

Advanced cases require careful watching while under bath treatment. If the pressure falls rapidly and considerably, symptoms of lassitude, fatigue, and breathlessness may supervene, and the patient feels worse rather than better. This is an indication that the reduced head of pressure is insufficient to maintain an adequate circulation, that heart failure is impending, and the treatment should be stopped at once. If, as the pressure falls, the heart rate slows, or does not increase, and the patient feels relieved, all is well, and the treatment may be continued. A rise in heart rate with a fall in pressure is a danger sign. Also a considerable fall in the systolic without a corresponding fall in diastolic pressure—that is, a reduced pulse pressure—is an ominous sign of a failing left ventricle.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### CATARRHAL INFECTION AND FORMALIN VAPOUR

The prevalence of catarrhal conditions in schools, especially during the early months of the year, is, I presume, one of the main problems which confront every medical officer. The loss of school time, the overcrowding of the school sanatoriums, and the strain imposed upon the nursing arrangements are harassing to masters and doctors alike. I would suggest that systematic spraying, punctiliously carried out on the plan laid down, has a marked effect in cutting down the incidence of catarrhal conditions, and in mitigating the virulence of the infection.

Some four years ago, with a badly infected boarding school of 140 boys, it was decided that the school should be sprayed, and a technique was evolved by the sister-in-charge (for which I can take little or no credit), which has been systematically carried out ever since. The spray solution is 10 per cent. formalin, used in a sovereign metal spray. The method, which is as follows, is carried out daily. All class rooms and studies are sprayed, including the tops of the desks, the backs of all pews in the chapel, the heads of all the beds and spaces between the beds in the dormitories, tooth-mugs, bathrooms, corridors, door handles, and dining tables. The spray, which is a fine one, is of course carried over a far larger area than the actual object on which it is directed. The time taken over this work is about one and a half hours a day.

I will now give the comparative figures of the numbers admitted to the sanatorium with catarrhal infection before and after this routine was established. In this group of

Before Spraying		After Spraying	
Year	Admissions	Year	Admissions
1925 ... ..	90	1929 ... ..	30
1926 ... ..	59	1930 ... ..	15
1927 ... ..	78	1931 ... ..	31
3 years ...	227	3 years ...	76

The year 1928 has been omitted, since spraying was not instituted at the beginning of the year, and the technique was not then standardized.

infections I have included feverish colds, influenza, bronchitis, and the pneumonias, and have excluded admissions from other causes.

The figures tend rather to mislead in that one is far more prone to admit the slighter cases into the sanatorium

when there is no pressure for space. I have not given the number of days occupied in hospital for a similar reason—namely, that when there is little pressure the tendency is always to retain cases longer. These figures are incomplete in a very important particular—that of the numbers who only attend the school surgery for the treatment of these conditions. Such figures I do not possess, but their number is also stated to have been markedly reduced.

There is no doubt in my mind nor in those of the sister and of the school authorities that the formalin spraying has been of very marked benefit. Further, this improvement has coincided with the institution of spraying and has continued for too long a period to be a mere coincidence. An interesting point is that for a short time the work was deputed by the sister to others. Soon after, an outbreak of colds and coughs started to spread through the school. It was discovered that the work had been very perfunctorily carried out.

I am less convinced of the efficiency of the spray in certain other infective conditions, such as follicular tonsillitis, which would appear not to be controlled. As to the exanthemata, I am not in a position to express any definite opinion. Their occurrences have only been slight during the period under review.

In conclusion, I would emphasize the apparent necessity for a punctilious routine, and I should be delighted to receive information of the experience of others along similar lines.

Banbury.

C. J. L. WELLS, M.B., B.Ch.Oxon.

## British Medical Association

### CLINICAL AND SCIENTIFIC PROCEEDINGS

#### NORTH-EAST ULSTER DIVISION

##### *Tuberculosis of the Abdominal Lymphatic Glands*

At a meeting of the North-East Ulster Division, on December 11th, 1931, with the chairman, Dr. BOYLAN, presiding, Mr. S. T. IRWIN, M.Ch., F.R.C.S., read a paper on tuberculosis of the abdominal lymphatic glands.

