

29. Pte. B., aged 19. Admitted very cyanosed and distressed, and vomiting. Oxygen given under pressure while venesection was done. Bled 15 oz. Says, "Felt chest easier, headache gone, and breathed better. Slept well after it." Colour slowly improved, and remained well.

30. Pte. Q., aged 45. Admitted very cyanosed and dyspnoeic. Alcoholic type. Bled 25 oz. Says, "Relieved me more than anything else, and I slept for hours." Colour improved and remained good.

These are notes on those of the patients who were venesected and lived. They were taken two days after bleeding. All cases were evacuated to the base on the seventh or eighth day after admission with the exception of A., F., and L., who were still in hospital with acute bronchitis.

The effect of venesection on all the cases was the same. The great thing the patients needed was freedom from the heart's embarrassment and rest. Whether the improved condition was due to the rest or the venesection I do not know, but I firmly believe that it was the depletion of blood which caused the sleep, and hence the benefit, and I began to rely upon venesection as a routine line of treatment for the cyanotic group of cases.

DEATH AFTER NITROUS OXIDE-OXYGEN AND LOCAL ANAESTHESIA.

BY

W. J. MCCARDIE, B.A., M.B., B.C.CANTAB.,
ANAESTHETIST TO THE GENERAL HOSPITAL, BIRMINGHAM.

IN a somewhat large experience of nitrous oxide and oxygen anaesthesia, with and without the addition of ether, I have never seen any other case like that which I here relate. The patient very nearly died during the operation, and succumbed two hours and a half later without recovering consciousness.

I was asked to give an anaesthetic on January 29th, 1915, to a patient of Mr. Gilbert Barling, F.R.C.S. The operation was to be gastro-enterostomy for ulcer of the stomach, which was probably simple. The patient, aged 65, was a thin and anaemic-looking man of earthy complexion, of whom his medical attendant, Dr. Paulin of Malpas, said that he was very nervous. Seven weeks before Mr. Barling saw him he had fainted while conducting a religious service. He had been in bed for six weeks under careful treatment, and had had a very profuse haemorrhage from the bowel twelve days before operation; no rectal haemorrhage nor vomiting of blood had occurred since then. During the haemorrhage morphine, gr. $\frac{1}{2}$, had been injected several times, and he bore it well. He said that he had no cough, and nothing abnormal was found in his lungs. The pulse was soft, the apex beat was a trifle out—about $\frac{1}{2}$ inch outside the usual position—while his heart sounds were rather "flappy," but clear and regular. Nothing abnormal was found in his urine.

Mr. Barling thought the patient was a good subject for nitrous oxide and oxygen anaesthesia, and I fully agreed with him. One and three-quarter hours before operation morphine gr. $\frac{1}{2}$ and scopolamine gr. $\frac{1}{32}$ was injected, and just before operation, as the patient was not drowsy and answered questions promptly and clearly, gr. $\frac{1}{2}$ of morphine was injected intramuscularly before he was carried downstairs to the theatre. On the table gas alone was quietly and easily administered for about ten breaths, then 5 pints of oxygen a minute were added to it, and rebreathing of the gases was allowed. As soon as the patient was unconscious the layers of the abdominal wall were infiltrated with weak novocain solution, and when the abdomen was opened the peritoneum was infiltrated with quinine and urea solution by Crile's method.

The patient's pulse from the very first became very, very weak, but the breathing was good and regular, and when the operation was begun, in spite of much more oxygen, the pulse could hardly be felt at the wrist. Throughout the operation there was no haemorrhage from the wound, and no artery forceps were applied. As operation very rapidly proceeded his pulse vanished, respiration gradually became deeply gasping, although practically no gas was administered and seven or eight pints of oxygen a minute were turned on, which is more than twice as much as is usually given. Air also was allowed at times, and for the latter part of the operation only pure oxygen was given. When the pulse became bad the patient's colour was greyish and pallid, but never blue. Muscular relaxation was absolute throughout the operation. At first the patient's pupils were well but not minutely contracted and fixed; the eye reflexes, brisk at first, were very dull for about twenty minutes, but later on they returned with the administration of pure oxygen. For the last twenty minutes of operation the patient appeared to be dying, the pulse being impalpable and respiration being very prolonged, slow, and gasping, although pure oxygen was administered; therefore, before the abdomen was closed, a vein in the arm was opened and saline solution, to which was added a few drops of pituitary extract and some brandy, was injected. The pulse soon became palpable,

