

sponge rubber buffer to support the forehead and shield the eyes from extraneous stimuli. For gun-sighting telescopes the experimental firing with this device took place at sea in H.M.S. *Canterbury*, off Portsmouth, and I watched the successful issue of the trials with great interest.

#### NAVAL CODE OF LIGHTING.

##### *Service Afloat.*

1. In order to see well, several factors are concerned—fair health, good eyesight, normal retinal adaptation, sufficient light flux, adequate distribution and direction of light, and quiet contrast.

*The Eye.*—Vision is a complex affair, the eye being highly trained and delicately sensitive in retina and iris to the balanced reversible electro (chemical) reactions resulting from impact of light energy around the sensitive retinal terminals of the optic nerve. The eye is a trigger, as it were, that starts into action nervous impulses which arrive at the cortex of the brain where perception results, and whence highly complex co-ordinated actions originate. It is not the eyes only, but the whole mechanism of vision that is liable to fatigue under conditions of faulty illumination and mal-hygiene generally.

2. In any system of lighting, light will be reflected from surrounding objects, deck bulkheads, sides and impedimenta. Light so reflected will vary in quality and amount and such variation is important and is calculable in any system under the term "coefficient of utilization," usually 0.2 to 0.6 according to size, shape and tinting of enclosing surfaces.

3. The intensity of light, measured in lumen (1 lumen = 0.929 c.p. per square foot), to be maintained, should not vary appreciably from the following—with 25 per cent. margin for deterioration on instalment. [The table is omitted.]

4. Glare, glitter, and, on the other hand, gloom, are to be avoided. Source of light should be shaded, so that naked direct light subtends, at the eye, an angle of 75 degrees or thereabouts (brow angle) with the visual horizon, when the eyes are directed straight forward.

5. Lamps should be mounted overhead in closer range (1 to 1) than in civilian practice, where the ratio of height of mounting above working plane to distance apart of the lamp is as 1 is to 1½.

6. *Dome Lighting.*—The principle of naval lighting is thus direct (ensuring economy) with total absence of dazzle (minimizing eye fatigue) and amounts in effect to a lowering of the "light ceiling"—the light issuing from a number of unobtrusive domes.

7. On the area of the working plane light should fall uniformly, and not vary over that area more than 4 to 1. Brightness contrast should not exceed the ratio of 20 to 1. For example, on a billiard cloth, beneath a shaded light source, the red and white balls receive the same uniform flux of light, but the whites reflect so much more light than the red ball, that annoyance is caused if total flux be excessive.

8. *Police Lights.*—[Details omitted.]

9. *Chart-room illumination* presents a threefold problem: (a) day lighting; (b) partial day and artificial lighting; (c) artificial lighting. In (a) a curtain or blind or green frosted glass housable shutter to be provided for sunglare. In (b) dome-shaded direct light from the upper left and rearward side of the navigator. This should be on a dimming resistance so that light flux may be reinforced when, in (a), flux of daylight is insufficient. In (c) as in (b) with added attention in providing an adequate coefficient of utilization.

10. *Submarines*—to be illuminated internally as in 1918 recommendations—care being taken that light flux be sufficient in amount and controlled by accessible switch, on rheostat. For use in harbour dome-shaded (75 degrees brow angle) lamps may be added. *Emergency lighting* by self-luminous radium bromide (foveal) spot lighting in vermilion-tinted fluting on levers, dial pointers, level surround and salient lines of control room (experimental research advised).

11. Reflecting surfaces should be free from glitter, of matte surface and champagne hue. Reflecting factor should be low from surfaces below and 30 degrees above the horizontal eye level—and high from surfaces above that angle.

12. Controlling levers and switches should be easily visible and naturally accessible.

13. In a bright light the eye is adapted or tuned to a high level of brightness and visualization remains good if variation in brightness be neither great nor rapid. Figures given in this code relating to artificial lighting must be X2 for day-lighting at least, and partial day-lighting necessitates reinforcement by artificial.

14. A properly trained staff should be held responsible by the captain for cleanliness and condition of lamps, shades and reflectors.

## Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

### AN UNUSUAL CASE OF PNEUMOTHORAX.

THE following notes of an uncommon condition seem to be worthy of publication. The patient was a schoolboy aged 18 years, who received an injury to the chest while playing Rugby football.