Mr. Irwin discussed first the incidence of tuberculous infection, and the arguments for and against the main portal of entry being the abdominal lymphatic glands. He described the work of Calmette in this connexion, and emphasized the importance of this probability as regards the diagnosis and prognosis in abdominal diseases. In the category of acute emergencies, especially in childhood, lymphadenitis occupied a prominent place, but he was not sure that this term was quite satisfactory, for all the types of this disease were not of definitely inflammatory origin, and in many cases no palpable swelling was present. Mr. Irwin then submitted a comprehensive summary of the literature, which indicated that these cases of lymphadenitis were due to the absorption of low-grade infections, caused not only by tubercle bacilli, but also by other organisms.

Anatomical investigations showed that the lymph vessels of the abdomen were grouped round the main arterial trunks, with glands situated at intervals, and that normally in all cases the largest glands in any group were placed proximally. Three groups were of special pathological importance: the one which accompanied the ileo-caecal artery and drained the lower six inches of the ileum, the ileo-caecal valve, the caecum, and the appendix; the one surrounding the superior mesenteric artery, and draining the jejunum and the upper part of the ileum; and the group which converged upon the coeliac axis,

## THE NEW YEAR HONOURS

The list of New Year Honours was issued on January 1st as a special supplement to the *London Gazette* of December 29th. It includes the names of the following members of the medical profession, to all of whom we offer congratulations.

### Privy Councillor

WALTER ELLIOT ELLIOT, M.C., D.Sc., LL.D., M.B., Ch.B., M.P., Financial Secretary to the Treasury since August, 1931.

### K.C.S.I.

Major-General Sir LEONARD ROGERS, C.I.E., M.D., F.R.C.P., F.R.C.S., F.R.S., I.M.S. (ret.), President, India Office Medical Board.

### K.C.M.G.

Sir JAMES KINGSTON FOWLER, K.C.V.O., C.M.G., M.D., F.R.C.P., Member of the Colonial Advisory Medical Committee.

### K.C.V.O.

JOHN WEIR, C.V.O., M.B., Ch.B., Physician-in-Ordinary to H.R.H. the Prince of Wales.

### K.B.E.

AUGUSTUS MOORE DANIEL, M.B., Ch.B., Director of the National Gallery.

FREDERICK NORTON KAY MENZIES, M.D., F.R.C.P.Ed., F.R.S.Ed., D.P.H., Chief Medical Officer of the London County Council.

### D.B.E.

Miss EDITH MARY BROWN, L.R.C.P. and S.Ed., L.R.F.P.S. Glas., Principal, Women's Hospital and Christian Mission College, Ludhiana, Punjab.

### Knights Bachelor

GEORGE BUCKSTON BROWNE, F.R.C.S., F.S.A. Mr. Buckston Browne purchased the house at Downe, Kent, where Charles Darwin lived, restored and endowed it, and gave it to the British Association in custody for the nation. He has given very generous financial support to medical research work.

HENRY HALLETT DALE, C.B.E., M.D., F.R.S., F.R.C.P., Director-in-Chief of the National Institute for Medical Research, Hampstead; Secretary of the Royal Society since 1925.

### C.S.I.

Colonel JOHN PHILIP CAMERON, C.I.E., I.M.S., lately Inspector-General of Prisons, Madras.

### C.I.E.

Lieut.-Colonel JOHN MORISON, M.B., I.M.S., Director of King Edward VII Pasteur Institute and Medical Research Institute, Shillong, Assam.

### C.V.O.

MARCUS ANTONIUS JOHNSTON DE LAVIS-TRAFFORD, M.V.O., O.B.E., M.D.

### C.B.E. (Civil)

Major THOMAS JOHN HALLINAN, O.B.E., M.B., Inspector-General of Health Services, Ministry of Interior, Iraq.

### O.B.E.

STANLEY DESMOND RIELEY, M.R.C.S., D.T.M., I.M.D., Superintendent, Central Jail, Mach, Baluchistan.

FRANCIS ALEXANDER INNES, M.B., W.A.M.S., Medical Officer of Health, Gambia.

### Kaisar-i-Hind Medal (First Class)

WILLIAM NUNAN, M.D., Police Surgeon and Professor of Medical Jurisprudence, Grant Medical College, Bombay.

