

tributed a paper to the BRITISH MEDICAL JOURNAL in January of this year confirming from his own eye practice the favourable impressions received from America. Bulson and others in the United States have also used butyn extensively in nose and throat practice, as a surface anaesthetic, with fairly good results.

The claims made for butyn are as follows:

1. It is a powerful local anaesthetic, being about twice as potent as cocaine, so that a 5 per cent. solution of butyn suffices in nasal surgery, for example, where a 10 per cent. solution of cocaine hydrochloride would be necessary.

2. Butyn acts more quickly than cocaine and its effect lasts longer. This I can confirm, but it is only an advantage amounting to a very few minutes, and it is of little practical importance.

3. It is less toxic than cocaine; possibly only half as toxic dose for dose, and as only half the quantity of the drug is necessary its toxicity in practice is still further reduced. The point of real practical importance is that although butyn has been employed many thousands of times in America, more especially by ophthalmologists, no record of any serious toxic complications appear to have been reported up to now.

4. It has no ischaemic effect when applied to mucous surfaces. This may be an advantage in eye work, but, as will be pointed out later, is a decided disadvantage in nasal practice.

5. It can be boiled without impairing its anaesthetic potency, and it does not deteriorate on keeping, as does cocaine.

6. It gives rise to no exhilarating and pleasing effects, and is therefore not likely to excite craving and become a drug of addiction.

I find the disadvantages of butyn are as follows:

1. On the appearance of Mr. Beaumont's paper more than six months ago I purchased some butyn, and was at once confronted with one of the drawbacks to the employment of this drug, as the price was 6s. a gram in powder and 6s. 6d. in tablet form; that is to say, the cost is at present five times that of cocaine, and even taking into consideration the fact that a gram of butyn goes as far as two grams of cocaine hydrochloride, butyn is two and a half times as expensive to employ at the present time.

2. Cocaine hydrochloride is a very reliable surface anaesthetic for mucous surfaces, although inflamed surfaces require a longer application and may demand an increased percentage solution; on the other hand, butyn is not uniformly reliable. It was not until my seventeenth observation with butyn that I found it quite failed, in spite of renewed applications in that case, to render the mucosa of the septum sufficiently insensitive to tolerate the galvano-cautery. Beaumont made no mention of this occasional failure of butyn to anaesthetize. There is a French aphorism which advises that in the case of a new remedy we should hurry up and employ it whilst it continues to act. On referring to Bulson's report I find that others have noticed that certain individuals, not a large number probably, have failed to respond to butyn. I have had to resort to cocaine in addition on at least four occasions during the last six months, which represents about a 5 per cent. failure in my nasal series. This is to my mind a serious drawback, and in marked contrast to the reliability of cocaine hydrochloride.

3. The most disadvantageous characteristic of butyn as far as the rhinologist is concerned is that it not merely fails to produce ischaemia of the mucosal vessels and general shrinking, but that it has a tendency to bring about hyperaemia and tumefaction. In many rhinal procedures, whether for examining or other purposes, reduction of tumefaction of the mucosa is as essential as anaesthesia. It is recommended that an ischaemic effect can readily be obtained by adding adrenaline, or some similar suprarenal product to the butyn solution. No rhinologist, however, needs to be reminded that adrenaline has in many individuals, and especially in inflammatory conditions in the nose, an extremely irritating action, sometimes causing an intense coryza most distressing to the patient and lasting two or three days. Since I have been testing the effects of butyn reinforced by adrenaline solution I have produced such a distressing coryza on several occasions. For operation under local anaesthesia on the sinuses and on the septum and for the removal of polypi this complication cannot be provided against by using cocaine hydrochloride instead of butyn, because for haemostatic purposes we are accustomed to reinforce the ischaemic effect of cocaine by the addition of adrenaline, and as large surfaces have to be anaesthetized in the above-named procedures we have here a useful field for the employment of butyn instead of cocaine hydrochloride so as to minimize the chance of toxic effects occasionally incidental to exhibiting a considerable quantity of 10 per cent. solution of cocaine hydrochloride. It has been already pointed out, however, that marked toxic effects following the use of fairly large amounts of cocaine hydrochloride solution up to 10 per cent. potency are of extreme rarity, and that such a complication depends far more on intolerance to cocaine in exceptional individuals than on the actual amount of cocaine applied to mucous surfaces and liable to be absorbed. In vasomotor rhinitis and in the rhinitis of influenza and similar acute and subacute conditions where the ostia of the sinuses are liable to become blocked and where application of weak solutions of cocaine hydrochloride often affords an immense amount of relief by anaesthesia and ischaemia, adrenal preparations are contraindicated on account of the irritation and hyperaesthesia being thereby intensified, so that for these conditions butyn finds no useful field of employment.

In my rhinal practice the application of butyn solutions has recently been almost entirely restricted to galvano-

cautery applications to the septum and to the inferior turbinals, but even here, except in individuals who are proved to be especially susceptible to cocaine, it is doubtful if anything worth mentioning is gained by using this expensive agent.

