

being damaged, and the consequent escape of nerve current or electricity being evidenced to the patient as pain, it is possible to theorize that the wax, being an efficient insulator, might oppose sufficient resistance and block the exit of electricity, and thus account for the relief of pain. In connexion with this theory it was suggested to me by Colonel A. H. Tubby that when the limb is taken from the bath the wax, instead of being peeled off, should be allowed to remain on and a bandage placed over it, and thus continue the beneficial effects of insulation.

But whatever the reason is for the therapeutic result of the wax bath, I think a case has been established for a more extended trial of this new agent, whether as an interesting adjunct to orthopaedic work, a valuable preliminary to massage, or a therapeutic agent in its own right, as which, I am quite convinced, it has a great value.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

OPTIC NEURITIS DUE TO DENTAL SEPSIS.

On March 8th, 1920, I was consulted at the Birmingham and Midland Eye Hospital by Miss I. T., who was sent by Dr. John C. Griffiths of Kidderminster. The patient complained of fairly rapid loss of vision in the left eye and pains across the forehead, both of one week's duration.

Examination.—R.V. = $\frac{3}{8}$; with -1.25 dioptre sphere = $\frac{3}{8}$. L.V. = less than $\frac{3}{8}$, not improved by glasses. There was a slight divergent strabismus of the left eye, said to be of one week's duration. The left fundus showed a typical optic neuritis, the disc being almost completely obscured, and the vessels, particularly the venules, were very engorged. The urine was normal. The teeth were good on the whole, but on the left side there was a carious upper molar whose crown was almost completely eroded. The patient did not complain of pain or anything wrong with this tooth, but, as it appeared to be the most probable cause of her loss of sight, I advised its removal. I also prescribed a mixture containing sodium bicarbonate and sodium salicylate.

A fortnight later (March 22nd) I saw her again; the optic neuritis had diminished, and the visual acuity of the left eye was $\frac{3}{8}$, and $\frac{3}{8}$ when her slight myopia was corrected. The carious upper molar had been extracted, and at each of the three roots an abscess was found.

On April 19th I saw her for the last time. The fundus was almost normal, and the left vision with correction was $\frac{3}{8}$.

The case is interesting, first as an example of optic neuritis due to neighbouring sepsis, and secondly, on account of the rapid improvement with recovery of vision which followed removal of the foci of toxic absorption.

H. W. ARCHER-HALL,
Honorary Assistant Surgeon,
Birmingham and Midland Eye Hospital.

REMOVAL OF A PIN FROM THE LARYNX BY AN IMPROVED METHOD.

A YOUNG man came to me recently complaining that he had just been choked at his dinner while eating some beef-steak pudding. He was suffering a good deal of pain and had frequent attacks of coughing and retching, with excessive secretion of mucus, but no dyspnoea. There was nothing visible in the pharynx, but the laryngeal mirror revealed a shining object looking like a pin—which it proved to be later—lying obliquely across the larynx about midway between the epiglottis and the vocal cords. For want of a better instrument I bent a plated sponge-holder with a safety catch into a curve, and, arming it with a small pad of cotton-wool, passed it into the larynx and succeeded in lifting the pin up from its position without, however, recovering it. The mirror now showed it attached to the mucous membrane on one side of the larynx at a higher level. It was again dislodged by the same method and lifted into the pharynx, where, being visible to the unaided eye, it was easily removed with nasal forceps. There was the merest trace of haemorrhage on the wool.

The observations were made with reflected daylight and no local anaesthesia was employed, the passive demeanour of the patient being of material assistance.

L. N. HARDING, M.B. Cantab.
South Nuffield.

ACUTE ULCERATIVE STOMATITIS CAUSED BY DRUGS.

ABOUT fourteen years ago, with the object of relieving hemicrania, to which I am subject, I tried 10-grain doses of antipyrin. At the same time I became subject to attacks of stomatitis, sometimes simple and sometimes ulcerative. On two occasions I had concurrently anal ulcers. I soon discovered that this disease always followed a dose of antipyrin. On stopping the use of that drug I brought the attacks of stomatitis to an end.

