal, the tonsil is treated as a unit. In tissue subjected to cauter treatment the proteins are broken down into products responsible for causing toxic shock; the coagulated protein produced by diathermy has no such effect.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CYST OF THE EPIGLOTTIS.

THE following case of dysphagia associated with cyst of the epiglottis is interesting, because the dysphagia persisted after the cyst had been removed.

The patient, a very emaciated woman aged 64, had been seen once by Dr. Masterman-Wood, who sent her to me with the following report: She had come to him complaining that in the past twelve months she had had difficulty and increasing pain in swallowing; regurgitation of food, an associated symptom, produced cough and dyspnoea. By indirect laryngoscopy Dr. Masterman-Wood had recognized an abnormality of the epiglottis, and on account of this he referred the patient to me at the Torbay Hospital. I made a laryngeal examination on January 8th, and found a large globular swelling with blood vessels passing over its surface, situated in front of the left half of the epiglottis and obscuring the left vallecula.

The patient was admitted to hospital on January 23rd, and on the following day, using general anaesthesia, I passed a Jackson's direct laryngoscope, and found that the swelling had a narrow base and was attached to the anterior surface of the left half of the epiglottis. By means of Paterson's laryngeal forceps I grasped the swelling, but being cystic it ruptured, and thick viscid secretion escaped. The site of the cyst was then mopped dry, and I removed all visible remains of the cyst wall by means of the forceps. A diathermy terminal was now passed through the laryngoscope down to the raw area from which the cyst had been removed and the current was applied by Dr. B. Halliwell.

The pathologist's report on the cyst wall was as follows:

"The tissue consists of squamous epithelium forming a layer over young fibrous tissue. The histological appearances are quite consistent with the cyst being dermoid. There is no suggestion of any malignant growth."

The patient was discharged from hospital on January 29th. She still complained of difficulty in swallowing, and the site of origin of the cyst was incompletely healed. On February 10th she came to the out-patient department; the difficulty in swallowing was still present. Indirect laryngoscopy showed that the affected area was completely healed, and that there was some contraction of the left lateral glosso-epiglottic fold. The patient was instructed to return to the hospital if the dysphagia persisted, but so far she has not appeared. She showed no relief at being told that the condition was non-malignant. It is difficult to explain the continuance of the dysphagia after the site of the cyst had healed.

C. DE W. GIBB, F.R.C.S. Ed.,  
Honorary Laryngologist, Torbay Hospital.

#### ACUTE DILATATION OF THE STOMACH.

THE following details of a case of acute dilatation of the stomach seem to be worth recording in view of the rarity of such a rapidly fatal termination after taking a single large meal.

I was called early one morning to see an Indian labourer, aged about 28. The history was that he became suddenly ill some time during the previous night, about six hours before my arrival. He said he had attended a dinner that night, and had eaten a large quantity of food. He was vomiting enormous quantities of yellow fluid, was in great pain, and could not swallow anything. On examination, he was found to have a subnormal temperature and a distended abdomen, and he exhibited all the signs of collapse. On percussing the stomach, its lower border could easily be made out about three fingerbreadths above the pubis, and the stomach note could also be elicited for about the same distance to the right of the middle line. He also had intense pain all over the abdomen, but no rigidity could be made out. The vomited matter had a sour smell; it contained a few grains of rice, of which article the patient had partaken liberally. He was very restless and, though placed in the knee-elbow position, he obtained no relief. He was ordered to hospital, but died on the way.

The patient was well nourished and muscular, and no evidence of any organic disease was discovered at the necropsy. The stomach was found to extend as low down as two inches from the symphysis pubis, and was very congested. The arteries stood out prominently, and the duodenum was also dilated. On slitting open the organ it was found to contain only some bile-stained fluid. Death was undoubtedly due to the acute dilatation of the stomach.

HORACE GILLETTE, M.B., Ch.B. Ed.

St. Lucia, British West Indies.

#### THIRD NERVE PARALYSIS AFTER MUMPS AND CHICKEN-POX.

PARALYSIS of the intrinsic muscles of the eye after diphtheria is sufficiently common, but it is not often that a similar condition is seen following other infective diseases.

