measuring from 3 to 7 mm. in length, were found in the small intestine. They still required to undergo a further moult before becoming adult. The small intestine was in a condition of catarrh, the larvae embedded in abundant muco-pus. In previous experiments I had traced them to the fourteenth day, when they measured 3.8 mm., but had failed to find them on later days. The present positive result replacing the negative result renders it extremely probable that the worm can undergo full development in one host alone—that is, man or the pig.

I hope that a full account of the experiments and of the anatomy of the larvae, together with a summary of recent work on the same subject by Ransom and Foster and Yoshida, will be published shortly in *Parasitology*.

I wish to express my thanks to the governing body of the Lister Institute of Preventive Medicine for their kind permission to work in the institute; to Dr. Martin and Dr. MacConkey for much assistance; and to the Medical Research Council for the grant covering the cost of the animals employed.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

FIBROMA OF THE ILEO-CAECAL VALVE.

A WOMAN, aged 24, was admitted to the Rochdale Infirmary on January 15th as a case of appendicular abscess. She gave a history of three previous attacks of pain in the right iliac fossa during the last six months; they were accompanied by vomiting and constipation, and had each been of only two or three days' duration. The present attack had begun four days before, and had been the worst she had so far experienced. On seeking medical advice she had been immediately sent to the hospital.

On admission she stated that the pain was considerably better and that the attack was passing off. The pulse and temperature were normal, the tongue was slightly furred. The bowels had been moved the previous day. She had vomited last on the morning of admission. There was tenderness but no rigidity in the right iliac fossa. A mass was palpable in the area of the appendix. This mass was tender and fairly movable. The movable mass and the absence of rigidity, fever, and rapid pulse led me to the opinion that this was a case in which the inflamed appendix was wrapped in omentum.

The abdomen was opened through a McBurney's incision; it was at once seen that the appendix was normal, and that the mass was due to a tumour projecting into the caecum from the region of the ileo-caecal valve. It was significant that the terminal portion of the ileum was slightly invaginated into the caecum—that is, there was a very definite sulcus about half an inch in depth at the ileo-caecal junction.

As far as could be gathered from an examination of the outside of the caecum the tumour was smooth, rounded, and incorporated in the bowel wall. In order to determine exactly the origin and limits of the tumour I delivered the caecum entirely—a procedure quite easily carried out through the original incision on account of the caecum being extremely mobile. A clamp was placed upon the terminal portion of the ileum and upon the ascending colon above the caecum, and an incision made through the bowel wall over the growth. It was then seen that the tumour was incorporated in the upper lip of the ileo-caecal valve, and that it projected very considerably into the lumen of the bowel. On its visceral aspect it was smooth, regular, and covered with mucous membrane, except at the most projecting part, where there was an ulcer the size of a sixpence, with a hard, smooth, white floor.

It appeared to me that it would be impossible to excise this tumour thoroughly without removal of the whole caecum and ileo-caecal valve. I therefore removed the terminal three inches of the ileum, the caecum, and part of the ascending colon. It was then necessary to close the original incision, and through a right rectus incision to perform an end-to-side anastomosis of the ileum with the transverse colon. Through this incision I was able to satisfy myself that there were no secondary deposits in either glands or liver. This was as I had expected, because I looked upon this tumour as benign.

The patient made an uninterrupted recovery, though a few days after admission she developed a typical secondary syphilitic rash. The Wassermann reaction was strongly positive, and she received treatment for this condition until her discharge on February 28th.

The tumour was as large as a hen's egg and of similar shape, the more rounded extremity projecting into the lumen of the bowel, the narrower extremity being embedded in the bowel wall in the region of the upper lip of the ileo-caecal valve. It was uniformly hard and fibrous on section and white and glistening in appearance. The pathological report was that the tumour was composed of fibrous tissue and had the structure of a fibroma.

The attacks of pain were, in my opinion, caused by the attempts of the bowel to expel this tumour. The sulcus at the ileo-caecal junction was significant; it showed that at any rate for the last six months before operation the patient had been in imminent danger of intussusception.

Rochdale, Oct. 29th. JOHN C. JEFFERSON.

INTRAUTERINE DIAGNOSIS OF CONGENITAL HEART DISEASE.

