

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

APPENDICITIS AND MECKEL'S DIVERTICULUM

The following are notes of a case of acute appendicitis, with an unusual post-operative sequel due to the presence of a Meckel's diverticulum.

L. E., aged 32, first seen on June 4th, 1932, with a history of forty-eight hours' abdominal pain. A diagnosis of pelvic appendicitis was made, and he was removed to hospital and operated upon the same day. On opening the abdomen, by the right paramedian subumbilical route, a Meckel's diverticulum of the ileum presented itself at the upper end of the wound. It was two inches long, lying quite free, and not inflamed. The inflammation was confined to the right side of the pelvis, from which a gangrenous pelvic appendix was removed. The stump was buried and a drain of dental rubber inserted through the lower end of the wound down to the pelvis. This was removed in forty-eight hours, and convalescence proceeded in normal fashion until the seventh day. Early in the morning of that day the patient was seized with acute pain of a colicky nature in the region of the umbilicus. This was accompanied by vomiting. Despite good results, both of flatus and faeces, with enemas, his general condition rapidly deteriorated. It was surprising how quickly grave toxæmia ensued.

On June 12th his wound was reopened and Meckel's diverticulum was discovered to be passing across and obstructing a coil of the ileum, adhering by its tip only to a portion of the mesentery. A few recent adhesions between the intestines, the result of a localized plastic peritoneal inflammatory reaction, were present. The diverticulum was excised and the wound closed. For forty-eight hours the patient was gravely ill, but with the relief of the obstruction he speedily improved, and was discharged from hospital a fortnight later. He has remained in good health ever since.

On account of the severe symptoms caused by the obstruction and the necessity for a second operation under adverse circumstances I am convinced that the diverticulum should never have been left alone at the first operation, when its removal could have been undertaken without risk.

A. H. HOLMES, M.D., B.S.Dunelm.,
F.R.C.S.Ed.

Assistant Honorary Surgeon, Blackburn
Royal Infirmary.

ABORTUS FEVER IN DORSET

Abortus fever is a sufficiently rare and unrecognized disease to warrant recording the notes of the following case.

The patient, a male aged 38, keeps a dairy farm, though he has not anything to do with the herd, as the milking is done by a milkman. The past year was a very trying one for him, and he confesses to being very worried and over-worked.

The illness dates from August, 1932, when he began to feel indefinitely ill, tired, and depressed. This decided him to go away for a fortnight's holiday, and he came back feeling better. In September he noticed when he went to bed that no matter what the temperature was he felt chilly and actually shivered in much the same way as he did subsequently with his rigors. In November he began morning headaches, which usually left him during the day, and sometimes returned at night. At this time when he woke he felt so tired that he could not get up to do his duties about the farm, a most unusual feeling for him.

On December 6th he came to see me complaining chiefly of headaches and feeling tired. His temperature at this visit was 99.6°. He said that this headache and tired feeling had been on for about three weeks. A tentative diagnosis of

influenza with subsequent headaches and general lassitude was made, and medicine to relieve his head and to clean his tongue, which was furred, was prescribed. The week following the temperature was taken regularly while he was at home, and began to register 102°-103° at night, and about 100° in the morning. These high temperatures at night were accompanied by rigors and sweating.

On December 14th he was admitted to a nursing home. During the day he appeared well, and his appetite was not seriously affected; his pulse rate was low, but his temperature continued high, especially at night, when he continued to have rigors. His lungs were clear, heart sounds were poor, the spleen was not palpable and not enlarged to percussion. His liver was not palpable, and the abdomen not distended. His bowels acted with the help of mist. alb., and the stools were normal in appearance. Urine was normal. On the night after his admission to the home he had severe abdominal pain, and during the rigors he always had painful "cramps" in his thigh muscles and in his back. On December 15th a specimen of blood was sent to a laboratory for a report on the serum reactions with the typhoid group and *Br. abortus*. They were all returned as negative.