The Medal of the Civil Division of the Order of the British Empire has been conferred upon IBRAHIM EL HAJJ and SAYED ATIEH, Dispensary Doctors, Sudan Medical Service.

### PROMOTIONS

The following promotions are announced:

*Royal Navy*.—Surgeon Commanders to be Surgeon Captains: GILBERT F. SYMS, SAMUEL BRADBURY.

*Royal Air Force (Medical Branch)*.—Flight Lieutenants to be Honorary Squadron Leaders: JACK GARLAND SKEET, ARTHUR WANDESFORD COMBER.

*Royal Air Force Reserve (Medical Branch)*.—Flight Lieutenant THOMAS MALCOLM WALKER to be Honorary Squadron Leader.

The honour of Knighthood has also been conferred on Mr. ERNEST W. MORRIS, C.B.E., until recently House Governor of the London Hospital, and on Mr. HENRY S. WELLCOME, LL.D., founder of the Wellcome Research Institution and of the Wellcome Tropical Research Laboratories, Khartum. Miss HARRIETTE CHICK, D.Sc., receives the C.B.E. (Civil) for services to the Medical Research Council in connexion with research on vitamins and the science of nutrition; she is a member of the staff of the Lister Institute. Surgeon Lieut.-Commander (D) ANDREW LAWREY, L.D.S., R.N., is created an O.B.E. (Military Division). Mr. J. E. LESSLAR, lately senior deputy pathologist, Institute for Medical Research, Federated Malay States, receives the M.B.E.

## Correspondence

### ANTI-MALARIA MEASURES

SIR,—In your issue of January 2nd (p. 33) there is a note headed "Anti-malarial measures in Travancore." It refers to an article by Lieut.-Colonel Clemesha, entitled "Further note on anti-malarial measures on the Travancore Tea Companies' estates," in the *Indian Medical Gazette* of November, 1931, and a previous one on the same subject in December, 1930. These two articles contain statements which, according to observations (which I made on the gardens and recorded in my diary at the time), are not true in fact; and they omit information without which it is impossible to estimate the relative value of the various factors which led to the improved health of the estates.

The argument in the articles is that anti-larval measures thoroughly carried out failed to give sufficiently good results; that as soon as plasmoquine was given in 1929 the health at once improved; and the conclusion is drawn that the improved health was the result of the plasmoquine, since no other factor affecting the health of the estate was different. In the latest report Colonel Clemesha summarizes the results from 1926 to 1930, and states: "For all these years very thorough anti-larval measures have been carried out in all the estates"—a statement contradicted by Colonel Clemesha himself in his first report (p. 674), where he describes a failure to control anophles on one estate in 1927, and on another in 1928. In his paper of December, 1930, he states: "In both years (1928-29) anti-larval work took place during the malarial season with equal vigour, and with good results in both cases, the only difference being that in 1929 plasmoquine after-treatment has been in regular use for about twelve months, and in 1928 it has not." And he also says: "All the natural conditions in the two years' experiments are identical." As I shall show, these statements are incorrect.

The essential information omitted from the report is a statement of the size of the area controlled by anti-larval measures. It is obvious that until we know what area was so controlled it is impossible to draw any conclusion as to how far any results obtained are due either to the anti-larval measures or the plasmoquine. In Colonel Clemesha's report of 1930 the following will be found: "Sir Malcolm Watson says that 40 chains, or half a mile, is enough for *A. maculatus* breeding-places in the F.M.S." But the report omits to mention that the area controlled by anti-larval measures on these Travancore estates was, on my recommendation, standardized as a circular area with a 20-chain (or quarter-mile) radius. Before I left for India in 1928 I was invited by the directors of the Travancore tea estates to visit their estates and to make such recommendations as I considered necessary. In April, 1929, I visited eight out of the nine estates referred to by Colonel Clemesha, examined all the children on each estate, and made a careful inspection of the anti-malarial work. I found that on certain estates

At the various medical societies of London Bennett took a fairly active part in his earlier years. To the Clinical Society of London he made a number of communications, and was its secretary (1890-1) and vice-president (1895); the Royal Medico-Chirurgical Society's *Transactions* contain four papers by him, and in 1903 he delivered the annual oration before the Medical Society of London on "Some reflections, mainly ethical, on the present position of operations in the practice of surgery." He wrote the article on injuries of the spine in Treves's *System of Surgery*, that on concussion of the brain in Allbutt's *System of Medicine*, and published a number of clinical works on varicose veins, hernia, diseases of the knee-joint, appendicitis, and the early use of massage in fractures and injury. In 1883 he gave the introductory address at St. George's Hospital, on "The social position of the medical profession."

