

is injected intravenously arsenic can be subsequently detected in the cerebro-spinal fluid in a fair degree of concentration. The best results have been obtained by intensive mercurialization by inunction with the Aachen formula, combined with repeated intravenous injections of small amounts of novarsenobillon extending up to twenty or more doses, intramuscular injections of intramine and oral administration of potassium iodide.

In addition the treatment of the functional manifestations would appear to be worthy of investigation. In no case was serious ill effect noted. Some cases appeared to derive no benefit clinically from treatment. In others considerable improvement was noted as regards speech, gait, intention tremor and bladder control. Of course the question of natural remissions had to be considered, especially in the early cases which responded best, but it is noteworthy that even in later cases which showed no clinical improvement, the condition of the cerebro-spinal fluid as regards behaviour to Lange's test underwent a definite change in the direction towards normal. It might therefore appear justifiable to administer these drugs to early cases in the hope of arresting the further progress of the disease.

Dr. RIDDOCH laid stress upon the importance of a history of transient defects of function in the diagnosis of disseminated sclerosis at an early stage and the diverse symptomatology of the affection.

At the London Hospital the Lange colloidal gold test was being carried out by Dr. Marrack in his laboratory as a routine in the examination of cerebro-spinal fluid. Samples of fluid in a few cases of disseminated sclerosis had been examined, and when the test was positive it had yielded the so-called tabetic form of curve. The test was entirely negative in one typical example of the disease, and a mild tabetic curve had been occasionally obtained in diseases other than disseminated sclerosis and neuro-syphilis. He felt that although the test might in the future prove of great value, caution was yet necessary in estimating its diagnostic importance.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CASE OF TRAUMATIC ANIRIDIA.

The following case may be of some interest on account of its rarity. On March 29th, 1904, a man, aged 22, was admitted into the Londonderry Eye, Ear, Nose and Throat Hospital. He presented a rather peculiar appearance. His left eye looked as if a large black sloe or cherry were occupying the place of the pupil or anterior surface of the globe seen between the eyelids; on the right side was a normal eye with a hazel grey iris; the anterior chamber of the left eye was full of blood, which extended all around to the edges of the sclerotic and all over the posterior surface of the cornea. There was complete blindness of the eye, and no red reflex could be got by the ophthalmoscope. The patient, who said that he felt no pain in the eye, stated that some hours previously a piece of glass had entered the eye and had been pulled out.

The eye was doused and cleansed with a warm boric acid lotion and examined. There was a small insignificant closed and clean wound at the sclerotic margin of the cornea; there was nothing in the wound nor protruding from it, but the iris was completely absent. A drop of solution of atropine was instilled, to give perhaps some rest to the eye, which was then bandaged and the patient put to bed. During the two weeks taken for the absorption of the blood and clearing up of the parts no pain was experienced and there was no reaction or inflammatory trouble, showing that there had been no sepsis, and that the ciliary body had escaped injury. With and without the aid of the ophthalmoscope the ciliary body could be seen beautifully all around with its normal anatomical attachments and with no irregularity in its contour. The whole of the fundus was in a healthy and normal condition. There was no escape of vitreous and the lens was uninjured. The sight was good for distance and large print could be read. No trace of iris could be seen in any of the chambers, so that it must have been drawn out

with the piece of glass through the small wound. That the aniridia might have been congenital was, for obvious and various reasons, after investigation, completely negatived. On looking over some works on the eye for a like case, I found only one case, related by Fuchs. In this case a small grey mass was found in one of the chambers after the clearing up of the parts. This was considered the remains of the iris, which had been completely detached by some accident, the nature of which is not mentioned.

Londonderry.

W. B. HUNTER, M.D.

THE IODINE TREATMENT OF GOITRE.

A good deal has been written on the action of iodine, used both internally and externally, as a therapeutic agent in goitre. I have used for a large number of years in the treatment of goitre both sodium and potassium iodide (I prefer sodium iodide), with a tonic such as syr. ferri phos. co. and syr. hypophos. co., also syr. ferri iodidi. In the valleys of east and north-east Lancashire the disease is endemic, especially in females, quite a large number being affected between the ages of 16 and 30 years, but there are a large number of cases over that age, and the largest goitres are seen in these cases. Another marked feature is that it affects males much less frequently than females; this is particularly true of the exophthalmic form. Males respond to the treatment much more quickly, consequently the duration of treatment is very much less than in females.

The method of administration of iodine may be a matter of opinion. I usually give 2½ to 3 grains of sodium iodide three times a day between meals, continued for about six weeks, then discontinued for about a month. The treatment is resumed, and so on for an indefinite period.

Large goitres disappear, some more quickly than others, and the treatment may have to be kept up for two or more years. Larger doses of the drug may cause patients—especially males, and more especially elderly males—to lose flesh quickly, but the weight is soon recovered on reduction or discontinuance of the drug. Measurements of the neck taken from time to time show that the swelling softens first and then grows smaller, and that the greatest and most rapid reduction takes place during the interval when the treatment is interrupted. Some of the cases have been under x-ray treatment for years; others have been advised to have the gland removed. I may have been fortunate in not having any that have required operative treatment, as all have cleared up with iodine.

When the risks and after-effects of removal of the gland are considered, together with the possibility of having to take thyroid for the rest of life, the alternative of taking iodine for six months to two years, or even longer, is, in my opinion, preferable. If the iodine treatment were carried out generally the number of cases requiring operation would be very small. Exophthalmic goitre responds to treatment more slowly at first, and the other phenomena—cardiac, nervous, etc.—require separate attention, but these subside with improvement in the gland.

