

THREE CASES OF RECONSTRUCTION OF THE THUMB.

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The following three cases illustrate some methods of replacing a lost thumb.

CASE A.

A man had had his hand crushed by a pile-driver, losing thereby the thumb at the metacarpo-phalangeal joint and the whole index with its metacarpal bone. The third metacarpo-phalangeal joint was dislocated and partially ankylosed, and the interphalangeal joints of the middle finger were acutely flexed. The first and third metacarpal bones were firmly bound together by fibrous tissue.

In this case, after turning up a dorsal skin flap, I removed all the intervening fibrous tissue, taking care to preserve part of the insertion of the opponens, and brought the flap through so as to lower the web nearly to the metacarpal base, thus converting the metacarpal into a free digit. At the same time an arthroplasty of the dislocated joint was performed, while the flexed finger joints were left undisturbed, so as to enable the finger-tip to be opposed to the short thumb. The man had good use of his reconstructed thumb. The movements of the freed metacarpal were not perfect, but he could easily hold objects between the thumb and flexed middle finger, and could oppose the thumb to meet his remaining digits.

CASE B.

Owing to the explosion of a detonator a man had lost from his right hand the thumb at the metacarpo-phalangeal joint, and the index, middle, and ring fingers through the proximal phalanx.

In this case I transplanted the remains of the index on to the thumb metacarpal by the following method: A flap was turned up exposing the head of the first metacarpal and having its base over the dorsal surface of the trapezium. From the ulnar end of this incision a racket incision was made as for amputating the index. The index metacarpal was cut at its narrowest part and the finger left attached only by the flexor and extensor tendons and the tissue surrounding the radialis indicis artery. A large hole was made in the head of the first metacarpal, reaching its medulla. By blunt dissection the cut end of the index metacarpal bone was made to emerge between the flexor and extensor structures of the first interosseous space, and by a levering movement inserted as a peg into the hole in the metacarpal. The index tendons were realigned by blunt dissection and the gap covered by a flap from the dorsum of the hand, so arranged as to reach the palm and cover the web with skin. The man has control over his transplanted index, can move the transplanted joint, and can hold a pen with ease.

Those members of the British Medical Association who visited Shepherd's Bush at the Clinical Meeting may remember this case.

CASE C.

Pte. T. had lost the thumb at the middle of the metacarpal bone, and the index and middle fingers at the metacarpo-phalangeal joint; he suffered from very severe median causalgia. An injection of 65 per cent. alcohol into the median nerve in the mid forearm cured the causalgia, but unexpectedly did not cause complete anaesthesia or paralyse the median intrinsics. Later I reconstructed the thumb by the following method: A dorsal flap was turned up exposing the whole of the first two metacarpals. An incision was then made through the whole second intermetacarpal space including the palmar skin. The stump of the first metacarpal was exposed, and its medulla opened. The index metacarpal was divided at its middle and the base excised. From the excised base a small graft was cut, and by means of this, used as an intramedullary graft, the head of the index metacarpal was fixed to the stump of the thumb metacarpal. The skin flap was placed as a web across the newly made space.

The man can now use the thumb freely and grasp a stick.

In all plastic operations on the hand the chief difficulty is the skin covering. In my opinion the available skin should be used to cover the web and the points which will have to bear pressure; all other parts, such as the dorsal surface of the thumb, being, if necessary, left to heal over, or skin-grafted, as any excessive tension seriously risks the vitality of the web.

The subsequent use of plaster splints moulded to the part serves to ensure abduction and opposition of the new thumb. These may need to be worn at night until all danger of contraction is over.

THE construction of a model leper house for Brazil, equipped with all necessary provisions for the isolation and treatment of patients, has been begun near Santo Angelo.

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Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE SUFFOCATIVE CATARRH.