Some three years ago a child was admitted to the eye ward of the Coventry Hospital suffering from paralysis of the sphincter of both irides and from loss of accommodation. Her food returned through her nose, showing that the palatal muscles were paralysed. In fact, the child showed the complete picture of post-diphtheritic paralysis. There was no history of a sore throat, and a swab from nose and fauces was negative. After some questioning a history of mumps was obtained, which had affected several members of the family. The patient was transferred to the medical wards and rapidly made a complete recovery. Unfortunately I have lost sight of the case and cannot trace the notes.

Recently Dr. O'Connor of Leamington asked me to see a girl, aged 15, who was just recovering from varicella. She still had pustules on her face and body. I found that she had a complete paralysis of the sphincter iridis of both eyes, causing the pupils to be fully dilated. Accommodation was also paralysed. In this case the palatal muscles were not affected. Six weeks later she could read ordinary print without glasses, there was no paralysis of accommodation, and the pupils were nearly normal in size and reacted to light and accommodation.

Birmingham.

T. HARRISON BUTLER, D.M. Oxon.

DR. CHRISTOPHER ADDISON, M.P., who has been appointed Minister of Agriculture and Fisheries in the present Government, was President of the Local Government Board in 1919, and became the first Minister of Health on the creation of that office in the same year. He also served as Parliamentary Secretary to the Board of Education, 1914-15, Minister of Munitions, 1916-17, and Minister in Charge of Reconstruction, 1917.

WE understand that the Scarlet Fever Committee of Chicago has been successful in its action, brought in the United States courts, against the Lederle Corporation for infringement of the patent granted to Dr. George Dick and Dr. Gladys Dick for methods of production of scarlet fever toxin and antitoxin. The full evidence is not yet available.

### MEDICAL CONGRESSES, 1930.

THE following congresses and conferences on medical and allied subjects have been announced for 1930. Particulars are given below in the following order: Date, name of organizing body, place of meeting, name of person to whom inquiries should be addressed. More detailed information about these meetings is given from time to time, as it becomes available, in the news columns of the *British Medical Journal*.

June 21-28.—Royal Sanitary Institute. Margate. Secretary of Institute, 90, Buckingham Palace Road, S.W.1.

June 28 to July 2.—Journées Médicales de Bruxelles. Brussels.

July 3-5.—National Association for the Prevention of Tuberculosis. London. Secretary of Association, Tavistock House (North), Tavistock Square, W.C.1.

July 10-12.—Oxford Ophthalmological Congress. Oxford. Mr. C. G. Russ Wood, 12, St. John's Hill, Shrewsbury.

July 20-25.—International Society of Microbiology. Paris. Dr. St. John Brooks, Lister Institute, Chelsea Gardens, S.W.1.

July 26.—International League for Combating Trachoma. Geneva.

July 26-27.—Belgian Congress of Neurology and Psychiatry. Liège. Dr. Leroy, 30, Rue Hemricourt, Liège.

August.—International Congress of Cytology. Amsterdam. Fran Professor Rh. Erdmann, Berlin-Wilmersdorf, Nassauischestrasse 17.

August 3-10.—International Society of Sexology. London. Professor F. A. E. Crew, The University, Edinburgh.

August 4-9.—International Veterinary Congress. London. Dr. F. Bullock, 10, Red Lion Square, W.C.1.

August 5-9.—International Congress of Dermatology and Syphilology. Copenhagen. Dr. S. Lumholt, 45, Raadhusplads, Copenhagen.

August 12-15.—International Union against Tuberculosis. Oslo. Secretary of Union, 2, Avenue Velasquez, Paris, VIII.

August 18-21.—International Congress of Paediatrics. Stockholm.

August 26-29.—British Medical Association Annual Meeting. Winnipeg. Financial Secretary of British Medical Association, Tavistock Square, London, W.C.1.

August to September.—International Congress of Neurologists. Bern.

August.—International Congress on Miners' Phthisis. Johannesburg. International Labour Office, Geneva.

August.—Congress of Northern Neurologists. Stockholm.

September 1-6.—International Birth Control Conference. Zürich. Mrs. Janet Chance, c/o A. S. Cobden, Esq., 10, Adelphi Terrace, W.C.2.

September 4-7.—German Pharmacological Society. Königsberg. Professor J. Schüller, Pharmacological Institute, Zulpicherstrasse 47, Cologne.

