Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

PROLONGED OBSTRUCTION OF LARGE BOWEL

In the following case of obstruction of the large bowel the noteworthy feature is the duration of the symptom, which continued on and off for fifteen months, and was at one time absolute for a period of fourteen weeks.

I first saw the patient, Mrs. L., aged 81, in April, 1929, when she presented symptoms of obstruction of the large bowel, due apparently to a faecal impaction. This readily yielded to enemata and a dose of castor oil. Gradually increasing difficulty in getting the bowels to move followed, and in July another attack of obstruction occurred. Nothing could be felt on palpation of the abdomen or on rectal examination.

The patient was seen by Mr. L. Fuller in consultation, and a gurgling noise constantly recurring in the splenic area suggested to us that it was a case of carcinoma of that portion of the colon. An operation was proposed if the obstruction remained absolute. However, a daily dose of calomel, enemata, and a diet leaving as little indigestible residue as possible, kept the patient up and about till April 11th, 1930, when again an attack of obstruction set in. Injections of pituitary with eserine and enemata this time failed to produce an action of the bowel. The patient seemed to realize she had a growth, and, with the concurrence of her family, refused operation.

From this date till her death on July 17th, fourteen weeks later, no action of the bowels occurred. During this time there was no faecal vomiting whatever, though on several occasions the contents of the stomach were rejected, on three occasions with haematemesis. There was very little pain, though constant rumblings continued over the abdomen. Distension was not marked till the last fortnight. The patient was fed now only on meat extracts, fruit juices, champagne, and water, ad lib. An albuminuria of some years' standing remained unaltered, and no trouble with the kidneys was experienced. The mind remained quite clear till the last two days, when she became comatose and died. No post-mortem examination was permitted.

Bath. O. COLVILLE, M.D.

A CASE OF DOUBLE GALL-BLADDER

The following case of two gall-bladders occurring in one person seems worthy of record, in view of the rarity of such a condition.

C. B., European female, aged 52, was admitted to Grey's Hospital, Pietermaritzburg, on July 24th, 1930, with a history of what seemed to have been an attack of biliary colic a few days previously ; she said she had been subject for some years to flatulent dyspepsia. On examination, she presented marked tenderness in the gall-bladder region. Cholecystography showed a very poor filling of the gall-bladder, and the *x*-ray report suggested cholecystitis.

An operation was performed on August 1st, through a right paramedian incision. The stomach and duodenum were found to be normal. The gall-bladder was then examined, and appeared to be fairly normal, only a few small adhesions being present between it and the adjacent parts. However, in cases where symptoms and cholecystographic examination have pointed to the gall-bladder as the probable cause of trouble, it has been my experience that removal of that viscus is usually successful in relieving symptoms, even though its macroscopic appearance might be normal when seen at operation. I decided, therefore, to remove the gall-bladder in this case. The cystic artery ran along the median aspect of the cystic duct, and was ligatured. After ligature of the cystic duct, and during separation of the proximal part of the gall-bladder, I found that instead of the gall-bladder separating from the fissure of the liver in which it should lie, it was peeling off from what was at first taken for a diverticulum of itself, situated between it and the liver. I was able, however, to separate the gall-bladder completely from this other structure, which was then revealed as another gall-bladder lying above the first. The cystic duct of this second gall-bladder penetrated deeply into liver substance, and it was therefore not possible to trace the duct to its conclusion. I ligatured the duct, and removed the second gall-bladder, being fortunate enough to get both gall-bladders away intact. The appendix was then removed, and the incision closed, with drainage down to the stumps of the two cystic ducts.

The first gall-bladder was of about the average size ; it contained normal bile and no gall-stones. The second gall-bladder was half the size of the other, the bile being much paler ; it contained twenty-nine small gall-stones.

Recovery was satisfactory, and the patient left the hospital on September 6th.

W. H. HUGH CROUDACE, M.B., B.S.Durh.,
Honorary Surgeon, Grey's Hospital, Pietermaritzburg, Natal.

PERSISTENCE OF THE COMPLETE WOLFFIAN DUCT

I had the good fortune on March 30th, 1930, to see and operate upon a case of such rarity as to be worthy of placing on record.