gradually improving in quality, and the eye reflexes became quite active and respiration less gasping; $\frac{1}{2}$ pints of saline were infused; a rectal injection of glucose and sodium bicarbonate in tap water also was given on the table.

When the patient was back in bed the pulse gradually improved further, and became really very good in volume, regular, and steady (120); he groaned during respiration, which was quiet, and we thought that he would recover, but consciousness never returned.

About one hour later collapse occurred. More fluid with brandy was given intravenously, but the pulse became flickering, respiration very gasping, and after about three-quarters of an hour his jaw dropped and he soon died.

Unfortunately no post-mortem examination was allowed.

The anaesthesia lasted thirty-five minutes, during the last fifteen of which hardly any gas was given but a good deal of air, and a large quantity of oxygen with rebreathing. There was no respiratory obstruction at any time.

Why did this man die? As a comparison I may say that five days previously I had administered gas and oxygen by the same method to an old lady of 72, who appeared to be in worse condition than he, for a severe gall stone operation; the difference in the treatment was that she had before operation a trifle less morphine, which made her drowsy beforehand. The anaesthesia and muscular relaxation were perfect, much less oxygen was necessary than in the case I have related, her colour was pink throughout, and respiration and circulation were very good; there was no evidence of shock, although the administration lasted one and a half hours.

Points that occur to me for consideration are:

1. That the circulation failed long before respiration.
2. The failure could not have been due to traumatic shock, because it began before incision.
3. The morphine could not be incriminated, because the patient had had as big or bigger doses before, and was not drowsy before operation.
4. There was no asphyxia from obstruction to respiration, and twice as much oxygen as is usually necessary was inhaled, while very little gas was given.
5. I do not think that death was due to too much gas, because circulatory failure occurred very early, beginning with the administration of the gas.
6. The patient was psychically a very curiously nervous man, and I am inclined to think that psychic shock, together with anaemia, causing heart weakness, were largely responsible for the fatality. This explanation, I admit, is hardly satisfactory.
7. Why did consciousness never return?
8. Would the early addition of a small quantity of ether to the gases have been of value?

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SYPHILIS: TWO EARLY CASES OF REINFECTION AFTER TREATMENT WITH SALVARSAN AND MERCURIAL INUNCTIONS.

IN July, 1915, Dr. — asked me to see one of his patients whom we had treated for syphilis (acquired twelve months earlier) in February and March of the same year, by giving three injections of salvarsan and using mercurial inunctions for a period of two months. He had a chancre on the glans and enlarged inguinal glands, and admitted the possibility of reinfection. At that time he did not wish to have further salvarsan treatment, and in six weeks developed all the usual secondary signs and symptoms, which immediately cleared up when kharsivan was given.

A prostitute, aged 21, was discharged from this institution in November, 1915, after having been treated for syphilis with kharsivan and mercurial inunctions for a period of a month. She returned on March 28th, 1916, and when I saw her in April had a chancre on the right labium and enlarged inguinal glands. She admitted still earning her living by prostitution.

These two cases I think serve to demonstrate the possibility of effecting a cure by the use of the above method, if the kharsivan or salvarsan is given at suitable intervals, as it seems hardly possible for a person to be reinfected unless the first infection had been eradicated.

Gateshead.

LIONEL L. WESTROPE.

A CASE OF LYMPHANGIOPLASTY.

