

was very little pain, but there was marked tenderness and rigidity, more especially in the region of the right iliac fossa. There was some frequency and pain on micturition. A diagnosis of acute appendicitis was made. At three o'clock on the same day the boy was seen in consultation by both of us. The temperature was 100.4° , the pulse rate 136, and the respiratory rate 28. The boy denied that he had any pain. The abdomen did not move on respiration, and was slightly distended. There was marked tenderness and rigidity over the whole of the lower abdomen, but more especially over McBurney's point. There was no cutaneous hyperaesthesia. On rectal examination there was extreme tenderness in the recto-vesical region. The swelling of the salivary glands had diminished greatly, especially on the right side. A diagnosis of acute appendicitis with perforation and peritonitis was made.

THE OPERATION

The boy was immediately transferred to the General Hospital, Birkenhead. At 4.30 p.m. the abdomen was opened (J. B. O.) under gas-and-oxygen anaesthesia through a split muscle incision. A large quantity of thin, purulent, slightly offensive fluid gushed out of the incision, and it was found that the whole lower abdomen and pelvis was involved in the peritonitis. The appendix, which was gangrenous and perforated, was removed. A split rubber drain was led down into the pelvis through a suprapubic stab incision. The appendix incision was closed with a small piece of rubber glove inserted down to the muscle layer.

Convalescence was uneventful. The pulse rate and temperature quickly returned to normal, the bowels were opened on the third day and continued to act daily until the boy left hospital on June 13th. He is now in perfect health.

COMMENTARY

The details of this case correspond very closely with the history of the cases reported by Simonin (1903), Jalaguier (1909), Rosenow and Dunlap (1916), Benassi (1925), and Sandler and Finne (1932). The case reported by Gaudier and Swynghedauw (1925), and mentioned by Sandler and Finne, should not be included, as the parotitis appears to have been a suppurative condition secondary to acute appendicitis and arising after operation.

The aetiology of mumps is still a mystery, and the virus remains unknown. From the frequent occurrence of orchitis, pancreatitis, etc., it appears to attack certain glands, with a special predilection for the parotids. Opportunities to determine the morbid condition have been few, but Virchow described the condition of the gland as one of inflammatory serous and cellular infiltration of the interacinous and periacinuous connective tissue, the parenchyma being but slightly involved. While the parotid glands are especially affected the submaxillary salivary glands are usually involved, the sublingual glands less often. The lymph glands at the angle of the jaw and the parotid lymph gland are enlarged. Koplik states that in every case he observed there was distinct angina and swelling of the tonsils. Enlargement of the lachrymal glands has been noted in many cases. Orchitis is a very common complication, and usually occurs about the eighth day. Less commonly ovaritis, mastitis, pancreatitis, and enlargement of Bartholin's glands are noted. It is generally admitted that these complications are metastatic infections arising from the primary foci in the salivary glands. Is appendicitis another possible metastatic complication of mumps or is their association simply a coincidence? It is interesting to note that in the case recorded above, and in all the cases previously reported, the onset of the acute appendicitis has occurred a week or thereabouts after the parotitis started. In the words of Benassi: "In these cases there is no question that the appendicitis developed at the height of the parotitis, and with some doubt and reserve there is enough evidence to support the following conclusion: that the virus or organism which lodges in Stenson's duct travels to the appendiceal region by way of the digestive tract or by way of the haematogenous or lymphatic systems."

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

BILATERAL SUPERIOR THORACIC GANGLION NEURECTOMY IN PARKINSONISM

The results obtained in the case reported below are thought to be of sufficient interest to justify publication.

CASE RECORD

The patient, a woman aged 34, had "flu" in 1924, and was admitted some time later with post-encephalitic Parkinsonism to the Maudsley Hospital, where she was treated for ten weeks. For the last seven years she has been treated at home with injections of hyoscine (grain 1/75 twice daily). For the two months previous to admission she was unable to feed herself or to walk.

On July 7th, 1932, she was admitted to the Archway Hospital, Highgate. She had marked tremor and rigidity, a mask-like expression, slow cerebration, excessive salivation, a greasy skin, and an advanced degree of talipes equino-varus in the left foot. An attempt was made to substitute tincture of stramonium for the hyoscine, but this was strongly resented by the patient, who became very depressed and unable to sleep.

