

A CASE OF ACUTE BRONCHIOLECTASIS

BY

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BELFAST

(With Special Plate)

In view of the rarity of this condition the following case seemed worthy of report.

CLINICAL HISTORY

A female child, aged 3 months, was admitted to the Ulster Hospital for Children, Belfast, with a history of cough for a few days, associated with great difficulty in breathing. On examination the child was pale, the alae nasi were working, and a hard cough was frequent. The temperature was 99° , pulse rate 160, and respiration rate 60. There was some dullness at the base of the right lung. Bronchial breathing was present over both lungs, and there were numerous scattered rhonchi. A diagnosis of broncho-pneumonia was made, and the subsequent course of the disease seemed to confirm this. The temperature varied from 100° to 101° , pulse rate between 140 and 160, and respiration rate between 40 and 50. At the end of one week the temperature fell to 99° , and pulse and respiration rates fell proportionately. There was some clinical improvement in the child, but she remained very pale, and in a few days began to get worse, with some increase in dullness at the right base. An x-ray photograph of the chest was taken. This showed general consolidation of the right lung, and also some consolidation at the left apex. Fourteen days after admission the temperature rose to 103° and pulse rate to 148. On the morning of the sixteenth day the patient died.

POST-MORTEM FINDINGS

Both lungs were swollen and oedematous. At the left apex and along the lower border of the right middle lobe were many small yellowish areas, each about the size of a small pea. On section the left apex was seen to be riddled with cavities and abscesses. The yellowish areas were small abscesses. The remaining lung tissue showed the presence of a broncho-pneumonia. The right lung also showed the presence of abscesses in the middle and lower lobes.

Microscopically an extensive broncho-pneumonia and bronchiolitis were present. The cavities and abscesses were found to be dilated bronchioles. Many of the abscesses were definitely formed by dilatation of a terminal bronchiole and of its infundibulum. The lung tissue surrounding the dilated bronchioles showed inflammatory consolidation and partial collapse. The bronchi were congested. Gram's stain showed the presence of large numbers of staphylococci in the abscess cavities. No other organism was found.

The liver, kidneys, and spleen showed well-marked toxic changes. No sputum was available for a more complete bacteriological investigation.

COMMENTARY

Clinically it would seem impossible to make a differential diagnosis between this condition and broncho-pneumonia. This is also the opinion of Ewart.¹

The pathogenesis of the disease is difficult to elucidate. The comparative rarity of bronchiolectasis makes it impossible to believe that it is compensatory in origin. Furthermore, dilatation of the bronchi and bronchioles is more apt to occur in a pneumonic lung while resolution is taking place rather than while the consolidated lung affords support to their walls. In this case, however, it is worthy of note that a certain amount of collapse accompanied the consolidation. It may then be possible to find an explanation for the bronchiolectasis in (1) an inflam-

matory softening of the wall; (2) an infection by the staphylococcus causing well-marked local destructive changes; (3) the presence of a certain degree of peri-bronchiolitic collapse. The infection is evidently primarily a bronchiolitis with subsequent broncho-pneumonic changes.

The case is interesting, in so far as it shows the condition to be relatively localized, and not general as in the cases reported by Sharkey.²

REFERENCES

- ¹ Ewart: Allbutt and Rolleston's *System of Medicine*, vol. v.
- ² Sharkey: *St. Thomas's Hospital Reports*, 1892, xxii, 33.

Memoranda

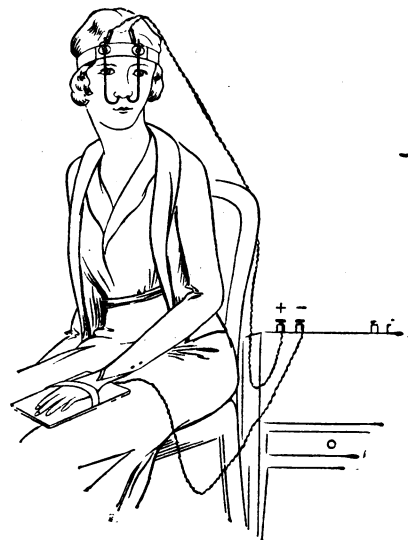
MEDICAL, SURGICAL, OBSTETRICAL

TREATMENT OF HAY FEVER BY INTRANASAL
ZINC IONIZATION

The problem of hay fever has been studied from many angles. Of recent years specific and non-specific desensitization has yielded only moderate results. The uniformly successful cures that I have obtained with the method described below encourages me to place on record the technique I have adopted during the last six years.