It is said that, whereas lymphangioplasty gives great relief in the brawny arm of cancer of the breast, in lymphatic oedema of the leg its results have not been satisfactory. I venture, therefore, to publish the following case:

J. B., aged 28, was scalded on the lower parts of the legs, ankles, and feet when 13 years old. Healing was very slow, and she was unable to walk for six months. Then the legs became very swollen and painful on standing or walking. The usual methods of treatment failed, and she was obliged to give up her work, which entailed long standing.

On June 30th, 1913, lymphangioplasty was done in both legs after Sampson Handley's method (see BRITISH MEDICAL JOURNAL, April 9th, 1910). No. 12 woven tubular silk was used, but no special instruments. She was allowed up after fourteen days. Improvement was slow but continuous, and now (July, 1916), she walks many miles every day without discomfort or swelling.

HAROLD HARTLEY, M.D., F.R.C.S.,
Senior Assistant Surgeon to the North Staffordshire Infirmary.

Reviews.

NERVE INJURIES.

A BRIEF and business-like account of *Nerve Injuries and their Treatment*¹ has been written by Temporary Colonel PURVES STEWART, A.M.S., and Captain EVANS, R.A.M.C. (T.). Most of these injuries are traumatic, the nervous symptoms occurring either at once or after the lapse of time. Others occur independently of any known trauma, such as various forms of peripheral neuritis (including some instances of "trench foot"), and cases of the compression of nerves by such things as cervical ribs or aneurysms. The authors discuss the conditions simulating nerve injury, and consider the prognosis before and after surgical treatment. Stress is laid on the importance of securing strict asepsis before any operations for the suture of nerves are undertaken; hence in cases of shot and shell wounds the suture is commonly to be undertaken only after the primary wounds have healed. The last hundred pages of the book deal with the signs and symptoms produced by trauma of the individual nerves. The book is well illustrated, and should be of great service to the many surgeons and physicians who have to deal with the wounded from the front.

TREATMENT AFTER OPERATION.

MR. LOCKHART-MUMMERY'S *After-treatment of Operations*² has become a standard manual. It was published originally in 1903, and a fourth edition has recently been issued. The experienced operator is often anxious lest his house-surgeon, or the practitioner in charge of the case, should be unable, however willing, to carry out his instructions about after-treatment. This treatise will, as its title professes, afford that necessary information. The general teaching is very sound: thus the author reminds the reader that a slight rise of temperature is still the rule after an operation of any magnitude, however well the surgeon may have carried out aseptic precautions. The superstition about keeping the operation case in the dorsal recumbent posture, less prevalent at the present date than it was when the first edition appeared, is judiciously deprecated, and the reader is taught that for elderly subjects the semi-recumbent position is, whenever possible, the only posture in which the patient should be placed. The directions for the after-treatment of certain operations new, or now far more frequently undertaken, such as suprapubic cystotomy, are highly satisfactory, and in these war-stricken days the addition of a chapter on gunshot wounds is most acceptable. The last words, however, remain the most important, for they impress upon the reader that the best results will always be obtained by the prevention rather than the treatment of shock.

¹ *Nerve Injuries and their Treatment*. By Purves Stewart, M.A., M.D. Edin., F.R.C.P., Temporary Colonel A.M.S., and A. Evans, M.S., M.D. Lond., F.R.C.S., Captain R.A.M.C. Oxford Medical Publications. London: H. Frowde; Hodder and Stoughton. 1916. (Demy 8vo, pp. 220; 97 figures. 8s. 6d. net.)

² *The After-treatment of Operations. A Manual for Practitioners and House-Surgeons*. By P. Lockhart-Mummery, F.R.C.S. Eng., B.A., M.B., B.C. Cantab. London: Baillière, Tindall, and Cox. 1916. (Cr. 8vo, pp. 283; 39 figures. 5s. net.)

MENTALLY DEFICIENT CHILDREN.

