

faded; it was pale but had slightly thickened on the trunk and was absent on the extremities. Temperature 97.4°.

Case 4.—H. M., a boy aged 10, was first seen at 7 p.m. on March 17th. He had a temperature of 102.2°, and post-aural roseola. He received no treatment on this day. On March 18th, at 4 p.m., there was a rash on the face and chest—very scanty on the extremities; temperature 101.4°; cough troublesome. He was given amidopyrin 5 grains, pulv. ipecac. co. 2 grains, thrice daily. The following day, at 11 a.m., the temperature was 98°; the rash had not increased on the extremities, and the patient was feeling well.

Case 5.—E. C., a girl aged 5½, was first seen on March 20th. She had been coughing and sneezing for four days. The temperature was 102° in the night of March 19th, when the rash first appeared. It now extended behind the ears, and on the face and forehead; it was scanty on the trunk, and very scanty on the extremities. Koplik's spots were present. Temperature still 102°. She was given amidopyrin 3½ grains, pulv. ipecac. co. 1½ grains, thrice daily. On March 21st, after three powders had been taken, the temperature had fallen to 97°; the rash had faded on face and forehead, and had not spread on the body. There was a slight cough.

Case 6.—E. C., aged 18 months, sister of the previous case. She had been coughing and sneezing since March 20th, and had a temperature of 101° to 102°. When first seen, on March 25th, at 12 a.m., the temperature was 103° and a few Koplik's spots were present. There was a typical rash behind and below the ears. She was given amidopyrin 1½ grains, pulv. ipecac. co. 1/2 grain, thrice daily. At midday on March 26th there was still some rash on the face, scanty on trunk, very scanty on extremities. Temperature 99.6°. The next day the temperature was 99°, and the rash had faded on the extremities and trunk. On March 28th the temperature was normal and the patient well.

Case 7.—A. C., aged 3, brother of Cases 5 and 6, in the night of March 27th-28th had a temperature of 101°. At 1 p.m. on March 28th it was 100°, and he was sneezing and had a little cough. There was a rash on the face. He felt well and his appetite was good. He was given 2 grains of amidopyrin thrice daily. At 11 a.m. on March 29th the temperature was 96.8°; the rash had not spread, except for two extensive confluent patches in the groins. The next day he had completely recovered.

As I have been unable to find any reference in medical literature to the use of amidopyrin in the treatment of measles I have thought my observations to be of sufficient value to bring to the notice of the medical profession. The early amelioration of all the symptoms promises a reduction in the frequency of dangerous complications, such as bronchopneumonia, and a parallel reduction of the mortality rate.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

RETURN OF PULSATION IN THROMBO-ANGIITIS OBLITERANS.

THROMBO-ANGIITIS OBLITERANS is the name given by Leo Buerger to a disease, limited, as I believe, exclusively to male Hebrews, mostly of the middle period of life, and mostly immigrants from Poland, Russia, Rumania, and Central Europe.* Formerly I termed it "non-syphilitic arteritis obliterans of Hebrews." The disease usually commences in one of the lower extremities and is a cause—perhaps the most frequent cause amongst the male Hebrew population—of "intermittent claudication of extremities." I have had the opportunity of seeing a considerable number of cases in London, and in them when pulsation in an artery had once been lost I had never hitherto been able to verify its return.

M. M., a Russian Jew, was one of my first cases, and was demonstrated by me at the Clinical Section of the Royal Society of Medicine on December 13th, 1907, when he was 42 years old; I described the case, with references to several other cases, in the *Quarterly Journal of Medicine* (1916, ix, p. 289), soon after pulsation had disappeared from the radial artery at the right wrist. The trouble had commenced in his left leg about 1902. Red, tender, subcutaneous swellings, due to multiple foci of superficial phlebitis of the lower extremities, complicated the case from time to time since 1909, and there were periods of very painful ischaemic ulceration, when gangrene in one or other of the feet appeared imminent.