The treatment consists of intranasal zinc ionization. Cases of hay fever have been successfully treated before and during an attack, as well as those of vasomotor rhinitis—that is, cases showing manifestations of hay fever throughout the year. The majority of cases require two treatments, with an interval of seven days. The number of treatments depends on the success of the intranasal impregnation with zinc. In some cases one treatment has sufficed. The intranasal mucosa is covered with thin layers of cotton-wool soaked in a 1 per cent. solution of zinc sulphate in distilled water. Particular care should be taken to cover the middle turbinate and the adjacent septal mucous membrane. A zinc terminal

is placed in each nostril and connected with the positive pole of a galvanic battery. The indifferent electrode is applied to the forearm or hand. A current of three to five milliamperes is passed for fifteen to twenty minutes. A simple apparatus for applying the terminals to the nose has been devised by me, as shown in the illustration. Should the treatment be commenced at the



outset of an attack when the tissues are swollen and irritable, it is advisable to spray a 4 per cent. solution of cocaine into the nose before applying the wool. Careful application is necessary to avoid any abrasion of the tissues. Undue injury may give rise to epistaxis. A metallic taste and an increased salivation is experienced when the ionizing process begins; a conjunctival hyperaemia, with lacrymations and blushing, is noticed as the treatment continues. On removal of the packing the tissues are contracted, and the turbinal and septal mucosa are covered

with a white coating which persists for several days. The treatment is not followed by any untoward symptom, although attacks of sneezing may occur during the subsequent twenty-four hours. The nasal tissues, however, remain definitely shrunken. The twenty-five patients treated by this method include three with vasomotor rhinitis and twenty-two with seasonal hay fever. All the latter had suffered annual attacks, and between them had tried every known method of treatment. The ages ranged between 19 and 39, excepting two children aged 10 and 14, and one medical man, aged 57. In the latter case a septal deflection had to be corrected to enable the nose to be packed. Three patients treated in 1925, one in 1927, and one in 1929, have been free from attacks and required no further treatment. Unfortunately the result is not always permanent, and although the patient may be free during the subsequent hay fever season, the attack may recur the following year.

Miss M. W., aged 20, had annual attacks for eight years. First treated by ionization in 1929; no further symptoms. In 1930, no treatment; severe hay fever. In 1931, started an attack on May 20th, treated by ionization followed by immediate cessation of the attack, with no recurrence to date.

None of the patients has had attacks during the season following treatment, so that their subsequent course calls for no comment.

The apparatus illustrated was made and supplied by Messrs. Theodore Hamblin, Ltd., 15, Wigmore Street, W.1.

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Reports of Societies

RECENT ADVANCES IN CHEMISTRY OF THE VITAMINS

DISCUSSION AT THE ROYAL SOCIETY

The Royal Society took advantage of the presence in London of a number of distinguished investigators in the field of vitamin research to hold a meeting on June 18th for a discussion on recent advances in the chemistry of vitamins.

Sir F. G. HOPKINS, President of the Society, said that in the room in which they were assembled the scientific work of successive generations of investigators had been reviewed for the first time, and of late years discussions had taken place there which had illustrated many new aspects of science; but of the progressive and very important branch in which those gathered on that occasion were specially interested very little had been heard in the Royal Society, and only two or three papers on vitamins had been communicated. It was time, therefore, for a discussion on this subject, and he felt a personal satisfaction that it should take place during the first year of his presidency. It was the chemistry of vitamins, rather than their physiological aspects, which would be reviewed, and since his own contribution to chemistry was negligible he did not propose to open the discussion from the chair, but only to suggest the general lines on which it might take place. It seemed to him that attention might well be given to three vitamins—namely, D, A, and B, and in that order—though with regard to B he felt a certain anxiety as to what the discussion might reveal—whether another B might not join the “hive” at any moment. With regard to vitamin D, recent years had seen an extraordinary convergence of various lines of work in the endeavour to reach a real understanding of the nature of this important agent.

