

destruction of the disease by a less extensive procedure, if the cases could be operated upon in an early stage; he had, in fact, several such patients, alive and well, from whom he had removed a cancerous uterus many years ago by the vaginal method. Byrne's treatment by the actual cautery had been at least as successful as the knife, and his operative mortality was *nil*. Cancer cells were more easily destroyed by heat than normal cells, hence they were killed at a greater depth than the surface of the tissues to which the cautery had been applied. Byrne's figures gave hope of better results (less risk than by extensive dissection) by local treatment, by radium, etc., whose penetrating effects were greater than heat. One difficulty might be so to apply the needle-like containers as to make sure of destroying any deeper affected parts which were hidden from view.

Dr. H. E. GAMLEN (Newcastle) found Dr. Burrows's paper very thorough, interesting, and instructive. As malignant disease of the uterus generally ended in death, it was his opinion that the only way to combat it was to discard most limitations and make a bold bid for its eradication by means of huge doses of radium. For many years he had been acquiring experience in the use of radium, but only within the last eighteen months had been possessed of a sufficiently large quantity to be of use in treating malignant diseases seriously. He was now working with 300 mg. of radium bromide or its equivalent. Most of his work in the treatment of malignant diseases of the uterus had been done under the supervision of an eminent gynaecologist, and a certain amount of success had been recorded. In some cases it was surprising how large growths of the os and cervix melted away after a few days' intensive treatment. Further success was obtained by the introduction of large doses of radium into the body of the uterus. Some of these cases for the time being appeared to be clinical cures, as no traces of the growth had been found. Quite recently some very fine radium needles had been acquired, and by their introduction into growths and surrounding tissues he felt optimistic of obtaining still better results.

Mr. W. ERNEST MILES (London) said that at the Cancer Hospital he had many opportunities of observing the treatment of inoperable cancer of the cervix by radium, and had yet to see the case that had been cured by that means. Dr. Burrows said that the most favourable cases for radium treatment were those that were just inoperable. He would like to ask how that point was determined. In his experience it was often extremely difficult in borderland cases to say whether an operation was possible or not unless abdominal exploration had been carried out. It often happened that a growth, though apparently in an early phase and freely movable, was found, on opening the abdomen, to have given rise to widespread glandular and peritoneal involvement rendering operative interference impossible. Conversely, many growths, though seemingly fixed, were found, on intra-abdominal inspection, to be amenable to panhysterectomy. On several occasions he had been able to carry out a radical operation in apparently inoperable cases, and as a consequence the patients were alive and well to-day. It would seem, therefore, to be a pity to subject such borderland cases to radium treatment without having previously determined their inoperability by abdominal section. His experience of radium treatment had been that whereas in some instances a certain amount of regression might take place in the primary growth, the metastatic deposits were so stimulated to activity that rapid and widespread dissemination occurred.

Mr. CECIL ROWNTREE (London) said that the results described by Dr. Burrows were very striking, and compared most favourably with those of panhysterectomy; indeed, they almost approached those claimed by Erlangen himself. It was evident that his methods must be very different from those employed at the Cancer Hospital, for, in spite of the fact that they had, for a long time past, had quite a large supply of radium at their disposal, yet the results obtained had been bitterly disappointing; his experience, and that of his colleagues also, had shown that although temporary improvement sometimes occurred, yet this improvement was never maintained, and that in carcinoma of the cervix, as in all other forms of carcinoma with the

exception of rodent ulcer, recrudescence of the disease invariably showed itself.

Mr. BECKWITH WHITEHOUSE (Birmingham) asked Dr. Burrows if he had had any immediate ill effects from the use of radium in large doses when applied to the cervix. In the experience of some, enteritis and colitis were not uncommon sequelae, and at least one fatal case had been recorded in a Continental medical journal.

Dr. RANKEN LYLE, after thanking Dr. Arthur Burrows for his valuable paper, said that his own experience of the treatment of such cases by radium was very small. In association with Dr. Gamlen he had used it in about ten or twelve cases; in some the disease rapidly disappeared as if by a charm, but unfortunately returned in all except one case, which so far appeared to be still quite free from the disease. The results that Dr. Burrows had obtained from the use of radium were exceptionally good and most encouraging; those who had not so far obtained better results from this treatment should not be disheartened, because every inoperable case cured by radium was a positive triumph, and it was quite possible that before long the results from this treatment would improve as experience in its use grew.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

BRONCHOPNEUMONIA WITH PYAEMIC SKIN MANIFESTATIONS RESEMBLING SMALL-POX.

A boy, aged 8 months, was admitted to the Royal Hospital for Sick Children, Glasgow, on February 21st, 1921, with a history of having been unwell for seven weeks with "bronchitis." During the last fourteen days the cough had become more severe, and vomiting and fever were present. On admission the patient was much distressed, with an anxious expression, a pallid face, and his lips and fingers cyanosed. The temperature was 101.4° F., the pulse rate 156, and respirations 36 per minute. The skin showed a diffuse purpuric rash over trunk and legs. The lungs showed signs of consolidation at both apices and at the right base posteriorly. A skiagraph of the chest revealed a well-marked shadow over the lower part of the right lower lobe. The heart, abdomen, and throat appeared to be unaffected, all nervous reflexes were brisk, the von Pirquet test was negative, and, as regards the urine, no albumin was present and microscopic examination was negative. The blood examination revealed haemoglobin 90 per cent., red corpuscles 4,000,000, white corpuscles 50,200. Stained films revealed the leucocytosis to be one of mature polymorphs.

