In the museum of St. Thomas's Hospital there is a specimen (1676A) of a clean transverse rupture of the inner coats of the upper part of the descending thoracic aorta leading to diffuse and extensive haemorrhage into the surrounding connective tissue. There is no macroscopic disease of the vessel, but microscopic examination revealed the presence of marked fatty degeneration of the intima. The patient, a lad aged 18, experienced acute pain in the abdomen for three days, but complained of nothing until the day of his death. When seen, four hours before death, there was nothing in the symptoms to suggest that he was seriously ill. Death was sudden and unexpected. No history of strain or injury was elicited; at the *post-mortem* examination the mediastinum was found full of extravasated blood and the left pleura contained three pints of it. That the rupture occurred in two stages is clear from the fact that, microscopically, the termination of the rent in the inner tunics is seen to be undergoing repair.

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THREE CASES OF GASTRIC CARCINOMA PRESENTING UNUSUAL FEATURES.

BY

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SURGEON, WEST NORFOLK HOSPITAL, KING'S LYNN.

THE following cases of carcinoma of the stomach appear to be worthy of record in view of the anomalous symptoms they presented.

1. *Simulating Chronic Intestinal Stasis.*

A man, aged 54, was sent to me for suggestions as to treatment for chronic constipation. He was a thin but muscular man, who gave a history of very severe constipation of twelve months' duration, and of failing vision for the same length of time. His appetite was good and he had only vomited twice—once three weeks before and once seven days before my examination. He had had no pain after food, no vomiting of blood, nor melaena.

On examination of his abdomen I found no distension nor tumour, nor was there any tenderness to be detected, but there was a suspicion of visible gastric peristalsis, and this was confirmed at a later examination. All further examination was negative. I referred him to an oculist, who reported early atrophy of both optic discs, and after exclusion of pituitary tumour he suggested that the condition might be due to the absorption of toxins from his stomach. A neurologist, however, put down the condition of the optic discs to early tabes dorsalis. A test meal showed the absence of free hydrochloric acid. *X* rays showed that there was marked dilatation and hypertrophy of the stomach, which was not completely emptied for twenty-four hours after ingestion of the bismuth meal. A diagnosis of pyloric obstruction, probably due to a healed ulcer, was made. At operation a tumour was found, involving the greater curvature near the pylorus (microscopical examination later proved it to be columnar carcinoma). The pylorus admitted the tip of the little finger easily. There were no enlarged glands to be felt, nor was there any other evidence that the growth had extended beyond the stomach. Partial gastrectomy was performed by the posterior Polya method, and the patient left hospital on the twenty-first day. His constipation immediately disappeared, he put on weight, and ten months after the operation he informs me that his vision has improved and that his condition is in all respects satisfactory.

2. *Simulating Gall Stones.*

A man, aged 52, with the diagnosis of gall stones. He gave a history of discomfort after food for several years, but had had no real pain after food and had never vomited until six weeks before I saw him, when he was seized with agonizing pain in the right hypochondrium, with vomiting. This pain subsided, and twenty-four hours later he became slightly jaundiced. He had had two other almost exactly similar attacks before seeing me, and in every instance these attacks occurred in the evening.

On examination I found him to be a well nourished man of healthy appearance. The abdomen moved well on respiration; no tumour was felt, but there was marked tenderness over the tip of the ninth costal cartilage, and this tenderness was accentuated at the end of inspiration. At operation a well marked carcinoma of the pylorus was found. This was adherent to the neck of the gall bladder and was separated from it with some difficulty. The gall bladder contained no stones, and its wall showed no gross pathological change. Partial gastrectomy was performed by the anterior Polya method. As there was considerable oozing from the region of the neck of the gall bladder a small drain was left in for twenty-four hours. The patient developed a slight duodenal fistula on the ninth day, which healed within a few days, and the man was discharged in a satisfactory condition on the thirty-seventh day. He has put on weight since operation, his paroxysmal attacks have disappeared, but he complains of pain in the left hypochondrium, particularly if he becomes constipated. Presumably this pain is due to pressure upon the transverse colon by the anastomosis.

