Comments on the Operation.

1. By raising the bridge of the nose an epicanthus can be eliminated.

2. Scarring of the skin of the nose from previous trauma or disease interferes considerably with the cosmetic result of the operation just described.

3. In many cases the defect is too deep to be filled by a single cartilage graft—as, for example, in those instances in which a patient can see one eyeball with the other eye. Here the operation is duplicated. The right fourth cartilage is used for the first operation, and at the second operation, which is done only after an interval of one year or longer, the left fourth rib cartilage is used to complete the filling of the defect.

4. Cartilage, especially when wet with normal saline, is a slippery substance to hold, and unless he is well on guard against such an accident the surgeon may find the graft slip out of his fingers and come to rest upon some unintended and infected landing place.

5. In one instance the cartilage graft shifted after the operation had been completed.

This was in a case of a very large defect, and during the first operation it occurred to me that I might be able to remedy to some extent the forward prospect of the nostrils by making the cartilage graft somewhat longer than the plasticine model, so that when inserted it would thrust downward the lower end of the nose. There was such a deep ledge for the graft to rest against at the upper end of the defect that I thought dislocation was impossible. However, the graft did gradually become displaced, the upper end slipping forward and upward.

Had this displacement taken place laterally, or had the case been one where a single graft only was needed, the accident would have been most unfortunate. As it is, however, probably no irregularity will be noticeable when the second stage has been completed. In any case, I do not now think it was sound practice to attempt an elongation of the nose by inserting a graft large enough to cause considerable pressure and counter-pressure.

INJURY TO THE BOWEL WITH RECURRENT HAEMORRHAGE.

BY

MAURICE HORAN, F.R.C.S.Edin.,

SURGICAL SPECIALIST, WAR PENSIONS HOSPITAL, SUNDERLAND.

The following case is recorded as one of interest on account of the long history and intermittent character of the symptoms, of which haemorrhage was a prominent feature. It has been suggested that the recurrent haemorrhage was due to the formation of an aneurysm in a vessel at the site of injury in the bowel, which appears to be the most probable explanation of the case.

Pensioner J. B., aged 33, was admitted to hospital on January 13th, 1922. In 1917, while serving in the trenches during shelling, he was struck in the abdomen by a sandbag blown in from the parapet. He was seized with abdominal pain, shortly followed by the passage of dark-coloured blood from the rectum in considerable quantity. He was admitted to hospital, and after a couple of weeks, the pains having subsided and no further haemorrhage occurring, was transferred to England. While in hospital there he had two more severe haemorrhages from the bowel accompanied with pain, and the question of operation was considered. This was eventually negatived, and he was discharged some time later. Since then haemorrhage, similar in character but slight in amount, generally followed the taking of solid or more particularly of indigestible food. The haemorrhage was always accompanied with pain. He voluntarily restricted himself to a diet mainly of slops, and from being a professional footballer had refrained from exercise.

On examination tenderness was present in the left side of the abdomen, to which area the pain was referred. Nothing else was detected. Rectal examination was negative. In the course of preparation for a laparotomy which was decided on the administration of an enema was followed by a good deal of pain and the passage of a quantity of dark-coloured blood.

The abdomen was opened to the left of the middle line and the gut was systematically examined. Two small areas of scarring, without deformity, were present in the lower part of the ileum. In the lower part of the jejunum a circular area of bluish discoloration of the size of a farthing and resembling a haematoma was present on the antimesenteric surface of the gut; extending from this, to the root of the mesentery, was a cord-like deposit of lymph. On palpating the gut a definite area of thickening corresponding to the discoloration was felt. The remainder of the bowel appeared normal, as did the other viscera. The portion of gut containing the lesion was resected and the continuity of the bowel restored by anastomosis. He made an uneventful recovery and was discharged from hospital on February 23rd, 1922. He has since returned to ordinary diet, and there has been no recurrence of the pain or haemorrhage; he expresses himself as being quite well.

The specimen removed, on section, presented the appearance of a haematoma, dark clotted blood occupying the space between the mucous membrane and outer wall of the bowel. The muscular coats were torn, blood being extravasated throughout, and in direct contact with the mucous membrane, which appeared intact.

My thanks are due to Surgeon Captain Bishop, R.N., C.M.G., administrator of this hospital, for permission to record the case.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CROSS-WIRE AXIS FINDER IN ASTIGMATISM.