September 7-10.—German Society for Natural Sciences and Medicine. Königsberg.

September 14-18.—International Congress of Physiotherapy. Liège. Dr. Dubois-Trépagne, 25, Rue Louvreux, Liège.

September 15-17.—German Orthopaedic Association. Heidelberg.

September 22-27.—International Congress of the History of Medicine. Rome. Dr. F. Rocchi, Corso Vittorio Emanuele 173, Rome.

October 2-4.—International Society of Orthopaedic Surgery. Paris.

October 6-8.—Society for the Study of Diseases of Digestion and Metabolism. Budapest.

October 9.—Association Professionnelle Internationale des Médecins. Geneva. Dr. F. Decourt, Mitry-Mory (Seine-et-Marne), France.

October 27.—American Public Health Association. Fort Worth, Texas. Dr. H. N. Calver, 370, Seventh Avenue. New York City.

## Nova et Vetera.

### A STUDY OF WITCHCRAFT.

*The Devil*,<sup>1</sup> by Maurice Garçon and Jean Vinchon, is a critical and historical survey of the strange and tragic obsession with demonology that added endless horrors to European life for three centuries. In the first part the authors trace the changing conception of the devil throughout the ages; in the second they make a psychological analysis of neuroses and psychoses characterized by demonic fantasies. In several recent works witchcraft has been dealt with very tenderly, their authors stressing the point that the reality of demonic possession was one of the few dogmas about which all the Churches in the seventeenth century were in agreement. Until the beginning of the fourteenth century, however, the attitude of the Church towards alleged witchcraft was one of incredulity and comparative tolerance, Alexander IV in 1257, for example, refusing to allow the Holy Office to extend its activities to the persecution of so-called witches. The change took place during the fourteenth century; the Inquisition was allowed to work its will, and following the Papal Bull of 1484 popular tales of horror became the basis of a theory of magic and demonology. In *Malleus Maleficarum*, printed at Cologne in 1489, this theory was elaborated and codified, and the stage was set for a tragedy that for centuries to come was to be enacted in more or less the same form in almost every country in Europe.

It has been argued that underlying the belief in witchcraft there must have been some basis of truth, because all the witches from one end of Europe to the other, from Hungary to Scotland, told exactly the same tales to the judges. With profounder psychological insight the authors of the work under review state that "It is the astonishing fixity of the descriptions which leads one to think that the tale told by the sorcerer to the judge might well be a creation of the judge's own imagination." The identity of the accounts is too close to be explained by the spreading of oral tradition among illiterate peasants in widely separated countries; but the explanation offers no difficulty if all the judges were working from the same textbook. In such circumstances the lurid stories of the witches' Sabbath may be expected to throw some light on the mental processes of mediaeval theologians.

"The truth is," write MM. Garçon and Vinchon, "that the whole diabolic doctrine was born in the subtle brain of erudite theologians. Eminent symbolists and mystic poets, they first created, then plucked, the most perverse of the flowers of evil, to decorate with its very perversity the most august grandeur of God. They raised divinity yet higher by plumbing the depths of the abyss sunk at its feet. . . . These men, severe, hardened, and chaste, did not draw back before the evocation of any infamy or lewdness whatsoever. They created the horrible the better to adore the beautiful, and it was by the fires of the stake that they lit up their symbols in suffering and in death."

One of the most illuminating chapters in *The Devil* is entitled "The Witches' Trial." The judicial process was simple; it consisted of alternate interrogation and torture, and it would be hard to think of a neater way of extracting from any victim the exact statement the judges desired to hear.

"Many witches," wrote Del Rio, a learned expert, "endure the tortures with great obstinacy, being provided, as is said, with the remedy or charm of *taciturnity*; the which charm is held to be composed of the heart or other parts of an unbaptized child, bruised cruelly and violently and then reduced to a powder, the which dusted over the body secretly, they draw from it the virtue and power of their silence."

