

whole body. There was an enfeeblement of the brain (higher centres), of the systemic musculature, and of the viscera. The power of response of the brain depended on the nutritional state of the brain; and this nutritional state (apart from other factors) had resulted from the blood supply to the brain. The nutritional state of the brain was thus due, for one thing, to an adequately high aortic blood pressure—that was to say, to an adequate output of blood from the heart into the aorta per unit of time. But the output of blood per unit of time from the left ventricle depended on and varied with the supply of blood to the right auricle during the same time. Thus the nutritional state of the brain depended, for one thing, on the flow of blood to the heart. This blood reached the heart from three regions—from the skull, the limbs, and from the abdomen; but the skull was incompressible; the volume of the limbs varied but little from time to time; only in the abdomen did large variations in volume occur. If the musculature of the abdominal wall was persistently lax, as it often was in these cases, then disturbances in the vascular supply to the brain, and so of cerebration, were to be expected. The good effect of treatment by abdominal supports, rest, etc., the non-appearance of neurasthenia during pregnancy (indeed, the disappearance of neurasthenia in non-pregnant women when pregnancy ensued), and its easy rise in thin and worn-out people (especially its common occurrence in such women who had borne children), all indicated a relation between the intra-abdominal pressure and neurasthenia. Unlike Dr. Donald, Dr. Paramore believed many diseases were caused mechanically; and he believed that the mechanical failure of the abdominal wall and of the other associated musculatures to compress the abdominal visceral mass sufficiently was a cause, and he thought a potent cause, in the production of neurasthenia. The case referred to by Dr. Donald, in which a large fibroid gradually dwindled at the climacteric and the patient lost flesh and became neurasthenic, was, he thought, to be explained, at least in part, by the fall of intra-abdominal pressure rather than by the onset of a toxæmia induced by autolysis of the tumour, as Dr. Donald suggested.

Dr. MARY STURGE (Birmingham) urged the importance of restoring to their proper level in the body such displaced organs as the kidney and uterus, in order to eliminate an important factor in the cause and upkeep of neurasthenia. An experience of twenty-five years had profoundly impressed upon her mind the benefit that accrued to a nervous or even mental patient by relieving her of the strain produced by misplaced organs, if such existed. She related some typical illustrative cases. In one, a young woman, who became excited and almost suicidal at each menstrual period, the fixation of a loose kidney in its place was followed by rapid and permanent cure. In another case puerperal melancholia showed no signs of improving until the heavy retroflexed uterus was replaced; permanent recovery rapidly followed. She advocated care in the early reposition of displaced organs as a preventive of neurasthenia.

The President (Dr. RANKEN LYLE) said that the Committee of the Section had selected the subject for discussion because many patients suffering from exactly the same symptoms and physical signs received very different treatment, according to the way their cases were viewed by the practitioner or gynaecologist. He was not referring to cases of abdominal tumours, where the indication for operation was perfectly obvious and where little or no doubt could arise as to the proper method of treatment, but rather to a large class of cases where patients possessing some minor physical abnormality were at the same time suffering more or less from the general symptoms of neurasthenia. Twenty or thirty years ago all these cases fell into the hands of a person known as the gynaecological physician, who treated them by the insertion of various pessaries, and all sorts of minor treatment, such as applications to the cervix, tampons, douching, etc., and sometimes applications even to the interior of the uterus. This treatment resulted in the manufacture of a large number of chronic neurotics. A few years later, owing to steadily improving results obtained from operative treatment in general, this class of case gradually came under the notice of the operating surgeon or gynaecologist, who generally regarded the gynaecological physician with