SOME years ago I was called to a man, aged 42, who was in bed and in every detail presented the exact counterpart of the woman Dr. Robert Anderson describes in the JOURNAL of November 8th, p 597. The attack had come on suddenly a quarter of an hour before I arrived. The patient's complexion was leaden and his skin clammy. He had eaten a large meal of steak and kidney pudding about an hour and a half before. I gave him a capsule of amyl nitrite to inhale, and he died suddenly whilst doing so. Feeling convinced that the condition was due to reflex nervous action, and seeing the parallel between such an attack and those cases of asthma which follow the ingestion of certain indigestible foods, I decided that if ever I saw another case I would at once inject morphine hypodermically.

I did not expect ever to see another case, but two weeks later I was called to a man aged between 50 and 60. He was standing up fully dressed, bending over a bucket and bringing up quantities of frothy watery fluid of a mucous character, faintly tinged pink. He spoke with difficulty owing to dyspnoea and because he was entirely engaged in expectorating the fluid in gulps (I can find no other descriptive word). His pulse was full, rapid, and bounding. I at once gave him a hypodermic dose of one-third of a grain of morphine. The effect was magical. His breathing was much easier in two minutes, and he was apparently quite well within ten minutes. I then learnt from him that he had enjoyed a good dinner of liver and bacon two hours previous to the attack, and that it came on suddenly with no previous indigestion or warning. I put him to bed and he slept well, and was perfectly recovered the next day.

Both men were healthy, and had had no previous illness for some years before the attacks.

I have had no opportunity of trying morphine in another similar case. To my mind there is no alternative cause of the condition but a nervous one, and it is probably started in every case by gastric irritation. The cases are rare, but I hope morphine will soon have another and successful trial.

Kingston Hill.

ARTHUR GALE.

DYSTOCIA DUE TO ANAL FISSURE.

I WAS recently sent for by a midwife on account of a "vaginal obstruction" in a somewhat delicate multipara whose previous confinements had been easy. On examining during a pain I was surprised to feel what seemed to be a horseshoe magnet of large size, with the arch backwards, obstructing the head. When the pain passed off the "obstruction" disappeared, and there seemed no obstacle to delivery; the "obstruction" reappeared with the next pain, and I realized the condition was due to a tonic spasm of part of the anterior levator ani muscle. On further examination I found two small haemorrhoids with an irritable fissure between them. Happening to have a bottle of codrenine* with me I applied some, undiluted, to the fissure, and the effect was almost instantaneous, for with the two following pains the head was born. Next day, on pressing the fissure, sharp reflex spasm of both the rectum and vagina resulted, also of the abdominal muscles, though there was no reappearance of the "magnet."

Bath.

F. C. FOSBERY.

EPITHELIOMA OF THE MOUTH IN A YOUNG PERSON.

EPITHELIOMA of the nasopharynx and contiguous parts is frequently seen between the ages of 30 and 50, but the following note records its occurrence in a lad not out of his teens.

On August 9th, 1918, M. C., aged 17 years and 11 months, consulted me regarding a swelling of the face, due, he thought, to

* Codrenine is a proprietary preparation stated (*Extra Pharmacopoeia*) to contain cocaine hydrochloride and adrenalin.

a gumboil. His complexion was sallow, and he did not appear to be strong. For eighteen months he had been working as an upholsterer and, as is usual in that trade, had been in the habit of nipping threads with his teeth as also of filling his mouth with tacks. About May 25th, 1918, the left cheek began to swell. By July 5th he felt "a kind of soreness at the top of the mouth," and while passing his fingers round he was able to remove the left upper second bicuspid tooth. Soon afterwards, in the same way he extracted the two molars on the same side.

A growth of typical epitheliomatous character was found to involve the left half of the palate with an extension to the right of the middle line. The alveolar margin from the upper second bicuspid on the left side backwards was broken down, and a probe passed into the maxillary antrum gave the sensation of having entered a rather soft mass which bled freely. The Wassermann reaction was negative.

Two pieces of the growth were removed and submitted to Dr. J. H. Teacher for microscopic examination, who reported on August 23rd that the specimen consisted of two portions of rather firm, pinkish-white tissue; both consisted almost entirely of squamous epithelioma of somewhat active-looking type, many of the cell processes being very fine and free from horny change, while others showed typical concentric cell nests.

