

Points of Practical Importance in Performing the Test.

1. Heated serum should be used; unheated serums from positive cases may fail to cause precipitation in any concentrations (a wide range of concentrations has been tested).

2. The concentrations of serum recommended should not be exceeded, since heated normal serums in large amounts—for example, 0.2 to 0.3 c.cm.—may cause precipitation. No positive case has been met with in which the usual amounts of heated serum employed failed to show precipitate, but the reaction may be more marked with 0.05 c.cm. of serum than with 0.1 c.cm.

3. The mixture must be kept at 37° C., as precipitate may form with non-syphilitic serums at lower temperatures. Sometimes, however, it is advantageous in the case of weak reactions to record the results after the tubes have stood for thirty minutes further at room temperature, but the behaviour of the negative control must be carefully scrutinized.

4. The results should be controlled by including in each series of tests known negative, weak and strong positive serums, just as in the case of the Wassermann reaction.

REFERENCE.

¹ Taniguchi, T. (1921): *The British Journal of Experimental Pathology*, 2, 41.

TYPHOID FEVER IN AN INFANT COMPLICATED BY SUPPURATIVE ARTHRITIS.

BY

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THE following case, in which a double subacute suppurative arthritis supervened in the case of a child, aged 9 months, suffering from typhoid fever, seems to me worthy of recording in some detail:

On May 14th, 1921, I was called to see a baby, aged 9 months, as the mother noticed it was very hot; up to this date it had been quite well. I found the axillary temperature was 102°. Careful examination disclosed no other abnormality. On May 15th the morning temperature was 104.8°, and the evening temperature 104°. The blood was negative as regards malarial parasites. The pyrexia continued, and on May 19th four rose spots typical of typhoid fever appeared, the spleen was palpable, and the abdomen distended. Typhoid fever was diagnosed. The Widal test was not done as the diagnosis appeared to be clear and the mother resented any active interference.

On May 20th slight rigidity of the neck was observed; there was no squint, and Kernig's sign was not present. The cervical rigidity lasted twelve hours only. On May 21st several new rose spots appeared and the spleen was still more enlarged, and on May 23rd there was a further copious crop of fresh rose spots. On May 25th (eleventh day) the pyrexia ranged from 100.2° to 102.2°. It was noticed that the baby made little use of the right arm. The hand grip was normal, and careful examination showed no sign of any epiphysitis or joint trouble.

On May 31st (seventeenth day) the temperature dropped in two hours, from 103° to 95°. The infant was very cold and sweated profusely, but the pulse was only 84. Brandy was administered and hot bottles applied. Perforation was feared, but the abdomen appeared to be normal, and although the necessity for laparotomy was considered I decided not to operate. In a few hours the temperature had risen to 102.2°. From this date the pyrexia showed a tendency to diminish, and the temperature was slightly subnormal on the morning of June 4th. The paresis of the right arm continued, but the hand grip remained firm, and repeated examinations revealed no tenderness or swelling over joints or epiphyses. The infant, however, appeared to be generally hyperaesthetic, and resented movement or handling of any part of the body.

On June 5th severe diarrhoea began with some mucus in the stools; the temperature was 99° in the morning and 100.4° in the evening. On June 7th (twenty-fourth day) the right shoulder-joint was slightly distended; there was no redness of the skin over the joint. On June 8th the right shoulder-joint was explored with a needle and syringe; a considerable quantity of thick greenish pus was withdrawn.

Operation.

On June 9th the baby was anaesthetized. The left shoulder-joint, though distension was scarcely appreciable, was very fortunately aspirated and pus discovered in it. Both shoulder-joints were then opened anteriorly between the deltoid and pectoral muscles. A considerable quantity of pus was removed from both joints. (Incidentally this shows the futility of hoping to empty a joint of pus by aspiration. I had thought I had emptied the left joint completely by aspiration, but on opening the capsule I found more pus remained than I had removed.)

The joints were thoroughly irrigated with mercury biniodide, 1 in 4,000, and the capsules closed with catgut. The skin was sutured with silkworm gut. The infant stood the operation very well and there was no appreciable shock.

After the operation the temperature only once exceeded 95°, on the fifth day rising to 102° in the evening. The skin sutures were removed, and the wounds, which were slightly septic, were dressed with acriflavine and allowed to granulate. From this day the baby caused no anxiety. No extension or splint was applied. By June 26th the wounds were healed. Movement of both joints was quite free in all directions. On July 4th the baby was in excellent condition, taking its food well and using the shoulder-joints freely.

Bacteriology.