The patient, a female aged 6 months, was sent to the Royal Hampshire County Hospital at 10.30 p.m. The mother had called in her doctor on account of a round swelling, the size of a walnut, which she had noticed protruding from the vagina. The child had been fretful during the preceding twelve hours, and appeared to have severe abdominal pain, spasmodic in character. The bowels had been open during the day, and micturition had been normal. There was no previous history of any vaginal discharge. The temperature on admission was 101°, and the pulse rate 160. An examination under a general anaesthetic was carried out. An oval swelling, the size of a walnut, was found protruding from the vulva, in the centre of which was a necrotic patch. A probe was passed through this for a distance of about 2½ inches. In the right iliac fossa was a swelling which appeared to run backwards into the loin.

Operation

Under open ether anaesthesia, the abdomen was opened by a right paramedian incision, which ultimately extended from the pelvis to the costal margin. A fluctuating tumour was found lying behind the peritoneum, extending from the right lateral vaginal fornix, passing outwards in the base of the broad ligament to the lateral wall of the pelvis, and lying ventral to the right ureter, whose course it followed, to be lost in the cellular tissue at the upper pole of the right kidney. The peritoneum at the outer side of the caecum was incised, and the caecum and ascending colon retracted mesially. The tumour was separated with considerable difficulty from the right ureter, and detached first from the upper pole of the right kidney. The lower end was divided between clamps at the side of the bladder, and the tumour removed. Both ovaries showed multiple cysts, otherwise the pelvic organs were normal. The retroperitoneal tissue was drained through the lower end of the abdominal wound, and the abdomen rapidly closed as the child's condition gave cause for alarm. Forty-eight hours after the operation the child developed acute bronchitis ; apart from this the convalescence was uninterrupted, and the patient is now well.

The tumour was a hollow viscus 5½ inches in length, the diameter varying from 1/2 to 1/4 inch, and was similar in appearance to a varicose vein. The microscopical report was as follows: "The walls are formed of fibrous tissue with round-celled infiltration ; no epithelial cells were seen. The contents are pus, no organisms are to be recognized, and cultures are sterile after forty-eight hours' incubation."

Having referred to Grieg and Hertzfelt's exhaustive report on their two similar cases, I find little to add of interest. Their cases were of older children (aged 3 and

6 years), both of whom had had vaginal discharge of some considerable standing. Neither showed any vaginal swelling. However, both children were females, and in each case the tumour was on the right side. I think there is no doubt that the case now reported is an example of persistence of the complete Wolffian duct, with a superimposed infection of the contents.

Winchester. JAMES TROUP, M.B., F.R.C.S.Ed.

Reports of Societies

ACUTE INTESTINAL OBSTRUCTION

At a meeting of the Brighton and Sussex Medico-Chirurgical Society, held on April 4th, the president, Mr. H. NETHERSOLE FLETCHER, in the chair, Mr. J. R. H. TURTON read a paper on acute intestinal obstruction.

Mr. Turton began by giving statistics of 300 cases of acute obstruction admitted to the Royal Sussex County Hospital during the past ten years. Of these cases, 96 were due to obstruction from intra-abdominal causes, and 204 to strangulated internal hernia. The total mortality was 30.33 per cent. (52.1 per cent. for the intra-abdominal cases, and 20.1 per cent. for the hernias). The average age of the former group was 48.9, and of the latter 59.1 years. The duration of acute symptoms prior to hospital admission was 2 days 20.4 hours and 1 day 21.9 hours respectively. Highest mortality rates occurred in the cases of internal hernias, carcinoma of the colon, and multiple adhesions, while the lowest rates were found in the cases of obstruction caused by a single band or by impacted gall-stones. The average duration of acute symptoms before admission varied widely in the several classes of obstruction. The different mortality rates in the several classes could not be attributed to the different periods of delay in the diagnosis. Among the cases of strangulated hernia the mortality was 22 per cent. for the inguinal (91 cases), 12.2 per cent. for the femoral (90 cases), 43.75 per cent. for the umbilical (16 cases), and 42.85 per cent. for the ventral (7 cases). Attention was drawn to the low mortality among the femoral cases in the female (64 cases, with 4 deaths). Of these four cases, two were late ones, the hernia in each having been strangulated six days, necessitating resection of the bowel for gangrene ; one was a case of toxic goitre, the patient dying suddenly three days after operation ; the fourth was a case of chronic nephritis, death being caused by suppression of urine. Faeculent vomiting was present in 24 per cent. of the intra-abdominal cases, with a mortality of 56.5 per cent., and in 15.7 per cent. of the hernia cases, with a mortality of 50 per cent.

