

Another case is that of a man who was admitted to the urological service of this hospital, and who, apart from the local (kidney) disturbance, was apparently well; there were no complaints suggestive of uraemia. He died of uraemia one month later. A number of examinations were made in both of these cases, and the blood ureas were never less than 350 mg. per 100 c.cm. In both cases there were no subjective signs until a few days before death; in the first case intense headache was the first sign of uraemia three days before death; and in the second case the drowsiness which developed eight days before death was the first sign. Such cases are very rare.

There is a type of patient in whom absence of signs of uraemia is fairly common in spite of very high blood urea values—namely, mechanical obstruction to the outflow of urine (prostatic hypertrophy, etc.). The absence of signs of uraemia in spite of marked retention of urea is at times most striking. The prognosis in such cases is different from that in chronic nephritis; with relief of the obstruction the blood urea generally returns to the normal level. These patients also differ from those with chronic nephritis in that, in spite of the high urea, the creatinine content of the blood is usually normal, or nearly so, and Andrewes's diazo-reaction for urea is negative. (See "A Study of the Urea and Creatinine Contents of Blood in Renal Disease," by Patch, F. S., and Rabinowitch, I. M., *Journ. Amer. Med. Assoc.*, 1928, xc, 1092.) Incidentally, these cases afford very good proof that the signs and symptoms of uraemia are not due to excess quantities of urea in the blood.—I am, etc.,

I. M. RABINOWITCH.

Department of Metabolism, The Montreal
General Hospital, Montreal,
Canada, Feb. 6th.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Sir Daniel Hall, F.R.S., will deliver the Rede Lecture, on "The Pace of Progress," at 5 p.m., on Monday, March 4th, in the Senate House. Sir John Russell, F.R.S., will deliver the Henry Sidgwick Memorial Lecture, on "The Impact of Science on the National Life," at 5 p.m., on Saturday, March 9th, in the Hall of Newnham College.

Dr. Borradaile has been appointed a member of the Faculty Board of Medicine until December 31st, 1936.

UNIVERSITY OF LONDON

The Senate, at its meeting on February 21st, approved a proposal to hold external examinations of the University in New York. This proposal, which is an entirely new departure in the history of the University, was submitted by the American Ambassador and the British Foreign Office to the State Department in New York, which has given its formal sanction. These examinations are to be available for both British subjects and students of other nationalities.

UNIVERSITY OF BRISTOL

FACULTY OF MEDICINE

Owing to the pressure on the accommodation for the preclinical subjects, the University is obliged to restrict the entry of candidates to this Faculty for the session 1935-6 to those undertaking to read for Bristol degrees in medicine or dentistry or the Bristol diploma in dentistry. Those wishing to secure a vacancy for October, 1935, should make application to the registrar without delay.

INTER-COLLEGIATE SCHOLARSHIPS BOARD

The London Inter-Collegiate Scholarships Board announces that an examination for fourteen medical scholarships and exhibitions, of an aggregate total value of £2,138, will commence on May 13th. They are tenable at University College and University College Hospital Medical School, King's College and King's College Hospital Medical School, the London (Royal Free Hospital) School of Medicine for Women, and the London Hospital Medical College. Full particulars and entry form may be obtained from the secretary of the Board, Mr. S. C. Ranner, M.A., the Medical School, King's College Hospital, Denmark Hill, S.E.5.

Obituary

JAMES NEAL, M.R.C.S., L.R.C.P.

General Secretary of the Medical Defence Union

After a very few days' illness Dr. James Neal died quite suddenly and unexpectedly on the morning of February 24th, at his home in Golder's Green, N.W. He was in his sixty-ninth year, and was educated at Epsom College, to whose interests he was always very loyal. He qualified M.R.C.S., L.R.C.P. from Queen's College, Birmingham, in 1891. After several years' successful general practice in Birmingham he came to London as Deputy Medical Secretary of the British Medical Association in 1912. His work at the headquarters of the Association during a very difficult period, which included the war years, won him the esteem and affection of his colleagues and of all with whom his duties brought him into touch. In 1919 the sudden death of Dr. A. G. Bateman deprived the Medical Defence Union of its principal officer, who had been associated with it from its foundation in 1885, and Neal was unanimously invited by the council of that body to step into the vacant post as general secretary of the Union. In this capacity he more than maintained the traditions of his predecessor, and his ability, tact, and courtesy very soon satisfied the council of the Defence Union that it had got the right man for the post.