What has been said in reference to the shortcomings and restricted field of usefulness of butyn in the nose applies in a somewhat lesser degree to the pharynx and larynx, which are not so susceptible to irritation by adrenaline. I have on two occasions failed to get sufficiently good anaesthesia with butyn to carry out with comfort to the patient galvano-cautery to the base of the tongue for the relief of paraesthesia. My use of butyn in the throat has not been very extensive owing to my increasing loss of confidence in the drug on account of its occasionally proving unreliable.

In conclusion I must record my opinion that butyn cannot claim to be a reliable and efficient all-round substitute for cocaine in nose and throat practice, but it is a useful alternative in a few conditions, more especially where cocaine is contraindicated.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

HYDROCEPHALUS FOLLOWING SPINA BIFIDA.

A TWIN, aged five weeks, was admitted to the General Infirmary, Leeds, with a large thin-walled meningocele in the lumbar region. Both legs were paralysed, the one quite flaccid, the other showing some resistance to movement. There was a suspicion of condylomata in the anal region, and the facies suggested a syphilitic taint, but the family history was good, and the other twin to all appearance healthy.

At operation it was found that all the lumbar laminae were wanting, and that the cord was lying on the posterior surfaces of the vertebral bodies. The sac was excised. In the belief that spina bifida is a symptom and not simply a congenital defect, I threaded silkworm sutures from the subdural space into the erector spinae muscles, hoping that thereby the cerebro-spinal fluid would drain off into the muscular spaces. The wound was then closed, but remained unhealed for about two weeks, during which time it discharged cerebro-spinal fluid copiously.

Rapid healing now began, and after three days hydrocephalus developed. As the condition was causing great pain, it was decided to drain the lateral ventricle. I made a curved incision over the parietal bone about one inch above the external auditory meatus. A portion of the bone was removed with scissors, and a crucial incision into the dura made. The brain, thus exposed, was unduly moist. A bundle of short silkworm sutures were thrust into the ventricle, and a large amount of cerebro-spinal fluid welled up. The bundle was secured to the cerebral surface of the dura mater, and the skin drawn together with silkworm sutures. The cranial bones at first moved curiously on each other, but twelve hours later the skull had consolidated. The operation apparently gave relief from the pain, and there was no return of the hydrocephalus during the three weeks following. The spina bifida wound remained closed. One week after discharge the child died. No particulars were obtainable.

The rapid development of hydrocephalus following the healing of the spina bifida wound is a strong argument in favour of the theory advanced by Mr. John Frazer and others, that spina bifida should not be regarded as a purely local defect, but as the sign—in the cord—of increased pressure of the cerebro-spinal fluid. The cause of this increased pressure is probably some interference with its outflow, possibly by adhesions.

My thanks are due to Mr. L. R. Braithwaite for permission to operate on this case, and to publish this account.

A. P. BIRTWISTLE, M.B., Ch.B.,
Late Resident Surgical Officer,
Leeds General Infirmary

A SPORADIC CASE OF MYOCLONUS MULTIPLEX.

THE following notes on a man who was stated to have delusions and hallucinations may be of interest.

J. W., aged 56, was admitted to the Littlemore Mental Hospital on September 20th. On admission he was in a condition of stupor. The temperature, pulse, and respirations were normal and remained so throughout the course of the disease. Marked myosis and the Argyll Robertson pupil were present. The consensual and sympathetic reflexes were absent. The biceps and triceps reflexes were absent. The abdominal reflexes were brisk. The abdominal wall was rigid and hyperaesthetic. The knee-jerks and ankle-jerks were absent. Indefinite Babinski and Oppenheimer signs elicited on the right side; on the left the plantar reflex was normal. Both protopathic and epicritic sensibility were increased in both legs, and more especially in the right foot. Myokymia and myotatic irritability were well marked.

Convulsive attacks of a myoclonic type occurred on the second day. The muscular contractions started in the legs or abdominal wall, and soon became generalized. They were regular, rhythmical, and forcible, and occurred at the rate of thirty to forty a minute. Each seizure lasted from three to four minutes. The left pupil now dilated slightly and reacted sluggishly to light. Signs of a transient meningismus now appeared—slight head retraction and Kernig's sign, the latter being more definite on the right.

A fortnight after admission the stupor was less profound and the patient answered questions with a feeble stammer. The pupils were of normal size and reacted to light and accommodation. The meningismus and myoclonus had passed off. The abdominal reflex was now absent on the right side, and the Babinski and Oppenheimer signs were quite definite. There was slight frontal headache. The white cell count was 8,756 per c.mm. A differential count showed a slight relative increase of the polynuclear type. The cerebro-spinal fluid was clear and under normal pressure. A cell count of the centrifuged deposit showed two mononuclear cells per cubic millimetre.

The Lange colloidal gold reaction was negative, as was the Ross-Jones test for globulin. Twenty-four-hour cultures at 37° C. were made from the centrifuged deposit on blood serum and agar with negative results.

