

diaphragmatique étranglée consécutive aux plaies de guerre," by L. Bérard and Gh. Dunet, *Lyon chirurg.*, No. 5, xv, 39; "A case of diaphragmatic hernia following gunshot wound: attempt to bring about radical cure by extensive thoracoplasty," by David M. Greig, *Edinburgh Medical Journal*, June, 1919.

The following is the note given me by Major James R. Riddell, R.A.M.C.(T.):

The patient could only take part of the opaque meal and that with great difficulty. Skiasepic examination showed that three-quarters of the stomach was in the thorax. The portion remaining in the abdomen was joined to that above the diaphragm by a narrow passage. Practically all the opaque meal could be made to pass back into the chest cavity by laying the patient for a few seconds on his side and elevating the hips; the tone was poor and peristalsis was not made out. The upper limit of the stomach was about the level of the third rib in front.

In the diagram the dotted line shows the normal position of the stomach alongside the position of the patient's before operation.

Two of the skiagrams, A and B, were taken before and one, C, some weeks after the operation.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### FOREIGN BODY IN CAECUM SIMULATING APPENDICITIS.

On August 6th I was requested to visit C. K., aged 35 years, of weak intellect, who was suffering acute abdominal pain, especially in the right iliac fossa. The muscles were very rigid, and I suspected a perforation from a sloughing appendix. The patient was at once removed to the hospital, and, with the assistance of Dr. Cecil Richardson, I opened the abdomen by a para-rectal incision. Considerable trouble was caused by protrusion of small intestine on account of the muscular contraction, which could not be controlled by the anaesthetic. On exploring the caecal region a hard substance was felt which could only be a foreign body. It lay diagonally across the caecum and ascending colon, and had a sharp point which had perforated. The perforation was slightly enlarged and the foreign body extracted, proving to be a wire nail 3 in. long. The bowel was clamped, the perforated spot buried by a purse-string suture, and a reinforcing Lambert suture applied in the horizontal axis. The wound was healed on the tenth day, and there have been no further symptoms. C. K. does not seem inclined to give any information as to how or why he swallowed the nail, but one can hardly believe it was an accident.

J. B. PIKE, M.R.C.S.Eng.,  
Honorary Surgeon, Loughborough Hospital.

#### THE INFECTIVITY OF SYPHILIS.

I venture to suggest that the medical profession is not sufficiently alive to the danger of syphilis being transmitted in innocence and apparently also indirectly from one member of a household to another. During the last two years I have come across three instances of this.

1. A girl, aged 15, used to nurse a syphilitic infant that had been born to a young woman, to whom her mother had given hospitality while her sweetheart was with the colours. The girl got a chancre on her lower eyelid, with enlargement of glands, sore throat, and exanthem. A month or two later her mother showed typical secondary manifestations, with what appeared to be the primary lesion in the perineum, close to the anus. She had no lesion further forward; her husband was away (in France, I believe), and altogether I think it most unlikely that she had been unfaithful.

2. I attended for a miscarriage a woman who showed late secondary signs, and a little while afterwards she gave the disease to her husband in the ordinary way, when he was put on military duty nearer home. Shortly after that one of their family, a boy aged 5 or 6 years, got a primary sore on the outer side of his forearm. About six months later an older boy came up among my out-patients with rash, enlarged glands, etc. (like his younger brother), and a condyloma at the anus.

3. A year ago another family I know had a visitor staying with them (a woman, I fancy) who told them incidentally that she (or he) had been attending at a hospital in a neighbouring

city for injections into her blood of sheep's blood, as her (or his) blood was so poor! Presumably this individual had overheard some remarks on the technique of the Wassermann reaction. However this may be, the man of the house got a primary sore in the usual place, though, as I think, innocently and indirectly. He had a course of galy and mercurial treatment, but failed to present himself again. About a month ago his wife came to see me with a faint scaly eruption, sore throat, and enlarged glands. She gave a positive Wassermann reaction. The husband had been cautioned as soon as seen, and I do not believe he had transgressed. Finally, within a week of the wife's coming to me, their 15-year-old daughter developed a sudden vulvitis. There was swelling and redness of the labia, and a row of three or four tiny non-indurated ulcers, with serous exudation only, and slight enlargement of the inguinal glands. A dose of novarsenobillon and of colloid mercury caused almost complete return to normal in a few days, but no spirochaetes were found.