With the possible exceptions of Dr. Cox and Dr. Anderson there can scarcely be a member of our profession who has been brought into intimate contact with so many of his colleagues as Dr. Neal had been from 1919 onwards. He was in many ways the ideal secretary—always industrious and painstaking, always conciliatory, always transparently honest, and always intelligent and alert. Everyone who consulted him felt that Neal was not merely doing his best to forward the interests of the member concerned, but that his advice was based upon a wide experience, and dictated by a sagacity possibly unique in the profession. He was seldom given to lightning decisions; he preferred to master every detail of a case before concluding on the right line of action, and once he had made up his mind it was very difficult to turn him from what he thought was the right course to adopt. He was exceedingly skilful in the art of managing his council, always careful not to appear to be driving or dictating to it; he was almost always successful in getting it to confirm his point of view. He had a clear conception of his own limitations—for example, he never in any circumstances took part in discussions upon financial policy, for he realized that this was a topic better for him to leave alone. He knew instinctively at what point in the handling of a difficulty it became ripe for a lawyer, and was most conscientious in handing over matters requiring expert legal advice to the Union's solicitor at exactly the right stage in the development of the case.

He was a very likeable man, who never let his strong personality get the better of his sense of politeness. There is no doubt that his great popularity and the widespread trust and confidence which members of the Medical Defence Union entertained for him were of the utmost value to that organization, which grew enormously, both in numbers and in prosperity, during his regime.

Dr. Neal was elected a member of the British Medical Association in 1902, and was always a most enthusiastic

and loyal member of the Association. He was honorary secretary of the Section of Medical Sociology at the Birmingham meeting in 1911, Representative in 1910-11, 1925, 1926, 1927, and 1928; chairman of the Hendon Division, 1927-9; a member of the Ethical Committee in 1919, 1926, 1927, and 1931-5; a member of the Special Pathological Committee, 1925-6, and of the Pathological Committee, 1926-7; and member of the Joint Subcommittee of the Central Ethical and Science Committees, 1930-1. He married Helen, daughter of E. L. Tyndall and a descendant of the Protestant reformer and martyr.

Dr. ALFRED COX writes:

The sudden death of James Neal is a great blow. The last time I saw him he told me that he had found he had to take things a little easier, but he gave me no indication of anything serious. To the Medical Defence Union his loss will be a grievous one. I shall always remember him chiefly as the able and devoted Deputy Medical Secretary of the B.M.A., and as one of the pillars of our Central Ethical Committee. He came to the staff of the Association at a very critical and difficult time, when the Association was in the midst of the reaction after the great fight over national health insurance. He had previously served a long apprenticeship in local medical politics in Birmingham, where his steadiness, good judgement, and ability to state a case clearly and effectively were well known and appreciated. Birmingham sent him to the Representative Meeting, and there he made a deep impression, so that it was a great satisfaction to many, and not least to myself, when in 1912 he offered himself as a candidate for the post of Deputy Medical Secretary. None of us had any doubts that he was the right man, and during the years he filled that position he did it with the utmost credit to himself and to the Association. I can never forget what a comfort he was to me at a time when the medico-political atmosphere was anything but a happy one. Statesmanship and careful handling were necessary to restore confidence in the leadership of the Association, whose position had been somewhat shaken by the events at the end of 1912. In this difficult period Neal did yeoman service. As Deputy Medical Secretary he increased his circle of friends and his sphere of usefulness and influence. The work on the staff in which he took special interest was the secretaryship of the Central Ethical Committee, for which his gifts of caution, judgement, and moderation made him peculiarly suitable. So, though we greatly regretted his loss when he left the Association to become secretary of the Medical Defence Union, we felt that it was exactly the kind of work for which he was best fitted. Others can speak better than I can as to his work for the Union, but no one knows better than I do how he used his experience in his new post to make him even more useful and valuable to our Central Ethical Committee. Many a time have I been grateful for his knowledge and wise advice. Neal was never a man who cared much for the limelight, but there are few men of his generation who have left a finer record of service for the profession.

