

is one which I have described in my notes as polio-encephalitis with poliomyelitis. I suppose I must rechristen it as lethargic encephalitis without lethargy but with spinal symptoms simulating poliomyelitis.

CASE III.

An office boy, aged 16, under the care of Dr. Scanlon of Moss Side. He noticed weakness in his legs and a bad headache about the beginning of September, 1918. This came on on a Saturday, and he took to bed on the following Tuesday because he felt so ill. The headache lasted five days, and the weakness in the legs was after a time limited to the left leg, so that on getting up after fourteen days in bed he could hardly bear his weight on the left leg and had to walk with a stick for a time. He still limped slightly when I saw him on December 12th, 1918, and all the measurements of the left leg were about $\frac{1}{2}$ in. less than the right. He noticed double vision about the time he took to bed, and also some drooping of the left eyelid. (He only noticed this last, when looking in the glass, after his attention was drawn to it; it did not affect his eyesight.) When he was examined at the Royal Eye Hospital, on November 26th, his diplopia was then well, except when he looked in certain directions, to the left and downwards. There was paresis of the right internal rectus and slight drooping of the left eyelid.

CASE IV.

A signalman, aged 40, under the care of Dr. Tullis of Hereford. He was well until about Christmas, 1920. Then he began rather gradually to feel run down and weak, and soon after Christmas he began to see things double and had a definite squint. He continued to feel weak and good for nothing, and he had a distinct tendency to drop off to sleep easily, though he did not sleep long. His brother, with whom he was living temporarily when he was first brought to see me at the Manchester Royal Infirmary, in March, 1921, described him as "vacant and not as sharp as he was, and as sitting brooding a good deal and not talking." When I saw him he had a very fixed expression—a fairly typical Parkinson's mask. His pupils were very sluggish both to light and accommodation; his optic discs were normal. His diplopia had recovered, and there was no evidence of any paresis of ocular muscles. His face and his apparent lack of interest in what was going on suggested early general paralysis, but he talked quite intelligently when persuaded to be interested; his speech was slow, but not slurred or stumbling. His blood gave a negative Wassermann reaction. I have recently heard from his doctor and his brother that he is well again and that he has returned to work.

CASE V.

A clerk, aged 49, was admitted under my care to the Manchester Royal Infirmary on November 19th, 1919. He had been quite well until the day before admission; then he felt dizzy about breakfast time, and found that he was seeing double. On examination he was found to have nystagmus on looking to the left with both eyes; there was paresis of the right internal and right inferior rectus muscles and slight drooping of the right upper eyelid. He seemed quite bright and well in himself, with certainly no undue sleepiness, and continued so till his discharge from hospital about three weeks later. His blood also was negative to the Wassermann test.

CASE VI.

A man, aged 47, a patient of Drs. Dunstan and Mitton of Crewe. I saw him on December 8th, 1920. He gave a history that about five weeks before, on a Sunday evening, he had suddenly developed double vision. This came on all in a moment and was accompanied by dizziness. Next morning the dizziness had gone, but the double vision remained and continued. He described to me that his right eye turned outwards at first, but that after an hour or two, having had a rest and a sleep, his right eye became straight and his left eye turned out. Next morning the noticeable turning outwards of the left eye had gone, but he still saw double, especially if he looked downwards. When I saw him there was a slight convergent squint, affecting particularly the left eye, when looking at a near object below the level of the eye. He was very irritable and nervous generally, his nerves so on edge that he could hardly bear anyone to speak to him, and this continued along with the diplopia for many weeks afterwards.

CASE VII.

A woman, aged 48, a patient of Dr. Robertson of Middleton, Lancashire. She had sudden onset of squint, which she noticed first on getting up in the morning three weeks before I first saw her at the Manchester Royal Infirmary on July 1st, 1921. This was accompanied by diplopia and, temporarily, by a certain amount of pain in the right side of the forehead. She vomited twice the morning it came on, but there was no dizziness, no sleepiness—if anything, she was unable rather to "catch her sleep"—and she felt all along perfectly well in herself. There was complete paralysis of the right external rectus, no other muscles being involved, except perhaps a slight degree of ptosis of the right eyelid.

It is the cases of similar type to these later ones which are, I believe, so much more common than is generally regarded, and the true nature of which falls, in many instances, to be recognized. They often appear very trivial, and yet I have published elsewhere notes of

similar apparently trivial cases in which the presence of grave intracranial disturbance has been proved by demonstration of the presence of optic neuritis. It is because I believe insufficient stress has been laid upon them that I have welcomed this opportunity of bringing them to the wider notice of the profession.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

STRANGULATED SCROTAL HERNIA WITH A VOLVULUS OF THE SMALL INTESTINE IN THE INGUINAL CANAL.

