

present on each occasion. Digestion of fibrin aided by addition of dilute HCl. The stomach was able to produce more acid slowly, for a sample taken four hours after a meal showed a total acidity of 105 with 0.16 per cent. of active chlorides. Microscopical examination showed an excess of yeast and no sarcinae.

X-ray examination after a barium meal showed that the stomach was hypertonic, and that it emptied in four hours. There was some ileal stasis, chyme being present in the terminal ileum six hours after the stomach was empty. The terminal part of the ileum was seen to enter the caecum high up, and appeared to be curled up in an unusual way. The base of the appendix was dilated, but the rest of the lumen was not penetrated by the barium. The colon was large, but not enormous, nor especially sluggish; segmentation was good. The rectum was congested and irritable, but no definite lesion or anal fissure could be seen.

There were usually two or three motions daily, occasionally more, the total weight averaging about 245 grams a day. The stools were light in colour, liquid or semi-liquid, and acid. The absorption of protein was diminished (14 per cent. lost). The absorption of fat was also deficient (20 per cent. appearing in the motions). Diastase and trypsin were present in normal quantity. The iodoform and methylene blue capsule tests for absence of pancreatic juice were negative. The diastatic reaction of the urine, which is said to be increased in active disease of the pancreas, was normal. The proportion of ethereal to organic sulphates was only slightly above the normal. The amount of nitrogen in the urine was small—7 grams in twenty-four hours. The uric acid was normal—0.6 gram. Indican was present on one occasion only. Bacteriological examination of the faeces showed a predominance of Gram-negative organisms. Of the Gram-positive group there were a few streptococcal chains and very scanty delicate rods which might be *B. bifidus*; monilia or saccharomyces were not seen. Plate cultures gave numerous colonies of the *B. coli* group.

Treatment.

During the preliminary investigations a light non-irritating diet was given, and symptoms relieved as far as possible. Various methods of treatment, including lavage of the stomach and intestines, were then tried for some weeks without success. In the second month a pure meat diet was instituted, beef cakes, prepared as in Case I, being employed. The food value was 1,050 calories a day at first, rising in a fortnight to 1,750. A mixture containing bismuth and opium was taken, at first every six hours, later once or twice daily. The attacks of tetany were controlled by a bromide and valerian mixture and by intestinal lavage.

Progress.

With the introduction of an exclusive meat diet definite improvement began. The severer attacks of tetany ceased. The rectal soreness disappeared rapidly, and the condition of the mouth gradually became normal. The motions became less bulky, and at times less fluid. The haemoglobin content of the blood rose and the weight increased. The further progress is described in the following brief monthly notes:

4th month.—Mouth better. Some indigestion, with at times slight stiffness of arms; latter relieved by enema or by sodium bromide. Bismuth and opium mixture omitted; no diarrhoea. Blood 80 per cent. haemoglobin, red corpuscles 4,110,000 per c.mm. Getting up daily. Weight increasing. Some meat replaced by bacon. Some carbohydrate gradually added to diet, also coffee and cream.

5th month.—Carbohydrate continued. Tendency to sore tongue and later some soreness of rectum; motions more frequent. Lost 1½ lb. in one week. On stopping carbohydrate, coffee, and cream, improvement at once followed. Some diabetic bread and butter allowed.

6th month.—All beef cake gradually replaced by beef. Two oranges daily. Good progress. Still much mucus in stools.

7th month.—Stronger. Walked one mile daily. Weight 7 st. Blood 94 per cent. haemoglobin; red corpuscles 4,580,000 per c.mm. Less mucus in stools. General character of motions improving. Oranges replaced by strawberries. Egg tried but discontinued, as indigestion followed.

8th month.—Test meals showed normal gastric juice. X rays showed that ileum and caecum were moderately mobile. Still ileal stasis. Rate of passage through colon normal. By end of month formed motions began to appear, but with some mucus.

9th month.—Starch again (two biscuits for tea). Intestinal douches omitted. Grapes given instead of strawberries. Some meat replaced by fish. Faecal analysis showed normal assimilation of fat and protein.