great contempt, and in some instances went so far as to call him a "pessary monger"; but the operating surgeon himself was even more to blame, for he generally spent his time doing innumerable operations, such as Alexander-Adams's operation, ventrofixation and suspension, Gilliam's operation, trachelorrhaphy, and operations for the repair of minor lacerations of the perineum—operations which could not benefit the patient in any way whatsoever; the pretext for performing them was the false assumption that the minor physical abnormality found was the cause of the numerous neurasthenic symptoms of which the patient complained. What the Committee was anxious to ascertain was not so much the treatment of such cases, but the differential diagnosis and the relation, if any, between the mental or neurasthenic symptoms and the physical signs, so that patients of a typically neurasthenic character would not be subjected to unnecessary operations, and that the operative part of gynaecology would be reserved, as far as possible, only for those cases in which the benefit to the patient would be obvious and definite, and not of a purely speculative character. All, he thought, would agree that Dr. Donald had treated the subject in a masterly way, and had indicated many symptoms which were essentially of a neurasthenic character—some that might be either neurasthenic or have a physical basis, and others entirely due to physical causes. A point on which Dr. Lyle wished to insist was the great necessity for disbelieving all the objective symptoms complained of by a patient until they were verified by a careful examination. Patients often complained of all sorts of discharges, especially purulent discharges, when on examination nothing abnormal could be found. Other patients complained of uterine prolapse or displacements, or other conditions which had no existence in fact; the only explanation of these cases was a mental fear or dread lest they might perhaps develop. Dr. Buzzard's paper illustrated this fact—that many of the symptoms complained of by patients were due primarily to fear and dread, and he thus showed the absolute necessity of a thorough investigation in each case to determine the origin of such symptoms, whether due to fear or some departure from the mental or nervous equilibrium, or due to physical signs. Dr. Paramore mentioned increased intra-abdominal pressure, but this condition, apart from abdominal tumours, was essentially due to neurasthenia, and was associated with the neurotic habit known as "bearing down." This was the actual cause of the descent of the pelvic floor, producing such conditions as prolapse, procidentia, cystocele, and rectocele; the unsatisfactory results from operations in such conditions was due to the fact that their origin was more mental than physical.

Dr. FARQUHAR BUZZARD, in replying, thanked the members of the Section for their reception of his paper. He was sure that Dr. W. H. Paramore would have felt a glow of satisfaction if it could be asserted that pregnancy was never complicated by neurasthenia. This, unfortunately, was not the case, and if Dr. Paramore's theory were followed to its logical conclusion every woman after bearing a child should become neurasthenic and in the case twins become insane!

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

EXTRACTION OF PIN FROM RIGHT BRONCHUS IN A CHILD.

A GIRL aged 3 was referred to me by Dr. Jeffrey Ramsay of Blackburn, with the history that in the evening of May 18th, 1921, she had told her mother that she had swallowed a pin. She had been holding some pins between her teeth and one of these had slipped down her throat. There was no cough or difficulty in breathing, but x-ray examination was advised by Dr. Jeffrey Ramsay. Dr. F. W. Taylor reported the same evening that the radiogram showed a pin in the right bronchus, obliquely placed with the point on a level with the sixth costo-vertebral articulation and the head between the seventh and eighth ribs, about $\frac{3}{4}$ in. from the spine.

The following day, under chloroform anaesthesia at the Blackburn and East Lancashire Royal Infirmary, a 6 mm. Brüning's tube was passed into the right bronchus. This was replaced by an 8 mm. tube, as the smaller size did not give

a satisfactory view of the parts in so young a patient. Spasm met with while attempting to pass the tube between the vocal cords was overcome by painting the interior of the larynx with a weak solution of cocaine (5 per cent.) used sparingly, and then waiting a few minutes, when the procedure was easy; trauma of the larynx was thus avoided. After a considerable time—about thirty minutes—spent in searching the walls of the right bronchus, the point of the pin was found projecting from the posterior wall at a distance of 11 in. (from the teeth to the end of the extension tube of the bronchoscope). The distance of the foreign body from the teeth in so young a patient, the position and direction of the pin point, and the required backward tilting of the end of the bronchoscope to engage the point of the pin in the lumen of the metal tube all suggested that the head and at least the greater part of the body of the pin were in a posterior secondary bronchus, although the small diameter of the bronchi prevented one from being certain about this point.

After location extraction was easy, the removal being effected through the lumen of the bronchoscope with an angled variety of Briuings's forceps. There was no difficulty with the anaesthetic and the breathing during the operation. The recovery was uneventful, except for a slight hoarseness which disappeared within two days.

Although removal of foreign bodies from the lungs is of frequent occurrence nowadays, this case is recorded for the following reasons:

1. The patient presented no symptoms of irritation of the air passages, not even the "asthmatoïd wheeze" described by Chevalier Jackson, although this, it is true, is to be expected more when the foreign body is of sufficient size to act as a ball valve in the air passages. In spite of this fact, the proper method of approach was taken in this case. No doubt if left alone foreign bodies in the air passages may lie quiescent for years, or may be coughed up later, but too often a fatal result ensues.

2. Early diagnosis and treatment in this case, with bronchial irritation absent, no doubt had much to do with the fact that tracheotomy was not necessary to relieve respiration either before, during, or after the operation. For a similar reason low tracheotomy with introduction of the bronchoscope through the tracheal wound was not required.