ROBERT STEWART, L.R.C.P. and S., D.P.H.,
Honorary Surgeon, Reedyford Hospital, Nelson, Lancashire.

TORSION OF THE TESTIS OCCURRING DURING OR IMMEDIATELY AFTER BIRTH.

The rarity of torsion of the testis at so early a period in life makes the following case of interest.

Mrs. F. gave birth to a full-time male child on June 5th, at 8 p.m. No doctor was present at the confinement, but the next day the nurse in charge noticed that the right testicle was swollen.

Eleven days later the child was admitted to the Children's Hospital. He had gained weight, was taking food well, and appeared to be in no distress whatever. The right testicle was hard, but possessed a certain elasticity suggestive of deep fluid. The scrotum had a dusky violet tinge, and the skin was adherent at the lower pole and towards the mid-line. The cord at the upper pole appeared to be hard and knotted. At operation the testicle and its coverings were removed together with the adherent part of the skin, and the cord tied at the external ring. Convalescence was uneventful.

The removed testis showed the typical plum-like appearance of gangrene, and in its centre contained some dark fluid. The organ appeared to lie horizontally, the constituent parts of the cord being separated and entering the organ along the whole

length of the surface. The twist in the cord was double—that is, the organ had performed two complete revolutions from left to right in a horizontal plane. The adhesions between the external spermatic fascia and the dartos were quite organized, showing that the condition had been of some standing.

I have little doubt that the condition was present some time before the nurse observed it, probably just before, during, or immediately after birth. The points of interest were: (1) The insidiousness of onset; and (2) the lack of constitutional disturbance.

R. CAMPBELL BEGG, M.A., M.Sc., M.B.,
Honorary Surgeon, Children's Hospital,
Wellington, N.Z.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

NORTH LANCASHIRE AND SOUTH WEST-MORLAND BRANCH.

At a meeting of the North Lancashire and South Westmorland Branch of the British Medical Association held at Kendal on October 26th, the President, Mr. A. S. BARLING, opened a discussion on "The diagnostic value of abdominal pain." As viscera had no spinal nerves they would be expected to be insensitive to pain, and that this was so was illustrated by a case of obstructed colon, in which a side-to-side anastomosis had to be done hurriedly and the loop left outside; four days later the loop was cut without any anaesthetic, and no pain was felt excepting a slight hypogastric pain, which was reflected, not direct. Sir James Mackenzie had originated investigation into hyperalgesic points ten years ago; but as he was one of the most modest of men, his work received little or no appreciation. Any irritation of the viscera was responded to by sensation of pain in the spinal nerve whose distribution to the parietes corresponded with the affected viscera. Cutting did not give enough stimulus to initiate pain in the corresponding cerebro-spinal nerve area. The theory was that visceral irritation, carried to the spine, affected the neighbouring centre in the spine, which initiated an impulse to the afferent cerebro-spinal nerve. This was conveyed to the sensorium, and from there referred to the area of distribution of the corresponding cerebro-spinal nerve. Mr. Barling illustrated his remarks on an outline drawn by Dr. Somervell. He indicated the hyperalgesic points found in disease of the stomach, duodenum, appendix, large and small intestines, and also the gall bladder and kidneys. It was well known, he said, that although viscera were insensitive to pain, visceral pain was the most severe of all—for example, gall stones, kidney stones, and colic. A case was described in which the diagnosis of colon involvement, as distinguished from appendicitis, was made before operation from the situation of hyperalgesic points.

An interesting discussion followed. The President, in closing the discussion, welcomed the criticism, as he thought people only moved when they disagreed.

Dr. LIVINGSTON showed a test for sugar; he also showed photographs of a meningocele 7 in. in circumference at the junction with the skull, which was successfully operated on, the patient being a baby 8 weeks old. Dr. CRAIG showed a case of osteomyelitis, with numerous pyaemic foci in a boy aged 11; amputation of the left leg at the hip had been necessary and the boy was now recovering. Dr. HENDERSON read a short paper on his experience as a school medical officer in Westmorland, giving statistics of the different diseases found.

Dr. GIBSON thanked those who had read notes and shown cases, and Dr. OLDHAM complimented the organizers on a very successful meeting. The members were entertained to tea by the Secretary of the Kendal Division, Dr. J. Lang Cochrane.

ACCORDING to the *Japan Medical World* the number of licensed dentists in Japan in February, 1921, was 6,409, or six times as many as there were in 1907; in addition to this about 600 dental students are expected to obtain their licences as dentists during this year. There are now twelve dental schools in Japan, four of them of the highest standing, although a dental college under Government control has not yet been established. Only two of the medical colleges attached to the universities have their own dental departments—namely, the Tokyo Imperial University and the Keio University.

Reports of Societies.

THE THRESHOLD OF THE KIDNEY.