The child continued to be extremely ill, the general picture suggesting a septicaemia or perhaps an acute pyelitis rather than a pneumonia, although consolidation extended to the left base. Two days after admission a large patch of discoloration with a vesicle an inch long by half an inch wide appeared on the right foot. On March 7th (fourteen days after admission) a fairly profuse eruption appeared which closely resembled that of small-pox. The eruption was first noticed on the trunk, where, as well as on the inner aspects of the thighs, it was very profuse, whilst there were only some half a dozen spots scattered over the cheeks, and both upper extremities were entirely clear except for a few spots over the deltoid area. The eruption, which at first consisted of papules, then passed on to a vesicular, and in fact to a bullous, condition. Each vesicle, however, appeared to be unilocular.

Blood was taken from the longitudinal sinus and culture revealed abundant diplococci of pneumococcus type, some occurring as short chains. The urine was frequently examined for pus during the illness but none was found until the day before death, when a few pus cells were detected in a fresh drop of urine. Marked conjunctivitis developed towards the end of the illness, stained films revealing xerosis bacilli and also abundant Gram-positive cocci. The temperature remained between 99° and 100.2° F. until four days before death, when it rose to 102.4° F., and on the last day it was 103° F. The pulse varied from 120 to 160 per minute, and the respiration rate

from 30 to 50. Death occurred five days after the eruption appeared, the only change in the skin lesions being that many of the vesicles became definitely pustular in character.

Post-mortem Examination.

Lungs: Widely diffused septic foci and bronchiectasis throughout both lungs, but especially well marked in the right middle and in both lower lobes posteriorly. At the right base there was early abscess formation. *Kidneys:* Minute haemorrhages throughout, the appearance suggesting commencing foci of suppuration. *Liver:* Showed fatty degeneration. *Heart and Spleen:* Negative. *Skin:* Microscopical examination of the skin showed that in the immediate vicinity of the pustule there was intense capillary injection with abundant polymorphonuclear exudation. The whole thickness of the skin was infiltrated with polymorphs and there was also a considerable collection of oedematous fluid. The actual pustule was enclosed by the stretched keratinous layer and its contents were composed of pus, necrotic epithelial cells, and serous fluid. The lesion appeared to have taken origin immediately beneath the corium and to have spread through the thickness of the skin, and also to some extent laterally on the surface of the prickle cell layer but beneath the keratinous layer. Occasional small abscesses were seen in the subcutaneous tissues.

The picture, therefore, was one of septic bronchopneumonia with pyaemia, but the superficial resemblance of the skin lesions to those of small-pox was very marked and caused grave doubt for some time in the minds of those in charge, especially in view of the prevalence of small-pox in Glasgow at the time, but the following points enabled this disease to be eliminated.

(a) *Distribution of the Rash:* (1) This appeared first on the trunk, and, except for some half-dozen papules scattered over the chest, the face was exempt and there was no lesion on the forehead. (2) Both upper extremities were almost free from rash. It has been pointed out that if a well-marked rash is present and one entire extremity or one large surface of the body is free from the rash the condition is very unlikely to be small-pox. (3) On the lower extremities the rash was much more profuse on the proximal than on the distal parts.

(b) *Character of the Vesicles:* These were unilocular, and although many became pustular they varied very much in size and in the degree of pustule formation.

(c) *General Appearance of the Skin:* As a whole the skin was dull and atrophic, in contradistinction to the vivid appearance in small-pox with the marked inflammatory areolae around each vesicle.

I desire to thank Dr. Leonard Findlay for permission to publish the case. I am also indebted to Dr. Haswell Wilson for details of the *post-mortem* examination and pathological findings.

J. B. DOUGLAS GALBRAITH, M.B., Ch.B.,
Extra Dispensary Physician, Royal Hospital for Sick
Children, Glasgow.

SODIUM BIBORATE IN EPILEPSY: THE RESULTS OF TWELVE MONTHS' TREATMENT.

IN the BRITISH MEDICAL JOURNAL of October 9th, 1920, I published an article on sodium baborate in the treatment of epilepsy in an asylum. That paper recorded the combined treatment with potassium bromide and borax for a short period only—for four months in two wards of the asylum, and for six weeks only in two others, with the exception of one case (J. D.), in which the treatment was commenced in December, 1919. The following notes give the results in those patients who have had the treatment for a year and the number of whose fits for the twelve months prior to treatment is definitely known. I append below notes on the treatment of patients in four different wards in this asylum, and, although excellent results could be quoted from the remainder of the patients, I consider that the following notes are sufficient to show the value of this treatment. The only adjunct to treatment by potassium bromide and borax was a laxative given at bedtime.

Ward I.

The epileptic patients in this ward are all chronic cases, and their ages range between 39 and 50. All have been in the institution for years, and all were formerly on bromide alone. They were usually in a stuporous condition, and always more so after a bout of fits. In most of the cases it is difficult to obtain a proper history before admission, but in four patients in this ward there is a definite history of epilepsy—for thirty years in one case, for twenty-seven years in another, for twenty-two years in a third, and for twenty-one years in the fourth. All, except one who had *petit mal*, suffered from major epilepsy. The record in the ward is that there were in the year before treatment 1,086 fits, while during the year of treatment the number has been 222, an average reduction of fully 79 per cent. In regard to the case of *petit mal* the result is very striking; this patient has been epileptic for twenty-seven years, and is

now 53 years of age. During the twelve months before treatment he had 404 fits; his number for the past year is 18, a reduction of fully 95 per cent.