As a teacher he was thoroughly practical, imperturbable, and among his dressers was known as "the Master." Not a bookish man or with a deep knowledge of pathology, he was extremely successful as an operator and in managing private patients, who commonly spoke of him as their friend. Wise, and accordingly reticent, he did many kind actions to his patients and junior colleagues. During the Boer war he worked (1900-2) in London with the late Dr. Donald Hood and the late Mr. J. H. Morgan in association with Georgina Lady Dudley's fund for the care of the sick and wounded from South Africa, and for his services was created K.C.V.O. in 1901, and publicly thanked by Lord Roberts. He was also a Commander of the Order of the Redeemer of Greece, and a Knight of Grace of the Hospital of St. John of Jerusalem. During the European war he gave all his time to work in connexion with the Red Cross and the Order of St. John. He was surgeon, and later consulting surgeon, to a number of hospitals in and near London, including the Seamen's Hospital, Greenwich, was chairman of the Convalescent Homes Committee of King Edward VII Hospital Fund, and had been surgeon-in-chief to the St. John Ambulance Brigade, chairman of the Invalid Children's Aid Association, of the Star and Garter Home, Richmond and Sandgate, and president of the Institute of Hygiene and of the Illuminating Engineers' Society.

Like Sir Prescott Hewett, he had an engrossing hobby in art; from his student days he had attended Christie's, and early began collecting china, and thus became a recognized authority and connoisseur. He described his collection of powder blue porcelain and his Chinese vase of the Kang-He period in articles in the *Burlington Magazine* (1904, and after), in which there was also an illustration of a fine sixteenth century bronze in his possession. Pictures also attracted his attention, and at one time he had several by Sir Joshua Reynolds. He was thus known to the world for reasons other than professional eminence. He was a member of the Athenaeum and the Carlton.

He was twice married; first, in 1882 to Isabel (obit 1911), daughter of the late Dr. Thomas Dickinson of Sloane Street, and, secondly, in 1914 to Gladys Florence Stewart, daughter of the Rev. Allen S. Hartigan of St. Leonards-on-Sea, who survives him. He had not any children. The funeral took place on December 30th, and a memorial service was held that afternoon at St. Peter's, Eaton Square.

H. R.

DR. RUSSELL ERNEST WALKER of Peterborough died after a short illness, on December 27th, 1931, at the age of 45. He was the eighth son of the late Dr. T. J. Walker, who died in 1916, and received his early education at King's School, Peterborough, and at Haileybury College. After studying medicine at the University of Edinburgh he graduated M.B., Ch.B. in 1912, and obtained the diploma of F.R.C.S.Ed. two years later.

During the war he served with a temporary commission in the R.A.M.C., and, returning to Peterborough in 1918, joined his two brothers in practice there. He was appointed surgeon to the Peterborough Hospital in 1920, and to the Memorial Hospital at its opening in 1928.

Dr. BISHESWAR GHOSE died recently at the age of 34. He entered the Calcutta Medical College as a B.Sc. of Patna University, and after graduating M.B. and obtaining the D.T.M. at the Calcutta Tropical School of Medicine, he joined the public health department of the Bihar and Orissa Government. Later he acted as house-surgeon and house-physician at the Prince of Wales's Hospital, Patna. When a Pasteur Institute was started at Patna he was chosen as its first assistant superintendent, and went to the Kasauli Pasteur Institute for training in anti-rabic treatment. Having completed the six months' course there, he was put in charge of the institute at Patna. His untimely death removes an energetic and capable officer, of kindly disposition, who won the regard of all with whom he came in contact.