In his presidential address to the Section of Therapeutics and Pharmacology of the Royal Society of Medicine, on November 8th, Dr. W. LANGDON BROWN emphasized the reciprocal advantages to be derived from co-operation between the laboratory worker and the clinician. The Section constituted a common ground for workers in both fields, where criticism and comparison were possible. His address was largely a plea for more co-operative study of this kind with regard to the kidney and its regulating mechanism; such a study could not fail to afford fresh guidance as to treatment. The function of the kidney was to keep the chemical composition of the blood constant, and the manner in which this was achieved was now beginning to be understood, with, in consequence, a better appreciation of the significance of certain departures from the normal performance of kidney function in disease. The three factors in the problem were the urine, the kidney, and the blood, and if the condition of any two of these was known, that of the third could be deduced. The kidney caused very little change in the material which it excreted; the formation of hippuric acid in the kidney was about the only known instance of such an alteration of chemical constitution. In glycosuria the kidney reacted in a curiously subtle way, while in albuminuria much might be learnt from a biochemical study of the blood. Certain biochemical tests had now been elaborated which enabled a comparison to be made between the condition of the urine and that of the blood, and a good deal of light was thrown upon the manner in which the kidney functioned. Here Dr. Langdon Brown gratefully acknowledged the large amount of biochemical work which Dr. Mackenzie Wallis had done in his own cases. He went on to enumerate and summarize Ambard's recent work on the physiology of the kidney. It was clear that there was a limit to the degree of concentration which the kidney could accomplish, but that limit was not reached under normal conditions. The more the parenchyma of the kidney was diseased the less was the power of concentration. This power fell after surgical operations (thereby accounting for the urinaemia which followed) and in gastro-intestinal conditions. In the toxæmic kidney Dr. Langdon Brown considered that the threshold was abruptly lowered by degenerative but not inflammatory change. Severe forms of this were seen in poisoning by mercurial salts, arsenic, cantharides, and uranium bichromate, and in the toxæmia of pregnancy. In cases of toxæmic kidney there was a marked increase of diastase output, and this must be due to the threshold of diastase being lower than normal. If the patient with toxæmic kidney could be kept alive, complete recovery might be expected; this condition did not lead to chronic nephritis.

In the course of his address Dr. Langdon Brown projected on the screen a series of charts illustrating pronounced cases of kidney disturbance of various types. He said that one considerable factor in some cases of glycosuria was the delay in the storage of the sugar after it was absorbed. If patients were allowed starch which had been cooked in fat there was a much slower appearance of sugar than otherwise. In one case a child had nocturnal enuresis when the sugar threshold was passed, but if that threshold was not exceeded no symptoms ensued. Another case passed a large quantity of sugar following upon a period of pronounced mental agitation. A great fallacy in all these investigations was to base a conclusion on one single sugar test. He had seen a big fall in the amount of glycosuria as the result of a single "egg and vegetable" day. A rise of the threshold seemed to follow rather than to precede hyperglycaemia. Polyuria and increased thirst only occurred to the accompaniment of a considerable increase of the threshold. The hyperglycaemia could be abolished by giving phloridzin, and he would like to invite discussion on the question whether this drug was justifiable. He had not himself used it, but had relied so far on egg and vegetable diet. In conclusion, he mentioned that the polyuria of diabetes insipidus could be kept in check by injections of pituitary gland. Dr. Cow of Cambridge had

an x-ray examination; two, with incomes under £200, paid four guineas each for auto-vaccines; one man, income £2 10s. per week, paid twenty guineas for a surgical operation on his wife and six guineas per week for her three weeks' maintenance in a nursing home; and four, incomes under £150, three to five guineas each for minor surgical operations, besides many others who have willingly paid one to two guineas each for an ordinary consultation. These are samples of patients with incomes not exceeding £260. When we come to the other two classes, with incomes ranging from £260 up to £500, surely they are in a better position "to afford the private fees usually charged for such services," and if Mr. R. Sanderson still doubts the truth of my statement that the consultants and specialists here derive the greater part of their professional income "from this very class of person whom the scheme is designed to attach to its membership," I shall be pleased to send him the names and addresses of the consultants in this place, so that he can communicate with them and ascertain for himself the validity of my contention. Mr. R. Sanderson says: "The scheme will certainly not benefit the consultant." I never said, nor implied, that it would do so. On the contrary, I stated: "It is no part of the duty of the profession to devise ways and means to rehabilitate the finances of voluntary hospitals, least of all at the expense of its own members," and that is exactly what this scheme will do. It will not materially affect the consultant whose income amounts to a few thousands a year, but it will gravely affect the consultant whose income amounts to a few hundreds a year. If the operation of the scheme were confined to the Brighton district, then no objection could be taken by the Eastbourne Division to the limitation. Every district ought to know what is best in the interests of the local hospital, the medical profession, and general community. Now this scheme, being avowedly designed to attract members from all parts of the county, is nothing short of a coercive measure to bring every voluntary hospital into subservience. Whether a district hospital refuses or agrees to co-operate, the consultants are in danger of losing part of their incomes. By comparison the Eastbourne district is as much a self-contained district as Brighton is so far as institutional treatment, consultative and specialistic services are concerned. This is proved by the fact that only four in-patients and six out-patients from the Eastbourne district were treated at the Sussex County Hospital last year. Yet at the last meeting of the Sussex Branch Council, when, in response to my representations, the members present unanimously appealed to Dr. Gordon Dill, as a matter of equity, to refrain from accepting for membership of the scheme the application of any person residing in the Eastbourne district, he obdurately refused to comply. Yes, Mr. R. Sanderson, the scheme may be "altruistic in origin and intention," but it is malevolently ultra-altruistic in the incidence of its operation.—I am, etc.,

Eastbourne, Nov. 5th.

WM. MUIR SMITH.

** We hope that this correspondence may cease, or that, at most, any further letters may be confined to the correction of errors of fact. The subject is being discussed by the profession in many parts of the country.

MOTOR CARS: SPARE PARTS.