Vitamin D

Professor A. WINDAUS (Göttingen) presented an account of his work on the chemistry of irradiated ergosterol.

Since it became known that ergosterol on irradiation with ultra-violet rays was converted into an antirachitic substance of high activity, the study of the most favourable conditions for this photochemical process had continued. Attempts had been made to prepare the substance in a crystalline condition, but so long as success in its purification had not been attained the investigations had to be carried out with the crude irradiation product, the vitamin content of which was unknown. In the process of irradiation no state of equilibrium between ergosterol and its irradiation products was attained. If the irradiation was continued for a sufficiently long time the ergosterol disappeared completely, and there took place a conversion into over-irradiated products, of which two had been obtained in crystalline form. Vitamin D was only an intermediate product of the chemical transformations of ergosterol, and so it was sensitive to irradiation with ultra-violet rays. The two products of over-irradiation just mentioned were end-products of the chemical transformation, and neither could be converted into the other. During the ultra-violet irradiation of ergosterol it appeared possible that several substances were formed simultaneously, but in his view it was not permissible to draw such far-reaching conclusions as some had ventured. It appeared very probable, though on the evidence not absolutely certain, that the vitamin obtained contained three double bonds, as did ergosterol itself. It had been proved that the crude irradiation product lost its antirachitic action when treated with sodium and alcohol. There was no doubt that vitamin D contained a system of conjugate double bonds, and that in this respect it was very similar to ergosterol. On the other hand, the vitamin was much more sensitive to the action of high temperatures. The question whether vitamin D could be preserved unchanged in the absence of air had been discussed, and it had been proved that so far as the crude irradiation products were concerned changes took place in the spectrum and optical rotation with age even when air was carefully excluded, but there was no decrease of physiological activity corresponding to this rapid change; thus it was concluded that the substance which changed with age was not the vitamin. The fact that the antirachitic and toxic actions ran parallel supported the view that both reactions were caused by the same substance. The workers had been spurred on to attempt to obtain the vitamin in its pure crystalline state; such attempts had not seemed completely hopeless, for in vacuum tubes crystals had repeatedly separated. Professor Windaus related the successive attempts in his laboratory to find a reaction which would result in the chemical separation of the crystals. This had at last been achieved, and he showed lantern slides of the crystals and their absorption spectra. The crystals were long, well-formed needles; the spectrum showed a band of main absorption at 265–270 $\mu\mu$, the absorption coefficient being 1.44. The limiting antirachitic dose had been determined to be two and a half times as active as that of the English standard preparation.

Dr. R. B. BOURDILLON (National Institute of Medical Research) said that crystalline products of high antirachitic activity had now been obtained in three laboratories—in Germany, Holland, and England. He spoke as a representative of eight workers at the Institute of Medical Research who had obtained in some quantity a crystal product which appeared to be very similar to that shown by Professor Windaus. The crystals had been obtained by a distillation process in quantities of two or three grams on a number of occasions, and a comparative study of their properties had been made. The antirachitic activity, expressed in Medical Research Council units, was between 18,000 and 20,000 units per milligram. The workers had ventured to give to this product the name of calciferol. The product had the same composition as

him their fellowship or membership. The following may be mentioned: Member of the Imperial Academy of Japan, Foreign Member of the Royal Society of London, Ehrenmitglied der Preussischen Akademie der Wissenschaften of Berlin, Associé Etranger de l'Académie de Médecine de France. He won the Harben Gold Medal of the Royal Sanitary Institute of London.

All of us who have associated with him in his life-work hoped that Kitasato might yet live long years and guide us with his master mind to greater progress in medical science and public health. But alas! his sudden departure has deprived us of one of the most distinguished and influential leaders in scientific as well as social circles in modern Japan. In recollecting the dominant characteristics of this great man I may mention some of his traits which have left on us the deepest impressions. Kitasato was a man of filial affection toward his parents and a devoted follower of his teacher. While Koch was in Japan, Kitasato always attended his teacher with the utmost care as though serving his own father. When Koch died, Kitasato built a shrine in the inner court of the institute in remembrance of his great teacher. Each year, on the day of Koch's death, Kitasato commemorated with an appropriate Shinto ceremony the memory of the departed soul. Now he himself has passed beyond the horizon of life the two great souls may meet in eternity. Beyond the changes which may come to human life and institutions, the spirit of the great man lives for ever.