The family history is as follows: Maternal grandfather lived to over 80 years and paternal grandfather died aged 86. He has no definite knowledge of his female grandparents. Father alive and well aged 75 years, mother 55 years and healthy. Two brothers alive—one aged 20 years healthy, the other aged 12 years described as delicate. One sister died at 2 years—cause unknown. There is no known history of pulmonary tuberculosis.

The patient had pneumonia in 1914, followed by whooping-cough, otherwise he has rarely been ill.

He was playing football on November 17th, 1922, and was in the act of scoring a try when an opponent knelt heavily on the back of his chest. He felt a very slight pain but no dyspnoea. The next morning he complained of slight pain in the left side of the chest over the precordium. There was no evidence of fractured rib. In two days he felt perfectly well. He played football again on November 24th and, after the game, complained of slight shortness of breath.

I found the following physical signs in the chest: There was no alteration in the percussion note over either lung, nor any change in vocal fremitus or resonance. Over the right lower lobe posteriorly there was an area of high-pitched distant bronchial breathing. I sent him to Dr. A. J. Cleveland of Norwich for an opinion, especially having in view the x-ray findings. The following are his notes of the case:

"I saw this patient on November 28th, 1922. I found that both lungs were resonant all over. The heart apex was just outside the nipple line. Over the right lower lobe there was a fair-sized patch of bronchial breathing. I got a modified 'bell sound' but no metallic tinkling. With x rays it was obvious that there was a moderate-sized pneumothorax at the outer and lower side of the right pleural cavity. I could find nothing to suggest a fractured rib. In 1914 he had a bad attack of right lobar pneumonia and whooping-cough, and I conclude this must have left some weakness of the alveolar walls, which gave way under the strain caused by a heavy man falling on his chest. I saw him again a fortnight later and the physical signs were much less definite and, after another fortnight, I could not detect any evidence of pneumothorax either with x rays or the stethoscope. At no time could I find any evidence of pulmonary tuberculosis. When I last saw him he appeared to be in excellent health."

He returned to school on January 20th, 1923 (he had been resting quietly at home till then). He began to play hockey about a fortnight later and played regularly until the end of March. I examined his chest several times and could not detect the slightest abnormality.

A. S. HENDRIE, M.B., Ch.B. Edin.,  
Medical Officer, Gresham's School.

### TWO CASES OF LIGHTNING STROKE.

THESE two cases are considered worthy of record as I have not seen a similar train of symptoms recorded elsewhere.

Both men were standing in the door of a cowshed while a violent thunderstorm was in progress. A flash of lightning struck them, throwing both to the ground, one on top of the other. They were seen about half an hour later. Both had arborescent markings on the left side of the face and neck of an erythematous nature. The marks lasted for about twenty-four hours.

One was rendered unconscious by striking his head on the brick floor. As a result of the fall this man developed a traumatic cataract. From the time of the injury he complained of blindness in the affected eye and there was considerable conjunctival suffusion. Opacity of the lens was not obvious until about the tenth day; it then gradually increased, and the eye has been operated on.

Both men complained of pain in the supraclavicular region radiating down the arm. Weakness of the affected limb and sensations of pins and needles were present for two or three weeks, but this condition cleared up, leaving no disability.

Burgess Hill, Sussex. I. H. LLOYD-WILLIAMS, M.B., B.S.

permanent service in that country at increased rates of pay and pension. Probably by these means sufficient officers would be obtained for Indian necessities, and the remainder of the corps, after one tour in India, would have little foreign service.

Whether these views are accepted or not, it is high time that some steps were taken to alleviate the undoubted hardships of the officers of the R.A.M.C., who at present, while enjoying few compensating advantages, have more frequent moves and more foreign service than any other branch of the army.—I am, etc.,

October 5th.

FIELD OFFICER.

## Obituary.

SIR FREDERICK BRADSHAW, K.C.B., M.R.C.P.,  
Major-General A.M.S. (ret.).

