

placenta followed forty minutes later and appeared perfectly healthy, but weighed 4 lb.

The puerperium was uneventful. The patient was sitting up and well on the twelfth day.

Particulars of the Child.

Weight (verified by separate weighing machines, and observers) ...	24 lb. 2 oz.
Length—vertex to heel ...	35 inches.
Length of spine ...	15½ "
Bis-acromial ...	8½ "
Length of arm ...	13 "
Length of foot ...	5½ "
Circumference of thigh ...	10 "
Circumference of forearm ...	7 "
Bi-trochanteric ...	6 "
Head circumference ...	19 "
Bi-mastoid ...	4½ "
Bi-ma'ar ...	4½ "
Suboccipito-bregmatic ...	5½ "
Suboccipito-frontal ...	6½ "

The *post-mortem* examination was confined to examination of the brain. The bones of the vertex were harder and exhibited a greater degree of ossification than usual. The anterior fontanelle was smaller than usual. On opening the skull the dura was firmly adherent to the calvarium, and the brain was so soft and diffident that it could not be removed intact; it was put into formalin solution, but after twenty-four hours had fallen to pieces. A portion of the pituitary was saved and examined, but merely exhibited undue vascularity of the pars anterior.

The foetus is preserved in the Museum of the Royal Army Medical College, Millbank, London.

Induction of labour or Caesarean section would have been considered had it been possible to diagnose a foetus of such large size. Pelvimetry had shown that the maternal passages were abnormally large. The difficulty was that the uterus was so tense with excessive liquor amnii and the large foetus that its contents could not be palpated clearly. It was not reasonable to anticipate trouble with a pelvis of this size, especially as we had in mind the probability of hydramnios and twins, and knew that a 10 lb. baby had been born without trouble previously.

Cleidotomy was not performed because at the stage when it suggested itself as a means of overcoming the difficulty with the shoulders it was still hoped to get a living child.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF CONGENITAL PYLORIC STENOSIS.

THE occurrence of congenital pyloric stenosis in female children is, I believe, of sufficient rarity to be worthy of note.

A colleague called me into consultation upon a marasmic female infant aged 3 weeks. It was a second child, the first being a healthy boy, and labour had been normal. The mother appeared perfectly healthy and was feeding the child herself.

The child commenced to vomit its feeds when about 10 days old; at first this was so slight that it was considered to be a mere regurgitation caused by slight digestive disturbance, as frequently happens. During the next four days the vomiting increased and the child began to waste rapidly. Various dietetic changes were tried, but without success. In the third week the vomiting became really projectile in type, even the smallest feeds of albumin water being returned. These were the conditions when I was called in; in addition there were scattered râles over the bases of both lungs.

A feed was given to the infant in our presence, and within a minute well-marked slow peristaltic waves could be seen passing across the abdomen from left to right in the region of the stomach. This peristalsis was apparently painless. Shortly afterwards the vomiting began and was projectile in type. A thickening could be felt in the region of the pylorus. The stools up to this time had been normal, showing no signs of failure of digestion, but the apparent constipation now present was another point in the diagnosis.

Given these symptoms—namely, projectile vomiting, visible peristalsis in the gastric region, palpable thickening in the region of the pylorus, apparent constipation, and marked wasting—a diagnosis of congenital pyloric stenosis was made. I am indebted to Dr. Frederic Still for the following notes giving details of the treatment:

"The operation was performed by Mr. Tyrrell Gray, after repeated subcutaneous saline infusions had produced a slight rally. I was watching for the moment when it might be just possible to operate, for the child was in an almost desperate condition when I first saw it about eighteen hours before operation. It was not only extremely feeble and somewhat blue, but there were sharp râles all over the bases of both lungs.

"We took advantage of the temporary rally, and Mr. Gray did the Ramstedt operation—that is, a simple longitudinal incision through the muscular layer of the pylorus without cutting through

the mucosa. The child stood the operation well, and with further subcutaneous infusions rapidly gained strength, and has since kept down its breast-milk feeds well."

The infant has progressed satisfactorily, and has gained 1 lb. 2 oz. since the operation three weeks ago. This gain is perhaps less than might be expected, but is to be attributed chiefly to the deficiency of breast milk after the temporary weaning.

According to statistics, the condition is rare in female children, 80 per cent. of cases occurring in boys (Garrod, Batley, and Thursfield, *Diseases of Children*), and more commonly in first children.

Kidderminster.

V. N. FENTON, M.B., B.Ch.Camb.

AUTOGENOUS VACCINE IN PUERPERAL FEVER.