The patient is under treatment by intestinal antiseptics and full doses of hexamine and appears to be gradually improving.

Littlemore, Oxford. J. CAMPBELL RAMSAY, M.B., B.Ch.

FACIAL PARALYSIS FOLLOWING HERPES FACIALIS.

I DESIRE to record a case of facial paralysis following herpes similar to the case of herpes zoster with muscular paralysis reported in the BRITISH MEDICAL JOURNAL of June 9th, 1923 (p. 970).

A. L. R., sanitary inspector, Bengali, Hindu, aged 33, went on duty on a long and arduous bicycle journey on March 28th, 1922, when he received a severe wetting. On his return at night to headquarters he had headache with slight fever (100° F.), for which he took 10 grains of quinine and 5 grains of aspirin.

On the following day an attack of herpes facialis developed, affecting the pinna and external meatus of the left ear, together with the skin in the neighbourhood of the mastoid eminence.

On April 3rd, on awaking in the morning, he felt giddy and subsequently noticed that his face was drawn to one side. On medical examination it was found that he was suffering from well marked facial paralysis. He was unable to shut his left eye, to whistle, or to chew food properly. His sense of taste was also defective, as well as his sense of hearing on the affected side. These symptoms were accompanied by vertigo with a tendency to fall to the left, which in the event proved to be so severe and persistent as to incapacitate him from work for over five months. There was also a very considerable degree of sleepiness and mental hebetude, and a sense of general physical weakness.

Slight facial paralysis still persists after more than one year's convalescence, with some impairment of former mental acuity. A feeling of vertigo and pain in the left parietal region is also experienced on exertion, especially after cycling.

The sleepiness and mental dullness noticed in this case are particularly interesting in view of the close relationship stated by French investigators to exist between the virus of herpes and that of encephalitis lethargica.

Asansol, Bengal.

J. W. TOMB, M.D., D.P.H.

Reports of Societies.

SPINAL ANALGESIA.

At a meeting of the Section of Anaesthetics of the Royal Society of Medicine held on November 2nd, with the President, Dr. A. L. FLEMMING, in the chair, Dr. HENRY FEATHERSTONE communicated a critical report on 100 cases of spinal analgesia with tropocaine. The paper dealt with the selection of cases, the administration of the drug, the condition of the patient, the local effects of the drug at operation, and the ultimate progress.

Discussing the selection of cases, he said he had never been wholly convinced that spinal analgesia, where its employment was permissible, was as satisfactory as general anaesthesia, owing to mental distress on the part of the patient and lack of his co-operation, the possible failure to insert the needle, especially in the obese and in the deformed, the possible deterioration of the drug, the limitation of the time available for operation, and the added strain on all the theatre workers. The series included cases suffering from prolonged or severe trauma 26, toxæmia or shock from intestinal obstruction, etc., 6, acute shock from trauma 2, lung affections 15, affections of air passages 6, pre-operative exposure to infectious colds 3, obstruction of larynx by enlarged thyroid 2, tuberculosis 5, heart disease 6, venous thrombosis of thigh and pelvis 1, albuminuria 2, diabetes 2, eclampsia 2, senility 3, enfeebled general condition 2, Caesarean section 12, uterine haemorrhage 1, objection to general anaesthesia 7.

In regard to results, one patient with crushed lower limbs died and the other recovered, but this type of anaesthesia was rarely employed for such cases owing to the dangers of a falling blood pressure. Pneumonia developed in 2 cases with respiratory affections and both recovered, but these served to show the importance of blood loss and abdominal shock in determining the onset of pneumonia, for both cases had lost much blood. In 6 cases of grave prognosis owing to prolonged intestinal obstruction, strangulation of bowel, and intra-abdominal sepsis, no harm was done by the injection, but shock was not eliminated, especially in the upper abdominal cases. The 5 tuberculous cases all did well, as also did the 6 cardiac cases. The drug gave an excellent result in the case of thrombosis of the pelvic and thigh veins, as the risk of post-operative movement was minimized thereby. The toxæmic cases, albuminuria, diabetes, etc., showed excellent results, and emphasized the importance of a non-toxic method of treatment. The senile cases also were satisfactory, as were the cases in which a general anaesthetic was refused.

