

on to the abdomen. He had not found it necessary to wait before proceeding with radioscopic examination. Preliminary radioscopy was employed to make sure that the structures which it was desired to investigate were well enveloped in gas. The prone position was advisable as a preliminary, and this was afterwards modified to allow the best possible envelope of gas to surround the different structures. Radiograms were always taken, and ultimate diagnosis rested chiefly on these. The positions generally used were:—Liver and spleen: shoulder somewhat raised; prone. Kidneys: lateral antero-posterior views. Pelvic organs: prone; pelvis raised; also lateral antero-posterior views with pelvis raised. Double-screen films with short exposures were advisable, and the breath should be held during exposure. He attempted the withdrawal of gas only when the patient was complaining of some discomfort, for in his experience it was impossible to withdraw anything like all the gas through the needle within a reasonable space of time. The patient was invariably sent back to bed, with instructions that he might sit up when he felt inclined. The gas was usually absorbed within forty-eight hours or rather more, and appeared to be absorbed more quickly by children. He was convinced that when oxygen was used for injection patients should not be dealt with as out-patients. The effect on the patient was often painful and sometimes distressing. Pain was very much greater on movement, and especially on elevation of the shoulder, owing to traction on hepatic and other ligaments. Movements should therefore be restricted to the minimum. The pain and discomfort only lasted an hour or so if the patient remained recumbent, and there were as a rule no other ill effects. Unavoidable mishaps included puncture of structures adherent to parietal peritoneum where needle was inserted. No modification of apparatus could possibly eliminate the risk of entering the gut in these cases of adhesion. The actual danger appeared to be slight, but the results were exceedingly uncomfortable for the patient, and might be alarming. Altogether, to sum up with regard to safety and ease of procedure, there must be preparation and aseptic technique as for abdominal section; the actual inflation was exceedingly easy; the procedure was often very unpleasant for the patient, and not free from rather remote risks of very considerable pain and distress. Any undesirable effects appeared to be usually quite transient. Several deaths had, however, been reported.

With regard to the scope and limitations of the procedure, the speaker said that children usually bore it better than adults. Debility and cachexia, unless extreme, did not form a contraindication, but all inflammation of the peritoneum which showed any sort of activity, whether recent or not, should be approached with caution, and recent lesions of the peritoneum, whether primarily acute or subacute, were an absolute contraindication, owing to the possibility of separating recent adhesions or of generalizing a local infection. All conditions associated with alteration in size, shape, or contour of the liver, spleen, kidneys, uterus, and ovaries were suitable. The method was useful for abdominal tumours, other than those of the alimentary tract, the latter being demonstrated better by the opaque meal and enema. A certain number of gall stones which could not be shown on ordinary examination were demonstrable by pneumoperitoneum, but he had not met with much success in this direction. With regard to urinary calculi, the percentage of cases in which these could not be shown by ordinary examination with proper technique was exceedingly small. The degree of accuracy in diagnosis attainable by this method varied with the type of lesion. He had had most success in deciding as to the presence or absence of adhesions and the relations of tumours to the solid viscera. The nature of the tumours had eluded him. There was every reason, however, to think that with wider experience it should be possible to make a much larger percentage of absolutely definite diagnoses.

Finally, he spoke of the value of this method as compared with others. For pneumoperitoneum radiography to attain a high place in the regard of the profession, it must be insisted that only carefully selected cases be submitted to this procedure, and that the process of selection should involve thorough clinical examination, with any special examination which might be indicated. He deprecated inflation as a routine method for every subject with symptoms which might (or might not) have their origin in the abdomen. In carefully selected cases the method would very frequently furnish information which could not be obtained by any means short of exploratory laparotomy.

Dr. WOODBURN MORISON (Manchester) agreed that the operation of gas inflation was a definite surgical process; if that were generally accepted, then it was a surgeon's work. A medical man with surgical qualifications, of course, could practise as he chose, but in Manchester it was not desired that the surgeons should invade the sphere of the radiologists. In that city they had done about one hundred such operations; he had never been able to show gall stones by the method unless they had been previously demonstrated with the ordinary plate, and he agreed with Dr. Hernaman-Johnson that if the stones were of sufficient density to give a good picture they could be shown by the ordinary plate examination.