3. The pin was extracted through the lumen of the bronchoscope because the point could be brought into the lumen before using forceps. When a pin lies with its axis across the end of the bronchoscope, removal of the forceps, pin and bronchoscope *en masse* may be necessary.

W. BARRIE BROWNLIE, M.D. Glasg.,

F.R.C.S. Edin.,

Ophthalmic and Aural Surgeon, Blackburn and
East Lancashire Royal Infirmary.

ADRENAL AND PANCREATIC HAEMORRHAGES FOLLOWING OPERATION.

A HEALTHY breast-fed baby, aged three weeks, was admitted to the Queen's Hospital, Bethnal Green, for hare-lip. A short operation was performed under open anaesthesia by equal parts of chloroform and ether. Five hours later, without any warning symptom, the temperature rose to 109.8° F.; the pulse became of low tension and its rate increased to over 160. Later, convulsions occurred three times, and death ensued twelve hours after operation.

Post mortem most of the organs showed evidence of haemorrhages and congestion. The pancreas was largely replaced by a haemorrhagic necrotic mass, but there was no surrounding fat necrosis. The suprarenal bodies were full of blood. The pons and medulla on section showed pin-head petechial haemorrhages. Other organs showing petechiae and congestion were the kidneys, the thymus, and the lungs. The liver, though enlarged, did not share in the above changes. I am indebted to Mr. Norman Lake, under whom the infant was admitted, for permission to report this case.

CHARLES J. LEWIS, M.B.

A NEW centre for the medical examination for civil aviators is to be opened at Bordeaux under the direction of Dr. Cruchet, professor in the Faculty of Medicine in that city. Hitherto the only such centre for medical examination has been at Le Bourget, near Paris. It is proposed to set up a third centre at Montpellier.

THE commission of inquiry which President Harding sent to the Philippine Islands has reported that there are about 5,000 lepers in the islands, but that a lack of funds is preventing the treatment of more than 300 of these with chaulmoogra oil; the remaining lepers are stated to be practically without treatment.

Reports of Societies.

THE MODERN TREATMENT OF DIABETES.

A DISCUSSION on "the modern treatment of diabetes" took place at the meeting of the Medical Society of London on October 24th.

Sir ARCHIBALD GARROD, in introducing the subject, said that there was every reason to be proud of the achievements of Englishmen like Thomas Willis, Matthew Dobson, Rollo, and many others in the study of diabetes. During recent years there had been great advances in the knowledge of the subject, partly due to the ease with which the sugar in the blood might be estimated, so that the attention needed no longer to be confined to the urine. It had been possible to see the effect of the administration of a dose of glucose upon the blood sugar, and thus to isolate different diseases included under the name diabetes, and to show that the prognosis was not so uniformly gloomy as had been supposed. The important part played by aceto-acetic acid, which many thought was the poison producing diabetic coma, was becoming better understood; and altogether the position had been cleared for facing the problems of treatment. It was Rollo who initiated the dietetic treatment of diabetes. His book, published at the end of the eighteenth century, should be read by all who were interested in the subject. Rollo started on the assumption that the stomach was the beginning of the condition, but, as had often happened in medicine, on a wrong assumption he got on to a fairly right line of treatment. He put his patient on, for breakfast, 1½ pints of milk with an equal quantity of lime water; for lunch, puddings made exclusively of blood and suet, and for dinner, game or old meats which had been long kept, and, as the stomach would bear it, fats such as rancid pork. If the disease did not disappear he left off the milk and substituted beef-tea. Subsequently Rollo's protein-fat diet was improved upon to a certain extent, but students of forty years ago would still remember the huge meals which diabetics were given, of protein mainly, with a certain amount of fat. The modern treatment, as expounded by Allen in America and George Graham in this country, consisted of regulated fasting and graduated dieting. Both these methods of treatment rested on the fact that by starving the patient his damaged metabolic process was given a chance of recovery. Personally, the prolonged hunger days of Allen did not appeal to him so much as the shorter periods favoured in this country. There was no routine treatment of diabetes which could be carried out in a rigid manner. Every case had to be treated on its merits, and the hand must be always upon the tiller. The result of the modern treatment was enormously to increase the comfort of the patient and prolong his expectation of life. In hospital wards nowadays it was difficult to get a specimen of sugar in the urine for examination—a glowing tribute to the efficacy of the modern treatment. It was now understood that in the diet of the diabetic the proteins and fats might be deleterious as well as the carbohydrates, and that the patient was better off on a scanty diet, with rather a low calorie value all round. But while much could be done for the diabetic patient, he feared we were as far away as ever from the cure of diabetes.