A DUSTMAN, aged 52, was admitted into the Norfolk and Norwich Hospital on June 29th, 1921, under the care of Mr. Everett. Five hours previously he had suddenly experienced acute pain in the right scrotum. The pain was present on admission, and was accompanied with profuse vomiting of partly digested food. He had had a right scrotal hernia for years, but had always been able to reduce it until the onset of this acute pain. He had worn a truss, but this had never been really effectual. Examination on admission showed a large right scrotal hernia with considerable bulging of the right inguinal canal. The hernia was irreducible. The right testicle could not be felt.

Operation.

Operation was performed one hour after admission. An incision was made parallel to Poupart's ligament over the inguinal canal. The external oblique muscle was divided as far as the external ring. The latter was found to be constricting the scrotal portion of the hernia. A director was inserted with difficulty and the external ring was divided. The coverings of the sac were separated, and the sac was opened in a downward direction. About two and a half feet of distended small intestine were then pulled up out of the scrotum. This length of small intestine appeared healthy. On pulling down the small intestine lying in the canal a loop that was plum-coloured and obviously strangulated appeared to come through the internal ring. The portion of small intestine lying in the canal was then examined and found to be twisted on itself. The volvulus was unravelled and hot saline applied to the congested portion. The circulation commenced to return immediately. The intestines were then replaced in the abdomen.

The scrotal sac was then inspected, and a slightly undersized testicle was found which was completely invaginated into the sac, so that it appeared to be lying free; it did not reach to the bottom of the sac. About one and a half inches of the cord immediately above possessed a small mesentery. Owing to the combined condition of the cord and testicle, orchidectomy was performed. The cord was divided at the level of the external ring. The sac proximal to the external ring was then freed, a purse-string suture was inserted into the sac at the level of the internal ring, and the sac below this was divided. The conjoined tendon could not be identified, so the external oblique was reunited with silk mattress sutures, and the skin incision closed.

The patient made an uneventful recovery, and was discharged on July 18th, 1921, having been fitted with a truss provided with an extra large pad over the site of the external ring. The testicle, on pathological examination, was reported to be fibrotic and atrophied.

I am much indebted to Mr. E. W. Everett for permission to publish the notes of this case.

C. T. HELSHAM, M.R.C.S., L.R.C.P.,
House-Surgeon, Norfolk and Norwich Hospital.

A LARGE RENAL CALCULUS.

THE following case is perhaps of some interest owing to the size of the renal calculus and the condition of the kidney in which it was found:

A fellow, aged about 50 years, entered hospital on June 29th, complaining of pain, severe and continuous, in the left renal region. His urine was slightly cloudy, was of low specific gravity, and contained a trace of albumin. An x-ray picture showed a large stone in the left kidney, and a smaller one in the right. The patient insisted that the right side gave no trouble, that he had come for relief only of the left side, where a dull grinding pain had existed for years; for that pain he begged for operative intervention on the left side only.

Next day, under spinal anaesthesia, by a large incision in the lumbar region I removed the left kidney. Its substance was represented by a sort of capsule, or thin mitten, drawn over the calculus. The weight was 1,130 grams (about $2\frac{1}{2}$ lb.). The operation did not diminish the renal secretion. In fifteen days the man left hospital perfectly satisfied.

Three years ago I removed a renal calculus weighing a little less than a kilogram. In that case the kidney had dropped and become an evident abdominal tumour. I removed it by laparotomy; the other kidney was quite healthy. Both specimens I offered to Professor Marnoch for the surgical museum of Aberdeen University. In the first case I removed the stone from the much-attenuated kidney substance; this latter calculus I sent home in its capsule. My best thanks are due to my excellent hospital assistant, Dr. Iatrou, for devotion in the after-treatment, and to Dr. S. Nahas, radiologist, for care bestowed on the pictures of the calculi.

ARTHUR A. MORRISON, M.A., M.D., C.M.Aberd.,
Senior Surgeon, Ex-Deaconesses' Hospital.

Alexandria, Egypt.

Reports of Societies.

TREATMENT OF CONGENITAL SYPHILIS.

At the first meeting for session 1921-1922 of the Royal Medico-Chirurgical Society of Glasgow, held on October 7th, Dr. G. B. FLEMING read a communication on "The post-natal treatment of congenital syphilis." After briefly outlining the methods of treatment by mercury and their results, he spoke of mercurial treatment combined with treatment by the salvarsan group of substances, and explained the methods adopted at the Royal Hospital for Sick Children in Glasgow for injecting these drugs. In considering the results of treatment the criterion of cure adopted was a negative Wassermann reaction which remained negative. It had been possible to analyse 74 cases treated between 1917 and 1920, and 35 cases had been followed up for longer or shorter times after treatment ceased. In children under one year—47 cases in all—44 had negative Wassermann reaction at the end of treatment, and 15 out of 21 were still negative after six months. In children over a year old, of whom there were 27 cases, 20 were negative at the end of treatment, and 8 out of 14 tested were still negative after six months. These facts seem to show that intravenous injection of salvarsan reinforced by mercury was the best post-natal way of treating congenital syphilis. The younger the patient the greater was the probability of cure. A case should only be pronounced cured when the Wassermann reaction had been proved to remain negative.