The following description of a very simple piece of apparatus may be of interest to those who are engaged in refraction work, for it saves a great deal of time, tends to efficiency, and is so small that it can be carried in the ophthalmoscope case. It consists of a ring, the exact size of the trial lens mount, across the middle of which stretch two fine wires at right angles to one another.

In retinoscopy, if a band of light is seen, or if one appears in the course of correction, this cross is placed in the front cell of the trial frame in such a position that one of the wires is exactly parallel to the edge of the band. This wire is in the axis of astigmatism, and where its extremity appears to meet the scale will give the reading required. The wire is very easily seen as a fine black line against the illumination of the fundus.

There are now four ways of checking the finding:

1. Move your own head slightly sideways, so that the wire is up and down the middle of the band. If now the black line appears parallel to the edges, and does not approach them at an angle either at the top or at the bottom, the axis is indicated correctly.

2. Move your light along the second wire, and if the band keeps at right angles to this and follows the same direction, not sneaking off above or below, the axis is correct.

3. Overcorrect considerably, and the band will appear turned into the other meridian, and should then have the second wire exactly up and down its length.

4. Put a cylinder into the frame, with its axis over the meridian of the wire. If the wire is right there will not appear to be any rotation of the band now; if the wire is wrong the band will appear to be rotated through quite a perceptible amount, this rotation depending partly on the amount of error and partly on the strength of the cylinder used. This is a delicate check, as the error is magnified, so that, say, five degrees of error will send the band round through ten or fifteen.

My instrument was made by removing the brass rim from a trial-box lens and forming the cross of the fine wire used by florists, but it is difficult to get the wires exactly at right angles and to have the crossing point exactly in the centre. I have used it for the last twelve months, doing difficult refractions at an average rate of sixty a week, and find that in nine cases out of ten it gives the cycloplegic correction straight away. The failure in the tenth case is due to fatigue in the observer and is not instrumental in origin. Messrs. Dixey, 3, New Bond Street, will make the apparatus for anyone who requires it.

Southampton. JOSHUA KEYMS, M.D.

THE THIRD STAGE OF LABOUR.

Is anyone prepared to give an authoritative statement why in some cases pressure on the fundus uteri readily delivers the detached placenta and in other cases pressure sufficient to hurt the patient has no effect? The other day I attended a multipara and the second stage made me think I would have an easy time with the after-birth. In twenty minutes, with the easy confidence engendered by the second stage, I pressed on the fundus and there was no satisfactory opening of the vulva that indicates a speedy end. Having ample time I decided to be patient, but after several unsuccessful attempts, including traction on the cord (*Clinical Obstetrics*, Jardine), I found ninety minutes had passed since the child was born, so I proceeded to remove the placenta manually. As I expected, I found it lying in the upper strait of the vagina. It seemed to me that synchronously with my hooking

my finger round the edge of the placenta gentle pressure on the fundus delivered placenta and membranes. There was no tacking back of the latter.

Meditating on this case—and I know my experience is not unique—I thought that the easy cases might be those in which the after-birth comes through the os sideways, and the difficult cases those in which the after-birth comes through the cervix in such a fashion that it lies covering the fornices and the os. The placenta and cord bear the relation, in these circumstances, to the soft parts that the leather sucker of the little boy bears to the stone on which he has tramped it. Atmospheric pressure is in force. In the above case I did not pull on the placenta, I simply hooked my finger round the edge.

To have to introduce one's hand into the vagina for the placenta is distressing, but this distress would be mitigated if those in authority had stated that such procedure was justifiable because necessary and unavoidable.

Kilnhurst. CHARLES J. HILL AITKEN, M.D.

VENESECTION IN ECLAMPSIA.

I RECENTLY attended a woman, aged about 30, in her second pregnancy. Apart from having defective teeth she had a sound constitution. Her first pregnancy was normal. Albumin was found in the urine about the sixth month of the second pregnancy. In spite of treatment she began to suffer from severe headaches, swelling of the legs, and puffiness of the eyelids. On my advice at about the commencement of the ninth month she consented to rest entirely in bed; four days later, during the night, she lost her sight, and several hours later eclampsia set in and labour commenced.

