

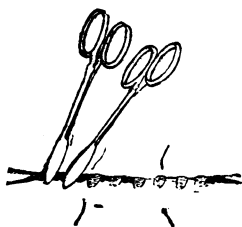
SKIN APPPOSITION WITHOUT SUPERFICIAL SUTURES.

BY

FRANK HATHAWAY, M.D.,

SURGEON, KING EDWARD VII HOSPITAL, WINDSOR.

WHEN closing an incision it is only necessary to bring the edges of the skin accurately together. A good scar depends upon accurate skin apposition. A method which will do this without sutures will save time and trouble. I have found I get more perfect scars by the following method: Put two or three deep sutures, depending on the size of the wound, through fat and skin, but do not tie them. Take each end of the incision with a pair of artery forceps and pull taut. Rapidly clamp the skin edges with artery forceps, starting at one end; the forceps are to be about a quarter of an inch apart, and should take each skin edge accurately in its grip. The forceps hold in their grip about a quarter of an inch—of skin above, and skin and fat below. The forceps are carried along the whole length of the incision, and are held by an assistant as they are clamped. When the last is in position, the first is taken off, and then the second, and so on along the whole length of the incision. The skin will be found to be tightly glued together. The deep sutures are then tied over a roll of gauze, as in an ordinary bonbon dressing.



The advantages of skin clamping are (1) accurate skin apposition with no turning in of skin, (2) rapidity, (3) very

few stitches to remove. The results in my experience and in that of those who have tried this method are excellent, and a most perfect scar can be obtained.

It might be asked: "Is there no sloughing of skin?" I have used the method extensively and never seen sloughing happen. The mark of the artery forceps remains for about fourteen days, and then disappears.

The disadvantage is that occasionally a part of the wound gapes and requires a suture, and I have not found it successful in very fat people, over the symphysis pubis, and in scar tissue. On the other hand, in certain places, such as the neck, where the incision is in the line of cleavage of the skin, no deep sutures are necessary, skin clamping being alone sufficient.

I first tried this method some years ago with circumcisions, clamping skin and mucous membrane without any suture, and finding the result admirable I have extended it to every variety of incision. I experimented with an instrument made with a blade one inch in length, but have not found it nearly as successful as simple artery forceps.

My partner and colleague, Mr. H. L. Martyn, F.R.C.S., who has often used this method, and is most enthusiastic about it, has kindly prepared a drawing (reproduced above) showing the artery forceps in position.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

FREE GAS IN THE PERITONEUM AND SUBSEQUENT SUBCUTANEOUS EMPHYSEMA.

It is recognized that general subcutaneous emphysema is a rare complication of perforation of the stomach from ulcer. Demarquay¹ was the first to call attention to cutaneous emphysema after solutions of continuity occurring in the stomach or the intestinal tract. He showed that perforation of the gastro-intestinal tract, followed by the entrance of gas into the free abdominal cavity, may lead to cutaneous emphysema if at the same time the parietal peritoneum is injured, as, for instance, after performing traumata of the abdominal wall and the intestine, or traumatic lesions of the parietal peritoneum and the intestinal canal without perforation of the abdominal walls. In the case here recorded there was nothing in the

previous history suggesting a gastric or duodenal ulcer, and the patient had not sustained a recent trauma. That it was a perforation is, I think, obvious, but it was surely of an unusual type, and the sequelae were remarkable.

E. W., male, aged 54, was admitted into the Royal South Hants and Southampton Hospital on October 31st, 1917, with a diagnosis of intestinal obstruction. The history he gave was that he had had no action of his bowels for four days prior to admission, and he had occasional vomiting, indefinite pain and increasing distension of his abdomen. His temperature was normal, pulse 90. On examination, his abdomen was greatly distended and tympanitic all over. There was no visible peristalsis. On palpation there was indefinite tenderness, but nothing else to specially note. Rectal examination was negative. An enema was returned unaltered, and no flatus was passed. From the age of the patient, the history, and the physical signs, the provisional diagnosis was adhered to and laparotomy was forthwith performed. A middle line incision below the umbilicus was made, and as soon as the peritoneum was opened there was an immediate rush of odourless gas and the abdomen went down flat. There was a singular lack of fluid in the peritoneal cavity, and the intestines were collapsed. A perforated gastric or duodenal ulcer was sought for in vain, and no other lesion could be discovered to account for the free gas. As there was no fluid or other infective material present the abdomen was closed without drainage.