Treatment

The operation described by N. D. Royle in the *Journal* of June 11th, 1932, is stated by him to decrease the tremor of the homolateral hand, and, by increasing the cerebral circulation, to decrease the spasm of the contralateral leg and to improve the mentality of the patient.

On July 18th the right superior thoracic ganglion was removed after a deep dissection in the root of the neck, according to Royle's description. There was no difficulty in finding the ganglion, which was removed and sent for section. On August 30th, at the request of the patient and her mother, a similar operation was performed on the left side. A previous subcutaneous tenotomy had been performed on August 18th to correct the deformity of the left foot.

Results

Immediate.—This was the same after each operation. While the patient was still under the anaesthetic the pupil became contracted and the sweating of the face ceased on the homolateral side. After recovery from anaesthesia the patient stated that she felt much more alive, and smiled when spoken to. On the homolateral side the tremor had disappeared at rest, and was markedly diminished on performing voluntary movements; the sweating of the face had ceased, and the salivation was lessened. Ptosis of the eyelid was present, and a decrease of the labio-nasal fold was noticed. The homolateral arm had a well-marked vaso-dilatation, with a rise of temperature. No difference was noticed in the rigidity of the legs.

One Week Later.—The ptosis of the eyelid and the vaso-dilatation of the arm had disappeared. The patient was able to drink from a glass of water held in either hand, and her cerebration was much quicker. There was no tremor at rest; she could read a book for longer periods, and she smiled when spoken to.

Six Weeks Later.—There was no tremor at rest. The patient could feed herself, and stated that she felt brighter than before the operation. She now has no injections of hyoscine, and is taking extract of stramonium. She eats and sleeps well, and her attacks of depression are much less frequent. The wounds in the neck show only as a faint scar. No change can be noticed in the rigidity of the legs. The patient is being fitted with surgical boots, but at present walking is not good, due partly to deformity and rigidity, and partly to wasting of the limbs from disuse.

COMMENT

The case was an advanced one of eight years' standing, and as a result of the operation there is a greater improvement in the mentality of the patient than could have been obtained by medical treatment alone. The

marked alleviation of the tremor allows the patient to feed herself and to lead a more enjoyable life, and both the patient and her relations are pleased with the result of the operations. They have, however, failed to alter the spastic condition of the legs, and whether the improvement at present noticed in the tremor and mentality will be maintained it is not possible to say.

The operation would appear to be indicated only in cases which seem to be stationary, and in which, in spite of the exhibition of large doses of extract of stramonium, the patient is incapacitated by tremor of the hands and complains of mental deterioration.

I wish to express my thanks to Sir Frederick Menzies for permission to publish this case, and to Dr. H. O. West, medical superintendent of the Archway Hospital, for his assistance.

HENRY A. KIDD, F.R.C.S. Ed.,
L.R.C.P. Lond.

Highgate.

DEAD FOETUS IN ABDOMINAL CAVITY

RUPTURE OF PREVIOUS CAESAREAN SCAR

I consider the details of the following case to be worthy of record.

A patient, aged 31, had had a Caesarean section performed fourteen months previously at another hospital, owing to contracted pelvis. She became pregnant again, and arrangements were made to admit her to this hospital for another Caesarean section just before term. Three weeks before term she was seized with pain at 4 a.m., which she stated to be continuous and not in any way to resemble labour pain. She was admitted to hospital seven hours later. Her temperature was subnormal; pulse 108. The abdomen was acutely tender to palpation and rigidity was present. A vaginal examination was not made. At operation the surgeon, having made the usual incision (in the median line, down to peritoneum), noted that blood escaped out of the abdominal cavity, also that lying free in the abdominal cavity was a large sac. This proved to be the intact bag of membranes, containing the foetus. The placenta (attached to the bag of the membranes) was also lying in the abdominal cavity. The sac was removed entire and opened, a dead foetus being found inside. The uterus was then examined, and was found to have ruptured along the entire length of the previous (Caesarean) scar.

I am indebted to Dr. A. Lloyd Davies for permission to record the above details.

IRENE P. ROWLANDS,
House-Surgeon.

Wrexham and East Denbighshire
War Memorial Hospital.

