

organic nervous disease patients may, and frequently do, get such attacks.

The treatment on which most reliance was placed was caffeine citrate 10 grains, liq. strychninae 3 minims, and nitroglycerin 1 minim. Gowers quotes a case of his in which a girl had attacks commencing at the age of 16 and lasting till she was 22. They were almost identical with those in the present case, and were arrested by the same drugs. These had no effect in this case. Later she was also given thyroid gland (dried) 2 grains, hormotone 5 grains, three times a day, with no effect.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ANOMALOUS PETRO-SQUAMOUS VENOUS CANAL COMPLICATING MASTOID OPERATION.

A boy, aged 5, was brought to me with acute mastoiditis supervening on chronic otitis media: the only unusual clinical feature was that the maximum swelling and tenderness were above and rather in front of the ear, the mastoid process itself appearing unaffected. This generally indicates a very cellular mastoid in which the root of the zygoma has become pneumatized, so that infection from the antrum can travel forward into the temporal fossa. An operation, however, revealed that the mastoid was diploetic, and practically acellular; and, as so often happens in such a condition, the dura of the middle fossa tended to come well down over the upper part of the antrum. The latter had been opened, and I was enlarging the opening upward, working (rather cautiously on account of the position of the dura) from within outwards with a hand gouge, when there was a sudden brisk effusion of venous blood. This was puzzling; I was too far forward to wound either sigmoid or superior petrosal sinus; and it is very improbable that the gouge used thus would penetrate a sinus wall, which slips away under it. I supposed that I had damaged a large dural vein. It was also inconvenient, to say the least, for the bleeding seemed to come exactly from the region of the aditus, which was only just exposed; and the packing necessary to control it interfered with proper exposure of the aditus and of the root of the zygoma. When the bleeding was controlled I found that a large vein or sinus, about 3 mm. in diameter, ran in a bony canal across the roof of the mastoid antrum, about 1 cm. deep, and parallel, to the surface of the squama, and above and somewhat superficial to the aditus. It was separated from the middle fossa by a complete thin plate of bone, but its inferior or antral wall may have been dehiscant.

In early foetal life the lateral sinus drains into the primitive jugular vein—which in the adult becomes the external jugular—through the post-condylic foramen, which pierces the root of the zygoma immediately in front of the bony external auditory meatus. Later the internal jugular grows up internal to the primitive, forms the jugular bulb and, after entering the skull, the sigmoid sinus, and thus provides the normal adult effluent of the lateral sinus; the post-condylic foramen then closes. Occasionally, however, the original primitive venous channel coexists with the normal adult arrangement; we then find a petro-squamous sinus grooving the inner aspect of the angle between petrous and squama, communicating anteriorly with the temporo-maxillary vein through a persistent post-condylic foramen, and posteriorly canalizing the superior margin of the petrous to enter the lateral sinus. The vein or sinus that gave me trouble appears to be a variant of this petro-squamous sinus, situated in the substance of the bone instead of grooving its inner surface.

The sinus and canal are interesting from three aspects: first, the condition might explain why in the case of an acellular zygoma the mastoid infection approached the surface anteriorly; secondly, it produces an anomaly very inconvenient to the operator, even when the possibility is known; thirdly, it must be somewhat rare; in the course of several hundred mastoid operations I have never encountered anything like it. Convalescence was uneventful.

E. WATSON-WILLIAMS, Ch.M.,
Surgeon in Charge, Ear, Nose, and Throat
Department, Bristol Royal Infirmary.

DEATH FOLLOWING AN ALVEOLAR ABSCESS.

THE following details of an unusual sequel to alveolar abscess seem to deserve recording.

A healthy man, aged 25, had had no previous illness except indigestion six months previously, when he was advised to have dental treatment; this he did not do. On February 1st I was called to see him, and found an alveolar abscess in the left lower jaw. He had had very little sleep for some nights and looked ill, but he refused to have the tooth extracted under gas. Two days later I saw him again; the abscess having broken inside the mouth he felt much better.

On February 6th his wife reported that he was quite well, except for a slight headache. That same evening at 5 o'clock, while having tea, he said, "Oh, my head," and fell off his chair unconscious. When I saw him half an hour later he was unconscious, breathing stertorously, cyanosed, and sweating. The temperature was 102°; the pulse was irregular, the rate being about 120. He had bilateral external squint, the pupils were small and equal, and there was no reaction to light. There was marked rigidity of the neck, arms, and legs. He had passed both urine and faeces. He remained in this state until he died five hours later. No post-mortem examination was allowed.