3. *Simulating Acute Intestinal Obstruction.*

A woman, aged 68, came under my care with the following history. The day before admission to hospital she suddenly became ill with acute abdominal pain, vomiting, and distension. Her doctor ordered enemata without effect, and an immediate operation was advised, but this was refused. He therefore administered morphine and next day she came under my care. She was a thin anaemic woman and looked acutely ill. She informed me that her previous health had been good, but that for the last year she had been losing weight and her appetite had become poor. She complained of intense abdominal pain, chiefly in the right hypochondrium, and she vomited half a pint of dark material during my examination. Her pulse was 100 and of fair quality. The abdomen showed extreme distension, especially in its lower half, the upper abdomen being comparatively flat. Rigidity was present in the right hypochondrium, and on deep palpation a tender tumour could be felt. This did not move on respiration, but on account of its rigidity its outline could not be felt. The stomach appeared not to be markedly dilated, but splashing was easily elicited. No gastric nor intestinal peristalsis was seen. A turpentine enema produced a large passage of flatus, the distension completely disappeared, and in twenty-four hours the patient's condition had greatly improved, and all vomiting had ceased. Forty-eight hours after admission she suddenly collapsed and died. At the *post-mortem* examination a huge carcinoma of the pyloric end of the stomach was found. The stomach was markedly dilated and was full of fresh blood, which came from the splenic artery, into which the growth had ulcerated. There was no stricture nor other lesion of the intestinal tract.

These cases illustrate the difficulty of diagnosis in many cases of gastric carcinoma, and demonstrate the importance of radiological examination of the alimentary tract in obscure cases of abdominal disease. Early diagnosis of gastric carcinoma is of paramount importance. In its early stages it is very amenable to surgical treatment, while the last stages of the condition when left without operation are, alas! often terrible to the patients and very distressing to those around them, while recurrence after gastrectomy in many cases causes death from asthenia with slight or no suffering. Carcinoma of the stomach appears to be on the increase. It is a very protean disease, and from the point of view of diagnosis the cases may be divided into three classes:

1. Those with symptoms of gastric disorder—often labelled dyspepsia or gastritis until too late.
2. Those with signs of malignant disease in which the site is not discoverable—for example, cases which are at first diagnosed as pernicious anaemia, Addison's disease, etc.
3. Anomalous cases, three of which are described above.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ANTISTREPTOCOCCUS SERUM IN ERYTHEMA NODOSUM.

ERYTHEMA NODOSUM is most commonly described as a rheumatic affection, and the treatment in the many and various books I have consulted is invariably some preparation of salicylic acid. The prognosis as regards recovery is of course good, but the usual duration is about five or six weeks and appears to be almost uninfluenced by the usual treatment; recovery is followed by prolonged convalescence in which a rather intractable anaemia is conspicuous.

About three years ago I had two cases. The first was a woman, aged 48, who had a quinsy; about a week or ten days after its commencement, and when the throat was practically well, typical erythema nodosum developed; this lasted about five or six weeks; recovery was slow and more or less uninfluenced by the usual treatment. The second was a man of 28 who had follicular tonsillitis, followed in about ten days by a typical attack of erythema nodosum. He was treated in the usual way, and recovered in about five or six weeks. In neither case was there any history of rheumatism, and in both cases convalescence was prolonged. These two cases occurred about the same time,

and I was so impressed by the fact that a septic tonsillitis and a quinsy respectively were followed by a typical attack of erythema nodosum that I determined to try injecting antistreptococcus serum at the next opportunity. I had to wait more than two years before it occurred.

Case 1.—A girl, aged 14, was admitted into hospital under my care suffering from typical erythema nodosum. She had a not very definite history of subacute rheumatism and of a slight sore throat within ten days preceding her admission. There was no cardiac lesion nor any evidence of other constitutional trouble. She was immediately given 10 c.cm. of polyvalent antistreptococcus serum, and in forty-eight hours the improvement was most marked. A further dose of 10 c.cm. was given, and in thirty-six hours the erythema had entirely cleared up, leaving only the usual discoloration. The subsequent or accompanying anaemia rapidly improved under iron, and the girl was quite well in between two and three weeks.

Case 2.—A woman, aged 51, had septic tonsillitis. She gave no previous history of rheumatism; eight days after the commencement of the tonsillitis, and when the latter had cleared up, typical erythema nodosum developed. She was given 10 c.cm. of polyvalent antistreptococcus serum, and after forty-eight hours, although she was immensely improved, a further dose of 10 c.cm. was given, and in thirty-six hours the erythema had entirely subsided, leaving only the usual discoloration. The anaemia rapidly improved and she was well and about in three weeks.