Dr. ETHEL CRAWFORD then read a paper on "Sulfarsenol in congenital syphilis." The damage to the tissues when salvarsan or neo-salvarsan was given intramuscularly had led to the use of an arsenical preparation with a sulphurous acid radical incorporated, named "sulfarsenol," which could be injected intramuscularly without local injury. This substance was tried in a series of cases and in various doses without any toxic symptoms resulting. Thirty-five children were so treated, and they all improved with remarkable rapidity so far as symptoms were concerned, but so far as the Wassermann reaction was concerned the results were not so satisfactory. In children under 1 year when the treatment was commenced, of 23 cases, 14 remained positive and 9 became negative. In children over 1 year, of 12 cases treated 11 remained positive and 1 became negative. The number of doses given varied from 7 to 18. The results showed that the intramuscular injection of sulfarsenol was not as efficacious in producing a cure of congenital syphilis as the intravenous injection of salvarsan substances, if cure was to be judged by the behaviour of the Wassermann reaction.

Professor C. H. BROWNING made a communication on "The antisyphilitic action of arsenical compounds in relation to their constitution." Although for one reason or another there were many substitutes for the original "606," they were all similar in chemical constitution to salvarsan, although there was an unfortunate diversity of names. Atoxyl had a serious effect on the optic nerve, and while atoxyl was a stage in the synthesis of salvarsan, there was nothing to encourage the belief held by some ophthalmologists and others that salvarsan had any harmful action on the nervous system. Atoxyl bore a relation to salvarsan that might be compared with the relationship of sugar to alcohol. There was, however, danger in allowing solutions to remain exposed to air for long, as the solutions underwent decomposition; and there was also some danger from any large quantity of fluid used at

one time. Nowadays improved methods of administration and improvements in the drug itself had eliminated these risks. Salvarsan substances were not clearly defined chemical entities. They were colloidal substances, incapable of definite purifying, and consequently impurities appeared in the various preparations. These modified solubility, reaction after administration, etc., and might possibly modify the toxicity of the drug in the body. Thus it was an impossibility to test the activity of any of the salvarsan substances *in vitro*; it must be done *in vivo*. This was done with some of the substitutes but not with others. The tests should be controlled by a disinterested party. The relative efficacy of the members of the group was not only a scientific question but a practical one. Whereas the new substances were more easily given than the old, the balance of efficiency lay with the old. In most instances, however, the administrator was anxious to avoid danger, and therefore used the least toxic substance, although it was possible that by reducing toxicity the therapeutic effect was also reduced. In the case of the original salvarsan a febrile reaction was often produced. An inquiry, years ago, was made into the history of syphilitics in the Austrian army and afterwards, and it was found that those men who had developed a fever reaction after infection did not develop general paralysis. In checking the efficiency of treatment the disappearance of clinical symptoms was not a sufficient test, and therefore the more rigorous biological tests, the Wassermann and the precipitation tests, should be used.

Dr. J. R. C. GREENLEES spoke on the ante-natal treatment of congenital syphilis. Post-natal treatment of congenital syphilis attacked the disease too late. The focus of the infecting spirochaetes was probably the placental tissue, and therefore treatment should aim at prevention of their development there, and their spread to the foetus. Ante-natal treatment with mercury and iodide of potassium had long been tried, but had been found wanting. In Galliot's statistics 217 pregnant women actively syphilitic were treated, with only 17.4 per cent. of living births; while in pregnant women suffering from latent syphilis similarly treated 75 per cent. of the pregnancies proceeded to a successful issue. Dr. Greenlees quoted several cases showing failure after thorough treatment, in the absence of active syphilis. In contrast to this were the histories of fifteen cases treated at the Royal Hospital for Sick Children, Glasgow, where ante-natal treatment was carried out with arsenical compounds and mercury, and 100 per cent. of successes resulted. Some of these cases were followed up for as long as seven years.

Dr. LEONARD FINDLAY read a communication on "The ravages of congenital syphilis, and how to combat them: a plea for notification." The foregoing communications showed that ante-natal treatment was the treatment *par excellence*. Prophylaxis was beyond question better than curative treatment. As some of the children born healthy and without symptoms subsequently developed a positive Wassermann reaction, it was too early to be quite certain that symptoms might not develop later. Further, the ease of the ante-natal method of treatment and the avoidance of the pain and misery many young syphilitics underwent in the course of the curative treatment were striking recommendations in its favour. Dr. Findlay criticized statements recently made as to the question of change of type of congenital syphilis, to the effect that it was becoming less severe in its manifestations. He strongly advocated the application of the ante-natal method of treatment by the general practitioner, and voiced the opinion that with the Wassermann test available and the new salvarsan preparations so easily administered, there was no necessity for the special venereal clinics, nor for the so-called venereal specialist, in the case of syphilis. In concluding, he referred at some length to the desirability of making syphilis a notifiable disease, with particular regard to its influence on infantile mortality.