The following well-known foreign medical men have recently died: Dr. KAREL CHODOUNSKA, emeritus professor of pharmacology at the medical faculty of the Karl University, Prague, aged 88; Dr. MAX NASSAUER, a Munich gynaecologist; Professor ROBERT DREYFUSS, a Frankfurt otologist; Professor GEORGE KOBER of Washington, author of works on tuberculosis, aged 81; Dr. JEAN GAREL of Lyons, a former president of the French Society of Oto-rhino-laryngology, aged 79; Dr. OTTO KÜSTNER, formerly professor of obstetrics and gynaecology at Breslau, aged 82; Dr. MAX BRÜCKNER, for many years director of the Children's Hospital at Dresden, aged 67; Dr. LUCIUS STOLPER, a Vienna gynaecologist; and Professor ALESSANDRO REGNOLI, senior physician to the San Giovanni Hospital of Rome and an eminent obstetrician, aged 71.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on June 23rd, the following medical degrees were conferred:

M.B., B.CHIR.—H. P. Hutchinson, C. B. Prowse.

B.CHIR.—*G. Rocyn-Jones, C. Arthur.

*By proxy.

UNIVERSITY OF LONDON

At a meeting of the Senate, on June 17th, the Rev. J. Scott Lidgett was re-elected Vice-Chancellor for the year 1931-32, and Canon J. A. Douglas was appointed Deputy Vice-Chancellor.

Mr. H. L. Eason, C.B., C.M.G., was appointed a member of the Court for five years from October 1st next.

Dr. Millais Culpin has been appointed to the University Chair of Medical Industrial Psychology at the London School of Hygiene and Tropical Medicine, from August 1st.

UNIVERSITY OF GLASGOW

A ceremony of graduation was held in the Bute Hall on June 17th, when the Chancellor, Sir Donald MacAlister of Tarbert, presided. The following were among the degrees conferred:

LL.D. (HONORARY).—Sir Frederick Gowland Hopkins, Sc.D., F.R.C.P., President of the Royal Society; Professor Cornelius Ariëns Kappers, M.D., director of the Central Institution for Brain Research, Amsterdam.

M.D.—*J. W. S. Blacklock, †Margaret Wylie Thomas, ‡J. S. Craig, †A. Mellick, †W. A. Ramsay, H. Baxter, J. Cook, Gladys Montgomery, S. R. Wilson.

*With Honours.

†With High Commendation.

‡With Commendation.

UNIVERSITY OF LIVERPOOL

Dr. H. Leith Murray has been appointed to the Chair of Midwifery and Gynaecology as from October 1st, 1931, in succession to Professor W. Blair Bell.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—O. A. P. Clark, A. J. P. Coetzee, S. D. Jouhar, J. L. F. King, R. Pakenham-Walsh, T. L. O'C. Ryan.

MEDICINE.—O. A. P. Clark, A. K. Guha, S. D. Jouhar, D. M. Nightingale, S. H. Thaler, C. F. Williamson.

FORENSIC MEDICINE.—G. R. Germany, A. K. Guha, S. D. Jouhar, D. M. Nightingale, T. L. O'C. Ryan, E. S. St. John.

MIDWIFERY.—A. K. Guha, O. L. Matthews, B. Rivlin, R. Schauder, E. Teplitzky, K. G. Wrigley.

The Diploma of the Society has been granted to Messrs. A. J. P. Coetzee, S. D. Jouhar, D. M. Nightingale, R. Pakenham-Walsh, T. L. O'C. Ryan, and S. H. Thaler.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons this week authorized a further loan to the Unemployment Insurance Fund and debated the Government's Bill to deal with anomalies of unemployment insurance. The committee stage of the Finance Bill was completed. Scottish Estimates were also down for discussion. On the Finance Bill Mr. Snowden brought forward an amendment altering the exemption of charities from land values taxation. He proposed to substitute the general definition of charities which appears in the Income Tax Acts instead of the specific exemption of hospitals and other subjects which he had originally proposed.

The Proprietary Medicines Bill, introduced by Mr. Somerville Hastings, has been dropped.