A remarkable thing now happened in that twelve hours later the patient was almost unrecognizable. The incision into the peritoneum had permitted the escape of gas into the subcutaneous cellular tissues, and the gas had infiltrated in these tissues from head to foot. His eyes were closed with the swelling of the lids, and breathing was becoming difficult. He was taken down to the theatre immediately, some stitches were removed and a tube inserted into the peritoneal cavity. Thereafter he made an uninterrupted recovery, the emphysema rapidly clearing up. The tube was removed on the sixth day, the wound healed rapidly, and he was discharged from the hospital on December 1st, 1917.

I am indebted to Mr. J. R. Keele, senior surgeon to the hospital, for permission to publish the case.

H. G. G. NELSON, M.D. Edin.,
Assistant Physician, the Royal South Hants and
Southampton Hospital.

ARREST OF GROWTH IN "INOPERABLE CANCER OF THE JAW."

I SHOULD like to draw attention to the changes that have taken place in two cases of inoperable cancer of the jaw under my treatment in this hospital.

1. H. M., aged 68, was admitted on May 12th, 1919, with an epithelioma of the dorsum of the tongue, accompanied by very enlarged glands in the neck. He was unable to take anything beyond small quantities of fluid. He gave a history of severe haemorrhage, and his condition had been reported inoperable at the General Hospital. Two days later I was called to see him for severe haemorrhage, and found him apparently dying. I injected a phial of pituitary extract (Ferris) into the growth of the tongue, and all bleeding stopped at once, and did not recur. I noticed a decided decrease in the size of the glands, and no further enlargement or ulceration of the growth. I gave him some further injections. He put on flesh; no enlargement of new glands occurred, and he could take food with comfort. He remained nine months in this state, and then secondary troubles in the liver appeared, and although the primary growth became no larger, the one enlarged gland increased in size. He died on April 27th, 1920, living eleven months after this one and only severe haemorrhage in this hospital.

2. J. J. R., aged 56, admitted March 16th, 1920, had been seen at the Bristol Royal Infirmary and General Hospital, and pronounced "inoperable" by the surgeons. He had a large growth underneath the tongue, extending up the left side of the lower jaw, and forming a fungating growth on the neck; all the tissues of the chin were indurated and presented small "truffle"-like excrescences. He gave a history of frequent and severe haemorrhages, and he had a further severe one in the ambulance on the way to this hospital. The growth had first been noticed sixteen months earlier. He was emaciated, very bloodless on admission, and there was a horrible fetor of the mouth. I was summoned to see him because of a very severe haemorrhage. I at once injected a phial of pituitary extract into the growth beneath the tongue; the bleeding ceased at once, and the growth shrank. This has continued, under injections given weekly or twice a week. He can now move his tongue freely and touch his lower lip. The growth in the neck has shrunk to the angle of the jaw; there is a slight purulent discharge, but no fetor from the tongue and neck. He can eat solid food, has put on weight, has lost his anaemic appearance, and there is no haemorrhage. These injections give him little pain at the time, but in about two minutes he has severe pain lasting two minutes down his spine and becomes very pallid, and then says he is quite all right. Sections of the growth made at the Royal Infirmary demonstrated malignant disease. He has little if any pain now, and no new enlarged glands.

I venture to record these two cases in the hope that others will try this treatment, which is almost painless,

¹ Nothnagel, *Diseases of the Stomach*.

and which may lead to further experiments for the relief of these terrible cases, and possibly solve the problem of prevention of the recurrence, through the glands, of malignant growths after operation.

R. H. NORGATE, M.R.C.S., L.R.C.P.,
Medical Superintendent, Bristol Poor Law Infirmary.

Rebuelus.

RHEUMATISM AND ARTHRITIS.