Mr. Peter Paterson excised the left upper jaw; the diseased structures were removed as thoroughly as possible up to and including part of the floor of the orbit. The anterior ethmoidal cells, being involved, were cleared out. Subsequently, under Dr. James Riddell's direction, radium was repeatedly applied in the naris and externally below the left orbit.

The patient made a good recovery from the operation, and for some months his condition was improved, but symptoms developed gradually which indicated extension of the disease to the cerebral centres, and he died in July, 1919.

Bland-Sutton states that squamous-celled cancer has been found as early as the twenty-fifth and as late as the one hundred and third year, but the victims generally are past middle age.

In this instance the age at which the growth presented itself and the comparatively small amount of suffering are noteworthy. The irritants which acted as the exciting cause of the disease were probably conveyed by the tacks and threads which he had been in the habit of putting in his mouth when working at his trade.

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Reports of Societies.

THE TEACHING OF OBSTETRICS AND GYNAECOLOGY.

In the Section of Obstetrics and Gynaecology of the Royal Society of Medicine, on December 4th, a discussion took place on the report on the teaching of obstetrics and gynaecology to medical students and graduates in London, recently made by the Committee appointed by the Section. (The report was published in the JOURNAL of September 27th and October 11th.)

Mr. J. D. MALCOLM, the President of the Section, who occupied the chair, said that in February, 1919, a committee was appointed by the Council of the Section to discuss reconstruction in the teaching of obstetrics and gynaecology to medical students, and under the able chairmanship of Dr. Eden a very great amount of work was effected. A report was handed to the Council which made it plain that some difference of opinion existed, and Dr. Eden and his colleagues were asked to obtain more uniformity of opinion. They sent in a report, which was published in the BRITISH MEDICAL JOURNAL, and also in the *Transactions* of the society. There had also been prepared a criticism, which would be read by one of the three who had drawn it up. In the meanwhile he asked Dr. Eden to make a statement.

Dr. T. W. EDEN said that, as the report had been widely distributed, he proposed to make a statement. The Committee was appointed to consider and report on the teaching of midwifery and gynaecology to medical students and graduates in London. The chief point was the teaching of midwifery, especially practical midwifery, and he did not propose to deal with the recommendations of the report with regard to gynaecology and post-graduate teaching. The training was to a large extent determined by the requirements of the examining bodies—the Society of Apothecaries, the Conjoint Board,

and the M.B. examinations of the Universities of London, Oxford, and Cambridge. These all made it a central point of their requirements that the student should attend 20 cases of labour. The Conjoint Board, in insisting on these 20 cases, made it necessary that the student should be signed up for his cases by a member of the hospital staff. The Universities of Oxford and Cambridge insisted that a part should be taken in the indoor practice of the hospital. In 1906 Sir John Williams's committee of the General Medical Council made a valuable report, in which they pointed out that the recommendations of the General Medical Council were being ignored very largely by all the examining bodies, and that students were not receiving a sufficient training to equip them for practising midwifery afterwards. They laid it down as a principle that every student should for one month give his undivided attention to midwifery, either at a lying-in hospital or the midwifery ward of a general hospital. The General Medical Council watered down the recommendations a good deal. In the first place, the student might spend three months in daily—not continuous—attendance at a lying-in hospital or midwifery ward, during which he must attend 20 cases under the supervision of the staff; or he might spend one month in the hospital, and, being judged competent by a member of the staff, he might attend 20 cases in the maternity district of the hospital. Oxford and Cambridge had adopted this recommendation; all the other examining bodies had ignored it. The result was that the majority of students attended their 20 cases in the out-patient maternity district of their own hospital; so that when they began their district training they had had no experience of labour. On the district they were under the regulations of their hospital, and were supposed to be accompanied to their first case or two by the obstetric resident. Wherever possible that was carried out. Many hospitals, however, had only one obstetric resident, who could not always attend the cases, and it not infrequently happened that the student went alone. He was just as untrained in the conduct of the puerperium as in that of labour, and of course he knew nothing about infant management. It was impossible to conceive anything more unsuitable than for a student to learn the conduct of labour under the muddle, makeshift, and insanitary conditions found in the homes of the poorest classes whom the students generally attended. The student had no hospital standard by which he could correct his practice. If he was a man of great ability, perhaps he picked up a great deal, but this was not true of average men. The case of the student who went first to the maternity ward was very much better than this. Usually he spent a month there before he did his district work, and though in most of the maternity wards the student was not in residence, when he went on to the district he was in a much better position than the student who went from a hospital which had no maternity ward. Some of the hospitals were situated in neighbourhoods with only a small out-patient district. These got over their difficulty by sending their students to the lying-in hospitals. There the student could get signed up for his 20 cases in from fourteen to twenty-one days. He delivered a certain number of them himself, but more often he saw the midwife instructing a pupil midwife in delivery. The student saw a certain amount of abnormal cases, and picked up some clinical instruction, but did not actually attend anything like the 20 cases for which he was certified. This was very unsatisfactory.