The bowels were emptied by enemata. Labour progressed slowly but normally. On the following afternoon the convulsions became more frequent and violent. At about 3 p.m. I performed venesection (median basilic), removing about 30 ounces; she had two convulsions during the operation, and chloroform was administered. Afterwards no more convulsions occurred, but the patient remained unconscious; labour progressed normally, and at 11 p.m. I found the membranous sac intact protruding from the vagina; the infant was dead. After waiting half an hour I extracted the placenta with difficulty, owing to the fact that the uterus was firmly contracted. There was very little haemorrhage.

She was unconscious for some time afterwards. The blindness lasted all the following day and night; when sight returned it was for some time disordered, but ultimately the recovery was perfect.

I have since assisted at another case of eclampsia where the toxicity was not so intense; the labour progressed quite normally in spite of the eclampsia, and the child was living.

In my experience of eclampsia there is no necessity to interfere with the progress of labour, and certainly not before the third stage; but venesection should be performed, and I think at an early stage; the amount of venous blood to be removed will depend on the degree of toxicity. A record of the average blood pressure in pregnancy and of eclamptics would be interesting, and may be of use in regulating the amount of venous blood to be removed.

I have previously recorded an example of the beneficial effects of venesection when eclampsia persisted after the birth of the child; and when by cutting the umbilical cord after it had been ligatured and allowing it to bleed freely, artificial respiration being used also, the infant's life was preserved.

Bradford. EDGAR W. SHARP, M.B.

Reports of Societies.

THE WAR SECTION OF THE ROYAL SOCIETY OF MEDICINE.

THE first sessional meeting of the War Section of the Royal Society of Medicine was held on October 9th at the Royal Army Medical College, Millbank. The purpose of the meeting, which was attended by more than a hundred members and visitors, was to hear the presidential address of Lieutenant-General Sir John Goodwin, Director-General of the Army Medical Service, but it was announced by Major-General Sir A. P. BLENKINSOP, who took the chair, that Sir John Goodwin was prevented from fulfilling the engagement by reason of his official work in connexion with the Near East crisis.

Sir A. P. BLENKINSOP welcomed the members to Millbank, and went on to review briefly the work of the Section and its future possibilities. There had been a slight increase in membership during the war, but the present membership—a little above 200—was a very small proportion of the members of the medical services. In one of the Commands every officer had lately been asked to join the Section, and had received literature on the subject of its work, but the response had been very discouraging. It would be a thousand pities if the Section were to close down. The various military medical services had much to learn from each other, and there was a good deal to be gained by closer co-operation and a freer interchange of ideas, especially on questions of administration, organization, and medical tactics and strategy. The War Section was the only means, so far as he knew, whereby such co-operation could be brought about. Its designation was perhaps inadequate, and the Council would be glad to receive suggestions for some better name. It was advisable also to establish local branches, if possible, at the larger military and naval stations at home and abroad; and if this scheme were approved by the members of the Section it would be submitted to the Council of the Royal Society of Medicine for its consideration. *The Medical History of the War*, now in course of publication, would be a textbook in the medical services for a long time to come, and the members of the Section would join with him in congratulating the editors; but there was no space in that history for a record of individual experiences or the threshing out of controversial matters, and it was here that the work of the Section might well furnish a useful supplement to the official history.

Exhibits at the Royal Army Medical College.

At the close of the address the members of the Section, by invitation of the authorities of the College, visited the laboratories and museums, where special exhibits had been prepared for their benefit. In the hygiene laboratories there was an exhibit of rations, illustrating the present-day peace ration, the energy value of which was given as 2,497 calories, and another which showed the evolution of the emergency ("iron") ration. This at first consisted of chocolate, with an energy value of 553 calories; in 1913 it was elaborated so that it had an energy value of 2,663 calories, and the present-day "iron" ration, dating from 1918, had 2,800 calories. Some special ration constituents were exhibited, including marmite, germinated pulses (possessing marked antiscorbutic properties), lemon juice (which has now displaced lime juice as an antiscorbutic item in army supplies), and acid drops (which are included in the "iron" ration of the Royal Air Force). The army biscuit of the present day was the subject of another exhibit, wherein it was shown to possess for its weight of one ounce an energy value of 104.25 calories.

