

to be higher than that in the other eye. There was no other constant abnormality in the eyes. The pupils, except in one case, were equal and round, and reacted equally to light. Visual acuity was normal to the individual patients. Cases 1 and 2 resented the glare of the ophthalmoscope, and I was unable to see the disk. Homatropine was avoided for fear of increasing the symptoms. I have since examined the fundi of each case under homatropine. Acting on the assumption that this increased intraocular tension might be the cause of the referred neuralgia, eserine was instilled into the eye in each case, with the results presently to be described in the following extract from the case notes.

CASE RECORDS

Case 1.—A. E. B., an officer, aged 27, complained of intense headache over right frontal and temporal region for twenty-four hours. Pain continuous, with exacerbations. No tenderness over frontal sinus. Nasal mucous membrane normal. Raised intraocular tension present. Pain increased by pressure of examination. Admitted to hospital at noon as probable onset of herpes ophthalmicus. Symptomatic treatment of raised tension by eserine drops, half-hourly for three instillations, and thereafter enough to keep the pupil contracted. By evening neuralgia was distinctly less. At this time anterior chamber was thought to be slightly shallower than on healthy side. Aspirin-phenacetin-caffeine powder was given to encourage sleep. Next day one A.P.C. powder was given to relieve pain of eserine instillation: tension was less. The third day pain had quite gone, and tension was thought to be slightly less than that of other eye. Patient kept under observation for three days. Herpes did not develop. There has been no recurrence of the neuralgia. When examined under homatropine six weeks later the disks were quite normal.

Case 2.—R. E. C., soldier, aged 25, complained of left frontal headache of moderate severity for three days. Awake at night. No previous history of similar attacks. Left pupil smaller than right. Definitely increased intraocular tension, and increase of pain on pressure of examination. Anterior chambers equal in depth. Treatment as above by eserine. A.P.C. powder given on two occasions to relieve pain of eserine instillation, which was distinctly differentiated by the patient from pain of the neuralgia. Tension equal to that of other eye, and pain all gone by third day. Pupils equal. When examined five days later under homatropine there was slightly more cupping of disk than in right eye, and very slight bending of vessels. Visual acuity 6/6. Examined five weeks later, disks were normal: cup 4 D in depth in each eye. No recurrence of pain.

Case 3.—N. M., an Indian servant, aged 30, had severe pain over right brow and in temporal region extending to behind right ear and over mastoid process; no complaint of eye at all. Has suffered off and on with this for eighteen months; treated at various times at other hospitals without relief. No tenderness on pressure over frontal sinus or mastoid. Nothing abnormal detected, except slightly raised tension in right eye and increase of pain on pressure. Anterior chambers equal in depth. Eserine only was used in treatment, and A.P.C. deliberately withheld to avoid confusing the issue concerning the cause of removal of pain. Next morning patient reported quite free from pain, and with tension equal in both eyes. He was genuinely pleased at the success of the treatment after so many months of disappointment. He was kept on eserine for four days, and has not had recurrence of pain since. Examined under homatropine ten days later, right pupil dilated considerably less than left pupil; both had two lamellae of homatropine, with twenty minutes' interval. Fundi and disks were normal. Three months later he had no recurrence of symptoms.

Case 4.—A. C., a soldier, aged 28, complained of continuous, slight to moderate, bilateral frontal headache, rather worse on left side, for three weeks. Pain radiated to the occipital region. Visual acuity normal. Anterior chambers normal in depth. Pupils equal and reacted. Definitely raised tension in both eyes, especially left. Increase of pain on pressure in left eye only. One week ago was freely purged with salines for three days, and A.P.C. given at night. Temporary relief, but now headache is as bad as ever.

Admitted to hospital; eserine instilled into left eye only, t.d.s. Next day pain gone from left side of head, but rather increased on right side. Tension less on left side than right now. Eserine instilled t.d.s. into both eyes. Next day all pain gone, but a heavy feeling in forehead. Tension equal in both eyes, but rather more than normal; eserine continued. Next day all pain and feeling of heaviness gone; tension almost normal. In this case previous course of salines and A.P.C. was unavailing, as was complete withholding of A.P.C. while in hospital. Seven days later there was no recurrence of symptoms, and tension quite normal in both eyes. Fourteen days later disks showed cup 4 D in depth in each eye. Vessels seemed slightly tortuous. Otherwise normal.