My senior partner, Dr. J. C. Griffiths, also saw this man, and we are of the opinion that he had a blood-borne infection in the brain which caused an abscess to form; this eventually burst, resulting in acute septic meningitis. The fatal termination was very sudden, and emphasizes the fact that a prognosis must be guarded, even in cases of what are called "minor ailments."

Kidderminster. P. DIGBY GRIFFITHS, M.B., B.Ch.Camb.

RUPTURE OF THE HEART.

A FEW days ago a man, aged 65, dropped dead in the street. Inquiries from members of the family elicited the information that he had been complaining of pain in the chest and back, with aching in both arms, and numbness and tingling of the ring and little fingers of both hands, chiefly the right. These symptoms were not severe enough to cause him to seek medical assistance, and, apart from them, he enjoyed good health.

At the request of the coroner for East Lancashire, I made a post-mortem examination. The pericardium was found to be enormously distended, and, when opened, a large quantity of serum escaped, together with a large clot. On the posterior surface of the left ventricle there was a tear one inch in length. The aorta was normal, except for atheromatous deposits in the cusps of the aortic valve. The transverse branch of the left coronary artery was completely occluded by atheroma, almost two inches from its origin. Two inches beyond this point there was a patch in the posterior wall of the left ventricle, an inch in diameter and less than a quarter of an inch in thickness, in the base of which was the tear already referred to.

The case is interesting in view of the rarity of the condition and the absence of serious symptoms preceding death. My own interest in the case was enhanced by the fact that I reported a similar one in the *Journal* of July 16th, 1927 (p. 99).

Ramsbottom.

C. W. CRAWSHAW, M.B., D.P.H.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BORDER COUNTIES BRANCH.

RHEUMATIC DISEASES: CAUSATIVE FACTORS AND TREATMENT.

At the annual general meeting of the Border Counties Branch of the British Medical Association, held on June 6th, Dr. MURRAY B. STEUART, the president, delivered his address from the chair, taking as his subject, "Rheumatic diseases: causative factors and treatment." He drew largely upon the discussions at the Bath conference on this subject in 1928 (*British Medical Journal*, i, p. 852), endeavouring to co-ordinate the various opinions with a view to arriving at a common denominator.

Dr. Steuart began with a word on the question of nomenclature, and after indicating the common confusion,

number of years, and in whom the disease has been arrested, should be replaced by others likely to benefit from such prolonged treatment under good hygienic conditions.

Conclusion.

In concluding its report the committee expresses the view that the primary aim of all schemes for care and after-care should be to increase the proportion of cases that can enter ordinary industry, rather than to cater for the permanent employment of disabled persons. It may be admitted that with an improvement of the industrial position throughout the country the unemployment figures among ex-patients are bound to fall, but there will always be a large number needing employment under the sheltered conditions of the village settlement.

TEN YEARS OF WELWYN GARDEN CITY.

[FROM A CORRESPONDENT.]

TEN years ago the spot in Hertfordshire upon which now stands a garden city four square miles in area, with 2,500 houses, and a population approaching 10,000, was occupied by open fields and woodlands. The more astonishing achievement, however, of the creators of Welwyn Garden City is that the charm of this countryside, twenty miles from London, has been in no way spoiled by such urbanization. Indeed, the red-tiled roofs and pleasant architecture, of controlled design, the delightful roads, with grass margins and trees, the open front gardens, with backs equally tidy and interesting, and without fences or obtrusive hedges, the abundant recreational provisions, the happy innovations in the nature of communal services, and the evidence everywhere of character and the open mind, make a refreshing picture. Such, by the way, is the intensive production of the cottage gardens, that the output of the area, though a town has now been placed upon it, is greater than it was while it remained purely agricultural land.