The PRESIDENT said that this was one of the newer methods in x-ray practice, and the Section was under an obligation to Dr. Hernaman-Johnson and Dr. Redding for their valuable contributions. They were pioneers in a new method, which, like every new method, was open to exaggeration and abuse. What he himself wished to know was why the presence of air made a part peculiarly transparent to the rays.

Dr. HERNAMAN-JOHNSON, in reply, said that the operation itself, if skilfully done, hurt the patient no more than the anaesthetizing of the track of the needle would do. In his opinion CO<sub>2</sub> was much more desirable than oxygen, but with CO<sub>2</sub> as the distension disappeared in about three-quarters of an hour, it was necessary to be fairly speedy in making the exposure; that was the only disadvantage of this gas as compared with oxygen. To relieve the discomfort after operation he had found one-sixth of a grain of morphine very useful. It was advisable to keep the patient supine for some time. Puncturing of the spleen should not take place if care were exercised. He agreed that the method often failed in the diagnosis of gall-bladder calculus. With regard to a point as to technique raised by Dr. Morison, those who had been general practitioners could not realize, and probably never would realize, why they should not use needles in the same way as they had been accustomed to use them in general practice. Possibly a new generation of radiologists, who had been brought up, after graduation, to x-ray work alone, might find a difficulty. Too narrow a specialism was to be deprecated. Surgeons quite rightly made use of x rays and electricity when they considered it advantageous to their practices, and a similar liberty should be given to other experts. One thing at least was certain: had Dr. Morison's views met with general acceptance in the past there would be no discussion on peritoneal inflation to-day, as the method had been initiated by radiologists, just as diathermic surgery owed its beginnings to electro-therapeutists. With regard to the usefulness of injected gas in showing up organs, it acted chiefly by pushing the parts away from each other, but there might also be some refractive effect as yet not fully understood.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### THE DIMPLE ON THE CONDYLE OF THE FEMUR.

THERE is a little dimple or depression, situated just above the popliteal groove on the outer condyles of the great majority of femora. This dimple is entirely ignored by most textbooks of anatomy, and in the few instances in which it is alluded to it is said to be caused by the pressure of a sesamoid bone which is sometimes present in the outer head of the gastrocnemius.

A short time ago, while acting as demonstrator in the Anatomy Department of Glasgow University, I investigated this matter, with the help of Dr. D. M. Blair, the senior demonstrator. We examined between us a dozen lower limbs; we found that no sesamoid bone was present in seven out of the twelve specimens; but in spite of this fact the suprapopliteal depression was well marked in each case. In the remaining five specimens a sesamoid bone or cartilage was found; but in no case did it correspond in position to the depression, being always at least half an inch below and lateral to it.

Some other explanation will therefore have to be found for the existence of this peculiar dimple. So far as we could see, it had absolutely no *raison d'être*—nothing originated from it, nothing occupied it.

London Hospital.

W. KERR CONNELL, M.B., Ch.B. Glasg.

## UNSUSPECTED PREGNANCY.

I THINK I ought to record an experience I had about twenty years ago, because of its medico-legal significance.

I was summoned at the last minute to attend a confinement. After the birth of the child, a healthy male, the mother made the following statement: She had been married over eight years, and had been regular each month. Her last period finished two or three days before this unexpected birth. Her figure had not changed in the least; she wore the same stays and dresses throughout with no adjustments or alterations. A short time before delivery she had a little stomach ache, which she ascribed to having eaten a supper. The child was born as the result of one long pain only, and the process was a matter of a few minutes only. The medical attendance merely consisted in division of cord and application of a binder. The husband had no suspicion of his wife being pregnant, and was quite excited and flustered at the unexpected birth.

I also questioned a married woman who had had several children, and who occupied part of the same house. She had not noticed any sign of pregnancy in her friend, neither in figure, dress, nor anything else.

The whole set of circumstances seems almost unbelievable, but I closely questioned all parties concerned at considerable length, and as there was no conceivable reason for speaking anything but the truth I unhesitatingly accepted the statements as facts. I still believe these things to be true in every particular.

London, S.W.

JOHN FLETCHER.