On December 19th, as no improvement was taking place, he was seen in consultation by Dr. Arthur Davies of London, and I have asked him to append his pathological report with notes. By December 26th the patient's temperature came down to normal, and he left the home on January 2nd. He now feels easily tired, and a reading of his blood pressure has recorded the extraordinarily low figures of 98/88.

Laboratory Findings.—The patient's blood serum agglutinated the following strains of the Brucella group: *Br. abortus* (Bang and hog R.N.C.), *B. melitensis*—Groups 1, 2, and 3, and Zammit. The serum did not agglutinate *B. melitensis* (Arkwright strain). The agglutination titre in all cases was 1 in 640, except *B. melitensis* Zammit, which was agglutinated to 1 in 320 dilution only. Blood culture and urine yielded no growth of Brucella group organisms. The blood picture was that of a secondary anaemia: red blood cells, 4,370,000 per c.mm.; haemoglobin 80 per cent.; white blood cells 5,925 per c.mm.—polymorphs 63 per cent., lymphocytes 31 per cent., large mononuclears 5 per cent., eosinophils 1 per cent.

Yeovil.

H. R. UNWIN, M.B., F.R.C.S.

Reports of Societies

ANAEMIA IN INFANCY

A meeting of the Section for the Study of Disease in Children (Royal Society of Medicine) was held on May 26th in conjunction with the Maternity and Child Welfare Group of the Society of Medical Officers of Health for the discussion of cases of anaemia in infants. Dr. LEONARD G. PARSONS was in the chair.

Dr. ALAN MONCRIEFF showed a case of anaemia of von Jaksch in a child of 8 months, the only child of healthy parents, admitted to hospital under his care two months ago. He indicated the dietetic and other treatment followed. The spleen remained much enlarged and firm. Dr. PARKES WEBER pointed out that von Jaksch's anaemia comprised a number of different conditions, including some with syphilis, which was ruled out in Dr. Moncrieff's case. He had lately had the opportunity of observing a particular kind of anaemia which was sometimes familial, with a large spleen, and of which it would be said at first glance that it was either von Jaksch's anaemia or congenital haemolytic familial anaemia. It seemed to be now settled that it always appeared in Southern European families. One of the characteristics was absence of nucleated red cells, another being the large spleen. There was also a peculiarity in the shape of the head.

Dr. HELEN MACKAY and Dr. E. O'FLYNN showed two cases of pure haemolytic anaemia in the newborn, another case of haemolytic anaemia with icterus gravis neonatorum of familial type, and a further case of haemolytic anaemia in the newborn, presumably due to an intestinal infection

where, by his courtesy and never-failing sympathy, as well as by his professional skill, he won the hearts of all. He sailed for the Zaria Medical Mission in Northern Nigeria in February, 1930, and built there several blocks of the Hampstead Centenary Hospital, including a small branch hospital at Maska, Katsina. The medical work has made tremendous progress in Zaria, the number of patients having quadrupled during the last three years, so that in 1932 there were 441 in-patients and 40,000 visits of out-patients. Dr. Cook married only last year.

The following well-known foreign medical men have recently died: Geh.-Med.-Rat Professor Dr. OTTO LUBARSCH, for many years professor of morbid anatomy in Berlin, aged 73; Professor A. AUGESZKY, a Budapest bacteriologist, aged 64; Dr. GEORGE DAVID STEWART, past-president of the American College of Surgeons, and professor of surgery, University and Bellevue Hospital Medical College, New York, aged 73; Dr. GIUSEPPE PIANESE, professor of anatomy and pathological history at the University of Naples; Professor PETER FOKITSCH BOROWSKY, director of the second surgical clinic at Tashkent, aged 69; Sanitätsrat Dr. EDMUND DIPPEN, director of the German Hospital at Pekin; and Dr. ANDRE BOECKEL, lecturer in urology in the Strasbourg Faculty of Medicine.