No other treatment was given, except for the anaemia, in either of these two cases. I am not claiming that antistreptococcus serum is a specific for erythema nodosum. It may be that horse serum injections would be equally efficacious and that these are simply further examples of non-specific protein therapy. The results in these two cases, however, were sufficiently remarkable to make me feel justified in recording them, in the hope that others who have cases of erythema nodosum will give the antistreptococcus serum or ordinary horse serum a trial.

A. H. CARTER, M.D., B.S.Lond.,
Physician, Wolverhampton and Staffordshire General Hospital.

THE HARVEST BUG.

A DESCRIPTION of the effects of this creature is usually omitted in ordinary textbooks, and is limited to a few lines in manuals on skin diseases. But to those who have gone for their holiday to a region infested with harvest bugs their prevention and cure becomes a matter of serious importance, as the intolerable itching they produce often quite prevents sleep, and the holiday is wasted as far as rest to the nerves is concerned.

The harvest bug is a small red object just visible to the naked eye, it is said, though I have never been able to detect it myself. It is a cousin to the acarus of scabies, and belongs to the Arachnida or spider group. Its technical name is *Leptus autumnalis*, or *Microtrombidium autumnale*, as it belongs to the family Trombidiidae. Another member of this family causes the Isutsugamushi disease, which is usually fatal in the East. When magnified it is seen to have six legs, and these and its body are covered with hairs. It penetrates the skin—probably at a hair follicle—and buries itself more or less completely therein. A glance at the magnified creature will show the intense irritation it and its hairs must produce.

It is prevalent in the country, particularly in chalky districts, in the months of August and September. Personally I have experienced it in Berkshire and North Cornwall. It swarms in the grass at the side of roads and in fields, a walk through which will lay in a stock very rapidly. In wet weather it disappears for a time, but in bright dry seasons it is at its worst. This year has been one particularly favourable to its activities. Children are tormented by it, and the more one washes the worse one suffers, probably by removing the sebaceous material from the hair follicles and facilitating its entrance. A certain immunity is acquired by those who live in infested areas, and also among visitors who have gone regularly to the same spot year by year.

Prevention.—It is well to avoid walking in long grass. The skin can be protected by daily sponging all over with infusion of quassia. It is well to use carbolic soap for the body. Sulphur powder dusted in the socks and underclothing is also recommended.

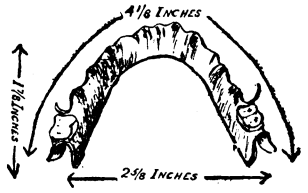
Cure.—Any mild parasiticide ointment is recommended. I have found sulphur ointment well rubbed into the spots fairly effectual, but it is a messy application, and unpleasant for constant use. A sulphur bath, with one teaspoonful of potass. sulphurata to the gallon, would probably be indicated for widely distributed bites. Jeyes' fluid, two teaspoonfuls to the pint, is recommended by many, but it is sticky and has a strong smell. Scrubb's cloudy ammonia has its advocates. The remedies that I have found produce immediate and permanent relief are two: (1) A 1 per cent. carbolic acid lotion rubbed on the spots with the fingers until it is rubbed dry and sebaceous matter expressed. This stops the itching instantly. One has a pot of the lotion, dips one's fingers in it, and rubs the affected spots. As carbolic can be absorbed by the skin too much should not be rubbed in at a time. (2) To prevent any such remote contingency as carbolic acid poisoning I have tried methylated spirit, and it appears to act effectively if applied directly the itching begins and before the parasite is protected by a scab produced by scratching, which seals its point of entrance. In that case there is a distinct papule, which must be pricked with a needle and squeezed. In cases where large surfaces are affected it would be preferable to rub in methylated rather than carbolic. In either case the rubbing in with the bare hand is indicated, and it is probable that the parasite is mechanically removed with the sebaceous material extracted by rubbing the lotion on till it dries up.

It is in the hope of offering promising suggestions for others similarly attacked that I have written this note.

Sydenham. H. B. GLADSTONE, M.D.

THE PASSING OF A LOWER DENTURE.