MAJOR-GENERAL SIR ALEXANDER FREDERICK BRADSHAW, K.C.B., K.H.P., Army Medical Service (retired), died suddenly at Oxford on September 27th, aged 88. A month ago, on the occasion of the marriage of his daughter to Lieut.-Colonel Stewart Gordon, he was knocked down and injured by a motor car.

He was born in London on December 5th, 1834, the son of Mr. G. Bradshaw, of the Inland Revenue Department, and was educated at St. Bartholomew's Hospital, taking the L.S.A. in 1856 and the M.R.C.S. in 1857. He entered the army as assistant surgeon in 1857, attained the rank of surgeon major-general on March 10th, 1891, and retired on March 10th, 1895. For the first eight years he served in the Rifle Brigade, 2nd Battalion, with which he took part in the suppression of the Indian Mutiny, serving at the siege and capture of Lucknow, for which he received the Mutiny medal with the clasp for Lucknow. In 1863-64 he was garrison surgeon at Delhi, and in 1865 was posted to the Chestnut troop of the Royal Horse Artillery. In 1869 he was appointed surgeon to the commander-in-chief in India, Sir William Mansfield, afterwards Lord Sandhurst; and continued to hold that post under the two succeeding commanders-in-chief, Lord Napier of Magdala and Sir Frederick Haines. On the staff of the last named he served in the Afghan war of 1879, receiving the medal. From 1884 to 1886 he was principal medical officer of the Quetta division, and in that capacity served as P.M.O. in the Zhob expedition on the north-west frontier of India in 1884, when he was present at the action at Hamza village, and was mentioned in dispatches. The frontier medal was not granted for this campaign. In 1886-87 he served as P.M.O. of the Frontier Field Force in Egypt, after which, for a short time, he held the post of P.M.O. of the northern district in England. From 1887 to 1892 he was again in India as P.M.O. of the Rawal Pindi division, and with that division served as P.M.O. in the Hazara campaign of 1891, when he was mentioned in dispatches in the *London Gazette* of October 20th, 1891, and received the frontier medal with a clasp, and the C.B. From his promotion to surgeon-general till his retirement he held the appointment of P.M.O. of H.M.'s forces in India, the second post in the service, next to that of director-general. He was appointed honorary physician to the Queen in 1899, and promoted to K.C.B. in 1912. He was also a F.R.G.S., and in 1882 had taken the M.R.C.P. Lond.

After his retirement he settled in Oxford, where he did much public work, as honorary secretary of the Oxford Eye Hospital, as member of the Oxford Town Council, and as a member of the committee of the Warneford Asylum. He became a Fellow Commoner of Worcester College in 1897; the university gave him the honorary degree of M.A. in 1900, and the full degree of M.A. in 1910. During the late war he acted as honorary consulting physician to the military hospitals in Oxford. He edited a memoir of Katherine Grace Loch, R.R.C., who was chief lady superintendent of Queen Alexandra's Military Nursing Service for India. In 1864 he married Ellen, daughter of Colonel R. S. Ewart, Bengal Army, and had three sons and five daughters. His youngest son was killed in the late war. The other two sons are Lieut.-Colonel F. E. Bradshaw, D.S.O., late Rifle Brigade, and Colonel C. R. Bradshaw,

Indian Army. His daughters are Lady Lennox-Cunningham, O.B.E., Mrs. Cecil Kekewich, Mrs. Hunt, wife of Professor A. S. Hunt of Oxford, and Mrs. Stewart Gordon. His remains were cremated at Golders Green on October 2nd, a funeral service being held at the same time at St. Margaret's Church, Oxford.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

A COURSE of eight lectures on the histology of the nervous system is being given by Dr. C. da Fano (Reader in Histology in the University) at King's College (Strand, W.C.2) at 4.30 p.m. on Wednesdays. The first lecture was given on October 10th.

A course of eight lectures on newer aspects of nutrition is being given by Professor V. H. Mottram, M.A., at King's College for Women (61, Campden Hill Road, W.8) on Mondays at 5 p.m. The first lecture was given on October 8th. Admission to these courses is free, and attendance on them is recognized in connexion with the B.Sc. (Honours) Degree in Physiology.