SIR,—There is one very important point with regard to the choice of a motor car which your expert has not touched upon.

It is the supply of spare parts. Many of your readers may not be aware that some of the British motor firms refuse to send these parts until they have been paid for. I remember on one occasion writing for a part which was valued at about 30s. I explained in my letter how necessary it was, as I required the use of the car for my professional work, and I could not drive it until the part arrived. I asked for it to be sent by the first train next morning and said my man would meet it. They did not send it. They did not even trouble to telegraph to me. They wrote a letter stating that the price of the part was 30s., and that on receipt of the amount it should be dispatched. This involved a delay of three days with its attendant worry and expense.

Nothing would induce me to purchase another car from

this firm, and I would strongly advise any member of the profession, before placing an order for a car, to insist on a guarantee that spare parts shall be dispatched immediately on receipt of request.—I am, etc.,

J. LIONEL STRETTON,

Consulting Surgeon, Kidderminster Infirmary and
Children's Hospital.

November 8th.

FRAUDS ON MEDICAL MEN.

SIR,—I was interested in your article, "Frauds on Medical Men," in the BRITISH MEDICAL JOURNAL of November 5th. In August, 1916, Edward Thomas Johnson came to my surgery—after having written several letters and called me up on the phone—with a similar yarn to the one he spun Dr. Hallett. He got a cheque out of me, but as soon as he had left I rang up the bank to stop payment as I felt I had been indiscreet. Johnson, however, managed to get payment from the bank; the bank had to lose the amount; about three weeks or a month afterwards Johnson was caught and sentenced to one year's hard labour for a similar offence. It is to be hoped that when he gets out again readers of the BRITISH MEDICAL JOURNAL will remember your warning.—I am, etc.,

Sale, nr. Manchester, Nov. 7th.

C. S. ASHE.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Elections to Fellowships.—Mr. E. G. T. Liddell, B.M., B.Ch., Trinity College, formerly Senior Demy of Magdalen College, has been elected to a Fellowship at Trinity College; Mr. M. H. MacKeith, B.M., B.Ch., Queen's College, has been elected to a Fellowship at Magdalen College, and has been appointed to a Demonstratorship in Human Anatomy.

General Board of the Faculties.—Dr. E. W. Ainley Walker has been elected a member of the General Board of the Faculties as a representative of the Faculty of Natural Science.

UNIVERSITY OF MANCHESTER.

THE following lecturers have been appointed:—Neurology: Dr. D. E. Core. Radiology: Dr. A. E. Barclay, O.B.E. Surgical Diseases of Children: Mr. H. H. Rayner.

The following awards have been made:—Leech Fellowships in Medicine: F. R. Ferguson, Eugenia R. A. Cooper. Graduate Scholarship in Medicine: G. V. Ashcroft. Tom Jones Memorial Surgical Scholarship: A. H. Southam.

UNIVERSITY OF GLASGOW.

THE following were among the degrees conferred on November 12th:

M.D.—*D. K. Adams, †T. J. Mackie (*in absentia*), ‡N. Morris, †Wm. Taylor (*in absentia*), †Charles Cameron, †R. T. Grant, †R. C. Robertson, †H. V. Torrance (*in absentia*), †J. Broadfoot, †Ethel Crawford, †J. P. Crawford, A. Garvie, W. H. Kerr, D. M. MacLennan, Geo. Taylor (*in absentia*).

M.B., Ch.B.—A. A. Bell.

* With honours. † With high commendation.

‡ With commendation.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on November 10th. Diplomats were granted to seventy-seven candidates found qualified at the recent examination. The names were printed in the report of the Royal College of Physicians published on November 5th, p. 772.

F.R.C.S. with Ophthalmology.

The following Regulations relating to the special course of study and examination in Ophthalmology for Fellows of the College were adopted by the Council:

1. The examination comprises anatomy, physiology, and optics in their relation to ophthalmology; clinical and pathological ophthalmology, and ophthalmic operations.
2. The examination consists of (a) two written papers, (b) a written and *viva voce* examination on patients, (c) operations, (d) *viva voce* examination upon pathological and anatomical specimens and upon ophthalmology in general.
3. The examination will be held in June and December.
4. Candidates must be Fellows of the Royal College of Surgeons of England, or have passed the Second Professional Examination for the Diploma of Fellow.
5. Candidates must produce evidence of having held the office of clinical assistant, house surgeon, or registrar for a period of two years at an ophthalmic hospital recognized by the College for the purpose or in the ophthalmic department of a recognized general hospital, after obtaining a registrable medical and surgical qualification. (Note: No hospital or department containing less than ten beds for eye cases will be recognized.)
6. The conditions of Clause 5 may be modified at the discretion of the Court of Examiners in the case of a candidate: (a) who holds, or has held, the appointment of ophthalmic surgeon or assistant ophthalmic surgeon to a hospital, infirmary, or dispensary; (b) who has carried out original investigations in any branch of the examination; (c) who has written a thesis or published work on any subject of the examination; (d) whose studies or practice have extended over a prolonged period of time without fulfilling the exact conditions.

7. The candidates must give four weeks' notice of their intention to present themselves for examination to the Director of Examinations, Examination Hall, 8-11, Queen Square, Bloomsbury, London, W.C.1, and forward at the same time the evidence required by Clause 5.

8. The fee for admission or readmission to the examination is £10 10s., and must be paid to the Director of Examinations three days before the examination commences.