From the pus a culture on agar was made. The result was a pure culture of a Gram-positive diplococcus. The pathologist reported that he believed the organism to be the "enterococcus" isolated and described by Thiercelin in 1899. In the *Precis de Bacteriologie*, by Dopfer and Sacquépée, 1914, this organism is described as causing secondary arthritis following tuberculosis, paratyphoid, etc.

The following points appear to me to be of interest:

1. The age of the patient. Osler and McCrae (1907, p. 81) give the incidence of typhoid in the first year of life as 0.013 per cent., and state that in the first year the disease is rare. On p. 176 they state, however, that: "Formerly regarded as rare, we have learned that typhoid fever during the first years of life is not uncommon. . . . Griffith and Ostheimer collected 325 undoubted cases under the age of 2½. Of these, 111 were in the first year. Of those in the first year recovery was noted in about 25 per cent. . . . The mortality of the published cases is high, but the milder cases are often overlooked or not reported." Although blood culture and Widal's test were not done, the course of the illness, the rose spots, and the enlargement of the spleen left no doubt in my mind but that the diagnosis was correct.

2. The sudden fall of temperature on the seventeenth day strongly suggested perforation; Osler and McCrae state that this may denote the onset of suppuration.

3. The disuse of the right arm was first noticed on May 25th (eleventh day), and arthritis was presumably present at that time. Nevertheless, from the seventeenth to twenty-fourth day the temperature came down as in a typical uncomplicated attack of typhoid.

4. Although there was pus in the left shoulder-joint, no limitation of movement and very little swelling of the joint was observed. Had I not known that the right shoulder-joint contained pus I would have seen no indication for exploring the left. As it was, it was more due to good fortune than to accurate diagnosis that I explored the left joint on the operating table. I certainly never expected that unimpaired function of the affected joints would be preserved.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ANAPHYLAXIS DUE TO ANTISTREPTOCOCCAL SERUM.

MRS. X, aged 23, primipara, gave birth on June 7th to a child, which was born naturally, without any manipulation; the placenta and membranes came away quite intact; chloroform was administered during the birth of the head.

On the third day the temperature rose to 100° F., the breasts were very full of milk; on the fourth day the temperature was 101° F. and the lochia very foul. I gave her 10 c.cm. of antistreptococcal serum, polyvalent (P. D. and Co.), half an hour afterwards an urticarial rash appeared with oedema of the eyelids; this cleared away in a few hours. Next day I gave her 5 c.cm. of serum, the temperature came down and the lochia became less offensive; the vagina was washed out with a solution of mercury perchloride. Everything seemed to go well, the patient ate her food and enjoyed it, until the twelfth day when she suddenly became ill. The rash recurred with generalized intensity, the temperature fell to 96° F., and she became very faint but revived after the administration of brandy. Headache was very bad, and 10 grains of phenalgin were administered; calcium chloride was prescribed, 40 grains being given during the next twelve hours. On the morning of the fourteenth day the rash

had gone and the patient appeared better, the calcium chloride was continued until the evening, when it was stopped owing to severe headache. About 9 p.m. the rash reappeared, and in six hours was thick and universal, oedema of the larynx and tongue developed, and there was cyanosis and difficulty of breathing; adrenaline was sprayed on the fauces and 5 minims administered hypodermically; she vomited twice and felt relieved, and the rash diminished, but she was very collapsed.

From this time the condition of the patient improved. On the evening of the fifteenth day she complained of severe pains in her limbs. Calcium lactate was now given instead of calcium chloride (10 grains every four hours until 80 grains had been taken). The temperature and pulse became normal on the sixteenth day, the pains in the limbs disappeared, and convalescence since has been uninterrupted.

This case is of considerable interest from the fact that fifteen years ago antidiphtherial serum was administered during an attack of diphtheria without any reaction. It is probable that this injection rendered her, even after the lapse of so long a time, peculiarly susceptible to the effects of an injection of horse serum. Although no doubt a rare case, this is one of considerable moment and interest to the general practitioner in view of the modern and successful treatment of puerperal fever.

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CAESAREAN SECTION.

I HAVE read with interest the article entitled, "A plea for more frequent use of Caesarean section," in the *BRITISH MEDICAL JOURNAL* of July 16th (p. 75), and heartily endorse the remarks made by Dr. Arnold Jones. At the same time I think the latter may be interested to hear the experience of others, particularly from the point of view of future pregnancies.

Of a series of seven cases operated on for various causes I have had the opportunity of observing later pregnancies in two. I may mention that living children were obtained in all cases.

CASE I.—Operated on in October, 1913, and again in September, 1923. After the second occasion the patient was sterilized.