Of late the arterial disease has been apparently non-progressive, and recently when he was again temporarily in hospital under my care for a new trouble, which I regarded as a mild attack of gout at the base of both big toes, I found to my astonishment (May, 1924) that there was again fairly good pulsation in the left radial artery at the wrist. The gout soon subsided with small doses of sodium salicylate and sodium bicarbonate. He has like-

wise of late developed high blood pressure (the brachial systolic blood pressure is 185 mm. Hg on the right side and 192 mm. Hg on the left side), with a little albumin and a few granular tube-casts in the urine.

Regarding real or supposed return of pulsation in arteries that have become pulseless owing to thrombo-angiitis obliterans, Leo Buerger (*The Circulatory Disturbances of the Extremities*, 1924, p. 269) writes that return of pulsation had been reported in arteries which had been seemingly obstructed. He explains that pulsation cannot return in a really obstructed artery in this disease, but points out that dissections of amputated limbs have shown that the artery may be only more or less collapsed and that with improving circulation through collateral paths pulsation may become re-established, the blood flowing through devious channels in uninvolved territory. This might quite possibly be the correct explanation for the return of pulsation in the case here reported. There can, however, be no doubt that pulsation really has returned, for the patient was under observation in the hospital during about the first two weeks of May, and was again examined a few days ago.

London, W.

F. PARKES WEBER, M.D., F.R.C.P.

A CASE OF ONYCHO-GRYPHOSIS.

THE illustration shows the feet of a woman, aged 69, who was admitted to the Bedford County Hospital suffering from burns. All her toe-nails were found to be very much enlarged, especially those of the great toes. The nail of the left great toe was much thickened and curved so as to form nearly two complete circles and measured on its greater curvature 9 inches. The nails commenced to thicken at the menopause at the age of 49; since then she has been unable to cut them.



The nails of the four smaller toes were shed about once a year, and those of the great toes about every four or five years. They were removed whilst in hospital by soaking in a solution of soda. The nails have been sent to the Royal College of Surgeons Museum, London.

Bedford.

W. GIFFORD NASH, F.R.C.S.

STRANGULATED HERNIA IN AN INFANT OF THREE WEEKS.

THE case of strangulated inguinal hernia reported below was admitted to the Wolverhampton and Staffordshire Hospital on May 24th, 1924.

The patient, a boy 3 weeks old, was taken ill on the previous day with pain and vomiting, and the mother noticed that a swelling had appeared in the left groin. During the day the child vomited after each feed. On admission nothing abnormal was found during the examination except the swelling in the left groin; this was a hard, tender, ovoid tumour about the size of a pigeon's egg in the position of the external abdominal ring. The testicle on that side was not felt either in the scrotum or the inguinal canal.

Postural treatment was adopted for a few hours, but in view of the fact that a small blood-stained stool was passed, and that the abdomen became somewhat distended, it was decided to explore the swelling. The operation was performed by Mr. Howard Dent. The tumour proved to be a hernial sac containing much fluid, and a small knuckle of bowel which was constricted by the neck of the sac. The obstruction was relieved and the bowel returned into the peritoneal cavity. The sac, which was of the congenital type, was removed after ligation of the neck. Recovery has been uninterrupted.

Strangulated inguinal hernia at the age of 3 weeks is sufficiently rare to make the case seem worthy of note, and I am indebted to Mr. Howard Dent, honorary surgeon to the hospital, for his permission to make this report.

F. A. H. SIMMONDS, M.R.C.S., L.R.C.P.,
House-Surgeon, Wolverhampton and Staffordshire
Hospital.

* Indigenous cases occur in China (G. Duncan Whyte) and Japan (Koga), but I am not aware that any cases have been observed amongst the Chinese or Japanese in England.

of the General Medical Council would be Irishmen; that cases of misdemeanour are considered by the Penal Cases Committee of the General Medical Council, and that no case from Ireland has ever been considered by the Penal Cases Committee unless it has been considered and reported on by the Irish representative on the Penal Cases Committee. Surely this should be safeguard enough to ensure fair play to our licentiates? Furthermore, can anyone point to a case where an injustice has been done?