In the House of Lords, on June 23rd, the Mining Industry (Welfare Fund) Bill was read the third time and passed.

A meeting of the National Medical Service Association has been arranged at the House of Commons, on July 9th, to consider hospital policy. The same body met at the House, on June 17th, and decided to apply for affiliation to the International Association with the same object.

The Rent (Reduction and Control) Bill and the Petroleum Bill were read a second time by the House of Commons on June 19th.

National Health Insurance Benefits

In reply to Sir Kingsley Wood, on June 18th, Mr. GREENWOOD said no further regulations were in contemplation to protect the funds of approved societies against improper claims, but his department would continue to keep a careful watch over the expenditure of approved societies on sickness and disablement benefit, and would take any steps desirable to maintain a high standard of efficiency in medical certification and in the supervision of claims by societies.

Foot-and-Mouth Disease

Dr. ADDISON, on June 22nd, told Lieut.-Colonel Heneage that thirty-five outbreaks of foot-and-mouth disease had occurred since June 17th, in addition to five in the previous part of the year. The landing of all cattle, sheep, goats, and swine from Ireland was prohibited on June 17th, when the disease was discovered among Irish animals landed on June 11th. He issued, on June 19th, a standstill Order controlling the movement of all animals throughout Great Britain. Restrictions would be removed from areas which proved not to be infected as soon as that course could be taken with safety. Up to that morning, thirty-three outbreaks had been confirmed since June 17th.

had not been consulted. They were vitally concerned in a policy which might affect recruitment of British officers for the combatant branches of the Indian Army. Perhaps the wide implications had not been fully stated or appreciated in the political atmosphere of the Round Table Conference. The Simon Commission had reported that a failure of recruitment for the I.M.S. would be disastrous for India, and also that a medical service recruited provincially would be no substitute for one with the exceptional standards and traditions of the Indian Medical Service.

Lieut.-Col. J. K. S. Fleming, in proposing the health of the chairman, said that Colonel Needham's services were written large on recent pages of the history of the I.M.S., and his hard work on its behalf was appreciated by all his brother officers. In the absence of Lieut.-Col. J. Anderson, through illness, Colonel J. J. Pratt proposed the health of the honorary secretaries, Colonel T. A. Granger and Sir T. Carey Evans, and paid tribute to them for the excellence of the dinner and the large attendance.

The following is a list of the officers present.

Major-Generals: Sir Havelock Charles, Bt., G.C.V.O., K.C.S.I., A. A. Gibbs, J. D. Graham, C.B.E., C.I.E., K.H.S., Sir Courtenay Manifold, K.C.B., C.M.G., Sir Leonard Rogers, C.I.E., F.R.S., G. Tate, C.I.E.

Colonels: H. Ainsworth, R. F. Baird, J. Fuller-Good, V.H.S., C. M. Goodbody, C.I.E., D.S.O., T. A. Granger, C.M.G., J. A. Hamilton, C.M.G., J. Husband, I. Davenport Jones, W. H. Leonard, K.H.P., J. J. Pratt, A. Spitteler, O.B.E., F. Wall, C.M.G., C. N. C. Wimberley, C.M.G.

Lieutenant-Colonels: A. W. Alcock, C.I.E., F.R.S., G. P. Alpin, O.B.E., J. Anderson, C.I.E., F. A. Barker, O.B.E., G. T. Birdwood, H. H. Broome, C.I.E., S. H. Burnett, J. T. Calvert, C.I.E., H. P. Cook, D. G. Crawford, J. M. Crawford, O.B.E., H. J. M. Cursetjee, D.S.O., E. E. Doyle, C.I.E., D.S.O., H. R. Dutton, C.I.E., S. Colin Evans, J. K. S. Fleming, C.B.E., B. Gale, C. A. Gill, D. Heron, C.I.E., E. V. Hugo, C.M.G., M. L. C. Irvine, S. P. James, L. H. Khan, H. C. Keates, H. M. King, R. Knowles, J. C. G. Kunhardt, W. B. Lane, C.I.E., C.B.E., E. C. G. Maddock, C.I.E., W. A. Mearns, F. O. N. Mell, C.I.E., G. McG. Millar, O.B.E., A. Miller, T. R. Mulroney, F. O'Kinealy, C.I.E., C.V.O., A. H. Proctor, D.S.O., Norman R. J. Rainier, A. J. H. Russell, C.B.E., G. M. C. Smith, C.M.G., R. Steen, J. Stephenson, C.I.E., T. G. N. Stokes, Ashton Street, W. A. Sykes, D.S.O., C. Thomson, Sloane G. Thomson, R. S. Townsend, M.C., E. L. Ward, C.B.E., D. P. Warlicker, W. L. Watson, O.B.E., W. E. R. Williams, O.B.E., N. M. Wilson, O.B.E., H. R. Woolbert, H. G. L. Wortabet.