## A DIPHTHERIA CARRIER.

Miss E. R., aged 28, of robust appearance, had been found to be a carrier of virulent diphtheria bacilli in November, 1921, when an outbreak occurred in a school where she was matron. An autogenous vaccine prepared at Manchester University and also a stock vaccine were administered without effect, as follows:

Three doses of autogenous vaccine, each containing 10 million bacilli, were injected—one each on January 20th, January 27th, and February 3rd; three doses of the stock vaccine were also injected—one of 25 million on February 28th, one of 50 million on March 6th, and one of 25 million on March 17th. Swabs taken on various dates subsequent to the commencement of the injections showed, on culture, the following results:

February 2	...	swab +	March 4	...	...	swab +
" 8	...	" -	" 16	...	...	" +
" 18	...	" +	" 22	...	...	" -
" 25	...	" -	" 28	...	...	" +

After the dose of 50 million stock vaccine (undetoxicated) there was considerable reaction, and the patient complained of very distressing pain in the region of the heart with a feeling of oppression, but there was no tachycardia, dilatation, or valvular disease. These symptoms had not been present before the use of the vaccine; in fact, the patient had felt perfectly fit. She refused further injections after March 17th.

On March 14th I removed the right tonsil, which was somewhat hypertrophied; the left tonsil was only visible on retraction of the anterior pillar of the fauces. As diphtheria bacilli were still present on March 28th I sent her to Dr. E. H. R. Harries, who reported numerous diphtheria bacilli on the left tonsil and a few from the nose, and recommended dissection out of the left tonsil; this was done by Mr. A. L. Yates on April 21st, and he removed some adenoid tissue at the same time. Swabs taken subsequently showed the following results:

May 10	...	...	swab +	May 24	...	...	swab -
" 17	...	...	" -	" 30	...	...	" -

On May 10th a slough was still present in the nasopharynx; after this had separated the swabs were negative. Local treatment after removal of the tonsils consisted of swabbing over the tonsil beds and nasopharynx daily with 10 per cent. argyrol, except on mornings before swabs were taken.

I think this case only emphasizes the uselessness and even harmfulness of vaccines for these cases, and the necessity for thorough removal of any unhealthy tissue, without which the diphtheria bacilli cannot be dislodged.

Wolverhampton.

C. L. SPACKMAN, M.B., Ch.B., D.P.H.

## Reviews.

## CANCER OF THE BREAST.

MR. HANDLEY published the first edition of his book on *Cancer of the Breast* in 1906, and it says much for the thoroughness and care with which his original investigation was conducted that in this, the second, edition,<sup>1</sup> published sixteen years later, there has been need for practically no alteration of any consequence in that section which deals with his pathological work.

The arrangement of the contents of the volume is based on a scientific principle which ought to be more frequently followed. The book begins with a detailed statement of the evidence on which Mr. Handley relies to establish his theory of the way in which carcinoma of the breast is disseminated; later chapters treat of the process of repair in carcinoma, the normal anatomy of the breast, the treatment, operative, by x rays, and by radium, and of recurrence. Paget's disease and the dissemination of melanotic sarcoma are discussed in two interesting and illuminating chapters.

The two sections of the book which will probably first attract attention are, curiously enough, neither of them strictly concerned with the main thesis of the volume. Chapter X deals with the anatomy of the breast and its lymphatic glands; here we confess to some feeling of disappointment; in a volume of such excellence and importance place might have been found for a more detailed account of what must essentially form the groundwork of successful pathological investigation. In contrast to this, the chapter dealing with the radiological treatment of carcinoma is one of the best presentations of the subject which we have read. It puts the highly important question in an exceedingly fair light, and we would commend its perusal to all who have anything to do with the radiological treatment of carcinoma. We have only one criticism to make: it would, we think, have been well to have recounted in greater detail the work of Murphy and Rous and their collaborators; Mr. Handley dismisses their investigations very briefly and does not even mention their names; but their results are, we believe, generally considered to be of great significance.

The first chapter deals with the inadequacy of the embolic theory of the dissemination of carcinoma; Mr. Handley is strongly in favour of the view that breast cancer is disseminated by the lymphatic vessels. While he does not deny the possibility of cancer cells entering the blood stream, he believes (and his belief is mainly based on the work of M. B. Schmidt) that the blood exerts so strong a destructive action upon the cancer cells that haemic embolic metastasis is an extremely rare occurrence. Recent experimental work tends to call in question some of Schmidt's results, and we suggest that the papers Czerny published in 1913-14 are of interest in this connexion. With great originality a mass of evidence is presented in favour of the view that the disease is disseminated by way of the lymphatics along the deep cervical fascia. The author draws a clear distinction between spread by infiltration and spread by permeation; the latter is the advance guard of the disease, and by ingenious argument, if not by demonstration, Mr. Handley shows that it is along the smaller lymphatic vessels that the cancer cells primarily extend.