There could be no doubt that the evidence all went to show that the general level of midwifery practice in the country was unsatisfactory. Mr. Bonney had put before them a great deal of evidence in May last to prove this; he brought out the point that the mortality from puerperal fever during the last twenty-five years—a time during which the mortality from wound infection following surgical operations had almost disappeared—had shown very little reduction; it had dropped from 5.8 per 1,000 to 5 per 1,000 in twenty-five years. The mortality was high from the diseases and accidents of childbirth. There had been a certain reduction here also, of about the same proportion as in puerperal fever, but between 1911 and 1915 from twelve to thirteen hundred women in the United Kingdom died in each year from puerperal infection, and, in addition, from 550 to 600 women died every year from

The Services.

ROYAL ARMY MEDICAL CORPS.

Revised Rates of Specialist and Charge Pay.

The conditions for the issue of additional pay and charge pay to R.A.M.C. officers have now been revised by Royal Warrant.

Additional pay up to 5s. a day is now issuable to officers not above the rank of Lieutenant-Colonel while acting as specialists in posts considered by the Army Council to merit additional pay. Officers granted temporary higher rank while holding appointments under the Directorates of Hygiene and Pathology will not be eligible for additional pay as specialists while holding such temporary rank.

The following is the new scale of hospital charge pay: For the officer in charge of a hospital, if the number of equipped beds as certified by the D.D.M.S. exceeds 50, 2s. 6d. per diem; 150 beds, 5s.; 300 beds, 7s. 6d.; 500 beds, 10s. The officer in charge of the medical or surgical division of a general hospital with not less than 300 beds will receive half the above rates.

HONOURS.

Foreign Decorations..

The following decorations have been conferred upon medical officers by the King of the Hellenes, in recognition of distinguished services rendered during the course of the campaign.

Medal for Military Merit.—3rd Class: Lieut.-Colonel and Brevet Colonel (temporary Colonel) William H. S. Nickerson, V.C., C.M.G., R.A.M.C.; Lieut.-Colonel Montagu Marmion Lowsley, D.S.O., R.A.M.C.; Major (acting Lieut.-Colonel) Osborne Ievers, D.S.O., R.A.M.C.; Captains James Rowland Hill, R.A.M.C., John Patrick, R.A.M.C.(T.F.), temporary Captain (acting Major) William Halliday Welsh, R.A.M.C.
4th Class: Temporary Captain James C. M. Bailey, O.B.E., R.A.M.C.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on December 6th the following recommendation by the Council of the Senate on memorials concerning the relation of women students to the University was approved without opposition:

That a syndicate be appointed to consider whether women students should be admitted to membership of the University, and, if so, with what limitations, if any; and, alternatively, to consider, if women students are not admitted to membership, by what means the University could co-operate with the women's colleges or other bodies in the conferment of degrees on women students; and that the syndicate report on both these terms of reference before the end of the Easter term, 1920.

The syndicate will consist of the Vice-Chancellor and twelve others.

Approval was given for the proposed institute for parasitological research to be known as the Molteno Institute for Research in Parasitology.