Universities and Colleges

UNIVERSITY OF OXFORD

At the encaenia on June 21st the honorary degree of D.Sc. will be conferred on Professor J. S. Haldane, M.D., F.R.S.

UNIVERSITY OF CAMBRIDGE

At a congregation held on May 27th the following medical degrees were conferred:

M.B., B.CHIR.—G. T. Partridge, F. K. Boston, J. H. Fisher.
M.B.—J. W. P. Thompson, R. Watson.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have been approved at the examination indicated:

MASTER OF MIDWIFERY.—Helen M. Jardine, Elizabeth M. Moore, Dorothy M. Satur, N. J. Thanavala.

The following candidates have passed in the subjects indicated:

SURGERY.—J. B. Frumin, S. Gurevich, R. Hill, R. W. J. Scheel, H. B. Thornton, J. A. van Rooyen.

MEDICINE.—E. V. Bevan, R. Hill, L. R. Jain, E. O'C. Parsons, E. Pugh-Jones, R. W. J. Scheel, F. H. Williams, I. M. Williams.

FORENSIC MEDICINE.—A. H. L. Baker, E. V. Bevan, E. H. E. Cross, W. H. Ekin, J. P. Fitzgerald, M. S. Hendriks, R. Hill, W. E. Merrick, H. J. Ripka, R. W. J. Scheel, R. Sugarman.

MIDWIFERY.—G. A. Bell, E. V. Bevan, W. E. P. Corbett, J. P. Fitzgerald, R. Hill, R. W. J. Scheel, D. A. Smith, G. Wilson.

The diploma of the Society has been granted to Messrs. W. E. P. Corbett, R. Hill, E. O'C. Parsons, R. W. J. Scheel, J. A. van Rooyen, and I. M. Williams.

The Services

INDIAN MEDICAL SERVICE DINNER

The annual dinner of the Indian Medical Service will be held at the Trocadero Restaurant, London, on Wednesday, June 14th, at 7.15 p.m. Air Vice-Marshal Sir David Munro, K.C.B., C.I.E. (I.M.S., ret.), has been invited to take the chair. Tickets and all particulars may be had from the joint honorary secretary, Major Sir Thomas Carey Evans, Hammersmith Hospital, Ducane Road, W.12.

DEATHS IN THE SERVICES

Colonel Harold Hugh Norman, C.B.E., R.A.M.C. (ret.), was killed, along with his wife, in a railway accident between Wimbledon and Raynes Park on May 25th, aged 57. He was born on August 8th, 1875, and was educated at Trinity College, Dublin, where he graduated M.B., B.Ch., and

B.A.O. in 1898. Entering the R.A.M.C. as lieutenant on July 27th, 1899, he became lieutenant-colonel in the long war promotion list of March 1st, 1915, got a brevet colonelcy on January 1st, 1917, and became substantive colonel on March 2nd, 1919, retiring in September, 1930. He served in the South African war in 1902, taking part in operations in Natal, the Orange Free State, and the Transvaal, was slightly wounded, and received the Queen's medal with three clasps and the King's medal with two clasps; and in the war of 1914-18, when he was mentioned in dispatches, in the *London Gazette* of January 1st, 1916, and January 4th, 1917, and received a brevet as colonel and the C.B.E. His wife was killed with him in the accident. He leaves three children, a boy of 12, and two girls of 9 and 7 years old.

Lieut.-Colonel John William McCoy, O.B.E., Indian Medical Service (ret.), died on March 21st, aged 57. He was born on April 6th, 1875, was educated at the Madras Medical College, and at Bart's, and took the M.R.C.S. and L.R.C.P.Lond. in 1899. After filling the posts of resident medical officer of the Bethnal Green Infirmary and of the Poplar and Stepney Sick Asylum, he entered the I.M.S. as lieutenant on January 29th, 1902, attained the rank of lieutenant-colonel on July 29th, 1921, and retired on April 6th, 1930. He received the O.B.E. on December 15th, 1930.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

Before rising for Whitsuntide the House of Commons completed its consideration of the Agricultural Marketing Bill and also the committee stage of the Finance Bill. A Standing Committee made progress with the Metropolitan Police Bill. In the House of Lords the Rent Restriction Bill was read a second time.