SOME time ago, in a medical journal, the question was raised as to the possibility of diagnosing *in utero* a condition of congenital heart disease. The details of a case that occurred in my practice this year may be of interest:

MRS. H., aged 34, a multipara, was expecting her fourth child; about six weeks before the confinement was due I made my usual routine examination. On auscultation the fetal heart was easily audible, the point of maximum intensity being about 2 in. below and 1½ in. to the right of the umbilicus. The ordinary fetal heart sounds were largely, though not entirely, replaced by a loud blowing bruit, systolic in time, the rate being 128 per minute. The mother's pulse rate was 60. The uterine souffle was hardly audible on the right side, but easily heard on the left. It will be understood that in saying a loud bruit was heard one is speaking relatively. But the sound was loud enough to be heard over a larger area than is usually the case with a fetal heart, and of sufficient intensity to make the fetal heart sounds more easily detected than I can recall in any of some hundreds of cases previously examined. About a month later—that is, a fortnight before the confinement was due—I again auscultated the case; although the fetal heart was not audible to the right, it could be heard at the corresponding spot to the left of the umbilicus, the child having made, roughly, a quarter-turn in a vertical axis. On this occasion, as regards quality and intensity, the sounds were similar to what I had heard four weeks previously, but the rate was now 132 per minute and the mother's pulse 66. The degree of pressure of the stethoscope on the abdominal wall made little or no difference to the sounds. On my calling the attention of the nurse to what I had heard, she informed me that one child had died, when about 6 months of age, quite suddenly and unexpectedly. A fortnight later the child was born and the heart was normal in every respect, with no evidence whatever of any congenital imperfection.

The points of interest appear to be the presence of this marked systolic murmur, and its definite, persistent, and unvarying nature over several weeks, even when the fetus had altered considerably in position. The bruit is difficult of explanation. If due to circulation through the foramen ovale, or ductus arteriosus, why should the presence of such a bruit be so rare an occurrence? If the sounds are not of cardiac origin the presence of a funic souffle is a possible explanation. This is stated to be due to cord compression by the stethoscope, or by some position of the cord in relation to the child, which leads to stretching. But in this instance a varying stethoscope pressure made no difference to the sounds, nor had they perceptibly altered when the child had rotated very considerably in the vertical axis. If any inference can be drawn from a single case, it is that auscultation cannot be relied upon in all instances as a means of diagnosing congenital heart disease *in utero*.

Barnet. B. H. STEWART, M.D., B.Ch.(Cantab.).

THE CHOLECYSTITIC HEART.

THE term "cholecystitic heart" is taken from Sir Berkeley Moynihan, who first drew my attention to the irritability of the heart in cases of cholecystitis. The following is an explanation of this condition: Stimulus material is constantly being built up within the heart muscle. When this stimulus material reaches a certain summit it, as it were, explodes and originates a muscular contraction. The time at which the stimulus material explodes depends upon the degree of irritability of the muscle cells.

In the resting state the lining membrane of the cardiac muscle cells is semipermeable—that is, it is permeable to only one electric ion, the positive or negative. The cell is in a state of physiological polarization, or what is known as a Helmholtz double layer.

In the state of excitation the lining cell membrane becomes permeable to both positive and negative ions, the state of polarization of the Helmholtz double layer undergoing depolarization; and between the active and non-active part of the muscle there is a difference of potential which can be recorded by the galvanometer. Excitation

therefore is associated with an increased permeability of the cell membrane.

Any substance which increases the permeability of the cell membrane will increase the irritability of the cell, and give rise to an early explosion of the stimulus material, from which an early muscular contraction will result. A repetition of this process will cause an increased rate of the heart beat. Now bile salts are known to cause an increase in the permeability of the lining cell membrane, and therefore to increase the irritability of the cardiac muscle and the rate of the heart beat. In cholecystitis the bile salts circulating in the blood are increased, and this is the cause of the irritable character of the cholecystitic heart.

The reverse also holds good—that is, that a diminution in the bile salts circulating in the blood causes a decrease in the permeability of the lining cell membrane and a diminished irritability. In jaundice the bile salts circulating in the blood are diminished, which accounts for the slow pulse rate associated with jaundice.

H. L. FLINT, M.D.,
Physician to the Mansfield Hospital.

Reports of Societies.

TUBERCULOUS STRICTURE OF INTESTINE.