PROFESSOR STOCKMAN'S researches on chronic rheumatism and fibrositis are so well known that the reader will naturally be attracted to his recent work on *Rheumatism and Arthritis*,¹ and will there find the results of much investigation—pathological, clinical, and literary—clearly and independently set forth. Acute rheumatism is first dealt with, and in the division of the cases into two clinical types—(a) the more acute with prominent joint symptoms, very amenable to salicylates, and not so prone to relapses or sequels as (b) the less acute, prone to attack the periarticular and other fibrous structures—a sharper distinction is drawn than has previously been the custom. In this connexion Professor Stockman advances an interesting speculation: he asks whether the two clinical forms, like typhoid and paratyphoid, may not be due to different strains of the causal organism. In discussing the pathology, Professor Stockman suggests that the rapid disappearance of acute synovitis is due to local immunity resulting from the accumulation of antibodies in the joints. The subcutaneous nodules are shown to be structurally identical with the warty excrescences on the cardiac valves and the myocardial lesions.

The other ten chapters contain records of much original investigation; this is notably the case in the section on chronic rheumatism or fibrositis, in which the histology of the indurations due to inflammatory hyperplasia of the white fibrous tissue is minutely detailed and well illustrated. It is pointed out that these fibrous thickenings in chronic muscular rheumatism were described in 1816 by William Balfour of Edinburgh, who also recommended frictions as the proper treatment, but that this observation was neglected for nearly a century, until, in fact, 1904, when the late Sir William Gowers introduced the term "fibrositis," and the author published a detailed account of the whole condition, including its histology. It is due to various causes—namely, rheumatic fever, tonsillitis, influenza, gonococcal septicaemia, and mucous colitis.

A chapter is devoted to panniculitis or subcutaneous fibrositis, in which there is chronic inflammation of the alveolar tissue of the panniculus adiposus, including the nerve filaments and blood vessels. It is essentially the same as fibrositis, with which it may be combined, but it is commoner. There are multiple painful fibro-fatty tumours, and when combined with obesity some of these cases have been recorded as Dercum's adiposis dolorosa, which, however, is a syndrome covering several conditions of different etiology. In 1891 Josephson described panniculitis, but until recently it has not been recognized out of Sweden. Dupuytren's contraction is described in a separate chapter, but without any reference to the association with pads on the fingers pointed out by Sir A. E. Garrod.

Chronic non-suppurative arthritis or chronic articular rheumatism, though regarded as probably part only of a general infection, is on clinical grounds divided into (1) rheumatoid arthritis and (2) chronic infectious arthritis, the latter containing the cases called Still's disease. It is noteworthy that the author does not insist on the importance of focal infections from the point of view of either etiology or of treatment.

Although heading his chapter on the subject "Purpura rheumatica," Professor Stockman regards this condition as probably a general infection with a well marked tendency to cause small haemorrhages and synovitis, thus agreeing with J. H. Pratt in his masterly article in Osler and McCrae's *System*, where the mistake of regarding rheumatism as a factor is clearly exposed.

In the account of gonorrhoeal rheumatism treatment by vaccines is described without any enthusiasm, but no

reference is made to protein shock therapy by the intravenous injection of typhoid vaccine. The article on chronic osteo-arthritis, or arthritis deformans, is clear and copiously illustrated. Other chapters deal with Heberden's nodes, arthritis of known causation, coxa vara, hypertrophic osteo-arthropathy, and nervous arthropathies. The historical matter forms a valuable and attractive feature of a monograph rich in personal observations.

ANATOMY AS IT SHOULD BE.

WE are by no means straining the meaning of our words when we say that Professor Wood Jones, in his *Principles of Anatomy, as seen in the Hand*,² has placed to his credit one of the most notable contributions ever made to the literature of British anatomy. Although his outstanding ability has been known to his immediate colleagues for years past through his scientific memoirs and books, this is the first occasion on which he has made an appeal to the medical profession as a whole, an appeal which, in our opinion, should place him in the first rank of British anatomists.