For myself I cannot resist the conclusion that an infected vessel or w.c. seat has in some at least of these cases transmitted the virus. If this really is the explanation, an unmistakable warning should be given. All public closets ought to have the front and perhaps also the back part of the seat cut away, and every man, woman, and child should be taught to cover their own closet seats with paper during use, especially whenever there is the least possibility of its being used by a stranger.

W. REGINALD WILSON, M.A., M.B. B.C. Cantab.,  
Honorary Surgeon (with charge of Venereal Department),  
Doncaster Royal Infirmary.

#### CYCLIC VOMITING AND THE EFFECT OF SODIUM BICARBONATE IN ACETONAEMIA.

B. W., aged 5 years, was, without warning, taken sick with severe headache and vomiting on the morning of July 12th. The vomiting persisted, and two hours later he became "unconscious" according to his mother, and remained so until I was called in at 5 p.m. He tossed about the bed semi-conscious, occasionally putting his hands to the head as if in great pain; the pupils were widely dilated but reacted to light. The breath had a sweet odour as had the vomited matter. The temperature (rectal) was 100°, pulse 90, regular. There were no signs of meningitis such as Kernig's sign or head retraction, and examination of heart, lungs, and abdomen were negative. The bowels had been confined for two days.

Repeated doses of saline aperient were ordered at 9 p.m., and were taken throughout the night. On the following morning there was general improvement; the breathing was quiet and regular; the bowels were being freely opened; the patient was in a sleepy condition. A few hours later (5 p.m.) unconsciousness again ensued, followed by restless delirium and marked "air hunger" and relapse. The breath again had a noticeable sweetish odour. The urine showed the presence of acetone. At 6 p.m. sodium bicarbonate (solution 1 in 30) was introduced by a catheter into the stomach and into the rectum, and morphine gr.  $\frac{1}{4}$  was given hypodermically at the same time. After 6 oz. of solution, corresponding to about 3ij of sodium bicarbonate, had been introduced at 8 p.m., the patient recovered consciousness sufficiently to drink the solution. He drank this liberally throughout the night, and afterwards fell into a quiet sleep, which was continued for several hours, and was followed by complete recovery of consciousness and cessation of vomiting during the day.

The remarkable features of this case are (a) the suddenness of onset of vomiting and delirium without apparent cause; (b) the remarkable effects of alkaline administration in bringing the child back to consciousness; (c) the lapse back to delirium and air hunger supervening on discontinuing the alkali; and (d) recovery on the further administration of large doses of sodium bicarbonate.

Southsea.

R. HAMER HODGES, M.B., B.S. Lond.

#### A CASE OF SUPERFETATION WITH COMPLICATIONS.

THE following case is of interest, perhaps especially on account of the very small size of the second fetus, and because of its grave and finally fatal complications.

About ten days ago I was called to a confinement attended by a midwife; on arrival I found a healthy looking female child, apparently full time, and born some one and a half hours previously, an empty bag of membranes, and yet another bag of membranes in which was a fetus of about three months' gestation, and showing no

signs of decomposition. The two cords from the child and fetus were passing into the vulva, for no placenta had yet been born. There seemed no sign of the natural birth of the placenta, so the patient was given light chloroform anaesthesia and, after the usual aseptic precautions, a gloved right hand was introduced into the uterus. The placenta was very adherent, but with difficulty was peeled off and withdrawn. It was then found that the cord of the fetus was not attached to this first placenta, and there was soon discovered the second placenta, but, unhappily, too, a contraction ring could be distinctly felt, above which the placenta was firmly adherent. Only after a great struggle was the placenta removed, and then only after it had been torn. As may be imagined, haemorrhage was severe, and was only controlled after the injection of pituitrin, followed by ergotin, in addition to hot douching and manual compression of the walls of the uterus. The patient was lying in the kitchen of a two-roomed cottage, housing eleven people, so that conditions were not ideal. However, one was able to get things to give some rectal saline and a coffee and port wine enema, and the patient rallied wonderfully.

Unhappily a slow form of sapraemia set in, and the great loss of blood lowered resisting powers almost to vanishing point, and the patient died with a very subnormal temperature about eight days later.

The interest in the case seems to be the question whether it was one of real superfetation; this seems to me to be doubtful owing to the great difference of age of the two fetuses; probably the explanation is a twin pregnancy with early death of one fetus without decomposition. I believe this is the most likely explanation of such cases. Another point is, what part the two placentae played in the formation of the contraction ring; and, finally, why the premature birth of the membranes of the live child?

ROSS-ON-WYE.

HAROLD O. LONG, M.R.C.S., L.R.C.P.