I wish to bring before country practitioners the efficacy and great assistance of autogenous vaccines in the case of puerperal fever. Lately I had a case as follows:

The birth was by means of forceps delivery with small tear in the perineum. This was stitched. Four days later, after having been given castor oil, the patient's temperature rose and the lochia ceased. Immediately intrauterine douching (twice daily) was commenced and salol and hexamine were administered every four hours. This treatment went on for five days with little or no success. The pulse ran up to 120–130. The temperature was 105° in the morning and 101° in the evening on an average. On the sixth day 20 c.cm. of a well-known make of stock polyvalent anti-streptococcus serum was given, with no result. On the next day 10 c.cm., similarly with no result. The heart condition now began to show slight indications of commencing endocarditis.

I examined a loopful of the discharge from the cervix and identified coliform organisms and streptococci. I then sent a loopful of this discharge for the preparation of an autogenous vaccine.

As the action of the heart was becoming weak, heart stimulants were now used, chiefly digitalis, with caution, for fear of embolism, but even in moderately large doses the result was disappointing. Antipyretics were of little use, although small doses of aconite helped a little.

Four days after the dispatch of the specimens (with all due credit to the Royal College of Physicians' laboratory, Edinburgh) I received the autogenous vaccine, each cubic centimetre of which contained 50 million coliform organisms and 50 million streptococci. I gave 1/10 c.cm. immediately, and progressively doubled this dosage every twenty-four hours, till the patient was receiving approximately 1 c.cm. every twenty-four hours. The results were marvellous. The temperature fell as if by magic, and on the sixth day after the commencement of treatment by the autogenous vaccine the endocarditis had cleared up and the temperature was normal. Recovery was now well established. The vaccine was still continued for some days (1 c.cm. every twenty-four hours).

I wish to draw attention to the fact of the absolute failure of the stock serum in this case; in fact, after administration serum manifestations caused the patient's condition to become worse.

Cowdenbeath.

JOHN VEITCH, M.B., Ch.B.

ELECTRICAL TREATMENT IN TUBERCULOUS DISEASE.

IN the BRITISH MEDICAL JOURNAL of June 4th, 1921 (p. 812), I described experiments I had performed for the destruction of bacilli by electricity. Since that date I have treated an obstinate case of tuberculous colitis by galvanism with an excellent result.

The patient, aged 26, was sent to me by his doctor, who suggested that as I had destroyed staphylococci and *B. coli* by an electrical current it might be possible to kill the tubercle bacillus in the same way.

Nearly two years before I saw the patient he had mild diarrhoea and passed blood and mucus. He had previously had an empyema which had been operated upon and the wound healed. The diarrhoea was continuous and did not respond to drugs. Wasting was marked and the temperature high. An autogenous vaccine had been prepared and a course given with no apparent improvement in the symptoms. Later (nine months before I first saw him) appendicectomy was performed and daily the colon was washed out with saline, silver nitrate, and sometimes Dakin's solution, other antiseptic

drugs being administered by mouth in turn. Still no marked improvement was shown.

I first saw the patient in September, 1921, when he was passing a large quantity of blood and mucus. He was pale and thin. For half an hour three times a week I passed a galvanic current through the abdomen, making him lie on one large pad and placing the other on the anterior abdominal wall.

In April, 1922, he was passing one stool a day and no blood and very little mucus. The weight had increased by several pounds, and the patient himself admitted he was feeling better than he had ever done in his life. At the end of May treatment ceased, and he returned to his laboratory work.

I saw him again last month and he said he was perfectly well, was above his normal weight, and was passing normal stools with no blood or mucus.

Brighton.

P. C. COLLINGWOOD FENWICK.

Rebuelus.

OPIMUM AND COCAINE IN INDIA AND BURMA.

In a small book entitled *Drug Smuggling and Taking in India and Burma*¹ Mr. ROY K. ANDERSON, superintendent of the Burma Excise Department, tells the ugly story of the abuse of opium, morphine, and cocaine with reasonable fairness, though the writer to some extent disarms criticism by stating at the outset that he is not an authority on the subjects dealt with. He has, at any rate, had very intimate acquaintance with the smuggler and his tricks through his knowledge of customs and excise and the elaborate system of preventive men, as well as paid informers whom he has been compelled reluctantly to employ.

He relates the history of the introduction of opium into India, presumably by the Arab conquerors in the eleventh century; their faith forbade alcohol, but they found solace, it is suggested, in opium and Indian hemp, much as the aborigines of Peru indulged in the leaves of the coca plant. Mr. Anderson is prepared to justify "the moderate use of opium," without venturing on a definition of that much abused word "moderate," and seems inclined to condone the chewing of coca leaves. Nevertheless, he is emphatic in his condemnation of the "awful results of this damnable traffic in drugs"; he asserts that morphine is abused by hundreds of thousands, and speaks of the results of the indulgence in cocaine as "truly deplorable." He appears to regard the smoking of opium as less injurious than eating opium, thus differing from the official view propounded in the recently published *Truth about Indian Opium*, which sought to justify the ingestion of the drug by natives while condemning smoking as "essentially a social vice."