Some recent developments in water purification were also shown. Bleaching powder used for water purification and other purposes used to arrive in the tropical countries with the chlorine so greatly diminished, owing to the heat and moisture of the atmosphere, as to make it useless for sterilization purposes. Ordinary bleaching powder, after six months' storage in Egypt, was found to contain less than 1 per cent. of available chlorine. Research has been carried out in the College, and it has been proved that by mixing 20 parts of quicklime and 80 parts of bleaching powder ("chloride of lime") a product results which will withstand tropical climates without deterioration. A specimen of this stabilized bleaching powder had contained 25.2 per cent. of available chlorine when sent out to West Africa, where it was stored under ordinary conditions for a year, and at the end of that time it was found to contain 24.4 per cent.—a loss which is negligible for practical purposes. Tins of the stabilized powder which had been kept in Mesopotamia (Iraq) for twelve months were exhibited, and it appeared that the results here were similar to those in the West African samples.

Among other exhibits were certain recording instruments for motion study and for the measurement of energy expenditure by indirect calorimetry; and in the pathological museum there was a specially arranged exhibit of microscopical specimens illustrating malaria, typhoid, and paratyphoid fevers, plague, its cause and method of infection, trypanosomiasis, and the life cycle of bilharzia. Another series of specimens illustrated the effects on the respiratory passages of phosgene and mustard-gas poisoning.

took the L.R.C.S. and L.M.Edin., and shortly afterwards settled in Liverpool, where he devoted special attention to venereal diseases among the sailors of the port. His assiduity earned for him the appointment of honorary surgeon to the Lock Hospital under the Royal Infirmary. From that time he became well known as a specialist in venereal diseases, and published many papers in the *Liverpool Medico-Chirurgical Journal*, of which "Mediate syphilitic infection in glassblowers" (1884) was one of the most interesting. Many of his old students will recall to mind the clinics he used to hold regularly, and the pains he took in imparting knowledge and in demonstrating cases. Dr. Bernard was naturally a quiet man, and rather shrank from any form of publicity; essentially a clinician, his opinion was frequently sought in cases of difficult diagnosis before the era of serological tests. To his intimate friends he was a genial man, and had the charm of keeping them.

The funeral, which took place on October 8th in Liverpool, was attended by many old friends and neighbours. Dr. Bernard was a widower, and leaves a son, Captain Cyril A. Bernard, M.C., R.A.M.C., and three married daughters.

WE regret to record the death of Dr. T. D. LUKE of Clevedon, Somerset, which took place on September 25th after an acute and brief illness. Thomas Davey Luke was born in 1873 at Scorrier in Cornwall, and went from Truro School to Queen's College, Belfast, graduating M.B. of the Royal University of Ireland in 1894 and M.D. in 1908. He obtained the Fellowship of the Royal College of Surgeons of Edinburgh in 1902. While a student at Belfast he won a scholarship in medicine at Queen's College, and the Malcolm and Coulter exhibitions at the Royal Victoria Hospital. For several years he enjoyed an extensive practice in anaesthetics in Edinburgh, and was lecturer in that subject at the University of Edinburgh and the first anaesthetist to the Edinburgh Royal Infirmary. But his health, which was never of the best, compelled him to relinquish these posts, and he became medical superintendent of the Peebles Hydro, for which previous experience at Matlock and Grange-over-Sands had fitted him. Dr. Luke wrote two small works on practical anaesthetics, which each passed through several editions, and he was known also for his writings on hydrotherapy and kindred subjects. During the war he served as surgeon lieutenant-commander in the R.N.V.R. Two years ago (writes a colleague) pursuit of health again led him to the sunnier south, and he took up practice in Clevedon, where he won immediate and general respect by his genial and kindly disposition, his readiness to promote the welfare of the town, and his untiring work of self-sacrifice. He had an extensive knowledge of therapeutics, and had contributed to some of the leading works on treatment, his latest book on physiotherapy being published this year. Dr. Luke leaves a widow and three young children, to whom deep sympathy is extended in their tragic loss.