Mr. Turton briefly discussed experimental work bearing on the causation of death in intestinal obstruction, with special reference to the work of Williams on *B. welchii* toxaemia, and to the subject of chloride depletion. He dealt at greater length with early diagnosis, laying stress on the character of the pain, the presence of local tenderness, the value of auscultation, and the rectal examination. He made reference to Case's work on radiological examination, and to the more recent work of Rabwin and Carter in this field. In regard to the previous history, as elicited in the County Hospital cases, the speaker noted that, of the forty cases due to adhesions, twenty-one had undergone previous abdominal operation, and in all of these cases the obstructing agent was a clear result of the previous operation. He briefly discussed the question of treatment, urging the necessity for pre-operative preparation, especially in the matter of gastric lavage and saline infusions. In conclusion, he entered a plea for earlier diagnosis, and said that, in proof of the desperate nature of many cases on admission, 50 per cent. of the deaths in small intestine obstruction occurred within twenty-four hours of operation.

POPLITEAL ANEURYSM

At a meeting of the Section of Surgery of the Royal Academy of Medicine in Ireland, held on April 10th, with the president, Mr. R. ATKINSON STONEY, in the chair, Mr. SETON PRINGLE read notes on two cases of popliteal aneurysm, and exhibited one of the patients. Both cases occurred in elderly men with marked hardening of the arteries. In one the Wassermann reaction was positive, and in the other negative. In each case there was marked circulatory disturbance of the leg—oedema, engorgement of veins, and duskiness of the skin. One patient had gangrene of the tips of three toes. Severe pain was a marked feature in both. In the first case, by operation the femoral artery in Hunter's canal, enclosed in its sheath, was divided between two ligatures. In the second case, the lumen of the vessels was occluded by multiple ligatures and the sheath injected with alcohol. In both, the femoral vein was divided between ligatures. After the first few hours the condition of the circulation in the foot on the affected side did not give rise to any anxiety. Both aneurysms ceased pulsating immediately the ligatures were tied, rapidly hardening up, and gradually decreasing in size. The patients, fifteen and four months respectively after operation, were in good general health and able to get about.

The PRESIDENT commented on the fact that the veins had been tied as well as the arteries ; it had been formerly taught that if the main artery and main vein were tied up together, gangrene was almost certain. This idea, however, later changed, as the result of experience with gunshot wounds during the war. Mr. W. PEARSON said he thought it was more difficult to get good results in cases of pathological aneurysm, such as described by Mr. Pringle, than in traumatic cases. He had a large experience of aneurysms during the war, and mentioned a case of subclavian aneurysm in which he obtained an excellent result by distal ligation. In this case the Wassermann reaction was strongly positive.