## Universities and Colleges

### UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

M.S.—(Branch I, Surgery): P. B. Ascroft (University Medal), A. L. Light, D. W. C. Northfield, K. H. Watkins, P. Wilks. (Branch IV, Laryngology, Otology, and Rhinology): C. A. Amescr, T. D. Deighton.

The following have been recognized as teachers of the University in the subjects indicated: London Hospital Medical College, Dr. T. Anwyl Davies (venereal diseases); Middlesex Hospital Medical School, Mr. L. C. Rivett (gynaecology), Dr. F. W. Roques (obstetrics and gynaecology); London (Royal Free Hospital) School of Medicine for Women, Mr. D. F. A. Neilson (oto-rhino-laryngology); University College Hospital Medical School, Mr. J. F. Barrington (surgery), Mr. C. W. Morris (anaesthetics), Sir Bernard Spilsbury (forensic medicine); King's College Hospital Medical School, Mr. H. Graham Hodgson (radiology). Probationary recognition for two years has been granted to Mr. William I. Doggett as a teacher of oto-rhino-laryngology.

The regulations for the third examination for medical degrees (Red Book, 1931-32, p. 203, Blue Book, 1931, p. 263) have been amended by the insertion of the following paragraph at the end of each of the sections dealing with the examinations in surgery, and in obstetrics and gynaecology respectively: "No candidate will be approved in this subject who does not satisfy the examiners both in the papers and in the clinical examination."

### GUY'S HOSPITAL

A course of eight lectures on the use of  $x$  rays in physiological investigations will be given in the Physiological Theatre, Guy's Hospital, on Mondays, at 5 p.m. The first two lectures will be given on January 18th and 25th by Professor J. M. Woodburn Morrison, to be followed on February 1st and 8th by Professor H. A. Harris, on February 15th and 22nd by Dr. A. E. Barclay, and on February 29th and March 7th by Dr. A. F. Hurst. Admission to the lectures is free without ticket.

### ST. THOMAS'S HOSPITAL

Dr. W. J. Tulloch, professor of bacteriology in the University of St. Andrews, will give three lectures on serological studies on vaccinia, illustrated by lantern slides, in the Governors' Hall of St. Thomas's Hospital, on January 18th, 19th, and 26th, at 5.30 p.m. Professor L. S. Dudgeon will preside at the first lecture. Admission to the lectures is free without ticket.

### UNIVERSITY COLLEGE

The following course of lectures in pathology will be given in No. 1 Lecture Theatre of the Medical School, University Street, W.C.1, on Tuesdays, at 5.15 p.m.: on January 19th and 26th, Dr. R. A. O'Brien (Wellcome Foundation), the preparation, testing, and use of antitoxin; on February 2nd, Dr. E. W. Fish (Royal Dental Hospital), the pathology of dentine and the dental pulp; February 9th and 16th, Professor A. E. Boycott, F.R.S., hypertrophy and atrophy; February 23rd and March 1st, Dr. Dorothy Russell (London Hospital), intracranial tumours; and March 8th and 15th, Professor C. C. Okell, anaphylaxis. The lectures are free to medical students and graduates.

A course of three lectures, with lantern illustrations, on the reactions between drugs and cells, will be given at University College on February 26th and 29th and March 1st, at 5.15 p.m., by Dr. A. J. Clark, F.R.S., professor of materia medica, University of Edinburgh.

#### UNIVERSITY OF ST. ANDREWS

During the commemorative ceremonies at University College, Dundee, next month, the honorary degree of LL.D. is to be conferred on Dr. R. C. Buist, honorary consulting gynaecologist, Dundee Royal Infirmary, and on Mr. David M. Greig, F.R.C.S.Ed., Conservator of the Museum of the Royal College of Surgeons of Edinburgh.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND

At the monthly business meeting, held on January 1st, the following were elected Honorary Fellows of the College: Sir Almoth Edward Wright, K.B.E., C.B., M.D., Sc.D., LL.D., F.R.C.S.I., and Edward Francis Stephenson, F.R.C.S.I., D.P.H.

#### SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

**SURGERY.**—G. A. Dickson, W. Hertzog, W. B. Mattar, C. Morgan, B. Rivlin.

**MEDICINE.**—F. Crowther, H. T. Giblin, R. F. Hawke, W. W. Parry, S. Ramarao, B. Shapiro, E. Teplitzky, E. O. Watson, H. A. T. Wells.