This book of his challenges comparison with a book which was a classic in its day—Sir Charles Bell's *The Hand, its Mechanism and Vital Endowment as Evincing Design*, published in 1833. In both books the hand is used as a text for a series of crisp sermons; but whereas Bell used the hand as a mere pretext for a series of rambling anatomical excursions among living and extinct animals, our present author sticks closely to his text, and uses the anatomy and mechanisms of the hand as a means of expounding the principles with which medical students and medical men must be familiar if they wish to understand the structure and working of the human body. In both books we find that their authors are excellent draughtsmen; in both we find ease and felicity of expression; in both there is the same record of acute personal observation made during a close study of living mechanisms; in both there is the same profound desire to fathom the secrets of the brain and nervous system. The differences between the two works are largely the result of the times in which they were written: the one appeared in the pre-Darwinian period when anatomy was studied for evidences of a designer; the other has appeared in a period when anatomists are using anatomical characters as signposts to man's origin. Hence, in our modern author, we find an eye which is alert to "signpost" anatomy; he recognizes that each feature and structure of the hand has its own history, and that it is the business of the anatomist to unravel these histories.

But Professor Wood Jones is imbued also with a spirit which is being revived among British anatomists—to study the living body in order to discover the functional significance of its structural characters. In reality this is a return to a pre-Darwinian point of view, to the outlook of Hunter and of Bell, and there cannot be a moment's doubt as to the gain which is to accrue to modern medicine from such a revival. The reader has only to turn to the later chapters of this book, where the author deals with the muscles and movements of the hand, and with the hand as a sense organ, to see how much practical medicine is to gain by the modern revival of functional anatomy. No doubt the circumstances under which this volume came to be written have determined the practical nature of its contents, for it represents the substance of a course of lectures given to officers of the R.A.M.C. at the special military hospital at Shepherd's Bush.

A brief extract will serve to show the outstanding character of the book—one taken from the chapter on "The Hand and Brain."

We will not agree with anyone who lauds the human hand as an example of human anatomical advances and perfection, but we will agree with any admirer of his own species who claims that as a cortically controlled structure the human hand affords striking evidence of Man's superiority over all the other members of the mammalia. It is not the hand which is perfect, but the whole nervous mechanism by which movements of the hand are evoked, co-ordinated, and controlled. In one thing Man certainly shows marked anatomical advance from conditions of basal mammalian simplicity—in one feature every monkey and ape compares but ill with him, and this is the wonderful development of the cerebral cortex.

¹ *Rheumatism and Arthritis*. By Ralph Stockman, M.D., Professor of Materia Medica and Therapeutics in the University of Glasgow and Physician to the Western Infirmary. Edinburgh: W. Green and Son, Ltd. 1920. (Pp. 132; 110 figures. Price 15s.)

² *The Principles of Anatomy, as seen in the Hand*. By Frederic Wood Jones, Professor of Anatomy in the University of Adelaide. London: J. and A. Churchill. 1920. (Med. 8vo, pp. 325; 2 plates. 123 figures. 15s. net.)

lesson. He had other talents: he wrote much; his textbook and his methods are known throughout the civilized world; he was always courteous; he had charm; he was a traveller; he was an artist of talent; he was a collector and connoisseur in art, and his skill with the pencil was a valuable asset in his teaching. His hospitable home in the Gonzagasse illustrated the two sides of his life; there he delighted to show his superb collection of pictures and also to demonstrate his anatomical specimens.

He loved to do the honours of his museum, to show bric-à-brac he had picked up in his many visits to Italy, and to demonstrate his innumerable pieces of normal and pathological anatomy, dissected mastoids, preparations of the labyrinth, or microscopical sections. He was an immense worker; he had a lovable nature; and his life was full and happy, but doubtless his latter years were clouded with the horrors of war. No one, particularly with his wide international friendships, could have deplored the war more than Politzer. While it was in progress, I had news of the old professor from a Scandinavian colleague who had been in and out of Vienna several times during the war. He told me coal was so scarce in that city that Politzer, for the sake of warmth, had betaken himself to a boarding-house. Every day, during the war winters, he walked from his boarding-house to his beautiful apartment. There, in spite of his four-score years, he still occupied himself with art and research in ology. . . . He was indeed a *grand maître*.

STCLAIR THOMSON.