CANCER OF THE BREAST.

THE fortieth session of the West London Medico-Chirurgical Society opened on October 7th, when Sir GEORGE LENTHALL CHEATLE delivered his presidential address on "A study of breast cancer in relation to the cancer problem." He said he had always been deeply impressed

and in our case with the very gratifying result that I have shown above.

I am certain that if medical men in other parts took up this scheme to float it, the results would be so great that State aid and rate aid would not be necessary at all. Our only opposition has been from the extremists in the Labour party, who maintain that hospitals should be run by the State and come out of the rates.—I am, etc.,

Barking, Oct. 14th.

G. O. PIERCE, M.R.C.S., L.R.C.P.

PRESENTATION TO SIR J. HALLIDAY CROOM.

SIR,—May I, through the medium of the BRITISH MEDICAL JOURNAL, bring to the notice of Sir Halliday Croom's old residents and clinical assistants that it has been decided through a presentation to show our gratitude to him? Unfortunately the earlier records are incomplete, and as secretary of the committee which has been appointed I should be glad if those who were with him prior to 1890 and are willing to contribute would kindly send their names and addresses to me.—I am, etc.,

DOUGLAS MILLER.

50, Northumberland Street,
Edinburgh, Oct. 17th.

Obituary.

W. DOMETT STONE, M.D.

DR. DOMETT STONE, whose death took place on October 1st, was at one time well known in medical and literary circles in London. He was born in 1840, the younger son of Thomas Madden Stone, who was for many years a popular official at the College of Surgeons. William Domett Stone entered as a student at Middlesex Hospital, and in 1861 became M.R.C.S. and L.S.A. In the following year he took the M.D. at St. Andrews, and in 1865 the F.R.C.S. (by examination). In 1872 the Council of the College of Physicians of Sweden conferred the honorary membership of that body on him for his valuable services in instituting an inquiry into the hygienic condition of the mercantile navies of Great Britain, Sweden, Russia, and other countries. The results of his observations were published in the *Times*, and called forth many comments in that and other London and provincial daily and weekly papers. For many years Dr. Stone edited the *Half-yearly Abstract of the Medical Sciences*, a work which acquired under his editorship the highest reputation for the ability and industry with which the essence of medical literature was condensed into its pages. He was also the author of an *Epitome of Therapeutics*, and a frequent contributor to various journals on hygienic, sanitary, and kindred subjects. In 1865, when a commission was appointed to investigate the state of the workhouses and infirmaries, he called attention to the fact that, as a rule, the education and general status of the masters was below what their official position ought to demand. He urged that an alteration of the standard of requirements for the posts of master and matron should be the first step in workhouse reform. This suggestion was warmly supported by the medical press, to the ultimate benefit of the institutions concerned. In 1889 Dr. Stone was elected a corresponding member of the Italian Association Dei Benemeriti, and awarded the gold medal for scientific, literary, and humanitarian work. He was at various times resident medical superintendent, Munster House Asylum, Fulham; surgeon superintendent, H.M. Government Emigration Service; prosecutor, Royal College of Surgeons. He had also held the appointments of honorary physician, Westminster General Dispensary, Western General Dispensary, and Finsbury Dispensary; and surgeon, St. Marylebone General Dispensary. In early life he travelled through the greater part of Europe, America, Canada, South Africa, the Eastern Coast of the then Dark Continent, Palestine, Turkey, Smyrna, and the Near East. Of late years, owing to failing health, he has lived in retirement, but still retained his interest in current events. Although predeceased by many of his contemporaries, there are still many who will regret to hear of the passing of an attractive and lovable personality.

GEORGE WILSON, M.D.,

Formerly M.O.H. Mid-Warwickshire.

WE regret to record the death of Dr. George Wilson, which took place at his residence at Colwyn Bay on September 11th. He took the degree of M.A. at Aberdeen in 1860, graduated M.B., C.M. at the University of Edinburgh in 1863, took the degree of M.D. in 1872, and received the honorary degree of LL.D. from the university in 1894. He took the diploma of D.P.H.Camb. in 1891, and was a Fellow of the Royal Society of Edinburgh. He had been medical officer of health for the Mid-Warwickshire Combined Districts for over thirty years, when he retired, owing to ill health, in 1909.