**FORENSIC MEDICINE.**—J. H. Beale, F. Crowther, H. T. Giblin, J. Irger, V. R. O. Lahanni, R. Perkins, H. A. T. Wells.

**MIDWIFERY.**—G. A. Dickson, R. N. Gillespie, R. F. Hawke, A. A. Kahn, E. J. Littledale, A. J. McBrearty, J. T. Moohalaparakkel.

The diploma of the Society, entitling them (upon registration under the Medical Acts) to practise medicine, surgery, and midwifery, has been granted to Messrs. H. T. Giblin, S. Ramarao, R. N. Gillespie, E. O. Watson, C. Morgan, and H. A. T. Wells.

## The Services

#### HONORARY SURGEON TO THE KING

The Air Ministry announces that the King has approved the appointment of Air Vice-Marshal John McIntyre, M.C., M.B., B.Ch., as an Honorary Surgeon to His Majesty (vice Group Captain Henry Cooper, D.S.O., who vacates the appointment on retirement from the Royal Air Force).

#### PROMOTION EXAMINATION

The following officers of the R.A.M.C. were approved at the examination (in written subjects) held at home stations in October last with a view to promotion: Majors R. E. Barnsley, M.C., W. Bird, J. F. Bourke, M.C., T. L. Henderson, R. H. C. Pryn, J. A. C. Kidd, F. G. L. Dawson, W. O. Holst, Captain F. C. Hilton-Sergeant, Lieutenant J. M. Officer.

#### DEATHS IN THE SERVICES

Lieut.-Colonel Daniel Maurice Corbett, O.B.E., R.A.M.C., died in the Royal Herbert Hospital, Woolwich, on December 14th, 1931, aged 49. He was born on August 17th, 1882, and was educated at Dublin University, where he graduated as B.A., M.B., B.Ch., and B.A.O. in 1905. Entering the R.A.M.C. as lieutenant on July 30th, 1906, he attained the rank of lieutenant-colonel on September 17th, 1930. He served throughout the war of 1914-18, when he was mentioned in dispatches in the *London Gazette* of July 21st, 1917, and was given a brevet majority on June 3rd, 1917, and also the O.B.E. He was stationed at Woolwich, having recently returned from a tour of foreign service at Bermuda.

The death, in India, of Lieut.-Colonel Zalnoor Allee Ahmed, Bengal Medical Service (ret.), is reported, without date, in the Indian Army List of October, 1931. He was born on July 19th, 1848, and was educated in the Universities of Calcutta and Glasgow, taking the L.M.S.C. Calcutta in 1871, the M.B. Glas. in 1872, and the M.D. in 1873; also the L.F.P.S.G. and the L.R.C.P. Lond. in 1872. Entering the I.M.S. as assistant surgeon on October 1st, 1872, he became surgeon on July 1st, 1873, when the rank of assistant surgeon was abolished, surgeon lieutenant-colonel after twenty years' service, was placed on the selected list for promotion on

April 3rd, 1899, and retired, with an extra compensation pension, on July 19th, 1903. He served on the North-West Frontier of India in the Hazara campaign of 1891 (medal with clasp); on the Malakund in 1897-98, including operations in Bajaur and in the Momand country, was mentioned in dispatches in G.G.O. No. 178 of 1898 (medal with clasp); and in the Tirah campaign of 1897-98, with the operations in the Bara Valley (clasp). He also rejoined for service in India during the war of 1914-18.

Lieut.-Colonel Alexander Simpson Rose, R.A.M.C. (ret.), died, after a long illness in a London nursing home, on December 12th, 1931, aged 75. He was born on October 3rd, 1856, and was educated at Edinburgh, where he graduated as M.B. and C.M. in 1880, and as M.D. in 1883. Entering the Army as surgeon on February 5th, 1881, he became lieutenant-colonel after twenty years' service, and retired on May 26th, 1909. He served in the Egyptian war of 1882, receiving the medal and the Khedive's bronze star; and in the Sudan campaign of 1884, and in that of 1885, at Suakin, receiving for each a clasp to the Egyptian medal. He also served throughout the South African war of 1899-1902, going through the operations for the relief of Ladysmith, including the actions of Colenso, Spion Kop, and Vaal Krantz, where he was severely wounded, and the final relief of the besieged force. He was mentioned in dispatches in the *London Gazette* of February 8th, 1901, and received the Queen's and King's medals, with two clasps to each.