To celebrate the tenth anniversary of Welwyn, Sir Theodore Chambers, chairman of Welwyn Garden City, Ltd., with Dr. F. E. Fremantle, member of Parliament for the division, and other directors, entertained the members of the press. One impression made on the mind of the visitor was that, while this is a developing district, there is none of that untidy sprawl to be seen on the growing edge of suburbs. Welwyn is not merely a dormitory for city workers. It is a self-contained township, with residential, industrial, and commercial zones, and a rural belt all round it to preserve its country character. It already houses some forty-five industries, which have their carefully placed factories, with the houses for the workers within walking distance. Factory life in Welwyn Garden City is found in ideal conditions, with clean, roomy buildings, green spaces visible through the windows, and ample opportunities for the workers to take their mid-day meal at home and to take their evening recreation without being already exhausted by a scrambling journey from town. A number of sectional factories have been built on the unit principle, which are let on lease to manufacturers who do not desire to build their own.

The festivities included a pageant in which the fairies are supposed to leave the garden city to mortals, who thereupon build the city and sell each other houses. But the real story of Welwyn is equally romantic; it is the story of how the late Ebenezer Howard—to whom a memorial has been unveiled in the heart of the town—hastily borrowed £5,000 from Dr. Fremantle and one or two other personal friends to pay a deposit on the purchase of the land, which was going at auction. The vision and courage of Howard and those associated with him, who saw here the second garden city in England (the first, a pre-war conception, being Letchworth) deserve high praise. It should be said that the funds raised in this week of festivities are to be devoted to the provision of a larger cottage hospital; the growth of the place necessitates better provision, though it holds a record in public health. For the last three years the average death rate has been 5.66 per 1,000 (compared with 12.46 for England and Wales), and the infant mortality rate 20.19 per 1,000 births, compared with 69.33 for the whole country. The birth rate, too, is 40 per cent. higher at Welwyn; whether this has anything to do with the fact

that in the cheaper houses a deduction is made from the rent for every child, and an addition made thereto for every lodger, we cannot say. There is an energetic health association, which runs child welfare clinics, schools for mothers, district nurses, and a first-aid centre, as well as the cottage hospital, but this does not seem to have eliminated the private practitioner, seven of whom practise in the town.

Other things in the garden city which the visitors were taken to see included the city stores, with eighty departments under one roof, instead of the usual row of miscellaneous shops; the theatre, with its special acoustic design and modernist decorations; the film studios, where a "talkie" was seen in preparation, and an exhibition furnished house, designed by two architects of the Garden City in consultation with the estate manager—a pleasing middle-class house, showing good workmanship and good taste, and, what is so rarely experienced in the modern dwelling, a harmony between the house and the furniture. Finally, the visitors found their way to the inevitable inn, but a place as little like the traditional public-house as can be imagined. Its gardens and pleasant outside aspect invite the guest to take his refreshment out of doors, and even indoors there are none of the depressing accompaniments of the ordinary licensed premises. The "Cherry Tree" is controlled by the Garden City Company, and is under disinterested management. Here Dr. Fremantle, in proposing the health of the press, claimed for Welwyn Garden City that it met practically the case for the preservation of the countryside as against urbanization and ribbon development, and that it was a type of all that is good in modern town-planning from the point of view of industrial efficiency and welfare, traffic freedom, and public health and amenities.

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 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. Frau 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, Raadhusholmsplads, 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 Louvreaux, Liège.

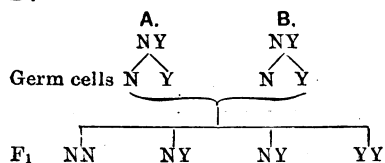
September 15-17.—German Orthopaedic Association. Heidelberg.

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

for normality. Then the genetical constitutions of the four individuals concerned are as follows:

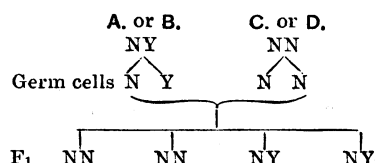
A—NY. B—NY. C—NN. D—NN.

The following scheme shows what happens when A is mated to B:



Now the individual YY is non-viable; and if it dies so early that the menstrual rhythm of the mother is not disturbed (that is to say, almost immediately after fertilization) the chance that the couple A B will appear to be sterile is as great as 1:3. This chance does not seem to me too small to account for apparent sterility throughout the reproductive period, and it certainly affords a reasonable explanation of delayed fertility.

The subsequent unions between A and C and between B and D may be expressed thus:



That is to say, all their offspring will be viable.