I mention these matters to you in order that you may see that the governing bodies of the several medical schools have not been neglecting their duty to their students, and also, remembering the fable of the mouse and the lion, in the hope that some of you may know members of the Dail and may be able to bring home to them the urgency of the whole question.

THE COMMITTEE ON HEALTH INSURANCE AND THE MEDICAL SERVICES IN THE FREE STATE.

The Committee of Inquiry on Health Insurance and the Medical Services in the Free State has held several meetings, at which the procedure of the Committee was agreed upon. Professor W. Magennis, T.D. (National University), has been appointed chairman. Dr. R. J. Rowlette, F.R.C.P.I., nominated by the Irish Medical Committee, has been appointed by the Government as representative of the Irish medical profession; Sir Joseph Glynn and Dr. W. J. Maguire represent the Insurance Commission, and the Local Government is represented by Dr. E. J. Stephenson and Mr. J. Thurston. The following are the Committee's terms of reference:

(1) To inquire into and report on the advisability of the continued maintenance of the system of National Health Insurance in its present form and to make any recommendations which the Committee consider proper in that connexion.

(2) To consider whether it is desirable to institute a system of medical treatment on a contributory basis and, if so, to advise as to the form which such system should take.

(3) To examine into and report on the question whether the medical services at present assisted or maintained out of State or local funds can be improved as respects efficiency and economy and, if so, in what manner, due regard being had to any recommendations made under the preceding paragraph.

BEIT MEMORIAL FELLOWSHIPS.

THE annual report presented to the Beit Memorial Trustees by the honorary secretary, Sir James K. Fowler, M.D., records that the classification of the fellowships into junior, fourth year, and senior, with progressive emoluments, came into force in July, 1923, when the first senior fellow was elected. In addition to the senior fellow the work of research under this trust has been carried on during the past year by one fourth year fellow and twenty junior fellows. On the advice of the advisory board the junior fellowships not now expired have been renewed for a further period of one year. Dr. Louis Gross, having transferred his research to the Board of Health Laboratories of the State of New York, resigned his fellowship. Two junior fellows, Dr. Robert K. Cannan and Miss Ethel M. Luce, who had applied for an extension of their fellowships for a fourth year, have since withdrawn their applications on their appointment to Rockefeller Travelling Scholarships. Dr. T. R. Elliott, F.R.S., Director of the Medical Unit, University College Hospital, who has served on the advisory board of the fellowships, has been appointed assistant honorary secretary to the trustees.

Election to Fellowships.

The trustees have elected H. Davenport Kay to a fourth year fellowship, value £400 per annum; and have elected the following to junior scholarships, each of the value of £350 per annum:

Alan Sterling Parkes, B.A., Ph.D., Sharpey Scholar in Physiology, University College, London, who is engaged in research on the factors governing the proportion of the sexes in mammals, by zoological methods of breeding experiments and observation, and by methods of experimental interference.

Henry Cohen, M.D., Samuels Research Scholar in Clinical Medicine, Liverpool, who is engaged on studies on the chemical composition of cerebro-spinal fluid, in the Biochemical Department of the University of Liverpool.

Honor Bridget Fell, B.Sc., who proposes to undertake an experimental study of the nature of tumour growth at the Research Hospital, Cambridge, by the cultivation *in vitro* of cartilage, choroid, skin, intestine, and other tissues.

Margaret Averil Boas, B.Sc., Grocers' Company Research Scholar at the Lister Institute of Preventive Medicine, who is investigating the action of antirachitic vitamin in diet, and of light radiation in promoting retention of calcium and phosphorus by means of metabolic experiments with young growing rats.

Henry Francis Holden, M.A., a research worker in the School of Biochemistry, Cambridge, who proposes to study the optically active substances, other than glucose, in normal and diabetic protein-free blood filtrates.

ROCKEFELLER MEDICAL FELLOWSHIPS.

THE Medical Research Council announces that it has awarded Rockefeller Medical Fellowships, tenable in the United States of America during the academic year 1924-25, to the following:

Robert Keith Cannan, M.Sc.Lond., Senior Assistant in Biochemistry, University College, London.