THE enactment of the Mental Deficiency Acts for England and Wales and Scotland and the amendment of the Elementary Education (Defective and Epileptic Children) Act have made it necessary for Drs. SHUTTLEWORTH and POTTS to subject their book on *Mentally Deficient Children*³ to a thorough revision. The report of the Royal Commission, which was published in 1908, excited widespread interest among public authorities and social workers, and as the result of considerable pressure the Home Secretary brought in a measure to give effect to its recommendations in 1913. A short account of the principal provisions, more especially those relating to children, is given in the edition now before us. There is a very good description of the pathology of forms of mental deficiency; two interesting groups of cases spoken of as word-deaf and word-blind children are described, and the microscopical conditions found in cases of primary and secondary amentia are stated. In discussing inherited syphilis as a cause of mental defect, Dr. Mott's researches are described, and the confirmatory evidence recently obtained by means of the Wassermann reaction related. The results which different observers have obtained, varying from 1.5 per cent. to 60 per cent., differ so much, however, that they cannot be considered as final. A new chapter on the psychopathies of adolescence, in which juvenile general paralysis of the insane, dementia praecox, developmental epilepsy and epileptic mental degeneration, pubertal perversion of moral sense, and insanity in childhood are well described, has been added, as they are often closely connected with states of congenital unfitness. The medical examination of mentally defective children under the regulations of the Board of Education is the title of one of the chapters; it contains much useful information. The chapter is rendered more interesting by the inclusion of Dr. E. S. Pasmore's flag chart of heredity and a copy of the model arrangements issued by the Board of Education circular.

The necessity for after-care of these children has been established, and much has been accomplished in this direction by the formation of the Central Association for the Care of the Mentally Defective. A list of the certified institutions in England and Wales, of institutions for Poor Law cases, of certified houses and approved homes, of institutions for imbeciles and the feeble-minded under the Metropolitan Asylums Board, and institutions in Scotland, is given in the appendix, as well as a copy of the medical certificate required by the Mental Deficiency Act. There is a copious bibliography, and the number of illustrations has been considerably increased. This is the most concise and up-to-date book on the subject which we have read, and we would recommend every one who is interested to procure it and read it.

TROPICAL MEDICINE.

Mosquito Control in Panama,⁴ by LE PRINCE and ORENSTEIN, is the title of a book descriptive of the methods used in the canal zone for combating malaria, yellow fever, and other tropical diseases during the building of the canal. There is an introduction by Dr. HOWARD. The work is divided into two parts: the first dealing with the antimalarial campaign, and the second with the yellow fever campaign; the latter includes an account of the work done in Havana during the campaign which stamped that disease out of the city. The result of the sanitary work in Panama—namely, the successful completion of the canal—is known to all; therefore it is especially interesting to have a detailed account of the different methods and plans that were adopted for this end. In this most interesting book all the details are presented in the clearest fashion, and by looking at the excellent photographs the reader will be able to follow everything as if one had actually been on the spot. It makes the work not only valuable for the history of the canal itself, but also for the practical application of similar methods in other parts of the world. The destruction of mosquitos is not

³ *Mentally Deficient Children: Their Treatment and Training*. By G. E. Shuttleworth, B.A., M.D., etc., and W. A. Potts, M.D., etc. Fourth edition. London: H. K. Lewis and Co., Ltd. 1916. (Cr. 8vo, pp. 303; illustrated. 7s. 6d. net.)

⁴ *Mosquito Control in Panama. The Eradication of Malaria and Yellow Fever in Cuba and Panama*. By J. A. Le Prince, C.E., A.M., and A. J. Orenstein, M.D.; with an introduction by L. O. Howard, LL.D. New York and London: G. P. Putnam's Sons. 1916. (Post 8vo pp. 352; 100 illustrations. 10s. 6d. net.)