The following well-known foreign medical men have recently died: Dr. J. M. ESCALIER, ex-president of the Argentine Medical Association, aged 70; Dr. J. M. ZUBIZARRETA, ex-director of public welfare at Buenos Aires; Dr. ERNESTO ROMAGOSA, professor of clinical surgery of the Córdoba Faculty of Medicine, ex-dean of the Faculty, and ex-rector of the University; Dr. CYRILLO ESTEBAN, an eminent gynaecologist of Seville; Professor HANS LORENZ, an eminent surgeon of Vienna, aged 61; Dr. GAUTIER, a Paris oto-rhino-laryngologist, commander of the Legion of Honour; and Dr. G. MEILLÈRE, ex-president of the Académie de Médecine, officer of the Legion of Honour, aged 74.

Medico-Legal

PUERPERAL SEPSIS IN A MUNICIPAL MATERNITY HOME

Marshall v. Lindsey County Council

The Court of Appeal gave judgement on February 8th in a case of first-rate importance to hospital officers and local authorities. In view of the possibility of an appeal to the House of Lords comment on the case would be improper at this stage.

The Lindsey County Council, in Lincolnshire, are the proprietors of certain maternity homes, all of which are under the general supervision of the county medical officer, Dr. Campbell. Of one of these, the Cleethorpes Maternity Home, the assistant county medical officer, Dr. W. B. Stott, is medical superintendent. Both visit the home from time to time, but neither performs any clinical duties at it, patients being treated by their own doctors or by others appointed from a special panel. Dr. Campbell and Dr. Stott had authority in an emergency to close the home or take any necessary measures to make it hygienically safe. At the beginning of 1933, Mrs. Marshall, the plaintiff in the present action, called at the home, saw the matron, and booked a private ward at four guineas a week for July 4th. She did not come again until July 12th, when she was on the point of labour. Meanwhile, on June 30th, a Mrs. Franklin entered the home and was placed in Ward 7, in use as a receiving ward. She was delivered in the labour ward by a Nurse Siddle in the morning of July 1st, and was then taken back to Ward 7. On July 2nd she was taken to the Gray Ward, where there were two other patients, Mrs. C. and Mrs. T., and was attended by Nurse Siddle. On July 3rd her temperature rose to over 100.4° F., and she was accordingly notified as a case of puerperal pyrexia. On July 4th her temperature went to 105° F.; a local doctor diagnosed appendicitis and sent her to Grimsby General Hospital, where puerperal sepsis was diagnosed. The matron of the home immediately ordered all the nurses to take lysol baths and appropriate gargles; Mrs. C. and Mrs. T. were moved from the Gray Ward to No. 7, and the Gray Ward was closed, disinfected, and washed. The bedding could not be disinfected at the time, but was taken away on the 10th, the room meanwhile remaining closed but not sealed. The theatre was also disinfected. On the morning of July 5th Dr. Stott heard of and approved the steps which had been taken. Nurse Siddle was released from duty for two days.

On July 9th a Mrs. Fleming was admitted, was delivered in the evening, and sent back to the Oak Ward. On the 10th and 11th she showed temperatures and was notified; she did not become very ill, but *Streptococcus pyogenes*, type Glover, was recovered from the genital tract. On July 12th four other patients came in, of whom three were delivered and all were attended by Nurse Siddle.

On the 12th Mrs. Marshall—the plaintiff—and her husband arrived late in the evening, after telephoning and being informed that everything was all right and she could come in. They were told by Nurse Siddle that no private ward was available and that she would have to go for a time into a ward with other patients. After some hesitation she and her husband decided that she would enter the home on the understanding that she should be removed to a private ward as soon as possible. Nothing was said about the case of puerperal sepsis. Mrs. Marshall was taken to Ward No. 7, and, after her delivery in the labour ward by the assistant of her family doctor, she was placed in the same ward as Mrs. T. and one of the four patients who had entered on the 12th. On the 16th all those four developed a temperature and were sent to the Fever Hospital. Mrs. Marshall developed a temperature on the 17th, and was not sent to the hospital until a few days afterwards. She had a bad attack of puerperal sepsis, and sued the Lindsey County Council for breach of contract and negligence.