During my absence at the Cambridge meeting of the Association my partner saw a young lady for me who was suffering from exacerbation of old sphenoidal sinus disease. The most distressing symptom she had, however, when I saw her was acute ulcerative stomatitis. Learning from my own experience, I inquired what drug she was taking, and found it was aceto-salicylic acid. She told me her mouth was worse after each dose. The stomatitis had resisted all local treatment. Cessation of the drug led to a rapid and complete cure.

Both cases are instructive.

Wrington.

HUBERT C. BRISTOWE, M.D. Lond.

A CASE OF HEPATIC ABSCESS.

On May 28th, 1920, A. B., aged 24, was referred to the Royal Halifax Infirmary by the Local Pensions Committee. He complained of abdominal pain and looseness of the bowels, which had commenced six weeks previously, whilst on passage home from India.

Condition on Admission.—The temperature was 98.4° F., the pulse 76, the respirations were 20. Urine specific gravity 1020, clear, acid, no albumin, no sugar. The pain was of a diffuse character: he indicated its site by sweeping his hand over the right side of the abdomen. Since the onset there had been three or four motions daily, containing mucus but no blood. Hitherto he had always been healthy, having had neither dysentery nor malaria whilst in India, so far as he was aware. On examination there was a slight fullness of the right lower chest wall, but the outstanding physical sign was a transverse zone of hyperaesthesia on the right side 1½ in. in width, reaching the middle line both in front and behind, situated just below the umbilicus—that is, in the cutaneous distribution of the eleventh right dorsal nerve. The lower border of the liver was just palpable below the right costal margin. Over the right lower chest vocal fremitus was slightly diminished, the percussion note dulled, and the respiratory murmur and vocal resonance were impaired. After one or two attempts pus was found by exploration in the tenth intercostal space in the posterior axillary line.

Operation.—Part of the tenth rib was resected, and the pleural cavity incised. A large abscess was found extending deeply between the base of the right lung and the diaphragm. It contained bile and pus, which were not intimately mixed together; the evacuated matter was odourless. A drainage tube having been inserted, the wound was sutured.

A specimen of the pus was sent to Dr. Taylor, the borough bacteriologist, who reported that it contained liver debris, bile, blood, and pus. No amoebae were found, nor did subsequent scrapings from the wall of the cavity nor examination of the faeces reveal their presence. The patient made an uninterrupted recovery.

The zone of hyperaesthesia, with its strictly segmental distribution, suggested at first the premonitory stage of herpes zoster.

I have to thank Dr. Wishart for his courtesy in assisting me with the operation and for permitting me to publish the case.

Halifax.

WILLIAM OLIVER LODGE, M.D.

OUTWARD DISLOCATION OF THE HEAD OF RADIUS.

THIS dislocation being of rare occurrence, I venture to give a few details of a case met with recently in practice. The patient, a boy, aged 9 years, jumped over a low seat, tripped as he reached the floor, and fell forwards with outstretched hands. He was brought to my surgery in half an hour from the time of the accident. On examination the left forearm was at right angles to the humerus, the elbow-joint was much wider than that of the other limb, and there was a large haematoma on the inside of the joint. The head of the radius was on the outside of the external condyle, and could be felt rotating during the movements of pronation and supination. The dislocation was reduced by traction forwards and pressure on the neck of the radius downwards. Two weeks later the joint had recovered its mobility.

Bishop's Waltham.

W. DREW MITCHELL.

this, death resulted from pyaemia. He received his medical education at Cambridge University and Bristol, taking the degrees of M.B., B.Ch. in 1908, and the diplomas of M.R.C.S., L.R.C.P. in 1905. After holding resident appointments at the Bristol Royal Infirmary and the South Devon Hospital, Plymouth, he settled at Brecon, being appointed honorary physician to the Brecon Infirmary. He was the best type of general practitioner. A kindly, conscientious, and hard-working man, he endeared himself to his patients of all classes, and his early death will be deeply mourned in Brecon for many years. He leaves a widow and four young children, for whom, as for his father, Dr. R. Shingleton-Smith, of Clifton, deep sympathy is felt in their great grief.