Discussing administration, Dr. Featherstone said he preferred to have the patient on his side for the injection, especially as the sitting posture was often contraindicated in these cases. He used a 5 per cent. solution of tropocaine in normal saline, and varied the dose with the dimensions of the vertebral canal, the level of the anaesthesia required, and the duration of the operation—for example, a big man to be operated upon for an hour below the umbilicus would require 2.5 c.cm., whereas a boy of 8 years, if given 1.5 c.cm. would have high anaesthesia for one and a half hours. The ethyl chloride spray dulled skin sensation sufficiently for incision, and was preferable to nitrous oxide, which caused rigidity of the erector spinae muscles, with consequent difficulty in finding the intravertebral space. The cerebro-spinal fluid must enter the barrel of the syringe before injection, or some of the drug would be lost in the epidural space; the injection should be made through the second lumbar space. There were three causes of the extension of the analgesic area upwards: (1) the drawing off of a considerable quantity of cerebro-spinal fluid, (2) inclining the body with the head downwards, and (3) rapid injection of the drug. In the present series, with a minimal release of cerebro-spinal fluid, 3.5 per cent. of patients developed headaches, whereas with a greater release 78 per cent. complained of this after-effect. Where combined anaesthesia was employed no headache was complained of. The author also cautioned his hearers against the too free mixing of the drug in the syringe with the cerebro-spinal fluid before injection, as in one case where he had done this vomiting, acetone in the breath and urine, and shock lasting for two days resulted. He suggested that the diffusion and dilution of the drug led to more rapid absorption and hepatic shock. Sudden movement caused a more rapid fall in the blood pressure than did gentle movement, but if the patient were gradually lowered analgesia up to the sixth dorsal vertebra could be obtained without discomfort. In the flat position this would extend only up to the umbilicus. Seven deaths occurred among the series, but none died on the table and only

hope. The senior family practices then were of Mr. Joseph Teale, Mr. Wheelhouse, and the brothers Price. As these gentlemen gradually retired Hall moved into the chief position, for he possessed just the blend of qualities proper for family practice; and furthermore a punctual, methodical, faithful way of quietly fulfilling his daily and hourly duties. I suspect Hall never lost a patient save by departures from the district and by deaths in the ordinary course of nature which even he was unable to prevent. Thus practice grew solidly around him. Brilliance was not in his way, nor adventure; but he was fully competent, of large and various experience, sound in work, kindly and quietly sure of himself. Such a man wins the steady confidence of all who have need of him; and these were many. As his practice grew Hall was able to secure able partners, one of the first of them being Mayo-Robson. I remember at one of our consultations Robson confided to me his love for surgery, and his longing to risk all then present prospects in pursuit of it.

It is interesting to think how beneficent a life is that of such a family physician; for half a century perhaps the aid, the guide, and the solace of hundreds of sufferers young and old. But Mr. Hall was no less effectual as a public benefactor. He worked devotedly during the several typhus epidemics in Leeds, as I, who was then the sole Honorary Physician of the Fever Hospital, knew well. Moreover as Surgeon to the Women and Children's Hospital he was strongly moved to help children, and was, I believe, the first of those who moved in the provision of "school meals." In the joy of seeing hundreds of rosy thriving children from the slums he had his reward. And, modest as he was, one hopes that in the peace of his retirement he had some consciousness of having lived a worthy, faithful, and very useful life.

The death occurred on October 23rd of Dr. ARNOLD HEIGSORN, after an operation for appendicitis. Dr. Heigson was one of the Belgian refugees, who, in the early days of the war, abandoned a lucrative practice in Antwerp, where he specialized in radiology, and together with his family fled to London. Soon after his arrival he volunteered for service in the Belgian Army Medical Service, but owing to glaucoma his offer was not accepted. The condition of his eyes gradually became worse, and after several operations he was left with only a very limited visual field in his left eye. Dr. Heigson was a man of wide culture, and had a charm which attracted and gained the admiration and affection of all who came in contact with him, either socially or professionally. These will feel a sense of genuine sorrow at his early death. He leaves a widow and two children—a son aged 16, and a daughter 7 years old.

Professor CARL VON HESS, Director of the Munich Ophthalmological Clinic, died recently at the age of 60.

Dr. HEINRICH BIRCHER, a well known authority on military surgery and organizer of the Swiss Army Medical Corps, has died recently at the age of 73.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on November 1st the degree of Bachelor of Medicine (B.M.) was conferred on A. L. B. Stevens.

Inaugural Lecture.—The Whitley Professor of Bio-Chemistry, Dr. R. A. Peters, will deliver an inaugural lecture in the examination schools on Wednesday, November 14th, at 5 p.m. The subject of the lecture is "A Wonderland of Chemistry."

UNIVERSITY OF DUBLIN.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

The following candidates have been approved at the examinations indicated:

FINAL M.B., PART I.—*Materia Medica and Therapeutics; Jurisprudence and Hygiene; Pathology and Bacteriology*: J. F. Wilde, T. W. MacDowell, T. C. Foster, W. J. A. M'Mahon, Mary C. Livingston, C. F. D. M'Caldin, Gladys M. A. Lowry, W. H. Coen, P. Coleman, R. T. Cronin, Mary Galvin, G. A. Miller, J. J. Cusack, Augusta M. Young, W. O. Warzington.

In Completion.—G. P. Bamford, D. J. Cussen, J. Cussen, E. C. Dudgeon, C. J. du Plessis, E. W. Harte, L. W. R. Haskins, J. M.