10th month.—General improvement continued. Weight 7 st. 6 lb. Mucus often absent from stools, which were otherwise normal.

11th month.—Continued improvement. Daily value of food about 2,250 calories. Weight still increasing. Recurrence of menstruation after amenorrhoea of eleven months' duration. On leaving Duff House at the end of this month there were no symptoms and the bowels were opened once daily. The average weight of motions had fallen from 250 to 100 grams a day, a normal amount for her size. The weight was 7 st. 6½ lb., representing a gain of 1 st. 2½ lb. since admission.

In Case II symptoms suggestive of sprue had been observed in England at intervals from childhood onward, so that a diagnosis of coeliac disease dating from infancy also suggests itself. However, the clinical resemblance between the two diseases, the possibility, indeed, of their identity as suggested by Still,² and the occurrence of sprue in other cases in which the patient has not been abroad, justify, in my opinion, the inclusion of the two cases in the same category.

A circumstance worthy of note is the occurrence in the course of each case of tetany, a complication recently described by Surgeon Captain Bassett-Smith, R.N.³

In both patients a milk diet had previously failed to cure the disease. The order in which foods were introduced in the diet as progress was made was beef, other meats, fruit (strawberries if available), cream, eggs (if well borne), fish, diabetic biscuits and bread, starchy foods. In both patients the premature addition of carbohydrates, other than those in fruit, was followed by relapse.

Valuable as a pure meat diet has proved, in certain cases its use is rendered difficult or even impossible by the patient's distaste for the beef cakes, or for much meat in any form. Here temperament will often prove the decisive factor, one individual overcoming the aversion by courage and force of character, another proving incapable of the necessary mental effort. Sometimes continued persuasion and infinite patience on the part of nurse and physician are needed.

Manson-Bahr⁴ and many other observers have testified

to the value of a pure meat diet in certain cases of sprue, but I venture to believe that the extreme initial emaciation and exhaustion of these two patients, together with the steady progress and complete recovery, are sufficiently remarkable to prove of interest to those who may be called upon

to treat this, at times, very intractable condition.

I am indebted to Dr. E. I. Spriggs, under whose supervising care the cases were, for permission to publish them. Case I was in my immediate charge throughout. The account of Case II is derived from notes taken by Dr. Pickering, Dr. Long, and Dr. Mary Fergusson.

REFERENCES.

- ¹ Begg, *Lancet*, 1898, vol. i, p. 185. ² Still, *Ibid.*, August, 1918, p. 165. ³ Bassett-Smith, *Ibid.*, February, 1919, p. 178. ⁴ Manson-Bahr, *Report on Researches on Sprue in Ceylon*, Cambridge, 1915, p. 101.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE PULMONARY OEDEMA OR "ACUTE SUFFOCATIVE CATARRH."

In view of the cases of the above condition recently described in the *JOURNAL*, the two following cases may be of interest:

Case I.—I was called at 5 a.m. to attend a domestic servant, aged about 20, who had previously been quite healthy. She had had much hard work in attending to an old lady suffering from cancer, whose death the day before had been a great shock to her. She stated that she had awakened suddenly with a feeling of suffocation. I found her quite conscious, with flushed face, rapid laboured respiration, pulse about 120; a pale pink froth was welling up into the mouth. Numerous crepitations were heard all over the chest on auscultation. She was able to cough a little, but brought up froth only, no fluid. She doubtless had oedema of the lungs, but the condition was unknown to me at the time. I concluded that the heart had suddenly begun to fail, owing probably to the strain through which she had been passing. With a little difficulty the patient could swallow fluid, and brandy was given by the mouth.

Strychnine gr. $\frac{1}{10}$ and digitalin gr. $\frac{1}{100}$ were given hypodermically, and camphor in olive oil was administered later in the day. As the condition did not improve, pituitrin 1 c.cm. was injected subcutaneously, but without any appreciable result. The patient's condition remained about the same for more than thirty-six hours, when she became unconscious and died. Neither morphine nor atropine was administered.