He was the author of a *Handbook of Hygiene*, very well known to students a generation ago. Into the eighth edition, published in 1898, Dr. Wilson introduced his somewhat heterodox views on bacteriology and the causation of disease; the book ceased on that account to be of value as a textbook, and no further editions were called for. In his presidential address to the State Medicine Section at the annual meeting of the British Medical Association at Portsmouth in 1899 he gave expression to similar views, which were much criticized at the time. He was a member of the Royal Commission on Vivisection, 1906; he signed the main report, and declined to be regarded as a representative of the antivivisectionists, but appended a lengthy reservation memorandum to the final report issued in 1912.

After his retirement he travelled for some years in Italy and other countries, but finally settled in Colwyn Bay, where the climate seemed to suit him. He suffered from cataract, and in spite of an operation the comfort of his later years was seriously interfered with by dimness of vision.

WE regret to record the death of Dr. BENJAMIN POPE VIRET of Bradford, who died on September 16th in his 55th year. Dr. Viret was educated at St. Paul's School and at St. Bartholomew's Hospital. In 1890 he obtained the diplomas of L.R.C.P.Lond. and M.R.C.S.Eng., and in 1893 he graduated M.B.Lond. After holding an appointment as house-surgeon to Dorset County Hospital he entered into private practice in Bradford, where he remained for the last twenty-four years of his life. He was for many years a member of the British Medical Association and of the Bradford Medico-Chirurgical Society, and he held the appointment of one of the factory surgeons in the city. A cultured man of wide reading, he was devoted to his profession, and did not seek the public eye. His death occurred with tragic suddenness from septic pneumonia following an infected wound contracted while he was engaged in professional duties. He leaves a widow and three children.

PROFESSOR OSWALD SCHMIEDEBERG, one of the founders of modern pharmacology, and editor of *Archiv für Experimentelle Pathologie und Pharmacologie*, has recently died at the age of 83.

Universities and Colleges.

UNIVERSITY OF GLASGOW.

THE following degrees were conferred on October 17th:

M.B., CH.B.—D. F. Cappell, H. Murray, J. Wilson, J. G. Craik, A. H. Rankin, Alice A. Alexander, Edith A. Allan, Mary Baird, Muriel C. S. Balfour, J. J. Black, A. L. Brough, G. Brown, M. Brown, Muriel J. Brown, D. S. Buchanan, A. J. G. Caporn, Christabel L. M. Charlesworth, A. Chisholm, Jessie D. Christie, J. Connal, D. F. Craig, Margaret B. C. Craig, Elizabeth M'V. J. Currie, J. S. Currie, A. O. Dewar, J. Dewar, Vina C. Mack, Donaldson, A. M' D. Douglas, M. Douglas, R. K. Duguid, J. A. Dunlop, A. Gibb, Margaret E. Gibson, Mary D. Gilmour, Christina Gray, A. H. Greig, Beryl Grieve, J. A. Hamilton, J. K. Holmes, B. Isaacs, Susan M. S. Jamieson, F. J. Kitt, F. B. C. Livingston, Elizabeth K. B. Lockie, J. M'Dougall, Edith M. F. M'Gill, Janet S. S. Mackay, W. B. M'Queen, A. Main, T. D. Marshall, D. Meikle, N. Meilamed, Hettie M. W. Miller, M. J. Miller, Edith M. Neilson, Margaret R. Oulton, Catherine A. B. Pettigrew, Annie G. Pollock, Annabella A. Reid, Enid A. Robertson, I. MacR. Sandilands, Jessie G. Service, Marion Smellie, A. Smith, C. M. Smith, Margaret Sproule, Janet F. Steel, D. Stewart, Jane W. Stocks, Helen Y. Stoddart, John M'L. Strang, Eva M. Sturrock, H. V. Sweeney, Dorothy B. Thomson, Edith I. Thornley, R. R. Waters, C. M. Whiteford, Janette R. Wilson, Elizabeth M. Wyllie, J. Young, J. Yule.

James R. Learmouth, who graduated on July 18th, 1921, gains the Brunton Memorial Prize of £10, awarded to the most distinguished graduate in medicine of the year.

* With honours.

† With commendation.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examinations indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—Part I: M. A. Archdale, D. N. Hardcastle, S. Kelly, R. A. Noble, W. D. Wilkins.
SANITARY SCIENCE (Both Parts).—†W. Buchan, †Dagmar F. Curjel, M. L. Haller, *†J. H. Fairweather, *†R. French, W. S. Gross, B. C. Haller, W. J. G. Henderson, G. W. Mitchell, P. Parthasarathy, *K. R. Rao, H. Roger, G. W. Shore, Isabel S. Thomson, A. Tirumalaia, E. L. Warner, R. Welch, *W. L. Yell.

*Distinguished in Principles of Hygiene, † in Bacteriology, ‡ in Practical Chemistry, § in the application of Sanitary Science.