DISCUSSION

If from lack of knowledge I am making too much of this, to me, new symptom-complex it is because I can find no reference to anything of this sort in the ophthalmological textbooks at my disposal, nor have I read or heard of it elsewhere. The condition is unusual, in that primary rise of tension is associated with older persons, and the rise was not accompanied by the usual symptoms and signs of glaucoma, nor was the pain of the same type or distribution. Thus one would not readily associate this type of headache with an ocular lesion. It appears possible that many of the frontal headaches that are diagnosed as migraine in absence of vomiting and nausea may be due to this condition. Further, in view of Case 4, this condition should be borne in mind in all cases of frontal headache of obscure origin. It would seem that to have met four cases in four months in the relatively small community of Ambala suggests that this condition of increased intraocular tension may be a common cause of undiagnosed frontal headache. It would be gratifying and helpful to know whether eye specialists or others are familiar with a syndrome such as the one described.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

CANCER OF THE HARD PALATE: TWO CASES

As two cases of cancer of the hard palate recently came to my notice, interest led me to search the literature I possessed which dealt with this subject. Such descriptions as I have found depart so far from my cases that I consider it may be useful to portray them.

Case 1.—A man, aged 65, and a heavy pipe smoker, had noticed seven years previously a small smooth swelling surmounted by a little white ulcer on his hard palate, adjacent to a necrosed second molar tooth. The only symptom which attracted his attention to the swelling was a sensation of itching, the irritation being increased by pressure. Some two years afterwards he noticed that the swelling had begun to spread, and about the same time he began to have occasional shooting pains to the ear on the same side of the head. This was diagnosed as neuralgia, for which he was treated. Three years later the tooth was removed, but the growth of the swelling was not arrested. Seven years after the onset he consulted his doctor. The Wassermann reaction was negative. A portion of the tumour was removed for microscopical examination, and the following report was obtained: "A carcinoma of basal-cell type, infiltrating the deeper tissues and showing ulceration."

On examination of the roof of the mouth prior to operation a slightly raised swelling was seen covering the posterior half of the hard palate, and extending slightly on to the soft palate. It involved the left alveolus up to the inner margin of the tooth bed, but did not extend on to the right alveolus. The surface of the swelling was somewhat redder in colour than the normal palate, but not markedly so. To the touch it was smooth, and of a varying rubbery consistence; it could not have been described as hard or nodular. Immediately

medial to where the necrotic tooth had been removed was a small ulcer with a grey, sloughy base. The circumferential wall of the ulcer was clean-cut, and pressure on the swelling in close relation to the ulcer caused a small quantity of blood-stained, sero-purulent material to exude. A similar small ulcer was present on the anterior surface of the swelling. There was no glandular involvement. The man looked very grey and ill.

Case 2.—A married woman, aged 62, had a swelling on the inner aspect of two necrotic upper incisor teeth. A few months after it appeared, as the swelling had enlarged, she sought advice. The teeth were extracted, and the blood taken gave a negative Wassermann reaction. A portion of the growth was removed, and the following report was obtained: "Histological examination of this specimen shows it to be a squamous-celled epithelioma deeply infiltrating the tissues."

The swelling in this case occupied the anterior third of the hard palate, and extended forward over the alveolus, but only where the two middle incisor teeth had been. The swelling was again smooth and of a rubbery consistence, and showed signs of a similar ulceration. There was then no glandular involvement. The woman looked unduly ill for the size of the lesion.

The main points of interest in these two cases are: (1) the patients were 65 and 62 years of age; (2) both growths appeared to take origin in relation to necrotic teeth; (3) neither growth presented the hard, irregular, nodular appearance of textbook description. Both were smooth and rubbery in consistence, with clean-cut ulcers upon them; (4) the patients looked unduly ill, having regard to the extent of the lesions.

JOHN J. ROBB, M.C., M.B., F.R.C.S.,
Assistant Surgeon, Dundee Royal
Infirmary.

ON CLEANSING FOUL MOUTHS

The purpose of this note is to record a method of treating cases of generalized stomatitis which has been found useful in practice. It met with particular success in three cases which were marked by very foul mouths secondary to general systemic conditions. These cases were of pemphigus, purpura haemorrhagica, and agranulocytic angina. In the case of pemphigus the mouth and pharynx had become so ulcerated and foul, in spite of ordinary routine mouth toilet, that the patient was almost completely unable to swallow, and a gastrostomy was very seriously considered. The method about to be described cleaned up the mouth in a few days.