CASE II.—May, 1917. Fourth pregnancy. Obstructed labour. Attempts to deliver by forceps both at home and in hospital having failed, Caesarean section was performed. A large child with a big head was born. December, 1919, the same patient was delivered of a normal child without aid.

On all occasions I have used a longitudinal incision through the anterior uterine wall at about its middle, and closed the wound with deep and superficial catgut sutures, the deep sutures including the uterine muscle, but, of course, passing beneath the decidua, erring on the side of too many rather than too few sutures.

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Reviews.

HEART AND KIDNEY.

THE subject of the interesting little book by JOSUÉ and PARTURIER¹ is one of daily importance in general practice; in it close observation at the bedside is combined with careful laboratory analysis. Readers will recognize but too well their experience of cases half renal half cardiac, cases in which the patients suffer from horrible dyspnoea, from dropsies, from hepatic and pulmonary congestion and scantiness of urine, and of the difficulty in many of them to decide how much of the fault is to be attributed to the kidney, how much to the heart. The purpose of this book is to aid us to determine this distribution.

When Ambard's estimation of degrees of non-protein nitrogen in the blood were first published many of us hoped that in this method we should find a constant which would enable us to decide in each case on the proportions of renal and cardiac default. Unfortunately these hopes were soon dashed; the uraemic concentrations proved to be far too variable to serve as a standard for kidney values; the

"constant" was a widely fluctuating inconstancy. The azotaemia was low when we expected it to be high, and high when we had rightly supposed that the renal element of the case was but secondary. The authors tell us that so long as oliguria, relative or positive, persists, so long estimates of azotaemia cannot help us; high as, within limits, the degree may be, it may fall rapidly as soon as free urinary flow is re-established.

The ruling condition is the rate of renal circulation. If the rate falls, then, be the kidneys sound or unsound, retention of urea in the blood will ensue; but if, by therapeutic means, the heart be invigorated a large liberating flow of urine should follow, and thereupon the nitrogen load in the blood would be lightened. If the kidneys be sound it will fall to normal, unless the hepatic function of uric formation be also in default. In this last case of course the azotaemia of the blood may fall below normal, and the patient's life be in the greater peril. But this is another story. The authors' point is the physiological "solidarity" of kidneys and heart, and the infinite gradations between the cardiac and the renal extremes. It is not until an equilibrium be obtained between these organs that we can be in a position to decide their several responsibilities. This anxious question of the degree of renal fault, or of cardiac fault, in these cases comes home to all of us.

Happily, a little patience, and the aid of that wonderful drug digitalis, give a way out, or at worst a means of discrimination. While the authors do not forget to warn us not to begin the use of the drug until by some unloading of the liver and intestinal tract, and perhaps by a venesection, the system is prepared for it, yet then let it be used boldly, and not laid aside until the end is gained. On two points the present writer is in agreement with them—namely, in a preference for digitalin before the leaf or the tincture, and in the need, in some cases, of a continuous use of the drug over long periods of time, subject, of course, to incidental vigilance and intermittence as occasion may require. They urge also that we are not to be content with a "normal" urinary response; the diuresis must be in proportion to the arrears, continuously copious and liberating. In case of kidney default coming into view the authors advise the addition of theobromine as a stimulant to the renal epithelium and blood vessels. They urge, rightly enough, that the collection and measurements of the urine should be made by the physician himself, but few of us are in a position to follow this counsel of perfection.

The authors do not forget the alternatives of renal tests, and discuss some of these; but rightly, in our opinion, they relegate them to a secondary place in diagnosis. In any case their use will be to the best advantage after some equilibrium has first been obtained by the cardio-tonic methods. They remark incidentally how little, if at all, in these fluctuations the urea disturbs the osmotic tension of the cells.

In respect of blood pressures the authors make some valuable observations. They do not express an opinion as to the condition named "hyperpiesia"—high pressures without renal disease; but they properly insist on the importance of records of diastolic pressures and of the relation between systolic and diastolic. It is during periods of high pressures, generally with cardiac hypertrophy, that lapses of myocardial efficiency may gradually steal in unnoticed; and it is in such phases that the digitalis acts so efficiently in restoring diuresis, and that appreciation of kidney values may best be undertaken. In "granular kidney," likewise, a slight lassitude of the heart may first reveal the renal default. An azotaemia of more than 1.50 is suggestive of renal disease. The authors administer also sugar—they use lactose—in cases of failing myocardium. They have never found the confident use of digitalis of any harm in the renal cases, but, on the contrary, of service in promoting elimination.