Majors: F. J. Anderson, M.C., A. C. L. Bilderbeck, Norman Briggs, H. C. Brown, C.I.E., Sir T. Carey Evans, M.C., E. S. Goss, M.C., J. H. Hislop, M.C., A. C. Macrae, J. J. Rooney, H. M. Salamati Ullah, R. L. Vance, W. J. Webster, M.C.

Captains: J. L. Donnelly, T. A. Doran, G. M. Irvine, M. V. Taylor, S. C. H. Worseldine.

Officers on Probation: Lieutenants M. Kirk Bryce, G. K. Graham, J. Guthrie, H. B. Macevoy, M. M. Mansfield, J. L. O'Neill, M. H. Shah, W. J. Stewart, B. Temple-Raston, A. W. West.

DEATHS IN THE SERVICES

Lieut.-Colonel Stanley Trefusis Crump, Indian Medical Service, was accidentally killed by a fall from the lift of the Dufferin Hospital, Rangoon, of which he was superintendent, on April 21st, aged 52. He was born on November 13th, 1878, was educated at Leeds, and took the M.R.C.S. and L.R.C.P.Lond. in 1904. Entering the Indian Medical Service as lieutenant on February 6th, 1906, he became lieutenant-colonel after twenty years' service. After a few years' military duty he entered civil employ in Burma in 1910, as medical officer of Rangoon General Hospital. During the war he was recalled to military duty, from 1915 to 1919; in the latter year he returned to Burma as civil surgeon of Rangoon, and in 1929 was appointed superintendent of the Dufferin Hospital, and gynaecologist.

Lieut.-Colonel Andrew Hosie, C.M.G., R.A.M.C. (ret.), died at Sandown, Isle of Wight, on April 6th, aged 71. He was born at Inverurie, Aberdeenshire, on February 7th, 1860, and was educated at Aberdeen University, where he graduated as M.B. and C.M. in 1883, as M.D. in 1885, and as D.P.H. in 1903. Entering the R.A.M.C. as surgeon on July 28th, 1886, he became lieutenant-colonel after twenty years' service, and retired on October 13th, 1906. After retirement he was employed at Sandown, Isle of Wight, from 1908. He served in West Africa, in the Sierra Leone expedition of 1898-99, as senior medical officer of the Falaba column, gaining the medal and clasp; in South Africa in 1900-2, in operations in Cape Colony and the Orange River Colony, receiving the Queen's and King's medal, with two clasps to each; and rejoined on August 5th, 1914, for the war of 1914-18, when he served with the Mediterranean and Egyptian Forces, was mentioned in dispatches in the *London Gazette* of July 6th, 1917, and received the C.M.G. on June 4th, 1917.

Medical News

Dr. J. Bernard Dawson, F.R.C.S., has been appointed to the new chair of midwifery and gynaecology in the University of Otago, New Zealand. Dr. Dawson was educated at the University of Birmingham and at St. Bartholomew's Hospital, and graduated M.D.Lond. in 1911. He is at present honorary assistant gynaecologist to the Adelaide Hospital, and honorary medical officer to the Queen's Maternity Home, Adelaide.

H.R.H. Princess Alice, Countess of Athlone, will open the new nurses' home at the Middlesex Hospital on Monday next, June 29th, at 3 o'clock.

The jubilee celebrations of the Incorporated Midwives Institute will be held at Bedford College, Regent's Park, N.W., on Saturday, July 4th, at 3.30 p.m. The speakers will include the Marchioness of Salisbury and Mr. Comyns Berkeley.

Founders' Day at Epsom College will be celebrated on Saturday, July 25th, when the Bishop of Guildford will present the prizes.