SPONTANEOUS RUPTURE OF SPLEEN

Mr. SETON PRINGLE also read notes on a case of spontaneous rupture of the spleen. He first called attention to the fact that spontaneous rupture of the pathological spleen was not a very rare occurrence, but that only eight cases of spontaneous rupture of the spleen, normal both macroscopically and microscopically, had been reported. He doubted whether spontaneous rupture ever took place in a perfectly normal spleen, quoting Susman as to the possibility of rupture occurring in a localized pathological area which became so disorganized with haemorrhage that it escaped detection afterwards. In the case reported, the rupture happened in a healthy man while he was riding around his farm ; careful questioning could not elicit any history of even slight trauma. The patient was suddenly seized with very acute abdominal pain, slipped off his pony, and lay down in the field. He was found shortly afterwards in a collapsed condition, and was carried home. The clinical picture for the subsequent five days, during which he was treated at his own house by his medical attendant, was very confused. The degree of abdominal pain varied considerably, but at times was very severe, and was located variously in the right iliac fossa, left iliac fossa, right hypochondrium, and left loin. Vomiting occurred

and had given advice. If that was not so, ought not the House to know, and the report be published for members' information? Mr. AMMON replied that in that debate he should have said "the Scottish Office." Mr. SCOTT asked if Mr. Ammon was aware that the Board of Control was a separate organization for Scotland, responsible to the Secretary for Scotland. Mr. AMMON replied that the Board of Control was responsible to the House through the Scottish Office.

Housing

Mr. GREENWOOD told Mr. West, on April 16th, that under the five-year programme the London County Council would build 32,570 houses, the metropolitan borough councils 10,860, and Kensington Metropolitan Borough Council 82.

Replying to Mr. Shakespeare on April 16th, Mr. GREENWOOD stated it was estimated that between 450,000 and 500,000 houses would be provided with State assistance in the coming five years, and it was hoped that approximately one-fifth of them might be completed in the first year.

Change of Doctor.—Mr. GREENWOOD told Mr. Albery, on April 16th, that he could not consider amending the new Regulation which restricted the right of insured persons to change their medical adviser.

Optical Appliances for Insured Persons.—Mr. GREENWOOD told Mr. White, on April 16th, that he had no information as to the number of opticians who undertook the supply of optical appliances to insured persons entitled to ophthalmic benefit under the national health insurance scheme. The Regulations governing the administration of this benefit did not provide for the approval of opticians.

Food Standardization.—Mr. GREENWOOD told Major Church, on April 16th, that he was not yet in a position to make any announcement as to the membership of the committee to consider the law on the composition and description, including the fixing of standards and definitions, of articles of food. No "representative scientific bodies" had been consulted about the constitution of the committee, but these bodies would be able to give evidence before the committee.

Institutional Provision for Tuberculosis.—In reply to Mr. Ede, on April 16th, Mr. GREENWOOD said that the officer who recently investigated the prevalence of tuberculosis in South Shields had not made any report on the incidence of this disease in those parts of the borough where the partition of houses into tenements had taken place. Mr. Greenwood added that, at the request of the town council, he had invited a number of local authorities in the north-east of England to send representatives to a conference for the purpose of considering institutional accommodation for the treatment of tuberculosis in that area. It was hoped to arrange for the conference at an early date.

Registration of Blind Persons.—The total number of registered blind persons in England and Wales was 52,727 on March 31st, 1929, the latest date for which official figures are available. According to unofficial figures there were 56,853 registered blind persons on March 31st last.

Vaccination.—On April 21st Mr. FREEMAN asked the Minister of Health what steps his department was taking to give effect to the recommendation of the Rolleston Vaccination Committee, in its recent report, that every public vaccinator should be prepared to carry out a second operative procedure to mitigate the risk of nervous complications after vaccination. Mr. GREENWOOD replied: I cannot find any such recommendation in the report.

Commutation of Pensions.—Sir HERBERT CAYZER asked Mr. F. O. Roberts, on April 20th, whether he would place before the Pensions Commutation Board any cases where the application of retired regular officers for pension had been refused on medical grounds. Mr. ROBERTS replied that, in deciding whether such applications should be recommended to the Board, regard was had to the officer's state of health and expectation of life. Where the Minister's medical advisers considered the case unsuitable on these grounds it was not possible for him to recommend it.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*Part I:* G. Maclean, W. S. C. Yuen. *Part II:* P. C. Basu, S. Bradbury, Isabella M. G. Butler, T. V. L. Crichlow, J. Grieve, K. H. Hallam, Elfrida L. G. Hilton, C. C. Kapila, Ethel E. A. Pepper, H. W. A. Post, R. Rekhi, F. P. Schofield, I. C. C. Tchaperoff.