John Josias Conybeare, D.M.Oxon., M.R.C.P.Lond., Assistant Physician and Warden of the College at Guy's Hospital, London.

James Rognvald Learmonth, M.B., Ch.B.Glas., Assistant to the Professor of Surgery, Anderson College of Medicine, Glasgow.

Ethel Marjory Luce, M.D.T.C.Dub., Lister Institute of Preventive Medicine, London.

John William McNee, D.S.O., D.Sc., M.D.Glas., M.R.C.P.Lond., Senior Assistant in the Medical Unit, University College Hospital, London.

William Robson, B.Sc.Lond., Chemical Assistant in the Department of Therapeutics, University of Edinburgh.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

Scottish Board of Health.

ON the vote for the Scottish Board of Health Mr. James Stewart, Parliamentary Under Secretary for Health (Scotland), reviewed the work of the year 1923, which was the healthiest on record. The general death rate fell to 12.9 per 1,000; the lowest previous rate was 13.6, in 1921. The result was the more satisfactory when account was taken of the long-continued period of unemployment and accompanying distress on an unparalleled scale. The Government had removed the embargo on the development of health services, and local authorities had responded by submitting developments and extensions of schemes. A bill dealing with smoke abatement in Scotland would be introduced at an early date. There was increasing evidence that the shortage of hospital accommodation in Scotland was a serious gap in protective organization against disease, and that steps must be taken to repair it by the provision of further hospital accommodation, and by securing closer co-operation between voluntary hospitals and the Poor Law and public health hospitals. Ground was being gained in the fight with tuberculosis. In 1914 the deaths due to the various forms numbered 7,696; in 1923 they had fallen to 5,786. In 1894 the death rate in Scotland from pulmonary tuberculosis was 172 per 100,000 of population; in 1914 the rate had fallen to 104, and in 1923 to 81. It was now less than half what it was thirty years ago, and had been reduced by 22 per cent. since 1914. In the same period the death rate from non-pulmonary tuberculosis had fallen from 63 per 100,000 of the population in 1894 to 58 in 1914 and 36 in 1923, but Scotland still occupied the unenviable position of having the highest death rate of any of the three countries from non-pulmonary tuberculosis. In 1918, at the close of the war, the number of sanatorium and hospital beds reserved for the treatment of tuberculosis was 2,590. To-day there were 3,953, and when extensions, particularly in connexion with Glasgow, were completed, the number would be over 4,800. The deaths of children under one year numbered 80,825, which was equivalent to a death rate of 78.9 per 1,000 births. This was the lowest infantile death rate ever recorded for Scotland. The deaths for 1923 among children over 1 year and under 5 numbered 4,926, or 12.3 per 1,000. This was the lowest on record for Scotland, but considerably higher than the rate for England. In 1915 the number of infants who died under 1 year of age was 14,441, equivalent to a death rate of 126.5 per 1,000 births, and the number of children between 1 year and 5 who died was 9,120, equivalent to a death rate of 22.5 per 1,000. Unfortunately, while the process of reducing mortality amongst infants and children had been continuous, it had been far from steady. In the first quarter of 1924 the infantile mortality rate in Scotland rose to 132 per 1,000 births, against 98 for the corresponding quarter in 1923. In large measure, this high mortality was due to widespread epidemics of measles and whooping-cough, and to the other diseases, such as pneumonia, which followed these infections. A sum of £10,000 had been set aside as part of the maternity and child welfare grant to be distributed so as to encourage local authorities to take further measures for the preservation of children from the ravages of these diseases. Mr. Stewart referred to four wards in Glasgow—the Dalmarnock Ward, with a density of 147 to the acre; the Mile End Ward, with a density of 140; the Kelvin side Ward, with 19; and the Whiteinch Ward, with 23. In 1923 the deaths from measles per million of these children were 1,118 in Dalmarnock; 1,173 in Mile End; in Kelvin side, where the children got a decent opportunity for life, there were no cases; and in Whiteinch, partly industrial and partly well-to-do, the rate was 104. A special inquiry in 1908 revealed that measles was a poverty disease—that the death rate in one-roomed houses from it was 92; in two-roomed houses it was 46; in three-roomed houses it was not