Case 2.—I had been attending a married woman of fifty since December 24th, 1919, for symptoms of nervous exhaustion, which I attributed partly to the menopause, and partly to overwork. She had severe headaches, sleeplessness, anorexia, tremors, and coldness of the extremities; the reflexes were increased. Her heart sounds were normal, with the exception of a slight accentuation of the second sound in the aortic area. There was no increase in cardiac dullness. The radial arteries were slightly thickened. The urine was free from albumin and sugar. She got up, much better, after a week's rest. Shortly afterwards she developed a slight catarrh of the upper respiratory passages, with slight expectoration. So far as auscultation could show this had cleared by January 7th. On January 18th she had ventured out for the first time, had told her husband that she was feeling "grand," and had had a hearty tea, when at 8.30 p.m. she suddenly remarked that she was dying, and her son said he noticed a "rattle in her throat." When I arrived, at 9 p.m., she was unconscious; her face was ashen-grey. Auscultation revealed numerous moist sounds, fine and coarse, on both sides of the chest, and on turning her on her side blood-stained fluid, not froth, poured in a steady stream on to the floor, coming from mouth and nose. The heart was beating regularly and strongly (110) without any modification of the sounds, and gave the impression of a normal heart fighting against obstruction. The patient's position was altered, to allow of free drainage from the lungs. I hesitated to give morphine to an unconscious woman, but gave atropine sulphate gr. $\frac{1}{10}$ hypodermically, kept her warm, and continued the effort to empty the lungs. A second dose of atropine sulphate gr. $\frac{1}{10}$ was given half an hour later. Occasional auscultation showed that the lungs were rapidly becoming waterlogged. The heart-beats became more frequent, then irregular, and the patient died at 10 p.m., just an hour and a half from the onset of the symptoms. A good deal of the fluid was lost, but I collected about two pints, unfortunately in an unsterilized vessel.

Dr. P. L. Sutherland reported it to be a highly albuminous fluid of specific gravity 1016. The centrifuged deposit consisted chiefly of red blood cells, and contained many Gram-negative bacilli and a few diplococci. A typical *B. coli* was obtained by culture.

Remarks.

1. There was an element of nervous exhaustion in both cases.
2. The heart did not strike one as being primarily at fault in the second case, and there were no adequate grounds to say that the condition had a cardiac origin in the first.
3. Case 1 occurred in a young woman in whom sclerotic changes were unlikely to have taken place.

The condition is described in Powell and Hartley's *Diseases of the Lungs and Pleurae*, fifth edition, p. 316.

JOHN A. HENDERSON, M.B., Ch.B. Edin.

Alvaston, Derby.

FATAL HEPATIC CIRRHOSIS IN A YOUNG MAN.

W. H., a man aged 21, had served some years in the army. His parents stated that he had always had good health and had not drunk to excess. He had not suffered from indigestion. He awoke at 2.30 a.m. on July 1st with severe pain in the left side of the abdomen. He immediately vomited bright red blood. At noon on the same day he had another attack of haematemesis, and was brought to hospital during the afternoon. At the casualty entrance he had a third severe attack of haematemesis.

When I saw him he was very pale and collapsed; the pulse was 110 and thready, the temperature 98°. He vomited 12 oz. of bright red blood at 4 p.m., had another slight attack at 8 p.m., and died at 3.30 a.m. on July 2nd after only twenty-five hours' illness.

I performed a *post-mortem* examination and found the liver to be in a state of advanced atrophic cirrhosis. It was pale, shrunken, had the typical "hobnail" appearance, and only weighed 28 oz. The stomach was full of blood. The cardiac end was eroded in places, but there was no definite ulcer. The spleen was enlarged and congested, weighing 17 oz. Both lungs showed old tuberculosis scarring, but all other organs appeared normal.

H. BROOKMAN, M.R.C.S., L.R.C.P.

County Hospital, Bedford.

THE first Latin-American Odontological Congress will be held in September next at Montevideo under the auspices of Dr. Balthazar Brum, President of the Republic of Uruguay.

Reports of Societies.

ACUTE INTESTINAL OBSTRUCTION.