The newly elected Jodrell Professor of Physiology, Dr. A. V. Hill, will give a public inaugural lecture on the present tendencies and future compass of physiological science on Tuesday, October 16th, at 5.30. The lecture will be held in the theatre of the new anatomy building at University College. Professor E. H. Starling will take the chair. Cards of admission will be sent on application to the secretary of the college: such an application should enclose a stamped addressed envelope. The new anatomy building will be open to inspection as from 4.30 that afternoon.

### UNIVERSITY OF SHEFFIELD.

THE Diploma in Public Health has been awarded to Samuel Bryson and Patrick Kane.

### UNIVERSITY OF ST. ANDREWS.

THE following candidates have passed in the examinations indicated:

FIRST M.B., CH.B.—*Organic Chemistry*: B. W. Anderson, Agnes C. Cunningham, J. W. L. Dickson, W. J. Frain, A. Thornton, R. O. Whyte. *Inorganic Chemistry*: B. W. Anderson, R. O. Whyte. *Botany*: T. Thornton. *Physics*: J. A. Blain, Adewale Doherty, J. Feldman, Victoria M. Willoughby.

THIRD M.B., CH.B.—*Materia Medica*: A. P. R. Borrowman, Barbara T. Cubitt, D. C. Dickson, Davina M. Dingwall, H. A. Graham, Janet L. M. Inglis, C. A. Lindsay, May A. Low, Janet E. Luke, Roberta G. McRae, J. H. Malloy, Mary E. Proudfoot, Renee Ritchie, E. H. T. Rutherford, R. P. J. Rutherford, Bhavani Shanker, Jean R. Sheriffs, R. W. Small, Jean J. Smith, N. I. Smith, Karam Chand Virmani, D. D. Watson. *Pathology*: Fakherddin El. Ahmadi, Janet L. M. Inglis, Surendra Nath Lahiri, Mohan Lal, Rose M. B. Lee, S. C. McPherson, Ajudhia Nath Nanda, R. Rutherford, Bhavani Shanker, Jean J. Smith, N. I. Smith, Karam Chand Virmani.

FOURTH M.B., CH.B.—*Medicine*: A. A. Finnigan, Jessie H. Fitchet, A. Henderson, J. A. G. Keddie, G. D. Laing, B.Sc., Victoria R. L. Leslie, Ena M. Liddell, F. McLagan, J. R. Miller, Hermine M. Morrison, J. R. Murray, N. Nelson, P. C. Robertson, B.Sc., Janet O. Stephen, Gertrude J. Sturrock. *Surgery*: C. R. Baxter, T. F. Black, Ellen Douglas, J. R. Graham, G. D. Laing, Jeannie F. Laird, Victoria R. L. Leslie, F. McLagan, J. R. Murray, P. C. Robertson, Gertrude J. Sturrock. *Midwifery*: Monawar Khan Afridi, C. R. Baxter, T. F. Black, N. T. Brown, W. F. Dorward, B.Sc., L. Farrell, A. A. Finnigan, A. Henderson, Lilian A. M. Johnston, B.Sc., Lutfi Rehman Khan, G. D. Laing, Jean R. Mason, J. R. Miller, N. Nelson, P. C. Robertson, Jaiinti Dass Sagger.

FIRST D.P.H.—*Physics and Meteorology*: Frances Heron-Watson, J. Lamberton.

### ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

AT the monthly meeting of the Royal Faculty of Physicians and Surgeons of Glasgow held on Monday, October 1st, the following were admitted, after examination, as follows:

Margaret Hogg Grant, M.B., Ch.B., B.Sc., D.P.H. (Glasgow), John Aitken Gilfillan, M.D., D.P.M. (Leicester), Alexander Reginald Lester, M.B., B.S. (Edinburgh), Colin William McRury, M.D. (Manitoba), Manuel Joseph Saldanha, M.B., B.S. (India).

A copy of the bronze medal, struck in commemoration of the octocentenary of St. Bartholomew's Hospital, has been presented to the Faculty by Dr. Alexander Macphail, Ministry of Health, London.

## The Services.

### NAVAL MEDICAL COMPASSIONATE FUND.

AT the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on October 9th, the Medical Director-General of the Navy, Surgeon Rear-Admiral Joseph Chambers, C.B., C.M.G., in the chair, the sum of £44 was distributed among the several applicants.