UNIVERSITY OF ST. ANDREWS.

THE following candidates have been approved at the examination indicated:

THIRD M.B., Ch.B. (Pathology).—T. Christie, L. Farrell, L. R. Khan, Ena McA. Liddell, J. R. Murray, N. Nelson, J. Petrie, J. A. Robb, D. B. Smith.

UNIVERSITY OF LONDON.

ST. THOMAS'S HOSPITAL.

THE following entrance scholarships at St. Thomas's Hospital Medical School have been awarded for the sessions 1921-22:

Entrance Scholarship in Arts, £25: R. A. Hill. Entrance Scholarship in Natural Science, £150: J. M. Ashton. Entrance University Scholarship, £100: divided between R. J. V. Pulvertaft and C. A. Lupton.

UNIVERSITY OF SHEFFIELD.

MR. E. H. EASTWOOD, M.B., Ch.B. Liverpool, has been appointed Demonstrator in Pathology and Bacteriology in succession to Dr. N. E. Challenger, resigned.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

AT the last meeting of the Council of the Royal College of Surgeons in Ireland the following appointments were made: Professor of Surgery, G. J. Johnston, M.B., R.U.I., F.R.C.S.I.; Professor of Pharmacology, R. J. Rowlette, M.D., F.R.C.P.I.; Professor of Materia Medica, J. W. Biggar, M.B., M.R.C.P.I.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

FINAL EXAMINATION.—Medicine: E. J. Allan, A. R. Lambie, A. S. Wickremesinghe, P. Madan. **Surgery:** A. M. Samarasinghe, Jemima M. McK. Calder. **Midwifery:** A. M. Samarasinghe, E. J. Allan, A. R. Lambie, A. V. Berge, L. R. Bergson, P. Madan, S. Ghaleb, M. S. Hassen, Jemima M. McK. Calder, F. P. Lisboa-Pinto. **Medical Jurisprudence:** Lillian M. Williams, M. Burn, J. M. Crombie, A. A. Dewar, W. O. Rodrigo, J. A. McE. Evers, J. M. McInnes, J. J. Mann, I. Restowsky, O. Popper, T. J. Muir, Elizabeth Clark, Isabel Reid.

The following candidates having passed the Final Examination have been admitted L.R.C.P.E., L.R.C.S.E., L.R.F.P. and S.G.:

V. P. Menon, J. B. Dobson, H. P. Samuel, H. Penn, G. J. Lamprecht, Grace O. D. Evans, J. I. Hagard, Pauline Figdor, J. K. Sen, H. W. Amyes, P. E. Malloch, L. Ee Liat, S. C. Alecock, F. Walwyn, W. Campbell, L. H. Peries, J. B. O'Neill, A. R. Bellum.

The Services.

TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following officers:

Territorial Army: Colonel John F. Haswell, C.I.E., M.D., V.D. (Hon. Lieutenant in Army). Army Medical Service: Colonel John Clay, C.B.E. (Hon. Lieutenant in Army). Royal Army Medical Corps: Lieut.-Colonel Charles O. Parsons, 2nd Welsh Field Ambulance; Major John H. Hobling, 2nd South Midland Field Ambulance; Major George B. Robinson, D.A.D.M.S., Home Counties Division.
Territorial Army Reserve, Royal Army Medical Corps: Lieut.-Colonel (Brevet Colonel) Charles J. Jacomb-Hood, attached 2nd Eastern General Hospital (ret.).

AT the twenty-eighth meeting of the Italian Society of Surgery, which will be held in Naples from October 25th to 27th, at the same time as the meeting of the Italian Society of Internal Medicine, the treatment of empyema will be discussed at a conjoint meeting of the two societies, the surgical aspects of the subject being dealt with by Professor Schiassi. The other subjects for discussion will be the treatment of visceral ptosis, introduced by Professors Donati and Parlavacchio, and the treatment of renal tuberculosis, introduced by Professor Marogna. At the twelfth meeting of the Italian Society of Orthopaedics, which will be held concurrently at Naples next week, under the presidency of Professor Bastianelli, the following subjects will be discussed: Osteochondritis coxae juvenilis, introduced by Professor R. Galeazzi; treatment of spondylitis, introduced by Professor R. Dalla Vedova.

Medical News.

THE new session of the Hunterian Society will open on Wednesday, October 26th, at 9 p.m., when Professor L. H. Starling will deliver the first Hunterian Society lecture, entitled "Some heart problems." The lecture will be given at the Sion College, Embankment, E.C.1 (close to Blackfriars Bridge). All members of the medical profession are cordially invited to be present.

FORMER residents and students of the Prince of Wales's Hospital who have not received a notice of the inaugural dinner to be held at the Trocadero Restaurant on Thursday next, can obtain particulars from Mr. H. W. Carson, 111, Harley Street, W.1.