A CLINICAL MEETING of the Oxford and Reading Branch of the British Medical Association was held at Newbury on July 6th. Sir JOSEPH SKEVINGTON (Windsor) showed the head of a radius which he had removed with good result; slight lessening of pronation and of extension of the elbow followed. He also read an account of six cases of gastric ulcer operated upon; in one case seven ulcers were present, of which he removed the largest—perfect recovery followed.

Mr. J. L. JOYCE, in a paper on acute intestinal obstruction, said that the mortality of acute appendicitis after operation had been reduced during the last twenty years from 50 per cent. to as low as 2 per cent.; the mortality rate from acute intestinal obstruction, unfortunately, had not shown a corresponding reduction, and as late as 1915 had been quoted as 45.7 in a series of 276 cases coming to operation. Among fifteen cases on which he had recently operated, six, or 40 per cent., had died. Acute intestinal obstruction would always have a mortality, the further reduction of which by improvement of operative technique was doubtful; it was certain, however, that a very large reduction could be obtained by earlier diagnosis and earlier operation.

His six fatal cases came to operation on the average ninety-six hours after the onset of their symptoms; the corresponding average in the nine which recovered was forty-seven hours. The average interval in all the cases of the series between onset of illness and operation was much too long (seventy-three hours).

The speaker believed that only about 50 per cent. of cases of acute intestinal obstruction were characterized by the sudden agonizing pain, shock, and vomiting described dogmatically in the textbooks. Such cases were usually diagnosed at once and operated on early. In about half the cases the pain, though sudden in onset, was not very severe, and had remissions; vomiting might be infrequent at first, and shock might at that stage be entirely absent. To wait for faecal vomiting was to court disaster; too often the patient's life was sacrificed because he did not seem ill, his temperature and pulse were normal, his pain was better, and vomiting for the time had ceased. Physical signs in early cases were often absent. Until a definite diagnosis had been made or operation decided on, morphine should never on any account be given.

Organized Treatment of Crippled Children.

Mr. G. R. GIRDLESTONE read a paper on the organization of the treatment of crippled children, in which he said the main types concerned were surgical tuberculosis; paralyse, especially infantile paralysis; deformity, congenital or acquired; and, lastly, various injuries or diseases of bones, joints, nerves, or muscles. The aim was (1) to provide special hospitals for treatment; (2) to organize after-care for cases discharged from hospital; (3) to ensure that by provision of effective treatment at the earliest possible moment the children might be prevented from becoming cripples at all. In conjunction with treatment it was essential to provide general education and instruction in handicrafts. Both in the case of tuberculous joints and infantile paralysis much more could be done by early preventive treatment than by later corrective measures. Mr. Girdlestone described the organization of hospital schools, such as that at Baschurch, and said that in addition to hospital schools for each territorial area, the establishment of a number of clinics throughout the area was required, chiefly for the purpose of after-care. It was important to secure the co-operation of general practitioners with the staff of the hospitals. Surgical tuberculosis required the same lines of treatment, the same type of hospital, and the same organization of after-care as the other varieties of crippled conditions; if it were not grouped together with them, a duplication of every part of the organization would be required.

Mr. VICTOR BONNEY gave an instructive address on "Modern methods in the treatment of difficult labour," in which he said that midwifery would only be improved when in its teaching due emphasis was given to the surgical nature of labour. The speaker discussed the

The Ministry has had in hand the problem of providing a lighter artificial leg made of duralumin or some similar metal instead of wood and leather, and one type of this light limb has now received the approval of the advisers. Light limbs have evident advantages for certain cases. The pattern now approved will, it is hoped, be capable of being made by an engineering firm in such a way that only the actual fitting to the man need be carried out by a skilled limb-fitter.

HONOURS.

TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following medical officers of the Territorial Force:—*Army Medical Service*: Colonel Creighton H. Lindsay, C.M.G., D.S.O., *Royal Army Medical Corps*: Lieut.-Colonels James F. MacIntosh, 1st Highland Field Ambulance, and Arthur E. Jerman, 4th London Field Ambulance.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

AT a special congregation held on July 29th the honorary degree of Doctor of Laws was conferred on Dr. J. J. Abel, Professor of Pharmacology in Johns Hopkins University, and on Dr. Harvey Cushing, Professor of Surgery in Harvard University.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary Comitia was held on July 29th, the President, Sir Norman Moore, Bt., being in the chair.