There are not many who will express disagreement with his views, but to a critical mind the demonstration is not so convincing as Mr. Handley would have us believe. Naked-eye evidence, as shown by the skin nodules, is untrustworthy; such evidence can only be obtained in the advanced stages of the disease, and the nodules, therefore, are no criterion of an early process. Microscopical evidence will be convincing when the process, as Mr. Handley describes it, can be demonstrated in a complete series of serial sections. The labour would be enormous, and the observer to undertake it has yet to appear. The examination of a single strip, or even of two radial strips, is not sufficient evidence of what may be occurring in other planes and serials. The author describes his conception of the disease and its spread as being that of a biconvex lens, by which description we may infer that he believes that the dissemination of the disease, while not necessarily circular, is yet radially uniform from a common centre. It is difficult to reconcile this exact conception with

<sup>1</sup> *Cancer of the Breast and its Treatment*. By W. Sampson Handley, M.S., M.D. (Lond.), F.R.C.S. (Eng.). Second edition. London: Published for the Middlesex Hospital Press by John Murray. 1922. (Med. 8vo, pp 411; 82 figures. 30s. net.)

THE death took place recently at Paisley Royal Infirmary of Dr. ALEXANDER MACLEAN, who was for fourteen years a member of the medical staff of the Glasgow Public Health Department. Dr. Maclean was educated at Glasgow University, where he graduated M.B., Ch.B. in 1902; he took the D.P.H. of the Royal Colleges of Physicians and Surgeons of Edinburgh in 1903. He was formerly senior assistant medical officer at the Western District Hospital, Glasgow, and on appointment to the Public Health Department he became assistant bacteriologist. He devoted special attention to the relation of housing conditions to disease, and for a number of years held a special post as junior medical officer for housing purposes; in 1920 he was transferred to the northern division of the city as a clinical medical officer.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

THE next examinations for medical and surgical degrees will be held at the beginning of October. Parts I and II of the First M.B. Examination will begin on October 3rd, and Part III on October 5th. Part II (pharmacology and general pathology) of the Second M.B. Examination will begin on October 2nd.

### SOCIETY OF APOTHECARIES OF LONDON.

THE Diploma of the Society has been granted to the following candidates entitling them to practise medicine, surgery, and midwifery: E. E. Briant, A. Gugenheimer, F. D. Howitt, and W. J. Verheyden.

## The Services.

### DEATHS IN THE SERVICES.

Surgeon Rear Admiral George Trevor Collingwood, C.B., R.N. (retired), died at King Edward's Convalescent Home, Osborne, Isle of Wight, on September 2nd. He was born in 1863, educated at the London Hospital, and, after taking the M.R.C.S. and L.R.C.P. Lond. in 1886, entered the navy as surgeon in the following year. He attained the rank of surgeon rear admiral on July 4th, 1920, and retired in 1921. As surgeon of the *Widgeon* he served in the Naval Brigade landed at Bathurst, on the Gambia river, in February, 1894, for the punishment of Fodi Silah, a slave-raiding chief; in September, 1894, in the expedition against the chief Nanni, on the Benin river, and was present at the capture of Brohemi, the chief's stronghold, in September, 1894; and in the expedition against King Koko, of Nimby, on the Brass river, in February, 1895, was mentioned in despatches, and received the Africa General Service medal, with three clasps. From 1909 to 1912 he was P.M.O. at the Royal Naval College, Osborne. In the recent great war he served in the Dardanelles, on H.M.S. *Inflexible*, and afterwards in charge of the naval hospital ship *Soudan*; and after the war was appointed head of the naval hospital at Malta. He received the Sir Gilbert Blane gold medal in 1909, the M.V.O. in 1910, on the occasion of King George's visit to Osborne, and the C.B. in 1919.