## Medical News

The Fellowship of Medicine and Post-Graduate Medical Association announces that on Mondays and Fridays, from January 11th to 29th, Dr. W. Langdon Brown will deliver a series of six lectures on endocrinology at the Medical Society of London, 11, Chandos Street, Cavendish Square, at 8.30 p.m.; the fee for the course is £3 3s., or 12s. 6d. a lecture, payable at the lecture room. The first of a series of nine lectures on treatment, to be given on Wednesdays at 4 p.m., at 11, Chandos Street, will be delivered on January 13th by Dr. E. H. R. Harries; these are free to members of the Fellowship; to non-members the fee is £1 1s. for the series, or 5s. a lecture. Free demonstrations in medicine and surgery at various hospitals will begin on January 18th. An evening course for the M.R.C.P. is being arranged, to begin on February 22nd; it will consist of six clinical and two pathological evenings, four lectures, one ophthalmic demonstration, and one laboratory demonstration, and will take place on Mondays, Wednesdays, and Fridays for four weeks. The number of graduates is limited to twenty-five, and they must be members of the Fellowship; fee for the course, £12 12s. An evening course for the Final F.R.C.S. will take place on Tuesdays from April 5th to May 10th, and on Thursdays from April 7th to May 12th, open only to members of the Fellowship; there are a few vacancies left. Applications for all the above courses should be made to the Fellowship of Medicine, 1, Wimpole Street, W.1.

The ninth Congress of the International Society of Surgery will be held at Madrid from March 15th to 18th. At the same time there will be an exhibition of surgical instruments, orthopaedic apparatus, and pharmaceutical preparations, under the organization of Dr. F. Coca, Lagasca 38, Madrid.

At the meeting of the British Institute of Radiology to be held at 32, Welbeck Street on January 14th, at 8.30 p.m., the adjourned discussion on Dr. Ffrangcon Roberts's paper, "Some criticisms of the international protection recommendations," will be continued by Drs. Stanley Melville, J. Duncan White, G. W. C. Kaye, and others.

A course of lectures on maternity and child welfare, for health visitors, nurses, midwives, superintendents of infant welfare centres, etc., will be given in the Lecture Hall, Carnegie House, 117, Piccadilly, on Mondays, at 6.30 p.m., from January 11th to March 14th. Particulars may be obtained from the secretary, National Association for the Prevention of Infant Mortality, 117, Piccadilly, W.1.

King Edward's Hospital Fund for London has received a gift of £10,000 from an anonymous donor, subject to special trusts to be exercised by the King's Fund in its discretion, and under certain conditions, which will be communicated in due course to the hospital, or hospitals, concerned.

An appeal for £30,000 has been launched to erect and equip a new building to house the Royal Institute of Public Health on a freehold site, which has been acquired on the north side of Queen Square, Bloomsbury, at a cost of £19,256. The present building in Russell Square is to be demolished to make room for the University of London, and for street widening. The Institute has no endowment, and is without funds or income, except the amounts received in fees or contributions from public authorities for scientific investigations and analyses. The Institute was founded in 1886, and received royal recognition in 1897. One of the objects of its founders was to ensure that the possession of the D.P.H. should be obligatory in the case of all seeking to hold office as medical officers of health under public authorities. More than 1,000 medical practitioners have received training at the Institute during the past forty-five years.

The Minister of Health has addressed a circular to maternity and child welfare authorities (outside London), informing them that a Bill has been introduced into Parliament for the amendment of the Children Act, 1908. Accompanying the circular is a form of return relating to the administration of Part I of the Act during the year 1931, to be completed and sent to the Minister not later than January 30th.

A special number of the *Journal of the Chartered Society of Massage and Medical Gymnastics* has been issued, containing the lectures delivered at the annual congress last autumn, and short notes of some of the discussions which ensued.