On the recommendation of the Censors Board it was resolved:

That Frederick Arthur Pring be declared to be no longer a Licentiate of the College, and that he forfeit all rights and privileges of a Licentiate, and that his name be removed from the list of Licentiates during the pleasure of the College.

The following appointments were announced by the President: Dr. F. Parkes Weber to deliver the new Mitchell Lecture in 1921; Dr. Arthur Whitfield the Lumleian Lecture in 1921; Dr. R. O. Moon the FitzPatrick Lectures in 1921; Dr. George Graham the Goulstonian Lectures in 1921; Dr. Thomas Lewis the Oliver-Sharpey Lecture in 1921; Dr. Gordon M. Holmes the Croonian Lectures in 1922.

A grant of £100 was made to Sir F. W. Mott from the Croonian Trust for his researches.

Dr. Eardley Lancelot Holland was admitted to the Fellowship of the College.

The following were admitted to the Membership after having passed the required examination:

Arthur Cecil Alport, M.D. Edin., Frederic Vivian Bevan-Brown, M.D. Lond., Gerald Kessick Bowes, M.B. Oxf., Henry Cecil Herbert Bull, M.B. Camb., William Seigfried Dawson, Geoffrey Barrow Dowling, M.B. Lond., Harold Gardiner-Hill, M.B. Camb., Theo Jenner Hooper Hoskin, M.B. Camb., John Inkster, M.D. Aberd., Jack Joffe, M.B. Lond., John William McNee, M.D. Glasg., Thomas Herbert Oliver, M.D. Manch., Roland John Perkins, M.B. Lond., Joseph Harold Sheldon, M.D. Lond., George John Sophianopoulos, Ambrose Thomas Stanton, M.D. Toronto, Hugh Stott, M.D. Lond., Richard James Campbell Thompson, Arthur Peregrine Thomson, M.B. Birm., Alfred Gregson Williams, M.B. Camb., Thomas Pearce Williams, M.D. Lond., Irene Yates, M.D. Lond.

Licences to practise physic were granted to eighty-five candidates who had conformed to the by-laws and regulations and passed the required examinations, and Diplomas in Public Health were granted jointly with the Royal College of Surgeons to thirty-five candidates, whose names are printed below.

The Murchison Scholarship was awarded to Rowland John Perkins, and a special award of ten guineas was made to John Vernon Cannadine Braithwaite *proxime accessit*.

The following appointments were made on the nomination of the President and Council:—*Censors*: Dr. H. W. G. Mackenzie, Sir John Rose Bradford, Sir James Galloway, Dr. John Fawcett. *Treasurer*: Sir Dyce Duckworth. *Registrar*: Dr. J. A. Ormerod. *Harveian Librarian*: Dr. T. H. Arnold Chaplin. *Library Committee*: Dr. Dawson Williams, Dr. A. F. Voelcker, Dr. Herbert R. Spencer, Dr. Raymond H. P. Crawford. *Curators of the Museum*: Dr. J. Mitchell Bruce, Sir Seymour J. Sharkey, Sir Frederick W. Andrews, Dr. William Hunter. *Finance Committee*: Dr. Sidney P. Phillips, Dr. Arthur Templer Davies, Dr. Herbert R. Spencer.

Dr. G. E. Blacker was elected, on the nomination of the Council, a councillor to take the place of Dr. Fawcett, appointed Censor.

Fellows newly elected to any office gave their faith to the College.

Communications were received from: (1) The Secretary of the Royal College of Surgeons, reporting proceedings of the Council of that College on May 13th, June 10th, and July 8th respectively; (2) Dr. Reginald Vaughan Solly, dated June 18th, 1920, asking that the Membership resigned by him in January last may be restored to him.

The President announced that he had awarded the Bisset Hawkins medal to Dr. W. H. Hamer; and that he had nominated Sir William Hale-White to serve on a committee appointed by

the Minister of Health to advise upon the control of therapeutic substances which cannot be tested by direct chemical means.