The following medical degrees were conferred:

M.D.—H. J. S. Morton.
M.B., B.Ch.—H. H. Matthias, S. L. Higgs, F. T. Burkitt, N. Rumbold.
M.B.—L. R. Shore, D. V. Pickering.
B.Ch.—T. A. Jones, J. E. Sharp.

* Admitted by proxy.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on November 19th.

Sir Cooper Perry was appointed as from February 1st, 1920, Principal Officer. The post has been in abeyance since the resignation of Sir Henry Miers in 1915.

Intimation was received of a bequest of approximately £3,000 under the will of the late Mr. T. S. Hughes for the encouragement by scholarships or otherwise of original medical research at the University.

A resolution was adopted expressing appreciation of the generosity of the Worshipful Company of Goldsmiths in presenting to the London Hospital Medical College £15,000 National War Bonds for the endowment of a University chair of bacteriology bearing the name of the Company and tenable at that College.

The following teachers were recognized as teachers of the University in the subjects mentioned at the institutions indicated:—

Guy's Hospital Medical School: Dr. F. E. Shipway (anaesthetics).
University College Hospital Medical School: Dr. H. J. Shirley (anaesthetics).

St. Mary's Hospital Medical School: Dr. E. H. Kettle (pathology).
Hospital for Sick Children: Dr. R. S. Frew (diseases of children);
Dr. D. N. Nabarro (bacteriology).

National Hospital for the Paralysed and Epileptic: Mr. P. W. Saunders (neurology).

Royal London Ophthalmic Hospital: Mr. F. A. Juler.

It was reported that in view of the numbers of entries for the M.B., B.S. in October, 1919, the Vice-Chancellor had appointed Dr. James Calvert and Dr. S. P. Phillips additional examiners in medicine, and Sir A. Pearce Gould, Mr. W. F. Haslam, and Mr. W. Turner as additional examiners in surgery.

Professor R. T. Leiper and Professor Warrington Yorke, or failing him, Dr. John Rennie (ext.), have been appointed examiners in helminthology for the M.Sc. and M.Sc.Econ. examinations for internal students to be held in December, 1919. Dr. P. Manson-Bahr, D.S.O., has been appointed examiner in tropical medicine during the temporary absence of Dr. Daniels.

External students who have been debarred from presenting themselves for examination for medical degrees by service under the War Office, or Admiralty, or by hospital service in connexion with the war, or by other approved service in connexion with national defence will be, until further notice, and provided they comply with the regulations in all other respects:

1. Permitted to enter at the First Examination for Medical Degrees in either (a) Inorganic Chemistry and Physics, or (b) General Biology, subject to the approval of the External Council.

2. Credited with any subject in which they pass at the First Examination for Medical Degrees or Second Examination for Medical Degrees, Part II.

3. Permitted, if they fail in Forensic Medicine only in Group I of the Third Examination for Medical Degrees, to present themselves for re-examination in that subject only in order to complete the examination in Group I.

Sir Seymour Sharkey and Sir David Ferrier, F.R.S., have been elected chairmen of the Graham Legacy Committee and Physiological Laboratory Committee respectively.

Applications for the University chair of physiology tenable at the London Hospital, salary £800 a year, must be received by the Academic Registrar not later than the first post on December 31st. Envelopes should be marked "Chair of Physiology."

UNIVERSITY OF MANCHESTER.

DR. E. M. BROCKBANK, Lecturer on Clinical Medicine in the University, has been elected a member of the Court of Governors.

Dr. C. H. Tattersall, M.O.H. for Salford, has resigned his lectureship in public health administration owing to the increased duties of his position as medical officer of health.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At a meeting of the College held on December 5th, Mr. John B. Story, President, in the chair, Major-General R. H. Sawyer, C.B., C.M.G., A.M.S., F.R.C.S.I., was unanimously elected a member of the Council in the place of the late Mr. Richard Dancer Purefoy.

Obituary.

JOHN BURDON, L.R.C.P., L.R.C.S.Ed.,

Newcastle-upon-Tyne.