### DEATHS IN THE SERVICES.

Dr. John Robert Stevenson Robertson, of Hayling Island, Hants, died suddenly in London on September 26th, aged 64. He was the second son of the late Alexander Robertson, J.P., of Berwick-on-Tweed, and was educated at Edinburgh, where he graduated as M.B. and C.M. in 1881. In 1883 he entered the army as surgeon and served in the Sudan campaign of 1885, taking part in the expedition up the Nile and across the desert for the relief of

Gordon. He was present at the battle of Abuklea, in the centre of the desert, where Colonel Burnaby was killed, in which "Fuzzy Wuzzy" "broke the British square" with disastrous results for himself, for no Arab who broke into the square got out again alive. For this campaign Robertson received the medal, with three clasps, and the Khedive's bronze star. He resigned his commission in 1888 and went into practice at Hayling Island, but retired some ten years ago. During the recent war he served again as medical officer of the Southern Command School of Musketry. His son was killed in Flanders during the war.

## Medical News.

THE post-graduate demonstrations of the University of Bristol have been resumed. Dr. Carey Coombs, clinical lecturer in medicine and in charge of the cardiac research department of the University of Bristol, will deal with principles of prognosis and treatment of heart disease at Swindon on October 10th. On October 12th, at Boscombe, Mr. C. F. Walters, F.R.C.S., surgeon to the Bristol Royal Infirmary, will discuss the differential diagnosis of acute abdominal conditions.

THE winter course of health lectures arranged last year by the Sheffield Joint Hospitals' Council and attended by fully 10,000 people were so much appreciated that to meet the wishes of hospital contributors a further series will be given this year. The first lecture was given on Tuesday, October 9th, by Dr. Lazarus-Barlow, Professor of Experimental Pathology at the Middlesex Hospital, who has taken for his subject cancer research, prevention, and cure. On October 23rd the lecturer will be Professor Leonard Hill, F.R.S., of the National Institute of Medical Research, whose subject is clothing and its relation to health. On November 20th Professor M. S. Pembrey, F.R.S., lecturer on physiology, Guy's Hospital, will discuss physical exercise—its value and limitations. Dr. Harold Scurfield (late M.O.H. Sheffield) will give a lecture on child life on December 11th, and Dr. Major Greenwood, medical statistician, Ministry of Health, another on the preventable mortality of middle age on January 15th, 1924. Other lectures will be given as follows: on January 29th by Dr. H. M. Vernon (of the Industrial Fatigue Research Board) on health and ventilation; on February 19th by Dr. Ethel Bentham on common-sense rules of diet and health; and on March 4th by Mr. C. J. Bond, F.R.C.S., member of the Medical Research Council, on the effect of medical research on public health; on March 25th the course will be brought to an end by Sir Arthur Newsholme, K.C.B., M.D., who will speak on the moral aspects of public health. It will be seen, therefore, that the Sheffield Joint Hospitals' Council has been fortunate enough to obtain the service as lecturers of authorities on each of the subjects with which they deal, and we do not doubt that the lectures this winter will be as well attended as were those of the last year's course. The lectures will be given in the Victoria Hall at 7 p.m. on each day.

A SERIES of lectures, free to medical practitioners, is being given at the Hospital for Sick Children, Great Ormond Street. The first lecture was given by Dr. Poynton on Thursday last. The second will be given on Thursday next by Dr. Paterson at 4 p.m. Other lectures will be given on Thursdays, ending on December 6th. Clinical instruction is given by the members of the staff at their visits; the fee for three months' attendance is 5 guineas, for perpetual tickets 10 guineas. Clinical clerkships and dresserships are open to students at a fee of 1 guinea a month.

THE programme of the Hunterian Society of London has been issued. The new session opens on October 22nd with a dinner meeting at Simpson's Restaurant, Cheapside, when Sir Bruce Bruce-Porter will deliver his presidential address on the pitfalls of medical practice. On November 19th Mr. W. B. Maxwell will open a discussion on medicine and letters at Cutlers' Hall. On December 17th a discussion on the influence of ductless glands in infancy, middle and old age, will be opened from different aspects by Dr. W. Langdon Brown, Dr. J. H. Thursfield, Dr. Leonard Williams, and Dr. H. Crichton Miller. The Hunterian lecture will be delivered on January 14th, 1924, by Sir John Thomson-Walker on infections of the urinary tract due to the *Bacillus coli communis*. The annual dinner will be held on February 12th, and the Hunterian oration will be given on March 3rd by Sir Sydney Russell-Wells on changing standpoints in cardiac medicine.