A letter was read from the Registrar of the University of Birmingham, asking the College to appoint a representative on the governing body of that University in the place of the late Dr. Samuel West. On the nomination of the President, Dr. Dawson Williams was elected to this office.

A report from Sir Humphry Rolleston and Mr. H. J. Waring, representatives of the Royal Colleges, upon their visit to the examination held at Philadelphia, May 19th–26th, 1920, by the National Board of Examiners, was received and referred to the Committee of Management. The President referred to the great value of this report.

Dr. Sidney Martin, Chairman of the Committee of Reference, presented a complete report of the proceedings of the Committee of Reference. The warmest thanks of the College were voted to Dr. Martin and to Mr. F. G. Hallett, who acted as Secretary to the Committee.

The annual report of the Cancer Research Fund was received and the thanks of the College were accorded to the Executive Committee.

A report, dated June 9th, 1920, from the representative of the College on the General Medical Council, upon the proceedings of the Council at the meeting held in May–June last was received and entered on the minutes.

A report from Sir George Savage, concerning the Chelsea Physic Garden, was received, and Sir George Savage was re-appointed a representative on the Committee of Management.

The Committee recommended that Sir Charles Ballance be appointed visitor to the examinations of the Egyptian School of Medicine for the next period of examination.

After some further formal business the President declared the Comitia closed.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on July 29th, when Sir Anthony Bowlby, President, was in the chair.

Diplomas of Membership were granted to the eighty-four candidates found qualified at the recent examinations. The names are given below under English Conjoint Board.

Mr. Evelyn Sprawson, Dental Surgeon at the London Hospital Dental School, was elected a member of the Board of Examiners in Dental Surgery.

With regard to the Primary Examination for the Fellowship, it was resolved that in future the paper of four questions be set in anatomy, and the paper of six questions in physiology, four of which in the latter subject must be answered.

The College, Bishop's Stortford, and Victoria Institute, Worcester, were added to the list of institutions for instruction in chemistry and physics already recognized.

The Lister Memorial Fund.

The following letter was read from the honorary secretary of the Lister Memorial Fund:

The Royal Society,

Burlington House, W.1.

I am directed by the Executive Committee of the Lister Memorial Fund to ask whether the Royal College of Surgeons of England would be prepared to become Trustees and Administrators of the Lister Memorial Fund. If they would be willing to do this, it is proposed that they should have the entire administration of the Trust subject to the following provisions:

1. That out of the General Fund a sum of £500, together with a bronze medal, be awarded every three years, irrespective of nationality, in recognition of distinguished contributions to surgical science, the recipient being required to give an Address in London under the auspices of the Royal College of Surgeons.

2. That the award be made by a Committee constituted as follows:

Two members nominated by the Royal Society.

Two members nominated by the Royal College of Surgeons of England.

One member nominated by the Royal College of Surgeons in Ireland.

One member nominated by the University of Edinburgh.

One member nominated by the University of Glasgow.

3. That any surplus income of the General Fund, after providing for the erection of a monument, and after defraying administrative expenses, be either devoted to the furtherance of surgical science by means of grants or be invested to increase the capital of the Fund.

A letter of July 21st was read from the Honorary Secretary, Sir John Rose Bradford, reporting the transference of stocks into the name of "The Royal College of Surgeons of England" in pursuance of the undertaking of the College to become the Trustees and Administrators of the Lister Memorial Fund.

CONJOINT BOARD IN ENGLAND.