Some of the signs of demonic possession were medical, and from their nature, as enumerated by Baptiste Codronchus, one cannot but assume that they must have been very widely spread. In his list of symptoms appear the following: (1) If the disease is such that the doctors cannot discover or diagnose it, (2) if it augments rather than diminishes when every possible remedy has been

<sup>1</sup> *The Devil: An Historical, Critical, and Medical Study*. By Maurice Garçon and Jean Vinchon. Translated by Stephen Haden Guest from the sixth French edition. London: V. Gollancz, Ltd. 1929. (Demy 8vo, pp. 288. 12s. 6d. net.)

withstanding the notice. It was clearly a case, however, in which it was quite impossible for the partnership to continue, and the court would make a decree for dissolution in the usual form. Defendant must pay the costs of the action.

On the application of Mr. Goddard, his lordship agreed to allow costs to the defendant for the matters in which he had succeeded—namely, the case of the child suffering from appendicitis and the case of the farmer's daughter.

## The Services.

### CORRECTION.

By a regrettable mishap the name of Colonel C. K. MORGAN, C.B., C.M.G., late R.A.M.C., appeared in the list of deaths at page 1003 of the *Army List* for May, 1930, and on the strength of that notification a brief biography was printed in our issue of May 31st, under the heading "Deaths in the Services." We hasten to contradict the announcement. Colonel Morgan's friends will be glad to know that he is now recovering from his recent severe illness.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

At a congregation held on June 8th the following medical degrees were conferred:

D.M.—C. R. Croft, Alice E. B. Harding.

### UNIVERSITY OF CAMBRIDGE.

AFTER his installation as Chancellor of the University on June 6th, the Right Hon. Stanley Baldwin conferred honorary doctorates in law, science, or letters on H.R.H. the Duke of Gloucester, the American Ambassador (General Daves), Earl Beauchamp, Viscount Sumner, Viscount Bridgeman, the Right Hon. Arthur Henderson, Sir John Withers, Professor Einstein, Professor Max Planck, Sir John Rose Bradford, P.R.C.P., Sir James Irvine, Professor W. Meyer-Lübke, Professor Lascelles Abercrombie, Sir James Barrie, Mr. Sydney Cockerell, Mr. John Galsworthy, and Professor H. J. C. Grierson.

### UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—\*P. B. Ascroft, \*Margaret E. Cook, \*K. M. Robertson, \*Ursula Shelley (University medal), E. F. D. Baker, D. A. Beattie, A. C. H. Bell, J. B. Buchanan, C. W. F. Burnett, E. A. Butterworth, Charlotte A. G. Conwar, E. T. Conybeare, W. W. Craner, H. B. A. R. Densham, D. C. L. Derry, P. C. C. de Silva, F. B. P. Evans, R. Evans, S. N. Evans, R. H. Franklin, Ruth C. Galletly, E. M. Goitein, C. S. Gross, E. Grundy, A. G. Harsant, J. C. Hatrick, J. C. Heather, H. B. Hodson, A. S. Hoseason, C. B. Huss, Phyllis Hutchinson, J. Ives, A. N. Jones, O. V. Lloyd-Davies, Laura H. Macfarlane, H. G. McGregor, B. R. Medlicott, T. W. Morgan, C. L. Oakley, C. M. Ockwell, R. Oliver, R. A. H. Pearce, G. F. Peters, R. K. Price, Ruth Humphrey, B. Ram, H. Richards, Margaret P. Roseveare, T. N. Rudd, J. C. Saldanha, B. M. Sargent, J. G. Scadding, J. M. Scott, M. D. Sheppard, L. A. H. Snowball, T. T. Stamm, B. Stanley, Sybil M. A. Stanley, W. D. Steel, J. H. Watkin, Margaret M. White, G. P. B. Whitwell, Joyce M. Wigram, R. N. Wilcox, E. G. Wilkins, Margaret D. Wright.

Group I.—F. Back, E. F. Barnardo, F. G. L. Barnes, A. C. Byles, W. H. P. Cant, Rosa E. Chamings, E. E. Claxton, H. J. Croft, C. E. Dolman, Beryl M. Furlong, Mabel E. Grace, Honor E. C. Harvey, H. B. Jackson, Victoria A. King, H. J. Knight, Nellie I. Lanckenau, I. W. Lazarus, Annie M. McGrath, Joyce MacInnes, Eileen M. Massey, Elizabeth T. Mess, Ruth Milne, R. S. Risk, J. B. Robinson, D. Stanley Jones, H. H. Steadman, Muriel H. Steven, Olive C. Watkin, T. H. Wilson.