Reports of Societies

TREATMENT OF THE ANAEMIAS

At a joint meeting of the Sections of Therapeutics and Medicine of the Royal Society of Medicine on January 10th, with Dr. H. MORLEY FLETCHER in the chair, a discussion on the treatment of the anaemias was opened by Dr. L. J. WITTS.

Dr. WITTS said that in the treatment of the microcytic hypochromic anaemias different chemical combinations of iron had been found to vary in their therapeutic activity. In pernicious anaemia the reticulocyte count was an index of progress under treatment, but with the microcytic anaemias there was no such short cut by which the value of a remedy could be assessed. Ferrous salts of iron appeared to be much the most potent, especially when achlorhydria was present, and following them, in order of potency, came scale preparations, ferric salts, and organic compounds, the last being almost without effect. Both iron and ammonium citrate and Bland's pill could be given in large doses. He had found that the minimum effective dose of Bland's pill to ensure success in the treatment of microcytic anaemias could be fixed at 45 grains a day. He had not found it necessary to add arsenic, copper, or other inorganic salts to the diet of ordinary

adults in this country in order to make iron therapy effective. Remarkably large doses of iron might be necessary in refractory cases, especially in pregnancy; 80 per cent. of cases of microcytic anaemia, however, improved on Bland's pill in doses of only 15 grains a day. A new preparation of iron for injection had been included in the B.P.C. The therapeutic dose of iron by injection was 16 to 32 mg., and the toxic dose 48 mg.—an increase of only 50 per cent. With such a small margin of safety he preferred to avoid injections of iron. At the climacteric menorrhagia might nullify all attempts at medical treatment; in such cases the induction of an artificial menopause gave satisfactory results, and the anaemia did not appear to recur. In the treatment of pernicious anaemia the question of cost was often overlooked in selecting a remedy. At the present time desiccated stomach was the cheapest and most effective treatment for the anaemia and the associated cord changes.

Professor L. S. P. DAVIDSON referred to the value of a satisfactory classification of anaemias in facilitating the adoption of correct therapeutic measures. He went on to say that during the recuperative stage of pernicious anaemia there was no iron retained in the organs, as he had been able to demonstrate in one of his patients who was killed by a bus. For this reason he thought patients during the recuperative stage should be treated with whole liver, not merely with liver extracts. Potent extracts for the cure of pernicious anaemia could be obtained from fish livers, as he had recently been able to show, and it was probable that preparations of this kind would be put on the market very cheaply. He had used marmite with success in one or two cases of pernicious anaemia, but in several others it had had no effect. In the treatment of the microcytic anaemias he had obtained dramatic improvement by the use of solid ferrous chloride, 5 grains daily; the results had been as good as those obtained with Bland's pill, 60 grains daily. Unfortunately ferrinol, the proprietary preparation of ferrous chloride on the market, was expensive, the cost of treatment working out at 4s. a day.

Dr. H. LETHEBY TIDY suggested that anaemia might be exaggerated in some cases by exhaustion of the bone marrow and other blood-forming organs. Cases of "acute febrile anaemia," of polycythaemia in which anaemia ultimately developed, of primary purpura with anaemia preceding haemorrhage, of pernicious anaemia which failed to react to treatment, and of the pernicious anaemia of pregnancy, might all be examples of such exhaustion of the haematopoietic system. He thought such cases might well be treated by blood transfusion, which might start them on the way to recovery, and even save life.

Professor FREDERICK LANGMEAD said he had asked himself why the dosage of iron necessary for effective treatment of the microcytic anaemias should be so much in excess of the normal iron requirements of the body. Dr. Bourdillon, whom he consulted, had suggested that it was associated with the pH of the duodenal contents. When achlorhydria was present the pH of the duodenum would naturally be raised. He thought that the dosage of iron might possibly be reduced to within ordinary therapeutic limits if it was given with sufficient hydrochloric acid or ammonium chloride to reduce the pH of the duodenal contents.

Dr. DOROTHY HARE said that injections of iron had been given to a patient with microcytic anaemia over a period of nineteen days without benefit; iron and ammonium citrate was then given, and marked improvement followed at once.