consistently endeavoured to minimize Pasteur's great work, so when Metchnikoff associated himself with the Institut Pasteur, German bacteriologists as a body damned his doctrine with faint praise where they did not actively oppose it. There will be some who can recall the memorable debate upon immunity at the International Congress of Hygiene in London in the summer of 1891, which threw this opposition into high relief. On the one side were ranged Roux and Metchnikoff—Arloing, the other French pathologist, took an independent line—on the other, Buchner, Hnepppe, Emmerich, and Ehrlich, one and all supporting the humoral doctrine. Obviously they were playing a losing game. If, as they claimed, bacteria were destroyed by the bactericidal substances present in the fluids of the body, those substances must have been secreted or discharged there as the results of cell activities or cell destruction, and by that period Metchnikoff had expanded his doctrine to admit both intracellular and extracellular activities on the part of his phagocytes. But the team play was striking; the humoral was the German theory, and was to be supported through thick and thin; to seek out the truth and to ensue it was of secondary importance. Saying this, I must, I think, be admitted that the great Russian, while admitting the extracellular activities of endothelia and wandering cells, did so somewhat grudgingly. He never studied the functions of the lymphocytes (which are not phagocytic in the strict sense) with the same enthusiasm as he did that of the polymorphonuclears (which are). But it was he who established the part played by phagocytosis in the arrest of infectious disease. That was his life's work.

So assured was he of the importance of the process that it was both natural and pardonable that he should see in it the be-all and end-all of inflammation, and should conclude, in his most fascinating volume upon this latter subject, that inflammation is but phagocytosis writ large. It is not a little interesting that from Burdon-Sanderson's article in *Quain's Dictionary* in the Eighties down to Sir Almroth Wright in this year of grace British pathologists have taken the broader biological view, regarding inflammation as the reaction to injury, and holding that the organism employs every means at her disposal, and not one alone, to neutralize or remove the irritant.

In Metchnikoff was that rare alliance of the capacity for taking infinite pains with a most active scientific imagination, so active, in fact, that at times it carried him beyond his goal. But, saying this, we must acknowledge with whole-hearted appreciation that through him Russia, with the friendly support of France, has given us a new and greater science of medicine. He rather than Virchow has been the creator of a live cellular pathology, a pathology based upon the reactions manifested by the cell under well-determined conditions of experiment, instead of upon the appearances of the cell, which may have suffered numerous unknown insults, as found in the *post-mortem* room. This is not the same as saying that we do not owe a heavy debt to Virchow, only that the method of Metchnikoff is of the higher scientific value, and therefore likely to lead further and accomplish more.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on June 21st. Sir Alfred Pearce Gould, K.C.V.O., was re-elected Vice-Chancellor.

Examiners.—The following were appointed to act as examiners: *Anatomy*: F. G. Parsons and R. W. Reid. *Pharmacology*: F. Ransom and R. B. Wild. *Physiology*: Miss W. C. Cullis and D. N. Paton. (The second name in each case is that of the external examiner.)

Brown Animal Sanatory Institution.—The annual report of the acting superintendent, Dr. Mellanby, for 1915 stated that 4,680 animals had been brought to the institution, of which 50 were in-patients at the hospitals; the animals under treatment included 3,058 dogs, 1,191 cats, and 255 horses. Five lectures on recent work on alimentary toxæmias had been delivered in the Royal College of Surgeons in December by the acting superintendent in accordance with the will of the late Mr. Brown. The report also recorded the investigations which had been carried out in the laboratory.

University Medal.—The university medal at the M.B., B.S. examination, May, 1916, has been awarded to Stanley Ritson, B.Sc., of King's College Hospital.

UNIVERSITY COLLEGE.

The following awards have been made in the Faculty of Medical Sciences:—*Bucknill Scholarship*: J. P. Padshah; *Epsom Scholarship*: D. C. Corry; *Medical Entrance Exhibitions*: H. L. Heimann, A. B. Saunders.