THE annual dinner of the Society of Medical Officers of Health will be held at the Hotel Cecil on Friday, October 19th. The president (Dr. T. W. Naylor Barlow, O.B.E.) and Mrs. Barlow will receive the guests at 7.10 p.m., and dinner will be served at 7.30. Amongst those who have already accepted invitations are the Right Hon. Sir William Joynson-Hicks, M.P. (Minister of Health), Sir Arthur Robinson, K.C.B., Sir

Humphry Rolleston, K.C.B., P.R.C.P., the Hon. Mr. Justice Swift, Lord Riddell, Sir George Newman, K.C.B., Sir Dawson Williams, and Sir Squire Sprigge. The dinner will be followed by a few speeches and a musical entertainment. Ladies are invited, and members are asked to give early notice to the executive secretary at 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 16th; after that date the cost of tickets will be 15s. each.

THE annual dinner of the Royal Society of Medicine will, as already announced, be held on Tuesday, December 11th, at 7.30 for 8 p.m., at the Hotel Victoria, Northumberland Avenue, when the Prince of Wales will honour the society by his presence. As it is anticipated that an exceptionally large number of Fellows will wish to attend, it is proposed not to issue tickets for guests until November 1st, after which date, if there is room available, Fellows who have applied for tickets for guests will receive them. Tickets (price 15s., exclusive of wine) will be issued strictly in the order of applications received.

THE annual dinner of the Reunion Association of the Prince of Wales Hospital, Tottenham, N., will be held at Pagani's Restaurant, Great Portland Street, W., on Thursday, November 8th, at 7.30 for 8 o'clock. The chair will be occupied by Dr. George Chappel. The price of the dinner will be 12s. 6d. (exclusive of wine) for members and their guests. The secretaries are Dr. Jenkins Oliver, 1, Devonshire Place, W.1, and Mr. S. O. Rashbrook, 7, Wellesley Road, Chiswick, W.4.

THE winter scientific demonstrations arranged by the North of England Branch will be resumed on Thursday next at the North Riding Infirmary, Middlesbrough, when at 2.30 p.m. Dr. J. P. Higham will speak on the diagnosis and treatment of corneal ulcers. Professor W. M. Hume will follow, on the treatment of heart disease, and Dr. F. J. Henry will discuss the opposing theories of tuberculosis. There will then be an interval for tea, after which Mr. A. M. Martin will speak on the diagnosis and treatment of common knee injuries, and Dr. J. A. Longley on the x-ray treatment of malignant disease.

A COURSE of lectures on surgical tuberculosis will be given at the Salford Royal Hospital and the Ancoats Hospital, beginning on October 18th, at 4.30 p.m., when at the Salford Royal Hospital Mr. Garnett Wright will speak on the surgery of pulmonary tuberculosis.

A CONFERENCE is being arranged by the Federation of Medical and Allied Services to take place at 12, Stratford Place, London, W.1, on Wednesday, October 24th, at 4 p.m., to consider what practical means, if any, are possible to extend in this country the system of providing for the periodical medical examination of the larger life assurance policy holders. Representatives of the management and medical staffs of the principal life offices have been invited to attend.

THE opening meeting of the Royal Society of Tropical Medicine and Hygiene for this session will be held at 11, Chandos Street, Cavendish Square, on Thursday, October 18th, at 8.15, when the President, Surgeon Rear-Admiral Sir Percy Bassett-Smith, K.C.B., will deliver his inaugural address. The meeting will be preceded by a demonstration at 7.45 of the development of the malaria parasite in the mosquito. Refreshments at 10 p.m.

A COURSE of seven public lectures on psychology and psychotherapy will be given in the Examination Schools at Oxford by the Wilde Reader in Mental Philosophy (Dr. William Brown) on Mondays at 5.45 p.m., commencing October 15th.