Dr. JOHN WILKINSON said that extract of hog's stomach was certainly the most effective preparation for the treatment of pernicious anaemia. With critically ill cases the quickest results were obtained with injections of liver preparations, but the preparations available for this purpose were extremely variable. In the treatment of microcytic anaemias he had tested the effects of copper and manganese, both separately and in addition to iron, and had reached the conclusion that iron by itself gave the best results. He thought it was doubtful whether enough acid could be given by mouth to affect the pH of the duodenal contents. Dr. SINCLAIR MILLER had found

HARRY LEE, F.R.C.S.

The death of Mr. Harry Lee at the comparatively early age of 50, sudden and unexpected as it was, has caused profound and widespread sorrow in the West Riding. On Wednesday, January 11th, he was seemingly in his customary health and carrying on his usual work at his rooms. While driving himself home in the afternoon he apparently had some kind of seizure, which resulted in death within a very short time.

A native of Dewsbury, he was known to a good many people in Leeds as the nephew of the late Dr. Edwin Lee, a greatly respected and widely known practitioner, who at one time was president of the Leeds and West Riding Medico-Chirurgical Society. Mr. Harry Lee graduated as Bachelor of Arts at Cambridge, where also he took the degrees of M.B., B.Ch. in 1910. His clinical work as a student was mostly done at Guy's Hospital; he took his F.R.C.S. in 1911. When Mr. Michael Teale left Leeds in 1913, Lee was elected surgeon to the Leeds Public Dispensary, where he had a large clinic, remaining on the staff till 1922. When in 1919 Mr. H. Secker Walker resigned his post as honorary ophthalmic surgeon to the General Infirmary at Leeds, Lee was elected to the staff, and received a most cordial welcome from everyone. He was also appointed lecturer in ophthalmology in the University of Leeds. A steady worker, quiet in his methods and most efficient in every department of his work, he was respected and loved by every member of the staff, and by the students, to whom he acted as a kindly and sympathetic teacher. Those who are best competent to speak with authority of his professional work are agreed that in his hands the reputation of the Infirmary has been enhanced. During the war he served as a captain in the R.A.M.C.(T.), and for some time was ophthalmic specialist to the British Expeditionary Force and at Chelsea. In his younger days, when at St. John's College, Cambridge, he was an ardent Rugby football player, and got his "Blue" as full-back. Since settling in Leeds he had been a constant golfer with his friends and colleagues at Allwoodley. There was something singularly engaging in Lee's character, with its easy combination of kindness, sympathy, and courtesy, and no one who knew him will ever forget him. He leaves a widow and two sons, to whom the sympathy of everyone is extended.

Dr. PETER MACDONALD writes:

The North of England has suffered a grievous loss in the passing away of Mr. Harry Lee, who died suddenly at the wheel of his motor car last Wednesday. He was senior honorary ophthalmic surgeon at the Leeds General Infirmary and lecturer in ophthalmology at Leeds University.

Presumably others better qualified to speak than I will write of his work and attainments, but I would like to say something of him as a man and a friend. Gifted with an unusual charm of manner he endeared himself to all, and one of the pleasures of going to the meetings of the North of England Ophthalmological Society, of which he has been president, was to meet him; and this was particularly so at Leeds, where he made such a genial host. His opinions there, as elsewhere, were received with respect, and all the more so as he was a generous colleague, always willing to help when his advice was sought. He had that characteristic which marks the really big man, of always being receptive of ideas and of deferring to the opinions of others whose attainments were obviously not as great as his own. To me, personally, the loss of a friend and of a trusted colleague to whom I could always turn for help in my work is very great; but such was the magnetism of his personality that I do not so much mourn that he has died as rejoice that he

lived. I am sure that the hearts of all his colleagues will go out to his wife and children.

The Board of Management of the General Infirmary have adopted the following resolution: "The Board of Management of the General Infirmary, having learned with profound regret of the sudden and untimely death on January 11th of Mr. Harry Lee, honorary ophthalmic surgeon, desire to place on record their deep sense of loss and their appreciation of his valuable services to the Infirmary during the thirteen years he has been actively associated with it as a member of the honorary medical staff. The Board also desire to express their deep sympathy with Mrs. Lee and her family in the great loss they have sustained."