The behaviour of salt in the dropsical cases is fully discussed; the authors are of opinion that there is a rivalry for the kidney path outwards between the uric and the saline constituent. But, in conclusion, the authors very rightly urge that in all cases the treatment shall be carefully adapted to the needs of the individual patient.

In some allusion to angina pectoris, as a feature of some of these cases, it is of interest to note that they accept the doctrine of the aortic causation of this malady. They say (p. 134): "Certains auteurs attribuent à l'insuffisance du

¹ *Les Cardio-rénaux. Etude Théorique et Pratique.* Par le Docteur O. Josué et le Docteur M. Parturier. Paris: E. le François. 1921. (Post 8vo, pp. 223. 12 francs; post free 13 francs 20.)

20, 40, or perhaps 60 per cent. of the prognosis. An hour-glass stomach, constriction of the pylorus or colon, are seen by x rays, the *Spirochaeta pallida* is demonstrated in a sore, the bacillus of diphtheria isolated from the throat, the typical blood picture seen in pernicious anaemia—in all these diagnosis is settled at once.

Thus, Sir, it appears to me, starting on the practice of medicine, that my time would be more profitably spent endeavouring to get to the root of problems at once than to search after the meaning of symptoms, a process from which I cannot gain any definite knowledge under twenty years. Already I can recognize pyloric obstruction by means of x rays, but to diagnose it from symptoms with certainty would take me a lifetime, and I should be unable to pass on to others the results of my personal experience. If my views are worth-while, or my reasoning at fault, correction will be welcome to one honestly inquiring after wisdom.—I am, etc.,

July 27th.

M.B.LOND.

THE ORGANIZATION OF SCHOOL OPHTHALMIC WORK.

SIR,—In your issue of June 18th Dr. Wright Thomson joins issue with Mr. Bishop Harman on the subject of examining children of 7 years of age. I go further than Mr. Thomson, I examine the whole school by retinoscopy and pick out the defective ones for later examination, and obtain thereby more reliable results than are obtained by subjective tests in the hands of lay helpers.

My method is to address the school and explain what I am going to do and what they have got to do. I have a large class-room darkened and the children file in, keeping touch, so that they can all see what is being done, and so be prepared and thereby avoid the shyness that wastes time. A helper places them on the chair by the lamp and another one pulls them off it (which is another saving of time), and any defectives stand away for registration by a third helper for later examination. In a well regulated school orphanage with children from 15 to 4 years of age I have often done up to 200 per hour. Another day I pass them all in the same way for lid examination for trachoma, which is common out here, and it is quite easy to do more than that number per hour. My average of defectives over some years is 9.1 per cent., which compares favourably with other statistics.—I am, etc.,

Johannesburg, July 19th.

A. GREENE BRINTON.

THE FORMOL-GEL REACTION IN SYPHILIS.

SIR,—I was very interested in Major Mackenzie's memorandum of his experience of this reaction in twenty-three cases, published in the BRITISH MEDICAL JOURNAL of June 11th. I was hopeful that at last a method had been found which would enable the clinician to diagnose syphilis without invoking the aid of the laboratory worker.

I therefore proceeded to test twenty-five serums, following faithfully the technique recommended by Major Mackenzie. I was disappointed to find that the serums all remained perfectly liquid, even after standing for several days, in spite of the fact that, as tested by the Wassermann reaction, fourteen of them were strongly positive.

One can therefore only come to the conclusion that this reaction is another "will o' the wisp," and of no value in the diagnosis of syphilis.—I am, etc.,

A. MURRAY STUART.

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August 7th.

Obituary.

EDGAR FREEMAN MORRIS, M.R.C.S., L.S.A.,
Hereford.

THE announcement of the death on July 31st of Mr. Edgar Freeman Morris of Hereford was received by his colleagues throughout the county with profound regret. He was born in Hereford in 1857 and educated at the cathedral school. For about a year he was a pupil at the county hospital, and later became a student at University College Hospital. He took the diplomas of M.R.C.S. and L.S.A. in 1880, and after a year or so as an assistant in Eastbourne joined his father in practice in Hereford. There he soon

became known as a careful and skilful surgeon, and in 1892 he was elected on the surgical staff of the county hospital; at the time of his resignation in 1917 he was the senior surgeon; he was then elected honorary consulting surgeon. He was very much interested in electrical therapeutics, and early in the present century installed in his consulting-rooms most complete electrical apparatus. A little later he was instrumental in securing a similar installation at the county hospital.