I fully realize that I am juggling with probabilities and assumptions, and that even if the explanation I have put forward happens to be correct, there is no remedy for such "incompatible" cases; I merely offer the suggestion in case it may interest Dr. Gair Johnston, and in the hope that experts may give their views on the matter.—I am, etc.,

Chelmsford, June 16th.

V. C. ROBINSON.

MEDICAL ASPECTS OF CIDER.

SIR.—The use of cider as a preventive or curative agent in certain conditions remained based on tradition without scientific confirmation until the latter part of the last century, when Dr. Denis Dumont¹ recorded the result of a number of experiments and personal observations. Starting out for an explanation of the absence of uric calculi and other gouty phenomena in the cider districts, though such conditions were not infrequent in the wine-drinking districts, he enlarged the scope of his inquiry. In France the facilities for experiment in hospitals were greater than obtain with us, for the common beverage given to patients is red wine diluted; hence he was able to substitute cider for the wine without difficulty. It was soon found that diuresis was promoted by cider, thereby contrasting with the wine, and the question then arose as to which of the constituents was the active one. By trial with equivalent amounts of solutions of malic acid, Dumont concluded that malic acid was the agent sought. Since his day we have learned that the chief difference between wine and cider or perry is that wine contains tartaric acid or acid tartrates, while these are completely absent from both cider and perry when these are in pure condition. Wine contains some amount, usually small, of malic acid, much of which, however, is turned into lactic acid during maturation. Wines, then, contain tartaric, malic, and lactic acids, ciders only malic and lactic acids, apart from small amounts of volatile acids in both.

If the physician, guided by this knowledge, advises his patient to use cider (or perry) as a beverage and avoid the products of the grape—advice which Dumont records in various successful cases—it behoves him to be sure that his patient is not taking tartaric acid, and so undoing the action of the other acid; this he cannot be sure of at the present time, for many beverages on the market named "cider" are in fact strongly sophisticated with

¹ *Les Propriétés médicales et hygiéniques du Cidre et sa Fabrication*. Third edition, 1883.

tartaric acid. To the practised palate the alteration in flavour gives a clue that some foreign acid (tartaric or citric) is present; but a simple test will tell whether any inordinate amount of tartaric acid is present. It is carried out thus: to a third of a tumblerful of cider about half a teaspoonful of milk of lime is added slowly, and, stirring well, further small additions are made, until the liquid begins to change colour to a deeper and browner hue, showing that the acids are nearly neutralized. Then a small further addition of the cider is made, so that the original colour may be restored; the liquid must be in a fairly acid condition, for, when it is alkaline, malate of lime and tannin are also precipitated. After thorough stirring the glass is left till the following day, when, if tartrates are present, a fine crop of very bright little sandy crystals (orthorhombic, with obliquely cut ends) will have formed and settled out or become attached to the sides. With a pure cider no such crystals are seen. By adding different amounts of tartaric acid to a pure cider it was found, as a rough means of estimating, that an addition of 0.8 gram per litre gave a very marked result; with 0.4 gram the deposit is not so definite, but becomes more easily visible when about one-fifth of the volume of 70 per cent. alcohol is added, and a further twenty-four hours' delay afforded; the visible limit appears to be about 0.2 gram per litre with addition of alcohol and a forty-eight hours' crystallization period. Since the milk of lime is rather a messy reagent, other forms of calcium were tried; the best seems to be liquor calcis saccharatus, but it is rather slow in action, though very fine large crystals are eventually deposited.

It is regrettable that more approach from the scientific side has not been made on the effects of cider or its acids on the human frame; from Denis Dumont's work it may be presumed that the beneficial action in the vomiting of pregnancy, renal colic, etc., is due to an elimination of noxious matters by way of the kidneys. Obviously, in making further observations care should be taken that the experimental material is true cider.—I am, etc.,

HERBERT E. DURHAM, Sc.D.,
M.B., F.R.C.S.

Hereford, June 12th.

Obituary.