The Provost reports that the number of students during the last academic year was 1,132 (including 51 refugees), as compared with an average of 2,200. The number of women students was 596, and of men students 536, but of the men only 222 have been in attendance throughout the session; of these, 80 were under military age, and 19 specially reserved to continue their work. The roll of members of the College serving contained 1,476 names. The number who had lost their lives was 73. The chief domestic event of the session was the occupation of the new chemistry laboratories. They are not yet completely equipped, and for this purpose a sum of £20,000 is now required, towards which Sir Ralph Forster has promised £5,000.

UNIVERSITY OF MANCHESTER.

The diploma of public health has been awarded to the following: E. R. Cooper, H. N. Crossley, S. W. MacLean, W. H. Tattersall.

UNIVERSITY OF EDINBURGH.

The following degrees were conferred at the graduation ceremony on July 11th:

M.D.—A. S. Boyd, R. Govan, W. D. S. Johnston, J. Lindsay, G. J. Inyt, R. M. Mackay, A. W. Mather, A. N. Robertson, Chung Cling Wang, Chung Yik Wong, W. Q. Wood.

D.Sc.—Dr. J. W. Dawson.

M.B., CH.M.—G. Holiday.

M.B., CH.B.—C. B. C. Anderson, G. H. Barry, J. Bennet, R. D. Cameron, J. E. Chow, Ando Huan Chu, D. Colombos, W. J. F. Craig, T. Crisp, A. L. V. Davin, D. G. Duff, J. J. B. Edmond, A. M. L. Ferrie, M. Foster, A. K. Gibson, W. N. Greer, F. J. Hauptfleisch, C. S. van Heerden, N. K. Henderson, Wilhelmina W. Hendry, S. N. Kaul, Marjorie I. S. McGregor, I. Mackenzie, J. A. Mackenzie, Isobel M. MacLulich, J. O. Marais, J. de V. Meiring, R. W. H. Miller, E. A. Mills, C. Milno, J. Milne, H. S. Moore, J. L. Owen, A. M. M. Paterson, C. P. Penberthy, A. Prentice, J. C. Preston, W. Richards, B. J. Ryrie, Eng Siang Seah, E. O. A. Singer, J. M. Smellie, E. D. Söderström, M. Stewart, R. B. Stewart, D. G. Stoute, M. D. Thakore, D. R. Thapar, W. G. Thomson, J. I. de Villiers, W. Waddell, R. R. S. Weatherston, Gladys R. M. V. Williamson, R. M. Wishart, C. W. Ng Yow.

The following scholarships, prizes, etc., have been awarded: *Ettles Scholarship*: B. J. Ryrie. *Beane Prize in Anatomy and Surgery*: A. V. Dill. *Mouat Scholarship in the Practice of Physic*: A. J. Caird. *Conan Doyle Prize*: C. T. I. Clarke. *Buchanan Scholarship in Gynaecology*: B. J. Ryrie. *James Scott Scholarship in Midwifery*: J. Bennet. *Dorothy Gillfillan Memorial Prize*: Gladys Ward. *Pattison Prize in Clinical Surgery*: J. C. Burns. *Cunningham Memorial Medal and Prize in Anatomy*: M. Goldberg. *Whiteside Bruce Bursary*: J. R. McDonald. *Crum Brown Medal in Chemistry*: G. F. Davidson.

* First class honours.

† Second class honours.

‡ Gold medal for thesis.

§ Highly commended for thesis.

QUEEN'S UNIVERSITY OF BELFAST.

The following candidates have been approved at the examinations indicated:

M.B., B.Ch., AND B.A.O. EXAMINATION.—W. F. Algeo, J. Boyd, W. Bryars, A. G. P. Campbell, G. Chesney, A. C. Dicker, Grace M. English, F. Ewart, H. E. Hall, J. A. Harbison, Arabella C. Kirker, N. McCullough, J. P. McGinley, B. W. McKinney, M. McMenamin, F. McSorley, J. J. Marner, T. J. Marner, D. Mitchell, Elizabeth M. Moore, Margaret S. Purco, C. A. W. Ramsay, R. J. Rea, W. Saunderson, T. R. S. Thompson, N. C. L. B. Tweedie, J. H. Vance.