THE programme of the Child-Study Society, London, for the ensuing session has now been issued. On October 18th Mr. F. S. Boas, LL.D., will lecture on "Some aspects of the Departmental Report on English"; on November 8th Miss Jessie White, D.Sc., on "Auto-education"; and on November 22nd Mr. J. J. Findlay, Ph.D., on "Rhythm, labour, and child development." The lectures are given at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., at 6 p.m. On January 8th, 1924, there will be a conference of educational associations at University College, Gower Street, at 5 p.m. The object of the society is the scientific study of the mental and physical condition of children and also of educational methods with a view to gaining greater insight into child nature and securing more sympathetic and scientific methods of training the young. The president is Sir Edward Brabrook, C.B.; the chairman, the Hon. Sir John A. Cockburn, K.C.M.G., M.D.

THE Minister of Health has nominated Dr. W. J. Howarth, medical officer of health for the City of London, to be a member of the Sanitary Inspectors' Examinations Board for a further period of three years.

At a meeting of the Society of Superintendents of Tuberculosis Institutions to be held at 122, Harley Street, at 4 p.m. on Monday, October 15th, a discussion on thoracoplasty will be introduced by Mr. W. H. C. Romanis, F.R.C.S., and a report from the committee which has been considering the question of the training of tuberculosis nurses will be presented.

A MEDICAL Prayer Union meeting will be held, by invitation of Dr. Mary Scharlieb, at 149, Harley Street, W.1, on Thursday, October 25th. An address will be given by Mr. A. Rendle Short, F.R.C.S., on evolution in relation to Christian principles. An intimation of intention to be present will be welcomed by the honorary secretary, Dr. Tom Jays, Livingstone College, Leyton, E.10.

THE method adopted for ventilating the Council Chamber of the London County Council was described at the autumnal meeting of the Institution of Heating and Ventilating Engineers by Messrs. P. M. B. Grenville and T. Moodie. By means of trunks under the chamber an individual supply is provided for each seat. Besides the main inlets, special registers are so arranged to every seat that each member can direct the incoming air either towards himself or vertically out of his range. The plant is capable of delivering 3,000 cubic feet an hour for every occupant of the chamber. The apparatus consists of a humidifier, heating batteries, automatically controlled from the chamber itself, and fans and ice tanks for cooling. The main building is heated by means of forced circulation of hot water to over two thousand radiators, having a total heating surface of 68,349 square feet. The hot-water supply to over eight hundred lavatory basins and sinks is capable of providing 71,400 gallons of hot water in an hour.

ACUTE poliomyelitis was made a notifiable disease in all the communes of the province of Rome on September 4th.

FROM July 23rd to August 15th 103 cases of plague were notified in Egypt; 7 occurred in Port Said and 4 each in Alexandria and Suez.

DR. HERMANN DOLD has succeeded Professor Uhlenhuth as director of the Behring Institute of Experimental Therapeutics at Marburg.

OWING to financial conditions forty-five hospitals were closed in Prussia during 1922, including nine private hospitals with 1,049 beds in Berlin alone.

MESSRS. WATSON AND SONS (Parker Street, Kingsway, W.C.2) have issued a new bulletin describing the x-ray combination horizontal couch, vertical screening stand, and high-tension transformer which they manufacture.

A PRELIMINARY summary of the vital statistics for 1922 of Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta, and British Columbia has been published. The average birth rate of these Canadian provinces was 28.8 per 1,000, compared with 26.3 in the previous year; British Columbia had the lowest birth rate, 18, and New Brunswick the highest, 29.2. The average infant mortality rate was 86.6, ranging from 64.6 in British Columbia to 103.7 in New Brunswick. The average death rate at all ages was 10.4 per 1,000, compared with 10.6 in 1921; of the deaths 75 per 1,000 were due to cancer and 68 to tuberculosis.

## Letters, Notes, and Answers.

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, *Mediscra 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.

"X. Y." would be glad of any references to literature dealing with sterility following mumps ophoritis.

### VITAMINS AND CHLOROPHYLL.

"J. R." (London).—Vitamins B and C occur regularly in substances free from chlorophyll. There is no reason to suspect any relation between them and chlorophyll. Vitamin A is nearly always found associated with chlorophyll. Pure chlorophyll, however, contains no vitamin A. There is a possibility that vitamin A is a substance related in some way to chlorophyll. It may be a pigment body related to, but not identical with, chlorophyll; or it may be that the presence of chlorophyll aids its formation.