In the House of Lords on May 30th Lord MOYNIHAN presented a Bill to make provision for the payment of remuneration to registered medical practitioners and hospitals for treatment rendered to persons injured in the use of motor vehicles on roads. The Bill was read the first time.

In the House of Lords on May 30th the Cancer Hospital (Free) Bill, which has passed through a select committee, was read the third time, and passed.

The Essex County Council Bill was read the third time and passed in the House of Lords on May 30th.

In the House of Lords on May 24th the Samaritan Free Hospital for Women Bill was read the second time.

The Trout (Scotland) Bill was read a third time in the House of Commons on May 24th.

Medical Benefit Expenditure since 1911

On May 29th Sir E. HILTON YOUNG informed Mr. Rhys Davies that from the inception of the national health insurance scheme up to December 31st, 1932, in England and Wales approximately £146,529,000 had been spent on medical benefit. During the same period, on sickness benefit £154,101,000 had been expended; on disablement benefit, £65,568,000; on maternity benefit, £27,615,000; on dental benefit, £14,850,000; and on ophthalmic benefit, £2,320,000. On other additional benefits, given by way of increases in sickness, disablement, and maternity benefits, £4,726,000 had been expended.

Denby Dale Water Supply Protest.—Sir HILTON YOUNG told Mr. Glossop on May 25th that he had received a protest from the ratepayers of the village of Denby Dale concerning the proposal of the Denby and Cumberworth Urban District Council to revert to the use of the Square Wood water reservoir, which was the source of the infection of the recent epidemic of typhoid. He would consider this protest with the report of his inspector who had visited the locality.

Slum Replacement in Aberdeen.—Mr. SKELTON told Mr. Maclean on May 25th that his attention had been drawn to the fact that, although the corporation of Aberdeen had completed over 3,000 houses with State assistance since 1919, none of these had been provided under the Act of 1930.

The corporation had, however, erected 280 houses for slum replacement with the assistance of the grant available under the Act of 1923. The corporation was preparing a scheme for the erection of some 500 houses for slum replacement on land already in their possession.

Noise of Aircraft Engines.—Replying to Mr. Lovat-Fraser on May 25th, Sir PHILIP SASSOON said he could not adopt the suggestion that, in view of the annoyance caused by the noise of aeroplanes, he should restrict commercial flying to definite lines of traffic and pleasure flying to thinly populated districts. This would unduly restrict the reasonable development of commercial flying, and, to a large extent, deprive the public of opportunities for pleasure flying. As people usually went to thinly populated areas to be quiet, the inhabitants would be the first to complain if the suggestion were carried out. Asked by Lord Apsley whether any steps were being taken to prohibit the use of open exhausts on aircraft engines, Sir Philip assured him that they would do whatever they possibly could to restrict noise.

Stamp Book Advertisements.—Mr. SUTCLIFFE gave notice that on June 2nd he would ask the Postmaster-General what has been the revenue of the Post Office from the advertisements of patent medicines in books of stamps issued by the Post Office during each of the past three years; whether it is proposed to continue such advertisements; and, if not, on what grounds.

Medical News

The annual luncheon of the Irish Medical Schools' and Graduates' Association will be held at the Hibernian Hotel Dublin, on Wednesday, July 26th, at 1 p.m. The chair will be taken by the president, Dr. T. Gillman Moorhead. Tickets (6s.) may be obtained by members of the association resident in England from the provincial honorary secretary, Dr. Falkland L. Cary, 67, King's Road, Harrogate, and members of the association resident in Ireland may obtain tickets on application to Mr. R. F. J. Henry, F.R.C.S.I., 24, Upper Fitzwilliam Street, Dublin. The luncheon is open to non-members, and lady guests are welcome.