Universities and Colleges.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—A. W. Aird, Margaret Alexander, R. G. M. Alexander, Isabel P. Allan, A. Anderson, A. Anderson, W. C. Andrew, Margaret R. Balloch, A. L. Bernstein, Catherine Alexandra, Samuella Blair, Mary MacQ. Bonnyman, Catherine Boyd, Mary Dickeson, A. Boyd, F. A. Brown, R. O. Bruce, Barbara A. Cameron, Janet R. Campbell, Margaret F. Campbell, Margaret G. Carrick, Norah T. Cassidy, Gladys M. Chapell, H. Collingbourne, Margaret E. Colville, Elizabeth S. Cook, J. Cook, J. S. Cook, R. Crawford, Gerhardus C. Cruijwagen, J. S. Currie, Isabella C. Darling, Agnes C. J. Davidson, Margaret Davidson, T. W. David on, J. Dawson, Isabe'le A. Deans, Agnes F. Dickson, Lillian M. Dickson, J. S. Donaldson, A. F. Dunn, Amy M. Fleming, Elizabeth H. Forrest, A. Fyfe, A. Gardiner, R. C. Garry, A. V. Garscadden, Emmie C. Gibb, T. Gibson, Jean M. Gilchrist, Margaret B. Graham, J. Grant, R. A. Grant, W. N. Gray, H. G. Halliday, J. W. Hamilton, R. C. Hamilton, Catherine Harrower, A. T. Hastie, Mary N. Hendry, W. D. Hood, T. W. Howie, G. J. Hutchison, Elizabeth G. Jamieson, Jessie M. C. Jamieson, Mary K. Jeffrey, T. J. Jones, F. C. Laing, J. E. S. Lee, A. Leitch, J. Lindsay, G. W. Lochhead, Isabella Lumsden, W. W. Luncie, H. M'Cluskey, Joan A. P. MacColl, J. W. M'Conville, Mary P. MacCunn, A. A. Macdonald, Chrissiebella Macdonald, T. J. M'Keil, K. W. Mackenzie, Marion A. M'Kenzie G. MacKerracher, M. M'Lean, N. A. MacLean, S. M'Mahon, R. C. MacMurray, A. M'Nulty, Marion L. M'Quaker, Mary M'Quaker, Doris M'Walter, Agnes L. Mair, D. C. Marshall, D. V. Marshall, H. R. Melville, Elizabeth W. Miller, J. H. Miller, A. Mitchell, W. T. Mitchell, W. Morison, D. R. MacP. Morrison, Ellen D. Morton, W. Muir, G. J. Muller, J. P. Neilson, Sarah H. Nelson, Elizabeth K. Nicholson, J. Nicholson, T. Nicol, J. L. Orr, J. A. R. Oswald, M. G. Pezaro, Louise B. Pollock, T. C. Porter, Mary E. Proudlove, T. D. Pyle, J. H. Ramage, J. S. Ramage, Elizabeth C. Rodger, Bessie S. Ross, Mrs. Sarah Ross, J. Russell, Bertha E. A. Sharpe, W. Simpson, Christina R. I. Sloan, A. Snaddon, J. Sommerville, J. F. M. Stenhouse, Effie S. Stephen, Mary MacP. Stevenson, Jeanie M. Strathie, T. Tannahill, H. G. B. Teggart, R. W. Todd, Margaret S. Watt, Jemima Waugh, Janet A. O. Weir, A. F. Whyte, Catherine B. Wilson, J. H. Wilson, J. W. Wilson, J. H. Wright, Grace M. Young, J. A. K. Young.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

THE following have been admitted to the Fellowship (after examination): J. A. G. Burton, J. Reid.

Medical News.

A NEW winter course of scientific demonstrations arranged by the North of England Branch of the British Medical Association will begin on Thursday, October 19th, at 2.30 p.m., at the Durham County Hospital, when Mr. Hamilton Drummond will deal with treatment of diseases of the colon, Dr. E. Farquhar Murray with border-line gynaecology, and Dr. F. J. Nattrass with meningitis. Tea will be served at 4 o'clock, after which an hour will be devoted to the demonstration of cases by the honorary staff of the Durham County Hospital. The second meeting takes place at the Royal Victoria Infirmary, Newcastle-upon-Tyne, on November 16th.

THE opening lecture of the winter session of the Central London Throat, Nose and Ear Hospital, Gray's Inn Road, will be given by Mr. Chichele Nourse, F.R.C.S.E., at 4 p.m., on Thursday, October 26th. The subject is "Foundations of otology: the work of Flourens."

Mr. PHILIP FRANKLIN will deliver a post-graduate lecture for the Fellowship of Medicine, at 1, Wimpole Street, W., on Tuesday next at 5 p.m., when he will deal with the clinical aspects of tonsils and adenoids. On Wednesday, October 25th, Dr. Eric Pritchard will speak at 8.30 p.m. on the feeding of infants from birth to the end of the second year, and on Tuesday, October 31st, Dr. C. E. Lakin will give a lecture at 5 p.m. on indigestion. Other lectures have been arranged for delivery during November and December.