* First class.

† Second class.

M.D.—W. W. D. Thomson (gold medal), J. M. Warnock.
D.P.H.—Dr. A. E. Knight, Dr. W. J. MacKeown, Dr. C. J. Milligan.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A MEETING of the Council was held on July 13th, when Sir Watson Cheyne, Bt., President, was in the chair.

The Improper Use of Medical Certificates.

The attention of the Council having been called to a complaint regarding the manner in which medical certificates are sometimes obtained by men who have failed to join, or have deserted from, His Majesty's transports, it was decided to warn Fellows and Members of the College of the need for care in granting medical certificates, and the penalties to which they may become liable for granting them improperly. It is alleged that these certificates can be obtained for the small fee of 6d. or 1s., and that they are often given without an examination of the patient, and merely on the man's statement as to the nature of his alleged illness.

Removal of a Member.

The name of a member was removed, he having been already removed from the *Medical Register*.

Conjoint Board of Scientific Societies.

The President and Sir John Bland-Sutton were appointed representatives of the College on the above Board.

Election of President and Vice-Presidents.

Sir Watson Cheyne, Bt., was re-elected President for the ensuing year, and Mr. Harrison Cripps and Mr. Charters Symonds Vice-Presidents.

Executive Committee of the Imperial Cancer Research Fund.
Mr. D'Arcy Power was elected a member of the above committee.

Issue of Diplomas.

Diplomas in Public Health were granted jointly with the Royal College of Physicians to three candidates found qualified at the recent examination.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

FINAL EXAMINATION.—T. D. Renwick, S. D. Vania, F. B. Macaskie, M. A. White, A. L. Giblin, Elfrida H. B. Coghill, J. Ross, J. E. Kitchen, Ethel M. Dukes.

The Services.

EXCHANGES.

LIEUTENANT R.A.M.C. (temporary), attached to Casualty Clearing Station (B.E.F.), desires to exchange with M.O. attached to Home Station unit.—Address No. 2800, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Medical Officer, Captain Field Ambulance (T.F.), B.E.F., desires exchange with officer same rank, Hospital, England.—Address No. 2799, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Medical News.

DR. E. N. BURNETT has been appointed a Justice of the Peace for Newcastle.

THE house of the Royal Society of Medicine will be closed for cleaning and library stock-taking during the whole of August.

DURING the three months April-June, 174 cases of cerebro-spinal meningitis were notified in London, with 85 deaths, as compared with 294 cases and 167 deaths during the corresponding quarter of last year.

THE Liverpool School of Tropical Medicine has informed the Belgian Ambassador in London that Belgian doctors at present in this country desirous of taking out a course of instruction in tropical medicine will be admitted free of charge at the opening of the new term on September 11th.

THE correspondent of the *Times* with the Russian centre army, in a letter dated July 11th, states that "the ambulance, first aid, and field hospital work of the Russians is beyond all praise. The Army Medical Service, not less than the Red Cross and private organizations, have done splendid work."

THE seventeenth annual general meeting of the National Association for the Prevention of Consumption and other Forms of Tuberculosis will be held at 20, Hanover Square, on Wednesday next, at 4 p.m. A discussion on war and tuberculosis will be opened by Sir William Osler and Mr. H. J. Tonnant, M.P.

IT is reported that on July 15th, when about to pay a professional visit to a farmer residing in a remote part of Carmarthenshire, Dr. D. T. Glyn Jones, of Llansawel, near Llandilo, was shot by the farmer's son, and died without recovering consciousness. The inquest was opened on July 18th and adjourned. Dr. Jones, who was 47 years of age, received his medical education at the Middlesex Hospital, and took the diploma of L.S.A. in 1901.

A REPORT on the plague in Egypt during 1915 has recently been issued by the Department of Public Health. The total number of known cases was 235; in 1914 it was 219, and in 1913 it was 654. The deaths numbered 120, 111, and 304 in the respective years; from one-third to two-fifths of them occurred in hospital. Last year about three-fourths of the cases admitted to hospital occurred during the four months April-July. In 1914 the maximum was a little later, in 1913 a little earlier.