WE regret to announce the death of Dr. E. W. GRAHAM, provincial medical officer, Nigeria, which occurred with tragic suddenness on the morning of March 20th, 1920, in his office at Calabar. He had not been in the best of health for some time past, but his condition was in no way regarded as serious, and he was at work when a sudden heart seizure carried him off within two minutes. Dr. Graham came of a Cumberland family of whom he was very proud. He was educated at Glasgow University, and graduated M.B., C.M. in 1896. After holding one or two assistantships at Ryton-on-Tyne and in the county of Durham he was appointed medical officer to the Niger Coast Protectorate in December, 1899. He was made a senior medical officer in 1910, and was transferred to the Gold Coast in 1912. He was appointed provincial medical officer in 1914. It was only in December last that he was transferred from the Gold Coast to Nigeria. Dr. Graham was not only a very able medical officer, but he also possessed a lovable disposition and great charm of manner. He was universally respected and liked by all, Europeans and natives alike, who came in contact with him. His death has caused a great gap, which it will be difficult to fill. His funeral, which was most impressive, took place the same evening at 5 p.m., and his remains were laid to rest in the European cemetery at Calabar amidst signs of universal sorrow. The cortège was followed by a large procession, including all the Europeans of Calabar, headed by the Resident. Very large numbers of natives attended. The coffin, which was borne by members of the Nigeria Marine, was covered with the Union Jack, and the numerous floral tributes gave evidence of the respect and esteem in which Dr. Graham was held. The band of the 3rd Nigeria Regiment West African Frontier Force rendered the Dead March in Saul at the graveside, and the last rites were performed by the Rev. Mr. Dean of the United Free Church Mission, an old friend of Dr. Graham. He leaves a widow and three children—two daughters and a son, with whom much sympathy is expressed.

DR. TRAFFORD MITCHELL, who died at Gorseinon on July 17th, received his medical education at the University of Glasgow, where he graduated M.B., C.M. in 1885 and M.D. in 1889; he took the D.P.H.Camb. in 1896. He went to Wales as an assistant to Dr. Thomas Morgan Jones of Loughor, and was subsequently appointed medical officer of health to the Swansea Rural District Council, a post which he occupied for more than twenty years, and held it at the time of his death. He was also medical superintendent of the Garngoch Fever Hospital and the Kingsbridge Small-pox Hospital, as well as medical officer to the post office, the Education Board, and to the infant welfare centres in Swansea, as well as certifying factory surgeon. He took great interest in the volunteer movement, and was in command of one of Gorseinon companies

of the 3rd Glamorgan Volunteer Rifles, and remained in command of the same company after its incorporation into the Territorial Force; he subsequently retired with the rank of major. Dr. Mitchell, who was a member of the Swansea Division of the British Medical Association, married the daughter of the late Mr. W. Lewis, and leaves two daughters, who both married medical men.

DR. ROBERT MUNRO, of Largs, Ayrshire, died on July 18th. He was educated at Edinburgh University, of which he became M.A. in 1860, M.D. in 1871, and LL.D. in 1901. After practising medicine for a time at Kilmarnock he retired in 1886 in order to apply himself with greater freedom to scientific pursuits. Dr. Munro was well known as an archaeologist and anthropologist; a Fellow of the Royal Society of Edinburgh, he was for eleven years secretary of the Society of Antiquaries of Scotland, and was president of the Anthropological Section of the British Association in 1893. He was also an honorary member of numerous anthropological societies abroad, and had been Rhind lecturer on archaeology, Dalrymple lecturer in archaeology in the University of Glasgow, and Munro lecturer on anthropology and prehistoric archaeology in the University of Edinburgh. In addition to numerous contributions to these sciences, he was the author of *The Lake Dwellings of Europe*, and of *Rambles and Studies in Bosnia*; his book *From Darwinism to Kaiserism* was published last year.

DR. IRENE C. DAVY EATON, who died suddenly from cardiac failure on August 2nd, was born in Victoria, Australia, in 1882, was educated privately, and subsequently studied at the London (Royal Free Hospital) School of Medicine for Women. She obtained the M.B. and B.S.Lond. degrees in 1909 and the D.P.H. in 1915. After graduating, she was medical officer at the East Anglian Sanatorium, Nayland, then house-surgeon and pathologist at the New Hospital for Women. In 1913 she was appointed assistant health officer to the Willesden Urban Municipal Council. During the war Dr. Eaton served first at the Norfolk War Hospital as assistant pathologist, then at Malta, being attached to the R.A.M.C., and in October, 1917, was appointed Area Controller (W.A.A.C.) in the Eastern Command, where she served until demobilization in June, 1919. She was one of the first medical officers appointed in the new Ministry of Health. Dr. Eaton did valuable work in her appointments, and was universally loved and respected by her colleagues and the numerous people with whom she came in contact. One of her colleagues writes: We all loved Dr. Eaton—she was so delightful to do with, so ready to help in any difficulty. You could always depend on her—her work was always in order—and her personal dealings with everybody, men and women alike, were always harmonious.