UNIVERSITY OF LONDON

A University studentship in physiology, value £100, is offered to a student qualified to undertake research in physiology. Particulars can be obtained from the Academic Registrar, to whom applications must be sent by May 31st.

A course of six advanced lectures on special sense physiology will be given at University College, Gower Street, W.C.1, by Dr. R. J. Lythgoe, on May 7th, 14th, and 28th, and June 4th and 11th, at 5 p.m. Admission is free, without ticket, to the lectures, which are addressed to students of the University and others interested in the subject.

UNIVERSITY OF BIRMINGHAM

A course of five lectures on some correlations between general and psychological medicine will be given by Sir Hubert Bond of the Board of Control in the Medical Faculty Buildings on May 13th and 27th, and June 10th, 17th, and 24th, at 4 p.m.

Professor W. Blair Bell of Liverpool will deliver the Ingleby Lectures on May 21st and June 4th; his subject will be maternal disablement.

The Clinical Board of the University has arranged a course of post-graduate demonstrations from April 28th to July 24th. Admission cards are issued on payment of £2 2s.

The Services

MEDICAL DIRECTOR-GENERAL R.N.

Surgeon Rear-Admiral Reginald St. G. S. Bond, C.B., M.B., C.M., F.R.C.P., F.R.C.S.Ed., has been appointed to succeed Surgeon Vice-Admiral Sir Arthur Gaskell, K.C.B., F.R.C.S., as Medical Director-General of the Navy, on July 1st.

HONORARY SURGEON AND PHYSICIAN TO THE KING

Major-General H. Boulton, C.B., C.B.E., I.M.S., has been appointed Honorary Surgeon to the King, vice Major-General F. H. G. Hutchinson, C.I.E., I.M.S.(ret.); and Colonel C. W. F. Melville, Honorary Physician to His Majesty, in succession to Brevet Colonel S. R. Christophers, C.I.E., O.B.E., I.M.S.(ret.).

INDIAN MEDICAL SERVICE DINNER

The annual dinner of the Indian Medical Service will be held at the Trocadero Restaurant on Wednesday, June 17th. Colonel R. A. Needham, C.I.E., D.S.O., has been invited to take the chair. Tickets and all particulars may be obtained from the joint honorary secretary, Major Sir Thomas Carey Evans, *M.C.*, I.M.S. (ret.), 31, Wimpole Street, W.1.

DEATHS IN THE SERVICES

Major Jehangir Hormusji Oonvala, Indian Medical Service, died of heart failure at Razmak, Waziristan, on February 1st, aged 43. A member of the Parsi community he was born on September 13th, 1887, and was educated at Bombay University, where he graduated as L.M.S. in 1910. Soon after the war began he took a temporary commission as lieutenant in the I.M.S., on October 18th, 1914, became temporary captain a year later, and on March 15th, 1920, received a permanent commission, being ranked as captain from July 17th, 1916, and was promoted to major on April 18th, 1926. In 1927 he took the diploma in tropical medicine and hygiene, with distinction, of the London School of Tropical Medicine, and in 1928 obtained the same diploma from the London Colleges. He served in the war of 1914–18, and for the last two years held the appointment of deputy assistant director of pathology of the Waziristan district, on the north-west frontier of India.

found the swab, and the permanent and thick wall by which it was surrounded, showing that it had been there for some time.