Every two hours when the patient is awake, and at least every four hours if asleep: (1) The mouth is thoroughly sprayed in every part of it with a 1 in 2,000 solution of percaïne in glycerin, about half an ounce to an ounce of the solution being used. This renders the mucous membrane sufficiently anaesthetic for the patient to tolerate vigorous swabbing. (2) Advantage is taken of the oral anaesthesia for the patient to be fed, and whatever form of liquid nourishment has been ordered is now given. (3) Every part of the mouth is thoroughly swabbed with a 50 per cent. solution of hydrogen peroxide, and then re-swabbed again just as thoroughly with citric acid solution, 10 grains to an ounce of water. Soft swabs held in forceps should be used, and every corner of the mouth must be reached. (4) The mouth is irrigated with a pint of eusol solution, one part to three parts of water. The irrigation is carried out by means of a catheter attached to a douche can or by the use of a Higginson syringe.

The success of the method is dependent upon the percaïne anaesthesia permitting really thorough swabbing, and upon the use of three antiseptics one after the other instead of merely one. Incidentally, I have found eusol solution, 1 in 3 or 1 in 4, the most effective of all gargles for tonsillitis. It should be used hourly.

H. L. MARRIOTT, M.D., M.R.C.P.,
London, W.1. Resident Medical Officer, Middlesex Hospital;
Assistant Physician, Miller General Hospital.

Reports of Societies

THERAPEUTICS AND PHARMACOLOGY

Therapeutic Action of Injectio Ferri

At the meeting of the Section of Therapeutics and Pharmacology of the Royal Society of Medicine on January 9th, with Dr. J. H. BURN in the chair, a paper by Dr. L. J. WITTS and Mr. G. N. BURGER, on the therapeutic action of injectio ferri (*B.P.*), was read by the former.

Dr. Witts said that those of them who were interested in the treatment of anaemia were rather surprised when the injection of iron was introduced into the *British Pharmacopoeia*, 1932. The inclusion was made because there was a general feeling that injections of iron were useful; but general feelings of that kind were often erroneous, and, from what he had seen before, the reputation of injections of iron had been almost entirely based on the treatment of patients who would have got well without any treatment at all, or, in many cases, on the psychological effects of injections on patients with debility who were not really suffering from anaemia. The results of following up the treatment by injections of iron showed that the results were almost uniformly unsatisfactory. Until the last few years little was known about the effect of injections of iron. It had been concluded that iron was of no value at all when it was injected, and that it was only active when it entered the body by the alimentary tract or the portal circulation; but recent experiments left no doubt that anaemia in human beings could be cured by the injection of iron; such treatment, however, was found to be fraught with difficulty, because the therapeutic dose of iron by injection was so close to the toxic dose. It was not usually realized how toxic iron was by injection, although this had been established by animal experiments. The maximum official dose of injectio ferri (*B.P.*) was 2 c.cm., which contained 7 mg. of metallic iron. He proceeded to show how these injections had been carefully tested in ten cases of anaemia. These were chronic and torpid cases, which showed no tendency to spontaneous recovery, and were unlikely to be influenced by uncontrollable factors. After an adequate control period injectio ferri (*B.P.*) was given intramuscularly daily for periods of from ten to twenty-one days. In no case were toxic symptoms observed. It was found to be of advantage to add 3 per cent. procaine hydrochloride to the injection of iron, as otherwise there might be local pain. After the experimental period of parenteral administration, oral administration was continued, usually 90 grains of iron and ammonium citrate.

Dr. Witts showed graphs and described in detail the history of eight of the ten patients to whom the official dose was given. All these patients subsequently responded well to large doses of iron by mouth, but two did not respond at all to the injection of iron. The iron was always more effective by mouth than by injection, as shown by the occurrence of a second reticulocyte crisis in every case, and there was also always an increase of haemoglobin. In only one instance was the increase in haemoglobin greater during the injection period than during the administration by mouth. He concluded by saying that hypochromic anaemia in human beings could sometimes be repaired by injection of iron, but this was much inferior to large doses of iron by mouth. Iron absorbed by the body in anaemia was converted, roughly quantitatively, into haemoglobin. It was not a mysterious stimulus to the bone marrow, but a raw material for haemoglobin manufacture. A calculation from the average values for the increase of haemoglobin during the injection period of iron in these cases showed that to cure anaemia of ordinary severity the maximal official dose of iron would have to be injected daily for four months. The only other way in which to approximate to as good an effect by injection would be to double the daily dose (as was done in two of the ten cases for a short period) for about six weeks. In the great majority of cases this

this with hunting for antiquities. He was chairman of the Mid-Antrim Anglers' Association, and did much for this society and its work of pisciculture. Dr. D'Evelyn was unmarried. He had been a member of the British Medical Association since 1888.