A COURSE of six lecture-demonstrations for a limited number of practitioners will be held in the X-Ray Department, Manchester Royal Infirmary, on Mondays, commencing Nov. 14th. The fee for the course will be £3 3s. Applications should be made to the Hon. Medical Officer, X-Ray Department.

MCGILL UNIVERSITY, Montreal, on the occasion of the recent celebration, conferred the honorary degree of LL.D. on Mr. J. B. Lawford, consulting ophthalmic surgeon to St. Thomas's Hospital and to the Moorfields Hospital. Mr. Lawford, who received part of his medical education at McGill University, graduated M.D., C.M. in that University in 1879.

THE Committee of the Yarrow Home for Convalescent Children, Broadstairs, is anxious that it should be generally known that the fees payable for admission of children are dependent in a measure on the means of the parents. The basis payment at present is 21s. a week, but this is subject to addition or deduction according to the means of the parents. It is hoped thus to get the maximum good and to permit those who can afford to pay more than 21s. to have the opportunity of so doing, and thus enable the institution to admit children whose parents are unable to pay the full amount. The institution is intended for children of refined and cultured parents. The secretary in London is Miss Chambers, 115, Victoria Street, S.W.

DR. SAMUEL GAWN, on the occasion of his retirement after thirty years' practice in Antrim, has been presented by his friends with an address and a cheque as a token of their esteem and in appreciation of his valued services. Mrs. Gawn was included in the presentation.

THE Alvarenga Prize of the College of Physicians of Philadelphia for 1921 has been awarded to Dr. John W. Churchman, of New York, for his essay on "Selective bacteriostasis of gentian violet." The next award will be made in July, and essays in competition, in English or with an English translation, must be received by the secretary of the college on or before May 1st, 1922. The prize is of the amount of 300 dollars and is given for an essay deemed to be of sufficient merit on any subject in medicine.

AT the fifth examination of the Central Midwives Board for Ireland on October 4th, of the 70 candidates who entered 2 did not present themselves; of the remainder, 60 passed.

THE Municipal Council of Paris has decided to establish a municipal institute of electrotherapy at a cost of 1,185,000 francs.

ON the occasion of the recent retirement of Dr. N. H. Choksy, the *Times of India* reviewed at considerable length the work he did in Bombay during a momentous period in the medical history of that city. Dr. Choksy, who was educated at the Grant Medical College and qualified in 1884, was appointed to the small-pox hospital in 1888, and has since been in charge of it, first in Grant Road and afterwards in Arthur Road, Bombay. During the five epidemics of plague from 1896 to 1901, this hospital was, at first, the only public hospital in Bombay, so that the brunt of the work connected with these serious epidemics fell upon Dr. Choksy. The number of deaths from plague led to riots among the superstitious population in the neighbourhood of the hospital, and Dr. Choksy's work had to be carried on for a considerable period under the protection of troops. In subsequent years he had to fight successive epidemics of plague, relapsing fever, cholera, and small-pox, and was recognized, both in official circles and abroad, to have performed most valuable work. Dr. Choksy took a leading part in all public health questions; he was at one time president of the Bombay Medical Union, and since 1912 has been an elected member of the Bombay Medical Council. He is also an old member of the British Medical Association.

THE twenty-first annual dinner of the Chelsea Clinical Society will be held on Tuesday, October 25th, at the Café Royal, Regent Street, W.1, at 7.30 p.m.

Two extraordinary general meetings of the Medical Sickness Annuity and Life Assurance Society, Ltd., were held at its offices, Lincoln House, 300, High Holborn, W.C., on October 17th, under the chairmanship of Dr. W. K. Sibley, when the resolutions adopted at the meetings on September 26th (BRITISH MEDICAL JOURNAL, October 1st, p. 530) extending the scope of the company's work and also to alter the present article of association governing the directors' fees were confirmed.

THE annual general meeting of the National Baby Week Council will be held on Tuesday, October 25th, in the Armitage Hall, 224, Great Portland Street, at 3 p.m., under the presidency of the Viscount Astor, Chairman of the Council. The principal speaker will be Dr. Allen Daley, medical officer of health for Blackburn, whose subject will be, "The economic value of maternity and child welfare work." The address will be followed by a discussion. Tickets for the meeting may be obtained from the Secretary to the Council at 5, Tavistock Square, W.C.1.

MISS J. MELROSE, R.R.C., retired at the end of August from the post of matron of the Glasgow Royal Infirmary; she had been in the service of the hospital for thirty-five years, first as nurse and for the past fourteen years as matron.

THE *Nederlandsch Tijdschrift voor Geneeskunde* states that during August 928 deaths from plague occurred in Java.

AT the last meeting of the Glasgow University Court it was intimated that Sir John Ainsworth had presented to the university a portrait of the late Dr. John M. Pagan, who was professor of midwifery at Glasgow from 1840 to 1868.