CAPTAIN PHILIP AUGUSTINE MCCARTHY, R.A.M.C., died at Lissenhall, Little Swords, County Dublin, on July 11th, from illness contracted on active service. He was educated at Queen's College, Cork, and at Guy's, and took the L.S.A. in 1884, also graduating in the Royal University of Ireland as M.D. and M.Ch. in 1884, and as M.A.O. in 1885. He took a temporary commission as lieutenant in the R.A.M.C. on April 3rd, 1915, and was promoted to captain after a year's service.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE following courses in physiology for 1920-21 have been approved, and will be recognized as advanced lectures, which a candidate at the B.Sc. Examination may name for part of his practical examination:

Advanced Lectures: 1st Term.—Professor A. D. Waller, in conjunction with Mr. J. C. Waller: Eight lectures on experimental studies in vegetable physiology and vegetable electricity on Tuesday at the University. Dr. C. Da Fano: Eight lectures on the histology of the nervous system on Wednesdays at 4.30 p.m., commencing October 13th, at King's College. *2nd Term.*—Mr. J. A. Gardner: Eight lectures on biochemistry (title and place to be arranged). Professor M. S. Pembrey: Eight lectures on the physiology of the embryo, fetus, and newly-born, on Thursdays at 4.30 p.m. at Guy's Hospital. *3rd Term.*—Eight lectures by various lecturers, to be arranged by

Professor Bainbridge at St. Bartholomew's Hospital. Professor H. E. Roaf: Eight lectures on reception of sensory stimuli. *Advanced Practical Work: 1st Term.*—Professor W. M. Bayliss: Physical chemistry in relation to physiology at University College. *2nd Term.*—Professor M. S. Pembrey: Practical work on respiration at Guy's Hospital. Professor W. D. Halliburton and Dr. O. Rosenheim: Advanced chemical physiology at King's College. *3rd Term.*—Dr. J. S. Edkins: Advanced practical histology at Bedford College. Professor F. A. Bainbridge: Electrical changes in skeletal and cardiac muscle.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.

The following scholarships have been awarded: M. W. P. Hudson, Entrance Science Scholarship, £150; E. Thompson, Second Entrance Science Scholarship, £60; D. P. Mulvany, Entrance Arts Scholarship, £25; H. W. Bowen, Entrance Arts Scholarship, £25; D. V. Davies, The William Tite Scholarship, £25.

The Services.

Vice Admiral Sir William Norman, K.C.B., late Director-General of the Medical Department of the Admiralty, has been appointed honorary surgeon to the King in the vacancy caused by the death of Inspector-General Sir James Dick on July 13th.

A Territorial Force R.A.M.C. Major or Captain is required as D.A.D.M.S., 46th (North Midland) Division. He will receive pay and allowances of the substantive rank. Communications should be addressed to Colonel E. A. Wraith, C.B.E., D.S.O., A.D.M.S., 46th Division, Windsor House, Shrewsbury.

The Royal Naval Volunteer Reserve Officers' Decoration has been awarded to Surgeon Commander W. E. Harker, O.B.E.

The name of Major R. A. Chambers, I.M.S., has been brought to notice by the Commander-in-Chief in connexion with the Afghanistan campaign, 1919.

Medical News.

ON August 13th, in the large theatre of the Cambridge School of Anatomy, a presentation was made to Dr. W. L. H. Duckworth, Fellow of Jesus College and Senior Demonstrator in Anatomy, on the completion of twenty-one years of devoted service to the university as lecturer in physical anthropology. This tribute to the esteem and affection in which he is held was the spontaneous desire of every demonstrator, assistant, and student to contribute some token of their appreciation of his unfailing courtesy and ever ready help. Moreover, Dr. Duckworth has shown great capacity for organization, especially during the past year, when the chair of anatomy has been vacant and the entire control of the anatomy department has devolved upon him. The fine inscribed silver salver was presented to Dr. Duckworth, together with a book containing the signatures of two hundred and twenty subscribers, by Dr. D. Reid in the presence of the staff and students of the anatomy department.