AT a meeting of the Medico-Chirurgical Society of Edinburgh, held on November 4th, the President, Emeritus Professor F. M. CAIRD, read a paper on tuberculous stricture of the intestine, based on a series of 43 cases, and illustrated by colour-drawings of the operation specimens. After alluding to the acute ulcerative type of lesion, secondary to pulmonary phthisis, which seldom came to the surgeon, he said that all his cases belonged to the formative chronic type, with quiescent or no pulmonary affection. Sometimes there was extraordinary hypertrophy of the tissues—a fibromatosis which might closely simulate malignant disease. Symptomatology and the differential diagnosis from subacute appendicitis and malignant disease were discussed. The age-incidence of the series showed 33 cases almost equally divided between the second, third, and fourth decades; the majority were women. The sites of stricture were as follows: Jejunum, 1; ileum, 14; ileo-caecal valve and colon region, 26; transverse colon, 2; two were abscesses of indeterminate site. As to operative treatment Professor Caird advised resection of the whole affected area, though short-circuiting might be done in some cases of multiple stenosis. He had performed resection in 40 cases, in which the immediate results were 27 recoveries and 13 deaths, and short-circuiting in 3 cases with 1 death. The after-histories showed that 12 cases were now dead (nearly all of some form of tuberculosis), 4 could not be traced, and 13 were still alive at varying periods from the operation.

Sir HAROLD STILES said that the condition was unusually common in Scotland as the result of feeding with contaminated milk. Though the common site of ulcer and stricture was the ileo-caecal region, it was more common elsewhere than imagined, and also was not rarely multiple. Such ulcers occasionally perforated. He entirely agreed that the operation of election was resection of the affected area. Mr. SCOT SKIRVING gave his operative experience in a boy of 14 years with ulcer, stricture, and obstruction high up in the ileum.

Bacteriuria.

Dr. CHALMERS WATSON, speaking on the subject of bacteriuria, said the methods in common use in many laboratories for the determination of bacteriuria were fallacious, with the result that the reports furnished to practitioners were inaccurate and misleading. A true bacteriuria was much commoner than was supposed, although it was a difficult problem to assess the clinical value of the findings. The ordinary method of bacteriological examination was to inoculate some medium with a loopful of sediment from the centrifuged urine (a catheter specimen). A more delicate method, used by Panton, was to incubate an equal volume of urine with some fluid medium for twenty-four hours, and to subculture from this. Panton had in 100 cases, drawn from all sorts of conditions, found only 18 per cent. sterile; in 50 cases investigated in another laboratory by the ordinary method, 48 per cent. were sterile. In a series of 7 cases investigated by both methods, the speaker had found bacteriuria in all by Panton's methods, but five were sterile by the ordinary method. Further investigation along these lines might possibly throw light upon that large group of chronic medical disorders associated with intestinal stasis and toxaemia.

Sir DAVID WALLACE referred to the great difficulty in obtaining a sterile specimen of urine, even from the bladder, and suggested that in many of these cases the bacteriuria was not genuine, but derived from the urethra. Dr. F. PORTER said that an adequate and simple method of testing for bacteriuria was to evaporate a drop of urine, and at once stain and examine. In this way he had examined about 500 cases and found results similar to those of Dr. Chalmers Watson. He cited illustrative cases, and said that there was some connexion between acute seborrhoeic eczema and bacteriuria. Mr. D. P. D. WILKIE made a plea for a large number of control examinations in healthy cases.

Blood Transfusion.

Mr. J. M. GRAHAM read a paper, based upon seventy-five cases, on transfusion of blood. He detailed the methods for the recognition of suitable donors, and also the apparatus and technique of the various methods of transfusion. Good results were obtained in cases of primary and secondary haemorrhage; where these were complicated by sepsis or shock the results were not so good, and in pure shock they were disappointing. In pernicious anaemia he obtained a temporary benefit in most cases; in some real and lasting improvement followed transfusion as an adjuvant to arsenic, given simultaneously. As a whole, in pernicious anaemia, no permanent therapeutic benefit could be claimed. Both in haemophilia and in purpura haemorrhagica he had had definitely successful results, probably due to prolongation of the coagulation time of the blood. In all the cases cited the results had been checked by exact enumeration of the red blood corpuscles and estimation of haemoglobin. Professor MEAKINS said that the main indications for blood transfusion were found in conditions where there was great reduction both in haemoglobin and in blood volume—that is, cases of sudden severe haemorrhage, and also of chronic bleeding. In shock, however, where both blood volume and haemoglobin were probably increased, the treatment called for was not blood transfusion, but intravenous injection of saline or gum solution.