Sir W. H. WILLCOX said that the first step in the treatment of diabetes should be the detection and removal of the cause. The true cause was damage to the pancreas by some toxic agent, and in the resulting degeneration no doubt bacterial toxins played a most important part. He had seen very severe glycosuria in a case of carbuncle in which, after successful treatment of the septic lesion, carbohydrate assimilation again became normal. In such a case it appeared that the toxins absorbed caused temporary arrest of the special pancreatic function. In mumps glycosuria was well known, and numerous cases of glycosuria in syphilis had been recorded. Some cases of severe diabetes under his care at St. Mary's had been bacteriologically investigated in the laboratory, and showed abnormal intestinal infections. In one case the stools had a large excess of pathogenic streptococci, and also an infection with the non-lactose-fermenting Morgan's bacillus. The importance of the removal of possible toxic causes acting on the pancreas had not been sufficiently realized; in every case it was necessary to

must make a long series of comparisons. As things stand, there is unlimited scope for circular reasoning. A method is condemned by one side because it gives unexpected results, and the other side uses this very fact as evidence in its favour. Before we discuss the errors of random sampling let us clear up the question of errors of observation.—I am, etc.,

Loughton, Oct. 22nd.

MAJOR GREENWOOD.

THE OPERATION OF PROSTATECTOMY.

SIR,—May I be allowed to make one or two comments in support of the view so ably enunciated by Mr. Littlewood and Sir Clifford Allbutt in the *BRITISH MEDICAL JOURNAL* of October 15th, p. 614, as to the claims of Mr. A. F. McGill to have initiated the operation of prostatectomy suprapubically and by enucleation?

I was present at the meeting at Leeds in August, 1889, when Mr. McGill read his paper on the subject. It met with a very warm and appreciative reception, and the impressive and clear way in which the details of the operation were described was greatly enhanced by the exhibition in the adjoining lobby of the patients who had been so successfully relieved of their troubles. A subsequent speaker referring to this demonstration spoke of "the astounding and unique spectacle of seven or eight old men sitting on a bench with their prostates in bottles on their knees!" Each patient had attached to him a card setting out briefly the clinical history of the case.

Mr. McGill laid great stress on the fact that the mucous membrane was incised with scissors and the enucleation carried out with the finger.

I was so impressed with the eminently satisfactory results of this procedure—so much more deeply than would have been the case if I had merely read of it instead of hearing and seeing for myself—that soon after my return home I enucleated by McGill's method an enormously hypertrophied prostate in a patient who had been under my care for retention of urine for many years. The operation presented no great difficulty, though I was a novice at bladder surgery.—I am, etc.,

Salisbury, Oct. 19th.

R. LEWIS WILLCOX.

THE HARVEIAN ORATION.

SIR,—Owing to an unfortunate printer's error (for which you are not responsible) in your issue of October 22nd, page 625, Malpighi is credited with the authorship of *De sedibus et causis morborum*; it should, of course, be Morgagni. May I take this opportunity of asking those Fellows who have received uncorrected copies of the oration kindly to correct the error, which occurs at page 32, line 1.—I am, etc.,

London, W., Oct. 27th.

HERBERT R. SPENCER.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a Congregation held on October 21st the degree of Bachelor of Medicine was conferred on W. E. Hayes and C. L. Wells.

UNIVERSITY OF CAMBRIDGE.

THE voting on the question of the relationship of women to the University took place in the Senate House on October 20th. Grace I, the "compromise" proposal to admit women to limited membership of the University, was defeated by 908 to 694 votes. Grace II, proposing to confer the titles of degrees by diploma on qualified women, but excluding them from membership of the University, was carried by 1,012 to 370 votes.

The War List.

The War List of the University of Cambridge, 1914-1918, which will be published early in December, is based on the work undertaken by the executive committee of the *Cambridge Review* during the war. The material compiled by Mr. J. Austin Fabb has been revised and added to under the editorship of Major G. V. Carey. The list does not include the names of those who only became members of the University after their war service; it contains nearly 14,000 names. The book is arranged by colleges, the names under each college being in alphabetical order and the date of matriculation being given with each entry. The particulars of service recorded are rank and regiment, number of times wounded, distinctions; in the case of the fallen the date, and, when known, the place of death; in the case of those who obtained the V.C. the account from the *London Gazette* of the act for which it was awarded.

UNIVERSITY OF LONDON.