In his early manhood he was associated with the Volunteers and held the rank of captain. During the war he was consulting surgeon to several V.A.D. hospitals and was chairman of the local medical war committee. He was an active member locally of the British Medical Association, and succeeded his father as honorary secretary of the Herefordshire Medical Society, which was founded in 1859. Of late years he took a great interest in Freemasonry, and was a P.M. of the Vaga Lodge, of which he was the first initiate. He was a J.P. for the city of Hereford, and for many years vicar's warden of St. Peter's Church. He was twice married, and leaves a widow, a son, and two daughters to mourn their loss.

WE regret to record the death of Dr. RICHARD GRAMMER ALLEN, of Belper, on July 23rd. He was the son of the late Richard Rowland Allen, who for many years practised in Belper, and was educated at Belper School, Trent College, and Queen's College, Birmingham. He became a Member of the Royal College of Surgeons of England in 1875, and a Licentiate of the Royal College of Physicians of Edinburgh in 1876. Before commencing practice in Belper he was house-physician at the Queen's Hospital, Birmingham, and assistant house-surgeon at the Carlisle Infirmary. He was medical officer of health, Belper Urban District Council; medical officer, Belper Union Workhouse and Nos. 1 and 2 Districts of the Union; medical superintendent, Belper Joint Isolation Hospital. Dr. Allen was a member of the British Medical Association, and was for many years chairman of the Belper Conservative Club. He leaves a widow, a son (Dr. Richard Clayton Allen, who was in practice with his father), and two daughters.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on August 4th the degree of Bachelor of Medicine was conferred on H. L. Rayner (Balliol).

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on July 20th.

The following were recognized teachers at the institutions and in the subjects indicated:

St. Bartholomew's Hospital Medical School.—Dr. Geoffrey Evans and Dr. C. M. Hinds Howell (Medicine), Mr. R. M. Vick (Surgery).

Guy's Hospital Medical School.—Dr. Geoffrey Marshall (Medicine), Mr. Ernest G. Slesinger (Surgery).

King's College Hospital Medical School.—Mr. Henry A. Burridge (Forensic Medicine), Mr. John Everidge and Dr. C. Jennings Marshall (Surgery), Dr. Arthur C. D. Firth and Dr. F. W. Tunnicliffe (Medicine), Mr. Cecil H. M. Hughes (Anaesthetics), Dr. Helen Ingley (Pathology—Morbid Anatomy), Mr. J. W. Thomson Walker (Surgery—Urology), Dr. S. A. Kinnier Wilson (Neurology), Mr. Harold A. T. Fairbank (Surgery—Orthopaedics), Dr. Charles W. M. Hope (Aryngology).

Royal Army Medical College.—Brevet Lieut.-Colonel Henry M. J. Perry (Pathology), Lieut.-Colonel James Crawford Kenn dy (Tropical Medicine), Brevet Colonel Percy S. Lelean (Hygiene), Lieut.-Colonel John Weir West (Surgery—Military).

The following were appointed to act as examiners for the second examination for medical degrees Part II in the session 1921-22, the chairmen of the respective boards being indicated by an asterisk:

Anatomy.—*Professor W. Wright and Professor E. Barclay-Smith, together with the external examiners, Professor G. Elliot-Smith and Dr. W. L. H. Duckworth.

Physiology.—Professor F. A. Bainbridge and Professor H. E. Roaf, together with the external examiners, Professor J. S. Macdonald and *Professor M. S. Pembrey.

Pharmacology.—Dr. P. Hamill and Dr. V. J. Woolley, together with the external examiners, *Professor F. Ransom and Professor J. A. Gunn.

The regulations for the second examination for medical degrees, Part II, and M.B., B.S. examination for external students were amended as follows:

Paragraph 4 (iii) on p. 230 of the Red Book, 1920-21, by the addition of the following words after "at a school of the University":

"Provided that, in and after October, 1923, no candidate shall be permitted to enter for the third examination for medical degrees under this regulation unless he has spent at least three years in the

required course of study, part or the whole of which may, however, have been followed prior to passing in anatomy and physiology at the second examination for medical degrees, Part II."

Paragraph 4 (ii) on p. 211 of the Blue Book, September, 1920, by the insertion of the words:

"Provided that, in and after October, 1923, the required course of study for the third examination must be shown to have covered at least three years."

Mr. H. J. Waring has been elected Chairman of the Brown Animal Sanatory Institution Committee.

Applications for the University chair of chemistry, tenable at Middlesex Hospital Medical School (salary £800 per annum), must be received by the Academic Registrar, University of London, by at latest the first post on September 22nd.

ST. THOMAS'S HOSPITAL.

An Entrance Arts Scholarship, 1921, value £25, has been awarded to R. A. Hill; and an Entrance Science Scholarship, 1921, value £150, to J. M. Ashton.