THE Mary Murdoch Memorial Loan Fund has been raised to perpetuate the memory of Dr. Mary Murdoch, of Hull, her high professional standard and the inspiration and encouragement she was to her colleagues and friends. The committee which has been formed to administer the fund is prepared to grant loans of £100 or less, free of interest, so as to give women doctors some financial help at a time when they may specially need it. Such special need might be during their early years of establishment in practice, to enable them to study some special subject or purchase some particular apparatus, etc. This fund will be open to all medical women, but preference will be given to those who have been trained at the London School of Medicine for Women, which was Dr. Murdoch's own school. All applications will be regarded as confidential and should be made to the honorary secretary and treasurer, the Hon. Mrs. Franklin, '50, Porchester Terrace, London, W.

Letters, Notes, and Answers.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Antiology Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisera Westrand, London*; telephone, 2634, Gerrard. The address of the Irish office of the British Medical Association is 16, South Frederick Street, Dublin.

QUERIES.

INCOME TAX.

VIATOR, in making his "Income tax return, Schedule D, for 1914-15" (*sic*) put down his net income, but attached a statement giving particulars of the gross amount, and the expenses deducted therefrom. He was charged income tax on the exact amount of the gross income, and on that basis paid tax in January last. He has now received a further application for tax on the same basis, and has been told by the surveyor that the assessment must stand, as no appeal was made last year.

* * Although our correspondent's letter quotes the year in question as "1914-15," we assume that he refers to the year 1915-16, for which the tax is payable in two instalments, one in January, 1916, and one in July, 1916. The 1914-15 tax would not be payable in two sums. It is presumed that due notice of the assessment was given to "Viator" in the autumn or late summer of 1915, in which case he should have given notice of objection to the assessment within twenty-one days (Taxes Management Act, 1880, Sec. 57 (3)). As this was not done he has now no right of claiming an adjustment of the assessment *by process of appeal*, but if his practice has suffered owing to the war he can still lodge an application under Sec. 13 of the Finance Act, 1914 (Session 2), for an adjustment of the assessment to the amount of the profits of the year 1915-16, or of the average profits for the years 1913, 1914, 1915. By such an "application" "Viator" would effectively get round the legal difficulty that he is statute-barred from "appealing." If he is unable to come to an equitable arrangement with the surveyor of taxes on these lines, he might find it advisable to ask the Board of Inland Revenue to give the matter special consideration, on the ground that unreasonable hardship would otherwise be inflicted. We may perhaps add that the second instalment of the 1915-16 tax is governed by the original assessment for that year—Finance (No. 2) Act, 1915, Sec. 20 (a). An alternative method, not depending on the condition that the practice has suffered owing to the war, would be for "Viator" to prove that his "actual income from all sources is less by more than 10 per cent. than the income on which he has been assessed or charged," in which case a portion—and if the deficiency amounted to 20 per cent., the whole—of the additional tax arising from the increase in the rate of duty would be returnable, or might perhaps be discharged without payment of the amount being required—Finance (No. 2) Act, 1915, Sec. 20 (2).

LETTERS, NOTES, ETC.

PARAFFIN FOR LOUSINESS.

DR. HENRY WALDO (Clifton, Bristol) writes: In reply to "Naval Medical Officer's" letter (*JOURNAL*, June 17th, p. 872), who thinks that paraffin might prove decidedly dangerous owing to its inflammability, may I say that the ordinary medicinal paraffins are non-inflammable? But after Allan Jamieson's warning that workers in these substances are more liable to cancer than other people, it would be at least injudicious to use them externally, and still more so to give them internally, as has been much the fashion for constipation. Sprinkling powdered sulphur over the under garments and well rubbing it into the seams will be found a safe and efficient treatment for lousiness.

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