Johnston, O. Lord-Flood, R. H. M'Keag, K. F. Mackenzie, W. H. Maguire, H. M. Nevin, D. N. Power, F. M. Purcell, J. St Clair, I. Strasburg, F. J. Swanepoel, C. Wilson.

D.P.H., PART I.—*Chemistry, Bacteriology, Physics, and Meteorology*: F. Stevenson, W. B. E. M'Crea, G. C. B. Robinson, R. Seale.

PART II.—*Sanitary Engineering. Practical Sanitary Report, Hygiene and Epidemiology. Vital Statistics and Public Health Law*: F. Stevenson, W. B. E. M'Crea, P. M. J. Bobbitt, G. C. B. Robinson, R. Seale.

* Passed on high marks.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.
THE licence of the College has been granted to C. H. Newman and Miss Muriel A. Stephens.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.
THE following candidates, having passed the necessary examination, have been duly admitted Licentiates in Midwifery of the College: B. C. Dasgupta, Cecily M. E. Maude.

The Services.

NO. 14 STATIONARY HOSPITAL.

THE fourth annual dinner of the medical officers of No. 14 Stationary Hospital will be held on Friday, December 14th, at the Trocadero Restaurant, Piccadilly, at 7.45 p.m., under the chairmanship of Lieut.-Colonel J. R. Harper, C.B.E. The honorary secretaries are Lieut.-Colonel H. M. Perry and Dr. H. L. Tidy, 39, Devonshire Place, W.1.

BELFAST UNIVERSITY SERVICES CLUB.

The fifth annual Armistice Dinner of the Belfast University Services Club is to be held in Thompson's Restaurant, Donegal Place, Belfast, this day (Saturday, November 10th) at 7.15 p.m. The address of the honorary secretary is University Union, Belfast. The annual general meeting of the club will be held in Thompson's the same evening at 6.30.

DEATHS IN THE SERVICES.

Lieut.-Colonel Edward Fawcett, Madras Medical Service (ret.), died at Blackheath on November 1st. He was born on March 17th, 1847, the son of John Fawcett, of Augharoo, Fermanagh, and educated in Dublin, taking the L.R.C.S.I. and L.K.Q.C.P. in 1868 and the F.R.C.S.I. in 1879. He entered the I.M.S. as assistant surgeon in 1869, attained the rank of brigade surgeon lieutenant-colonel in 1894, and retired on December 28th, 1899. He served in the Burma war of 1886-87, was mentioned in dispatches in G.G.O. No. 434 of 1887, and received the frontier medal with clasp.

Major Edgar John Cecil McDonald, Indian Medical Service, died at sea on October 29th, aged 43. He was the son of the late Mr. C. E. McDonald of Ealing, and was educated at King's College Hospital; he took the M.R.C.S. and L.R.C.P. in 1904. He entered the I.M.S. as lieutenant in 1905 and became major in 1915. He was serving in civil employ in Assam.

Medical News.

A TELEGRAM to the *Times* from its Toronto correspondent announces that a committee has been formed to organize a Banting Medical Research Foundation on lines similar to those of the Medical Research Council in England. The committee hopes to raise altogether from one to two million dollars, and Dr. Banting intends to contribute 10,000 dollars out of his share of the Nobel Prize.

AN announcement appears in our advertisement pages informing those who desire to participate in the Government grant for scientific investigations for 1924 that their applications must be received by the Clerk to the Government Grant Committee, Royal Society, Burlington House, W.1 (from whom printed forms of application can be obtained), by January 1st next.

ON October 26th the Prince of Wales visited the Dundee Royal Infirmary. He was received by Mr. J. C. Buist, president; Mr. A. B. Gilroy, vice-president; Mr. Harold S. Sharp, chairman; and Dr. H. J. C. Gibson, medical superintendent. After the presentation of members of the directorate, matron, and officials, he visited Ward 4, where Professor Stalker, Dr. L. H. Henderson, and the sister-in-charge were presented. He was thereafter conducted to a ward set apart for surgical diseases in children; Professor L. Turton Price, F.R.C.S., Dr. James Dallas, and the sister-in-charge were presented. The Prince made special inquiries concerning the prevalence of tuberculosis, and evinced great interest in learning that the directors of the Royal Infirmary possess the Sidlaw Sanatorium, Auchterhouse, which accommodates about fifty children who suffer from this disease. The chairman pointed out the operation theatres, x-ray and electro-therapeutic departments now in course of construction, the erection of which has been made possible by the munificence of Mrs. Marryat.

THE Fellowship of Medicine and Post-Graduate Medical Association has arranged a refresher course in general medicine and surgery from December 3rd to 15th at the Hampstead General Hospital, with which will be associated the Hospital for Epilepsy and Paralysis, the North-Western Fever Hospital, and Paddington Green Children's Hospital. The course will be a whole-time one, and will include work in all departments. There will also be a course in neurology at the Hospital for Epilepsy and Paralysis, Maida Vale, of which further particulars will be announced later. Full information can be obtained from the Secretary to the Fellowship of Medicine, 1, Wimpole Street, W.