LETHARGIC ENCEPHALITIS IN CHILDREN.

AT a meeting of the Royal Medico-Chirurgical Society of Glasgow, held in the Faculty Hall on November 5th, Dr. LEONARD FINDLAY made a communication on epidemic encephalitis (encephalitis lethargica) in childhood, based on an analysis of 23 cases observed during the present year. Most of the cases sickened during the month of May, and 20 were boys. The salient features were sudden onset (with or without fever), choreiform movements, and some form of paralysis, most frequently of a cranial nerve and especially of the intrinsic or extrinsic muscles of the eyeballs. In some of the early cases marked congestion of the optic discs was observed. The chorea passing off, the child usually sank into a state of lethargy, which was more or less pronounced, and lasted for varying periods. On recovering from the lethargy, a peculiar night restlessness appeared; this had been a typical and striking feature of the cases. The children were unable to sleep at night, but spent the time shaking the pillows, arranging the bedclothes, performing duties of the toilet, muttering and singing to themselves. They might even get up out of bed, dress themselves, and go out into the street to play; they also developed dirty habits. During the day, at this period, nothing abnormal, save the remnant of paralysis, might be noted, or a certain degree of drowsiness might be present. Suggestion was tried without effect, although from the tendency of the nocturnal restlessness to disappear on change of surroundings, this condition seemed to be of psychic origin.

Dr. CECILIA SHISKIN recorded the results of the examination of the cerebro-spinal fluid in the cases dealt with by Dr. Findlay. Like other workers, she had found

among the working classes in Bradford there are many who have cause to remember him with gratitude for having helped them over a stile at a critical period of their lives.

SAMUEL STRETTON, M.R.C.S., J.P.,
Consulting Surgeon, Kidderminster Infirmary.

We have to record with regret the death, on November 13th, of Dr. Samuel Stretton, in his 89th year. He was born in Leicester, and was a student of St. Bartholomew's Hospital. He took the diploma of M.R.C.S. in 1854, and held the post of house-surgeon to that hospital. On the outbreak of the war with Russia in that year he was one of a band of young men, which included Sir Spencer Wells, Dr. E. A. Parkes, and Sir John Kirk, who volunteered their services as civil surgeons. By Mr. Stretton's death Sir John Kirk remains the last survivor. Dr. Stretton was attached to the military hospital at Scutari for over a year, and experienced all the rigors of terrible winter. On returning to England he began practice at Kidderminster, and became honorary surgeon to the old Kidderminster Infirmary and Dispensary. His experience there led him to press for a new building, and eventually this end was achieved, and later on a children's hospital was erected. He was also medical officer of the Poor Law institution, and during his term of office had the satisfaction of seeing the erection of a workhouse infirmary. He enjoyed a large practice, but was able to find time to show interest in ambulance work, and also in education; he was a director of the High School for Girls. He was a magistrate for the borough and the county. He retired from practice about sixteen years ago and went to live at Droitwich, where he interested himself in the success of the town as a health resort. Dr. Stretton married in 1857 a daughter of Dr. W. Birch, and had the happiness of celebrating his golden wedding. They had ten sons and two daughters; one son is Mr. J. Lionel Stretton, senior surgeon to the Kidderminster Infirmary and Children's Hospital.

Universities and Colleges.

UNIVERSITY OF OXFORD.

The subject of Dr. J. A. Hadfield's Dale Lectures at Mansfield College is "The contribution of psycho-therapy to ethics and religion."

Mr. A. A. F. Peel has been elected to an Honorary Scholarship in Medicine at University College.

The following candidates have passed the examinations indicated:

D.P.H.—*Part I:* C. N. Atkins, Ina Marion Clarke, W. V. Corbett, M. K. A. Khalik, G. W. Ronaldson, R. H. Simpson, A. Viney.
Part II, and obtained the Diploma: H. M. Agnew, C. N. Atkins, T. C. Backhouse, C. L. Browne, F. C. Davidson, A. P. Ford, M. K. A. Khalik, C. Kingston, J. S. Moore, R. H. Simpson.

The Theodore Williams Scholarship in Physiology has been awarded to W. Russell Brain, B.A. (New College). The name was incorrectly spelt in our last issue.