AT 4.15 one afternoon a clerk in the A.D.M.S. office, Madras District, swallowed, whilst at tea, his lower artificial denture. He could not extricate the denture, and as he felt that he was choking he "jumped it down." He reported the accident to the staff surgeon, who ordered him to eat a large quantity (1 lb.) of bread; this was done. At about 2 o'clock the next morning the patient was seized with severe colic, accompanied by a cold sweat and much flatulence. From this it was presumed that the denture had passed through the pylorus. He treated the matter lightly, however, and did not want to go into hospital. During the following day he was entirely free from pain of any description, and performed his ordinary duties in the office.



As the *x*-ray installation in Wellington was not in working order the patient was sent to Madras. On the journey, which took twelve hours, he experienced severe abdominal pains, which began just below the stomach. On admission into the Madras General Hospital no time was lost in taking an *x*-ray photograph, but before the result of this could be ascertained the patient was seized with most violent pains and asked to use a commode. At 11 a.m., after a great deal of exertion, he passed the denture per rectum. During the passage of this foreign body through the rectum he was in a state of collapse, and was attended to by the medical officer present. He was kept under observation for forty-eight hours, but after the first two hours which followed the passing of the denture no ill effects or complications were observed.

The total time this artificial denture took to pass through the body was sixty-six hours and fifty minutes.

Wellington, S. India. W. G. PRIDMORE, Colonel, I.M.S.

DIAPHRAGMATIC HERNIA OF THE NEWBORN.

A PRIMIPARA, aged 42, recently gave birth to a male weighing 8 lb. The child died three hours after birth. I had used forceps (the mother was small), and the fear of intracranial haemorrhage was upon me. *Post-mortem* examination, however, showed a deficiency in the left side of the diaphragm, which was large enough to admit three fingers. The entire bowel, accompanied by the spleen, had herniated, and occupied the left thorax, displacing the heart to the right side of the sternum, and reducing the left lung to two small tags of tissue. The contents of the hernia could easily be reduced, but very soon returned to their thoracic lodging as the place of greatest comfort.

Perhaps the death of the newly born is not so frequently due to "excessive weakness" as midwives (and others) suppose.

Broad Chalke. G. C. ADENEY, M.B., B.S.Lond.

way, all of which he was enabled to surmount. Dr. Masterman, with his long experience in Jerusalem, knew Dr. Torrance well and bears high testimony to his professional skill and his missionary qualifications. As a surgeon he was particularly successful and always kept abreast of the times; before the war he was regarded as one of the leading surgeons in the Near East. The onset of war with Turkey meant the break-up of his work, as of all missions in Palestine, and Torrance did valuable service at home in the R.A.M.C., being in charge of a Scottish hospital with the rank of major. On his return to Palestine he was able once more to reopen his hospital, and was awarded the O.B.E., a recognition by those in authority of the great value of his work.

The sudden death of Dr. CLARENCE ROBINSON from angina pectoris while on holiday at Ramsey, Isle of Man, on August 29th, caused much sorrow in the Warrington district. Dr. Robinson was a native of Cork, and received his medical education there; he took the diplomas of L.R.C.P. and L.R.C.S.I. and L.M. in 1903. He was for a time house-surgeon at the Ramsgate Infirmary, and afterwards visiting surgeon to Ramsgate and St. Lawrence Dispensary; subsequently he was for nearly two years in practice at Camberwell Green. In 1908 he took over a practice in Latchford, Warrington, near the Cheshire boundary, and very soon his professional skill and assiduity built up an extensive practice. He became an honorary surgeon to the Warrington Infirmary, and his skill as an operating surgeon was recognized by his colleagues. He was also surgical specialist to the Warrington Pensions Board. During the war he acted as a visiting surgeon to the Lord Derby War Hospital and to the Red Cross Hospital at Thelwall Heyes. He was a loyal member of the British Medical Association and of the Warrington Panel Committee. Dr. Robinson has been cut off suddenly in the prime of life—he was only 42—and in the height of success, and much sympathy has been extended from all classes to his widow and her two sons.