THE annual dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will take place on Wednesday, November 21st, at 7.30 p.m., at the Hotel Victoria (King Edward VII Rooms), with Dr. W. Langdon Brown in the chair. The honorary secretaries are Dr. H. N. Burroughes and Mr. Reginald M. Vick.

THE Glasgow University Club, London, will dine at the Trocadero on Thursday, December 6th, at 7.30 p.m., when Lieut-General Sir W. B. Leishman, K.C.M.G., F.R.S., will be in the chair. Any Glasgow University men, not members of the club, who would like to attend are requested to communicate with the honorary secretaries, 1, Harley Place, N.W.1.

THE first Lloyd Roberts Lecture at the St. Mary's Hospitals, Manchester, will be delivered by Professor A. Donald, M.D., on Friday, November 23rd, at 5 p.m., in the lecture theatre. Members of the medical profession are cordially invited to attend.

AT a sessional meeting of the Royal Sanitary Institute at the Town Hall, Ipswich, on Saturday, November 17th, at 10.30 a.m., discussions will take place on sewage disposal and on tuberculosis in milk. In the afternoon visits will be paid to various municipal undertakings.

AT the opening meeting of the Illuminating Engineering Society to be held at 8 p.m. on Tuesday next (November 13th) at the Royal Society of Arts reports will be presented on recent progress, and a number of novelties, including the Irwin colour filter system and new types of motor-car head lights, will be exhibited.

WE are asked to announce that a concerted effort on behalf of the British Empire Cancer Campaign is being made throughout the Dominions. The Wellington (N.Z.) Branch of the British Red Cross Society reports that an intensive "cancer campaign" has been organized for the middle of this month in the city. The co-operation of the Newspaper Proprietors' Association has been secured and permission has been given to advertise the campaign free of cost on the tramways. In this country a continuous flow of subscriptions is reaching the offices of the British Red Cross Society. Contributions should be sent to the Hon. Sir Arthur Stanley, British Red Cross Society, 19, Berkeley Street, London, W.1, or to any of the branches of Lloyds Bank.

THE opening of the new school of dental surgery at King's College Hospital will take place at Denmark Hill on Monday, November 12th, at 4.45 p.m. The inaugural address will be given by the Right Hon. F. Dyke Acland, M.P., chairman of the Dental Board.

DR. A. V. HILL's inaugural lecture as Jodrell Professor of Physiology at University College, London, on "The Present Tendencies and the Future Compass of Physiological Science" will shortly be published by the University of London Press.

THE Manchester Children's Hospital, by special permission of the King, will in future be known as the Royal Manchester Children's Hospital.

A PAPER communicated to the Royal Society by Professor T. B. Wood on November 1st reported some experiments by Mr. T. Deighton which led to the conclusion that the basal metabolism of a pig from 75 days upwards was greater in mid-youth than at any other time of life, and that the metabolism after the ingestion of food reaches a maximum after five hours and then declines. A curve of basal metabolism showing its variation with age favoured the conclusion that the increase of metabolism in youth is directly ascribable to growth. In this respect also the pig seems to resemble man.

THE Catherine Gladstone Home at Mitcham has been brought up to date by the Marie Celeste Samaritan Society of the London Hospital, which will maintain and manage it as an annexe of the hospital. It will be formally opened by the Minister of Health at 3 p.m. on Monday, November 19th.

DR. T. P. THOMAS of Brecon was entertained at dinner on October 25th in recognition of his valuable services as honorary secretary of the County Panel Committee, and to commemorate his occupancy of the office of high sheriff. He was also presented with an inscribed silver coffee tray from his medical colleagues.

THE Prince of Wales, as President of the Royal Northern Hospital, Holloway, will open its new casualty department (which is the war memorial of the borough of Islington) on November 27th. Contributions amounting to £12,000 have been received towards the cost of the department, but a further £4,000 is required to open the building free of debt.

THE first lecture of the one hundred and seventieth session of the Royal Society of Arts will be held on Wednesday next, November 14th, at 8 p.m., when M. Edouard Belin will give an address on the electric transmission and reproduction of writing, designs, and photographs without wires. On November 28th Sir H. J. Gauvain will speak on the effect of sun, sea, and open air in the treatment of disease; and on December 5th Dr. A. W. Hill, F.R.S., Director of the Royal Botanic Gardens, Kew, will give an account of the work done there.

THE annual dinner of the London (Royal Free Hospital) School of Medicine for Women will be held at the Savoy Hotel on the evening of Thursday, December 6th.

THE annual dinner of the past and present students of the Royal Dental Hospital of London will be held at the Trocadero Restaurant on Saturday, November 24th, at 6.30 p.m. for 7 precisely, when Mr. G. Northcroft, O.B.E., will preside.

AT the meeting of the Tuberculosis Society to be held at the Margaret Street Hospital, London, W.1, on November 16th, at 8 p.m., Professor Leonard Bernard will give an address on tuberculosis in France.