THE death recently at Aberystwyth of Dr. MORGAN DAVIES, of London, has removed a man who was very highly esteemed in Wales and among Welsh people resident in London. He graduated M.B., C.M. Aberd. in 1879, and L.R.C.P. in 1880. After holding the appointments of house-physician, house-surgeon, and resident accoucheur at the London Hospital, he settled in practice in London, and had long resided in Goring Street, Bishopsgate. In 1882 he took the F.R.C.S. Eng., and proceeded to the M.D. degree in 1884. The *Welsh Outlook* in speaking of him said that there were "thousands of Welsh homes in London in which his devotion and skill would always be remembered and blessed. Had he not been a doctor he might have made an immortal name for himself in literature. The little he published appeared in out-of-the-way places, but those who read his work will never forget its distinction of form and substance."

DR. FREDERICK IRVING DE LISLE, of Hawkes Bay, New Zealand, who died last year, was a native of Guernsey, and was educated at Guy's Hospital, where he qualified in 1871. He was a dresser in the English ambulance corps during the siege of Paris, and for four years was surgeon to St. Peter's Hospital, Guernsey. After practising at Napier, New Zealand, he took the diploma of D.P.H. in 1902, and afterwards settled at Hawkes Bay, where he acted as district health officer. A broad-minded man of many interests, he was Major in the New Zealand Territorial Force, surgeon to the Napier Hospital, and Justice of the Peace for the Colony. He was the author of *Increase of Cancer in New Zealand*, and of several other medical works. He is survived by a widow, three sons, and a daughter; his death, which took place at the age of 73, as the result of an accident, is widely deplored in New Zealand.

Medical News.

ON October 5th the honorary staff of the Manchester Royal Infirmary will continue the course of post-graduate lectures given last year.

THE annual dinner of old students of University College Hospital will be held on Friday, October 1st, at 7.30 p.m., at the Imperial Restaurant, Regent Street, London. The chair will be taken by Professor Harry Littlewood, C.M.G., M.Sc., F.R.C.S. Tickets, price 15s., not including wine, can be obtained from the honorary secretaries, Dr. A. M. H. Gray and Mr. Gwynne Williams, 30, New Cavendish Street, London, W.1.

As already announced in this column, the first Annual Old Students' Dinner of St. Bartholomew's Hospital since the outbreak of war will be held on Friday, October 1st, at 7 o'clock, with Sir Anthony Bowlby in the chair. Owing to the large number of applications for seats it has now been found impossible to hold the dinner in the Great Hall of the hospital, and it will take place, by kind permission of the Lord Mayor, in the Guildhall. Communications relating to the dinner should be addressed to the Warden's House.

THE Blind Persons Act, 1920, comes into force on September 10th. Under it any person so blind as to be unable to perform any work for which eyesight is essential is entitled to a pension in the same way as he or she would hitherto have become entitled at the age of 70.

DR. WILLIAM EDMUND THOMAS, O.B.E., Bridgend, has been placed on the Commission of the Peace for Glamorgan.

DR. D. J. WILLIAMS of Llanelly, at one time a member of the Council of the British Medical Association, who left estate of the value of £27,489, bequeathed £250 to the Llanelly Hospital for the better equipment of the operating theatre.

THE Ministry of Health has issued a revised list, with hours of attendance, of the treatment centres for venereal diseases approved by the Ministry down to August, 1920.

THE Médaille de la Reconnaissance Française in silver has been conferred by the President of the French Republic on Mrs. Bedford Fenwick, Honorary Superintendent of the French Flag Nursing Corps.

A JOINT conference of the Central Association for the Care of the Mentally Defective and the National Special Schools Union will be held at the Church House, Westminster, at the end of November. The President of the Board of Education, Sir William Byrne (Chairman of the Board of Control), and Dr. Eichholz (Chief Medical Inspector, Board of Education), are expected to take part in the conference.

THE current issue of the *St. Bartholomew's Hospital Journal* announces the resignation of Viscount Sandhurst from the post of treasurer to that hospital, which he has held since 1908.