Mr. Justice Lawrence tried the action at Lincoln Assizes with a special jury, and Mrs. Marshall was awarded £750 damages. The jury, in answer to a series of questions, found as follows: "That the contract to supply a private room had not been subject to a condition that there should be a

Child's Death after Scarlet Fever Inoculation.—In reply to Mr. Groves, on February 20th, Sir HILTON YOUNG said his attention had not been called to the death of an 18-months-old child in the Bradford Children's Hospital on January 18th in consequence of the administration of antitoxin as a precautionary measure against scarlet fever, though he had heard of a similar death at Bramhope Children's Orphanage in August, 1934. Inoculation against scarlet fever was a matter within the discretion of the local authorities acting on the advice of their medical officers, and he would not be justified in advising local authorities to cease the prophylactic inoculation of children admitted into fever and other hospitals.

Imported Goat Hair Disinfection.—In reply to Mr. Rhys Davies, on February 20th, Sir JOHN GILMOUR said he had decided that the present arrangements for the compulsory disinfection of goat hair at the Government station should be extended to imported goat hair generally, with a view to preventing anthrax. It was proposed that the necessary order should be made at the Privy Council meeting on February 21st, and take effect two months hence. It was thereupon pointed out by Sir FRANCIS FREMANTLE that present stocks would possibly last two years, and might spread infection if not dealt with.

Yellow Fever Infection by Air.—Mr. BUTLER told Captain Cunningham-Reid on February 21st that he had seen a Press report on the subject of the danger of introduction of yellow fever into India by infected mosquitos in aeroplanes. The Government of India was alive to the danger, and had been giving the problem its earnest consideration for some years. Any suggestion made by the director of the Malaria Survey would receive close and urgent attention.

Under-nourishment Inquiry in Durham.—Replying to Mr. Batey on February 21st, Sir HILTON YOUNG said that the report of the officers instructed by himself and the President of the Board of Education to inquire into the allegations of under-nourishment in the County of Durham had only just been received, and was under consideration. He had no doubt that the distinction between malnutrition and under-nourishment had been considered by the investigating officer.

Schools and Pasteurized Milk.—Mr. RAMSBOTHAM told Sir Alfred Knox on February 21st that the ground for the recommendation made by the Board of Education to schools to use when possible pasteurized milk was the superior safety of that milk. A statement of the County Councils Association at Westminster that they were not convinced that pasteurized milk was superior to raw clean milk of Grade A quality as a food for children appeared to refer to the relative nutritive values of pasteurized and raw milk. On the latter point the Cattle Diseases Committee of the Economic Advisory Council expressed the opinion that, on the evidence available, any recognizable changes of quality induced in milk by pasteurization rightly conducted were, as a whole, too small to outweigh the advantage inherent in the protection from infection. In view of this and of opinions expressed by the Royal College of Physicians and other bodies, he could not see his way to withdraw the recommendation to schools.

Insulin for the Uninsured.—Sir HILTON YOUNG told Mr. G. Griffiths, on February 21st, that he had no authority to issue an order that all diabetics, members of approved societies, who had run out of medical benefits under the health insurance of 1932, should continue to have their insulin free. Local authorities had power to provide insulin for persons in need of it who were unable to purchase it.

Provision of Mortuaries.—In reply to Mr. Bossom, on February 21st, Sir HILTON YOUNG said he appreciated the conditions which sometimes were encountered in housing developments when a public mortuary was not available in the immediate vicinity. Local authorities had adequate powers, under the Public Health Acts, to provide mortuaries. There was statutory power vested in the Ministry of Health, or in the case of London in the London County Council, to call upon the appropriate authority to provide a mortuary.

Public Vaccination.—On February 26th Sir HILTON YOUNG informed Mr. Groves that the standard of merit formerly fixed as the basis of the awards to public vaccinators—namely, that the scars produced by the vaccinator must be well marked in their foveation, and must have, collectively,

at least a half square-inch total area—was not now in force. The present instruction to public vaccinators in this matter was contained in paragraph 7 of the Third Schedule to the Vaccination Order, 1930.

Hutments for Soldiers.—On February 26th Mr. HACKING informed Mr. Hicks that, apart from hutments which had been specially reconstructed, approximately 12,500 men in the Army were housed in huts or hutted buildings in stations at home and over-seas, excluding India. It was the policy of the War Office to replace these buildings, and more than £700,000 had been expended in the last five years in this connexion; but many years must necessarily elapse before all the hutments could be replaced. He was not aware of any cases of troops living in hutted accommodation which should be condemned as unsuited for habitation. It was the intention to provide separate water-closet accommodation, and, eventually, separate bathrooms, for all married couples on the married quarters roll who lived in barracks. This was being done gradually, and these improvements were included in all new constructions. He was satisfied that good progress was being made.