The Home Secretary has appointed Dr. A. E. Burroughs, Ophthalmic Surgeon to the Liverpool Royal Infirmary, to be specialist medical referee for ophthalmic cases under the Workmen's Compensation Act, 1906, for County Court Circuit No. 6.

The St. Thomas's Hospital Old Students' dinner will take place at the Connaught Rooms, Great Queen Street, W.C., on Friday, October 1st, at 7 o'clock for 7.30. The chair will be taken by Dr. F. F. Caiger.

The well-known ophthalmological journal, *Zentralblatt für Augenheilkunde*, founded forty-three years ago by Hirschberg, has suspended publication.

ON August 12th, during the XII International Congress of Esperanto at the Hague, in which more than twenty-two nations are taking part, a special meeting of medical men was held. Dr. J. Boyd Primmer, Cowdenbeath, Scotland, member of Council of the Fife Branch of British Medical Association, who presided, read in Esperanto (the international auxiliary language) a paper dealing with the treatment of tuberculosis in Great Britain, with special reference to treatment in farm colonies, and to the work in that direction of Sir Robert Philip, Edinburgh. A discussion followed, which showed that the medical men present, representing various European nations, fully understood the subject being discussed in the international language, their sole aim being to acquire by exchange of views an amelioration of the conditions that give rise to tuberculosis, and, if possible, to hasten the cure in suitable cases. Dr. Smulders (Holland) proposed and Mr. R. Barkema seconded the proposal to reconstitute the International Esperanto League of Physicians and Surgeons. Dr. Primmer was unanimously elected President. It was

also resolved that those who desired the republication of the Esperanto journal, *La Kuracisto* (The Doctor), for the purpose of translating new methods of treatment through an international medium, and of publishing original contributions in the neutral tongue—the product of the mind of the oculist in Warsaw, the late Dr. Zamenhof—should send their names and addresses to the President.

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, *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 (telegrams: *Bacillus, Dublin*; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

DR. W. J. O'SULLIVAN (Limerick) inquires: What treatment or procedure has any effect in reducing the liability to recurrence of facial erysipelas? In the case I have in mind the attacks do not now appear to be associated with any constitutional disturbance.

INCOME TAX.

TAX has paid £4 14s. 9d. tax on the rental value of the residence. She asks if this can be deducted for purposes of income tax, Schedule D.

* * The tax cannot be deducted, though the appropriate fraction of the rental value (say one-half) on which it was paid can be regarded as a payment made for professional purposes. Our correspondent will perhaps appreciate the point better if the question is looked at as if a rent actually were paid; in that case any payment of income tax, Schedule A, would operate to reduce the payment of rent *quid* rent. Substantially this is her position—that is, she is her own landlord for this purpose, and she cannot deduct both the rent and the tax. To the extent to which the £4 14s. 9d. includes other taxes—for example, inhabited house duty or land tax—it can be treated like the payment of rent or rates.

"E. H." inquires what tax he would have to pay on an income of £800 a year from British War Loans.

* * The tax payable would be as follows:

	£	s.	d.
Amount of income ...	800	0	0
Deduct—Allowance for self and wife ...	225	0	0
Net income chargeable ...	575	0	0
Tax payable on £225 at 3s. ...	33	15	0
And on £350 at 6s. ...	105	0	0
£575	Total	138	15 0

It will, of course, be understood by our correspondent that as and when he takes up professional work in this country the income so derived would necessitate payment of further taxes.

LETTERS, NOTES, ETC.

COMPOUND TINCTURES IN THE TREATMENT OF MALARIA.

DR. BEVERLEY ROBINSON (New York) writes to us on the value of compound tincture of bark, or of Warburg's tincture, in malaria. In the ordinary tertian type, when relapses occur, bark is perhaps most effective, if given in sufficient and frequent doses, such as one teaspoonful every two hours, for a day or two, and, later, less often. For forms of malaria contracted in tropical countries, Warburg's tincture or extract in