THE tenth Italian Congress of Paediatrics will be held at Trieste on September 24th to 26th. The subjects to be discussed are vaccine treatment of children's diseases, introduced by G. de Cristina and G. Caronia, and protection of legitimate and illegitimate children, by Dr. G. B. Allaria and E. Modigliani. Further information may be obtained from the Secretary, Dr. E. Modigliani, Via Palermo 28, Rome.

THE Medical Sickness, Annuity, and Life Assurance Society, formerly a friendly society but recently converted into a company, held its first general meeting on August 23rd in accordance with the statute requiring such a meeting to be held within three months after incorporation. The chairman, Dr. F. J. Allan, reported that the change had been carried through smoothly. All the members of the friendly society had become members of the society with the exception of twenty-one, most of them bordering on the age of 65, when their connexion with the society would in any case have been severed. Since the conversion the amount of life and sickness business had increased. Dr. Ball had resigned the office of medical examiner for the society after many years' service, and had been succeeded by Dr. David Forsyth. The retiring directors were re-elected, and the auditors and Mr. Sutton, the secretary, were congratulated on their work during the conversion.

THE first volume of the malaria bureau reports of the Federated Malay States contains some interesting papers by Dr. H. P. Hacker, medical entomologist to the Government. As the author points out, it is of fundamental importance to determine accurately the relative malaria-carrying properties of the various species of anophelines and the conditions which control these properties. This is an intricate field of investigation which calls for co-ordinated research, and Dr. Hacker lays down the lines along which it might be carried out. He draws attention to some recent work by Barber, who has suggested that in certain circumstances most of the species may become infected, and therefore may carry malaria. This suggestion calls for further investigation, for the fact, if true, would be of great importance. The volume contains six reports and is provided with an index. The photographs indicate the nature of the ground to be dealt with, and some of the measures that have been adopted for reducing and stamping out the anophelines implicated.

AN inquest was held at Birkenhead on August 26th in regard to the death of a married woman who had been under treatment by novarsenobillon. The first dose was 0.3 gram; a second dose of the same amount was given a week later, and a third of 0.45 gram, after an interval of another week. Eight days after the third injection the woman became unconscious and died. Chemical analysis afforded no evidence of narcotic poison, but arsenic to the amount of one grain was discovered in the organs. A *post-mortem* examination showed that the woman was suffering from pneumonia, and it is not clear that the death was caused by the novarsenobillon.

A COMMITTEE was formed in 1910 to arrange for the erection of a monument to Cesare Lombroso. As the sum subscribed is not sufficient to cover expenses the committee invite further subscriptions, which should be sent to Professor Enrico Ferri at Rome. The monument will be unveiled at Verona in the spring of 1921.

THE offices of the Director-General of Medical Services, Ministry of Pensions, have been transferred to the Crown Agents Annexe, 5, Millbank, Westminster, S.W.1.

THE first independent urological clinique in Belgium has recently been inaugurated at the University of Liège, under the charge of Professor A. Hogge.

THE well known French lunatic asylum at Charenton will shortly be converted into a maternity hospital containing a thousand beds.

LAST year there were 10,281 deaths from influenza in Paris.

PROFESSOR ADAM POLITZER, of whom a memoir appeared in our issue of August 21st, left his valuable otological library to the University of Vienna.

THE number of cases of plague in Java during May, June, and July was 536, 419, and 410 respectively. All of them were fatal.

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, *Aitology*, 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.

"MEDICO" inquires as to his liability as a county tuberculosis officer, on a salary of £600 per annum plus expenses.

* * The expenses are not assessable, and the liability will be as follows:

	£	s.	d.
Assessable income £600— $\frac{1}{10}$ th of £600	540 0 0
Allowance for self and wife	225 0 0
Income chargeable to tax	315 0 0
That is, £225 at 3s.	33 15 0
£90 at 6s.	27 0 0
			60 15 0

The allowance for children applies only to those in life on the first day of the financial year—that is, on April 6th, 1920.