### INCOME TAX.

"CAECUM" sold some war stock in June, 1922, and for the year to April, 1923, returned for assessment half a year's interest. The inspector of taxes says he is liable to be charged tax on a full year's interest—that is, on the amount of interest received in the previous year, that being the basis of assessment for untaxed interest.

\*\* The inspector's statement is correct as far as it goes. If, however, when "Caecum" sold out the war stock he did not then hold and did not acquire during 1922-23 stock of identical or similar nature, he appears to be entitled, under Sec. 34 of the Income Tax Act, 1918, to have the assessment for 1922-23 reduced to the amount of the untaxed interest for that year—under the principle laid down in *Brown v. The National Provident Institution*.

### Car Transactions.

"H. T. M." bought a second-hand motor cycle in 1921 for £110 (new cost £135); he sold it in 1923 for £65, buying a new car for £256.

\*\* The total expenditure of (£256 - £65 =) £191 was partly an outlay of capital by which an improved vehicle was obtained, and "H. T. M." is entitled only to that part which represents the cost of replacing his cycle with one similar in make and condition to the cycle as it was when he purchased it—that is, to £110 - £65 = £45.

### Book Debts.

"A, B, and C" have been assessed as partners on the basis of cash receipts; the inspector has now intimated that book debts should be included.

\*\* Unless there is some special reason for the request—as, for instance, if "A, B, and C" have taken over a part or the whole of another practice—we do not think that the inspector's attitude is likely to be sustained on appeal before the local commissioners if "A, B, and C" resist his request. Where the gross receipts of a practice are more or less constant the amount of the actual cash receipts must approximate closely to the correct value of the gross bookings. For this reason cash receipts have for many years been accepted as the basis for income tax returns, even in those cases where the bookings were falling (as during the war) and the cash receipt basis therefore worked against the taxpayer. In these circumstances, and in view of the great difficulty in estimating the value of any given amount of bookings, "A, B, and C" may reasonably resist the inspector's action and appeal to the commissioners (local or special) with reasonable prospect of success if he refuses to give way.

### LETTERS, NOTES, ETC.

MR. H. JESSOP of Burnley, whose advertisements have often appeared in our pages in recent years, asks us to suggest to practitioners who dispense for their patients that this is the time to order their winter supply of dispensing bottles.

### DIFFICULT LABOUR DUE TO FOETAL SPASTICITY.

DR. C. H. S. HORWITZ (Streatham, S.W.) writes: Mrs. P., a primipara, aged 32, gave birth to a full-time child on September 29th. Calculating from the first day of her last period she was about three weeks overdue. Her measurements were normal, and an x-ray photograph showed that there was plenty of room for the head to pass into the cavity of the pelvis. The head of the child remained above the brim until labour commenced. There was an undue amount of liquor amnii. Labour proceeded quite satisfactorily until the head reached the perineum, where it remained for several hours in spite of good pains. So I decided to apply forceps, and a small amount of chloroform was administered. The head was easily extracted, but I experienced the greatest difficulty in delivering the rest of the body, which seemed so rigid. Upon the birth of the child there was a post-partum haemorrhage of some severity and difficult to control. The child was somewhat blue, and held its body in a condition of opisthotonos. It soon cried and continued to do so almost continuously for twenty-four hours. It would not attempt to suck, but could swallow water administered with a spoon. There was evidently some meningeal irritation, with the left side of the body more affected than the right. The rigid condition of the child's body, with marked head retraction, would account for the difficulty I had experienced in delivering it. The pupils were equal and reacted to light, but there was slight ptosis of the left lid. Vertical nystagmus was present. There was marked rhythmical twitching of both arms and hands, more violent on the left side. The thumbs were strongly flexed and adducted; the elbows and wrists were flexed. The legs were spastic, but to a less extent than the arms, and the feet were flexed. The child died about forty-eight hours after birth. No post-mortem examination was held.

### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 33, 34, 35, 38, 40, and 41 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 36 and 37.