A MEETING of the Medico-Psychological Association of Great Britain and Ireland will take place on Thursday, November 22nd, at 11, Chandos Street, Cavendish Square, W.1. The chair will be taken by the President, Dr. Edwin Goodall, C.B.E., at 2.45 p.m.

DR. HENRY SALOMON of Leicester has for the second time been awarded, by the Ministry of Health, a Government grant for successful vaccination.

WE are asked to state that the *Textbook of Pathology* by Delafield and Prudden reviewed in our issue of November 3rd (p. 818) is issued in this country by Messrs. John Bale, Sons, and Danielsson.

UNDER the will of Miss Florence Carver, whose father was for many years prominently associated with the Nottingham lace trade, the Nottingham General Hospital will receive a legacy of £40,000.

THE "Toll" system of dealing with short-distance trunk calls, introduced by the Post Office some time ago, has resulted in a marked growth in the traffic. The average daily number of calls to places within the area now covered by the "Toll" exchange was 14,000 before the introduction of the "Toll" system, and it is now 24,500. The Post Office asks us to state that some hundreds of demands are still made each day for "Trunks," although the exchange required is reached by the "Toll" system. It is in the interests of telephone users to avoid the delay thus caused; they are therefore advised to consult the list of exchanges in the "Toll" system shown in the preface to the London Telephone Directory before asking for a short-distance call.

THE Senate of Uruguay recently confirmed a revaccination bill making revaccination obligatory every ten years.

THE fiftieth anniversary of the founding of the New York Laryngological Society will be celebrated on November 15th. This organization, now the Section in Laryngology of the Academy, is believed to be the oldest society in existence of the department which it represents. In connexion with the celebration there will be an exhibition representing the important contributions made to the progress of laryngology in the city of New York.

THE twentieth congress of the Italian Society of Dermatology and Syphiligraphy will be held in Rome from December 20th to 22nd. The subjects to be discussed are herpes (Dr. Mariani) and the various preparations of bismuth in the treatment of syphilis (Dr. Truffi). Further information can be obtained from the secretary, Dr. V. Montesano, Via Campo Marzio 69, Rome.

THE two hundredth anniversary of the death of the celebrated anatomist Antonio Maria Valsalva was celebrated on September 23rd at his birthplace, Imola, in Northern Italy.

DR. L. EMMETT HOLT, vice-president of the American Child Health Association, has been appointed visiting professor of pediatrics to the Peking Union Medical College by the Rockefeller Foundation. Dr. Holt is to conduct a three months' course of lectures, introducing the latest methods in the treatment of child diseases to Chinese medical practitioners.

THE Department of Health of New York City has prohibited the retail sale of veronal, veronal sodium, luminal, luminal sodium, sulphonal, trional, or tetronal except on the written prescription of a registered medical practitioner.

A WEALTHY Persian merchant, Haji Mohammed Hussan Namazi, has recently presented to Shiraz a maternity hospital to provide twelve to fourteen beds, and has promised £100 a month towards its upkeep. Though not a Christian he has placed it under the care of the Church Missionary Society. Medical work was begun by the Church Missionary Society in Shiraz last February, and Dr. Emmeline Stuart, a Glasgow medical graduate, who went out at that time, will be in charge of the hospital. The desire of the donor is that the training of midwives should also be undertaken.

THE late Mr. Frederick Wolfe, solicitor, of York Gate, Regent's Park, N.W., has by his will bequeathed £2,000 to the Middlesex Hospital, as to one-half for the Endowment Fund and one-half for the Cancer Research Fund; £1,000 each to Charing Cross Hospital for the Endowment Fund and King Edward's Hospital Fund for the Endowment Fund, £500 each to the Cancer Hospital, Fulham Road, and the National Hospital for the Paralysed and Epileptic. He also left £100 to every hospital to which he had been an annual subscriber for at least two years preceding his death. The contingent residue of the estate is to go as to one-third to Charing Cross Hospital for the Endowment Fund, two-thirds to the Middlesex Hospital, one being for the Endowment Fund and the other for the Cancer Research Fund.

IN Brazil it is estimated that more than 18,000 persons are bitten by snakes every year, and that 4,000 deaths occur annually from this cause.

ACCORDING to a report of the State Department of Health of South Carolina, U.S.A., an average of over two persons a day are bitten by rabid dogs in that State, and a campaign is being begun to persuade the State legislature to pass a law to compel owners of dogs to have them vaccinated against rabies. The number of persons bitten by rabid dogs has increased from 176 in 1912 to 769 in 1922, and 3,088 persons have received the Pasteur treatment during that period.

DR. JEAN PAUL LANGLOIS, professor of physiology in the University of Paris and editor of the *Revue Générale des Sciences*, died recently at the age of 62.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

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

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.

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, *Aetiology*, Weststrand, London; telephone, 2630, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Weststrand*, London; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Medisca Weststrand*, 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.