Dr. PERCY ROBERT MANDER, whose death at the age of 74 took place on January 8th, received his medical education at Westminster Hospital. He obtained an exhibition in anatomy and physiology in 1880, a scholarship in anatomy and physiology in 1881, a prize in clinical medicine in 1883, and was senior house-surgeon in 1886. He qualified L.S.A.Lond. in 1883, M.R.C.S.Eng. in 1884, and L.R.C.P.Lond. in 1886. In 1901 he took the M.D. degree of Durham University, and was a member of the British Medical Association for many years. Mander joined the Prison Service in 1892 and served for seven years at Dartmoor Prison, and later at Wandsworth, Stafford, Portland, Pentonville, and Parkhurst Prisons. He retired in 1923 to the Isle of Wight and later removed to Ealing. He was a man of high ideals, a staunch and loyal colleague, and combined firmness of purpose with modesty, moral courage, wide human sympathy, and understanding. During the thirty-one years in which he served the public as a prison medical officer he came into contact with a vast number of the criminal population, but his faith in human nature remained unshaken. The writer of these notes worked with him for a few weeks in the summer of 1899 at Dartmoor Prison and received at the time wise counsel which is still remembered. Mander was a particularly lovable man and was devoted to his prison work. His loss severs a link with past prison medical practice, but he will ever be remembered with affection by those with whom he worked.

W. N. E.

The following well-known foreign medical men have recently died: Dr. GIUSEPPE PORTIGLIOTTI, an eminent psychiatrist of Genoa; Dr. PAUL RICHER, member of the Institut de France and Académie de Médecine, founder of the Nouvelle Iconographie de la Salpêtrière and collaborator of Charcot, aged 84; Dr. JUST LUCAS-CHAMPIONNIÈRE, professor at the medical school at Hanoi, and director of the *Journal de Médecine et de Chirurgie Pratiques*; and Dr. JULIO IRIBARNE, formerly dean of the Buenos Aires Faculty of Medicine, from injuries received in a motor accident.

The Services

DEATHS IN THE SERVICES

Colonel Roger Kirkpatrick, C.B., C.M.G., late R.A.M.C., died at Knockhill, Ecclefechan, on December 20th, 1933, aged 74. He was born at Bangalore on June 19th, 1859, and was educated at Edinburgh University, where he graduated M.B., C.M. in 1881, and as M.D. in 1894, also taking the M.R.C.S. in 1881. Entering the Army as surgeon on July 29th, 1882, he became lieutenant-colonel after twenty years' service, and colonel on May 21st, 1912, retiring on December 26th, 1917. He had a long list of war service: Burma, 1886-8 (medal with two clasps); North-West Frontier of India, 1897-8, Buner campaign and attack and capture of the Tanga Pass, medal with clasp, and Tirah, 1897-8 (clasp); South Africa, 1899-1902, relief of Ladysmith, including actions of Colenso and Tugela Heights, operations in Natal, and afterwards as P.M.O. of a general hospital, mentioned in dispatches in the *London Gazette* of February 8th and September 14th, 1901 (Queen's medal with four clasps, and King's medal with two clasps, and C.M.G.); war of 1914-18, as D.D.M.S. (mentioned in dispatches in *London Gazette* of January 1st, 1916, and May 29th, 1917, and received the C.B. in 1917).

Lieut.-Colonel Nicholas Purcell O'Gorman Lalor, Madras Medical Service (ret.), died in London on December 26th, 1933, aged 63. He was born in Dublin on January 1st, 1869, the son of Nicholas James Lalor, merchant, Dublin, and graduated M.B., B.Ch. in the Royal University of Ireland in 1896. Entering the I.M.S. as surgeon lieutenant on January 29th, 1896, he became lieutenant-colonel on July 29th, 1915, and retired on July 25th, 1918. He served on the North-West Frontier of India in the Mohmand campaign in

1897-8 (medal with clasp); and in China, 1900 (medal). He was the author of *Hospital and Dispensary Code for Sub-Assistant Surgeons*, 1911; and *The Campaign Against Malaria in Italy*, 1912.