WE regret to record the death of Dr. JAMES HAMILTON, which took place at his home in Glasgow on June 10th. He received his medical education at the University of Glasgow, where he graduated M.B., C.M. in 1880, and obtained the F.R.F.P.S.Glas. diploma in 1896. He held appointments as assistant physician to the Victoria Infirmary, Glasgow, and as assistant physician and anaesthetist to the Glasgow Samaritan Hospital for Women. His publications include a "Case of double congenital hydronephrosis in a young man" in the *Transactions of the Glasgow Pathological and Clinical Society*, 1905, and "Cases of cerebro-spinal fever" in the same journal, 1906. During the great war he held a commission in the Royal Army Medical Corps and was attached to the 4th Scottish General Hospital. James Hamilton was an active member of the British Medical Association, serving as honorary secretary of the Glasgow and West of Scotland Branch from 1901 to 1908, and as a member of the Branch Council in 1909. In 1904 he was elected vice-chairman of the Glasgow Southern Division, becoming its chairman in 1905, and a member of the Executive Committee from 1906 to 1908, and from 1910 to 1911. He served on the Council of the Association from 1903 to 1904, and from 1907 to 1908. He was also a member, and sometime president, of the Glasgow Southern Medical Society and the Glasgow Royal Medico-Chirurgical Society.

The following well-known foreign medical men have recently died: Professor RICHARD LUMPE, a prominent obstetrician and gynaecologist of Salzburg, aged 75; Dr. SOMA BECK, professor of dermatology at the Elizabeth University of Fünfkirchen, Hungary; and Dr. WILFRED MASON BARTON, professor of medicine and applied therapeutics at Georgetown University School of Medicine, aged 58.

1919, and, in addition to the medals, received the C.I.E. on June 3rd, 1915. He received a good service pension on August 18th, 1928. He married Jessie Elizabeth, daughter of John Graves of Southgate, and leaves a son and two daughters.

Lieut.-Colonel Narendra Prasanna Sinha, Bengal Medical Service (ret.), died on February 14th, aged 71. He was born on September 30th, 1858, and was educated in the Calcutta Medical College. After taking his degree there, he was appointed a civil assistant surgeon in Bengal in 1881; but a year later came to England, where he took the M.R.C.S. in 1882 and the M.R.C.P.Lond. in 1883, and passed into the I.M.S., being commissioned as surgeon on April 1st, 1886. He became surgeon major after twelve years' service, and retired on June 1st, 1904. After a few years' military service he got civil employ in Bengal, and was civil surgeon of Rangpur at the time of his retirement. After leaving the service he was for several years in practice at Ealing. In 1914, when the war began, he returned to India, and rejoined for service on January 30th, 1915. During the war he held various civil appointments in Bengal, and after it was ended continued to serve as police surgeon, Calcutta, up to January 10th, 1922. He was promoted to lieutenant-colonel from February 5th, 1917. He served in the Burmese campaigns from 1885 to 1889, receiving the medal with two clasps. He was a brother of Lord Sinha, late governor of Bihar and Orissa, the first, and so far the only, Indian to receive a peerage and to hold a provincial governorship.

Major Ian Paterson, R.A.M.C. (ret.), of Ardr, Onich, Inverness-shire, died there on June 7th, aged 69. He was born in Edinburgh on June 6th, 1861, was educated at the University in that city, and graduated as M.B. and C.M. in 1885. Entering the Army as surgeon on July 27th, 1887, he became major on July 27th, 1899, was on temporary half-pay on account of ill health from September 26th, 1902, to April 26th, 1903, and retired on July 27th, 1907. He served on the North-West Frontier of India in the Chitral campaign of 1895, with the relief force, receiving the frontier medal with a clasp; and in the South African war from 1899 to 1901, when he took part in the relief of Ladysmith, including the actions of Spion Kop, Tugela Heights, Vaal Kraietz, and Pieter's Hill, and in operations in Natal, including the action at Laing's Nek, and in the Transvaal, the Orange River Colony, and Cape Colony; and received the Queen's medal with seven clasps. He was also re-employed in the war of 1914-18, from August 5th, 1914.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE Vice-Chancellor announces that the Downing Professorship of Medicine is vacant by the death of Dr. J. B. Bradbury. Dr. L. E. Shore has been reappointed university lecturer in physiology for three years, and Mr. J. E. Purvis university lecturer in chemistry and physics in their relation to hygiene and preventive medicine for the same period.

The Vice-Chancellor gives notice that a congregation will be held on Saturday, August 2nd, at 2 p.m., for the conferment of medical and surgical degrees.

At a congregation held on June 21st the following medical degrees were conferred:

M.D.—L. S. Penrose, J. B. Ellison, P. M. D'A. Hart, T. F. Anderson, G. T. Calthrop.