#### SEPARATION OF TIP OF NOSE WITH COMPLETE PRIMARY UNION.

ON August 15th a man was admitted to King Edward VII Hospital, Windsor. While grooming a restive horse a skylight fell down and, breaking, cut off the end of his nose. In addition to the tip, the part missing included about one-third of the left ala and two-thirds of the right ala, besides the lower part of the septum and a small portion of the upper lip. A messenger sent down to the stable succeeded in finding the missing part, and about an hour after the accident it was sutured into place.

Under a normal saline dressing primary union took place, and the resulting effect is very good. The case is recorded as I do not recollect seeing a similar one reported.

Windsor.

J. O. SKEVINGTON, F.R.C.S.

### Rebels.

#### BE KIND TO YOUR OLD AGE.

THE recent death of a lady aged over 104½ years, the last survivor of a family of ten children averaging 90 years of age apiece at their deaths, affords a good example of the length of time the *memento mori* of birth may take in transmission to the members of long-lived families. How to secure the greatest length of life and how to enjoy its latter end to the greatest advantage are the main subjects of the fifth edition of the late Sir HERMANN WEBER's well known work on *The Prolongation of Life*,<sup>1</sup> a classic written as much for the lay as for the medical reader; this edition is introduced by a preface from the pen of Sir Clifford Allbutt. Sir Hermann Weber took a serious but far from despondent view of the responsibilities of one who wishes to make the most, the best, and the longest of his life, and described in detail the precautions to be taken and the many dangers to be avoided by those who aim at living in a healthy manner. Fresh air, well chosen exercises—and the best of these he found was walking—diet, housing, climate, and

general habits are all considered in turn; from his great experience and knowledge Sir Hermann was able at every juncture to draw lessons from which most of us may benefit, and if we may summarize his teaching in a phrase, that phrase would be, "Live the Spartan life." The vigour of every organ and the resisting power of the whole body are to be maintained by regular daily walks, rides, or other exercises, several hours a day are to be spent in the open air, and attention must be paid to ventilation of the home. Moderation in eating and drinking and all bodily enjoyments must be enforced; in particular, alcohol, he said, should be used as a medicine only, and is not necessary to healthy persons, and the entire liquor traffic should be controlled by the State. All possible steps should be taken to prevent disease—the common cold, for example—and to counteract any inherited tendency to disorders that may be present. Early to bed and early to rise, with no more than six or seven hours of sleep for the adult—or, exceptionally, eight hours—should be the rule, and a daily bath or cold rub and friction. From the mental and moral point of view equanimity and sympathy should be cultivated and all violent passions discountenanced. Sir Hermann Weber set a high standard, it is clear, but gave good reasons for his dicta, and he wrote with an earnestness that makes his personal style and autobiographical method highly convincing. The individual may do so much to prepare himself for old age and adapt his way of life to its gradually encircling restrictions, yet how comparatively rarely do we meet with due acquiescence therein! Here, at any rate, is a wise and soundly tempered volume, that should be read by everyone who contemplates growing old and would wear old age as a crown rather than a burden.

The other side of the shield, old age as a burden to self and others, is set out for medical readers at full length—from Alfred to Omaha, indeed, as has been said in America—by Dr. NASCHER, of New York.<sup>2</sup> Here the reader will find all details of the physiology, pathology, hygiene, and medico-legal relations of senility described in a truly practical manner, unencumbered with sentiment or undue sympathy for the victims of the disorders delineated. In his classification of the diseases met with in old age the author adopts a pathological basis, and divides them into five groups—as primary, secondary, preferential, modified, or uninfluenced by old age; as he says, the classification of diseases has not yet been placed on any sound foundation, and remains distressingly arbitrary. Dr. Nascher's text is dogmatic, and he has made free use of the works of specialists and others dealing with the maladies of the aged. Perusal of his pages leaves the reader gloomy and pessimistic, so long is the catalogue of senile ailments, so inevitable their incidence, so degrading their effect upon the individual, so unsympathetic is their reception by those who have to do with the invalid made to appear. Surely, one thinks, a little of the Rabbi ben Ezra touch might be communicated to the volume with advantage, in order to humanize it without impairing its value.