Mr. Anderson will probably find many to agree with him in the view that the gin palace is more antisocial in the distress it occasions than is the opium den, but the interesting illustrations which he supplies are sufficient to confirm his statements as to the disastrous effects on the physical, mental, and moral condition of the victims of opium or coca. Indian hemp, he holds, does not get a similar hold upon its addicts, and the habit is given up with less difficulty. Mr. Anderson confirms the allegations which have been made as to the extent of smuggling of morphine derived from Great Britain, the Continent of Europe, and Japan, carried on by ships' crews; as much as 500 oz. have been seized in one haul, and for every ounce seized he believes a pound goes in undetected. The author entirely approves of the Dangerous Drugs Act passed here in 1920 and calls for international co-operation in controlling this hateful traffic. No more humanitarian labour could at the present time engage the activities of the League of Nations.

PSYCHOLOGY AND PSYCHOPATHOLOGY.

MANY of the more popular and elementary books on the "new psychology" give the impression that their writers are somewhat hazy in their views themselves, and this is perhaps the reason they are apt to mystify rather than illuminate their readers. It is therefore a pleasure to read *The Psychology of Medicine*,² by Dr. T. W. MITCHELL, who has not only made a close study of the development of medical psychology during

the last twenty years, but has the gift of presenting his subject-matter in a particularly clear, orderly, and balanced manner. After an introductory chapter in which the aims and scope of the book are indicated, the phenomena and theories of dissociation, repression, the unconscious, psychoanalysis, dreams, the neuroses, and psychotherapeutics are described. In a chapter on the prevention of neurotic illness a general account is given of the environmental factors which exert an unfavourable influence upon the emotional development in childhood, but the author points out that the more we know of the complexity of the conditions on which the occurrence of a neurosis depends the less sanguine are we of being able to prevent its development by avoiding any one of them. The book may be recommended to the student of psychological medicine who is desirous of obtaining an adequate preliminary knowledge of the various schools of psychotherapy. The title of the volume is perhaps somewhat misleading, as it suggests a much wider theme than the author proposes to consider.

In the treatment of nervous cases Dr. WILLIAM BROWN believes it possible to have a sound system of psychotherapy which combines mental analysis with suggestion and auto-suggestion. He has developed this view in a small volume entitled *Suggestion and Mental Analysis*³; it is written on popular lines, and deals more particularly with the theory and practice of suggestion as taught by M. Coué, whose recent demonstrations in this country attracted a good deal of notice. Dr. Brown expresses his appreciation of what he describes as M. Coué's clear and penetrating insight into the facts of suggestion, but he points out quite truly that medical men have employed for many years the methods of treatment which M. Coué advocates, and that they have been in a position to apply them with more understanding because of their knowledge of the facts of mental and physical disease. Having given some account of suggestion, mental analysis, the psychoneuroses, and hypnosis, Dr. Brown suggests that in the causation of functional nervous conditions two general factors are at work—mental conflict and bad auto-suggestion. He holds that as the result of mental conflict the mind is weakened; there is a weakening of mental synthesis, with the result that the individual shows a tendency to be readily overwhelmed by emotion and readily carried away by certain ideas if supported by certain feelings. It is the existence of these two factors which, in the author's experience, necessitates a combined method of treatment. The mental conflict is resolved by mental analysis, and the bad habits of mind resulting from bad auto-suggestion are treated by counter-suggestions communicated to the patient while in a state of somnolence. Dr. Brown maintains that when the patient has been treated along these lines for a few hours he is brought into a position to carry out the practice of auto-suggestion. Dr. Brown does not write from the strictly scientific point of view; he quite frankly insists on a religious attitude as part of the necessary equipment of the psychopathologist, and introduces the phraseology of mysticism into his suggestive therapy. These views are rather perplexing; we should have thought it particularly desirable for the psychopathologist to maintain an impersonal and objective outlook, and to avoid any tendency to approach his clinical material through the medium of his personal attitudes and desires, as otherwise he will find himself involved in functions which are outside the sphere of the doctor and will inhibit his usefulness in the investigation of disease and its causes. We do not doubt the value of the form of therapy which Dr. Brown advocates, though some of his theoretical views would seem open to question; suggestion is a biological process which exerts a considerable influence on mental development, and it is quite to be understood that, when applied with the precision which previous mental exploration makes possible, it may have considerable therapeutic value.

DIABETES.

THE publishers of the interesting collection of books dealing with the diseases of middle age may be congratulated on the practical value of directing attention to the special danger of the fifth decade of life. One particular danger besets most men and some women at this age—namely, the tendency to eat too much and to exercise too little. It is the age when we begin to pay for success in our business or profession by

¹ *Drug Smuggling and Taking in India and Burma*. By Roy K. Anderson, F.R.S.A., Superintendent, Burma Excise Department. Calcutta and Simla: Thacker, Spink, and Co. (Copies may be obtained from W. Thacker and Co., 2, Creed Lane, London, E.C.4.) 1922. (Cr. 8vo, pp. iv+104; illustrated. 7s. net.)