Inspector-General Henry MacDonnell, C.B., R.N. (retired), died at Southsea on September 2nd, aged 83. He was born in 1839, the son of William MacDonnell, Esq., of Dublin, educated in that city, and, after taking the L.R.C.S.I. in 1860 and the L.R.Q.C.P. in 1861, entered the navy as assistant surgeon in 1861. He attained the rank of inspector-general in 1897 and retired in 1899. He was in charge of Malta Naval Hospital from 1893 to 1896, Chatham Hospital 1896-97, and Haslar Hospital 1893-99. As fleet-surgeon of H.M.S. *Invincible* he served at the bombardment of Alexandria on July 11th, 1882, and during the Egyptian war, receiving the medal with a clasp and the Khedive's bronze star. He was granted the C.B. at Queen Victoria's diamond jubilee in 1897, also the jubilee medal. In 1886 he married Frances Alice, daughter of the late Sir William R. Holmes, Consular Service, of Kilrea, Ireland.

Colonel Edward Horace Lynden Lynden-Bell, C.B., A.M.S. (retired), died in the Officers' Hospital, Millbank, on September 1st, aged 63. He was born on December 18th, 1858, the son of Major-General T. Lynden-Bell, of Brook Hill, co. Wexford, and educated at Edinburgh University, where he graduated as M.B. and C.M. in 1882. Entering the R.A.M.C. as surgeon on August 4th, 1883, he attained the rank of lieutenant-colonel after twenty years and colonel on September 19th, 1912, retiring on December 26th, 1917. From 1912 to 1914, and again in 1917, he held the post of D.D.M.S. London district. He served in the Burma campaign in 1885-89, receiving the Indian frontier medal with two clasps; and in the war of 1914-18, when he was mentioned in despatches in the *London Gazette* of October 19th, 1914. He received the C.B. in 1915, and was appointed a Knight of Grace of the Order of St. John of Jerusalem in 1916.

Lieut.-Colonel Lewis Haywood, R.A.M.C. (retired), died at the Officers' Hospital, Brighton, on August 31st, after a long illness, which dated from the South African war. He was born on August 10th, 1857, educated at Aberdeen, where he graduated as M.B. and C.M. in 1880, and entered the army as surgeon on February 4th, 1882. His name was then Lewis Haywood Truefitt, but he sub-

sequently dropped the surname. He attained the rank of lieutenant-colonel after twenty years' service, and retired on October 22nd, 1902. After his retirement he was employed at Scarborough in 1903-04, Aldershot 1905-07, and Lincoln in 1908-09; in 1909 he was appointed staff officer to the A.M.S., South Midland Division, R.A.M.C. (T.F.), and subsequently D.A.D.M.S. of that division. He served in the South African war in 1899-1901, and took part in the relief of Ladysmith, including action at Coleenso, operations on Tugela Heights, action at Pieter's Hill, and operations in the Transvaal, including the action at Zilicatis Neck, was mentioned in despatches in the *London Gazette* of February 8th, 1901, and received the Queen's medal with four clasps.

## Medical News.

A POST-GRADUATE course will be held in medicine, surgery, and pathology at Addenbrooke's Hospital, Cambridge, from Monday, September 25th, to Saturday, September 30th. There will be a morning session from 11 a.m. to 1 p.m., and an afternoon session from 2 to 5 p.m. each day. The times have been so arranged as to enable as many as possible of those wishing to attend to carry on their practices at the same time. There will be no fees for the course. A dinner will be held on Tuesday, September 26th, at 7 p.m. A programme and further particulars can be obtained from the secretary to the staff, Addenbrooke's Hospital, Cambridge.

THE opening ceremony of the winter session at King's College Hospital Medical School, Denmark Hill, will be held at 2.45 p.m. on Tuesday, October 3rd. The introductory address will be given by Sir Herbert Jackson, K.B.E., F.R.S., with Viscount Hambleden in the chair. The annual dinner of past and present students will be held at 7 for 7.30 on the same day at the Café Royal, Regent Street, W., with Dr. Percy Lewis in the chair.

THE third annual lecture conference for welfare supervisors organized by the Industrial Welfare Society will be held at Balliol College, Oxford, from September 15th to 20th. This year the conference is open to both men and women, special arrangements having been made for the women delegates at Lady Margaret Hall. The Session will be opened by Mr. J. W. Pratt, M.P., Parliamentary Under-Secretary for Scotland. The programme will deal with such subjects as "Welfare under the Whitley principle," "The employment department: its functions and personnel," "Health, first aid, safety." Mr. Frank Hodges, Secretary of the Miners' Federation, will give an address on "Health and welfare in the mining industry," and Dr. H. M. Vernon, of the Industrial Fatigue Research Board, will speak on "Record keeping and statistics." Inquiries regarding the conference should be addressed to the Industrial Welfare Society, 51, Palace Street, Westminster, S.W.1.