A COURSE of nine lectures on maternity, child welfare, and school hygiene will be delivered at the Royal Institute of Public Health, 37, Russell Square, W.C., on Wednesdays, at 4 p.m., commencing on October 18th, when Professor Louise McIlroy will speak on the influence of ante-natal care upon infant mortality. No tickets of admission are required.

Dr. R. W. WILSON, having completed forty years in the Poor Law service, has recently resigned. He was appointed medical superintendent of the Croydon Union Infirmary when that institution was opened in 1885. As a mark of appreciation of his thirty-seven years' service in that capacity and also as medical officer of the union home and children's homes, the Croydon Board of Guardians presented him with a handsome silver rose-bowl and leather album containing an illuminated address and the signatures of the contributors. The staff of the Croydon Union presented him with a magnificent chiming clock inscribed with a record of his services. Dr. Wilson was also the recipient of a china tea-service and oak tea-tray from the patients of the infirmary, a breakfast-cruet from the "grannies" of the infirm ward of the union home, and a stamp-album from the children in the homes.

THE first meeting of the forty-first session of the West London Medico-Chirurgical Society was held at the West London Hospital on October 6th. Sir Lenthal Cheatle, the retiring president, inducted his successor, Dr. A. G. Wells, who then presented him with the Keetley medal in memory of his year of office. The new President then delivered the opening sessional address, taking as his subject the changes which he as a general practitioner had noticed during the last forty-two years.

AT a meeting of the University of London Labour Party held at the Essex Hall, Strand, on October 6th, Mr. H. G. Wells was adopted as the prospective candidate of the party at the next general election.

THE Medical Prayer Union will hold a conversazione for the reorganization of the Union, at the rooms of the Medical Society of London, 11, Chandos Street, W.1, on Thursday, October 26th, 1922, at 8 p.m., when an address will be given by Dr. Burnett Rae, on "The religious implications of psycho-therapy." Intimation of intention to attend would be appreciated by the Honorary Secretary, *pro tem.*, Dr. Tom Jays, Livingstone College, E.10.

THE Wellcome Physiological Research Laboratories, formerly at Herne Hill, have been removed to Langley Court, Beckenham, Kent.

THE first dinner meeting of the Hunterian Society will be held at Simpson's Restaurant, Cheapside, on October 16th, at 7.30 p.m. The dinner will be followed by the presidential address on "The breakdowns of middle life," by Dr. Fortescue Fox; and a paper by Dr. Ernest Young on the treatment of dyspepsia in necessitous patients.

AT the September matriculation examination of the University of London there were 67 successful candidates in the first division and 503 in the second division, while 39 gained the supplementary certificate in Latin, three in mathematics, and one in heat, light, and sound.

FOUNDERS' day will be celebrated at the National Hospital for the Paralysed and Epileptic, Queen Square, W.C., on Wednesday, November 1st, from 3 to 6 p.m. Each visitor is asked to regard this also as a "pound day" and to bring a pound of goods or money for the hospital.

THE National Health Society, of 53, Berners Street, W.1. has arranged for a comprehensive six months' course of training for fully trained nurses and others with certain previous qualifications, who wish to obtain appointments as health visitors and infant welfare workers. The Board of Education has drawn up a definite curriculum for such students, the full course for untrained and younger women being of two years' duration. The fee for a six months' course is 12 guineas, and the new session commenced at the end of September, but students can join later; full particulars can be obtained from the secretary of the Society.

THE Italian Society of Urology will hold a congress at Florence on October 24th, when the principal subject for discussion will be the remote results of prostatectomy, introduced by Professors Gardini and Lasio.

THE Swedish Society of Physicians has decided to bestow the Anders Reizius medal on Sir Charles Sherrington, G.B.E., M.D., President of the Royal Society, and Waynflete Professor of Physiology in the University of Oxford, for his researches in physiology of the nervous system.

THE nineteenth Italian Congress of Surgery will be held at Florence from October 21st to 25th, when the following subjects will be discussed: (1) duodenal ulcer, introduced by Professor Alessandri; (2) arterial and arterio-venous aneurysms, introduced by Professors De Gaetano and Zabelloni.