Dr. W. B. TUCK, D.Sc.Lond., previously lecturer, has been appointed to the university chair of chemistry tenable at Middlesex Hospital Medical School.

Dr. Charles Bolton, C.B.E., M.D., D.Sc., F.R.C.P., F.R.S., physician to University College Hospital, has been awarded the William Julius Mickle Fellowship of £200 in recognition of the important work in experimental medicine which he has carried out during the past five years.

Mr. H. J. Waring, C.B.E., M.S., F.R.C.S., has been appointed to represent the University of London at the seventh Centenary Celebrations of the Faculty of Medicine of the University of Montpellier on November 5th.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.

The Entrance Scholarship in Anatomy and Physiology has been divided equally between C. E. Newman (Magdalene College, Cambridge) and P. B. Wilkinson (King's College, London).

ST. MARY'S HOSPITAL.

The following appointments have been made in connexion with the Medical Unit established at St. Mary's Hospital Medical School:—Director: Professor F. Langmead, M.D., F.R.C.P. First Assistant: C. M. Wilson, M.C., M.D., B.S., F.R.C.P. Second Assistant: Cecil Alport, M.D., M.R.C.P. Third Assistant: E. G. B. Calvert, M.D., D.P.H.

UNIVERSITY OF MANCHESTER.

Dr. R. A. WEBB has been appointed demonstrator of pathology. The Junior Research Fellowship in Public Health has been awarded to Dr. William Stott.

UNIVERSITY OF EDINBURGH.

At the graduation ceremony on October 22nd the degrees of M.B., B.Ch. were conferred upon William N. J. Chapman, and the diploma in Psychiatry upon Rachel M. Barclay.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

At the meeting of the Royal College of Surgeons of Edinburgh held on October 19th Sir David Wallace, C.M.G., was elected president for the ensuing year, Dr. George Mackay vice-president, and Mr. Alexander Miles, F.R.C.S.E., secretary and treasurer.

The Liston Victoria Jubilee prize of £100 has been awarded to Mr. John Smith Fraser, F.R.C.S.E., in recognition of his work on the pathology of the internal ear and its bearing on the surgical treatment of that organ.

The following, having passed the requisite examinations, have been admitted Fellows:

Catherine E. Anderson, P. Chatterjee, P. A. B. Clark, J. McM. Cole, P. C. Davie, T. A. J. Duff, E. C. Dunlop, H. H. Elliot, A. D. Fairley, A. T. Gibb, A. H. Guymmer, J. J. Kearney, O. F. Lamb, G. B. Lowe, H. E. McColl, J. R. MacNeill, G. Nicholson, F. C. Ormerod, G. R. B. Purce, J. M. Rakshit, C. G. Richardson, W. S. Robertson, J. Scott, G. I. Strachan.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the annual meeting of the College on October 18th the following officers were elected: President, Sir James Craig; Vice-President, Dr. N. M. Falkiner; Censors, Drs. N. M. Falkiner, J. A. Matson, W. G. Harvey, and R. A. MacLavery. The following were elected Fellows of the College: Dr. Victor Millington Syngé and Dr. Robert Marshall.

In the evening the annual St. Luke's Day dinner was held in the College Hall. Before the company sat down to dinner the President admitted the Right Hon. and Most Rev. the Provost of Trinity College, Dublin, to the honorary fellowship of the College.

The Services.

TREATMENT AND TRAINING FOR PENSIONED OFFICERS.

THE Ministry of Pensions announces that the rules governing admission of disabled ex-officers and nurses to concurrent treatment and training have been reviewed in the light of the recently published decision of the Ministry of Labour relating to training. Applications for admission to concurrent treatment and training under the Ministry of Pensions must reach the Commissioners of Medical Services of the various regions not later than October 31st, 1921. Concurrent treatment and training is normally intended for those who can afterwards pass to the Ministry of Labour to complete their training. These arrangements do not for the present apply to officers and nurses suffering from tuberculosis and in consequence requiring treatment combined with training.

HONOURS.

THE King has given permission to the following medical men to wear the Cross of Chevalier of the Legion of Honour conferred by the President of the French Republic in recognition of valuable services rendered during the war:

Sir W. Arbuthnot Lane, Bt., C.B., Sir A. W. Mayo-Robson, K.B.E., C.B., C.V.O., Sir St. Clair Thomson, Sir Sydney Beauchamp, Dr. E. W. Ginner, Dr. H. J. M. Playfair, Dr. G. C. L. Vintras, Mr. Dudley d'Auvergne Wright.

Medical News.