Universities and Colleges

UNIVERSITY OF OXFORD

The electors to Dr. Lee's Professorship of Human Anatomy have appointed to the chair Mr. Wilfrid E. Le Gros Clark, D.Sc., F.R.C.S., now Professor of Anatomy at St. Thomas's Hospital Medical School (University of London), and formerly Professor of Anatomy at St. Bartholomew's.

UNIVERSITY OF LONDON

The following have been recognized as teachers in the subjects indicated: *St. Bartholomew's Hospital Medical School*: Dr. W. M. Levitt (radiology). *London Hospital Medical College*: Mr. C. Donald (surgery), Dr. Horace Evans (medicine). *Charing Cross Hospital Medical School*: Mr. R. A. Fitzsimons (surgery). *St. Mary's Hospital Medical School*: Dr. G. R. Phillips (anaesthetics). *Royal Dental Hospital of London*: Mr. L. E. Claremont, Mr. C. Bowdler Henry, Mr. S. A. Riddett, and Mr. H. Stobie (dental surgery).

The regulations relating to exemptions in respect of the course for the first examination for medical degrees for internal students (Red Book, 1933-4, pp. 200-1) have been amended as follows:

- (i) By the deletion of the following words from Section 2 (v): provided that they have completed the required courses of study.
- (ii) By the addition of the following section: (vii) Candidates who have passed the higher school examination of the University of London in accordance with the prescribed conditions for exemption may be exempted from the first examination for medical degrees in whole or in part.

The Senate offer seven post-graduate studentships of the value of £150 per annum open to internal and external graduates of the University in any Faculty. A graduate who has completed his twenty-fifth year on or before June 1st in the year of award will not be eligible. The studentships will be tenable for one year only in the first instance, but may be renewed for a second year at the discretion of the Scholarships Committee. Applications for renewal will be considered by the Scholarships Committee simultaneously with applications for first awards. Applications must be made on a prescribed form, which may be obtained from the Principal, and must be accompanied by two testimonials and the names of not more than two persons to whom reference may be made; selected candidates will be required to attend for an interview with the committee. Candidates must submit a scheme of work for approval. The awards will be made in June, and applications must reach the Principal not later than May 1st.

Two University post-graduate travelling studentships, each of the value of £275 for one year, will be awarded annually if candidates of sufficient merit shall present themselves. The studentships are open to internal and external graduates of the University in any Faculty. A graduate who has completed his twenty-eighth year on or before June 1st in the year of award will not be eligible. If a studentship is not awarded in any year, an additional studentship may be awarded in a subsequent year. Candidates will be required, if elected, to spend the year of tenure abroad, and must submit a scheme of work for approval. Applications must be made on a prescribed form, which may be obtained from the Principal, and must be accompanied by two testimonials and the names of two persons to whom reference may be made; selected candidates will be required to attend for an interview with the committee. The awards will be made in June, and applications must reach the Principal not later than May 1st.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

Professor W. W. Jameson, dean of the London School of Hygiene and Tropical Medicine, arrived in Colombo on January 9th. He is touring Ceylon and India with representatives of the Rockefeller Foundation. In view of the amalgamation of the Ross Institute with the London School of Hygiene and Tropical Medicine, Professor Jameson will, before returning home, visit some of the Ross Institute research centres in Assam and Bengal, and afterwards proceed to Malaya. During his absence Professor R. T. Leiper, F.R.S., has been appointed acting dean of the London School. Professor Jameson is expected back in London in April.

Professor J. Gordon Thomson, director of the department of protozoology, is leaving London on January 31st, and will travel by air to South Africa. He will proceed to East

Africa, where he will spend six months doing special research work on malaria and sleeping sickness, with special reference to immunity.

UNIVERSITY OF LEEDS

On January 12th Sir Frederick Gowland Hopkins, President of the Royal Society, opened the new building of the department of chemistry. Professor R. W. Whytlaw Gray, who is head of the whole department, will be in charge of the inorganic section, Professor H. M. Dawson of the physical chemistry section, and Professor F. Challenger of the organic floor.

NATIONAL UNIVERSITY OF IRELAND

At a meeting of the Senate on January 11th, with the pro-vice-chancellor, Dr. Denis J. Coffey, in the chair, the reports of the examiners upon the medical and dental examinations, December, 1933, were considered, and passes, honours, etc., awarded. It was decided that a supplemental first university examination in medicine should be held in the three constituent colleges during the spring, the latest date for entry thereto to be February 1st.