According to the *Bulletin de l'Office International d'Hygiène Publique* an outbreak occurred at Constantza, between last July and September, of thirty-one cases of exanthematous fever, closely resembling the summer typhus recently described on the Mediterranean littoral.

On the occasion of the celebration of the centenary of the independence of Belgium *Le Scalpel* has published a special issue dealing with the achievements of Belgian physicians, surgeons, and specialists during the last hundred years in the various departments of medicine.

The ninetieth birthday of Professor Hayem, the pioneer of haematology, was recently celebrated at the Académie de Médecine, when the president, Professor de Lapersonne, congratulated him in the name of his colleagues.

The following medical promotions in, and appointments to, the Venerable Order of the Hospital of St. John of Jerusalem are announced in the *London Gazette* of January 1st: As Officers, Major-General W. V. Coppinger, C.I.E., D.S.O., I.M.S., Lieut.-Colonel J. S. Purdy, D.S.O., Major A. B. Cardew, M.C., Colonel A. M. Connell, T.D., Dr. G. J. Linklater, O.B.E., and Dr. Richard Owen; as Associate Officer, Lieut.-Colonel Hasan Suhrawardy; as Serving Brothers, Drs. R. V. Clayton, F. S. Hardy, F. W. M. Palmer, L. L. Westrope, A. Ehrmann, O.B.E., and E. S. B. Hamilton, M.C. The King has also conferred the honour of Commander of the Order upon Dr. A. R. McLeod of Sydney, New South Wales.

Dr. John M. Johnston, at present Pollok lecturer in pharmacology and therapeutics, University of Glasgow, has been appointed a medical officer in the Department of Health for Scotland.

On the retirement of Mr. O. E. Dickinson, the Board of Control has appointed Mr. P. Barter to be its secretary, and Mr. W. Fairley to be assistant secretary.

Professor J. Cantacuzène has been appointed Minister of Public Health in the new Rumanian Cabinet.

According to the report of the Roman Sanitary Office there was a decline in the birth rate in Italy during the first quarter of 1931—namely, from 7.2 to 6.9 per 1,000 inhabitants.

## 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.

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## QUERIES AND ANSWERS

### Intestinal Flatulence

"RETIRED" writes in reply to "Puzzled": I have had very good results in several similar cases by administering P., D. and Co.'s enteric pills of beechwood creosote—2 grains in each. One three times daily with food.

### "Cold Back"

Dr. E. CECIL CURWEN (Hove) writes in answer to the inquiry by "P. M." on December 5th, 1931 (p. 1072): In my experience cold back may be a symptom of hyperacid urine, with or without bacilluria. If sterile, the symptom yields readily to sodium citrate; if *B. coli* is present, pyridium (Menley and James) has given the best results, but not hexamine.

### Income Tax

#### Statement of Capital

"CAPITAL" has been asked by the inspector of taxes to supply a statement showing his capital position on April 5th, 1923, and April 5th, 1931, "presumably so that he can reconcile the interest returned with the income and living expenses." Is the inspector entitled to require such a statement?

\*\* The inspector of taxes as such has no authority, but may bring evidence as to the probable amount of a taxpayer's income before the commissioners for the district, and they can raise additional assessments for six past years if they consider the existing assessments to be insufficient. Presumably the inspector thinks that the amount of our correspondent's present investments has grown at a rate incompatible with his assessed income. There may be some simple explanation—gifts, legacies, etc.—and if so the inspector may feel able to dispense with the statement asked for on being made acquainted with the facts. If not, on the whole we advise "Capital" to supply the statement; presumably he has nothing to lose by disclosing his capital position, and in the long run he may save some time and trouble by so doing.

### Continuous Employment

"V. S." was assistant medical officer of health for the borough of A, and in 1930 relinquished that appointment and became assistant medical officer of health to the three local authorities of B (county), C, and D (borough). Can he claim that the employment was continuous?

\*\* The point is not beyond dispute, especially as the statutory provision has not been construed in the courts, but on the whole we think the decision would be against a claim to regard the employment as continuous. The change from one employing authority to three weighs the case against "V. S." in law, though it is irrelevant in equity.