"Then comes the more important question: if, in the operation, you put ten swabs into the body, and remove such swabs as you think you have put in, and they are then counted by a competent person, it is said for the defendant that the doctor is quite entitled to rely on the count of a competent person, although competent persons do make mistakes. Before there is any count there is a duty on the doctor. His duty is to put in the necessary swabs according to the set course of the operation, and it is his duty to use reasonable care to put them in the proper place; it is his duty to take them out, and that is independent of any check or count. He is the person who knows where he put them in, and knows also the amount of movement that might be reasonably expected. I cannot help thinking it is fairly slight. The doctor's plea is, 'If I get an assurance from a competent nurse that all swabs put in have been checked out I need not myself do any further search.' The jury were asked, 'Did the defendant receive an assurance from the nurse that all the swabs were removed?' and to that the answer was, 'Evidence not satisfactory.' I read that answer to mean that they were not satisfied on the evidence that the defendant did receive such an assurance. If that answer stands there is an end of the case. There were two highly qualified nurses assisting in the operation, one in charge of the sterilized instruments and the other in charge of the swabs and packs. The two nurses were standing together. The nurse who is supposed to have given the assurance was not called, either at the inquest or at the trial of this action. The jury are entitled, in my view, reasonably to attach considerable importance to the fact that the lady who was said to have given the assurance was not called. The other nurse said, 'I heard the question asked, but I cannot remember that I heard any answer.' Can one possibly say that the jury might not reasonably find themselves not satisfied that the assurance was given to the doctor? . . . The language in which Dr. Dunlop gave evidence at the trial is such that the jury might have thought, 'The doctor does not really remember, but because it is the regular thing in operations for such an assurance, he assumed that such a thing as ought to have happened did happen.'"

The jury had assessed damages in a way distinctly favourable to the doctor; they might easily have given a larger amount. Taking all these things together, he could not possibly say that the verdict was such that the present Court ought to interfere. The appeal must be dismissed.

Lord Justice Greer said that he had come to the same conclusion. It was quite clearly part of the operation to insert the packs, and equally part of the operation to remove them. This involved a search after the operation was over. The fact that counting might be exercised by some other people did not absolve the doctor from the necessity of making some reasonable search before he put any question to the nurse with regard to the count. The duty of the nurse to count could not absolve the surgeon from his duty to exercise reasonable care. It was possible that the moving proclivities of packs had caused this pack to make a circuit of the intestines and come back approximately to the place of its insertion, but judges and juries had to judge by the rules of probability, and the jury might have reasonably felt that it was highly improbable that the swab took the course suggested by the defendant's witnesses as an explanation. He agreed that there was nothing which justified the Court in setting aside the verdict as against the weight of evidence.

Lord Justice Slesser also concurred. All the doctors were agreed that it was proper that in such an operation there should be a nurse appointed to count the swabs before and after, and Dr. Dunlop did appoint a competent nurse. But Dr. Burrell had said, "This is no more than a precaution to corroborate the surgeon's knowledge," whereas the doctors for the defendant rather indicated that the nurse's assurance was the essential matter. In so far as the defendant relied on the assurance of the nurse, the jury are entitled to take into account that this nurse, who could definitely have said she had or had not counted the swabs, was not called, and that the other nurse could make no reply. In these circumstances it became immaterial to consider whether there was or was not a general practice of doctors to rely upon the assurance of the nurse, as the defendant had failed to satisfy the jury that he did rely on such assurance, and the case rested entirely on its own peculiar circumstances. The appeal must be dismissed.

Medical News

The annual London dinner of the University of London Medical Graduates Society will be held on Tuesday, May 12th, at the Langham Hotel, Portland Place, W.1, at 7 for 7.30 p.m., under the chairmanship of the president, Sir John Rose Bradford, Bt. Lord Dawson, P.R.C.P., Lord Moynihan, P.R.C.S., and the Vice-Chancellor will be the guests of the society. Medical graduates of the University who are not members can obtain dinner tickets on application to the secretaries of the society, 11, Chandos Street, Cavendish Square, W.1, not later than May 8th.

The president and council of the Medical Women's Federation will hold a reception in the Great Hall of the British Medical Association House, Tavistock Square, on the evening of Thursday, May 7th.

The annual general meeting of the Section of Surgery of the Royal Society of Medicine will be held on Wednesday, May 6th, at 8.30 p.m. A discussion on the surgical treatment of simple ulcers of the body of the stomach will be opened by Mr. A. J. Walton and Mr. G. Gordon-Taylor. The annual provincial meeting of the Section will be held in Manchester on Wednesday, June 10th.