UNIVERSITY OF CAMBRIDGE.

Mr. Alexander Frederick Richmond Wollaston, M.A., B.Ch., M.R.C.S., has been elected a Fellow of King's College. He was awarded the Gill Memorial Medal of the Royal Geographical Society in 1914 in recognition of his explorations in the Sudan, Ruwenzori, the Pacific, and Dutch New Guinea. He was medical officer of the British expedition to Ruwenzori, Central Africa, in 1905-6, medical officer of the British expedition to Dutch New Guinea, 1909-11, and leader of the expedition to Dutch New Guinea in the following year. He won the Distinguished Service Cross during his service as temporary Surgeon Lieutenant, R.N., in the war.

UNIVERSITY OF LONDON.

The following candidates have been approved at the examination indicated:

Third M.B., B.S.—†H. G. Broadbridge, ‡F. C. S. Broome, †G. W. Cheater, ‡M. Coburn, §G. F. P. Gibbons, ‡Edith M. Hall, ‡§R. M. Handfield-Jones (*University Medal*), *J. B. Hume, *†T. E. Roberts, †A. C. D. Telfer, *M. Tree, *O. Williams, D. W. J. Andrews, C. C. Beatty, G. Blurton, G. J. Bowen, J. V. C. Braithwaite, L. I. Braun, L. J. F. Bull, O. C. Carter, W. E. K. Coles, Florence E. Coombes, F. H. L. Cunningham, R. C. Davenport, T. R. Davies, J. J. P. de Chaumont, J. R. Dingley, J. D. Dyson, H. Ellis, R. E. Ford, R. K. Foulkes, E. D. Granger, A. S. Green, Hilda T. Haggett, W. A. Hawes, E. C. Hinde, M. H. K. Kane, R. P. Langford-Jones, H. S. Le Marquand, G. L. Levin, G. P. Lindsay, V. E. Lloyd, C. T. Maitland, R. G. Morgan, C. W. Narbeth, W. E. K. A. Quitmann, O. W. Roberts, E. L. Sergeant, R. G. Simpson, B. M. G. Thomas, C. H. Thomas, J. O. Thomas, Wm. Thomas, R. Thursz, J. E. A. Underwood, N. S. B. Vinter, Dorothea C. Wigfield, Lucy Wills, J. E. Zeitlin.

* Distinguished in Medicine; † in Forensic Medicine; ‡ in Surgery; § in Midwifery.

The following candidates have passed in one of the two groups of subjects:

Third M.B., B.S.—*Group I:* G. C. Agarwala, H. J. Blampied, P. N. Cook, R. B. Green, Gwenvron M. Griffiths, Kathleen H. Matthews, J. Y. Moore, A. H. Richards, L. M. Smith, I. G. Williams. *Group II:* J. R. Banks, F. M. Barnes, A. Bearblock, E. V. Beaumont, E. V. Corry, Elsie E. Cowperthwaite, L. ap I. Davies, J. O'F. Fletcher, Ada M. Freeman, I. Frost, G. F. W. Howorth, Teresa J. Iyer, E. H. L. Le Clezio, I. H. Lloyd-Williams, Gladys Matthews, Sybil G. Overton, H. N. Pritchett, S. Sacks, C. H. St. John, B. B. Sharp, Katherine J. Shaw, L. F. Strugnell, Norah E. Trouton, W. C. S. Wood.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.
Annual Meeting of Fellows and Members.

The annual meeting of Fellows and Members took place on November 18th. Sir Anthony Bowlby, President, was in the chair. The proceedings were delayed for a quarter of an hour in the absence of a quorum. Later about thirty-five were present.

The President summarized the annual report of the Council, Mr. Charles Ryall spoke on the subject of the College finances, which he said were now again prosperous, and Mr. H. J. Waring described the rearrangement of the museum, and said that negotiations were now in progress as a result of which it was hoped that the war pathological collection of the Royal Army Medical Corps would be handed over permanently by the War Office into the custody of the College as a national collection. In reply to questions, the President said that the Fellows of the College numbered 1,614, and the Members 16,028.