The Senate appointed the following representatives: Professor T. Walsh, M.D., Royal Sanitary Institute Congress, Bristol; Professor W. D. O'Kelly, M.D., National Association for Prevention of Tuberculosis Conference, London.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A quarterly Council meeting was held on January 11th, when the President, Sir Holburt Waring, was in the chair.

Dr. John Beattie was admitted to office as conservator of the museum and director of research.

A diploma of Fellowship was granted to T. T. Stamm of Guy's Hospital.

The Hallett Prize for Anatomy and Physiology was awarded to Ananda Nimalasuria of Ceylon Medical College and King's College, London.

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

TROPICAL MEDICINE AND HYGIENE.—G. H. Cooray, P. W. Godfrey, G. M. Raby, B. H. Rassam, R. du T. van der Merwe.

PSYCHOLOGICAL MEDICINE.—J. S. Allen, C. C. Beresford, P. M. Crowe, Cicely L. Hingston, J. H. R. Laptain, J. K. Marshall, T. C. St. C. Morton, W. C. M. Scott, J. A. Shaby, E. T. O. Slater.

LARYNGOLOGY AND OTOTOLOGY.—W. G. Bridgman, I. C. Fraser, K. George, T. P. Gill, A. C. Goodwin, M. Gordon, H. G. Grieve, A. D. Minhas, P. L. O'Neill, I. M. Rutherford, I. B. Senjit, R. H. Smith.

MEDICAL RADIOLOGY.—J. B. Douglas, R. S. Harrison, J. E. Wilson Lee.

Medical News

The annual dinner of the Hunterian Society of London will be held at the May Fair Hotel, Berkeley Street, W., on Thursday, February 8th.

The thirteenth annual dinner of the Society of Radiographers will be held at the Restaurant Frascati, Oxford Street, on Saturday, February 10th, at 7.30 p.m., with the president, Dr. L. A. Rowden, in the chair.

On Friday, January 26th, at 8.45 p.m., at the Princess Elizabeth of York Children's Hospital, Glamis Road, Shadwell, E., Mrs. Lilian Lindsay, L.D.S., will give a lantern lecture on "The Influence of the Sun upon the Teeth—Ancient and Modern." Sir Frank Colyer will preside.

Meetings of the Fever Hospital Medical Service Group and the Maternity and Child Welfare Group will be held at the house of the Society of Medical Officers of Health, 1, Upper Montague Street, W.C., on Friday, January 26th. At the first meeting, at 4.30 p.m., Dr. W. Mair will read a paper on "Varieties of *Corynebacterium diphtheriae*," and at the second meeting, at 8.30 p.m., there will be a discussion on "Diet for the Pre-school Child, to be opened by Professor V. H. Mottram.

All communications for the Ross Institute and Hospital for Tropical Diseases, Putney Heath, S.W.15, should now be addressed to the Ross Institute of Tropical Hygiene, Keppel Street, Gower Street, W.C.1.

The Minister of Health announces that, under arrangements consequent upon the retirement from the public service of Dame Janet Campbell, D.B.E., M.D., M.S., as from December 31st last, and of Sir George Buchanan, C.B., M.D., F.R.C.P., as from February 18th, 1934, Dr. Jane H. Turnbull, C.B.E., will be in charge of the Maternity and Child Welfare Division of the Medical Staff of the Ministry, and Dr. J. M. Hamill, O.B.E., will act as senior medical officer in charge of the Foods Division of that staff.

The fifty-first post-graduate course of the medical faculty of Vienna will be held during the fortnight February 12th to 25th, the subject being diseases of the intestines and metabolism, with reference also to the related pathological and surgical aspects. It will be followed by a week of group instruction devoted to clinical study. Further information may be obtained from Dr. A. Kronfeld, Porzellangasse 22, Vienna IX.