Group II.—W. L. M. Bigby, A. Caplan, A. G. Carmichael, J. B. George, Brynellen Griffiths, E. Gwynne-Evans, Mary W. Hamlyn, P. Y. Hicks, R. E. Holmes, S. W. Holmes, M. Luckeenarain, Mary L. Marsh, W. O. W. Nixon, A. P. M. Page, O. Plowright, D. C. Price, J. D. Ritchie, E. B. Rogers, Violet R. Sharp, T. C. Stone.

\* Honours. † Distinguished in medicine. ‡ Distinguished in forensic medicine. § Distinguished in pathology. || Distinguished in surgery.

### UNIVERSITY OF LIVERPOOL.

THE honorary degree of D.Sc. has been conferred upon Dr. George Burger, professor of chemistry in relation to medicine in the University of Edinburgh.

### ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE following have been admitted Fellows of the Faculty: Robert Grieve Hutchison, M.B., Ch.B., and James Sharpe, M.B., Ch.B., D.P.H.

## Medical News.

SIR CHARLES MARTIN will deliver his second and third Orconian Lectures before the Royal College of Physicians of London, at 5 p.m., on June 17th and 19th. His subject is the thermal adjustment of man to external conditions, more particularly those pertaining to warm countries. The first lecture was on June 12th.

THE annual general meeting of the Medico-Legal Society will be held at 11, Chandos Street, W.1, on June 26th, at 8 p.m., for the election of officers and to receive the report of the honorary secretaries and the financial statement. An ordinary meeting of the society will follow, when Professor J. S. Haldane, F.R.S., will read a paper on carbon monoxide poisoning, which will be followed by a discussion.

A MEETING of the Biochemical Society will be held in the Department of Biochemistry, Oxford, to-day (Saturday, June 14th), at 2.30 p.m., when papers will be read and demonstrations given.

THE annual meeting of the Incorporated Lancashire and Cheshire Society for the Permanent Care of the Feeble-minded will be held in the Sandebridge Institution, Alderley Edge, on Monday, June 23rd, at 3.15 p.m. The Lord Mayor of Manchester will preside, and will be supported by Miss Dendy, M.A., president, Sir Lewis Beard, and members of the governing body. The Thomasson and Sam Gamble day school will be open for inspection.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that the following lectures suitable for candidates for the M.R.C.P. examination will be given by Dr. O. L. V. de Wesselow at the Medical Society of London, 11, Chandos Street, Cavendish Square, at 8.30 p.m.: June 17th, "Hypotension and renal disease," and June 20th, "Diabetic and other acidoses." The fee for each lecture is 10s. 6d., payable at the lecture hall. On June 17th, at 2 p.m., Dr. E. U. Williams will give a clinical demonstration in the x-ray department of the Bolingbroke Hospital, Wandsworth Common, and on June 18th, at 11 a.m., Mr. G. H. Howells will demonstrate on ear, nose, and throat cases at the East London Hospital for Children, Shadwell. Both of these demonstrations are open to the medical profession, without fee or ticket. Three courses begin on June 16th, each of two weeks' duration: An intensive course in medicine and surgery at the North-East London Post-Graduate College (Prince of Wales's Hospital), Tottenham; the daily sessions will be from 10.30 a.m. to 5.30 p.m., and instruction will cover work in all departments; fee £5 5s., or £3 3s. for either week. A course in gynaecology at the Chelsea Hospital occupying some mornings and some afternoons; fee £5 5s. An afternoon course in diseases of the skin at the Blackfriars Hospital; fee £1 1s. From June 30th until July 5th there will be an all-day course in proctology at St. Mark's Hospital; fee £3 3s. Detailed syllabuses of all the courses can be obtained on application to the secretary of the Fellowship, 1, Wimpole Street, W.1.

A POST-GRADUATE course of cancer and its treatment will be held at the University of Strasbourg from July 16th to 26th. Particulars may be obtained from Dr. Gunsett, Directeur du Centre Anticancéreux, Hôpital Civil à Strasbourg.

SIR ANDREW BALFOUR, director of the London School of Hygiene and Tropical Medicine, will formally open the new research milk laboratories of the United Dairies, Ltd., at Scrubbs Laue, Willesden, on Monday, June 16th, at 1 p.m.