9. A candidate who passes the examination will receive a certificate entitling him to describe himself as F.R.C.S. (with Ophthalmology).

The War Collection.—The President reported that he had, on November 4th, signed and attached the College seal to the agreement between His Majesty's Principal Secretary of State for the War Department and the Royal College of Surgeons of England relating to the custody by the College of the Army Medical War Collection of pathological, orthopaedic, and other specimens.

Welfare of the Blind.—A letter was read from the Clerk to the London County Council calling attention to a scheme for the welfare of blind persons in London, and to setting up under the scheme of a Central Council for the London blind for advisory and other purposes, and expressing the hope that the College will assist the London County Council in the promotion of the welfare of the blind by appointing a representative to serve upon the Central Council. Mr. J. Herbert Fisher was appointed by the Council to represent the College.

The Thomas Vicary Lecture.—This will be delivered on Thursday, December 8th, at 5 p.m., by Sir Charles Ballance, on "A glimpse into the history of the surgery of the brain."

The Bradshaw Lecture.—This will be delivered on Wednesday, December 14th, at 5 p.m., by Mr. H. J. Waring, on "The operative treatment of malignant disease, its possibilities and limitations."

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a meeting of the President and Fellows of the Royal College of Physicians of Ireland, held on November 4th, Dr. Robert Marshall of Belfast and Dr. Victor M. Synge of Dublin were sworn in as Fellows of the College, and Dr. Patrick Ley of Dublin was admitted a Member.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

At the annual meeting of the Fellows of the Royal Faculty of Physicians and Surgeons of Glasgow held on November 7th the following office-bearers were elected:—President: Dr. W. G. Dun. Visitor: Dr. W. R. Jack. Treasurer: Mr. George McIntyre. Honorary Librarian: Dr. E. H. L. Oliphant. Councillors: The President, the Visitor, the Treasurer, the Honorary Librarian, and Dr. James A. Adams, as representative to the General Medical Council (*ex officio*), Mr. R. M. Buchanan, Dr. Ebenezer Duncan, Mr. Henry Rutherford, Dr. A. K. Chalmers, Sir Kennedy Dalziel, and Mr. J. Mason Noble.

Obituary.

SIR GEORGE EVATT, K.C.B., M.D.,

Major-General A.M.S. (ret.).

MAJOR-GENERAL SIR GEORGE JOSEPH HAMILTON EVATT, K.C.B., Army Medical Service (ret.), died in London on November 5th, aged 77. He was born on November 11th, 1843, the son of Captain George Evatt, 70th Foot, educated at Trinity College, Dublin, and graduated M.D., with honours, in the Queen's University, Ireland, in 1863, taking the L.R.C.S.I. in the same year. He entered the army as assistant-surgeon on March 31st, 1865, attained the rank of surgeon-colonel on March 30th, 1896, and that of surgeon-general on November 20th, 1899, retiring on November 11th, 1903. During the old regimental days he served in the 25th Foot, the King's Own Scottish Borderers. From 1880 to 1886 he was medical officer of the Royal Military Academy, Woolwich; he was senior medical officer at Quetta in 1887-91; sanitary officer at Woolwich, 1892-94; secretary to the Royal Victoria Hospital, 1894-96; as colonel he was P.M.O. in Hong Kong from 1896 to 1899; and as surgeon-general was P.M.O. of the Western District, 1899-1902, and of the Western Command, at Salisbury, 1902-3, comprising what is now the Southern Command and part of Wales. He rejoined for service during the recent war, and served as president of travelling medical boards in the Western Command in 1915-16. When he first joined the Army Medical Department in 1865 he reported for service to an officer wearing the Waterloo medal; it was rather more than a century after Waterloo when he himself finally ceased to serve.

He had a long list of war service: Perak, 1875, medal with clasp; Afghanistan, 1879-80, capture of Ali Musjid, Bazar Valley Expedition, advance on Kabul, and relief of Sherpur, twice mentioned in dispatches, G.G.O. of November 14th, 1879, and *London Gazette*, November 7th, 1879, medal with two clasps; Sudan 1885, Suakin, action

at Hasheen, advance on Tamai, mentioned in dispatches, *London Gazette*, August 25th, 1885, medal with clasp, and Khedive's bronze star; North-West Frontier of India, Zhob expedition, 1890, mentioned in dispatches, *London Gazette*, May 19th, 1891.

General Evatt had political aspirations, and thrice unsuccessfully attempted to enter the House of Commons as a Liberal, contesting Woolwich in 1886, the Fareham Division of Hampshire in the first election of 1910, and Brighton in the second election of that year. He did a large amount of public work of various kinds; with Sir James Cantlie he raised the R.A.M.C. Volunteers in 1883, founded the Medical Officers of Schools' Association in 1884, and drew up a scheme for the Army Nursing Service Reserve in 1886. He had been President of the Poor Law Medical Officers' Association, and honorary colonel of the Home Counties Division, R.A.M.C. (T.F.). He received the C.B. in 1903, a good service pension in 1910, and the K.C.B. in 1919.

He was the author of many works on military medical administration: *The Medico-Military Topography of the Persian Gulf and Euphrates and Tigris Valleys*, 1874; *The Causes and Cure of Army Drunkenness* (prize essay), 1876; *The Death March through the Khyber Pass*, 1879; *Army Medical Organization: A Comparative Examination of the Regimental and Departmental Systems*, third edition, 1883; *Suggestions for the Organization of the Volunteer Medical Service*, 1885; *The Medical Organization of the Base of Operations in War*, 1885; *The Duties of the Bearer Companies of the Medical Corps in War*, 1886.