The Fellowship of Medicine and Post-Graduate Medical Association (1, Wimpole Street, W.) announces that the second lecture-demonstration by Dr. Clark-Kennedy will take place at 11, Chandos Street, W., on January 23rd, at 2.30 p.m.; subject, "Nervous Dyspepsia." The third will be on January 30th; subject, "Organic Dyspepsia." There will be a course in dermatology at St. John's Hospital, Leicester Square, from January 29th to February 24th. A week's course in neurology, especially suitable for the general practitioner, will be given at the West End Hospital for Nervous Diseases, February 5th to 10th, and will occupy the whole of each day. A course in gynaecology, occupying mornings and/or afternoons, will be given at the Chelsea Hospital for Women, from February 5th to 17th. Six demonstrations on the interpretation of pyelograms will be given by Dr. Mather Cordiner at 8 p.m. on Tuesdays and Fridays from February 13th to March 2nd; they will include radiographic technique, radiological anatomy and physiology of urinary tract, obstructive conditions and inflammatory lesions, renal and uterine stones, renal tumours, etc.

The December issue of *The Human Factor*, the monthly organ of the National Institute of Industrial Psychology, is devoted to the annual report and statement of accounts for the period from January 1st to September 30th, 1933. The report is the thirteenth issued by the council of the Institute, and on this occasion a change has been made, the year for review terminating henceforth on September 30th instead of on December 31st. There has been a considerable extension of the work in connexion with vocational guidance cases, and school teachers in Birmingham and Willesden have received instruction in vocational examination. This training has also been imparted to foreign psychologists, and courses of lectures have been delivered in London and elsewhere. Investigations have continued on an undiminished scale at factories and offices with a view to improving their efficiency. Research work is being pushed, but the main endowment for this—namely, the Rockefeller annual grant, is diminishing in amount, and will terminate in 1936. Included in this research work last year were investigations of rhythm in occupational movements, the nature and measurement of the mental abilities involved in factory assembly operations, tests for motor drivers, a study of colour discrimination, and improvement of the intelligence tests.

A new volume in the Cambridge Comparative Physiology Series, entitled *The Elements of Experimental Embryology*, by Professor J. S. Huxley and Dr. C. R. de Beer, will be published by the Cambridge University Press in February.

The issue of *Nederlandsch Tijdschrift voor Geneeskunde* for January 6th contains an instructive article by Professor J. A. J. Barge of Leyden on medical education at the University of Leyden in the eighteenth century, illustrated by portraits of the leading professors.

A new chair for racial hygiene has been founded in Berlin, with Professor Fritz Lenz of Munich as its first occupant. Professor Lenz has also been appointed departmental director for racial hygiene and eugenics at the Kaiser Wilhelm Institute for Anthropology in Berlin.

The forthcoming number of the *Journal of Neurology and Psychopathology* will include a full report of a conference of the programme-executive committee for the second International Neurological Congress. The conference, held in London last autumn, was attended by delegates from fourteen countries, who nominated officers for the congress as follows: honorary president, Dr. B. Sachs (New York); president, Sir Charles Sherrington (Oxford); deputy-president, Dr. Gordon M. Holmes (London), together with sixteen vice-presidents. Dr. S. A. Kinnier Wilson (14, Harley Street, W.1) was appointed secretary-general, Dr. M. Critchley and Dr. E. A. Carmichael, assistant secretaries, Dr. Anthony Feiling, treasurer, and Dr. Gordon Holmes, editor of transactions. It was decided that the congress should take place in London from Monday, July 29th, to Friday, August 2nd, 1935. The following four subjects were chosen for discussion at the morning sessions: (1) the epilepsies—their aetiology, pathogenesis, and treatment; (2) physiology and pathology of the cerebro-spinal fluid; (3) functions of the frontal lobe; and (4) the hypothalamus and the central representation of the autonomic system.

The Departmental Committee on the Composition and Description of Food, which is considering whether it is desirable that the law should be altered so as to enable definitions or standards to be prescribed, held meetings last week. Evidence was given on behalf of the Society of Chemical Industry by Dr. L. H. Lampitt, chairman of the Food Group of the Society, Dr. H. E. Cox, and Professor Raistrick, and by witnesses appearing for various trade associations. Evidence was also given by Mr. T. Macara regarding infants' and invalids' foods on behalf of the Food Manufacturers' Federation, and by the town clerk of Chester for the Association of Municipal Corporations. The meetings were presided over by Sir Frederick Willis. The secretary of the committee is Mr. W. J. Peete, of the Ministry of Health, to whom any communication should be addressed.

Drs. E. P. Poulton of London, Hernando of Madrid, Bursi of Bern, Sanarelli of Rome, Pende of Genoa, J. J. Abel of Baltimore, Glaessner of Vienna, and Vogelius of Copenhagen were recently elected honorary members of the Société de Thérapeutique de Paris.