#### HUMAN INFECTION CARRIERS.

AS the war, with the large amount of work on the carrier problem, has taken place since the appearance of Drs. Ledingham and Arkwright's monograph on this important subject, there is room for a book summarizing the more recent knowledge thus acquired; this is provided by Dr. C. E. SIMON's recent work on *Human Infection Carriers*,<sup>3</sup> issued during the present year. The infections considered are cholera, diphtheria, plague, enteric, cerebro-spinal fever, bacillary dysentery, acute poliomyelitis, the pneumococcus, streptococcus, and influenza. The part played by carriers in the dissemination of disease was established by Koch in his investigations into the 1892-93 epidemic of cholera in Germany, and this disease is therefore considered first. The author, while admitting that practically it is not essential to distinguish between the two kinds

<sup>1</sup> On *Longevity and Means for the Prolongation of Life*. By Sir Hermann Weber, M.D., F.R.C.P. Edited by F. Parkes Weber, M.D., F.R.C.P. Fifth enlarged edition, revised and partly rewritten. London: Macmillan and Co. 1919. (Med. 8vo, pp. xxii + 292. 12s. net.)

<sup>2</sup> *Geriatrics: The Diseases of Old Age and their Treatment*. By I. L. Nascher, M.D., Chief of Clinic Department of Internal Medicine, Mount Sinai Hospital Dispensary, New York, etc. Second edition, revised. London: Kegan Paul, Trench, Trübner, and Co., Ltd., 1919. (Med. 8vo, pp. xx + 527; 50 plates containing 81 illustrations. 21s. net.)

<sup>3</sup> *Human Infection Carriers: their Significance, Recognition, and Management*. By Charles E. Simon, B.A., M.D., Professor of Clinical Pathology in the University of Maryland School of Medicine, Philadelphia and New York: Lea and Febiger, 1919. (Demy 8vo, pp. 250; 3 figures. 2.25 dols.)

## NEW NAVAL RATES OF PAY.

SIR.—If your correspondent "M.O.," whose letter was published in the JOURNAL of August 30th, will refer to the "Statement showing the Recommendations of the Committees in regard to the pay, half pay, retired pay, and allowances of officers of the Royal Navy and Royal Marines, with the decisions of the Government thereon," he will see that he is quite mistaken in saying that the right of a medical officer to retire with a gratuity has been abolished. This document can be obtained from any bookseller for 3d., and on page 4 the Committee recommends, "Systems of allowing medical officers to withdraw with a gratuity to remain in force and present rates to be maintained." This recommendation has been approved by the Admiralty.

Further, it is not essential for a medical officer to remain until the age of 50. Optional retirement at 40 is to be allowed for all ranks at Admiralty discretion, and at 43 a surgeon commander is qualified for the maximum retirement of £600, provided he has completed twenty-one years' service.

"M.O." says, "At present the retiring pay of a surgeon commander is, roughly, £550 a year," but he does not add that he has either to be 55 years of age or have completed thirty years' service in order to obtain it. The new regulations do not state that all medical officers drawing specialist allowance will be employed in shore appointments, and it is quite likely that they will not be.

Had your correspondent drawn attention to the decision that "no change is to be made in the present rates" of pensions and gratuities to widows and allowances for children, he would have had more reasonable ground for complaint. It is pitiable to think of the widow of an officer of perhaps thirty years' service trying to exist at the present time on a pension of £80 a year with an allowance of from £14 to £16 for each child, and the latter only up to the age of 18 in the case of boys.—I am, etc.,

September 17th.

S. C. R.

## The Services.

## RETIREMENT OF I.M.S. OFFICERS.

A ROYAL WARRANT dated June 13th, 1919, has been published by direction of the Governor-General of India in Council, amending the rules regarding the age of retirement of officers of the Indian Medical Service. The preamble states that with a view to furthering the efficiency of the Service the ages have been altered at which I.M.S. officers holding administrative appointments shall be placed on the retired list, subject to the safeguarding of the rights of officers now holding these appointments.

The Director-General will be placed on the retired list at 60 instead of as heretofore at 62; colonels, brevet colonels, and general officers at 57 instead of 60; provided that in any special case where it would appear to the Governor-General of India in Council to be for the good of the service that a general officer holding an administrative appointment should be continued in employment, he may be so continued for not more than one year.

The age at which lieutenant-colonels and majors will be placed on the retired list remains unaltered at 55.

A lieutenant-colonel who entered the service before April 1st, 1911, and who has been specially selected for increased pay under Article 8 of the Royal Warrant for the Indian Medical Service dated May 28th, 1913, may, if he attains the age of 55 years before he becomes entitled to the pension for 30 years' service, be retained until completion of such service. The Warrant dated May 28th, 1913, for the promotion and precedence of the Indian Medical Service, will be amended accordingly.