Dr. WALTER SMITH CHEYNE, V.D., died in Aberdeen on August 19th, aged 70, having been taken ill while on holiday at Dinnet, on Deeside, and removed to his home. He was born in Aberdeen, and educated at Stevenson's School, Aberdeen, and at the grammar school and university of that city, where he graduated as M.B. and C.M. in 1876, and as M.D. in 1884. He started in practice in Aberdeen in 1882, and at the same time joined the old Volunteer Force as surgeon, serving first in the Volunteers and later in the Territorial Force, up to 1916, when he retired in the rank of colonel. During the recent war he served as medical officer in the Highland branch of the R.F.A., and later in the Aberdeen Volunteer regiment. He received the Territorial Decoration in 1901. Dr. Cheyne was a member of the Aberdeen Division of the British Medical Association. He is survived by three daughters and one son, Captain D. G. Cheyne, M.C., R.A.M.C.

Dr. RIDLEY MANNING WEBSTER died on August 30th at Ealing, where he had resided since 1901. He was born in London in 1847, entered the Middlesex Hospital as a dental student in 1868, and duly qualified as L.D.S.Eng. Relinquishing dentistry, he took up medicine in 1874, and obtained the diplomas of M.R.C.S.Eng. and L.S.A., and later L.R.C.P.Edin. In 1881 he held two resident appointments at the Middlesex Hospital, under the late Drs. Cayley and Hall-Davis, and then settled at Muswell Hill, where he established a large practice and gained a high reputation as a medical practitioner. In 1884, under the stress of professional work, he contracted pleuropneumonia, from which he never really recovered, for it left him with the remains of an empyema, and a recent perforation of a crippled lung led to septic bronchitis. In 1900 he had the misfortune to fracture a patella, and as some disability following a delayed recovery he relinquished practice. A colleague, H. A. S., writes: Dr. Webster was a many-sided man, for beyond his professional gifts he was a naturalist, a skilled mechanic, an antiquary, and an authority on church architecture. A Cartesian in search of truth, though silent as to nature's mysteries, in his broad outlook he was a humanitarian, altruistic, humble, and self-denying. He did good work for the St. John Ambulance Association, and he was a member of the British Medical Association and of the North London Medical Society. He never married.

Dr. ALAN EVERLEY TAYLOR, surgeon of the s.s. *City of Calcutta*, died of heart failure after heat-stroke, at sea, towards the end of August. He was the son of Dr. Everley Taylor, of Langholm, Dumfriesshire, late of Scarborough, and was educated at Oxford, where he graduated as M.A., M.B., and B.Ch. in 1910, and at the Universities of Göttingen and Leeds. After graduating he filled the posts successively of house-surgeon, house-physician, and resident ophthalmic officer of Leeds General Infirmary. He took a temporary commission as lieutenant in the R.A.M.C. on December 28th, 1914, was promoted to captain after a year's service, and served as officer in charge of Ophthalmic Centre No. 82.

Universities and Colleges.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

Parkin Prize.

IN terms of the bequest made to the College by the late Dr. John Parkin, a prize of the value of £100, and open to competitors of all nations, is offered for the best essay, "On the curative effects of carbonic acid gas or other forms of carbon in cholera, for different forms of fever and other diseases." Essays (written in English) must be received by the secretary not later than December 31st, 1923. Each must bear a motto, and be accompanied by a sealed envelope bearing the same motto outside, and the author's name inside. The successful candidate must publish his essay at his own expense, and present a printed copy of it to the College within three months after adjudication.

CONJOINT BOARD IN IRELAND.

THE following have been approved at the examination indicated:

FINAL PROFESSIONAL.—Jane A. Brennon, F. S. Bourke, H. Bugler, P. J. Clarke, S. L. Christie, S. B. Carlisle, Dorothy M. Coulson, S. H. Ervin, F. B. Harrison, P. Kilcoyne, P. S. McCabe, P. J. C. MacDonnell, Iris P. Nelis, Mary R. Nolan, T. V. C. Nolan, D. M. F. O'Connor, J. F. O'Connor, Anne O'Connor, A. T. O'Grady, C. B. D. O'Henaghan, Helen P. Regan, Mary A. Ryan, J. D. Sayers, R. E. Sadlier, S. L. Simon.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—E. N. C. Annis, E. E. E. Attale, A. Cawadias, H. S. Chadwick, H. T. Chiswell, C. J. Fox, K. P. Hare, G. A. Lord, H. Maclachlan, M. A. E. Somers, J. N. Wheatley.

MEDICINE.—E. E. E. Attale, A. Cawadias, J. H. Cooper, J. B. Couche, J. Crawford, C. J. Fox, K. P. Hare, *M. S. Mahmud, W. R. H. Pooler.