The Services.

ARMY DENTAL CORPS.

THE War Office announces that the rates of half-pay for officers of the Army Dental Corps, which were fixed in January last at half the rates of full pay, have been amended, and will now be the rates provided for other arms of the service in terms of Army Order 324 of 1919.

DEATHS IN THE SERVICES.

Colonel Andrew Francis Dobson, Madras Medical Service (retired), died in London on June 24th. He was born on June 10th, 1848, the son of Dr. Park Dobson of Longford, and educated at Trinity College, Dublin, where he gained a medical exhibition in 1869; he graduated B.A. and M.B. in 1871, also taking the L.R.C.S.I. in the same year. Entering the I.M.S. as assistant surgeon on March 30th, 1872, he attained the rank of colonel on May 4th, 1901, retiring on May 28th, 1906.

Colonel Samuel Henry O'Brien Banks, Bombay Medical Service (retired), died at Brighton on June 15th, aged 79. He was educated at the Carmichael School, Dublin, and took the L.R.C.S.I. in 1865 and L.K.Q.C.P. in 1866; and subsequently the F.R.C.S.I. and M.K.Q.C.P. in 1880. Entering the I.M.S. as assistant surgeon on October 1st, 1856, he attained the rank of brigade surgeon on November 19th, 1889, and that of surgeon-colonel on September 18th, 1895, and retired on November 15th, 1900. He served in the Abyssinian war of 1868, was present at the storming of Magdala, and received the medal. In November, 1888, he was appointed a Presidency surgeon in Bombay, and on promotion in 1895 was posted as P.M.O. of the Nagpur district, Central Provinces.

Colonel Charles Henry Hale, D.S.O., C.M.G., Army Medical Staff (retired), died at Plymouth on July 20th, aged 58. He was born at Eastbourne, and was the younger brother of Lieut.-Colonel G. E. Hale, R.A.M.C. He was educated at St. Mary's Hospital, taking the M.R.C.S. and L.R.C.P. Lond. in 1884. After acting as assistant medical officer at the Salop and Montgomery Counties Asylum, he entered the army as surgeon on February 5th, 1887, becoming lieutenant-colonel on June 7th, 1911, and full colonel on March 1st, 1915. He served in South Africa in the Matabele campaign of 1896, when he was mentioned in dispatches and received the D.S.O.; in the South African war in 1901-2 in operations in Cape Colony and in the Orange River Colony, receiving the Queen's medal with four clasps; and in the recent war from 1914 to 1918, as A.D.M.S. of the 13th Division in Gallipoli, and as a D.D.M.S. in the Egyptian Expeditionary Force; was mentioned in dispatches in the *London Gazette* of January 28th, 1916, and July 13th, 1916, and received the C.M.G. in 1915.

Lieut.-Colonel John Osburne, R.A.M.C. (retired), died recently in County Kildare, aged 64. He became L.R.C.P. and S. Edin. in 1880, and entered the army as surgeon on February 5th, 1881, becoming Lieut.-Colonel after twenty years' service, and retiring on January 11th, 1902. After retirement he was employed at Galway from 1904 to 1916. He served in the Egyptian war of 1882, was at the battle of Tel-el-Kebir, and received the medal with a clasp and Khedive's bronze star; in the Sudan in 1885, at Suakin, and at the action of Tofrek (clasp); and in the South African war in 1900-01, taking part in operations in Cape Colony and in the Transvaal, and gaining the Queen's medal with three clasps.

Major Arthur Charles Oldham, R.A.M.C. (T.F.), died recently of sunstroke in the Persian Gulf. He was educated at Owens College, Manchester, and in the R.C.S.I. School in Dublin he took the Scottish triple qualification in 1895. Before the war he was in practice at Kidderminster. He took a medical commission in the old Volunteer Force on December 21st, 1898, transferred to the Territorial Force on its organization, and became surgeon-major in the 2nd South Midland (Worcester) Brigade of Royal Field Artillery on July 19th, 1912, with which he went on service in August, 1914, serving throughout the war. After the armistice he served for some time in the army of occupation at Cologne, and about eighteen months ago took an appointment at Bagdad.

Medical News.

THE St. Bartholomew's Hospital and College annual old students' dinner will be held in the Great Hall of the hospital on Monday, October 3rd, at 7 for 7.30 p.m. The chair will be taken by Dr. W. S. A. Griffith. The honorary secretary is Sir C. Gordon-Watson, 82, Harley Street, W.1.

DR. JAMES ARTHUR HARGREAVES of Wetherby, Yorks, has been appointed to the Commission of the Peace for the West Riding of Yorkshire.