Consequent on the issue of the above Royal Warrant, it has been decided, with the approval of the Secretary of State for India—

(i) That the tenure of administrative appointments in the Indian Medical Service shall be four years, but officers will be eligible for reappointment up to the age limit for retirement;

(ii) That the rates of pension admissible to officers of administrative rank in the Indian Medical Service, in addition to the pension for length of service, shall be as follows:

|   | Per annum. |
|---|------------|
| Major-General, after 3 years' active service as such ...  | £350       |
| Major-General, after 1½ years' active service as such ... | £300       |
| Colonel, after 4 years' active service as such ...        | £250       |
| Colonel, after 2 years' active service as such ...        | £125       |

Officers at present holding administrative appointments will be allowed the option of electing to service under the new rules.

## HONOURS.

A LIST of medical officers mentioned for war services was printed in the JOURNAL of September 13th, p. 357. The permanent naval rank (Surgeon Commander R.N. ret.) of Temporary Major G. E. Macleod, R.A.M.C., was omitted in the official War Office communiqué.

## FOREIGN DECORATIONS.

The following decorations have been conferred by the King of Rumania for distinguished services rendered during the course of the recent campaign:

Order of the Star of Rumania (Grand Cross).—Chevalier: Temporary Captain Francis Charles Robbs, M.C., R.A.M.C.

Order of the Crown of Rumania.—Grand Officer: Major-Generals Alfred Percy Blenkinsop, C.B., C.M.G.; John Thomson, C.B., C.M.G. Officer: Captain Arthur Cecil Heys McCullagh, D.S.O., R.A.M.C.(T.F.). Chevalier: Captains Herbert Leslie Garson, O.B.E., M.C., R.A.M.C.(S.R.), Frederick Jeffers, R.A.M.C.(S.R.). Temporary Captain John Norman Lonsdale Thoseby, R.A.M.C.

## Universities and Colleges.

## UNIVERSITY OF LONDON.

COURSES of advanced lectures on physiology will be given during the forthcoming session by Dr. da Fano on the histology of the nervous system, at King's College; by Dr. E. Mellanby, on nutrition, at King's College for Women; by Professor A. D. Waller, on the energy balance of the human body, and electrical signs of emotive phenomena, at the Imperial College of Science and Technology; by Dr. J. W. Trevan, on the reaction of the blood and acidosis, at St. Bartholomew's Hospital; and by Dr. Pembrey and Dr. Ryffel, on the regulation of respiration, at Guy's Hospital.

## Obituary.

GUTHRIE RANKIN, M.D. GLAS., F.R.C.P. LOND. AND EDIN., Consulting Physician to the Dreadnought and Royal Waterloo Hospitals.

WE announced with much regret last week the death of Dr. Guthrie Rankin, which took place on September 14th at Helford, Cornwall. He was the son of David Rankin of Kilmarnock, Ayrshire, and was born there in 1854. After studying medicine at the University of Glasgow he obtained the qualifications of the Scottish Colleges, and the M.B. Glas. degree with commendation in 1880. Two years later he proceeded M.D., and obtained the membership of the Royal College of Physicians of Edinburgh, becoming Fellow in 1891. In 1896, after he had begun practice in London as a consulting physician, he obtained the membership of the Royal College of Physicians of London, and was elected Fellow in 1908.

Dr. Guthrie Rankin was for several years examiner in medicine at Glasgow University, lecturer on medicine in the London School of Clinical Medicine, physician to the Dreadnought Hospital, Greenwich, and physician to the Royal Waterloo Hospital for Children and Women. His connexion with the Seamen's Hospital Society began in 1899, and he took a prominent part in the establishment of the London School of Clinical Medicine in 1905. He resigned the post of visiting physician to the Dreadnought Hospital in 1917, and was elected consulting physician to the Seamen's Hospital Society. Dr. Rankin's early experience of general practice served him in good stead as a consulting physician. He well knew the importance of common disorders, and his straightforward clinical lectures and papers on such subjects as duodenal ulcer, glycosuria, fatigue dyspepsia, broken sleep, and the highly-strung nervous system, which appeared from time to time in our columns, proved helpful and interesting to a wide medical audience. He was a clear and effective writer, a sound clinician, and a wise and practical adviser.

Lieut.-General Sir WILLIAM BABTIE, K.C.M.G., V.C., writes:

To many men and women the passing of Dr. Guthrie Rankin at his Cornish home has brought that personal sense of bereavement which is confined, as a rule, to the loss of near relatives and dear friends. It is just that: he was a dear friend.