Ward II.

The patients in this ward have been in the institution for from four to six years. They are between the ages of 25 and 43, but their epilepsy is of long duration, one case being epileptic from the age of 3½ years, according to the history given by his mother. The number of fits in this ward prior to treatment was 203. This has been reduced to 47, a reduction of fully 76 per cent.

Ward III.

The record here, although good, would no doubt have been much better had it not been that in this ward, by way of experiment, the treatment was discontinued at times in a few of the most typical epileptics; at intervals the dosage was altered, and at other times borax alone, and bromide alone, were administered. Despite these facts, the record is that the fits have been reduced in number from 534 to 247, or fully 53 per cent. One patient of the demented type, a man 55 years old, is worthy of comment. His intelligence was extremely poor, he was resistive, with marked irritability, and, in fact, everything had to be done for him. His record of fits has diminished from 127 to 67, and he is now to be found invariably in good humour, does nearly everything for himself, while his power of observation is remarkable as compared with his former state.

Ward IV.

The results in this ward are very satisfactory, the average reduction in the fits being fully 72 per cent, the total being reduced from 294 to 80. The ages of the patients here range between 35 and 71; the one patient of the latter age has not had an attack since he commenced treatment on July 20th, 1920, although in the previous year he had 42 fits of severe type.

In conclusion, besides the marked mental changes, the reduction in fits, and the great diminution in accidents and the amount of sedative which was previously required, the following points are worthy of notice: Periodical, violent, explosive outbursts have disappeared, and no longer does a stuporous condition follow the fits. There has not been a single case of status epilepticus in this institution during the past twelve months.

Hartwood, Lanarkshire. JOHN MCCARTNEY, L.R.C.P. and S.E.

CHOLECYSTOSTOMY AND CHOLEDOCHOTOMY FOLLOWED BY CHOLECYSTECTOMY TEN YEARS LATER.

THE following notes concern a patient, a married woman, who was aged 47 at the time of the first operation, upon whom I performed cholecystostomy and choledochotomy in 1910, and ten years later had to perform cholecystectomy. Her family history was unimportant, and her medical history was quite good, except that she had an operation for haemorrhoids in 1902. In 1884 she married her first husband, who died in 1910, and to whom she had three children. She first began to have biliary trouble in South Africa in 1905, and from that time onwards to October, 1910, she had repeated attacks of biliary colic, which were becoming a burden to her and affecting her general health.

I performed the first operation on October 11th, 1910, in the North Lonsdale Hospital, Barrow-in-Furness. The abdomen was opened, adhesions were found about the gall bladder area, and the gall bladder was adherent to the duodenum. The adhesions were separated, giving a better view of the parts. Then the gall bladder was opened, and 26 stones removed. On examination the common duct was found to be filled with gall stones, and the common duct was also opened, from it and the hepatic ducts 51 gall stones of varying size being removed. Three drains were left, one in the gall bladder, one in the common duct, and a cigarette drain in the kidney pouch. She left the North Lonsdale Hospital on November 8th, 1910.

From the date of leaving hospital after her first operation up to 1920 the patient enjoyed excellent health, while in the meantime her first husband died, and she married again in 1914. Early in 1920 she began to have pains in the gall bladder region, which became gradually worse and more frequent. She again asked for something to be done, as the attacks were beginning to make life miserable for a second time.

She was for the second operation again admitted into the North Lonsdale Hospital, and operated upon on August 23rd, 1920. The parts were somewhat obscure from the adhesions following the previous condition and first operation, but the gall bladder was exposed and opened; a large stone three-quarters of an inch long, triangular in shape, with the apex embedded in the cystic duct, was found, fixed and surrounded by adhesions, and obviously the gall bladder had ceased to be of use. The whole organ with stone *in situ* was therefore excised, the cystic duct ligatured and buried under the peritoneal cover of the liver,

which was sutured over the bed of the gall bladder. No drain was left in the abdomen. The abdominal stitches were removed on September 2nd, 1920, and the patient left the hospital on September 18th. Since leaving the hospital she has been perfectly well.

JOHN ARTHUR REED, O.B.E., M.B., Ch.B.,
Honorary Surgeon, North Lonsdale Hospital,
Barrow-in-Furness.

Reviews.

GENERAL PATHOLOGY.

THE appearance of Professor OERTEL'S *General Pathology: an Introduction to the Study of Medicine*¹ recalls a similar work by his distinguished predecessor in the chair of pathology at McGill University, Montreal, Dr. J. G. Adami, now Vice-Chancellor of Liverpool University, especially as the present incumbent is contemplating a second volume on the diseases of special organs and systems. His objects in this volume are, in the first place, to divest the study of pathology of all metaphysical and teleological conceptions of use, harm, defence and vital forces, and to show that pathological processes are physical and chemical cellular alterations and disturbed cell relations which follow ordinary biological laws, and, at least in the majority of cases, have a definite anatomico-histological expression. The author lays special stress on these structural changes, as they provide visual conceptions which furnish the most satisfactory understanding of cell functions, and insists that pathological anatomy remains the pillar of pathological science. The author's second aim has been to trace the historical development of our present ideas and, by showing the influence of one step of thought upon the succeeding, to cultivate a critical judgement for future use.