FORENSIC MEDICINE.—E. E. E. Attale, A. Campbell, A. Cawadias, K. P. Hare.

MIDWIFERY.—E. E. E. Attale, E. N. C. Annis, A. Cawadias, H. S. Chadwick, R. S. Chambers, K. P. Hare, G. A. Lord, Y. Nadan Lal, H. J. Powell, J. N. Wheatley.

*Section II.

The diploma of the Society has been granted to Messrs. E. E. E. Attale, A. Cawadias, H. S. Chadwick, and K. P. Hare.

Medical News.

THE annual dinner of the past and present students of St. Mary's Hospital Medical School will take place at the Connaught Rooms, Great Queen Street, W.C., on Monday, October 1st, 1923, at 7 for 7.30. Mr. V. Warren Low, C.B., F.R.C.S., will be in the chair. The honorary secretary is Dr. Hope Gosse.

THE Governors of St. Bartholomew's Hospital have appointed Sir Robert Armstrong-Jones, C.B.E., M.D., to be consulting physician to the department of psychological medicine.

A SERIES of lectures and demonstrations will be delivered at the Royal Sanitary Institute during the coming autumn. A course for sanitary officers will commence on Tuesday, September 25th, comprising the subjects scheduled for the examination of the Institute and the Sanitary Inspectors' Examination Board; inspections and demonstrations have been arranged in connexion with this course, including visits to public and private works illustrative of sanitary practice and administration, with demonstration of the routine of an inspector's office work and duties. A course for meat and food inspectors begins on October 5th; the course consists of

systematic practical training in the inspection of meat at a cattle market. A course for health visitors and child welfare workers begins on October 1st; the course of lectures is arranged as a preparation of the health visitors' examination of the Royal Sanitary Institute, and is not part of the scheme prepared by the Board of Education; the course is open to all students who wish to attend, but only those who hold the nursing and midwifery qualifications set out in the regulations can be admitted to the examination. An introductory lecture to the students of the various courses will be given at the institute by Professor H. R. Kenwood, C.M.G., on September 24th, at 5.30 p.m.; admission is free. Particulars may be obtained from the secretary of the Royal Sanitary Institute, 90, Buckingham Palace Road, London, S.W.1.

THE Medical Branch of the Board of Education has been transferred from Nos. 5 and 6, Clement's Inn, Strand, W.C.2, to 54, Victoria Street, S.W.1. (Telegraphic address: "Meducation Sowest, London.")

THE annual general meeting of the Medical Sickness, Annuity, and Life Assurance Society will be held at the offices of the company, Lincoln House, 300, High Holborn, W.C.1, on Monday, October 1st, at 4 p.m.

A COURSE of elementary lectures on infant care, for infant welfare workers and others, will be given by Dr. J. S. Fairbairn and Lady Barrett, M.D., in the Lecture Hall of the National Association for the Prevention of Infant Mortality and for the Welfare of Infancy, Carnegie House, 117, Piccadilly, W.1, on Mondays, at 6 p.m., from October 1st to December 3rd.

THE Scottish Board of Health (121*a*, Princes Street, Edinburgh) announces the opening of its *Register of Health Visitors*. Persons discharging on behalf of a local authority all or any of the duties of a health visitor under a scheme of maternity service and child welfare or of tuberculosis or otherwise, or of a school nurse under a scheme of school health administration, may apply for certification and registration.

A NATIONAL gas exhibition, demonstrating the service of gas in the home and industry, will be held at the Bingley Hall, Birmingham, from September 17th to October 3rd.

AT the International Congress against Alcoholism held at Copenhagen from August 19th to 24th it was decided to appoint a small committee to draw up a scheme for an International Federation of Medical Abstainers. The members of the committee were Dr. Holitscher (Czecho-Slovakia), the convener of the meeting, Dr. C. F. Harford (England), Dr. M. Legrain (France), Dr. Kh. Neytcheff (Bulgaria), and Professor R. Vogt (Norway). A constitution was agreed upon which is to be submitted to the existing societies of medical abstainers in different lands. The object of the Federation is to unite these societies: (1) to promote total abstinence in the medical profession; (2) to study alcohol and alcoholism; and (3) to organize the scientific attack on alcoholism. It is proposed that the Federation shall hold its chief meetings on the occasion of the International Congress against Alcoholism, but would meet also at international medical congresses.