DR. GRAHAM GRANT asks to be told of a good intestinal antiseptic for an obstinate case of mucous colitis. He has tried salol, tetra-naphthol, castor oil (in large and small doses), dimol, charcoal (the most useful), and lavage with quinine solution; but violent attacks of diarrhoea of an offensive type still persist and debilitate the patient.

TREATMENT OF NEURO-FIBROMATOSIS.

"M.B., F.R.C.S." has under his care a girl, aged 19, who is suffering from neuro-fibromatosis. Small tumours began to appear at the age of 7, and at present there are small, soft, fibrous nodules all over the body, arms, and legs, and some on the forehead and neck; the largest is about the size of a pigeon's egg and the smallest of a pea. The skin is of a yellow tinge with patches of brown pigmentation; some of the larger swellings are bluish in colour and appear to be of a naevous nature. The girl is mentally developed, but at times moody and irritable; she does not appreciate her defects, and wishes to go into society.

Among other things the following have been tried: arsenic, thyroid extract, puriglandular extracts, excision of the nodules (reported to be fibromata). It is quite impossible to excise all the nodules. Our correspondent asks for suggestions as to (1) the treatment of the condition; (2) any sphere of life in which the patient would not be conscious of her defects. It is unnecessary to take expense into consideration.

ETHYL CHLORIDE-CHLOROFORM SEQUENCE.

DR. A. W. BURTON (South Africa) writes: May I ask for an expression of opinion on the question of the administration of the sequence of ethyl chloride and chloroform for general anaesthesia? British textbooks make very little reference to such a sequence. An American author (Gwathmey) refers to the sequence as a dangerous one, to be avoided at all times. The special points I should like answered are: (a) Is such a sequence more dangerous than the administration of chloroform alone on an open mask? (b) Is it wise to administer ethyl chloride in a closed inhaler and to follow up with chloroform on an open mask? (c) Would any element of risk be minimized by administering ethyl chloride by the open method and then chloroform by the same method? I acted for many months as anaesthetist in a large hospital in the United Kingdom, and must admit that I never once saw such a sequence used, neither did I ever hear of such ever having been used at any time.

INCOME TAX.

Income from Abroad.

"AUSTRALIAN," referring to the reply given to "Victorian" in our issue of November 19th, 1921, asks whether income tax is not collected in this country on the whole of the Australian income less the amount of the Australian tax.

** The position is as follows: Income arising from securities, stocks, shares, and rents is chargeable to tax on the full income accrued—less the allowance for Dominion income tax—except where the taxpayer concerned is either not domiciled or not ordinarily resident in the United Kingdom. "Victorian" was in the latter class of persons, and as such was entitled to compute his liability on the basis of the sums received in the United Kingdom.

Interest on Unpaid Purchase Money.

"J. D. W." is paying part of the purchase money payable for a practice in instalments, interest being paid from time to time on the amounts outstanding.

** It is presumed that the interest is payable at a fixed rate per annum. In that case the purchaser should deduct tax at the standard rate on paying the interest to the vendor; the Income Tax Acts provide for this very clearly, and also lay down the definite rule that "interest" must not be deducted in computing the income tax payable on the profits. The purchaser will thus have to account to the Revenue for the tax (as part of the tax paid under Sch. D) whether or not he exercises his right of deducting tax from the interest he pays.

LETTERS, NOTES, ETC.

THE DANGER OF AMYL NITRITE IN COLLAPSE.

A CORRESPONDENT at a recent dental exhibition saw capsules of amyl nitrite being sold along with other drugs for the relief of shock and collapse. He writes to mention a case he recently observed where after the administration of nitrous oxide and oxygen the patient passed into a state of dangerous collapse, with a scarcely perceptible pulse and inaudible heart sounds. Amyl nitrite was given by the anaesthetist, but seemed rather to aggravate the condition; it was improved by the subcutaneous injection of strichnine and digitalis. He questions the propriety of using such a drug as amyl nitrite in the condition.

CANCER AND CARIOUS TEETH.

BRIGADIER-GENERAL F. E. BURNHAM (Winnipeg) writes: A recent issue of the BRITISH MEDICAL JOURNAL contains a note on cancer and carious teeth, by Dr. R. J. Love (Staplehurst, Kent). During a residence of fourteen years Dr. Love found no cancer among the natives of South Africa, and puts forward the theory that carious teeth are the cause of cancer. In this connexion it may be of interest to report that the White Cross treated 20,133 half-starved Albanians in the city of Scutari. They had pyorrhoea. Their teeth had fallen out from scurvy and famine, but among them there was found only one case of cancer, and no case of diabetes or appendicitis.

THE British Drug Houses, Ltd., have issued a pamphlet entitled *Clinical Pathology and the Use of Stains*, which, in addition to giving a price list of standard microscopic stains, includes some useful practical hints on bacteriological, haematological, and histological methods.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 37, 40, 41, and 42 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenancies at pages 38 and 39.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 227.