In a philosophical preface, after briefly sketching the history of pathology until Virchow's influence had transformed the subject, the author comes to the conclusion that it is impossible to give an exact and all-embracing definition, as distinct from a description, of health and disease. The first part of the book deals with etiology, and under the heading of external factors descriptions are given of the various pathogenic bacteria and protozoa. In a chapter on immunity it is pointed out that Ehrlich's ideas, being purely chemical, can no longer be maintained in their entirety, because the processes of immunity are now recognized as largely physical, colloidal, and electrical reactions. A summary is given of the physical and chemical factors of disease, such as heat and cold, air pressure, x rays, and poisons. The internal factors—namely, disposition and idiosyncrasy and heredity—are then considered; the belief in the transmission of acquired characters is rejected on the ground that no conclusive evidence has as yet been furnished to show that in the metazoa environment does anything but shape and develop latent qualities.

The second part of the volume deals with pathological processes—namely, the morphological changes and the pathogenesis; it contains five chapters, the last of which is on general somatic death. The chapter on pathological changes in local cell relations describes inflammation, the infective granulomas, and tumours; inflammation receives a carefully discussed definition as an expression of the sum-total of all those genetically related degenerative, exudative, and productive processes that are excited by irritants, some of these processes being individually destructive, others helpful. The specific etiology of Hodgkin's disease (lymphadenoma) is regarded as doubtful, on the ground that many attenuated infections may produce similar pictures. Hypernephroma is placed under the heading of special tumours of epithelial glandular tissue in company with chorio-epithelioma, and is thus separated from mesothelioma—a term which is restricted to neoplasms arising from the endothelium of the serous membranes; this is a change from the original previous significance of the term mesothelioma, which also included tumours of the adrenal cortex, ovary, and testes.

The concluding words of this clearly and succinctly written work, which thoroughly deserves success, may be quoted: "The cultivation of pathological anatomy and

histology is to-day, as it was in the days of Morgagni, Bichat, Bright, and Virchow, the essential foundation for the science and practice of medicine."

GUY'S HOSPITAL REPORTS.

THE third instalment of this year's quarterly issue of the *Guy's Hospital Reports*² contains nine articles, four being on the alimentary canal, and thus showing the inspiration of the successful editor, Dr. A. F. Hurst, who indeed is joint author of two of these four papers. In collaboration with Mr. R. P. Rowlands he contributes a very complete account of jejunal and gastro-jejunal ulcers; jejunal are twice as common as gastro-jejunal ulcers, which may contract or even obliterate the stoma, and hardly ever occur in association with gastric carcinoma. Ulcers are more frequent after gastro-jejunostomy for duodenal ulcer, in which hyperchlorhydria is constant, than after operation for gastric ulcer, in which hyperchlorhydria is rare, though hypersecretion occurs if the pylorus is involved. The presence of free hydrochloric acid is not enough to cause these ulcers, the additional factor being some infective focus—for example in the mouth, or even a suture. These ulcers are usually chronic, but they may be acute and even perforate in a fortnight. The prophylaxis and treatment of a fistula—especially of a gastro-jejuno-colic fistula—are clearly described. The editor's other contribution, with Professor T. B. Johnston, on left-sided colon due to non-rotation of the gut, is illustrated by figures explaining the mechanism of this rare abnormality. Drs. T. Izod Bennett and J. A. Ryle supply an elaborate study of normal gastric secretion based on investigation of a hundred healthy medical students by means of the fractional method of gastric analysis.

A detailed report is given by Dr. E. P. Poulton of a case of sino-auricular heart-block following pneumonia, and accompanied by a permanent rise of 125 mm. Hg in the systolic blood pressure within two years. Consideration of the bearings of this case on the genesis of the heart beat suggests that the auriculo-ventricular node normally initiates the ventricular beat, and is excited by an extrinsic current from the sino-auricular node, which arrives in front of the auricular excitation wave.

Mr. E. G. Slesinger, surgeon-in-charge of the fracture department, writes fully on a consecutive series of 458 cases of fracture of the upper limb treated as out-patients; and Mr. Philip Turner, in a note on the measurement of shortening after fractures of the lower extremity, points out the importance of the head of the fibula as a bony landmark, and shows how shortening due to a fracture of the shaft of the femur can be accurately estimated, and how inaccuracies due to a different position of the hip-joint on the sound and injured sides can be eliminated by measuring the distance between this point below and the top of the great trochanter above. In a paper on *acholic* jaundice Dr. Campbell records cases of inherited and acquired chronic haemolytic jaundice, and then gives the history of a family with 9 cases and 30 normal individuals. Among the families collected from literature he found 53 cases out of 163 persons, almost equally divided between the sexes. It is difficult to understand the inheritance on Mendelian lines; in some families there is a tendency for the condition to die out in the fourth generation, which would negative the view that it is a real hereditary abnormality, and suggests the possibility of an attenuated infection, though the existing evidence is against such an explanation. This interesting number of the *Reports* also contains short papers by Mr. P. Briggs on hour-glass constriction of the stomach by the splenic flexure of the colon distended by gas, and by Mr. N. E. Kendall on some results of intranasal operation for antral suppuration.

A PRACTITIONER'S REFERENCE BOOK.

THE subtitle of *Lippincott's Quick Reference Book for Medicine and Surgery*,³ by Dr. GEORGE REHBERGER, of the Johns Hopkins University, is "a clinical diagnostic and

² *Guy's Hospital Reports*. Edited by A. F. Hurst, M.D. Vol. lxxi (Vol. 1, Fourth Series), No. 3, July, 1921. London: Henry Frowde, and Hodder and Stoughton. (Pp. 253-375; 52 figures. Price, single numbers, 12s. 6d.; subscription for volume of four numbers, £2 2s. post free.)