The reconstruction of the Royal Institution, in Albemarle Street, will be celebrated on the evening of Wednesday, May 6th, by a house warming, when guests will be received by the president, Lord Eustace Percy, and Managers.

At a meeting of the Paddington Medical Society, held on April 14th, an address entitled "The work of the tuberculosis dispensary" was delivered by Dr. R. S. Walker (tuberculosis officer, Paddington). The dispensary was open to inspection, and *x*-ray films, pictures, and models were shown.

At a meeting of the Eugenics Society on Tuesday, April 28th, at 5.30 p.m., in the Rooms of the Linnean Society, Burlington House, W.1, Dr. Aubrey J. Lewis (Maudsley Hospital) will read a paper on genetic problems in psychiatry. All interested in this subject are invited to attend. Tea, 5 o'clock.

The annual general meeting of the London and Counties Medical Protection Society will be held at Victory House, Leicester Square, W.C.2, on Wednesday, April 29th, at 4 p.m.

The annual meeting of the Medical Mission Auxiliary of the Church Missionary Society will be held in the Central Hall, Westminster, on Wednesday, May 6th, at 7 p.m. Tickets of admission may be obtained from the superintendent, Loan Department, Church Missionary Society, Salisbury Square, E.C.4. There will be a small number of reserved seats at 1s. each.

To mark the twenty-fifth anniversary of the opening of the Infant Welfare Clinic of St. Marylebone General Dispensary, a meeting will be held at 30, Marylebone Lane, Cavendish Square, W., on April 29th, at 5 p.m., with the Mayor of St. Marylebone in the chair. Addresses will be given by Miss Susan Lawrence, M.P., by Dr. Charles Porter, and by Dr. Eric Pritchard, who has been associated with the clinic since its inception.

An intensive course in radiotherapy, especially in its relation to malignant disease, arranged by the National Post-Graduate School of Radiotherapy, will be held at the Radium Institute, Riding House Street, W.1, commencing Monday, June 1st.

Particulars of the lectures and demonstrations arranged for next week by the Fellowship of Medicine will be found in our Diary of Post-Graduate Courses, published in the *Supplement* at page 160. The following special courses begin on April 27th: in diseases of children, at the Hospital for Sick Children; in diseases of infants, at the Infants Hospital; in psychological medicine, at the Maudsley Hospital; and in diseases of the ear, nose, and throat, at the Central London Throat, Nose and Ear

Hospital. Syllabuses and tickets of admission may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W. Courses beginning in May include dermatology at the St. John's Hospital, diseases of the chest at the Victoria Park Hospital, ophthalmology at the Royal Eye Hospital, and special evening lectures in preparation for the M.R.C.P. examination at the Medical Society, 11, Chandos Street, W.

A course on the surgery of children will be held at Bordeaux from June 1st to 9th, and on orthopaedics from the 15th to 20th, under the direction of Professor Rocher. The fee is 200 francs. Further information can be obtained from the secretary of the Bordeaux Faculty of Medicine.

A post-graduate course on the diagnosis and treatment of allergic diseases will be held in German at the pharmacotherapeutic institute of Leyden University from May 26th to 28th. The lecturers will be Professor Storm van Leeuwen of Leyden, Professor Rost of Freiburg, and Dr. Dekker of Wald.

The seventeenth annual conference of the National Association for Prevention of Tuberculosis will be held at Margate from June 25th to 27th. The subject of the conference will be the protection of the child from tuberculosis, and the opening speakers include Sir Robert Philip, Dr. Eugene L. Opie of the United States, who will consider the varying manifestations of tuberculosis at successive periods in childhood, and Dr. Letitia Fairfield, who will deal with the administrative outlook. A discussion will be held on the protection of the child from tuberculosis at birth and during its earliest years of life, and there will also be discussions on its protection during pre-school and school years. The conference is open to all interested in tuberculosis, on payment of the fee of £1 1s. Further information may be obtained from the secretary, N.A.P.T., Tavistock House North, Tavistock Square, W.C.1.