THE *Weekly Bulletin* of the New York City Department of Health for September 10th states that the number of cases of venereal disease reported to the Health Department is too small to justify the drawing of any conclusions from the figures as to the prevalence of venereal disease in the city; it is noted that very few cases are reported by genito-urinary specialists. During the year 1920 the total number of venereal cases reported from all sources was 23,977, a decrease of 1,142 cases as compared with the total number reported in 1919.

THE report for the year 1920 of Dr. Barnardo's Homes—the fifty-fifth annual report—reflects in a very emphatic manner the magnitude of the work which this well-known charity is carrying on. On January 1st, 1920, there were 7,280 children under the care of the homes, and during 1920, 1,345 were permanently admitted to them, and 557 more were temporarily sheltered; the total number of children dealt with during the year, including those in Canada, was 20,279. Since 1866, 91,001 boys and girls have entered the homes. During the past year there were initiated departments for massage, electro-therapy, and physical remedial exercises at three branches of the homes, and it is reported that already much benefit has been received by the disabled crippled children there. Dr. G. Gushue-Taylor was during the year appointed chief medical officer in succession to Dr. Milne. The death rate for the year was only 8.45 per thousand.

THE annual dinner of the Surgical Instrument Manufacturers' Association (Incorporated) was held at the Royal Adelaide Galleries, Strand, on October 14th, under the presidency of Mr. Arthur W. Down. In proposing the toast of "The Surgical Instrument Manufacturers' Association," Dr. H. T. Maw said that the Association was flourishing, and that the annual report would give a very fair idea of what had been accomplished. With other bodies, it had taken effective action in regard to the Proprietary Medicines Bill, which, if passed, would have imposed unjustifiable restrictions on the sale of surgical appliances, and would have endowed the Minister of Health with autocratic powers in the granting of licences for sale. The question of the marking of all clinical thermometers, including those imported, with the letters N.P.L., which would have placed the British-made article at a disadvantage, was taken up with the Board of Trade. A bill which would have perpetuated the injustice was dropped, at least for the time. The Association had naturally taken the keenest and most active interest in the Safeguarding of Industries Bill, Dr. Maw expressing the opinion that the present position as to unemployment was due to inflated wages, combined with limitation of output. It was the workers themselves who suffered most, but, unfortunately, the Government had led them to believe that somewhere there was an unlimited fund from which wages could be supplemented, and they failed to realize that if the public declined to pay the prices

asked there could be no trade, and consequently no wages. The Surgical Instrument Manufacturers' Association intended to fight for fair wages for a fair day's work.

AT the recent meeting at Droitwich of representatives of the British Spa Federation (Bath, Buxton, Cheltenham, Leamington, Droitwich, Harrogate, Llandrindod Wells, and Woodhall) Mr. J. H. Hollyer, director of the Droitwich Baths, referred to the fact that at some Continental resorts the doctors not only ordered a system of diet, but saw that the hotels provided it, while the hotel proprietors also arranged the hours of meals to suit the needs of those taking treatment. British hotels and other establishments were prone to view the matter in a commercial spirit, and fixed meals which were often inconvenient for invalids, and, moreover, resulted in great pressure at the bath-houses during certain times of the day. In fact, English spas were lacking in the co-ordination which had done much to popularize foreign resorts. He regretted the lack of knowledge of the value of the various English springs and of spa treatment generally amongst medical men other than those practising at the spas; this was largely because the study of spa treatment was not a part of the medical curriculum. Much might be done to improve matters by the establishment of chairs of hydrology in the University of London and elsewhere.

IT is announced from Geneva that a Jewish organization, the Red Shield of David, has been formed, which will be managed on the same lines as the Red Cross, and which intends to work in association with the League of Red Cross Societies and the Red Crescent. Several leading Jewish medical men and philanthropists are at the head of the movement.

THE twenty-sixth Dutch Congress of Public Health will be held on November 11th and 12th at Arnheim, when a discussion on the destruction of vermin will be opened by Drs. H. G. Ringeling and Wolff.

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.

J. P. D.—Applications by those entitled to war medals should be made to the Medals Branch, War Office, Pilgrim Street, London, E.C.4.

INCOME TAX.

"DUPLEX" asks for the grounds on which it has been stated that cash coming to hand after the practitioner has retired from work is not liable to income tax in his hands.

*** It is an established principle of income tax law that an assessment to tax can be made only in respect of an existing source of income. An assessment on professional earnings can therefore be made only so long as the professional work continues. The cash subsequently received differs in no real sense from the realization of a trader's assets when he has ceased to trade, and his book debts are no more liable to taxation than the value of his stock-in-trade when realized. While a medical practitioner is in professional work he is assessed to tax for his full income—measured for convenience on the (gross) basis of his cash receipts—and his liability