MISS BALSILLIE, who in March last was appointed principal matron in the service of the London County Council, has since intimated that she does not wish to take up the appointment, but to remain as matron of the Park Hospital, Haver Green. The Council has therefore appointed Miss Nellie Butler, matron of the Southern Hospital, Dartford, to the position.

COMMEMORATION DAY at Livingstone College, Leyton, was held on June 5th. A large number were present at this annual gathering in the grounds, including Sir George Makins, Dr. J. H. Cook, Dr. H. White, and many other representatives of missionary organizations and friends. The chair was taken by the Right Rev. Bishop Ward, president of the British Mission Board of the Moravian Church, who spoke of the personal knowledge he had of conditions in other lands, and of the mission hospitals he had visited in foreign fields. The Rev. R. E. Scott, of the Lebombo Mission, Portuguese East Africa, told of some of his experiences in the mission field, and testified to the practical worth of the training given at the college. Miss E. May Pateman, of the London Missionary Society, Gilbert Islands, said that the knowledge she had gained at Livingstone College had been of incalculable value to herself and others. Short statements as to finance and the general working of the college were made by the treasurer, Mr. R. L. Barclay, and the principal, Dr. Tom Jays.

At a meeting of the committee of the Royal Eye Hospital, Eastbourne, on June 6th, Dr. Milner Moore, on his retirement from office, was presented with a portable wireless set, in appreciation of the services he had rendered that institution as honorary secretary for a period of seventeen years.

THE May issue of the *Bulletin of Hygiene* contains a review of recent literature on alcoholism—the third of an annual series—by Dr. J. D. Rolleston, dealing chiefly with its prevalence in various countries, with special reference to the cocktail habit and methyl alcohol drinking, the association of alcoholism with tuberculosis and mental disease, the decline of the use of alcohol in therapeutics, the diagnosis of alcoholism by colorimetric methods, and the recent drastic legislation in Soviet Russia for combating alcoholism. A bibliography of thirty-six references to the literature of nine different countries is appended.

THE fund being raised for the Birmingham Hospital Centre scheme reached the sum of £477,997 on June 6th. This amount included the £100,000 which Mr. Harry Vincent, president of the Birmingham and Midland Hospital for Diseases of the Nervous System, promised on condition that £350,000 was offered by the date mentioned.

THE challenge cup presented three years ago to the Metropolitan Counties Branch, to be awarded to the best all-round athlete who is a student at one of the London medical schools, was competed for at the United Hospitals annual sports, when Mr. Cramer, of the London Hospital, Mr. W. Hertzog, of Guy's Hospital, and Mr. Sandysford, of St. Thomas's Hospital, each won two events. These three gentlemen, therefore, will hold the cup jointly for the year.

IT has been agreed with the authorities of the London Hospital that the London County Council shall, as soon as the necessary arrangements can be made, undertake the responsibility for the conduct of the venereal diseases clinic at the hospital. An agreed amount will be paid by the Council for the use of the venereal diseases department, and the Council will take over such of the equipment in the clinic as is the property of the hospital at a valuation to be devised jointly by both parties. The clinic is to be open every weekday from 8 a.m. to 9 p.m., and also on Sundays.

## 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, Aitology Westcent, London.**

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**MEDICAL SECRETARY, Mediscera 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 HEADACHE.

"SUBURBAN" asks for suggestions for treating a schoolmaster, aged 46, temperate in his habits, who suffers from headache after any kind of physical strain. The pain comes on a few seconds after the provoking cause. It does not last long, but if a further action is taken the pain becomes continuous and then persists for several hours. Mental work does not induce the headache. The patient has also a slight unsteadiness while walking, particularly if the head is turned upwards or sideways. Aspirin, in 10-grain doses, taken an hour or so before playing a game, will usually minimize the headache. The eyes have been examined and a slight defect corrected. The blood pressure is 140. There is a tendency to constipation, and a faint reduplication of the first mitral sound; the heart is otherwise normal. All the usual remedies have been tried, such as aperients, sedatives, alkalis, and antacutarrhal vaccines, with little more than temporary benefit.