M.B., B.CHIR.—L. A. Richardson, W. H. Simonds.

M.B.—W. J. G. Drake-Lee.

UNIVERSITY OF LONDON.

THE Rev. J. SCOTT LIDGETT, D.D., has been elected Vice-Chancellor for 1930-31, in succession to Sir Gregory Foster, whose term of office expires on August 31st. Mr. J. L. S. Hatton, principal of the East London College, will succeed Dr. Scott Lidgett as Deputy Vice-Chancellor.

Dr. C. Cyril Okell has been appointed to the University Chair of Bacteriology at University College Hospital Medical School.

The degree of D.Sc. in Chemistry has been conferred upon Mr. Harold Burton, an internal student of Guy's Hospital Medical School.

UNIVERSITY COLLEGE.

Mr. R. K. Cannan, M.Sc., has resigned his lectureship in biochemistry on his appointment to the Chair of Chemistry in New York University. Mr. G. F. Marrian, M.Sc., has been appointed lecturer.

In the list of successful candidates for the Third M.B., B.S., published in our issue of June 14th (p. 1117), the sign indicating that Ursula Shelley had gained distinction in Forensic Medicine was accidentally omitted in the course of printing.

UNIVERSITY OF WALES.

THE following scholarships will be awarded in the session 1930-31, provided suitable candidates are forthcoming: (1) Cecil Prosser Research Scholarship (£250), for research in the department of tuberculosis; (2) Mrs. John Nixon Scholarship (£150), for research in the department of medicine and medical pathology; (3) Lord Merthyr Research Scholarship (£200), for research in the department of surgery; (4) Ewen Maclean Research Scholarship (£150), for research in the department of obstetrics and gynaecology. Full particulars and forms of application may be obtained from the Registrar, University Registry, Cathays Park, Cardiff.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

THE Victoria Jubilee Cullen Prize for 1930 has been awarded equally between Professor George M. Robertson, M.D., F.R.C.P., Physician-Superintendent of the Royal Hospital, Morningside, Edinburgh, and Sir Andrew Balfour, K.C.M.G., M.D., F.R.C.P., Director of the London School of Hygiene and Tropical Medicine. The value of the prize is £100.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—F. R. Crookes, H. J. Hale, J. Irger, C. Seeley.

MEDICINE.—G. T. W. Cashell, L. P. Clarke, F. R. Crookes, H. G. Edmunds, I. F. W. Edwards, H. Glynn, H. J. Hale, E. Lethem, E. H. W. Lyle, A. W. B. Wiggins.

FORENSIC MEDICINE.—F. R. Crookes, R. P. Davies, H. J. Hale, J. E. R. Heppollette, K. V. B. Pillai, E. M. M. Shaw, G. Wilsker.

MIDWIFERY.—V. J. H. Coidan, F. R. Crookes, H. J. Hale, K. V. B. Pillai, E. M. M. Shaw, I. J. Todd-Naylor, I. M. Williams.

The diploma of the Society has been granted to Messrs. L. P. Clarke, V. J. H. Coidan, F. R. Crookes, I. F. W. Edwards, H. J. Hale, E. Lethem, E. M. M. Shaw, and A. W. B. Wiggins.

Medical News.

H.R.H. PRINCESS MARY COUNTESS OF HAREWOOD will open the first section of the new Queen Charlotte's Hospital in Goldhawk Road, Hammersmith, at 2.45 p.m. on Thursday, July 10th.

AN intensive course in radiotherapy will be held at the National Post-Graduate School of Radiotherapy (the Mount Vernon Hospital and Radium Institute), Riding House Street, London, W.1, commencing Monday, October 6th. Full particulars will be announced later. Applications for copies of the syllabus may be made at once, and these will be forwarded as soon as available. The dean (Sir Cuthbert Wallace) will be glad to see prospective entrants by appointment. The course will be repeated on subsequent dates.