Dr. J. Brindley-James moved a resolution again affirming the desirability of admitting Members to direct representation on the Council in order that the constitution of the Council might be in keeping with modern ideas of representation. To procure from Parliament a new charter might or might not be difficult, but in any case justice imperatively demanded it. The present government of the College was in the hands of an extremely narrow oligarchy. Dr. S. C. Lawrence seconded, and the motion was supported by Dr. Lapthorn Smith and others. It was carried *nemine contradicente*, sixteen voting. Dr. Lawrence then moved a second resolution, in the same terms as the one carried at the previous annual meeting, requesting the President and Council to nominate at least two members in general practice to represent the interests of general practitioners in College affairs. Dr. F. G. Lloyd seconded, and Mr. Dennis Vinrace spoke in support of what he described as a conciliatory resolution which asked for something far less than the Society of Members considered ought to be granted. This motion was also carried *nemine contradicente*, fifteen voting.

The President said, in closing the meeting, that it was a pity to suggest, as some speakers had done, that the Council entertained any save the most cordial feelings towards the Members. There was no body of men in this country for whom he personally had a higher regard than the Members of the College; during the war he was much in contact with them in various parts of the world, and he was quite certain that no body of men by their work reflected greater credit upon an institution to which they belonged.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

The next award of the Triennial Reuben Harvey Memorial Prize will be made on July 1st, 1921. The prize, value £25, will be awarded for the best essay, on a subject to be selected by the candidate, evidencing research in animal physiology or pathology, the essay to be illustrated by drawings or preparations. Further particulars will be found in our advertisement pages.

The Services.

AUXILIARY ROYAL ARMY MEDICAL CORPS FUNDS.

The usual quarterly committee meeting was held on October 29th, at 11, Chandos Street, Cavendish Square, W.1. Eighteen grants were made to cases in the Benevolent Branch for the orphans of officers, amounting to £601, and fifty-two grants in the Relief Branch for widows and children of the rank and file, amounting to £1,510.

These funds are for the relief of widows and orphans of commissioned officers, non-commissioned officers, and men of the rank and file of the Royal Army Medical Corps, Special Reserve, Territorial Force, and new armies, and also for the relief of the children of those who have been so severely damaged in the late war that they need help for the education of children.

Requests for relief should be addressed to the honorary secretary at the offices of the funds, at 11, Chandos Street, Cavendish Square, W.1.

The Erb medal, which is given every three years to German neuropathologists who have published the best work in their speciality, was recently conferred on Professors Foerster of Breslau and Nonne of Hamburg, the judges being Professors Strümpell, Obersteiner, and Mingazzini.

Medical News.

A COURSE of five lectures on influenza will be given by Dr. F. W. Twort, superintendent of the Brown Institution (University of London) in the Theatre of the Royal College of Surgeons, Lincoln's Inn Fields, W.C. (by kind permission of the Council of the College) on Monday, Tuesday, and Wednesday, December 13th, 14th, and 15th, and on Monday and Tuesday, December 20th and 21st, at 4 p.m. Admission is free, without ticket.

THE annual dinner of the Medical Society, University College Hospital, London, will be held at the Criterion Restaurant on Monday, December 13th. All old members are invited to attend. Tickets may be had from Mr. G. O. Montgomery, Honorary Secretary, at University College Hospital.

THE next meeting of the Newcastle-upon-Tyne and Northern Counties Medical Society will be held on Friday, December 3rd. At 4.30 p.m. Sir William Macewen of Glasgow will give an address in the Connaught Hall, Newcastle, and in the evening, at 7.15 o'clock, the first annual dinner of the society will be held in the Grand Assembly Rooms, Barras Bridge, Newcastle. All medical practitioners and students are cordially invited.

IN recognition of his thirty-four years' service as medical officer to the St. John Ambulance Brigade, Dr. A. A. G. Dickey, M.B.E., J.P., who is shortly leaving Colne, has been presented with an inscribed silver salver. The presentation was made last week, and many tributes were paid to Dr. Dickey's devoted work on behalf of the ambulance movement in the town.

DR. F. HALL, of the Inner Temple, and Dr. T. Campbell, of Gray's Inn, have been called to the Bar.

THE London County Council has agreed that medical officers in its mental hospital service who require occasional daily leave in order to attend a course for a diploma or degree in mental disease shall be granted facilities, and shall also have leave, with full pay, for the period of the examination; and that leave of absence from a mental hospital, with pay, for a period not exceeding six weeks in one year shall be granted to a medical officer who desires to undergo a course of medical instruction at a university.