The great gifts of sympathy and understanding were his in heaped measure, sympathy based on a kind heart and understanding on a deep knowledge of men. He was in the estimate of many the ideal physician, for his experience

was founded on long years of general practice; he knew the human constitution from the cradle to the grave, a knowledge fortified by wide reading, close observation and responsibility for the care of health in youth, maturity, and age. A kindly Scot from the land of Burns—of whom he was a fervent admirer—Rankin began his professional life in Scotland, and it is related that when a humble patient there was told that his doctor was going to settle in England he said, "Weel, I'll go too," and go he did, living for the rest of his life in the near neighbourhood of his trusted physician and friend.

His country work—it was before the days of motors—was excessive and culminated in a serious breakdown in health and at the end of a long illness he settled in London, determined to abandon general practice, and devote himself to medicine. Without influence—he was a Scottish graduate unconnected with any of the great London schools—he fought his way to a complete success. He was not a specialist, but there were few of the special branches of medicine which he did not know sufficiently well to be able to appraise, from the point of view of the general condition of his patient, the expert opinions of those whose assistance he was always careful to seek.

The need and the scope for physicians with Rankin's discriminating experience and training is great, for the discerning patient of to-day is too wise to be solely dependent upon methods whereby the sick man is apt to be lost sight of in a fevered study of the special developments of a general condition. Rankin's teaching was catholic and classic in its simplicity, and readers of his professional writings will recall the pleasure and profit they derived from his lectures and papers written without desire to parade learning, and with the sole purpose of being helpful to ailing men and women. And now after years of ill health and latterly of deep sorrow Guthrie Rankin has gone, following at a short interval his beloved helpmate, whose death broke his heart.

A colleague sends us the following appreciation:

Hundreds to-day are mourning Dr. Guthrie Rankin's death. He was beloved by all who were privileged to know him intimately, and worshipped by his many patients. With his, at times, brusque manner, his sense of honour and uprightness, his horror of charlatanism, and his tenderness of heart, he combined all the elements of a great physician and a lovable personality. His house alone testified how dear his patients held him, for on all sides were proofs of their appreciation. His work was his hobby, and he always gave his best. His charm of character will always remain as a dear memory and a sacred trust to the many who now pay him homage and respect.

THE LATE PROFESSOR ALEXANDER MACALISTER.—Dr. Charles F. Hartford writes: I should like to add a few personal reminiscences of the life and work of the late Professor Alexander Macalister to those which have already appeared in the JOURNAL, as I was one of the earliest of our old professor's pupils at Cambridge. We were conscious at the time—and this is a remarkable fact—that this man who had recently been brought to Cambridge was making history, so far as the Cambridge medical school was concerned. It is no disparagement to the eminent scientific teachers who preceded Macalister, or who were his colleagues, to look upon him as the genius of the modern medical school at the university. In particular it involves no slight to that master of men, Sir George Humphry, who as a teacher of surgery was inimitable. There could hardly have been two men more dissimilar in their gifts and methods. I remember one incident when Humphry, on his way to his surgical class, passed through a room where Macalister was demonstrating some of his pet anatomical anomalies. I suppose that Humphry, with the look of mischief in his penetrating eyes, must have lingered for a moment to hear what was going on. Macalister turned to his predecessor and said, "Have you ever seen this abnormality? It only occurs once in every 200,000 cases," or words to that effect. The only answer as Humphry ran from the room stopping his ears was "Dreadful man!"

When "Mac," as we used to call him, took up his work, the dissecting-room accommodation and the anatomical department in general was carried on in hopelessly inadequate surroundings, and it was not long before a corrugated iron building was erected as a temporary

dissecting room, precursor of the splendid buildings which he was able to bring into existence later on. I had the honour to serve under him as one of a group of assistant demonstrators whom he gathered round him, and to know him was to love and honour him. With remarkable humility he possessed all round abilities which are not often combined in the person of one man. Leaving aside his great position as a scientific anatomist, as Professor Barclay-Smith has said, he was an expert in quite other spheres. I was told that at one time he would sometimes as a hobby answer the questions of a theological tripos paper before breakfast.

One of my later recollections of him which shows his interest in the work of his old students was the arrangement of a lecture which I was to deliver in his anatomical theatre to a university audience on the preservation of health in the tropics. The professor was keenly interested in all forms of foreign missionary enterprise, and encouraged those of us who were going abroad as medical missionaries. One cannot be too thankful for one's association with the Cambridge Medical School of the eighties with its distinguished and helpful teachers, but Macalister stands out as the most progressive of all, whose organizing ability has been a valuable asset to the university which it was his delight to serve.