² *The Psychology of Medicine*. By T. W. Mitchell, M.D. London: Methuen and Co. 1:21. (Cr. 8vo, pp. vi+187. 6s. net.)

³ *Suggestion and Mental Analysis: an Outline of the Theory and Practice of Mind Cure*. By W. Brown, M.A., M.D. (Oxon.), D.Sc. London: University of London Press, Ltd. 1922. (Cr. 8vo, pp. 165. 3s. 6d. net.)

time taken to win them that he counted. It was said in jest that if you wanted to watch Halsted perform a radical operation for cancer of the breast, you must hurry away from breakfast to see him and take your lunch with you. But he lost few cases, and the proportion of "cures" from his very extensive and minutely accurate operation was taken as the standard of the best that surgery could do.

He has joined the immortals. For it is certain that so long as the craft of surgery is practised some of the principles which he was the first to formulate, and some of the technical methods which he was the first to devise and to make perfect, will be a part of the creed and of the daily ritual of every man.

THE LATE SIR JAMES AFFLECK.

DR. WM. MURRAY CAIRNS, C.B.E. (Liverpool), sends the following tribute as a supplement to the obituary notice published in our columns last week (p. 617):

To his old students, scattered over the whole world, the news of the death of Sir James Affleck will bring a deep sense of loss, for to an innumerable host of our profession he was a veritable father in medicine; nay more, to multitudes of his fellow men—colleagues, students, patients, friends—he was in very truth the beloved physician. Efficiency, sympathy, modesty were outstanding characteristics. His professional ability was evident in all the departments—and they were many—of his work. But it was as a teacher, and especially as a clinical teacher, that he shone. He had a quiet but eminently effective way of combining his personality with his teaching, and of so impressing these upon his students that they could never forget the one or the other. For example, thirty years ago, in his incomparable clinics, he used to say to us students, "When you become practitioners, examine the heart of every patient who consults you, whatever the patient is complaining of: do this always: never omit it." And last week, when I was north, I paid a visit to Edinburgh, partly to see again my old teacher. During our chat I took opportunity to say to him that, literally, in my consulting-room, now "thirty years on," I think of him every day, and, remembering these words of his, I do as he enjoined upon us. Many of us now teachers ourselves gratefully remember how he would take us to a bedside and would point out the significance of a posture, of a movement, of an expression of the face, of the patient. And not only in these, but in other ways innumerable, I shall ever hold myself a debtor to this shy, quiet, unassuming man who, with all his shyness and reserve, was a moulder of men, and who, by his quiet, forceful personality, made an indelible imprint on the life and work of a great company of those who, like myself, are proud to say "I was once his student."

The funeral took place at the Dean Cemetery, Edinburgh, on September 28th. In addition to near relatives, the pallbearers included Sir Harold Stiles, representing the University of Edinburgh, Dr. James Stewart Fowler, representing the Royal College of Physicians of Edinburgh, Sir Joseph Fayrer, representing the Edinburgh Royal Infirmary, and Sir Henry Cook, chairman of the board of directors of the Longmore Hospital for Incurables. Among those who attended the funeral were Sir David Wallace, president, Dr. George Mackay, vice-president, and Mr. Alexander Miles, secretary and treasurer, representing the Royal College of Surgeons of Edinburgh; Dr. Byrom Bramwell, representing the Royal Hospital for Sick Children; Dr. Harry Rainy, vice-president, also representing Sir Robert Philip, president, of the Royal College of Physicians of Edinburgh; Dr. Dawson Turner, Dr. Alexander James, Dr. W. T. Ritchie, Dr. Arthur Sinclair, Dr. Allan Gray, Dr. William Stewart, Dr. James Ritchie.

We regret to announce the sudden death of Dr. JOHN SCOTT TEW at his residence, Brook House, Tonbridge, Kent, on September 27th. He received his medical education at University College, London, and the University of Durham, and obtained the diplomas of L.S.A. in 1890 and M.R.C.S. Eng. in 1891. After taking the D.P.H. Camb. in 1887 he graduated M.B., B.S. Durham in 1889, proceeding to the M.D. degree in 1891. Dr. Tew was also a barrister-at-law of the Inner Temple. He had held the posts of assistant demonstrator of anatomy in the University of Durham College of Medicine, and medical officer of health for the Basford Urban District. In 1895 he went to live at Tonbridge on his appointment as medical officer of health for the West Kent Combined Districts, and medical officer to the Tunbridge Wells,