General Evatt was an old member of the British Medical Association and for a time served on its Council. In 1904 he accepted a commission from the *BRITISH MEDICAL JOURNAL* to investigate the Irish dispensary medical service on the spot, and made a very full and careful report, which greatly influenced the subsequent policy of the Association. He was a man fertile in ideas and made a large number of contributions to the military and medical press, chiefly on the subject of army organization and the training of army medical units for war. He will probably be chiefly remembered for his persistent advocacy of the formation of the medical officers of the army into a Corps. A Royal Warrant finally establishing the Corps was issued in June, 1896, a few years before Evatt's retirement. He is among the four officers commemorated by the memorial at the Royal Army Medical Corps College to those who took the largest part in convincing the Government of the need for this reform.

In 1887 Evatt married Sophie Marie Frances, daughter of William Walter Raleigh Kerr, Treasurer of Mauritius, and had one daughter.

D. D. GOLD, M.D., D.P.H.,

Medical Officer of Health, Herefordshire.

WE regret to announce the death, in his forty-ninth year, of Dr. David Drybrough Gold, medical officer of health for Herefordshire, which occurred on November 4th, very suddenly from unsuspected heart disease. Dr. Gold received his medical education at Edinburgh University, where he graduated M.B., C.M. in 1896 and M.D. in 1904; in the latter year he also took the diploma in public health at Edinburgh. He was appointed an assistant medical officer under the Metropolitan Asylums Board, then assistant medical officer of health for the county of Essex, and became county medical officer of health of Hereford in 1909. He was the contributor of a number of articles on public health subjects to the scientific journals, and was a Fellow of the Society of Medical Officers of Health. He was a member of the British Medical Association, in which he took much interest, serving as a member of the Public Health Committee in 1920 and 1921; he was chairman of the Hereford Division in 1920, and was representative of the Division in the Representative Body. Dr. Gold was married only three years ago, and much sympathy has been expressed for his widow in her sudden bereavement.

WE regret to record the death, on November 8th, of Mr. HENRY HORSLEY, of Croydon, in his eighty-fourth year. Born at Kennington in 1838, Mr. Horsley received his medical education at Guy's Hospital, and qualified with

the diplomas of M.R.C.S. and L.S.A. in 1859. He was one of the first surgeons to the Croydon General Hospital, and in later life he was for many years consulting surgeon. He was a very old member of the British Medical Association, and was especially identified with the old South-Eastern Branch. Mr. Horsley is survived by four daughters and two sons, one of whom is a medical practitioner, and was educated at his father's old hospital. Mr. Charles Wray, F.R.C.S., writes: Mr. Horsley was one of several noteworthy characters pre-eminent for their ability and exceptionally high code of ethics. Amongst them were Alfred Carpenter, John Galton, Peter Duncan, and Sir Constantine Holman, all of whom in their day were ardent supporters of the British Medical Association and all the best it stands for. All who knew him will agree he was a credit to his hospital and to his profession.

THE death occurred suddenly, on October 18th, of Dr. ELLERINGTON REED TURNER, of Kintore, Aberdeenshire. He was born at Brora, Sutherland, fifty-nine years ago, and received his medical education at Aberdeen University, where he graduated M.B., C.M. in 1891. He commenced general practice at Kintore in 1895, and during his long connexion with the burgh took a keen interest in all public affairs. He was provost for nine years, held office in the school board and in the literary and other societies, and he was medical officer of Kintore and neighbouring parishes. He is survived by his widow.

DR. A. J. McCLYMONT died at Klerksdorp, Transvaal, on August 29th; he graduated M.B., Ch.B. at Edinburgh in 1898, and first went out to South Africa as a civil surgeon during the Boer war. At the close of that war he returned to England, but went back in 1906 to the Orange Free State. During the late war he served in East Africa, returning to practice in the Transvaal in 1919.

THE death is announced at Roxbury, U.S.A., on September 4th, of Dr. FANNY BERLIN, at the age of 69. Dr. Berlin, who was born in Russia, and graduated M.D. at the University of Zurich, Switzerland, was one of the pioneer women surgeons of the United States, having settled in Boston in the late seventies as resident physician to the New England Hospital for Women and Children. Subsequently she was appointed an honorary surgeon to that institution, and for many years had a large surgical practice in Boston.

OTTO VON SCHJERNING, head of the German Army Medical Service, and a well-known writer on military hygiene, has recently died.

The Services.

INDIAN MEDICAL SERVICE.

Pensions.

AN officer of the Indian Medical Service writes to suggest that in reproducing in our issue of September 3rd the revised rates of pensions in the I.M.S. we ought to have repeated the statement that these revised rates will be subject to alteration, either upwards or downwards, after July 1st, 1924, to an extent not exceeding 20 per cent., according as the cost of living rises or falls, and that after 1924 a further revision may take place every three years. These facts were set forth in the Memorandum issued by the India Office last year, and the references to the Indian Medical Service were printed in full in our issue of June 12th, 1920, p. 813.

THE second annual dinner of medical officers of No. 14 Stationary Hospital, B.E.F., will be held on Friday, December 9th, at the Trocadero Restaurant, London, W., at 7.15 p.m. for 7.45 p.m., with Colonel C. R. Evans, D.S.O., in the chair. Tickets, price 17s. 6d. (exclusive of wines), may be obtained from Major H. M. Perry, or Dr. H. L. Tidy, 39, Devonshire Place, W.