The eighth annual Macalister Lecture will be delivered at the National Temperance Hospital on Thursday, June 22nd, at 9 p.m., by Sir Frederick Hobday, on "Our Animal Friends as Patients," illustrated by lantern slides and cinematograph pictures. All medical practitioners are invited to be present, and may bring friends (ladies or gentlemen).

The new building for the department of zoology and comparative anatomy at University College, London, will be opened on Monday, June 12th, at 3 p.m., by the Earl of Athlone, Chancellor of the University. The chair will be taken by Sir John Rose Bradford, Bt., chairman of the college committee.

The Wrightington Hospital, near Wigan, will be formally opened on the afternoon of Friday, June 16th, by Sir George Newman, Chief Medical Officer of the Ministry of Health. The ceremony will be presided over by Alderman J. T. Travis-Clegg, chairman of the Lancashire County Council.

A lecture on the theory and practice of contraception will be given to medical students by Dr. G. M. Cox on Monday, June 12th, at 6 p.m., at the Walworth Women's Welfare Centre, 153A, East Street, S.E.17.

The first of four advanced lectures arranged by the Fellowship of Medicine will be given at 5 p.m. on June 7th, at 11, Chandos Street, by Dr. Leonard Findlay. There will be a week-end course in clinical surgery at the Royal Albert Dock Hospital on June 10th and 11th; a course in diseases of the chest, at the City of London Hospital, Victoria Park, from June 12th to 24th; and a course in medicine, surgery, and the specialties, at the Prince of Wales's Hospital, from June 12th to 24th. Other forthcoming courses include: ante-natal treatment, at the

Royal Free Hospital, June 16th to July 7th; cardiology, at the National Hospital for Diseases of the Heart, June 26th to July 8th; diseases of children, at the Children's Clinic, June 26th to July 8th.

A post-graduate course under the direction of Professor Gustave Roussy will be held at the Paris Cancer Institute from June 16th to July 13th inclusive. It is intended for French and foreign doctors and final-year students. The fee is 350 francs and the course is limited to forty persons; a certificate will be given to those who complete it. Applications should be addressed to the Bureau de l'A.D.R.M., salle Béclard, à la Faculté de Médecine.

During Toronto Tuberculosis Week, which opens on June 26th, the annual meetings will be held of the National Tuberculosis Association, the Canadian Tuberculosis Association, and the American Sanatorium Association, and also the Tuberculosis Secretaries Conference. It is described as the most important conference of tuberculosis workers ever held in Canada. The British guests of the Ontario Department of Health will be Sir Humphry Rolleston and Professor Lyle Cummins of Cardiff.

The East London Child Guidance Clinic announces a course of twelve lectures on the applied psychology of childhood at Toynbee Hall, Commercial Street, E., on June 8th, 9th, 12th, 13th, 14th, and 15th, at 3.30 p.m. and 5 p.m. each day. The fee for the course is £1 1s. (students 10s. 6d.); day tickets, 5s.; single lecture, 2s. 6d. Applications for tickets to the Lecture Secretary, East London Child Guidance Clinic, Bell Lane, E.1.

An Ulster comedy, entitled "The Ballad Singer," by Dr. Ernest H. M. Milligan, will be broadcast from the Belfast wireless station to-day, Saturday, June 3rd, at 9.45 p.m. The author is M.O.H. for the borough of Glossop and honorary secretary of the Glossop Division of the British Medical Association.