THE annual meeting of Fellows and Members of the Royal College of Surgeons of England will be held at the College, Lincoln's Inn Fields, W.C., on Thursday, November 17th, at 3 p.m.

SIR GEORGE T. BEATSON was presented on October 21st with his portrait in oils on the occasion of his retirement from active duties in connexion with the Scottish Branch of the British Red Cross Society, of which he was Chairman of Council and of the Executive Committee, performing valuable work, particularly during the war.

THE annual dinner of the medical staff of the Central London Throat and Ear Hospital will take place at the Trocadero Restaurant, on Thursday, November 3rd, Dr. Wylie presiding.

A POST-GRADUATE course on the diagnosis and practical treatment of medical and surgical tuberculosis will be conducted from November 21st to December 11th at the Hospital for Sick Children and the Hospital Necker, Paris, by Professors Broca and Rénon. The fee is 150 francs, and further information may be obtained at the Faculty of Medicine, Paris.

AFTER thirty-five years' existence as a weekly newspaper *The Hospital*, established and conducted by the late Sir Henry Burdett, has become a monthly journal under the title of *The Hospital and Health Review*. The first number of the new series was published on October 21st.

A HOLIDAY hostel for nurses and V.A.D. members will be opened at Folkestone on November 1st. It has been given and equipped by the Joint Council of the British Red Cross and Order of St. John for the benefit of those who have worked in the nursing services. In this work the Joint Council acts in conjunction with the United Services Fund, and together they administer funds remaining in the hands of the Navy and Army Canteen Board at the end of the war.

FOUNDERS' DAY will be celebrated at the National Hospital for the Paralyzed and Epileptic, Queen Square, W.C., on Wednesday, November 2nd. A bazaar will be opened in the out-patient department at 3 o'clock by Countess Beauchamp, wife of the president of the hospital, and the wards will be open for inspection.

THE annual meeting of the Women's Service Bureau was held at Liverpool on October 10th. This bureau works in co-operation with the Public Health Department, and provides outfits for expectant mothers unable to make such provision for themselves, and also provides helps to go daily to homes where the mother is temporarily laid aside; clothing is provided by it for necessitous children, and a workroom has been opened to provide a centre where garments can be made to be distributed among the children of the famine areas in Central Europe. Dr. Mary Scharlieb, who proposed the adoption of the annual report, paid a tribute to the pioneer work of the bureau, and especially congratulated it upon the idea of providing home helps. The honorary treasurer, Mrs. Graham, made an urgent appeal for subscriptions, and Dr. E. W. Hope, M.O.H. for Liverpool, also commended the work of the bureau.

DR. ALEXANDER MARMOREK proposes to begin on November 21st, at the Institut Océanographique (195, Rue St.-Jacques), a course of sixteen lectures in English on experimental medicine and therapeutics. The first lecture will deal with the main lines of actual experimental therapeutics. Among other subjects will be the biological replacement of organs, and problems concerned with cancer, syphilis, tuberculosis, goitre, and diabetes. The last three lectures will deal with vaccines and serums, immunity, and predisposition in infectious diseases. Full details can be obtained on application to Dr. Marmorek at the above address.

PROFESSOR ERNESTO PESTALOZZA has been elected president of the medical faculty of Rome.

THE annual dinner of the past and present students of the Manchester University Medical School will be held at the Midland Hotel, Manchester, on Wednesday, November 9th, at 7 p.m. The President will be Dr. F. Craven Moore, and the Vice-Presidents Dr. D. Dougal, Dr. J. F. O'Grady, and Mr. J. Morley. Tickets, price 15s. 6d., can be obtained before November 5th from the honorary secretary, Mr. W. Geraghty, at the Medical School.

DR. J. W. EDWARDS, Member of Parliament for Frontenac, has been given Cabinet rank with the new portfolio of Minister of Health, Immigration, and Colonization in the Federal Government of Canada.

DR. S. A. FRANCISCO has changed his surname by deed poll to Francis.

THE 168th session of the Royal Society of Arts will be opened on Wednesday, November 2nd, at 8 p.m., when the Chairman of the Council, Mr. Alan A. Campbell Swinton, will give an address, illustrated by experiments, on wireless telegraphy. At a later date a paper on the work of the Industrial Fatigue Research Board will be read by Mr. D. R. Wilson, its secretary.

A CHADWICK LECTURE on dry rot of wood and sanitation will be given by Professor Percy Groom on Thursday, November 3rd, at 8 p.m., at the Royal Institute of British Architects, 9, Conduit Street. Admission is free.