The fundamental difficulties that have to be contended with in persuading parents to avail themselves of immunization against diphtheria are that they have a deeply rooted objection to inoculation. They dread reaction to inoculation and fail to realize that any inconvenience or suffering so entailed is negligible as compared with that of an attack of an infectious disease. Some parents have an almost unshakable belief in a malignant fate, and as a consequence lack faith in the efficacy of preventive measures. On the other hand we find that parents who object to vaccination against smallpox will have children inoculated against diphtheria.

It is not expected that the number of cases of diphtheria or the number of deaths from this disease will be markedly lessened in Holborn yet, but if the procedure goes on even at its present rate in time some effect must be produced. We hope, however, that gradually more and more children will be immunized, especially if other local authorities will take it up.

It is probable that as the years go by parents will find their non-immunized children developing diphtheria whilst immunized children living in the same house or locality escape the disease—we have already had instances of this; and as the knowledge spreads that freedom from the disease has been produced by immunization this method of prevention will become increasingly acceptable to the parents.

We can definitely say that no case of diphtheria has occurred amongst any of the children immunized at the Holborn centre.—I am, etc.,

London, W.C.1, June 25th.

C. W. HUTT.

INSULIN AND INSULIN-LIKE BODIES.

SIR,—In what is otherwise an excellent report (BRITISH MEDICAL JOURNAL, July 5th, p. 15) of some opening remarks made by me at the Aberdeen Medico-Chirurgical Society on June 5th, there is a misleading sentence bearing on the question of the occurrence of insulin or insulin-like bodies in tissues other than pancreatic islet tissue. Whatever may be the significance of the reported finding of such bodies in certain other animal tissues of vertebrates and invertebrates, there is no evidence that the substances ("glucokinins") in certain vegetable extracts (lawn grass, etc.) are really of the same character as insulin, though they have been found to be remarkably effective (like insulin) in cutting down the percentage of blood sugar—an influence that can be passed from one animal to another by the transference of very small amounts of blood. It is highly improbable that these substances are essentially of the same nature as insulin.—I am, etc.,

Aberdeen, July 5th.

J. A. MACWILLIAM.

THE ADMINISTRATION OF PLAGUE VACCINE.

SIR,—Last February, while on leave in India, I had an occasion of seeing some persons who had been inoculated against plague. The reaction (both local and general) in nearly every one of them was severe. Each of them had the full dose (4 c.cm.) of the vaccine at one sitting.

Last month I was detailed to inoculate the personnel in this hospital. I divided the people to be inoculated into three groups, the classification being irrespective of weight, age, or physique.

Group I was given the full dose at one sitting.

Group II was given the initial dose of 2 c.cm., and the remaining 2 c.cm. six days later.

Group III was given the initial dose of only 1 c.cm., followed by the second dose of the remaining 3 c.cm. six days later. This group included nursing sisters and a patient to whom I administered the initial dose immediately after opening an abscess in the axilla; his temperature at that time was 102°.

The results were as follows:

Group I.—More than 80 per cent. developed severe reaction, both local and general, the temperature ranging from 101° to 103°. Headache and general malaise were the most prominent symptoms.

Group II.—Only about 10 per cent. had slight fever. The local reaction was moderate.

Group III.—Except just a little tenderness and a small zone of hyperaemia at the site of inoculation, there was no local reaction.

None of them had the slightest general reaction. Everyone went about their business and took part in the games in the evening as usual.

The conclusion I came to was that the reaction was due to the absorption of the endotoxin of *B. pestis* as well as the culture media (broth) in which the organisms were grown and suspended; that the reaction was directly proportional to the amount of vaccine introduced into the body; and that injection of a small initial dose renders the system more tolerant to the succeeding dose, and thus the severity of reaction is mitigated.