The general programme of the conference on renal insufficiency, which is to be held at Evian on September 18th to 20th, has now been issued. Papers to be read by British and French physicians will deal with such topics as alteration in the blood calcium in renal insufficiency (Dr. Izod Bennett); the effect of the composition of the blood plasma on the production of the oedemas of Bright's disease; high nitrogen content of extrarenal origin; the treatment of infections and toxic anurias; the state of elimination of water in renal insufficiency; the mechanical function of the liver in the passage of water; nephritic cases with nitrogenous derangement only; the relation between arterial hyperpiesia and renal insufficiency; physio-chemical aspects of the blood in cardio-renal conditions; chlorine in nephritis; acidosis and renal insufficiency; and the surgical aspect of the question. Communications and inquiries should be addressed to the Secrétariat du Congrès de l'Insuffisance Rénale, 21, Rue de Londres, Paris.

At the second annual dinner of the Radiological Section of the Royal Society of Medicine, held at the Dorchester Hotel on May 19th, the president, Dr. Russell Reynolds, took the chair, and proposed the health of the guests. Lord Dawson, the guest of honour, replied, outlining the remarkable progress of radiology, and looking forward to its association with cinematography. He suggested that the cost of the service might be reduced by mass production and the use of non-professional technicians. "The Health of the Section of Radiology" was proposed by Mr. Warren Low, and Dr. R. S. Paterson, president-elect, replied. Mr. Low said he believed some radiologists thought that of the five years at present allotted to the medical curriculum at least ten should be spent in the study of radiology! That spirit would take the Section far. Dr. Paterson appealed to London radiologists to attend the meetings of the Section so that provincial workers might have an opportunity of meeting the leaders of radiological thought.

Dr. William H. Park, director of laboratories for the New York City Department of Health, has been appointed to the Hermann M. Biggs professorship of preventive medicine at New York University and Bellevue Hospital Medical College.

The fourth International Congress of Radiology will be held in Zürich, under the presidency of Professor H. R. Schinz, from July 24th to 31st, 1934. According to the rules the congress may be attended by (1) members of radiological societies in all countries, (2) persons introduced by such societies. The thirty-two countries which were represented at the third international Congress of Radiology in Paris have been invited by the organizing committee to appoint delegates to the international committee, and to nominate a speaker to report on the organization of the cancer campaign in his country at the opening session. At the general meetings the following subjects will be discussed: α -ray diagnosis of bone tumours, vasography, the development of pulmonary tuberculosis as seen radiologically, radiation treatment of carcinoma of the uterus, radiation treatment of malignant tumours of the mouth and pharynx, radiation genetics, mitogenetic radiation, structure analysis, identical physical measurement of the dose in α -ray and radium treatment, hard gamma rays, cosmic radiation, earth radiation, short-wave therapy. In addition, the sections for α -ray diagnosis, radiotherapy, radiobiology, radio-physics and -technic, electrolgy, and heliotherapy will hold discussions. During the congress an exhibition of apparatus, photographic accessories, chemical products, and scientific books will be on view (for details apply to A. Strelin, Kilchberg/Zürich). All radiological societies are requested to send as soon as possible a list of their members to the general secretary (Dr. H. E. Walther, Gloriastrasse 14, Zürich).

The issue of *La Medicina Ibera* for April 29th is devoted to the proceedings of the fourteenth International Congress of Ophthalmology recently held at Madrid, with portraits of the principal members.

Dr. Bela Schick of New York has been given the annual gold medal awarded by the Phi Lambda Kappa Society in recognition of his work on diphtheria.

In 1932 the numbers of births in Spain exceeded the deaths by 281,630.

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. Authors overseas should indicate on MSS. if reprints are required, as proofs are not sent abroad.

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 NUMBER of the British Medical Association and the *British Medical Journal* is EUSTON 2111 (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, Medisera 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

Pruritus in Pregnancy

Dr. F. W. LAWSON (Cheltenham) writes: I should be grateful for suggestions for the relief of itching in a woman seven months pregnant. She had the same trouble in a previous pregnancy, and while almost any cold application will bring temporary relief, it is not enough to allow her proper rest. There is no rash on the skin, but plenty of evidence of the activity of her fingers.