THE London County Council has written to the Senate of the University of London expressing the hope that the Senate and the Board of Education will consider the possibilities of the site at Holland Park before further action is taken to establish the headquarters of the University on ground north of the British Museum. The County Council pointed out that when the decision to go to Bloomsbury was taken it was not known that the site at Holland Park would be available, and that as the educational and town planning authority for London it is deeply interested in the matter. At its meeting on October 24th the Senate replied that the question could not, on its initiative, be reopened with the Government, but that if the Government wished to consider the Holland Park or any other site the Senate would be prepared to co-operate. The Senate, however, points out that the Bloomsbury property was conveyed to the Commissioners of the Office of Works on March 23rd last, and that a portion of the site is already occupied by a university building, the Institute of Historical Research, which has been presented to the University at a cost of about £20,000.

It has been decided that the gift of £20,000, recently made by Sir Edward Brotherton to the University of Leeds, shall be applied to the foundation of a Brotherton chair of bacteriology.

PROFESSOR OSKAR FRANKL, of Vienna, has been invited by the Royal Academy of Medicine of Dublin to deliver three lectures on gynaecology.

THE Marcel Benoist prize, amounting to 20,000 francs, is awarded annually by the Swiss Government to the scientist of Swiss nationality or domicile who, during the preceding year, has made the most valuable contribution to science, particularly with reference to human life. This year the prize has been presented to M. Arthus, a French scientist domiciled in Switzerland, professor of physiology at the University of Lausanne, for his original work on anaphylaxis and immunity.

M. PICQUÉ has been appointed to the chair of anatomy in the Faculty of Medicine of Bordeaux.

THE Chartered Society of Massage and Medical Gymnastics, which came into existence in June, 1920, by the granting of a Royal Charter to the Incorporated Society of Trained Masseuses in amalgamation with the Institute of Massage and Remedial Gymnastics (Manchester), has issued its register of masseurs and masseuses to the date July 15th, 1921. The register includes those persons who hold the certificates recognized by the Chartered Society, and also those who hold the recognized certificates in medical gymnastics and medical electricity. The register gives, in addition to the names and addresses of those recognized, any additional qualifications which they may have registered, and includes not only masseurs and masseuses in Great Britain and Ireland, but a list of those who hold the recognized certificates in the British dominions and colonies and in foreign countries.

WE are informed that a "Society for Constructive Birth Control and Racial Progress" has been constituted, with Dr. Marie Stopes as president; among the vice-presidents are Sir James Barr, M.D., Sir Arbuthnot Lane, Bt., F.R.C.S., and Sir Archdall Reid, K.B.E., M.D. It has a medical research council, of which Dr. Jane L. Hawthorne, Dr. George Jones, and Mr. E. B. Turner, F.R.C.S., are members. The objects of the society are stated to be: "(a) To bring home to all the fundamental nature of the reforms involved in conscious and constructive control of conception and the illumination of sex life as a basis of racial progress; (b) to consider the individual, national, international, racial, political, economic, scientific, spiritual, and other aspects of the theme, for which purpose meetings will be held, publications issued, research committees, commissions of inquiry, and other activities will be organized from time to time as circumstances require and facilities offer; (c) to supply all who still need it with the full knowledge of sound physiological methods of control."

THE annual Venison Dinner was held at Kingston-on-Thames on October 19th, when a distinguished company assembled on the invitation of the Mayor (Dr. W. E. St. L. Finny). Sir Charles Burge presented to the Mayor and Mayoress a silver cradle in commemoration of the birth of a daughter during their year of office. The Mayor, in expressing thanks for the gift, recalled that the last occasion on which such a presentation had been made was in 1876, and both the baby of forty-five years ago, and the son of Lord Middleton, who had made the former presentation, were present on that evening.

SIR JOHN ARTHUR GODWIN, merchant, of Grassington, Yorks, who died in April last, has bequeathed £500 to the Bradford Joint Hospital Fund. The Bradford Royal Infirmary is to receive 20 per cent. of the ultimate residue, amounting to between £70,000 and £80,000, provided that this institution shall not have been taken over by the Bradford Corporation or maintained out of public funds. The Bradford Royal Eye and Ear Hospital, the Bradford Children's Hospital, and the Bradford Cancer Home are each to receive 6 per cent. of the residue.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology*, Westrand, London; telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, Westrand, London; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra*, Westrand, London; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

DENTIFRICES.