A post-graduate course, arranged by the Welsh National School of Medicine and the Maternity and Child Welfare Group of the Society of Medical Officers of Health in co-operation with the Fellowship of Medicine, will be held at Cardiff on June 29th and 30th, in connexion with the National Conference on Maternity and Child Welfare, organized by the National Association for the Prevention of Infant Mortality. The fee for the course is 10s., and should be sent to the secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

Detailed information about the lectures and demonstrations arranged for next week by the Fellowship of Medicine and Post-Graduate Medical Association will be found at page 276 of the *Supplement*. Syllabuses and tickets for all the courses may be had from the Fellowship of Medicine, 1, Wimpole Street, W.1.

The eighteenth annual meeting of the Swiss Society for Surgery will be held at St. Moritz on July 10th and 11th.

At the June meeting of the Central Midwives Board for England and Wales the report of the standing committee included a letter from the Clerk of the London County Council conveying, for the information of the Board, a copy of a report of the Midwives Act Committee of the Council, on the subject of the general standard attained by midwives in London. A letter from the medical officers of health for Norwich asked for the opinion of the Board as to whether a midwife who lays out the dead body of a stillborn child, as defined in the Births and Deaths Registration Act, 1926, should send in a form of notification of having laid out a dead body, to the local supervising authority, in accordance with Rules E.18 and 22 (d). The Board directed that a reply be sent that strictly the term "dead body" in Rule E.18 covers the dead body of a stillborn child.

The second International Congress of Comparative Pathology will be held in Paris under the presidency of Professor C. Achard from October 14th to 18th, when the following subjects, among others, will be discussed: human and animal brucellosis, milk as a pathogenic agent, ultra-viruses, cancer, psittacosis, anaphylaxis, and treatment of helminthiasis. The subscription is 100 francs. Further information can be obtained from the general secretary, M. C. Grollet, 7, Rue Gustave Nadaud, Paris, XVIe.

The twelfth Salon des Médecins for the exhibition of pictures, sculpture, engravings, and decorative art by medical practitioners, pharmacists, veterinary surgeons, students, and members of their families will be held at 17, Boulevard Saint Germain, Paris, from October 4th to 13th. Further information can be obtained from the organizing secretary, Dr. Paul Rabier, 84, Rue Lecourbe, Paris XVIe.

The Royal Society held a conversazione at Burlington House on the evening of June 24th. The guests were received by the President, Sir Frederick Hopkins, and Lady Hopkins. During the evening demonstrations were given of cinematograph films, in natural colours, showing the new process of colour photography, on non-inflammable film, described in our report of the May conversazione. The exhibits included dark-ground ultra-violet photomicrographs, by Mr. J. E. Barnard, of the causative organism in infectious ectromelia of mice; specimens of ancient fats ("bog butter") excavated from Irish bogs, by Drs. A. Scott and H. J. Plenderleith; an automatic projection microscope shown by Professor H. Hartridge; casts of the fossil remains of the Peking skull and its component parts, made by Professor Davidson Black, and shown by Professor G. Elliot Smith; and an exhibit by Dr. Honor Fell of the Strangeways Research Laboratory, showing the development and regeneration *in vitro* of periosteal bone.

The second International Congress for Tropical Medicine will be held at Amsterdam under the presidency of Professor Grijns from September 12th to 17th, when the subjects for discussion will be: (1) avitaminosis, especially beri-beri; (2) leptospira and yellow fever; (3) worms, especially ankylostoma; (4) malaria, blackwater fever, protozoal blood diseases, and kala-azar.

The fifth International Congress of the Collegium Otorhino-laryngologicum will be held at Bordeaux from July 19th to 22nd, under the presidency of Professor Portmann. The subjects for discussion are: radio-sensibility of tumours of different histological structure, introduced by Dr. Ledoux of Brussels; and correlations of histological observations with the activity of hearing, by Dr. Guild of Baltimore. The countries taking part in the congress are Austria, Belgium, Canada, Czechoslovakia, Denmark, Finland, France, Germany, Great Britain, Holland, Hungary, Jugoslavia, Norway, Spain, Poland, Soviet Russia, Switzerland, and the United States of America.