The funeral service was held at St. Matthew's Church, Chapel Allerton, where a large congregation assembled to pay respect at the passing of a good friend and colleague. A memorial service was also held in the chapel of the Leeds General Infirmary, which was attended by some sixty members of the medical and nursing staffs who were unable to attend the service at Chapel Allerton.

DR. WILLIAM GALBRAITH

A remarkable record of public service was ended when Dr. William Galbraith of Gosforth, Newcastle, passed away on January 6th at the age of 87. A typical Scot, born at Ayr, he was educated at Ayr Academy, and qualified in medicine and surgery at Edinburgh University. For the unusual spell of fifty years he was in practice at Gosforth, and during that time held with great efficiency the appointments of medical officer of health, police surgeon, and public vaccinator. During this half-century he initiated many public health improvements, which were reflected in a decreasing death rate to such an extent that Gosforth was locally known as a "health resort." He successfully combated many epidemics—particularly of small-pox—and was a firm believer in efficient four-mark vaccination. Ten years ago, when the disease was prevalent in Northumberland, Gosforth remained free.

As a physician he was renowned amongst his fellow practitioners as a quiet and remarkably accurate diagnostician. He was a founder and the oldest member of the Gosforth Medical Association, and a member of the British Medical Association. He was the true type of the ideal family doctor, to whom the interests of his patients and profession came first and the business side last—frequently to his own personal loss. He was generous and open-handed to a degree, and his patients, for whom he had always a cheery word, loved and honoured him. His healthy physique and smiling ruddy face gave a cheering stimulus to everyone. What he has done for Gosforth and its inhabitants, both publicly and privately, can never be fully known.

Dr. Galbraith's long life was fully occupied by his work and his sport. As a young man he had been a good footballer and cricketer, and when aged "three score years and ten" he could easily beat much younger men at golf, while in the evenings he always enjoyed his game of bridge. His annual holiday was spent in shooting and fishing in his beloved Scotland. Dr. Galbraith's cheery smile and infectious laugh will remain long in the memory of his multitude of friends. He is survived by two daughters, who have faithfully cared for him during his long life, and to whom the deepest sympathy is extended.

The following well-known foreign medical men have recently died: Dr. MILAN JANU, founder of the Franco-Czechoslovak Medical Society, aged 47; and Dr. LEHN-HOFF WYLD, who discovered sulfarsenol.

Universities and Colleges

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A quarterly Council meeting was held on January 12th, when the president, Sir Holburt Waring, was in the chair.

The secretary reported the death, on December 21st, 1932, of Mr. Herbert Sherwell Clogg, chairman of the Court of Examiners, and the death, on January 3rd, of Mr. Cecil Fowler Beadles, curator of the museum. A vote of condolence was passed in each case.

The Hallett prize was awarded to S. G. Nardell of King's College.

Mr. T. W. P. Lawrence was appointed acting pathological curator of the Museum for the rest of the current collegiate year.

Mr. R. E. Kelly was re-elected a member of the Court of the University of Liverpool for three years, from January 1st.

Sir Cuthbert Wallace was appointed Hunterian Orator for 1934.

The course of lectures for 1933 is arranged as follows: January 23rd, Professor Arthur Edmunds, Unsuccessful appendicectomy; January 25th, Professor Harold Burrows, The induction of cancer in animals by pure chemical substances; January 27th, Professor W. E. M. Wardill, The principles of treatment of cleft-palate; January 30th, Professor Kenneth Walker, Perurethral operations on the prostate; February 1st, Professor P. H. Mitchiner, An epitome of the treatment of burns and scalds, with special reference to the use of tannic acid; February 3rd, Professor J. Paterson Ross, Sympathectomy as an experiment in human physiology; February 6th, Professor H. P. Winsbury-White, The paths of infection between the genital organs and the urinary tract, with remarks on the ascent of infection from the bladder to the kidneys; February 8th, Professor Stanford Cade, Radiation treatment of cancer of the mouth and pharynx; February 10th, Professor H. Jackson Burrows, Tissue culture in its relationship to surgical pathology; February 13th, Mr. P. N. B. Odgers, Some points in the anatomy of the lumbar and lumbo-sacral diarthrodial joints in man; February 15th, Professor R. J. S. McDowall, Experimental shock, with special reference to anaesthesia; February 17th, Mr. R. W. Raven, Diverticula of the pharynx and oesophagus, with special reference to the morphological and embryological aspects; February 20th, Professor Laurence O'Shaughnessy, Thoracic surgery—the factor of post-operative infection; February 23rd, Professor G. A. Mason, The surgical significance of the vitelline duct; February 24th, Professor E. R. Flint, Some observations on pre-operative procedure. The lecture hour is 5 p.m.