Tonbridge, and Southboro' Joint Hospital Board. Since 1909 he had held a commission as sanitary officer with the rank of major in the R.A.M.C., Territorial Force. Dr. Tew was a member of the Tunbridge Wells Division of the British Medical Association; a Fellow of the Society of Medical Officers of Health, and a former president of the home counties branch; and he had been president of the Nottingham Medico-Chirurgical Society. His kindly tact and genial good nature won him the regard of the many medical practitioners with whom his work brought him in touch, and his death will be mourned by a wide circle of friends and colleagues.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Radcliffe Prize, 1923.—This prize, of the value of £50, will be awarded by the Master and Fellows of University College upon the report of the Examiners (provided a sufficiently deserving memoir be submitted for adjudication) for a memoir, or papers, embodying research in any branch of medical science comprised under the following heads: Human Anatomy, Physiology, Pharmacology, Pathology, Medicine, Surgery, Obstetrics, Gynaecology, Forensic Medicine, Hygiene. The prize is open to all graduates of the University who have proceeded, or are proceeding, to a medical degree in the University. Candidates, at the date of application, shall not be Radcliffe Fellows; but the provision that candidates shall not have exceeded twelve years from the date of passing the last examination for the degree of B.A. is upon this occasion so far suspended as to enable any graduate who was eligible during the years of the war (1915, 1917, 1919), to be eligible for the next ensuing award (1923). Candidates are required to send in their memoirs to the Assistant Registrar on or before Friday, December 1st, 1922. No memoir for which any University Prize has been already awarded can be admitted to competition, nor may the prize be awarded more than once to the same candidate. Tuesday, March 20th, 1923, is the intended date of the award.

UNIVERSITY OF CAMBRIDGE.

THE Vice-Chancellor has appointed Sir Hugh K. Anderson, M.D., F.R.S., Master of Gonville and Caius, together with Dr. T. C. Fitzpatrick, President of Queens', and Dr. Peter Giles, Master of Emmanuel, to be deputy Vice-Chancellors.

The following staff appointments have been made in the Natural Science Schools:—*Anatomy*: Dr. A. B. Appleton, senior demonstrator; Mr. D. G. Reid and Mr. A. M. Hopkinson, M.B., junior demonstrators; Mr. V. C. Pennell, M.B., additional demonstrator. *Physiology*: Dr. F. Roberts, junior demonstrator; Mr. T. R. Parsons, additional demonstrator. *Comparative Anatomy*: Mr. F. A. Potts, demonstrator. *Botany*: Mr. J. Walton, junior demonstrator.

UNIVERSITY OF LONDON.

LONDON HOSPITAL MEDICAL COLLEGE.

THE Price entrance scholarship in anatomy and physiology offered by the London Hospital Medical College, and open to students of the Universities of Oxford and Cambridge, has been awarded to Mr. J. Gray, of Fitzwilliam Hall, University of Cambridge.

UNIVERSITY OF DURHAM.

At a convocation held on September 23rd the following medical degrees were conferred:

M.D.—J. M. Gover.
M.B., B.S.—H. Moray, S. Bell, G. A. Mason.

The Services.

HONOURS.

THE following appointments to the Order of the British Empire, published in the *London Gazette* of June 7th, 1918, have, on the recommendation of the Secretary of State for War, been transferred to the Military Division of the Order: Officers: Lieut.-Colonel James Muir Crawford, I.M.S., Major (temporary Lieut.-Colonel) Henry Ross, I.M.S.

FOREIGN DECORATIONS.

The following are among the decorations awarded by the Allied Powers indicated for distinguished services rendered during the war 1914-19:

President of United States of America.—Distinguished Service Medal: Major-General Sir William G. Macpherson, K.C.M.G., C.B., late A.M.S.
King of the Belgians.—Ordre de Leopold (Officer): Colonel Arthur M. Connell, T.D. (Territorial Force, retired).

President of the French Republic.—Médaille d'Honneur avec glaives, en Vermeil: Temporary Lieutenant Henry G. Arnott, R.A.M.C.

King of Italy.—Order of the Crown of Italy (Officer): Lieut.-Colonel (temporary Colonel) James C. Robertson, C.M.G., C.I.E., C.B.E., I.M.S., Lieut.-Colonel Alfred E. Weld, R.A.M.C. (Reserve of Officers).

King of Rumania.—Order of the Crown of Rumania (Commander): Brevet Lieut.-Colonel Eugene Ryan, C.M.G., D.S.O., R.A.M.C.; (Chevalier): 1st Class Subassistent Surgeon Dilbag Rai, I.M.D.

King of the Serbs, Croats, and Slovenes.—Order of St. Sava (3rd Class): Brevet Lieut.-Colonel John A. Anderson, R.A.M.C.

DEATHS IN THE SERVICES.