I would also like to mention that the year before last, whilst recording a plague case at Peshawar, I cast some doubts on the prophylactic value of the plague vaccine; since then I have become firmly convinced of its efficiency, so much so that I have been inoculated myself.—I am, etc.,

R. MANSOOR, M.B.Durh.,
Lieutenant I.M.S.(T.C.).

R.A.F. Indian Hospital,
Baghdad, May 15th.

LIFE INSURANCE WITHOUT MEDICAL EXAMINATION.

SIR,—There is one point which the life insurance companies, which have in part or whole adopted the method of non-medical life insurance, have overlooked—namely, the safeguard which a medical examination gave to those about to marry. When parents have expressed to me doubts as to the health of a prospective son-in-law, and yet do not like to suggest openly to him that he should be "vetted," I have always advised them to invite him to insure his life in a company which requires a strict medical examination. This acts beneficially in two directions—by, in the first place, setting their minds at rest as to his health, and also by providing some provision for the future maintenance of his wife-to-be. Members of the medical profession are often consulted with regard to the choice of an insurance company, and, without mentioning the name of any particular company, a list might be kept containing the names of those insurance companies which require a medical examination in all ordinary cases, the intending applicant being advised to select a company from that list.—I am, etc.,

July 2nd.

MEDICAL REFEREE.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Radcliffe Scholarship in Pharmacology.—The Master and Fellows of University College have awarded the Radcliffe Scholarship in Pharmacology in equal shares to T. C. Hunt, Magdalen College, and Alice D. K. Peters, St. Hugh's College, whose work was reported by the Professor of Pharmacology to be of equal merit.

Welsh Memorial Prize.—Dr. Lee's Professor of Anatomy has reported to the Vice-Chancellor that he has awarded the Welsh Memorial Prize for the best set of anatomical drawings in relation to human anatomy to P. M. F. Bishop, Trinity College.

The following candidates have been approved at the examination indicated:

FINAL B.M., B.Ch.—Materia Medica and Pharmacology: J. W. Alden, R. H. B. Bettington, M. D. Bower, G. Campbell, N. Chilton, J. H. Chitty, B. T. V. Clarke, P. F. Cluver, G. H. Cri p, D. M. Dunlop, J. A. Eyles, A. C. Gairdner, P. S. Hamilton, H. E. Harding, R. Illingworth, J. H. Kennedy, G. L. M. MacElliott, C. W. Mackenzie, K. G. Mathews, J. C. Neely, B. V. O'Connor, F. G. Parker, R. C. Probyn, Williams, W. F. H. Ray, D. I. Rees, W. G. Rees, A. Reid, D. A. Robertson, F. J. Sale, T. H. Sellors, G. P. Thorold, R. L. Graves, M. N. Jackson, C. I. Pattullo, A. D. K. Peters. *Pathology:* G. R. P. Aldred-Brown, E. N. A. Iott, H. N. Bradbrooke, A. V. Clemmy, P. F. Cluver, L. O. F. Fysh, T. C. Hunt, R. Lewthwaite, P. C. Mallam, M. J. W. Minshull, P. Morton, W. D. B. Read, D. A. Robertson, G. P. Roxburgh, J. de la Mare Savage, T. H. Sellors, C. W. Simpson, R. S. Wordsworth. *Forensic Medicine and Public Health:* J. W. Alden, M. M. Baird, L. J. Barford, R. J. Brocklehurst, C. W. Carter, H. N. K. Elphick, K. J. Franklin, C. J. Fuller, J. R. B. Hern, P. H. Martin, J. D. Mills, H. W. Pearson, A. A. F. Peel, D. I. Rees, A. W. L. Row, T. E. Ryves, J. G. S. Thomas, E. C. Whitehall-Cooke, G. P. Wright. *Medicine, Surgery, Midwifery:* G. R. P. Aldred Brown, W. B. Boone, W. H. Bradley, R. E. D. Cargill, C. W. Carter, T. H. Cathrall, J. L. Cox, C. L. Elgood, K. J. Franklin, A. T. Frupp, C. J. Fuller, D. R. Gawler, C. A. H. Green, E. H. Koerner, W. J. Lupton, H. W. Pearson, A. A. F. Peel, T. E. Ryves, I. M. Sidley, G. I. Wilson, G. P. Wright.