THE Department of Scientific and Industrial Research announces that a licence has been issued by the Board of Trade to the British Motor Cycle and Cycle-car Research Association.

THE Institute of Physics has now been incorporated and has begun work. Its object is to secure the recognition of the professional status of the physicist and to co-ordinate the work of all the societies interested in physical science or its applications. This co-ordination has already been secured by the participation of the Physical Society of London, the Optical Society, the Faraday Society, the Royal Microscopical Society, and the Röntgen Society. The first President of the Institute is Sir Richard Glazebrook, K.C.B., F.R.S., and Sir J. J. Thomson, O.M., the retiring President of the Royal Society, has become the first Honorary Fellow. It is a tribute to the status already acquired by the newly formed Institute that its diploma is now being required from applicants for Government and other important positions requiring a knowledge of physics, and thanks in great part to the Institute, the physicist is now becoming recognized as a member of a specific profession. Particulars with regard to membership can be obtained from the Secretary, 10, Essex Street, London, W.C.2.

THE invasion of Upper Silesia by the Poles last summer was followed by outbreaks of small-pox and typhus and by an epidemic of 1,200 cases of typhoid fever due to contamination of a reservoir.

IN September 619 cases of plague occurred in Java, all of which were fatal.

A MEDICAL society has been formed at the Russian Hospital, Tel-el-Kebir, where Russian refugees and wounded have been received since March, 1920. At successive meetings Dr. Mokin described the therapeutic use of the ultra-violet rays for war wounds, and Professor N. Dobrovolskaya demonstrated the symptomatology of arterio-venous aneurysm. Other subjects discussed were antiseptic wound treatment and peripheral nerve injuries.

IN Prussia the deaths from tuberculosis in women increased from 25,000 in 1914, to 30,000 in 1916, and 39,000 in 1917. In Leipzig the mortality from tuberculosis was 91.6 per cent. higher in 1918 than in 1914.

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, *Aitiology, Westrand, London;* telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London;* telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra, Westrand, London;* telephone, 2630, 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.

MOTOR SCOOTERS.

WE are asked whether motor scooters can be recommended for use by medical men. We are advised that it is a type of vehicle which probably has a future, but at present it is not possible to speak with confidence. The Auto-Cycle Union had intended to hold a trial of motor scooters this autumn, but financial and other difficulties were encountered. It seems possible that these difficulties may be overcome in time to enable the Union to conduct a trial next year. A definition of motor scooter is required. The type in which the rider stands appears to be the best, but the public and the makers seem to favour the sitting type, in which there must be much vibration. The results of an official test under comparative conditions must be awaited.

HYPERHIDROSIS.

"BEATEN" writes: I have a patient who suffers from extreme sweating of the palms of the hands. As the patient is a person of some social position, it can be readily understood with what anxiety a cure is looked for. I should be glad if any reader can offer suggestions for treatment.

INCOME TAX.

"J. F. G." inquires as to the allowance for expenses under Schedule E.

*** Expenses "incurred wholely, exclusively, and necessarily in the performance of the duties" are admissible as deductions. Two of our correspondent's deductions appear to be open to objection by the income tax authorities. £52 per annum is rather high for the use of one room; we have known the analogy of a clergyman's allowance for a study applied in such a case—that allowance is based on one-eighth of the rent, etc. There is also no allowance for depreciation under Schedule E, and we think that "J. F. G." will have considerable trouble in inducing the inspector of taxes or the Commissioners to make him an allowance over and above that which he receives in cash from his county council. Possibly a car of the power and seating accommodation used is not "necessary" for the performance of his duties. As a minor matter the 10 per cent. allowance for earned income has to be calculated on the salary less expenses, not on the salary as unreduced by the deduction made—that is, in this case on £600−£x (the amount of allowable expenses) not on £600.

"X RAYS" wishes for information as to whether he is entitled to claim deductions for the cost of plates, chemicals, pastilles, x-ray tubes (repairs and replacements only), and repairs, etc., to his x-ray apparatus in arriving at his profits.

*** He is certainly entitled to deduct such expenses, as being incurred to maintain his professional equipment in proper condition, and thereby to continue to earn his professional fees; in fact, such expenditure was accruing due as against fees received for the use of the apparatus. It is perhaps advisable to add that such expenditure would not be admissible to the extent to which it may be incurred for private experiment and research.