³ *Lippincott's Quick Reference Book for Medicine and Surgery*. By George E. Rehberger, A.B., M.D. Philadelphia and London: J. B. Lippincott Company. 1921. (Sup. roy. 8vo, 151 figures; 30 plates, 63s. net.)

¹ *General Pathology: an Introduction to the Study of Medicine*. By Forst Oertel, Strathcona Professor of Pathology, McGill University. New York: Paul B. Hoeber. (Demy 8vo, pp. 357 + xxi; 12 charts, 5dols.)

H. C. MAJOR, M.D.,

Consulting Physician, Bradford Royal Infirmary.

We regret to announce the death of Dr. Herbert Coddington Major, which occurred at Oxford after a short illness on September 13th. Born in Jersey, Dr. Major was educated at Victoria College there, and afterwards at Edinburgh University, where he graduated M.B., C.M. in 1871, and M.D. in 1875, receiving a gold medal for his thesis on "Histology of the brain in apes." After graduation he was appointed, in 1876, to the West Riding Asylum, Wakefield, and on the retirement of Dr. (now Sir James) Crichton-Browne he became medical superintendent, a position which he held until 1884; he was also appointed lecturer on mental diseases to the then Leeds School of Medicine (now Leeds University). After retiring from this post, Dr. Major became a consulting physician in Bradford, being elected an honorary physician to the Bradford Infirmary and to the Bradford Fever Hospital. He was at one time President of the Bradford Medico-Chirurgical Society, and in 1898 he was elected an honorary consulting physician to the Bradford Infirmary. Two years later he retired from active practice and went to reside at Bedford, where he accepted the post of honorary pathologist to the Bedford County Hospital, and where he was also, for two years, president of the Bedford Medical Society. He left Bedford in 1907 for his native Jersey, and lived there in retirement until this summer, when he removed to Oxford.

Since 1872 Dr. Major had been an active member of the British Medical Association, and he held office as president of the Yorkshire Branch in 1901, chairman of the Bedfordshire Division for two years, chairman of the Jersey Division for two years, and president of the Channel Islands Branch in 1919. He was the author of many contributions to medical literature, chiefly on histological subjects. He was a physician of the most charming disposition, of such a kindly nature that it is impossible to imagine that he ever made an enemy. He made his home, as has been noted, in several widely separated parts of the country, but wherever he went his colleagues realized his worth and insisted on placing him in positions where his abilities could be of the greatest use to his profession and to the community. Dr. Major is survived by his widow, but he had no family.

Dr. S. J. Ross (Bedford) writes: As a colleague Dr. Major's habitual courtesy, kindness, and sincerity endeared him to all. His pathological work was very thorough, and his microscopical sections would do credit to any one possessing the most elaborate apparatus, while his interpretation of pathological findings was also sound. His interest in the science of medicine never flagged; widely read, a truly cultured and unassuming colleague, Dr. Major's death is a loss not only to the medical profession but to all with whom he came in contact.

We regret to announce the death at Sheffield, after a long illness, of Dr. THOMAS BERNARD STEDMAN. Dr. Stedman received his medical education at University College Hospital, where he was medallist in medicine and midwifery, and he graduated M.B.Lond. (with honours) in 1893, obtaining the diplomas of M.R.C.S.Eng. and L.R.C.P.Lond. in the same year; in 1895 he graduated M.D.Lond. Subsequently he took the diploma in Public Health of Cambridge, and he studied for the Bar at the Middle Temple and was duly called. For two years he was house-surgeon at Sheffield Royal Hospital, and for a time he assisted his father in general practice at Leighton Buzzard, while later he was deputy coroner for North-East London. During the war he held a commission in the R.A.M.C., and afterwards was attracted again to Sheffield, where he practised until his last illness. He acted also as honorary demonstrator in toxicology at the University of Leeds. Dr. Stedman had a very keen sense of public duty, and his only recreation was his work. To a large circle of patients he was a true friend as well as a physician, and he worked devotedly among the poor. He is survived by his widow and one daughter.

Dr. ERNEST DUPRÉ, professor of mental diseases in the Paris Faculty of Medicine and a well known writer on psychiatry, died recently. Scientific nomenclature is indebted to him for numerous neologisms, of which the best known are "meningism" and "mythomania."

The Services.

MINISTRY OF PENSIONS: INFORMATION FOR OFFICERS, WIDOWS, AND OTHERS.

In accordance with the advice of the Departmental Committee, whose report on the administration of the Ministry of Pensions was recently published, the Minister of Pensions has taken steps to make more widely known the benefits available to disabled officers and nurses and the relatives of those deceased. With this object a new series of leaflets (officially described as "M.P.O. Leaflets") is being issued, dealing with the following matters:

1. General information for disabled officers.
2. Provision for disabled nurses.
3. Medical treatment of disabled officers and nurses.
4. Supply, renewal, and repair of surgical and artificial appliances (other than artificial limbs).
5. Alternative retired pay.
6. Pensions and allowances to widows and other relatives of deceased officers.
7. Supply of artificial limbs (in preparation).
8. Special Grants Committee's arrangements for officers and nurses and their dependants.