MIDSHIPMAN ARTHUR WILFRID EDGEcombe, R.N., elder son of Dr. W. Edgecombe of Harrogate, was killed in the mining of H.M.S. *Verulam*, in the Gulf of Finland, on September 4th, aged 19.

## Medical News.

DR. J. A. CARR has been appointed to the Commission of the Peace for the West Riding of the county of York.

DR. J. A. NIXON, C.M.G., has now completed his military duties and has returned from active service to resume work at the Bristol Royal Infirmary.

THE annual dinner of past and present students of St. Mary's Hospital Medical School will be held at the Connaught Rooms on Wednesday, October 1st, at 7 o'clock, with Sir Almroth Wright, K.B.E., F.R.S., in the chair.

THE opening of the winter session at King's College Hospital Medical School will take place on Wednesday, October 1st, at 3 o'clock, when Viscount Hambleden will preside, and the Right Hon. T. J. Macnamara, LL.D., Parliamentary Secretary to the Admiralty, will deliver the introductory address. Academic dress will be worn.

SIR ROBERT ARMSTRONG-JONES, C.B.E., M.D., will deliver four lectures on physic at Gresham College, Basinghall Street, E.C., on October 14th, 15th, 16th, and 17th, at 6 o'clock. The subject of the lectures will be the evolution of military medicine and surgery from ancient times and the medical lesson derived from the great war.

THE opening of the eighty-fifth winter session at the Middlesex Hospital Medical School will take place on Wednesday, October 1st, at 3 p.m. Sir John Bland-Sutton, LL.D., F.R.C.S., will deliver an introductory address, and the prizes will be distributed by Surgeon Rear Admiral Sir Robert Hill, K.C.M.G., Director-General Royal Naval Medical Service. The annual dinner of past and present students will be held at the Holborn Restaurant on the same evening, at 7 o'clock, with Colonel the Earl of Athlone in the chair.

IN November, 1918, it was proposed to establish a permanent war memorial at Guy's Hospital in order to commemorate, not only the sacrifice of the many Guy's men who gave their lives for their country, but also the devotion of all those who have rendered professional services to the empire, whether at home or abroad. A representative committee of governors, members of the staffs, and past and present students was formed to collect funds and to carry out the wishes of subscribers as to the character of the memorial. The fund will be closed on September 30th, and a general meeting of subscribers will be held in October.

THE British Orthopaedic Association will hold its annual meeting on Friday, November 14th, at the rooms of the Medical Society of London, 11, Chandos Street, W.1. The President's address will be given at 10 a.m., and at 10.30 a discussion on cineplastic amputations will be opened by the President, and continued by Mr. T. H. Openshaw, Mr. S. Alwyn Smith, Sir J. Lynn-Thomas, and Mr. F. M. Fitzmaurice-Kelly. Mr. W. H. Trethowan will read a paper on injuries of the crucial ligaments; and in the afternoon a discussion on birth paralysis will be

opened by Mr. H. A. T. Fairbank and Mr. Harry Platt, and Mr. A. S. B. Bankart will read a paper on the operative treatment of spastic paralyses. The association dinner will be held at 7.30 p.m. On November 15th Hospital demonstrations will be arranged by London members, and Mr. D. McCrae Aitken will arrange a visit to the Country Hospital for Cripples at Pinner.

## Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Astology, Westrand, London*; telephone, 2631, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.

### QUERIES AND ANSWERS.

#### ASTHMA POWDERS.

"ANTISPASMODIC" inquires the probable reason of the failure of an asthma powder to burn. It was compounded after sending for the drugs from England to a far country, and is the conventional mixture of approximately equal parts of datura, lobelia, black tea, and potassium nitrate, all carefully dried and reduced to different finenesses of pulverization and thoroughly mixed. Various proportions, including those given in Whittle's *Dictionary of Treatment*, have been used. He would be glad, not merely of a fresh formula, but of one from someone who has compounded a mixture and made it burn.

#### SCHOOLBOYS' WEIGHT.

DR. RICHARD HAMILTON (Parkstone) writes: I should be obliged if any medical officer of a large school could authoritatively confirm or deny the truth of the following statement as it applies to (1) day scholars; and (2) boarders:—"It is the rule rather than the exception for a boy to lose in weight during a school term, owing to the call on his nervous and physical energy entailed by both work and play."