The third annual dinner of the 19th Casualty Clearing Station will take place in London on Friday, November 25th. Sir Henry Gray, K.B.E., C.B., C.M.G., will be present. Further particulars may be obtained from the dinner secretary, the Rev. E. C. Doddrell, 6, Alexandra House, Regent's Park Road, Finchley, N.3.

Colonel R. C. Macwatt, C.I.E., F.R.C.S., Indian Medical Service, has been appointed an honorary surgeon to the King, vice Colonel C. R. M. Green (ret.).

Medical News.

WE have read with regret Reuter's telegram stating that Sir Andrew Macphail was shot and seriously wounded in his house in Montreal by a person named Ogulnik, who afterwards killed himself. Sir Andrew Macphail has been Professor of the History of Medicine in McGill since 1907; he was long editor of the *University Magazine* and the writer, among other works, of the biography of Dr. John McCrae, author of *In Flanders Fields*, to which we referred last week. Sir Andrew Macphail served with the Canadian Contingent throughout the war, and was at Vimy; of his experiences there he gave some account in the Cavendish Lecture—"A Day's Work"—delivered at the West London Medico-Chirurgical Society in 1917. Afterwards he was with the Canadian Headquarters Staff in London, and there added to his many friends. We are glad to read that Sir Andrew Macphail is expected to recover.

THE Fellowship of Medicine and Post-Graduate Medical Association, with the co-operation of various special hospitals, is arranging to hold a series of special courses in general and special subjects during the forthcoming year. The first of these—a six weeks' post-graduate course in general medicine—will be held from January 9th to February 18th, 1922. The course will consist of a morning and an afternoon session, and the ground covered will include pulmonary affections, heart disease, disease of the nervous system, fevers, and lunacy; the programme will be so arranged as to entail a minimum amount of travelling each day. The numbers attending the course will be limited, and early application for further particulars as to syllabus, fees, etc., should be made to the Secretary to the Fellowship, 1, Wimpole Street, W.1.

THE Committee of the Universities' Library for Central Europe, formed to renew the stocks of books and scientific and learned periodicals in the universities of Central Europe, has recently issued its report for its first year of working, ending March 31st, 1921. It has sent consignments of literature to Austria, Czecho-Slovakia, Esthonia, Germany, Hungary, and Poland. Donations of money and of English books published since 1914 are still urgently needed, and may be sent to the Honorary Secretary, Mr. B. M. Headicar, London School of Economics, Clare Market, W.C.2.

AN Emeritus lecture will be delivered at the Middlesex Hospital Medical School on Tuesday, February 7th, at 3 p.m., by Sir John Bland-Sutton, LL.D., F.R.C.S., on "The choroid plexuses of the brain and psammomas."

THE sixty-second annual meeting of the Dutch Dermatological Society was held at Amsterdam on October 29th and 30th.

IN September 1,110 fatal cases of plague occurred in Java, as compared with 928 in August and 439 in July.

THE Glasgow University Club, London, will hold its annual autumn dinner on Friday, November 25th, at 7.30 p.m., in the Holborn Restaurant, with Professor J. Millar Thomson, F.R.S., in the chair.

IN the week ending September 24th 69 cases of anterior poliomyelitis were notified in New York City, the largest number since the great epidemic of 1916.

THE annual dinner of the Medical Society of University College Hospital will be held on Monday, December 12th, at Frascati's Restaurant, at 7.15 for 7.30 p.m. Tickets, price 10s., may be obtained from the Secretary or the R.M.O.

THE next meeting of the Hunterian Society will be held on Wednesday, November 23rd, at the Sion College, Embankment, E.C. (close to Blackfriars Bridge), at 9 p.m., when Mr. H. D. Gillies will read a paper on "Plastic surgery of the face." All members of the profession are invited.

THE next quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland will take place on Tuesday, November 22nd, at 11, Chandos Street, Cavendish Square, W., under the presidency of Dr. C. Hubert Bond, at 3.15 p.m. Papers will be read by Dr. M. Hamblin Smith, Medical Officer H.M. Prison, Birmingham, on "The medical examination of delinquents," and by Dr. H. Davies Jones, Ashhurst Hospital, Littlemore, on "Forgetting."

DR. DONALD W. C. HOOD, C.V.O., has been appointed Honorary Consulting Physician to the Royal Earlswood Institution for Mental Defectives, in succession to the late Sir George H. Savage, who was associated with Earlswood for over twenty years.

A MONUMENT has been erected at Havana to Charles Finlay, who discovered the part played by the stegomyia in yellow fever.

DURING the first half of 1920, 225 children committed suicide in the United States, and about twice as many in the first half of 1921, anxiety about school examinations being assigned as the chief cause.

THE next congress of the Royal Sanitary Institute will be held at Bournemouth from July 24th to 29th, 1922.

PRESIDENT HARDING has appointed Dr. J. G. South of Frankfort, Kentucky, a former president of the Kentucky State Medical Association, Minister to the Republic of Panama.

ALDERMAN DR. A. J. RICE-OXLEY, C.B.E., J.P., has been unanimously elected Mayor of the Royal Borough of Kensington for the third time, and Dr. Henry Jackson has been elected Mayor of Wandsworth. The names of the following medical men have been noted among the list of newly-appointed Mayors of provincial towns: Dr. E. J. Byrd (Pudsey), Dr. H. O. Grenfell (Saltash), Dr. O. W. Griffith (Pwllheli), Dr. H. Tibbitts (Warwick), Dr. H. S. Walker (Louth).