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.

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

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

QUERIES AND ANSWERS.

INCOME TAX.

"G. E." is buying a practice and the premium is payable partly cash down, partly by instalments.

*** (1) No allowance can be claimed for that portion of the total capital sum represented by the instalments, neither can tax be deducted therefrom. (2) Interest paid to the bank on an overdraft obtained for the purchase of the practice can be treated as a professional expense.

"J. O'L. M." is assessed for 1921–22 on the amount of his salary as assistant for that year.

*** He was serving in the Canadian forces for 1919. Under an arrangement or concession made by the Board of Inland Revenue army service may be reckoned as "employment" for the purpose of taking an average for the assessment of the earnings of subsequent employment, consequently "J. O'L. M." is chargeable for 1921–22 on his average earnings for the three previous years, or for as long as his army service and civilian employment lasted if a less period.

"C. G." is an assistant who receives a fixed salary, and whose rent has been paid for him by his employer to the landlord.

*** Assuming that "C. G." has the full rights obtainable by payment of the rent he is the statutory occupier, and the amount of rent paid by his employer is assessable on "C. G.," and, of course, properly regarded as an expense of the practice in the same way as the salary.

ASTHMA.

DR. ALEXANDER FRANCIS (London) writes: I think that Dr. Martin (September 23rd, p. 582) would find that a cachet containing caffein valerian. gr. 2, theobrom. sodiosalicyl. gr. 5, would help his case of polypus asthma and prevent the necessity of so much adrenaline. One of these cachets can be taken every three or four hours if necessary. Asthma, when associated with nasal polypi, is very difficult to deal with, and the removal of the polypi usually increases the difficulty. The more complete and perfect the operation from a nasal point of view, the more intractable and desperate is the asthma likely to become. It is not sufficiently well known that asthmatic subjects with a low blood pressure, who have, or have had, nasal polypi must not be given aspirin, antipyrin, or oxyquinothein. These remedies in such cases are not only useless, but positively dangerous.

LETTERS, NOTES, ETC.

URINE TESTS.

DR. W. ADAMS CLARK (Penge) writes, in reply to Dr. Washington Isaac's query (September 30th) under this heading: I suggest the use of Benedict's test instead of Fehling's as the best test for routine examination of the urine for sugar. No difficulty occurs with the stopper of the one bottle required. The solution can be obtained ready for use. It keeps well, and is inexpensive. Benedict's test for sugar is made up as follows: Sodium citrate 173 grams, dry sodium carbonate 90 grams, are dissolved in hot water and filtered. In this solution 100 c.cm. of a copper sulphate solution containing 18 grams of the salt are added, with constant stirring, and the whole blue-coloured solution is made up to 1 litre with distilled water. To carry out the test about 1 inch of the solution is placed in an ordinary-sized test tube, and 8 drops —not more—of the urine added. The mixture is then thoroughly boiled, and the appearance of a spontaneous precipitate which may be green, yellow, or red according to the amount of sugar present in the urine, indicates a positive reaction for sugar. If no sugar is present the solution remains blue, or shows only a faint greenish-blue haze. The reagent is not affected by the reducing substances in the urine other than sugar, and the reaction being only slightly alkaline, there is less danger of destroying small amounts of sugar which may be present. The test can be applied in artificial light, since it is the bulk of the precipitate and not so much the colour which gives positive indications of sugar.

PREVENTION OF VENEREAL DISEASE.

"G." writes: The letter by Mr. Herbert Caiger on "The radical prevention of venereal disease" in the issue of October 7th (p. 661) certainly raises very vital questions. Has the writer considered to what his remedy—"a universally applied habit of unselfish thinking, practised every day in every way"—(not only in sex matters) would lead? Could he who loves his neighbour allow him to work for him at wages incompatible with a decent life? Could shareholders continue to draw interest until the original capital had been refunded many times over, interest which has to be produced by the workers before the rate of wages which the industry can afford to pay is calculated? Can his principle be carried out without changing the whole structure of society?

CORRECTION.

DR. DOUGLAS K. ADAMS calls attention to a clerical error in his paper on neuro-syphilis, published last week. In the description of a case of transient diplopia (p. 632, col. 1, line 22) the words "right external rectus" should read "right internal rectus."

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 34, 35, 38, 39, 40, and 41 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 36 and 37.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page *143*.