The following diplomas were granted jointly with the Royal College of Physicians:

PUBLIC HEALTH.—S. N. Bandyopadhyay, W. D. T. Brunyate, Alice E. N. Gilby, A. W. Johns, S. Knight, M. Singh, M. M. Syddiq, L. D. Williams, H. M. Willoughby.

TROPICAL MEDICINE AND HYGIENE.—Mabel G. Brodie, D. D. Karunaratna, C. K. Lakshmanan, V. Nadarajah.

PSYCHOLOGICAL MEDICINE.—Sophia Antonovitch, G. G. Brown, S. Carden, H. W. D. Crook, J. L. Faull, B. M. C. Gilson, K. Hazell, J. K. C. Liddell, J. R. Murray, F. E. Norris, Major T. P. Parr, R.A.M.C., N. Rawstron, G. M. Smith, G. V. Stephenson.

LARYNGOLOGY AND OTOLARYNGOLOGY.—R. Evans, L. Jacobson, J. Mazell, H. C. Meathrel, K. V. B. Pillai, A. F. Quayle, A. Rakoff, A. Rose, B. K. Sheorey, M. R. Sheridan, I. B. Thorburn.

Diplomas in Medical Radiology were granted jointly with the Royal College of Physicians to A. A. Digges la Touche and G. D. Steven.

Medical News

Sir Lenthal Cheatele was installed as an honorary Fellow of the American College of Surgeons at the last meeting of the College held in St. Louis.

Sir Henry Brackenbury, Chairman of Council of the British Medical Association, will deliver an address on "The essentials of a national medical service," at the meeting of the Brighton Division of the Association to be held at the Royal Pavilion, Brighton, on Friday, February 3rd, at 3 p.m. Members of local authorities, medical officers of health, boards of management of voluntary hospitals, insurance committees, and selected social workers in Sussex have been invited to attend, together with members of the Sussex Branch of the British Medical Association. At a further meeting of the Division, to be held at 8.30 on the same evening, at the Royal Pavilion, Sir Henry Brackenbury will speak on "The

sterilization of the unfit in its relation to private medical practice—medical certification." The latter meeting is limited to members of the medical profession.

Professor E. Mellanby will give two lectures on iodine and the thyroid gland in the Governors' Hall, St. Thomas's Hospital, at 5 p.m., on January 26th and 27th.

Two lectures under the auspices of the Save the Children Fund Child-Protection Committee will be given at Caxton Hall, Westminster, on Fridays, January 27th and February 24th, at 5.30 p.m. The subject of the first, by Captain R. S. Rattray, is "The African child in proverb, in folk-lore, and in fact"; that of the second, by Dr. J. H. Driberg, is "Practical uses of anthropological study."

Wing Commander G. S. Marshall, M.R.C.S., L.R.C.P., will give a lecture on the physiological limitations of flying, before the Royal Aeronautical Society on Thursday, January 26th, at 6.30 p.m., in the lecture hall of the Royal Society of Arts (16, John Street, Adelphi, W.C.2). It is hoped that all those who have had any experience of the physiological limitations of the human body will attend the lecture, and, if possible, give those present the benefit of their experience. Tickets are not required, but the visitors' book must be signed on entering the hall.

At the meeting of the Medico-Legal Society, to be held at 11, Chandos Street, W.1, on Thursday, January 26th, at 8.30 p.m., Dr. Godfrey Carter will discuss an unusual case of fractured spine and a case of prussic acid poisoning.

A joint meeting of the Sections of Epidemiology and State Medicine and Medicine of the Royal Society of Medicine will be held at 1, Wimpole Street, W.1, on Tuesday, January 24th, at 5 p.m., when a discussion on undulant fever will be opened by Dr. W. E. Hume, Sir Weldon Dalrymple-Champneys, and Dr. I. Walker Hall.