A PRACTICAL post-graduate course in gynaecology will be held at the Hôpital Broca, Paris, from September 17th to 29th. The fee is 150 francs.

AN amendment has been made to the law controlling medical practice in Ontario, which has closed the door against osteopaths, chiropractors, and other "drugless healers," unless they hold the qualifications which the Medical Council requires of medical practitioners.

A VACATION course will be held at the Hôtel-Dieu, Paris, from September 10th to 21st, on recent medico-chirurgical work on alimentary diseases.

PROFESSOR UHTHOFF, the well known ophthalmologist, who recently resigned the chair of ophthalmology at Breslau owing to his reaching the age limit, celebrated his 70th birthday on July 31st.

DR. SEBASTIAN RECASENS, the well known gynaecologist, and dean of the Madrid Faculty of Medicine, has left Spain to visit the universities of South America, where he will lecture on gynaecology.

THE late Dr. Flora Murray, who died on July 28th, left estate of the gross value of £3,941, with net personalty £3,335. She left all her property to Dr. Louisa Garrett Anderson, desiring her to dispose thereof as she may think best, retaining for her personal use all or any part of it as she might wish.

DR. ALEXANDER MARMOREK, the well known bacteriologist, died recently in Paris at the age of 58.

THE German Pediatric Society will hold its annual meeting at Göttingen on September 21st and 22nd, when a discussion will be held on endocrine glands, in which Drs. Schiff of Berlin, Birk of Tübingen, Thomas of Cologne, and Goett of Munich will take part.

A PRESENTATION of books and instruments was recently made to Dr. Charles J. Gordon Taylor by the medical men of Nuneaton on his leaving that town to take up practice at Bridlington.

ACCORDING to a statement received from the information department of the Russian Trade Delegation in London, typhus reached its maximum in Russia in 1920. The number of cases in 1918 is said to have been 130,164; in 1919 there were 2,119,549, and in 1920 there were 3,354,056 cases. The People's Commissariat for Health then organized special commissions to combat the spread of typhus, and summoned seven all-Russian congresses of bacteriologists and epidemiologists. "Workers' commissions for cleanliness" were set up and 250,000 isolation beds were organized. In the following year (1921) 633,250 cases were registered. The famine of that year, however, again assisted the development of the epidemic, and in 1922 1,401,145 cases were registered. It was only possible to localize the epidemic at the end of 1922, but by the beginning of the present year only rare individual cases were being registered throughout Russia. The statement adds that during the same years (1918–22) there was a great epidemic of relapsing fever.

DETAILED information is as yet incomplete regarding the fate of British residents in Tokyo and Yokohama during the disastrous earthquake of September 1st and 2nd. It is reported that although the British Embassy building was wrecked there was no loss of life among the staffs of any of the embassies and legations; it is hoped, therefore, that Dr. H. Crichton Starkey, O.B.E., of the British Embassy, is safe. A message from Karuizawa, in the *Times* of September 6th, reports Dr. Anne Borrow as safe; but we regret to state that Dr. Edwin Wheeler, who practised for many years in Yokohama, is reported killed. Dr. Wheeler was one of the oldest British residents in Japan; he graduated M.D. of the Queen's University of Ireland in 1864, and had been a member of the British Medical Association for the past thirty-three years.

Letters, Notes, and Answers.

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.

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.*

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

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

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

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, Westrand, London;* telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London;* telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Mediscera, 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.

TREATMENT OF COELIAC DISEASE.

DR. S. A. MONTGOMERY (Cleethorpes) asks for suggestions for treatment in a case of coeliac disease with stunted growth in a young girl who is passing three or four pale, evil-smelling, semi-liquid stools in twenty-four hours. Abdomen swollen and tympanitic; not much elevation of temperature or severe pain; no signs of glandular swelling in abdomen or omental thickening.

VARICOSE VEINS.

"M. J." writes: I have for many years suffered from varicose veins below the knee. The vein over the dorsum of foot is considerably swollen. There is considerable aching and discomfort, and undue fatigue is experienced on comparatively slight exertion. Two operations have been performed, sections of superficial veins having been removed. Elastic stocking gives only partial relief. Is there any appliance that can be used or can any means of lessening the discomfort and sense of weight in the limb be adopted? For suggestions I should be grateful.