Turpentine in Mistake for Local Anaesthetic.—On February 26th Mr. Hicks asked the Financial Secretary to the War Office if he was aware of the serious illness of a private in the Royal West Kent Regiment, following the administration of a local anaesthetic in the course of teeth extraction. Mr. HACKING replied that he was aware of this regrettable case. Owing to a grave mistake, turpentine was injected instead of the proper local anaesthetic. No other soldiers were similarly treated. Suitable disciplinary action in the matter had been taken, and special instructions had been issued, designed to exclude the possibility of any similar mistake occurring in future. He was happy to say that the soldier's general health was now reported to be good.

Pensions in India.—On February 25th Sir SAMUEL HOARE, replying to Mr. Burnett, said that eligibility to retire on proportionate pension was at present confined to members of the all-India services and persons holding posts, other than listed posts, borne on the cadres of these services who were appointed or selected for appointment before January 1st, 1920, and who were not permanently employed directly under the Governor-General in Council. The total number of officers who retired on proportionate pension between November, 1921, when the scheme was introduced, and the end of 1934 was 599. The all-India services, which number nine, included the Indian Veterinary Service and the Indian Medical Service (Civil).

Medical News

On Wednesday, March 6th, at 8 p.m., Sir Henry Richards will give an address on the "Problem of Noise" before the Royal Society of Arts, John Street, Adelphi, W.C., with Lord Elton in the chair.

The annual dinner of the Irish Medical Schools and Graduates' Association will be held at Claridges Hotel on Saturday, March 16th, at 7.45 p.m., when the guests will be the Marquess of Dufferin and Ava and Sir Richard Livingstone.

The fourth annual dinner and dance of the North-West London Medical Society will be held at Park Lane Hotel on Thursday, March 28th. Reception at 7.30 p.m. Dinner at 8 p.m. Cabaret and entertainment, also bridge. Tickets (13s. 6d. each) may be obtained from the secretary, or from Dr. J. O. Musson, 10, Chichele Road, N.W.

The Food Education Society (29, Gordon Square, W.C.) announces that three lectures will be given by Dr. Clement Nicory at the London School of Hygiene and Tropical Medicine, Keppel Street, W.C., on Tuesdays, March 12th, 19th, and 26th, at 5.15 p.m. The subject of the first lecture is "Chronic Rheumatism, its Prevention and Treatment," the second lecture is on "Malnutrition, with special reference to Obesity," and the third, "The Chief Causes of Ill-health." Admission free.

The Food Group and Liverpool Section of the Society of Chemical Industry will hold a symposium on meat in the Chemical Department of Liverpool University on March 8th. The proceedings will be divided into an afternoon session covering the chemistry of meat and an evening session dealing with meat storage. Further information may be had from the head office of the society, Central House, Finsbury Square, E.C.2.

The British Red Cross Society (County of London Branch) will shortly hold a course of seven lectures on "First Aid in Chemical Warfare," for medical practitioners. Particulars may be had from the county secretary, British Red Cross Society, 9, Chesham Street, S.W.1.

Part II of the series of lectures and practical courses of instruction for the diploma in psychological medicine at the Maudsley Hospital will be continued during March, April, and May. Inquiries as to lectures, fees, etc., should be addressed to Dr. F. Golla, honorary director of the medical school, Maudsley Hospital, Denmark Hill, S.E.5.

A meeting on behalf of the St. Pancras House Improvement Society will be held at West Wing, Outer Circle, Regent's Park, on Tuesday, March 12th, at 6 p.m., when an author (Mary Borden), an architect (Basil Ward), and a housing worker (Lady Stewart, organizing secretary, North and South-West St. Pancras Groups) will speak on bad housing, human needs, remedies, and solutions. A housing film, entitled "Paradox City," will be shown. Information may be had from Lady Stewart, 118A, Euston Road, N.W.1.