Two meetings of the Tuberculosis Association will be held at the London School of Hygiene, Keppel Street, W.C.1, to-day (Friday). At 5.15 p.m. Dr. S. Lyle Cummins, David Davies Professor of Tuberculosis, University College, South Wales, will read a paper on tuberculosis and the South African native. At 8.15 p.m. a paper on pulmonary asbestosis, its clinical, pathological, and radiological aspects and tuberculosis risk, will be read by Dr. P. Ellman.

The next monthly clinical meeting for medical practitioners will be given at the Hospital for Epilepsy and Paralysis, Maida Vale, W.9, on Thursday, January 26th, at 3 p.m., when Dr. Wilfred Harris will demonstrate. Tea will be provided, and it will be a convenience if those intending to be present will send a card to the secretary.

The second lecture in the series "Practical problems in medicine and surgery," arranged by the Fellowship of Medicine and Post-Graduate Medical Association, will take place at the Medical Society of London, 11, Chandos Street, W.1, on Tuesday, January 24th, at 4 p.m., when Dr. Godfrey Bamber will lecture on some affections of the skin in childhood. On Thursday, January 26th, there will be a special evening demonstration of diseases of children, at the National Temperance Hospital, Hampstead Road, at 8 p.m. Cases will be shown by two physicians and one surgeon; post-graduates will have the opportunity of examining the cases, and will then be questioned and lectured on the diagnosis and treatment. A course in dermatology will be given at St. John's Hospital, from January 30th to February 25th, which will include clinical instruction daily, and lectures on Tuesdays and Thursdays. Forthcoming courses include a course in gynaecology at the Chelsea Hospital, from February 6th to 18th (mornings and/or afternoons); a course in diseases of the chest at the Brompton Hospital, from February 6th to 11th (all-day instruction); a course in ante-natal treatment at the Royal Free Hospital, from February 3rd to March 11th, on Fridays, at 5 p.m.; a week-end course in physical medicine at the London Clinic and Institute of Physical Medicine, on Saturday, February 11th, and Sunday, February 12th. Courses, lectures, and demonstrations are open only to Members and Associates of the Fellowship of Medicine.

A Congress of the North-West German Society for the Treatment of Internal Complaints will be held at the Allgemeines Krankenhaus Barmbeck, Hamburg, on January 27th and 28th. The president desires to extend a cordial welcome to medical men of other countries who, being in Hamburg, may wish to attend this meeting, of which further particulars will be available at the British Consulate-General, Hamburg.

Among the latest contributions to King Edward's Hospital Fund for London are the sum of £1,000, being the annual subscription of His Majesty the King, Patron of the Fund, £105, the annual subscription of Her Majesty the Queen, and £200, being the annual subscription of H.R.H. the Prince of Wales.

The eulogy of Léon Labbé, a former president of the Académie de Médecine, as well as an eminent surgeon and politician, who was born in 1832 and died in 1916, was delivered before that body on December 13th, 1932, by Professor J. L. Faure.

Dr. Louis Martin, subdirector of the Institut Pasteur and director of the Hôpital Pasteur, has been nominated Grand Officer of the Legion of Honour.

A Union of German Biologists has recently been formed, with Professor Lehmann of Tübingen as president.

Letters, Notes, and Answers

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

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

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

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

The **TELEPHONE NUMBERS** of the British Medical Association and the *British Medical Journal* are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

The **TELEGRAPHIC ADDRESSES** are:

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

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

MEDICAL SECRETARY, Medisecra Westcent, London.

The address of the Irish Office of the British Medical Association is 18, Kildare Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

QUERIES AND ANSWERS

Separation of Finger-nails

Dr. C. F. DRUITT (Alvaston, Derby) would be glad of suggestions as to the cause and treatment of a case of separation of all finger-nails from the matrix. He writes: A small portion at the proximal end may remain attached and looks healthy, while the separated portion is black in colour. Laboratory investigation fails to reveal the presence of any active disease. Cutting the nails away where they are detached seems of no avail, and makes the fingers tender at the tips. The patient is a middle-aged lady in good health.

Cracks on Nails

Dr. GEORGE BLACK (Tomintoul) writes: Keep nails short, and paint them once a week or so with acetone collodion.