DR. CHARLES CAMERON, assistant medical officer of health and divisional tuberculosis officer for the South-Western Division of Glasgow, has been appointed medical superintendent of the sanatorium to be instituted at East Fortune by the South-Eastern Counties of Scotland Joint Sanatorium Board.

THE annual dinner for past and present students of Westminster Hospital will be held on Friday, October 7th, at the Great Central Hotel. Sir Charles Ryall will be in the chair. The usual notices will be sent out early in September. The honorary secretary is Dr. Adolphe Abrahams, 24, Park Crescent, Portland Place, W.

WE learn from *Nature* for August 4th that the main object of Professor Einstein's recent visit to America has been attained, and that the establishment of the medical faculty of the University of Jerusalem is now assured. It is proposed also to establish at an early date an arts faculty, a Jewish faculty, and departments of physics, chemistry, law, and commerce. So far as possible, Hebrew will be the medium of instruction, this being the language spoken by the Jews of Palestine, but no religious or racial tests will be enforced. The university, which was founded in 1918, will be modelled on European and American standards.

THE second Congress of the Association of Gynaecologists and Obstetricians of French-speaking countries will be held in Paris from September 29th to October 1st, 1921. Membership of any French-speaking gynaecological or obstetrical society entitles to membership of the congress. The general secretary is Dr. Brindeau, rue de Grenelle 71, Paris.

THE ceremonies in connexion with the dedication of the new building of the Peking Union Medical College, erected by the China Medical Board of the Rockefeller Foundation, will include an international medical conference during the week commencing September 15th, which will be participated in by medical men from all parts of the world. Among those who have accepted invitations and will be present are Dr. Thomas Cochrane, of London, formerly Principal of the Union Medical College at Peking; Sir William Smyly, of Dublin; Professor R. T. Leiper, of the London School of Tropical Medicine; Professor Tuffier, of Paris; Dr. George de Schweinitz, of the University of Pennsylvania, President-elect of the American Medical Association; and Dr. A. B. Macallum, of McGill University, Montreal.

A BILL for the prevention of venereal diseases is to be introduced by the health authorities in the Japanese Diet in the coming session. It is stated in the official report of the medical examinations for conscription that the number affected with venereal disease was approximately 11,600 out of a total conscription list of 534,800 for the year.

DR. RAGHAVENDRA ROW, M.D., D.Sc., has been appointed first physician to the Jamsetjee Jeejeebhoy Hospital and professor of medicine and therapeutics at the Grant Medical College, Bombay. This is the first time, the *Pioneer* states, that a member of the independent medical profession has been appointed to the post. Dr. Row, who received his medical education at the Grant Medical College and University College, London, was at one time demonstrator of physiology at the first named institution; he has made many contributions to pathology.

THE winter session at the Middlesex Hospital will open on Tuesday, October 4th, at 3 p.m. The introductory address will be delivered by Mr. Gordon Taylor, F.R.C.S., after which the prizes gained during the previous year will be distributed by Sir John Bland-Sutton, Consulting Surgeon to the Hospital. The annual dinner will be held the same evening, at 7.30, at the Trocadero. Dr. Comyns Berkeley will preside. Those wishing to be present at the dinner should communicate as soon as possible with the Secretary-Superintendent of the Hospital.

THE second International Congress of Eugenics is to be held in New York City from September 22nd to 28th, 1921.

AT the June matriculation examination of the University of London there were 210 successful candidates in the first division and 1,308 in the second division; 34 candidates obtained the supplementary certificate in Latin.

A DISPATCH from Helsingfors reports that the Health Commissioner informed the Pan-Russian Health Congress in Moscow, on June 21st, that cholera was raging in the southern and middle provinces of Russia.

ON June 18th graduates of the University of Pennsylvania paid a tribute to the late Dr. Joseph Leidy, who at one time was professor of anatomy at the institution, when they unveiled a bronze statue in his memory at the University's medical laboratory building.

THE thirty-first annual meeting of the American Electrotherapeutic Association will be held in Washington from September 7th to 19th. Dr. Byron S. Price is president, and Dr. A. Bern Hirsh, 71, West 94th Street, New York, secretary.

THE American Red Cross has held successful exhibitions in child and infant welfare at Lille, Roubaix, and Tourcoing. These three cities form practically one industrial group, and are still seriously crippled by the damage done during the period of German occupation.

DURING the present financial year three new public sanatoriums for tuberculosis are to be established in Japan; when these have been completed there will be in all ten public tuberculosis sanatoriums established under the regulations for the prevention of tuberculosis.