THE Fellowship of Medicine and Post-Graduate Medical Association announces two special M.R.C.P. lectures: the first on July 1st at 8.30 p.m. at 11, Chandos Street, W.1, by Dr. W. J. Adie on diseases of the nervous system, the second on July 4th at 8.30 p.m. at 10, Bedford Square, by Dr. A. Knyvett Gordon on diagnosis and treatment of certain bacteriological infections, followed by a laboratory demonstration. Fees payable at lecture rooms. Two free demonstrations will be given during the week, both on July 1st. The first is at 9 a.m. in the out-patient department of the Royal Ear Hospital, Huntley Street, by Mr. Herbert Tilley, and the second at 2 p.m. in the out-patient department of the Hospital for Epilepsy and Paralysis, Maida Vale, by Dr. D. McAlpine. A special course in proctology, with demonstrations, operations, and lectures, will take place at St. Mark's Hospital from June 30th to July 5th, occupying the whole of each day; fee £3 3s. A short course of demonstrations at various hospitals has been arranged in connexion with Baby Week from June 30th to July 5th. The fee is 10s., and a few vacancies will be reserved for graduates other than medical officers of health. A course in diseases of infants will be given from July 21st to August 2nd at the Infants Hospital; it will occupy each afternoon and include some special visits. Copies of all syllabuses and tickets of admission may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1, to which all fees are payable.

A POST-GRADUATE course in oto-rhino-laryngology will be held at Strasbourg from July 15th to 27th, under the direction of Professor Canuyt. The fee is 400 francs.

THE second international congress of comparative pathology will be held at the Faculty of Medicine in Paris, from October 14th to 18th, 1931, during the French colonial exhibition. Professor Achard will be the president, and the subjects to be discussed include tuberculosis, cancer, psittacosis, the ultra-viruses, undulant and abortus fevers, anaphylaxis, and milk. Further information may be obtained from the general secretary, Dr. Grollet, 7, rue Gustave Nadaud, Paris, 26.

DR. G. B. HILLMAN has been adopted by the Wakefield Conservative Association as the prospective parliamentary candidate for Wakefield. He has been a member of the Wakefield City Council since 1926, and was mayor in 1928.

THE ninth session of the International Association for the Protection of Childhood will be held at Liège, from July 31st to August 4th, on the occasion of the celebration of the centenary of the independence of Belgium. The following subjects, among others, will be discussed: tuberculosis in school children, introduced by Dr. Armand-Delille; protection of children of pre-school age (3 to 6 years), introduced by Dr. Rovèche; the rational examination of school children, introduced by Drs. Laufer, Grosset, Chaillly-Bert, and Simon; and the physiology of digestion and the nutrition of the infant, introduced by Professor Rohmer. Further information can be obtained from the general secretary of the association, 67, Avenue de la Toison d'Or, Brussels.

THE twenty-third "Voyage d'Etudes Médicales," arranged for doctors in practice and for medical students who have completed their studies, will take place from September 1st to 13th, under the direction of Professor Villaret, of the Faculty of Medicine, Paris; of Professor Santenaise, of the Faculty of Medicine, Nancy; and of Dr. Blum, of the Faculty of Medicine, Strasbourg. Starting at Nancy and ending at Vittel, the tour will embrace the mineral water and climatic stations of Alsace, Jura, and the Vosges. The inclusive charge covering hotels, cars, tips, etc., is 1,100 francs. Reductions of 50 per cent. will be allowed on French railways for the outward and return journeys. Details of the programme and full particulars may be obtained from the office of the Federation of the Health Resorts of France, Tavistock House North, W.C.1.

IN the preliminary programme of the seventh international birth control conference, to be held in Zürich from September 1st to 5th, the following subjects are announced for discussion: birth control in relation to the health and economic conditions of men, women, and children; the general application of the occlusive pessary and other extra- and intra-uterine contraceptive appliances; composition and use of chemical contraceptives; physiological methods of contraception; new methods and experiments, with special reference to serums, spermatoxins, and the use of x rays and radium. The aim of the conference is to bring together the directors and workers of the various birth control clinics throughout Europe and the United States, and attendance will be by invitation only. Particulars may be obtained from Mrs. Janet Chance, c/o A. S. Cobden, Esq., 10, Adelphi Terrace, W.C.2.

THE publicity department of the Harrogate Corporation has issued an attractively illustrated pamphlet concerning the amenities of this famous spa. Condensed information about baths and pump rooms is supplied for invalids; but the town with its exhilarating air and its devotion to flowers and music is commended both as a pleasure resort and as a permanent residence. More than a hundred different methods of treatment are now employed at the bathing establishments. A separate booklet containing full particulars of the waters and of the treatments available may be obtained free of cost from the manager of the Baths Department, Harrogate.