COLONEL WILLIAM YOUNG, Bengal Medical Service, died at North-bank, Perth, on September 20th, aged 51. He was the younger son of the late Captain James Murray Young, of Hillhead, Glasgow, and was educated at Glasgow University, where he graduated M.B. and C.M. in 1892; he became F.R.C.S. Edin. in 1897. He entered the I.M.S. as surgeon lieutenant on January 30th, 1893, became lieutenant-colonel after twenty years' service, and attained the rank of colonel on March 23th, 1921. Most of his service was spent in civil employ in the United Provinces of Agra and Oudh (formerly the North-West Provinces), where he held for many years the important post of civil surgeon of Cawnpore. On promotion to the administrative grade last year he was appointed inspector-general of civil hospitals in the Central Provinces.

Medical News.

THE first meeting of the 150th session of the Medical Society of London will take place on Monday, October 16th, at 8.30 p.m., when the incoming president, Lord Dawson of Penn, G.C.V.O., will deliver his presidential address on "Certain developments in medicine," which will be followed by a discussion.

THE Museum demonstrations at the Royal College of Surgeons of England will be resumed on Friday next, October 13th, when Sir Arthur Keith, F.R.S., will exhibit specimens illustrating the effects of castration in man, at 5 p.m. On the following Monday, October 16th, at the same hour, Professor Shattock, F.R.S., will demonstrate specimens illustrating the anatomical results of inflammation. Other demonstrations will be given on each Friday and Monday during October.

ALDERMAN J. T. T. RAMSAY has been elected mayor-designate of Blackburn. Dr. Ramsay is the first medical man to attain to mayoral rank in Blackburn, an honour which he has gained by a long and distinguished career devoted to the public service. He is a Scotsman, and received his medical education at the Edinburgh medical school, where he took the diplomas of L.R.C.P. and L.R.C.S. Edin. in 1891. He has been in general practice at Blackburn for the past thirty years.

THE annual dinner of the Society of Medical Officers of Health will be held at the Hotel Cecil, Strand, W.C., on Friday, October 20th, at 7.30 p.m. Amongst those who have accepted invitations are the Minister of Health (Sir Alfred Mond), Sir Arthur Robinson, Sir George Newman, Sir Humphry Rolleston, P.R.C.P., and Sir Anthony Bowlby, P.R.C.S. Ladies are invited, and members, or candidates nominated for election, are asked to give early notice to the Executive Secretary, 1, Upper Montague Street, Russell Square, W.C.1, of their intention to be present, with the names of their guests. A payment of 12s. 6d. for each ticket should be made with applications sent before October 14th; after that date the cost of tickets will be 15s. each.

A MEETING of the Metropolitan and Home Counties Sub-group of the Maternity and Child Welfare Group of the Society of Medical Officers of Health will be held at 1, Upper Montague Street, Russell Square, W.C.1, on Tuesday, October 10th, at 5.15 p.m., when a paper will be read by Mr. G. E. Waugh (senior surgeon to Great Ormond Street Children's Hospital) on "The prevention and treatment of nasal and aural infections in infancy." Tea at 5 p.m. Members are invited to bring friends.

THE eleventh annual general meeting and conference of the British Commercial Gas Association will be held in the Museum and Art Gallery, Bristol, on October 16th, 17th, and 18th, under the presidency of Sir George E. Davies. Members of the conference will be welcomed at a reception on the evening of October 16th, when Sir Henry Gauvain, M.D., will deliver a lecture upon "Light and life."

THE new post-graduate course at the National Hospital for the Paralysed and Epileptic, Queen Square, W.C.1, will commence on October 9th and continue until December 6th. The course will consist of lectures on the pathology of the nervous system, out-patient clinics, lectures and demonstrations on neurological ophthalmology, and clinical lectures and demonstrations.

UNIVERSITY COLLEGE, London, announces a large number of lectures; among others, a public lecture on "The beginnings of science," which Professor G. Elliot Smith, F.R.S., will give next Monday at 5 p.m.

The Life of Lord Moulton, by his son, the Hon. H. Fletcher Moulton, which will be published shortly by Messrs. Nisbet, should prove of special interest to medical readers. Medicine owes much to him as an exponent of its development, and for his memorable defence of the rights of research, while as chairman of the Medical Research Committee he did invaluable work.

DR. ROBERT KNOX will give a lecture on x rays and radium in the lecture theatre of the Medical School, King's College Hospital, Denmark Hill, to-day (Saturday), October 7th, at 4 p.m.

THE annual dinner of the London School of Tropical Medicine will be held at the Trocadero Restaurant on Wednesday, November 1st, at 7.30 p.m., with Dr. Hugh S. Stannus in the chair.