A FEW months ago the Spanish Government withdrew the privilege of practising in Spain from foreign medical practitioners. Owing mainly to the efforts of Professor Recasens and Professor Maranon the privilege has, according to the *Paris Medical*, been restored to French medical practitioners, but information is lacking as to whether this will apply to practitioners of other nationalities.

THE Second International Congress of Comparative Pathology will take place at Rome on September 20th.

A FRANCO-POLISH medical congress will be held at Warsaw on September 15th to 19th.

THOUGH the Dental Act, 1921, has received the Royal assent, the additional registrations for which it provides cannot be made until the Dental Board the Act directs should be set up has been constituted.

ON November 5th the Faculty of Medicine of Montpellier will celebrate the seventh centenary of its foundation by a banquet and other festivities.

THE *Nederlandsch Tijdschrift* relates that the students and faculties of the Swiss universities are soliciting funds for founding a sanatorium at Leysin for the benefit of tuberculous students and professors of any country.

THE *Riforma Medica* announces that the clinical institutes of Milan are to be merged henceforth in the medical school of the University of Pavia. There are several post-graduate institutes in Milan, including one for occupational diseases.

THE late Mr. John Dyer of Swansea, who left net personalty of £49,954, has bequeathed £4,000 to the Swansea General and Eye Hospital, £1,000 to the North Devon Infirmary, Barnstaple, and £500 each to the Swansea Infirmary for the Blind and the Yeatmen's Hospital, Sherborne.

A NEW cottage hospital established at Chirk, Denbighshire, mainly, as we understand, through the exertions of Dr. John D. Lloyd, was opened by Sir Napier Burnett on August 4th. The hospital, which is of brick, rough cast, has wide and commanding views of the Welsh and Shropshire hills. There are eighteen beds, three of which are for private patients. Lady Trevor, of Brynkinalt, has generously presented an up-to-date operating theatre; Miss Cheetham has endowed a bed to the memory of Mr. Barnes; a cot has been endowed, with the promise of another. In the initial stages £4,000 was raised locally, and this sum was covered by the joint committees of St. John and the British Red Cross, which have since made further liberal gifts. Ifton and Brynkinalt colliery employees contributed £1,073—£1 per head—and the Collieries Relief Society gave £500, as well as £30 towards a memorial tablet presented to the hospital in memory of the 125 men of these collieries who laid down their lives in the war.

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, 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.

"IATROS," who is in active practice but whose nights and week-ends are his own, asks whether it would be possible for him, under these circumstances, to obtain the diploma in ophthalmic medicine and surgery of the Conjoint Board. He wishes information as to the routine of work, the textbooks, and the type of practical work required at the first part of the examination.

TOBACCO HABIT.

"MEDICUS" writes that if "Victim" applies silver nitrate solution to his throat he will find tobacco abominable and gladly refrain from using it. Repeat as required. Put all tobacco, etc., out of sight.

INCOME TAX.

"W. G. R." sold his practice, but not his book debts, last year; the inspector of taxes claims payment of tax on the amount of book debts paid to "W. G. R." since the sale of the practice. What action should be taken?

* * The inspector's attitude seems to be founded on a misunderstanding of the "cash receipt" method of calculating liability. That method has been accepted by the Board of Inland Revenue on the ground that in the case of a well-established practice, the "cash receipt" income is equivalent to the—theoretically more correct—"booked" income less an allowance for bad debts. In other words "W. G. R." has already paid tax on the income from his practice, and he is not now assessable for what he is realizing from the book debts. It is not clear on what "income" the inspector proposes to raise an assessment, seeing that our correspondent's professional work has ceased. "W. G. R." might lay the facts before the Secretary, Inland Revenue, Somerset House, in writing, or alternately repudiate liability, and if and when a notice of assessment is received give formal notice of objection and appeal to the local or special commissioners of income tax.

"A. M." is assessed under Schedule E for his remuneration as house-surgeon, and has been refused any deduction for the expense of purchasing professional books or subscribing to professional societies.

* * We think this refusal unjustifiable. A practitioner's medical library is part of his professional equipment, and we consider a reasonable expenditure on its maintenance at a normal standard as allowable on the ground that it is incurred wholly, exclusively, and necessarily in the performance of the duties of the office.

"H. F." has received a letter from the local official declining to allow the expense incurred in using a pony and trap for his attendance at the hospital as radiologist to the Infirmary and War Pensions Committees. Our correspondent is crippled, and the use of a conveyance is necessary for him.

* * The inspector's action appears legally correct. The emoluments concerned are chargeable under Schedule E, and it has been held in cases decided in the courts that deductible expenses must be incurred in the performance of the