THE issue of *Nature* for June 21st publishes, as a supplement, an abridged version of the six Hunterian Lectures given before the Royal College of Surgeons of England last month, by Sir Arthur Keith, on "Recent discoveries of fossil man."

A FURTHER programme of conducted tours has been arranged for July and August by King Edward's Hospital Fund. On July 4th at 5 p.m., Mr. Lawrence Tanner will take a party over Westminster Abbey, including parts of the building not ordinarily on view. On the afternoon of July 16th a visit will be made to the London Air Park at Hanworth, and on August 13th and 20th and September 3rd parties will be taken over the Tower of London, under the guidance of Mr. Walter Bell. Tickets (price 10s. for each event) can be obtained from King Edward's Hospital Fund for London, 7, Walbrook, E.C.4.

THE late Lord Dewar has bequeathed £5,000 to St. Paul's Hospital and £2,000 each to Charing Cross Hospital and St. George's Hospital.

DR. GEORGE E. DE SCHWEINITZ, professor of ophthalmology in the University of Pennsylvania Graduate School of Medicine, has been awarded the Leslie Dana medal for prevention of blindness for 1930.

PROFESSOR L. T. HOGGEN of the University of Capetown has accepted the new chair of social biology at the London School of Economics (University of London). This appointment is a striking recognition of the importance of biological science in the study of modern social problems.

DR. F. J. WALDO, coroner for the City of London and Borough of Southwark, at an inquest held on June 12th on a case of death under chloroform and ether anaesthesia, said that this was the second case he had investigated recently in which death had occurred under this anaesthetic mixture before the operation had actually started.

A FURTHER series of brochures—Nos. 195 to 205—has been issued by the International Labour Office in continuance of its series entitled "Occupation and Health." Their subjects are: dyeing; effort (strain); electrical apparatus; electroplating, emetine, enamels, and enamelling; ethylene and its derivatives; forges, ironworks; horsehair, bristles, and hair; glove manufacture; dock labourers; dusts, fumes, and smoke; and dyes. They may be obtained from the London office of this organization, 12, Victoria Street, S.W.1.

Letters, Notes, and Answers.

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

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

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

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

The TELEPHONE NUMBERS of the British Medical Association and the *British Medical Journal* are MUSEUM 9361, 9362, 9363, and 9364 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

EDITOR OF THE *BRITISH MEDICAL JOURNAL*, Aitiology Westcent, London.

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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, Drumshough Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

TREATMENT OF PRURITUS ANI.

DR. D. M. MACDONALD (Arnside) writes: In reply to "Cérons's" inquiry (June 7th, p. 1080), I would suggest that he takes each night one hour before bedtime 1/8 to 1/4 grain of calomel, a dose that stops short of acting on the bowels. At the same time he should take 5 grains of sodium bicarbonate, which oxidizes the mercurial salt and converts it into a potent oxide. The fact that the pruritus comes on after the patient has been in bed, a fairly common feature, led me some years ago to the conclusion that the cause of the complaint is some chemical interference and change in the biliary secretion. The above treatment, carried out for two or three weeks, is, in the majority of cases, most effectual. In cases which resist this treatment I find that forcible stretching of the sphincter under a general anaesthetic is usually effective.

DR. J. P. SCATCHARD (Tadcaster) writes: I can strongly recommend the subcutaneous injection of anaesthesia in the form of azonole solution, "A.B.A." (Allen and Hanburys). It can be given painlessly, and does not cause any after-discomfort. The method was described in a paper by W. B. Gabriel (*British Medical Journal*, June 15th, 1929, p. 1070). Along with it a calamine lotion may be used after evacuation.

"SEPTUAGENARIAN" writes from Nottingham: I would suggest to "Cérons" and other sufferers that they should try the simple remedy of washing the anal region every night, just before going to bed, with soap and water, drying with a soft cloth. In my own case this simple treatment has been perfectly satisfactory.

INCOME TAX.

Car Transactions.

"M. B." had a car, the value of which appeared as £235 "in the previous year's Profit and Loss Account, under Stock Account." He has sold it for £90, and purchased a new car for £390 in the present financial year. What can he claim?

* * * The transaction will affect the tax payable for next financial year, when he can claim (1) obsolescence allowances £235—£90=£145, and (2) depreciation allowance at, say, 20 per cent. on £390, say, £78.