Dr. Gilbert Orme has been awarded the Order of Mercy for special services rendered to the League of Mercy.

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 2nd: as Commanders, Dr. W. H. Carse, Major F. Howard Humphris, and Colonel Sir Richard A. Needham, C.I.E., D.S.O.; as Officers, Lieut.-Colonel A. D. Stewart, I.M.S., Mr. J. Johnston Abraham, C.B.E., D.S.O., Major H. A. Sandiford, M.C., R.A.M.C., and Dr. W. H. Kauntze, M.B.E.; as Serving Brothers, Dr. H. G. Hankins, Mr. C. A. Parker, Dr. F. H. Flack, Dr. J. W. Graham, Dr. J. M. Postlethwaite, Dr. P. McRitchie, Dr. F. E. Bendix, Dr. H. F. Percival, O.B.E., Dr. W. E. Fairweather, and Lieut.-Colonel C. H. James, C.I.E.

Mr. T. H. Bickerton, F.R.C.S., of Liverpool, who died on November 23rd, 1933, aged 76, left estate of the gross value of £435,329.

Professor Rille, director of the clinic for skin diseases at Leipzig, has been elected an honorary member of the Turkish Dermatological Society, and Dr. Robert Rössle, professor of pathology at Berlin, an honorary member of the Medical Society of Vienna.

Dr. von Deschwaden of Lucerne has been elected president of the International Hospital Association in place of Dr. René Sand, who has resigned. The presidency of honour has been offered to Prince Charles of Sweden.

Dr. Jose Maria Gutierrez Barrat has been appointed Director-General of Public Health in Spain.

Mr. Henry Thomas Baker of Bournemouth has given £10,000 and the income from shares valued at £15,000 to the extension fund of the King George Hospital, Ilford.

A modern leprosy hospital has recently been opened at Genoa.

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.

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QUERIES AND ANSWERS

Diabetic Paying Guest

Dr. G. E. CLAXTON (Radnor Park Road, Folkestone) would be glad to hear from a London doctor who could recommend a family willing to take a diabetic lady, engaged in secretarial work in London, as a paying guest. It would be preferable if one of the members of the family is a diabetic, so that the difficulties of diet would be obviated.

Oysters, Calories, and Food Prices

Dr. EDWARD J. CROSS (St. Neots) writes: In the *Times* of October 4th, 1933, Professor E. C. Dodds is reported to have stated in his address at the Queen's Hall that a dozen oysters would yield 88 calories of energy. In the *British Medical Journal* of January 6th Professor J. A. Nixon states that half a dozen oysters contain 24 grams protein, 10 grams fat, and 12 grams carbohydrate. Surely this means that six oysters yield 234 calories. Can you please explain this to me, as I am very perplexed. Also Professor Nixon says that 1s. will buy 1 lb. of beef. I have to pay 1s. 6d. for 1 lb. of steak without bone or gristle. Five pints of milk in this vicinity cost 1s. 5½d.

Chlorophyll and Crème de Menthe

Dr. G. M. FLEMMING (Long Sutton, Lincs) writes: I cannot answer directly the query by Rear-Admiral Beadnell, and await with interest the replies of other readers. As a contribution towards the nature of green dyes in use, however, I tender my own researches. I recently received a sample of a green tonic which, I am satisfied, is a very effective preparation—so much so that I now use it regularly. As I wandered round Woolworth's the other day, speculating idly as to whether the green dye or the glycerophosphates were the more active ingredient, I perceived a bottle of green dye ostensibly purveyed for pigmenting puddings. The Woolworth liquid showed the following bands in moderate dilution: I, 6,500 to 7,000; strong. II, 5,900; weak. III, 3,900 to 4,800; very strong. Band III has a sharp cut-off. The width of Band II varies with the concentration. The bands shown by the green tonic are identical. On hydrolysing, Bands I and II disappear, but Band III remains very strong. The dye in both cases is probably the anhydride of the zinc salt of tetra-methyl-di-amido-triphenyl-carbinol. The absorption bands of chlorophyll are entirely different, and I doubt if this substance would withstand the ageing which we hope crème de menthe undergoes. I should be glad of an opinion as to the toxicity, if any, of the dye mentioned.

Income Tax

Tax on Interest Received

"Tintax" is a married man with an income of £700—all "unearned"—in 1932-3, of which £275 was war loan interest and £10 from deposit interest. His daughter is being educated at a university—her own income is under