THE annual dinner of the Reunion Association in connexion with the Prince of Wales's General Hospital and North-East London Post-Graduate College will be held at Pagani's Restaurant, Great Portland Street, W., on Thursday, November 9th, at 8 o'clock, with Dr. F. G. Crookshank in the chair. The price of tickets will be 12s. 6d. each (exclusive of wines). Prospective members of this association are asked to communicate with the Honorary Treasurer, Mr. S. O. Rashbrook, 1, Priory Terrace, Kew, Surrey.

THE opening post-graduate lecture of the winter session will be given by Sir James Galloway, K.B.E., C.B., in the West Lecture Hall, Royal Society of Medicine (by kind permission), 1, Wimpole Street, W.1, on Wednesday, October 11th, at 5 p.m. The subject of the lecture will be "Hodgkin's disease and similar unexplained maladies" (with lantern illustrations), and the chair will be taken by Sir George Makins, G.C.M.G., C.B. The lecture is open to members of the profession.

THE Royal Sanitary Institute will hold a sessional meeting at the City Hall, Cardiff, on October 13th and 14th, when Dr. J. S. Peebles, M.O.H. Bridgend Urban District Council, will open a discussion on health education of children. A discussion on open-air schools will be opened by Mr. E. E. Morgan, borough architect, Swansea. The chair will be taken by Dr. Louis Parkes, chairman of the council of the Institute, at 4.30 p.m.

"HEALTH WEEK," which was instituted by the Royal Sanitary Institute in 1912, will be held this year from October 8th to 14th. Its object is to focus public attention on questions concerning public health, to arouse a sense of personal responsibility in it, and to create general interest in this work. The promoters of the movement hope that medical officers of health will make some special effort during the week to arouse public opinion in favour of a high health standard in each locality, and it is also suggested that school teachers might give simple health talks to school children.

THE autumn session of the West London Hospital Post-graduate College will open on Monday, October 9th, and will extend to Saturday, December 16th. There will be a lecture or demonstration at 4.30 p.m. every day except Saturdays; demonstrations will be given daily in the medical and surgical out-patient rooms and the special departments at 2 p.m.; and several courses of special lectures and demonstrations have been arranged. Full particulars may be had from the dean of the college, Dr. Arthur Saunders, at the West London Hospital, Hammersmith, W.6.

THE Herefordshire Medical Society has just acquired new quarters at 20, East Street, Hereford, which are open to any member of the profession who may be visiting the neighbourhood, as well as to subscribing members residing in the county. It is a very old society, and its members would be very grateful if any authors or others would contribute any modern books to augment the library. Communications may be addressed to Dr. J. Oswald Lane, Honorary Librarian.

THE late Mr. Daniel Clark of Cheltenham, who died on June 30th leaving net personalty of £43,786, has bequeathed £5,000 each to the Leeds General Infirmary and the Cheltenham General Hospital and £2,000 to the Bath Hospital, Harrogate. After paying other bequests the residue of the property, which will probably exceed £30,000, is to be divided between the following hospitals: St. Bartholomew's, Guy's, London; St. Thomas's, St. George's, King's College, University College, Charing Cross, St. Mary's, and Middlesex.

A GOLD medal and other gifts were presented to Professor Barduzzi at Siena recently, on his resignation from the chair of skin diseases and syphilis; the occasion was also the fiftieth anniversary of his professorial career. A history of his career was published and presented to him by the medical students.

MESSRS. BAILLIÈRE, TINDALL, AND COX announce for immediate publication a biography of Lawson Tait by Dr. W. J. Stewart McKay; a *Textbook of Industrial Hygiene*, by Dr. E. W. Hope, M.O.H. Liverpool; a fourth edition of Dr. Tredgold's *Mental Deficiency*; and the eleventh edition of Sir William Whitla's *Pharmacy, Materia Medica, and Therapeutics*. They also announce books by Drs. Pearson and Mouchet on the *Hygiene of Native Compounds in Tropical Africa* and by Harold Burrows, F.R.C.S., on *Mistakes and Accidents of Surgery*.

DR. ROBERT TIDBURY, on the occasion of his retiring from the office of assistant medical officer of the Borough Mental Hospital, Ipswich, has been presented with an inscribed silver cup by the staff and a smoker's cabinet by the patients.

THE endowment received by Harvard University last year from the Rockefeller Foundation to establish a new School of Public Health has enabled the existing facilities for training and research in industrial medicine to be broadened and extended. The chief need of students is for brief courses, or groups of courses, of study and research leading to higher degrees. Students who enter for courses leading to a degree or for brief periods of special work must register in the School of Public Health, after satisfying the Committee of Admission of their fitness to pursue an approved course looking towards a definite objective. While the desirability of admitting students to short and highly specialized courses of study and practice is recognized, such opportunities are reserved for those whose academic or field training is recent and promises success in the programme outlined. To such special students no degree is given—merely a statement of the work done and the grades attained. The degrees offered in the School of Public Health are: Bachelor of Public Health; Master of Public Health; Doctor of Philosophy (in Hygiene); Doctor of Medical Sciences; Doctor of Public Health. Two years' study are ordinarily required of a medical practitioner aiming at the Doctorate in Public Health; during the first year he pursues courses bearing upon industrial hygiene; the second year is devoted to work in his special field, and to the composition of a thesis. Several fellowships of 1,200 dollars a year are open to those qualified to undertake work in any of the medical sciences bearing upon public health, in vital statistics, or in practical hygiene. Further information may be obtained from the secretary of the Harvard School of Public Health, Boston, Massachusetts, U.S.A.