At a congregation held on July 5th the following medical degrees were conferred:

D.M.—J. F. Venables, G. K. Stone, H. H. Sanguinetta.
B.M.—D. R. Gawler, A. A. F. Peel, G. P. Wright, K. J. Franklin, C. W. Carter, C. J. Fuller, G. I. Wilson, W. J. E. Lupton, H. W. Pearson, W. H. Bradley, R. E. D. Cargill, C. A. H. Green, G. R. P. Aldred-Brown.

UNIVERSITY OF LONDON.

Research Grants.

At the meeting of the Senate held on June 25th grants out of the Dixon Fund for the year 1924-25 were made as follows:

£50 for research on the physiological factors governing the proportions of sexes in mammals to Alan Sterling Parkes (Institute of Physiology, University College); £50 to Eric Arthur Spaul, Ph.D., to continue experiments with the anterior lobe pituitary gland, and to gain further knowledge of the properties of the active principles of this portion of the gland and also its biochemical properties (Zoological Laboratory, Birkbeck College); £50 to Florence Mary Wood for chemicals and apparatus in connexion with research upon the chemical nature of the cellulose membrane; £20 to Muriel Bond, M.Sc., for research into the dietetic factors influencing reproduction (London School of Medicine for Women).

LONDON HOSPITAL MEDICAL SCHOOL.

Prize Distribution.

The prizes and certificates gained by students of the London Hospital Medical College were distributed on June 30th by Sir Arthur Keith, M.D., LL.D., F.R.S., in the Library of the College. Lieutenant-Colonel W. Marlborough Pryor, D.S.O., Chairman of the College Board, presided. The Dean (Professor William Wright) in his report said that among the changes which had taken place in the College the most important was the discontinuance of the teaching of what were formerly the subjects of study during the first year of the medical curriculum—namely, elementary chemistry, physics, and biology; and the General Medical Council had now removed elementary chemistry and physics from the medical curriculum and made them the subjects of a pre-medical examination. The change had provided increased accommodation for the teaching of the purely medical subjects, while funds had been released for improving the teaching arrangements in connexion with, more particularly, the clinical subjects. The appointment of, in addition to the staff of the medical unit, five surgical and four medical whole-time assistants, selected from the ablest of the younger men, was a new departure in the organization of clinical teaching, and should, with the unrivalled clinical facilities at the London Hospital, ensure that in the spheres of clinical teaching and research they would more than maintain their already high position among the medical schools of the country. The trustees of the late Sir William Dunn had recently presented the hospital, at a cost of £8,000, with a series of clinical laboratories, and the Goldsmiths' Company had given £15,000 for the endowment of the Goldsmiths' Chair of Bacteriology.

After presenting the prizes and certificates to the successful students, Sir Arthur Keith said that to get a good reputation was the easiest thing in the world, and with that object everything they did must be unselfish. The unforgeable sin which would never be forgotten was that of selfishness—that of playing entirely for one's own hand. In aid of a good reputation came absolute honesty of purpose, speaking as near the truth as they could when the occasion called for it. They should not mislead their patients. No medical man was honest who was not familiar with what was happening in the best medical circles in the way of discovery and advance in medicine. They could not be honest unless they continued to be medical students all through their lives. It was necessary for them to read constantly the medical papers. The particular kind of unselfishness which appealed to him more than any other was that which led men to devote their energies and their time to the discovery of fresh facts which made medicine a better equipped tool in the hands of medical practitioners.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

Research Fellowships in connexion with the Obstetrical and Gynaecological Unit have been awarded to Miss Olive Rendel, M.D., and Miss Alfreda Baker, M.D. A "1916" bursary, of the value of £50 a year for five years, will be awarded to a student who has matriculated and who wishes to enter the school in October, 1924, to begin a full course of study for a medical degree. Particulars may be had from the warden and secretary, 8, Hunter Street, W.C.1.