Copies of No. 1 can be obtained by those interested on application to the Secretary, Officers' Branch, Ministry of Pensions, Cromwell House Annex, Millbank, S.W.1, or from Officers' Friends in the Regions, or from any Local War Pensions Committee. The other leaflets, dealing with special aspects, can be obtained on application to the following: for Nos. 2, 5, and 6 to the Officers' Branch (as above); for Nos. 3, 4, and (later) 7, to the Commissioner of Medical Services at any of the regional offices of the Ministry—namely, Burton Court, Chelsea, London, S.W.3; Edinburgh, Newcastle-on-Tyne, Manchester, Leeds, Cardiff, Birmingham, Nottingham, Bristol, Belfast, or Dublin; and for No. 8 to the Special Grants Committee (Officers), Thorney House, Smith Square, London, S.W.1.

WALTER BUCHANAN SCHOLARSHIP AT EPSOM COLLEGE.

THE Council will shortly award a Sir Walter Buchanan Scholarship at Epsom College, the value of which is about £33 a year. The rule fixed by the founders of the scholarship is as follows:

"The Sir Walter Buchanan Scholarship is primarily intended for the sons of deceased or prematurely invalidated officers of the Indian Medical Service, or, failing any such candidates, for the sons of legally qualified medical men of pure British parentage in necessitous circumstances who have practised medicine for at least five years in India."

Applications should be sent to the Secretary, Mr. J. B. Lamb, 49, Bedford Square, W.C.1.

Universities and Colleges.

UNIVERSITY OF LONDON.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.

THE following entrance scholarships have been awarded for the sessions 1921-22:

University Scholarships of 50 guineas each: N. F. Adeney, W. R. H. Pooler. *University Exhibition of 30 guineas:* G. B. Woodd Walker. *Entrance Scholarships in Natural Science:* £100: B. W. Goldstone; £50: M. Odess. *Palmer Scholarship:* £25: E. I. Puddy. *Epsom College Scholarship (by nomination):* G. E. G. Peirce.

At the Dorset County Hospital, Dorchester, on September 21st, there were opened the new pathological department and x-ray and electrical rooms. Lord Ellenborough, chairman of the hospital committee, presided, and Mr. James Sherren, C.B.E., surgeon to the London Hospital—himself a Dorset man—gave an interesting address on "The value of pathological and x-ray examinations in abdominal surgery." He pointed out that by the institution of the new departments—which might seem only a side-show to the general public, but to the medical staff were the very centre of the hospital's being—the Dorset County Hospital was placing itself in the position of being able to make the fullest use of modern medical knowledge. He himself was particularly interested in abdominal surgery, and with that aspect of medicine he dealt in his address, but the new departments would be of at least as great value in all the other different branches of medicine. Mr. Sherren's address was not only interesting to his medical colleagues, but had the effect of stimulating the interest of the members of the lay public who attended the function. After his address the new departments were opened for inspection by the assembly.

Medical News.

SIR HAROLD STILES, Regius professor of clinical surgery in the University of Edinburgh, will deliver the fellowship address at the Convocation of the American College of Surgeons, Philadelphia, on October 28th. He sailed for New York on September 24th.

THE autumn session at the Post-Graduate College, West London Hospital, Hammersmith, will open on Monday, October 10th.

THE London Medical Exhibition will be held at the Central Hall, Westminster, from Monday, October 3rd, till Friday, October 7th, from noon to 6.30 p.m.

THE foundation stone of Queen Mary's Maternity Home at Upper Heath, Hampstead, will be laid by Her Majesty the Queen on Wednesday, October 12th, at 3 p.m.

THE centenary of the foundation of the National University of Buenos Aires was celebrated on August 11th.

DR. EVAN POWELL, on the occasion of his retirement from the office of medical superintendent of the City Asylum, Mapperley Hill, Nottingham, after forty-one years' service, has received a presentation from the Asylum Committee.

LIEUT.-COLONEL SIR DAVID PRAIN, C.M.G., C.I.E., F.R.S., will deliver the inaugural address before the Pharmaceutical Society of Great Britain at the opening of the eightieth session of the School of Pharmacy on Wednesday, October 5th, at 3 p.m., when he will also present the Pereira medal.

THE negotiations for the absorption of the Royal Chest Hospital by the Great Northern Central Hospital, Holloway, having been completed and formal agreements entered into, the Committee of the latter institution are, by an order of the Charity Commissioners, responsible for the management of the Royal Chest Hospital as from September 6th, 1921.

A DISCUSSION on plumbing and sanitation on board ship will be held by the Royal Sanitary Institute, at 90, Buckingham Palace Road, S.W.1, on Wednesday, October 12th. The chair will be taken at 4 p.m. by Sir Henry Tanner, C.B.

AT the meeting of the Medical Officers of Schools Association, to be held at 11, Chandos Street, Cavendish Square, W.1, on Friday, October 21st, at 4.45 p.m., a discussion on games for girls will be opened by Dr. Alice E. Sanderson Clow, medical inspector, Cheltenham Ladies' College, and Miss M. Stansfeld, principal, Bedford Physical Training College.

AT the Italian Congress for the Protection of Infancy, to be held in Rome on October 20th to 22nd, the following subjects will be discussed: (1) Pre-natal prophylaxis, by Dr. Artom of Rome; (2) antituberculosis prophylaxis in infancy, by Professor Caronia of Naples; (3) gastrointestinal prophylaxis in infancy, by Professors Gutierrez and Albertini of Milan.