SIX months' Courses of Lectures and Practical Instruction in Part I (Physics and Electro-Technics) and in Part II (Radiology and Electrolgy) for the Diploma in Medical Radiology and Electrolgy of the University of Cambridge will be given in London, beginning October 3rd, 1922, and in Cambridge and London, beginning January 9th, 1923, for examination at the end of the courses. For further particulars application should be made to Dr. Stanley Melville, 12, Stratford Place, London, W., or to Dr. F. Shillington Scales, Medical Schools, Cambridge.

A COURSE of lectures on maternity and child welfare and school hygiene will be delivered at the Royal Institute of Public Health, Russell Square, London, during October, November, and December. Medical practitioners, medical students, health visitors, and others engaged in any form of public health service are invited to attend. The opening lecture on Wednesday, October 18th, at 4 p.m., will be given by Professor Louise McIlroy on the influence of ante-natal care upon infant mortality. Particulars may be obtained from the honorary secretaries at 37, Russell Square, W.C.1.

DURING the last twelve months 32,414 rats were destroyed in the docks and warehouses of the Port of London Authority, compared with 39,112 in the previous year.

DR. HUBERT WORK, Postmaster-General of the United States, and formerly President of the American Medical Association, was the guest of honour at a dinner given in Washington by the Panama Chargé d'Affaires, Señor Lefevre, in recognition of the co-operation of a committee of the American Medical Association appointed to act with the board of directors of the Gorgas Memorial.

AN interallied congress on cancer will be held at Strasbourg in the spring of 1923, when the following topics will be discussed: (1) Experimental production of cancer; (2) spontaneous and provoked reactions of the organism against cancer; (3) treatment of cancer of the breast by irradiation.

THE Russian Pirogoff Surgical Society of Petrograd has announced that the fifteenth Russian Surgical Congress will take place from September 24th to October 1st. The organization committee consists of the council of the society, of which Professor Grekow is president, associated with a number of other members of the society. The chief subjects for discussion will be: (1) the anatomy and pathology of the vascular system; (2) chronic ulcer of the stomach; (3) surgical complications of exanthematic and recurrent fever; (4) treatment of surgical tuberculosis.

At the third annual convention of the Canadian Radiological Society, held recently at Winnipeg, Dr. Lewis J. Carter of Brandon, Manitoba, was elected president.

It is announced by the United States Treasury that Dr. J. W. Scherechewsky, assistant surgeon-general, U.S. Public Health Service, has been commissioned to conduct an investigation into the cause of cancer; the headquarters of this investigation will be established in Boston.

It is reported from Manila, according to the *Journal of the American Medical Association*, that numbers of "chiropractors" have recently arrived in the Philippine Islands from the United States. They have bought full-page advertisements in the local newspapers, claiming to cure almost every ailment, and they are attempting to get a bill submitted to the Legislature regulating the practice of "chiropractic" and to establish a chiropractic examining board for the Philippines.

THE leading educational institutions in eastern China are co-operating in a project to found a medical school in Shanghai. This proposal was abandoned last year by the China Board, but is now being revived with considerable assurance of success. The suggestion is to combine Chinese and American funds and build a union medical school, using St. John's medical department as a nucleus of the new school. The Women's Union Missionary Board has decided upon Shanghai as the best place to found a women's medical college, and is entering whole-heartedly into the present union scheme.

## 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, *Antiology*, 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.

#### SHELTER LIFE FOR CHILDREN.

DR. WM. J. AITKEN QUINE (Chinley) writes: In reply to the inquiry from "Alpha" (p. 493) I may say that in my opinion shelter life for a 4 year old child in Derbyshire is perfectly feasible, provided that the feet are kept warm by a large, well-protected, hot-water bottle at night in cold weather. The climate is damp, more especially on the western slopes of the Pennines, but not foggy to any marked degree. On the other hand fog, when formed, is often very slowly dissipated from enclosed valleys such as that in which Buxton lies. The county health authorities provide a useful form of shelter for suitable tuberculosis cases, and evidence of the way in which open air life is adopted is to be found in the great reluctance of even small children to give them up and sleep indoors again.