On November 30th, after an illness of three days, during which he was attended by his friend Dr. James J. Campbell, Dr. Burdon passed quietly away in sleep at the age of 75. During the last two or three years he had been in declining health, owing to recurrent attacks of cardiac failure. Not well known to the present generation on account of his retiring disposition, he yet played an unostentatious but interesting part in social and religious life four decades ago. Licensed for the Wesleyan ministry, he left that body, owing to his breadth of views upon the doctrine of "eternal punishment." Finding refuge in at least one other section of Nonconformity, he remained in the ministry until he felt the call to what he regarded as more practical Christian work—first in the slums of East London, where he co-operated with the late Canon Barnett, and latterly in the practice of medicine.

He was of good old Durham stock, and having spent his boyhood in Cleadon near Sunderland, he was educated at the old College of Medicine and the old Newcastle Infirmary, where he was house-physician to Sir Thomas Oliver, with whom he remained on terms of the most intimate friendship until the last hours of his life. In whatever company as a student circumstances found him his influence was always for good. He qualified in 1862, and for a few years he practised in Willington Quay; ultimately, as he had a large acquaintance in Newcastle, he removed to that city, where he became a busy and successful medical practitioner; almost every patient became at the same time a friend, for by his quiet, paternal, and sympathetic manner he endeared himself to all. For a period he was assistant physician to the Hospital for Diseases of Children, and surgeon to the Hospital for Diseases of the Throat and Ear. Thirty years ago he was the means of instituting a seaside camp for the poor boys of Tyneside, and by his instrumentality several lads each summer were sent to the huts on the sandy dunes at New Hartley, immediately south of Blyth. Dr. Burdon was, therefore, one of the pioneers of the seaside camps for boys. The good the change to the seaside did to the health and physique of the lads was remarkable,

as the writer can testify, for he acted as medical examiner of the boys before they went into the camp and on their return from it.

The attractiveness of John Burdon lay in his quiet and sympathetic demeanour, absence of malice, and in his thoughtful attitude towards the many-sided problems of life. He was at his best when alone with a friend to whom he could unburden himself of his pent-up thought. His command of language and his catholicity made him a pleasing conversationalist and a brilliant essayist. He wrote several poems, some of them of considerable merit. He was laid to rest in St. Andrew's Cemetery on December 2nd, amid the regrets of many friends. He has left one son; his wife died a few years ago.

WE regret to record the death, on November 6th, at the age of 74, of Dr. ALEXANDER GEORGE DUNCAN of Church End, Finchley. A native of New Pitsligo, Aberdeenshire, he spent the first few years of his professional life near his home, but settled at Stamford Hill in 1881. Here his sterling character and quiet painstaking, laborious, conscientious, and kindly attention to his patients soon gained for him an extensive middle-class practice. He was indeed an excellent family doctor, thoroughly interested in his individual cases, competent and always ready to investigate them, of sound judgement in prognosis, shrewd, experienced, and skilful in routine treatment. A few years ago he retired to Finchley to spend the end of his life near his son, Dr. Norman Duncan, and retain a parting interest in work. He was a man of high personal character, greatly respected by his neighbouring colleagues as a loyal, interesting, and valued friend, always ready to entertain them with fresh Scottish stories, which he told particularly well. He was three times married, his third wife surviving him.

Dr. R. RAILSTON RICHARDSON, whose death took place in a nursing home in Edinburgh on November 19th, had been in poor health for some time. He graduated M.B., C.M. Edin. in 1897, after having in the same year obtained the Scottish triple qualification. For many years he acted as senior demonstrator in anatomy at Surgeons' Hall, and was most popular with the undergraduates frequenting the extramural school there. He also had a large practice in Edinburgh, in whose streets his tall slim figure was well known. He was honorary physician to the Princess Louise Argyll and Sutherland Highlanders' Association.

WE have to record with regret the death, on November 30th, of Dr. RICHARD HILL NORRIS of Aston, Birmingham. He was a son of the late Dr. Richard Norris, F.R.S.E., and took the diplomas of L.S.A. in 1875 and of L.R.C.S. Edin. in 1876, and the degree of M.D. Brussels in 1877. He was for a time assistant demonstrator of physiology in Queen's College, Birmingham, and afterwards settled in practice at Aston. He was appointed a magistrate for the county of Warwick in April, 1894, and was for some years a member of the Warwickshire County Council. He was 66 years of age and leaves a widow and a son and daughter.