Applications for grants from the Asthma Research Council should be made before May 16th. They should be addressed to the secretary, Asthma Research Council, c.o. King's College, Strand, W.C.2, and accompanied by a detailed statement of the proposed research and the qualifications of the worker.

The second International Hospital Congress will be held in Vienna from June 8th to 18th, when the following subjects will be discussed: the cost of hospital construction, by Distel of Hamburg; the role of the hospital nurse, by Reimann of Geneva; hospital terminology, by Wirth of Frankfurt; hospital legislation, by Harper of Wolverhampton; out-patient departments, by Corwin of New York; patients' diets, by von Noorden of Vienna; and neurology and psychiatry in general hospitals, by Alter of Düsseldorf. Further information can be obtained from the general secretary, Professor Tandler, 9, Rathausstrasse, Vienna, I.

A third tour for medical men to the spas and climatic resorts in the North of Spain, to last ten days, is being arranged. The party will leave Santander about the middle of July for Covadonga, Pics de l'Europe, Côte Asturias, Coruña, Santiago de Compostela, Vigo, and other places. It is hoped that certain Portuguese stations may also be visited. The cost from Santander will be 1,200 French francs. For further information and inscription, application should be made to Docteur Mariano Mañcru, Ronda del Condo Duque No. 4, Madrid. The list will close on or before May 15th.

The issue of *La Medicina Ibera* for April 4th contains an account of the first Spanish Congress of Digestive Pathology, held at Valencia from March 16th to 18th, with portraits of the principal speakers.

In future the *British Journal of Actinotherapy and Physiotherapy* will be published under the title, "*The British Journal of Physical Medicine* (incorporating the British Journal of Actinotherapy and Physiotherapy)." This alteration takes effect from the current month's issue, which forms No. 1 of volume 6.

Letters, Notes, and Answers

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

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QUERIES AND ANSWERS

Medical Hypnosis

"E. J. B." (Bristol) wishes to know of a practical course in medical hypnosis, either at any home medical school or a holiday course in Germany.

Wagstaff's Forceps

Dr. A. T. BRAND (Driffield) writes in reply to the query by "Croydonian" (April 18th, p. 692): On pages 215 and 216 of *Clinical Memoranda for General Practitioners*, by Brand and Keith (Baillière, Tindall and Cox, London), will be found a full description of Wagstaff's forceps. The experience of the authors with this admirable obstetric instrument is given, and directions are supplied to distinguish between the upper and lower blades of forceps; also, which should be first applied, and why. The instrument being axis-traction forceps, simple traction is alone necessary. Information is also given as to where the forceps may be obtained.

Chronic Rhinitis

Dr. F. G. GARDNER (Oxford) writes: From time to time I see letters in the *Journal* asking for advice in the treatment of this condition. I am not going to suggest any form of medical treatment, but I do suggest strongly that many of these cases are due to forcible and frequent nose-blowing, which injures the delicate lining of the nose, making it liable to fresh infection. At the same time the trachea, tonsils, the Eustachian tubes, and the accessory sinuses are "sprayed" with infected material from the nose, and so other troubles of the upper respiratory tract are started. "G.P.'s" case seems to corroborate my view. I offer my suggestion to him. Nose-blowing is quite unnecessary, but if it *must* be performed, it should be done gently, and one side cleared and then the other. There is no doubt the nasal secretion has antiseptic properties which, if not interfered with, act as a protection against many forms of infection.

Income Tax

Motor Car Expenses of Assistant

"J. O." acted as an assistant from April 1st, 1930, to February 22nd, 1931. In May, 1930, he bought a car and used it for his work, his principal supplying petrol, all other expenses being met by himself. He asks whether he can deduct certain specified outlay, etc.

*** (1) Nothing can be deducted in respect of the capital outlay incurred in buying the car. (2) Current expenses, including tax and insurance premiums, repairs, cleaning, etc., can be deducted, except as regards any proportion fairly attributable to personal use. (3) He can claim 20 per cent. per annum of the value of the car as at the beginning of the year, less any personal proportion as above