BY arrangement with the Government Disposal Board the Joint Council of the Order of St. John and British Red Cross Society are conducting by private treaty a sale of medical and surgical stores and equipment. All articles have marked prices and can be inspected in London. The sale closes on October 31st, after which date other arrangements will be made for disposal of the goods remaining in store. Catalogues and permits to view may be had from the Director of Hospital Services, 19, Berkeley Street, London, W.1. An advertisement on the subject appears in the JOURNAL of this week (page 9).

IT is reported that a company called the Imperial and Foreign Corporation of London has entered into an agreement with the Czecho-Slovakian Government to supply the capital necessary for the working of the famous Joachimsthal mines, near Carlsbad; the Corporation is to have half the radium salt annually produced, which, it is estimated, averages four grams. Professor Soddy of Oxford arrived in London with two grams for the Corporation on September 25th. It is stated that the radium salt will be rented and the emanation sold for therapeutic purposes.

DR. A. H. MACKLIN, O.B.E., M.C., is surgeon to the Antarctic Expedition which left the Thames on September 17th in the *Quest*. He accompanied Sir Ernest Shackleton on his last South Polar Expedition in 1914, and served afterwards in the R.A.M.C., attaining the rank of Major. He studied medicine at Manchester, graduating M.B., Ch.B. Vict. in 1912. He is the son of Dr. T. T. Macklin, now of Lancaster.

ON the occasion of his leaving Bottesford (Lincolnshire) for Rotherham Dr. T. T. Kelly was presented, on September 9th, with a silver tea service and other gifts in appreciation of his services by the inhabitants of Bottesford and the surrounding villages.

A VACATION course on medical radiology will be held from October 9th to 23rd, at the Hospital St. Antoine, Paris, under the direction of Dr. A. Bécère. The fee is 150 francs; further information may be had from the director of the laboratory, Dr. Solomon.

THE fifth annual meeting of the National Society for the Promotion of Occupational Therapy (U.S.A.) will be held from October 20th to 22nd, in Baltimore, under the presidency of Dr. Herbert J. Hall.

FOUR cases of small-pox have been reported in Nottingham during the first three days of this week.

THE general work of University College, London, will begin on October 5th. The lectures on the history of science will be resumed on Monday, October 10th, at 5 p.m., when Professor Elliot Smith will give the first of three lectures on the beginnings of science. Dr. A. Wolf will begin a series of lectures on the general history and development of science at 3 p.m. on October 12th; they will be continued on succeeding Wednesdays at the same hour. On October 14th Dr. J. C. Drummond will begin a course of eight public lectures on nutrition.

ACCORDING to the *Journal of the American Medical Association*, a number of medical men from the United States have gone to Vienna for post-graduate study, and the old American Medical Association of Vienna has been revived.

THE annual conference of the Chartered Society of Massage and Medical Gymnastics will be held in London on October 6th, 7th, and 8th. The programme includes lectures by Sir James Purves Stewart, Dr. Arthur F. Hurst, Sir Henry Gauvain, Dr. J. B. Mennell, and Dr. H. Crichton Miller. There will also be a number of demonstrations and a visit to the massage department of Guy's Hospital. Communications should be addressed to the Secretary of the Society, 157, Great Portland Street, W.1.

ON September 17th Professor Tuffier of Paris delivered the inaugural address at the opening of the Medical College of the University of Peking on the subject of surgical septicæmias and their treatment; on the three following afternoons he held special surgical clinics.

A SPECIAL course of instruction in venereal diseases for post-graduates and students will be held during October and November at the London Lock Hospitals (the female hospital and women's out-patient department is at 283, Harrow Road, W., and the male hospital and out-patient department at 91, Dean Street, W.). The course will consist of clinical instruction in diagnosis and treatment, which will be given daily at both hospitals, and of twenty-six special lectures. Applications for tickets should be made to the secretary at 283, Harrow Road, W.9. The fee for the complete course is four guineas; and the fee for one month's instruction in venereal pathology, including practical work, is three guineas, which can be commenced any time during the year. Post-graduates who are members of the Fellowship of Medicine will be admitted free to the lectures only.

THE annual dinner of the Society of Medical Officers of Health will be held at the Café Royal, Regent Street, W., on Friday, October 21st, at 7.30 p.m. Amongst those who have already accepted invitations are the Minister of Health, the Attorney-General, the Bishop of London, Sir Norman Moore, P.R.C.P., Sir Anthony Bowlby, P.R.C.S., Sir George Newman, M.D., and Sir Philip Magnus, M.P. Ladies are invited, and early application for tickets (stating names of guests) should be made to the Executive Secretary at 1, Upper Montague Street, Russell Square, W.C.1. A remittance of 12s. 6d. for each ticket should be sent with applications before October 14th, after which date the charge will be 15s.

ACCORDING to the *Japan Medical World*, the plague situation throughout Manchuria is improving, but in some places more quickly than in others. The International Plague Committee of Harbin, which consists of representatives of the railway, Chinese officials, various consuls, merchants, and medical men, and has been sitting weekly since December, 1920, has decided to hold fortnightly meetings in future. Plague is, however, still spreading in Vladivostok and the neighbouring villages because of the lack of proper precautionary measures. According to a Japanese medical expert recently sent there to make inspection, fifty new cases are being reported almost every day.

CASES of bubonic plague have been discovered in Queensland and the state has been proclaimed infected by the Federal Government; the first case appears to have occurred at Brisbane towards the end of July, and the fact, it is stated, was concealed. A case occurred at Townsville on September 22nd. Infected rats have been found at Brisbane, but only, according to the *Times* correspondent, eleven out of 3,000 killed. A later report, however, is to the effect that a steamer arriving at Sydney from Brisbane had eleven infected rats on board.