#### PREVENTION OF SUNBURN.

DR. R. J. BROCKLEHURST (London, N.W.11) writes as follows in reply to Dr. I. B. McCann's query under the above heading: A liberal application of "pommade sechehaye" protects the skin efficiently against severe sunburn. It is a brown ointment, sold in tubes; the grotesque appearance of the face after its application is amply compensated by the subsequent absence of discomfort and disfigurement which are sustained by those who travel unprotected over the snow under the summer Alpine sun. It is obtainable everywhere in Switzerland, and is stocked in London by two or three dealers who sell Alpine equipment.

#### TREATMENT OF PRURITUS ANI.

DR. ROBERT E. LORD writes in reply to "Cérons's" inquiry (June 7th, p. 1089) as to the treatment of pruritus ani: Many years ago a patient, whom I still see frequently, suffered from intense pruritus ani, accompanied with a jelly-like discharge from just inside the anus. After many methods of treatment had been tried and discarded as useless, he found that he could always get relief from the application of the faradic current applied as strong as he could bear it, one pole being a metal rectal electrode and the other a flat electrode placed on the abdomen. He used this nightly for some months, and not only did the pruritus gradually cease, but the jelly-like discharge disappeared. There have been occasional relapses, but the same treatment has always succeeded in cutting them short, and he has had no return of symptoms for years.

DR. S. PENNY SNOOK (Weymouth) writes: I have found the occasional application of calomel ointment beneficial.

"G. P." writes: I have suffered from this complaint and am now (and have been for twenty years) cured, but I have still to continue the treatment, which is as follows: Wash the parts thoroughly with a sponge dripping with water (no soap); dry well, and apply a little of the following after each evacuation: zinc oxide in fine powder, pulv. amyli, equal parts; glycerinum q.s. Rub down to a soft paste. All greasy applications should be avoided.

#### INCOME TAX.

##### Professional Use of Residence.

"H. T." uses one room of his residence entirely and two rooms partly for professional purposes. The inspector of taxes agrees to the deduction of one-third of the rent, rates, etc., as applicable to the professional use, but will not allow more. Is this the usual proportion? The rateable value of the house is £34.

So much depends on the precise circumstances that it is difficult to advise specifically. If the three rooms in question are the best rooms on the ground floor they would account for considerably more than one-third of the total rental value, but the "waiting room" is, we gather from the total rental value, probably in fairly general private use. On the whole, while the proportion seems to us on the low side, we do not think it is entirely unreasonable, and "H. T." is not likely to obtain any substantial increase.

### LETTERS, NOTES, ETC.

#### AORTIC ANEURYSM SIMULATING ASTHMA.

DR. F. WILLIAM COCK (Ashford) writes: The case of aortic aneurysm simulating asthma described by Dr. L. G. Hill (June 7th, p. 1048) is particularly interesting to me, as during a rearranging of the materials I collected for the account of the introduction of anaesthesia by Robert Liston I came across the notes of his necropsy made by Wm. Cadge in December, 1847. Dr. Hill's description is almost word for word that of Mr. Cadge. Liston, however, had a longer time for the disease to prove fatal—possibly a year, for after a very copious haemorrhage he survived for several months. He, too, had considerable asthma at the end. The small apertures from the aorta into the trachea were plugged with old ante-mortem fibrinous material. At that time (twenty years ago) I made many inquiries as to whether the specimen had been preserved, but no success followed, although I tried University College, the College of Surgeons, Edinburgh, and the Norwich Hospital, where Cadge's specimens are preserved. Sir William Osler particularly was interested because of the somewhat uncommon nature of the case. The condition was stated to be the after-effects of a blow on the sternum from the boom of his (Liston's) yacht.

#### SPONTANEOUS SURGICAL EMPHYSEMA.

DR. G. W. DANDO (Southsea) writes: In the *Journal* of August 29th, 1925 (p. 402), I reported a case of spontaneous surgical emphysema following the confinement of a young primipara; this closely corresponded with the cases described by Dr. F. Bedo Hobbs on May 24th (p. 950). My case occurred in the Crayford Nursing Home, Kent. The labour was a somewhat prolonged one, but the emphysema cleared up in a few days. I was unable at the time to find any reference to the condition in my textbooks.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 44, 46, 47, 48, 51, 52, 53, and 54 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 49 and 50.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 267.