THE resignation of the Cabinet in Czecho-Slovakia has caused a change in the Ministry of Health, to which post Dr. B. Vrbensky has been appointed; the new Minister is a dentist by profession, but he holds a medical qualification, as appears to be usual in Czecho-Slovakia. In politics he is a Socialist.

A DANCE in aid of Westminster Hospital and School will be held at King Edward VII Rooms, Hotel Victoria, Northumberland Avenue, on Friday, December 2nd.

STRONG protests have been made by the medical profession in France, and especially by the Syndicat général des médecins français électro-radiologistes, against the appointment by the prefect of the department of the Seine of a radiographer who is not a qualified medical practitioner to be director of the radiological laboratory of the Salpêtrière Hospital in succession to the late Dr. Charles Inffroit.

It was decided at a recent meeting of the British Spa Federation that in future the spas composing the federation will require all patients to have medical prescriptions, dated not more than twelve months previously, for all treatments except a few generally recognized to be obtainable at any "hydro" or treatment establishment.

THE annual general meeting of the Medical Officers of Schools Association will be held at 11, Chandos Street, Cavendish Square, W.1, on Tuesday, November 29th, at 5 p.m. An address by the President, Mr. R. C. Elmslie, M.S., F.R.C.S., on the "Status of physical instructors in schools," will be followed by a discussion.

WE are asked to state that the speakers in the discussion on a paper on syphilis of the stomach, to be read as an occasional lecture by Dr. Gustave Monod at a meeting of the Royal Society of Medicine on Wednesday, November 23rd, at 5 p.m., will be Dr. A. F. Hurst, Dr. J. W. McNee, Mr. Herbert Paterson, Mr. A. J. Walton, and that Sir Berkeley Moynihan, Dr. Charles Bolton, and Mr. Sherren, whose names were mentioned last week, will not be able to be present.

A. R. LING and D. R. NANJI contributed to the Royal Society on November 10th a note on the longevity of certain species of yeast. Eight cultures of yeast prepared in 1887 by the late Professor Hansen were found to be still living. In what form they have retained their vitality has not yet been determined. Hansen showed that one species at least, *A. apiculatus*, found on the exterior of certain fruits, hibernates in the soil; and as this species, or at all events the yeast with which Hansen worked, does not form endospores, it may be that the yeasts now described have been preserved as resting cells.

THE American Red Cross Child Health Exhibition, covering practically every department of child welfare, which has been touring a number of the large cities of France since May, closed its year's work in October at Valenciennes. Besides spending a month in Paris this exhibition remained for from two to three weeks at Lille and other cities of North-Eastern France, and has been very successful, the average attendance at the exhibition being about 5,000 persons daily. The exhibition received unanimous support from the French medical profession in every city which it visited, and the local medical practitioners gave their services to it freely in the work of lectures, consultations, examination of babies, etc. It is expected that the exhibition will be continued next summer under the management of the French child welfare organizations.

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, 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, *Aitology, Westrand, London*; telephone, 2630, Gerrard.

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

3. MEDICAL SECRETARY, *Medisera, 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.

"VICTORIAN" has an income of £800 a year from property and investments in Australia. What would be his liability if he came to this country for one or two years?

** He would be liable to account for tax on his income as measured by the amount of the remittances from Australia. In calculating the tax payable, the usual allowances—for example, £225 free and £225 at 3s.—would be made, and an allowance is also made for the tax paid in Australia.

A. McD. uses his private car for travelling from the place of his real employment to the hospital, where he holds an honorary appointment.

** We understand that the Board of Inland Revenue offers no objection to the inclusion of honoraria from hospital appointments with the main source of earnings and to the calculation of expenses accordingly. We therefore think that our correspondent may properly deduct his expenses. His colleague, who travels to another place to perform duties in connexion with a Pension Board, appears to be in a somewhat different position.

"REPAY" inquires whether he is correctly informed that army pay must be dealt with on the basis of the actual year's pay and not on the three years' average.

** Yes; on the other hand, a practitioner on active service can have the assessment on the practice profits dealt with on the current year's basis also. If the total income on that basis be less than the allowances due, the difference cannot be carried forward against the income of the next year.

"MAJOR I.M.S." landed in England from India, on June 13th, 1921; he receives privilege pay to October 6th and furlough pay from that date to March 31st, 1922. He asks what income he is liable to declare.

** Our correspondent should make his declaration as "a person not ordinarily resident in the United Kingdom." On this basis his income should be dealt with as follows:

1. Pay: The amount receivable for the period June 13th, 1921, to March 31st, 1922.
2. Private practice, etc., in India: Presumably at present in abeyance, if so *nil*; if any earnings in this country they are liable to tax.
3. Interest on Indian shares: Income liable if remitted to this country, less an allowance for tax borne there.
4. Five Per Cent. War Loan interest: Not liable to assessment in the circumstances of residence.

LETTERS, NOTES, ETC.

PAST AND PRESENT.

DR. W. E. HOME writes with reference to the recommendation (in the note headed "Past and Present" on p. 715 of our issue of October 29th) to read certain books by Professor Shield Nicholson and others: As an Edinburgh student and secretary of the Conservative Association years ago may I recommend instead *The Strength of Nations* (not the "wealth") by J. W. Welsford (Longmans, 6s.) published in 1907, which has explained to me everything that has happened since, the suffragettes and the unemployed, and foretold the great war?