THE diplomas of L.R.C.P. and M.R.C.S. have been conferred upon the following successful candidates at the final examinations:

A. N. Aitken, H. S. Baker, W. J. Birchall, S. Blackman, T. L. Bonar, J. P. Brown, G. N. Campey, L. E. R. Carroll, G. W. Cheater, H. S. Cohen, Sarah A. Cooper, D. Crawford, J. W. Crawshaw, F. W. Crook, K. V. Deakin, S. N. Deboo, G. U. J. A. de Rynck, W. D. Doherty, T. A. J. Duff, R. S. Fawcett, J. Flanagan, Ada M. Freeman, Blanche S. Gardner, A. D. Gill, C. I. C. Gill, Doris E. F. Goodall, E. E. D. Gray, Hilda T. Haggatt, Gertrude E. Harze, H. A. Harris, F. Heber, L. W. Hefferman, Sylvia K. Hickson, G. F. W. Howorth, H. V. Jackson, F. J. Jauch, Marjorie M. Jefferson, Doris E. P. Jolly, S. G. Jones, Dorothy

M. Kemp, A. W. Kirkham, J. N. Laing, P. T. Liang, L. C. E. Lindon, H. A. Lomax, Mary A. McHugh, G. J. W. McMichael, B. T. McRae, Dora Mason, W. F. Matthews, L. B. Maxwell, D. G. F. Moore, Eva Morton, L. Moss, Annie A. Muir, E. P. Nanavati, C. W. Narbeth, D. J. P. O'Meara, R. Y. Paton, P. H. Perera, J. Posner, G. H. Potter, M. R. Rana, G. K. Reeves, M. H. Renall, E. L. Robert, L. C. Rogers, W. R. Sadler, J. A. F. Shaw, G. Sheehan, F. D. Spencer, A. DaC. Stoute, F. W. Symons, H. Tomlinson, B. M. Tonkin, M. Tree, Edith H. Trimmer, N. S. B. Vinter, R. P. Wanless, Helena J. Webster, C. H. Whittle, Dorothea C. Wigfield, W. R. Williams, S. Wright, C. R. Young.

The Diploma in Public Health has been granted to the following thirty-five successful candidates:

L. Anderson, K. M. Bharucha, G. T. Calthrop, A. S. Cane, T. P. Cole, Delphine G. D'Abreu, C. E. Dukes, R. O. Eades, H. A. Fawcett, H. J. B. Fry, A. R. Fuller, A. H. Habgood, R. N. Hunter, J. H. Jordan, J. du P. Langrische, E. R. Lovell, H. C. Lucey, J. M. Mackintosh, C. A. Mason, E. W. Matthews, W. J. Moir, F. N. Moos, D. S. Page, W. Parker, Parmanand, A. B. Porteous, W. B. Purchase, M. Radford, R. W. Revell, F. E. Roberts, A. B. Rosher, H. Stott, W. R. Taylor, J. N. Webb, A. J. Wernet.

CONJOINT BOARD IN SCOTLAND.

THE following candidates, having passed the Final Examination, have been admitted L.R.C.P.E., L.R.C.S.E., L.R.F.P. and S.G.:

G. Green, J. S. Durward, Muriel Keyes, W. E. de Silva, W. Barton, B. Belilovsky, F. J. Stevenson, Jessie H. Crawford, Agnes M. Hill, K. Ponniah, A. Gold, A. H. Jacobs, F. A. Snorritt, Jessie M. L. Wright, P. C. H. Homer, S. S. Sumner, W. Mullan, I. Goldberg, O. Brunlees, D. C. Scotland, T. Poole, J. M'Glashan, J. Stevenson, May C. Boughton-Leigh, T. Hardie, T. A. du Toit.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FINAL EXAMINATION.—A. B. Clery, A. B. Doyle, W. R. Elmes, B. Epstein, J. O'C. Fitzsimons, J. Green, Z. Green, T. P. Heffernan, G. A. Henderson, Margaret Holliday, W. Horgan, Mary J. C. King, T. Lynch, J. F. Lyne, J. S. E. Manley, F. J. O'Donnell, W. P. Reynolds, T. J. Ryan, A. Stafford, Margaret Toher.
D.P.H.—Dr. T. Buckley, Dr. A. Humphreys, Dr. G. C. F. Roe, Dr. J. E. J. Roche-Kelly, Dr. M. Shipsey, Dr. V. Wallace.

Medical News.

THE Second International Congress of Comparative Pathology will be held at Rome in the spring of 1921 under the presidency of Professor Perroncito. Communications should be sent to the secretary, Professor Mario Tevi Della Vida, Via Palermo 58, Roma.