Medical News.

LORD WALSLINGHAM, who died of pneumonia on December 3rd at the age of 76, was a trustee of the Hunterian Collection of the Royal College of Surgeons of England. He was a Fellow of the Royal Society and had been President of the Entomological Society. He was an authority on the micro-lepidoptera, and the collection of them which he presented to the Natural History Museum is the largest in the world.

In a recent Chadwick public lecture, Dr. Cates, M.O.H. and school M.O. St. Helens, said that venereal disease was spreading among the civil population, with a consequent increase of ophthalmia in the newborn. In one district with a population of 100,000 persons there had been 70 per cent. more ophthalmia this year than in 1918.

GUY'S HOSPITAL has received from an anonymous benefactor a gift of £20,000.

THE fifth number of the *Bulletin of the League of Red Cross Societies* gives a narrative account by Captain J. T. Marshall of the visit of the medical commission of the League to Poland to investigate typhus and other epidemic

diseases. This supplements the report of the commission, of which we gave an account in the *JOURNAL* of November 1st, p. 565. It is announced that the Swiss and Polish Red Cross Societies have been admitted into membership of the League, and that Lieut.-General Sir David Henderson, the Director-General, is visiting America on business connected with the League.

SURGEON REAR ADMIRAL SIR ROBERT HILL, K.C.M.G., Medical Director-General R.N., has been appointed a Knight of Grace in the Order of St. John of Jerusalem.

THE house and library of the Royal Society of Medicine will be closed from Monday, December 22nd, to Saturday, December 27th, both days inclusive.

Letters, Notes, and Answers.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

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*, *Atiology*, 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.

W. H. H.—The book on foods and their values most suitable for our correspondent's purpose is *The Elements of the Science of Nutrition*, third edition, by Graham Lusk, Ph.D., Sc.D., F.R.S. (Philadelphia and London: W. B. Saunders Co., 1917. 21s. net).

INCOME TAX.

T. H. C. inquires whether there is any stipulation as to length of service with regard to the "service rate," and, if so, what is its nature?

* * There is a stipulation introduced by the Finance Act of 1916, Section 31, to the effect that the special rate is to apply only where the person charged has within the financial year in question served (a) out of the British islands or (b) for at least one month continuously in the British islands. Consequently our correspondent would not appear to be entitled to the special rate for 1919-20 if his military service terminated before May 5th, 1919.

R. B. F., a civilian medical practitioner holding a full-time appointment on a medical board, asks if his salary is to be taxed at ordinary civilian rates, or whether he can claim to be assessed at the special military rates.

* * We are in the difficulty that, so far, the case of *Curtis v. Holdsworth*, dealing with the claim to service rates of army paymasters, has not been fully reported. The Board of Inland Revenue admits that the principle of that decision applies to temporary civilian doctors (including women doctors) employed at military hospitals, at any rate on terms implying full-time employment. We can see no distinction between those cases and employment under similar conditions on a medical board, but hesitate to express a definite opinion to that effect before seeing the full report in the *Curtis v. Holdsworth* case.

ORGANIC EXTRACTS IN DYSMENORRHOEA.

J. T. asks for information regarding the value of treatment for dysmenorrhoea by extracts of endocrine gland.

* * True dysmenorrhoea—that is, menstrual in time, and caused essentially by uterine colic—is due either to underdevelopment of the uterine muscle, or to clotting of the menstrual blood. The former condition may be successfully treated by thyroid extract, provided the treatment is instituted early enough. Ovarian extract may also help to stimulate the proper development of the uterus. When the colic is due to clots, pituitary extract may help by expelling the blood before it has time to clot. Suprarenal extract has also been used to counteract the excess of ovarian secretion to which the congestive condition of the endometrium in some such cases is due. References to the subject will be found in