Scabies

Dr. T. LUCAS HILLIER (Boscawell) writes: Having suffered whilst in China from the complaint for which "Acarus" seeks treatment, and having tried ung. sulph. *ad nauseam* with only slight relief, I purchased a bottle of "mitigal" on the recommendation of a ship's officer. One application of this preparation (which is free from irritating effects and unpleasant odour, clean in application, and does not spoil linen) and I was free from this agitating complaint. So effective was this substance that I still have most of the original bottle left. The preparation is made by Bayer Products, Ltd. (19, St. Dunstan's Hill, E.C.3).

Dr. MAURICE NEWMAN (Liverpool) writes: I assume that "Acarus's" patient has had an intensive treatment with sulphur—a hot bath every twelve hours, the skin rubbed with a brush, and the whole body thoroughly rubbed with sulphur ointment in large quantities. This procedure, repeated for five days, should ensure the death of the parasite, provided that there has been no reinfection from the patient's clothes, which should have been thoroughly disinfected. If irritation persists the patient is probably suffering from post-scabietic pruritus, which may be due either to the nervous condition or to excessive sulphur medication. For the latter, hot baths should be taken and calamine oil applied to the skin. If the irritation is troublesome at night "mitigal" or "dermatol" may be applied. Bromide and valerian will help the nervous condition, while a change of air is often very necessary.

Income Tax

Appointments—Expenses—Special Study

"J. B. H." holds an appointment at a hospital, and inquires as to the allowance of expenses incurred (a) in studying for the D.P.H., (b) in carrying out the duties of a separate (honorary) appointment, and (c) in maintaining his membership of certain learned societies.

** (a) Not allowable; they are incurred to improve his knowledge and prospects, and are in the nature of capital outlay. (b) Not allowable, unless he is expected by the authorities of his own hospital to carry out these additional duties; "J. B. H." is assessed for his hospital emoluments only, and those expenses were not incurred in carrying out the hospital duties. (c) Allowable if the terms of his appointment (expressed or implied) require his membership of the societies in question—otherwise not allowable.

LETTERS, NOTES, ETC.

Treatment of Tinea Imbricata

Dr. J. A. S. GOONAWARDENA (London, N.W.1) writes: The usual methods of treatment adopted for this condition appear to be very unsatisfactory. While working in the interior of Ceylon ten years ago I came across three cases. One was a man of about 50, the other two were boys between 15 and 18 years of age. All three patients were put on different forms of treatment, and lotions, applications of tr. iodi, ointments of sulphur, mercury, salicylic acid, resorcin, and chrysarobin were tried without effect on the lesions. Intravenous medication was then tried with such drugs as arsenobenzol, antimony, etc. Finally, the elderly patient, who had been afflicted for five years, was given, bi-weekly, intravenous injections of a solution consisting of iodine 1 part, pot. iod. 2, aq. dest. 300, commencing with 2 c.cm. diluted up to 10 c.cm. with distilled water, the doses being gradually increased up to 7 or 10 c.cm. The lesions disappeared completely with about eight injections. Similar success was obtained with the boys in three to four weeks. It was found that a simple ointment such as ung. sulph. or ung. hydrarg., ineffective by itself, was helpful in clearing up the lesions. No drugs, excepting ordinary tonics, were administered orally. The boys were subsequently lost sight of, but the other case—the worst one—has been free from the disease for a period of nine years, and when last seen his skin looked perfectly normal.

A Contraceptive Museum

Dr. EVELYN FISHER (Barnes) writes: Readers of the report of Mr. Voge's address on contraception (*Journal*, January 7th, p. 16) may be interested to know of the existence of a contraceptive museum founded as far back as 1921. This is at the headquarters of the Constructive Birth Control Society, 108, Whitfield Street, Tottenham Court Road, and may be visited by doctors who are interested. It comprises a unique collection of appliances, and illustrates in a very practical manner the dangers to be avoided and the requirements to be sought after in the ideal contraceptive. In addition there is a most useful library, from which may be obtained books bearing on birth control in all its aspects—medical, social, religious, racial, etc.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 49, 50, 51, 52, 53, 56, 57, and 58 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 54 and 55.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 19.