"H.O.M.B." asks what tax is payable on his income, particulars of which appear in the answer below—

	£	s.	d.
* * * Earned income: Service pension	£210		
Public appointments	£70		
	£280		
Deduct $\frac{1}{10}$ th...	£28	816	0 0
Investment income	...	...	103 0 0
Disability pension (exempt)	...	...	nil
Amount of assessable income	...	...	946 0 0
Allowances: Self and wife	£225		
Children	£50	315	0 0
Income chargeable to tax	...	...	631 0 0
£225 at 3s.	...	...	33 15 0
Balance—that is, £405 at 6s.	...	...	121 15 0
Total tax payable	...	...	155 11 0

"VERTEX" inquires what tax can be deducted from an unearned income of, say, £550, partly derived from house property and partly from war loan and other investments.

* * All income taxable by deduction is taxable at the full rate of 6s. in the £. In the case of our correspondent the tax payable on an investment income of £550 would be:

	£	s.	d.
Amount of income	...	...	550 0 0
Allowance for self and wife	£225		
" " one child	£36	251	0 0
Amount of income chargeable	...	...	289 0 0
Of which £225 is taxable at 3s.	...	...	33 15 0
And the balance, £64, is taxable at 6s.	...	...	19 4 0
Total	...	...	52 19 0

If the tax deducted from and borne by "Vertex" exceeds that sum he will be entitled to claim repayment at the end of this financial year. If a substantial portion of the income is from house property, it might save him the trouble of claiming repayment if he filed a statement of his total income, etc., with his local inspector of taxes on the appropriate form, and requested that his allowances should be deducted from the income tax assessed on the properties. If his daughter, aged 22 years, is receiving full-time education at an educational establishment, he is entitled to a further allowance of the tax (at 6s.) on £27.

COMPUTATION OF INCOME TAX, 1920-21.

MR. WILFRED T. FRY (62 and 63, Queen Street, London, E.C.4) writes: Now that the Finance Act for 1920-21 has become law, the following short synopsis of its chief provisions may be of interest to your readers:

The standard rate of income tax remains at 6s. in the £. In computing the total "assessable" income (except for super-tax purposes) a deduction of 10 per cent. of the earned portion may be made, not exceeding the sum of £20. The "assessable" income is further reduced by the following abatements and the residue is the "taxable" income. These abatements are granted irrespective of the total of the income.

	Abatement.
For a married man	£225
For a single man	£135
For the first child (Under 16 or receiving full time education)	£35
For every other child	£27
N.B.—No allowance for a child is granted where the child has an income in his own right exceeding £40 per annum.	
For a widower in respect of housekeeper looking after his children	£45
For a single man in respect of widowed mother or housekeeper looking after his brothers and sisters under 16	£45
For a dependent relative	£25

The first £225 of "taxable" income is taxed at half the standard rate of tax—namely, 3s.—and the balance at 6s. in the £. Life insurance premiums are also deductible at varying rates. Claims in respect of repairs to property are now extended to houses not exceeding £105 annual value in London, £90 in Scotland, and £78 elsewhere. Super-tax is chargeable on all incomes exceeding £2,000, at ascending rates. All amounts paid in land values duties can be reclaimed.

* * It should, perhaps, be added (a) that the payment for a single person is the same for either sex; (b) that the allowance for a dependent relative cannot be claimed if the dependant's income is in excess of £50; and (c) that the claim in respect of repairs to property is now extended to the total cost of repairs. The previous allowance was one-sixth.

LETTERS, NOTES, ETC.

DILATATION OF THE HEART.

DR. G. ARBOUR STEPHENS (Swansea) writes: On my return from a holiday I have read Dr. Kingscote's letter (p. 294) referring to mine on dilatation of the heart (p. 223), but he evidently misses the main point, for whether the enlargement be discovered by his pleximeter or not the difficulty is to decide as to the cause of that enlargement. Many practitioners jump to the conclusion that it is due to dilatation, without realizing how difficult it is to exclude pericarditis. My desire was to point out that for accurate diagnosis it is very essential that the pericardial conditions, including the state of the intrapericardial pressure, should be taken into account.

TREATMENT AFTER COLOTOMY.

DR. S. SAXON BARTON (Liverpool) writes: I have a patient who has had a fairly extensive resection of intestine, including the lower part of the ileum, caecum, and part of ascending