The Fellowship of Medicine (1, Wimpole Street, W.) announces that Mr. Percival P. Cole will give a pathological demonstration at the Wellcome Museum of Medical Science on March 7th, at 3 p.m., on tumours of the bone. On March 11th Dr. John Franklin will lecture on skin diseases. Dr. K. H. Tallerman will give a special demonstration on children's diseases at the London Hospital on March 9th, at 3 p.m. Forthcoming courses include a week-end course in clinical surgery at the Royal Albert Dock Hospital, March 9th and 10th; a week-end course in chest diseases at the Brompton Hospital, March 23rd and 24th. Courses occupying longer periods include orthopaedics at the Royal National Orthopaedic Hospital, March 11th to 23rd; clinical medicine and surgery at the National Temperance Hospital, March 14th to 20th (including Saturday and Sunday); thoracic surgery at the Brompton Hospital on three days a week from March 4th to 29th. This course is intended for practitioners who in the ordinary course of their work may be called upon to perform chest operations. Courses, clinics, etc., arranged by the Fellowship are open only to members and associates.

Following its recognition by the University of London as an approved clinic in connexion with the post-graduate diploma in psychology, the Institute of Medical Psychology has arranged a course of eleven lectures, on "Mental Health in Childhood," at Malet Place, W.C.1. The lectures form part of a clinical course for the University's academic diploma in psychology.

The Duke and Duchess of Kent have both consented to be patrons of the Royal Waterloo Hospital, in Waterloo Road, London. The last Duke of Kent—father of Queen Victoria—was one of the hospital's royal founders, and attended the inaugural meeting held in 1816 at the London Tavern.

A summary of the report of the Joint Council of Midwifery, making recommendations for a salaried service of midwives, appeared in last week's *Journal* (p. 371). The report is now published in pamphlet form (price 6d.), and may be purchased directly from the National Birth-day Trust Fund, 57, Lower Belgrave Street, S.W.1.

The announcement is made as we go to press that Sir George Newman will retire on March 31st from the posts of Chief Medical Officer of the Ministry of Health and of the Board of Education, and will be succeeded by Dr. A. Salusbury MacNalty, who, in turn, will be succeeded by Dr. Thomas Carnwath as deputy to the Chief Medical Officer.

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 over-seas 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:

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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

Narcolepsy?

"W. M. D. D." asks for advice in the case of a healthy man, aged 46, able to do his work efficiently without tiredness, who falls asleep in the middle of his evening meal, during a course, or at any time when he feels there is opportunity of relaxation. There is no history of influenzal attack preceding this condition, which started about four years ago.

Menopausal Symptoms

"M. F. G." writes: I would be glad to benefit by the experience of any who have been successful in the treatment of "flushings." One of my patients is very acutely distressed by these symptoms, and often cannot remain in bed, or indoors, owing to the feeling of oppression. Simple bromides seem too depressing.

Colostomy Belt

Mr. A. T. SLATER writes: Your correspondent "M." (January 26th, p. 187) should advise his patient to lightly pack the cup of the colostomy appliance with cellulose tissue. This acts as an absorbent and at the same time prevents extrusion of the bowel. The alternative is to fit a belt of the St. Mark's pattern, with a shallow celluloid shield, but this has no rubber pad, and is less comfortable.

Treatment of Cramp

Dr. G. A. FERRABY (Worthing) writes in reply to "W." (p. 399): More than forty-five years ago sulphate of copper, in small doses, was recommended in this column. Usually 1/10 grain thrice daily for a few days will give more or less permanent relief. In one excessively severe case treatment was continued for many weeks and at intervals for some months. This patient had been disturbed many times almost every night for years. Latterly I have used small tablets of 1/6 or 1/10 grain of copper sulphate specially made, but previously I gave

R.	Cupr. sulph.	...	...	...	...	...	gr. vi
	Acid. sulph. dil.	...	...	...	...	...	m x
	Aq.	...	...	...	...	ad 3	viii
	F. mist.	Sig.: 3 j t.d.s. ex aqua.					

with instructions to suspend treatment after a few nights' immunity occurred. During an attack forcible extension of the contracted muscle stops the spasm. Extension must be maintained a short time, and the muscle left flaccid a little longer, to prevent recurrence.

Income Tax

Payment to Wife for Professional Services

"F. S." had his accounts prepared for the year ended September 30th, 1934, and the assessment was made on that basis. He "afterwards realized" that as his wife acted as clerk and bookkeeper during the year he could have