R. W. M.—The reaction of a dentifrice, whether alkaline or acid, does not seem to be a matter of importance. A weak free acid or alkaline dentifrice does no harm; it is food debris, constantly in contact with the tooth, and acid—owing to decomposition—that does the initial harm. The object of using a dentifrice is to cleanse the teeth more effectively; for this purpose soap is probably better than anything, and is the basis of many tooth powders and dentifrices.

FLEAS.

"A. B. S." writes: I am engaged in a large industrial practice, and fleas are very numerous in the beds of my patients and on the floor mats, etc. They get on to my person to the number of two to three a day. This, I am afraid, is unavoidable; but when they begin to bite, each bite mark soon rises up into a wheal (like urticaria) about half an inch in diameter, roughly circular and intensely itchy. The wheal persists from twenty-four to forty-eight hours and then subsides. I wish to know whether there is a method of immunizing myself against such a reaction from a flea bite? But as prevention is better than cure, perhaps some of your readers might be able to help with ideas to prevent the fleas getting access to the skin, or at least prevent them biting and driving them off the body again. Of course, wearing breeches or some similar dress would do, for I am convinced that most of the fleas gain access to my skin through the bottoms of my trousers. But such a dress I do not care to adopt in my professional work. Nor do I wish to envelop or pervade myself with some aromatic smelling substance alleged to keep the pests at bay.

** There is a belief that the regular ingestion of sulphur by the mouth keeps away both mosquitos and fleas. This belief, Dr. Castellani tells us, exists among planters in Ceylon; but in his experience, it is not well founded. Of external applications camphor and menthol are probably the best.

INCOME TAX.

"A." takes a practice, selling one-third share, and asks how his liability is calculated.

** The net profits of the practice should first be ascertained for each of the three previous years. The new firm is assessable on that amount, and "A.'s" personal liability is the tax attributable to two-thirds of the gross assessment.

"PRACTITIONER" inquires as to the deductions to be claimed for a maid-servant and for motor expenses. The inspector of taxes objects to allowing the full cost of one maid-servant, and wishes to deduct £50 from car expenses for private use.

** It is impossible to lay down any rule for determining the proportions applicable to private use; it must clearly depend on individual circumstances. In the case of the maid-servant, the cost of the cleaning the surgery and waiting rooms and of attending to the door are obviously professional expenses, but in so far as the maid's time is spent on "making her master's bed and attending to the requirements of the bedroom" and laying and waiting at the table, she is doing "private" work. But whether that would fairly represent "one-half" of her total duties cannot be stated.

LETTERS, NOTES, ETC.

THE DEGREE OF M.D. BRUX.

DR. ARTHUR HAYDON (41, Buckland Crescent, N.W.3), Honorary Secretary of the Brussels Medical Graduates' Association, has received the following letter from the Foreign Office, dated October 10th, 1921: "I am directed by the Marquess Curzon of Kedleston to inform you that His Majesty's Ambassador at Brussels has received a note from the Minister for Foreign Affairs stating that no privilege has been withdrawn from British and Colonial students who have obtained a degree of M.D. at the Free University of Brussels. As regards the future, the university authorities have decided, in order to promote the relations of the university with foreign countries, that all foreign students should be called upon to fulfil the same regulations, and that they therefore cannot concede special privileges to British and Colonial students. The latter may still enter their names at the university under the conditions laid down on page 13 of the *Règlement Organique*, and on page 2 of the *Règlement pour la Collation des Grades Scientifiques*." This appears to mean that the regulations regarding the entrance examination in elementary subjects and the period of residence at the university are to be adhered to, but Dr. Haydon hopes shortly to be in a position to supply further particulars.

"ANOTHER CURE FOR CONSUMPTION."

"R. B. G." writes: Under the above heading (July 23rd) a Punjab correspondent wrote that eating monkey's flesh was believed in India to cure consumption by causing vomiting, etc. In Scotland a popular belief prevailed that the mere act of vomiting would cure the disease, and I remember a mother of a phthisical son telling me, a number of years ago, that she took her son "for a sail down the watter," and as the weather was rough she noticed him "gang near the side o' the boat, and was rale prood to see him spewin'." Poor fellow, needless to say the operation did not have the desired effect, as he died not long after, his end probably accelerated by the "cure" his well-intentioned mother had provided for him.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 27, 30, 31, 32, 33, and 34 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 28, 29, and 30.

THE appointments of certifying factory surgeons at Eyam (Derby) and Rufford (Lancaster) are vacant.

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 *postes restantes* letters addressed either in initials or numbers.