DR. NOEL BARDSWELL, medical adviser to the London Insurance Committee, has been awarded the Médaille de la Reconnaissance Française (bronze) for services rendered in Paris in connexion with the treatment of the tuberculous French soldier and the establishment of an agricultural training colony at Epinay, near Paris.

DR. GEORGE ST. GEORGE, of Lisburn, co. Antrim, Provincial Grand Lodge Inspector, Antrim, has received from the members of the lodges under his supervision an address, the Jewel of the 32nd degree, and the certificates of an endowed chair in each of the Masonic charities as a mark of appreciation of his many virtues "as a man and a Freemason" of fifty years' standing.

AN emergency grant of £4,000 from King Edward's Hospital Fund for London and an extension of the principle of payments by patients have enabled the National Hospital for the Paralysed and Epileptic, Queen Square, W.C., to maintain the greater part of the work of the institution.

A JOINT conference on work for invalid and crippled children will be held by the Invalid Children's Aid Association and the Central Committee for the Care of Cripples on Tuesday and Wednesday, November 16th and 17th, in the Council Chamber of the Guildhall, London. The subjects for discussion include the bearing of recent legislation on work for physically defective children, co-operation between the State and voluntary bodies, accounts of existing institutions in America, on the Continent, and in the United Kingdom for the treatment and education of these children, and the scheme for future development suggested by the Central Committee for the Care of Cripples. Further particulars may be obtained from the Conference Secretary, Central Committee for Care of Cripples, 20, Berkeley Street, W. The chairman of the committee is Sir Robert Jones.

AT the June matriculation examination of the University of London there were 176 successful candidates in the first division and 1,044 in the second division.

THE well known Italian surgeon, Professor Edoardo Bassini, has recently resigned his professorial duties and retired from practice.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

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

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—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, *Attitology, 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 (telegrams: *Bacillus, Dublin*; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

INCOME TAX.

A. W. W., in common with several local practitioners, has received a communication from the inspector of taxes suggesting that for current and future years one-third of the rent and similar expenses should be deducted for income tax purposes "because the surgery often forms such a small part of a doctor's house."

* * The inspector in question does not seem to give sufficient weight to (a) the other convenience which a doctor's residence must provide if the practice is to be properly carried on—for example, accessibility, implying payment for a central site, garage for motor car, waiting room or rooms, dispensary, kitchen for supply of hot water and for washing appliances, etc., and for the adaptation of other rooms in the house for professional or semi-professional purposes; and (b) to the fact that by far the more valuable portion of any residence is that on the ground floor, where the waiting-room and surgery are situated. This is a matter to which attention was drawn by Dr. Haslip in the evidence he gave on behalf of the British Medical Association before the Royal Commission on Income Tax. The report of the Royal Commission stated that "the general limitation to a sum not exceeding two-thirds of the annual value or rent should be retained, but the Commissioners should be empowered to grant a larger allowance in special circumstances where the application of the general rule would result in hardship." It has to be remembered that two-thirds is at present the *maximum* allowance; the normal allowance in the smaller provincial towns should, in our opinion, be at least one-half. In the case of our correspondent, his rent is £75, and to leave only one-third—that is, £25—to represent his private share seems hardly reasonable; if he were a member of some other profession with a distinctively professional office apart from his house, he would presumably have to pay more than £25 to obtain the same domestic conveniences.

C. N. L. inquires as to the allowance he is entitled to for the cost of replacement of a motor car in the following circumstances:

Bought a motor car before the war for	...	£360
Sold it in 1919 for	...	£180
Bought a new Ford in February, 1920, for	...	£280

* * The net cost of the new Ford was £280 less £180 (received for the old car)—that is, £100—and he is entitled to charge that amount as a professional expense of the year in which the purchase was made, and not to deduct that amount from the average profit. It is true that if the three years' average is abolished next year and the basis of the previous year adopted, he might lose the full effect of the allowance for renewal; but on the other hand—assuming that the recommendations of the recent Royal Commission are adopted—he would then become entitled to an annual allowance by way of depreciation.