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Medical Treatment of Duodenal Ulcer

"DUODENUM" (Scotland) writes: I have had recently, for the fourth time in ten years, an attack suggestive of duodenal ulcer—hunger pain, the stomach emptying rapidly with violent peristalsis, nothing definite to x-ray examination at the duodenum, no occult blood in stools. Perhaps some reader can advise on the following points: (1) Some doctors advise a meat diet because the meat "fixes" the acid; others stop all meat and give carbohydrates; I find that a good meal of any reasonable kind gives me comfort.

(2) Olive oil before food is found helpful; would liquid paraffin have the same acid-inhibiting effect and be less fattening and less likely to cause nausea and biliousness? (3) Is the practice of taking the usual alkaline powder after food the right one? At that time the food is "fixing" the acid; the alkali will be useful much later when the digestive process is nearer an end. (4) Is there ground for thinking that the prolonged taking of alkalis as recommended will lessen radically the hyperacidity?

Effect of Prolonged Injections of Insulin on Subcutaneous Tissue

Dr. W. W. JEUDWINE (Newport, I.W.) writes: A patient, aged 32, suffering from diabetes, has been giving herself injections of insulin 1 c.cm. (20 units) into the subcutaneous tissue on the front of the upper part of the right thigh every morning, and 1/2 c.cm. (10 units) into the corresponding site of the left thigh every evening for the last twelve months. A week ago, on coming to see me, she asked whether the injections caused the muscles to waste. On examination I found that there was an area as large as the palm of my hand on both thighs where injections had been made, over which all the subcutaneous tissue had disappeared and the dense fascia was felt just under the skin. The edges of the area were apparently raised, so that the impression was one of a shallow pit with well-defined margins. Is this an unusual occurrence, or has insulin the effect of causing absorption of fat when injected for a long period over the same area?

Scleroderma with Pernicious Anaemia

Dr. A. PATTON (Widnes) writes, in reply to Dr. Barcroft Anderson (p. 1100): Sugar tolerance has not been estimated in my patient. Pellagra is a very interesting, though unlikely, suggestion. Gastric and mental symptoms have been conspicuously absent, except for the achlorhydria.

Urticaria

Dr. MORRIS CUTNER (Chelsea, S.W.) writes: In reply to the request of "Practitioner" (Scotland) in the *Journal* of June 20th (p. 1029), I would suggest the use of colloidal manganese, intramuscularly, commencing with 1/2 c.cm. the first day, 1 c.cm. on the fourth and ninth days, and then at weekly intervals for five or six weeks, as the condition demands. By this method I was recently enabled to control, in a woman aged 39, a severe case of recurrent giant urticaria, which had persisted for three months despite intense calcium medication, with and without parathyroid, and the use of an autogenous vaccine. A slight improvement was noticed after the first injection, and this was followed, with further injections, by a gradual diminution in the intensity and frequency of the eruption, so that early in January last the injections were stopped. A mild recurrence in March was controlled by one injection of 1 c.cm., and there has been no further recurrence since.

Dr. ELEANOR PULLEINE (St. John's Wood, N.W.) writes: May I suggest that "Practitioner" tries intramuscular injections of the patient's own blood, starting with 5 c.cm. and increasing to 10 c.cm., at intervals of five to six days?

Income Tax

Sale of Property

"H. A. C." was the owner of a house which was let to a tenant up to November, 1930, and empty to February, 1931, when it was sold. "H. A. C." paid the income tax charged on the property for the year to April 5th, 1931, and has been repaid the amount applicable to the period when the property was empty, but not for the period for which the new ownership applied. Is that correct?

** Yes. Tax under Schedule A—that is, income tax paid on property—is due in January for the year to the following April 5th, and the then owner is liable to pay the amount due, or suffer it by deduction from his rent. In the event of a subsequent sale, the fact that the vendor has paid tax for a period applicable to the purchaser's ownership should be taken into account in adjusting the settlement between them. We gather that the local official seems to have agreed that the purchaser might be assessed separately for the period subsequent to the date of purchase, but we do not see how this could happen. Change of ownership of property is no occasion for a new assessment, and any separate charge would be a double assessment. Incidentally, if any such assessment were made and the tax thereon was paid by the purchaser, it would give the vendor good ground for claiming repayment of that portion of the tax paid by him which referred to the vendor's ownership.