A SCHOOL of radiography for the training of technical assistants has been instituted at King's College Hospital, London, under the direction of Dr. Robert Knox, honorary radiologist to the hospital. The school is open to both men and women, and carries out a course of instruction in radiography, radiotherapy, and electrotherapy for a period of one year preparatory to the examination of the Radiographers' Society. The course includes instruction in general elementary physics (sound, heat, light, etc.), electricity, with the construction of electrical apparatus, practical radiotherapy, treatment, methods of dosage, diathermy, high frequency, and radium; anatomy, with elementary morphology; and photographic chemistry, with practical and clinical photography. An applicant for admission to a course must have attained the age of 18 years, and no applicant can be accepted without an interview. The fee for the full course is thirty-five guineas, but applicants who have obtained a nursing certificate at King's College will be admitted at two-thirds of the fee. Inquiries should be addressed to the Radiographer, King's College Hospital, Denmark Hill, S.E.5, and marked "School of Radiography."

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, *Attilology*, 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.

INCOME TAX.

"G. A. C." bought his partner's share in April, 1918. Since that date the assessments to income tax have been (1) on "G. A. C." on the basis of his cash receipts, including his share of the old partnership payments, and (2) on his former partner on the amount of his share of the old debts. Our correspondent asks if this is correct.

** The person to be assessed is the one carrying on the practice, and "G. A. C.'s" partner appears to be under no obligation to pay tax on the old debts or any portion thereof. Tax is payable for the earnings of any particular financial year, and the cash receipts are brought into the computation—instead of the book debts—only because of the difficulty of recording and valuing professional debts. As from April, 1918, onwards "G. A. C." is chargeable for the whole of the profits of the practice, measured either in book debts properly valued or, as a matter of convenience, by the whole of the cash receipts.

"COMPLEX" retired from a partnership on June 30th, 1920, and inquires as to the existence of any liability for payments received since.

** Our correspondent was liable to tax on one-fourth only of his share of the assessment for 1920-21, because for three-

quarters of that year he ceased to earn an "income." It is to be presumed that he has paid tax on the full income of the past, measured for convenience by the cash receipts of each year instead of by the value of the year's bookings. He cannot legally be assessed at all for 1921-22, because there is no source of "income" to be assessed. If "Complex" prefers to deal with the matter through an agent he cannot do better than consult a chartered accountant.

LETTERS, NOTES, ETC.

MENINGOCELE IN THE NEWBORN.

DR. T. F. FORSTER (Dalton-in-Furness) writes: On September 11th last I was called to attend a young woman, aged 24, in her first confinement. On examination I came across what at first seemed to be an extremely thick bag of membranes, but owing to the exceeding thickness this diagnosis was evidently incorrect. On further examination I found that this bag was adherent to the skull, the edges of the sutures of which could be easily detected. I came to the conclusion that I was dealing with a case of meningocele. On the bag coming to the vaginal orifice this diagnosis was confirmed by finding the hair on the scalp. The confinement was uneventful. When the child was born it had evidently been dead for some weeks. This somewhat rare condition should be kept in mind should similar cases be met with. The meningocele was protruding from the anterior fontanelle.

MEDICAL ASPECTS OF GOLF.

"D.P.H." writes from St. Andrews to make two suggestions which, though not novel, cannot perhaps be too often repeated. The first is that the player who finds it difficult to keep his eye on the ball should have his refraction tested. The second is not to overtire or strain the muscles controlling the wrist and to look for any sign of inflammation about the wrist. In support of his opinion that the left wrist in particular should be watched, he quotes James Braid's opinion in his book (Spalding Series): "The whole grip must be firm and such as to ensure a complete command over the club in every respect; . . . in the upward swing of the club . . . the first movement must come from the wrists, and it is the left one which makes the initiative."

ENUCLEATION OF THE TONSILS.

"CLINIC" writes: Mr. Hovell says: "Remove 'diseased' tonsils only; do not remove 'merely enlarged' ones"! I inquire how to discriminate in children. Mr. Gilbert Chubb (July 23rd, p. 130) says such an inquiry shows a lack of appreciation of the gravity of local sepsis. The deduction is bewildering but not helpful. Mr. Chubb states that we should stop all haemorrhages at the time of operation. The point is, thousands of tonsillectomies are done yearly without any attempt being made to arrest the haemorrhage at all. It is expected to stop. When it does not, the fact is recognized by the child showing symptoms of loss of blood. The excuse for this method is held to be want of equipment and lack of beds. Local authorities will speedily produce both as soon as hospital throat surgeons cease to acquiesce collectively in a procedure they individually condemn.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 37, 40, 41, 42, 43, and 44 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 38, 39, and 40.

THE appointment of certifying factory surgeon at Bradford, West (York, West Riding), is vacant.

THE Secretary of State for the Home Department proposes to appoint a second medical referee under the Workmen's Compensation Act, 1906, resident preferably in West Norfolk, for the Attleborough, Aylsham, Downham Market, East Dereham, Fakenham, Holt, King's Lynn, North Walsham, Norwich, Swaffham, The ford, and Wymondham County Courts, in Circuit No. 32. Applications to the Private Secretary, Home Office, by October 19th.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Six lines and under	0	9	0
Each additional line	0	1	6
Whole single column (three columns to page)	7	10	0
Half single column	3	15	0
Half page	10	0	0
Whole page	20	0	0

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Tuesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *poste restante* letters addressed either in initials or numbers.