Wanted: A Drum Defender

"T. S." writes: Can any reader tell me of a simple method of blocking the ears of a chronic invalid driven to distraction by motor horns? Cotton-wool seems to be of little use.

** We are informed that simple devices, such as "auro-pax" and "quies," can be obtained from most pharmacists.

Ulcers of the Mouth

"M. W. B." writes, in reply to "H. B. P." (May 27th, p. 947): I suggest this is probably a case of herpes, and recommend painting the ulcers with 2 per cent. resorcin in spirit. "Shock" therapy is often successful.

Dr. ALFRED P. AMBROSE (Wembley) writes: I recommend "H. B. P." to try 10 per cent. chromic acid—carefully applied to the ulcers.

Dr. A. G. REID (Upton Manor, Essex) writes: Recurring ulcers of mouth and tongue are very difficult. The pathology is unknown, I believe. I suggest, however, a certain empirical treatment, which appears to have put an end to the condition in a young woman of 23. (1) Give iron in abundance, even if there is no anaemia (in the case of the patient mentioned I gave Bland's pills). (2) Administer once a week intramuscularly an ampoule of 1 c.cm. manganese butyrate (British Drug Houses). (3) Make sure that meals are regular, liberal, and that the vitamin content is satisfactory. Although the above treatment appeared to cure her, I must say that there was just the possibility of another causal factor: during the course of the treatment the patient took to herself a husband; pregnancy might profoundly alter what is doubtless a blood perversion.

Dr. A. V. RUSSELL (Wolverhampton) writes: I presume that "H. B. P." has given an alkaline mixture or powder, but, if not, the following may be administered with benefit: sodii bicarb. grains x, calcii carb. grains v, pct. chloratis \mathfrak{m} iii, tr. bellad. \mathfrak{m} v, aq. menth. pip. ad \mathfrak{z} ss. Sig. \mathfrak{z} ss ex aquae t.d.s. As regards local treatment, the application of 1 per cent. gentian violet solution as a paint to the ulcers is often successful, while the use of milk of magnesia, with an equal quantity of tepid water, as a mouthwash, frequently, is soothing. The teeth should be carefully examined, and any signs of caries or pyorrhoea dealt with.

Income Tax

Whole-time Appointment—Use of Car

"ALEMB" has a whole-time appointment under a municipal corporation, and is allowed £26 a year for the use of his own car on corporation work. He estimates the ratio of private to corporation work at half and half, and his running expenses at £57 per annum. He has recently replaced his car at a net cost of £139 10s. What can he claim?

** On the figures given it would be reasonable to deduct one-half of the £139 10s. as a special expense, but there is the difficulty that where an allowance is received from an employer in respect of an expense there is usually an assumption that it is adequate over a period of years. Consequently the revenue authorities will probably set up the contention that the £26 per annum paid by the corporation should be assumed to be all that is "necessary" to cover the costs of going about on corporation work, and that no more than is necessary can be allowed under the statute. In our experience such arguments are usually accepted by a tribunal hearing appeals unless the facts are exceptional, and the allowance can be shown clearly to be inadequate over a series of years.

House Belonging to Employer

"D. P. H." has hitherto been living in a house which he has rented from the company to whose institution he is appointed. It is proposed to allow him to reside rent free and to reduce his salary by the amount of the former rent. What will then be the position as regards income tax on the house?

** If the position reached is that "D. P. H." has to reside in the house because the company requires him to do so in order to perform his duties, then the case falls under old *Tennant v. South* rule, the company is the occupier, and "D. P. H." is liable on his actual salary only. In such circumstances he will pay less than at present and the company the same. If the intention is to give him full occupier's rights over the property, then he will pay the same (or slightly more), because he will be liable to pay the income tax assessed on the premises under Schedule A, as well as tax on the cash salary.