#### INCOME TAX.

"J. C. T." inquires as to the effect of taking over an additional practice, the terms being that he should make periodic payments to the amount of one-half the receipts from the first two years' working of the practice.

\* \* The proportion paid over to the executors of his predecessor represents a payment in instalments made by him for the purchase of the practice—that is, they are part of his income paid away as capital. If he had purchased the practice outright for, say, £1,000, that sum clearly would not have been an expense of carrying on the practice, and the essence of the transaction is not affected by the spreading out of the purchase payment over a period.

The cash basis is fair only where there is reason to assume that the old debts being paid in the year are substantially equivalent to the unpaid debts being put on the books for the same year. Our correspondent will not be liable to tax on old debts received after his connexion with the practice ceases, nor are his predecessor's executors now liable on the payments which are being made to them instead of coming into the practice.

When the cash basis is set up at the end of three years, the payments for debts now treated as receipts cannot be excluded. It is true, as "J. C. T." says, that he will in a sense pay tax twice on those debts; but that is assumed to be balanced by the debts on which he will not then pay because the amounts have not been received by him.

"CAR OWNER" inquires whether the refusal of the local surveyor to make an allowance for depreciation of car is legally justified.

\* \* Yes; the allowance for depreciation is limited under the Income Tax Act to the assessment of "the profits or gains of a trade." The only allowance due in the case of professional profits is cost of replacement of the car as and

when incurred. This is one of the matters which will be put forward by the British Medical Association in its memorandum to the Royal Commission on Income Tax.

### LETTERS, NOTES, ETC.

#### THE NOTIFICATION FEE.

DR. E. F. O'FERRALL (London, S.W.) writes: The following transaction shows not only an ingenious method of reducing the notification fee to disappearing proportions, but also how the State may make a considerable percentage out of the business. Having notified a case of phthisis, I was informed by our esteemed M.O.H. that, having occurred in the Westminster area, he had transferred the notification to that district. So far so good. But now the farce commences. In due course I receive from the Westminster Council a cheque dated August 20th, 1919, measuring about 8 in. by 6 in., bearing the City arms, and of course two penny stamps, for the sum of 1s. This I pay into my bank on September 12th, but I am informed that payment has been refused as the cheque is "out of date." Whereupon, the potential expenditure in stamps having now amounted to about another 1s., or 100 per cent., I write to the representative of the borough council in question, begging him to refrain from sending me a similar guerdon in future, but to bestow it preferably upon the crossing sweeper at the corner.

#### THE R.A.M.C. SPECIAL RESERVE.

"S. R. C." writes: The following points occur to me on reading through the article on the Special Reserve of Officers R.A.M.C. in the JOURNAL of September 20th: (1) The annual gratuity should not stop at age of 40, as is now the case. (2) The Special Reserve Officers should have a guarantee that in case of general mobilization of the medical profession their pay should be at least equal to that of men who receive temporary commissions. (3) The seniority of an officer should date from the time of receiving his commission, so that if mobilized after five years he would get a rise of 2s. 6d. a day, and again after ten years, as in the Regular R.A.M.C. under the new Royal Warrant. (4) A scheme is needed in respect of the teaching, training, and subsequent examination of officers for promotion to major. (5) Promotion above the rank of major, by selection alone, would open the field to favouritism. A good man may be in a country practice and out of touch with his superiors, during times of peace. (6) Neither branch would approve your correspondent's suggestion for transfer to the Territorial Force.

#### WAR HONOURS.

"T. E. W." writes: Having returned to enjoy the blessings of the land without the fruits of my labours, I have read "Permanent R.N.V.R.'s" letter (September 13th, p. 367) with much interest. Being myself one of this band of heroes, I feel that I would fain remind him of the old saying that "The greatest of all distinctions is to be without any." Surely our record is sufficient in itself. We were there, we were ready, and we went. The Service received us gladly, and I have on many occasions heard their views upon the treatment we received—in the intervals between requests for dental treatment, as our "ocean wave" stripe and uniform was identical with that of temporary surgeon-lieutenants (D.) R.N.V.R. The fact is that we did our bit and came through—most of us—with plenty of sea-time to our credit. Personally, as I sit amid the ruins of my practice, I am proud to have been there; and I would do it again, though I am not a man of private means. I may be poor, but, thank God, I am proud.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 35, 39, 40, 41, 42, 43, and 44 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 36, 37, 38, and 39.

THE following appointments of certifying factory surgeons are vacant: Almondsbury (Gloucester), Leven (Fife), Maldon (Essex).

### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *poste restante* letters addressed either in initials or numbers.