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.

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, *Atiology, 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).

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

QUERIES AND ANSWERS.

CORNS AND WARTS.

"C."—So-called corns on the soles of the feet often prove to be concealed warts and require surgical measures. The advice of a dermatologist could be sought, or, if the "corns" are associated with Morton's disease, it may be well to consult an authority on orthopaedic surgery.

MAJOR F. R. BORDEN, Medical Corps, U.S.A., writes from Camp Stanley, Texas, in reply to an inquiry published in our issue of August 5th (p. 240), that a simple and efficient remedy for warts of the scalp will be found in the daily application, for four or five days, of solution of formaldehyde, U.S.P., which appears to be identical with the solution of the *British Pharmacopoeia*.

INOCULATION FOR THE TROPICS.

"S. C." asks what inoculation, in addition to revaccination, should be given to a patient who is going out to a remote rubber plantation in the Straits Settlements.

* * * The patient ought to be inoculated with the triple typhoid vaccine—typhoid, paratyphoid A, and paratyphoid B. Two inoculations are required, and the material can be obtained from Burroughs, Wellcome and Co. Full directions are issued with the vaccine.

INCOME TAX.

"W." does part-time work for a county authority and is allowed a sum for travelling expenses by the authority.

* * * If he makes a general income tax return in one sum, including his county receipts, and deducting all his professional expenses, the amount allowed him should be included as a professional receipt; if, however, he returns the salary separately and deducts nothing, either in that return or in the return of his profits, on account of the travelling expenses which he incurs in connexion with his appointment, then the county allowance can properly be omitted from his receipts.

ASTHMA.

DR. ALEX. M. BREMNER (Wood Green, N.) writes in reply to Dr. Thomas Martin (September 23rd, p. 582): "I would suggest that he try calcii acetyl sal., gr. x, three or four times a day. I have used it for the last ten months with benefit in asthmatic cases, in some cases with very marked success. In children I use calcii lactate with benefit. As calcium salts are used to prevent anaphylaxis in using vaccines and antitoxins it seemed to me that they would be useful in asthmatic cases, as they are in urticaria. I have tried parathyroid tablets but got no results from them of any value."

CHAULMOOGRA OIL IN TUBERCULOSIS.

MAJOR V. T. CARRUTHERS, F.R.C.S. (Derby), writes: Can any of your readers refer me to any account of the use of chaulmoogra oil or its derivatives in tuberculosis? The similarity of the bacilli of leprosy and tuberculosis would lead one to expect good results from treating tuberculosis with the remedy so useful in leprosy; and the experiment has doubtless been frequently tried.

LETTERS, NOTES, ETC.

PREVENTION OF BOTULISM.

DR. GEORGE WILLETT (Keynsham, Somerset) writes: I would like to ask whether it would not be possible to introduce into the sealed tin of preserved food a small quantity of some material such as oxygen, or some oxygen-producing substance, with the idea of preventing the growth of the anaerobic *Bacillus botulinus*. It seems to me that this could be quite easily accomplished and foods so treated thus rendered harmless.

RASH FOLLOWING HYPOPHOSPHATES.

"J. A. MACM." writes: Recently I saw a patient with slight swelling of the thyroid gland on the left side, apparently an adenomatous condition. I prescribed compound syrup of the hypophosphates (3ss); after the first dose an urticarial rash, accompanied by intense itching, appeared; as she had been eating raspberries, I thought the rash was due to these and not to the medicine. However, I stopped it. The rash was followed by profuse desquamation. On August 7th she took another dose and again a similar urticarial rash with the itching appeared. I should be glad to know if hypophosphates are liable to do this. I have never seen a similar result before in twenty-five years' experience.

A SANITARY SEAT COVER.

A USEFUL and cleanly device, worthy of the attention of public health authorities and others, is the "White Star" sanitary seat cover, which is manufactured by Messrs. Vickers-Massey, Ltd., Sentinel House, Southampton Row, London, W.C. It consists of a wooden case with a hinged flap, containing sheets of thin paper which are drawn forward, as required, to cover the seat of a water-closet.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 30, 31, 34, 35, and 36 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 32 and 33.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 139.

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
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Half single column	3 15 0
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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 *post restant* letters addressed either in initials or numbers.