#### EPIDEMIC STOMATITIS.

"CLOYBANK" asks for references to recent recorded cases of epidemic stomatitis in children. There have (he says) been three cases in one family in my practice, the chief features of which have been small ulcers of gums and lips, foul tongue, mild febrile reaction, and anorexia.

### CERTIFYING FACTORY SURGEONS.

"J. E." asks what remuneration a certifying factory surgeon usually receives, and to whom an application should be made when a vacancy occurs. We have referred the question to a correspondent with special knowledge, and his reply is as follows:

*Examination of Young Persons.*—The Factory Act (Sec. 124) enables the employer and the surgeon to arrange the amount of fee or annual charge, and this is extensively done. In the absence of an agreement the remuneration must be by fixed scale, which allows, at present, 2s. 6d. per visit or, if more than two are examined, 1s. per head; mileage at the rate of 6d. per complete half mile after the first is to be added. For examination at the surgeons' rooms the fixed fee is 1s. per person.

*Examinations under Regulations.*—The scale is as above, and although nothing is said about mutual arrangements there is no reason why an employer cannot pay as much as he cares to.

*Investigation of Accidental and other Poisonings and of Certain Industrial Diseases.*—The fees, which are paid by the Home Office, are at the original rate fixed in 1844—namely, 3s., to cover a visit to the works, a visit to the patient and the report, with mileage as above.

*Certificates under the Workmen's Compensation Act.*—For examination and certificate 5s., with an extra 1s. for each mile or part travelled when the patient is visited. If an examination of the case has already been made under the Factory Act the fee is 1s. only, which, of course, means that the surgeon draws less for a double duty than for certifying under the Compensation Act alone. The fee is to be paid by the workman, but the employer frequently takes up this obligation.

When a vacancy occurs application should be made to the Chief Inspector of Factories, Home Office, Whitehall, London, S.W.1.

### INCOME TAX.

"O. K. M." served with the Defence Force in 1921, as a result of which his civil income was reduced by £132, £42 through payment of fees to a locum tenent plus £90 lost through inability to attend pensions boards. What can he claim for this loss?

\* \* The payment of £42 can be charged as a professional expense, but as regards the loss through reduction of earnings no claim can be made; it is, of course, only the reduced amount of the earnings which count as receipts. Tax is legally due on the amount of the Defence Force pay.

"R. M. S." has this year been refused a deduction for the cost of purchasing medical textbooks and of subscribing to medical societies.

\* \* As we have often said before, we consider that expenses incurred in maintaining, as distinct from improving, a medical library are allowable as necessarily incurred in the performance of the duties of the office. We fail to see any distinction in principle between the expense incurred in maintaining, for example, a set of instruments in proper condition, with the cost of keeping up to a proper level the stock of professional knowledge.

"W. B." is in general practice and holds an appointment as administrator of a hospital. He has been refused a deduction for the expense of travelling between his professional premises and the hospital.

\* \* Some years ago the Board of Inland Revenue agreed that a hospital appointment need not be separately dealt with—that is, that a single assessment be made under Schedule D on the full earnings of the practice plus the appointment. We have not heard that this arrangement has been terminated, and assuming that it continues, "W. B." should apparently be assessed in one sum for all his earnings, in which case the expense is allowable as the case quoted refers only to an assessment under Schedule E.

"O. Y." asks: Has an inspector of taxes any right to demand the inspection of a bank pass book?

\* \* No. We must, however, add that if an assessment is made against which the taxpayer appeals, the Commissioners by whom the appeal is to be heard can require production of such evidence as they think fit, and confirm the assessment if this is not forthcoming.

### LETTERS, NOTES, ETC.

#### GASTRO-JEJUNOSTOMY FOR PERFORATED GASTRIC AND DUODENAL ULCERS.

SIR JOHN O'CONNOR, K.B.E., M.D. (Senior Medical Officer, British Hospital, Buenos Aires) writes: May I beg to mention that personal (including some bitter) experience convinced me some years ago that, on this side of the Atlantic, the operation for closure of the perforation does not cure the ulcer, and compelled me to adopt the following plan of treatment: Close the perforation, keep the patient in bed for one month, on milk; then perform gastro-jejunostomy, repeat the rest in bed on milk diet (with or without an egg nog once or twice daily) for another thirty days, and follow by careful "gradual" feeding for one year. It is my profound belief that if, in cases of ulcer treated