UNIVERSITY OF BIRMINGHAM.

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—Class II: Mary E. Appleby, E. J. Bailey, P. A. V. Barford, R. B. B. Barnes, C. H. G. Bekenn, J. K. Bostock, D. M. Brown, H. F. Burth, H. Caplan, Doris M. E. Carrington, Olive G. Coldicott, A. J. Davies, Elsie C. Davies, H. W. Donovan, T. S. Donovan, Dorothy M. Ellerton, Dorothy K. Elliott, Vera Fellowes, J. W. Field, F. E. Gould, Irene D. F. C. Hastlow, F. H. Healy, L. O. Hill, W. C. O. Hill, A. B. Hodgson, H. F. Jukes, D. Magrath, Evelyn D. May, Y. Nawar, Muriel I. H. Naylor, A. Phipps, J. D. Pike, C. J. Polson, J. Jessie L. Robb, A. G. Taylor, R. Thomason, Eileen M. Wake, V. G. Williams, L. F. Wilson.

* Distinction in medicine.

† Distinction in midwifery and diseases of women.

‡ Distinction in surgery.

The following appointments are announced: *Ingleby Lecturer for 1926*: Sir Gilbert Barling, Bt., F.R.C.S. *Professor of Midwifery and Diseases of Women*: Mr. H. Beckwith Whitehouse, M.S., F.R.C.S. *Lecturer in Pharmacology and Therapeutics*: Dr. J. Maclure Smellie. *Assistant to the Chair of Surgery*: Mr. Bernard G. Goodwin, F.R.C.S.

UNIVERSITY OF DUBLIN.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

The following candidates have been approved at the examination indicated:

FINAL M.B., PART I.—*Materia Medica and Therapeutics*; *Medical Jurisprudence and Hygiene*; *Pathology and Bacteriology*: R. L. Forsyth, J. E. McCauley, E. MacN. Allardyce, Annette K. Wood-

Martin, V. St. G. Vaughan, R. G. Keays, G. T. L. Archer, B. P. Pienaar, Elspeth V. D. Hewat, M. A. W. Roberts, H. O. Clarke.

PART II.—*Medicine*: R. F. J. Henry, G. Purdy, J. K. S. Thompson, J. L. Stuart, J. S. Armstrong, J. E. Beatty, G. W. Garde, J. R. Bradshaw, E. Harvey, J. Crawford, C. J. du Plessis, J. H. Howyer, L. D. Dennard, R. A. Webber, R. G. F. Thompson, L. M. Whitsitt, G. A. Sloan, A. Hawthorne, H. W. Strong, A. J. Head, L. S. Levitt, F. J. Swanepoel. *Surgery*: G. Purdy, J. K. S. Thompson, D. L. Hemmingway, M. A. Gerrard, R. E. Steen, I. Rosin, D. K. Lyons, J. V. Morris, G. A. Cowan, A. J. Mooney, G. Robinson, F. J. Swanepoel, C. Wilson, L. D. Dennard, J. Morris, J. L. F. Steele, O. G. Wilde, Eileen Brangan, A. B. Monks, Sylvia B. Wigoder, G. A. Sloan, S. Wigoder, S. M. Dermott, M. J. Bradlaw, S. E. Magowan, H. Ruben, A. L. Dobbyn, K. F. Mackenzie, R. L. G. Proctor, J. H. Bowyer, J. S. Armstrong, W. A. Hopkins, M. D. Fox, L. S. Levitt, J. N. Atkinson. *Midwifery*: T. W. MacDowell, J. V. Morris, W. Gallagher, W. A. Taylor, T. C. Foster, R. V. Franklin, R. T. Cronin, Annie T. Beane, Mary C. Livingston, W. C. G. Potts, F. J. Marais, E. A. Bennet, W. G. Maule, J. St. Clair, P. Wallace, H. Waters, W. A. Hopkins, O. Chance, E. O. Dudgeon, R. H. M'Keag, G. J. Joubert, G. A. A. Powell, E. T. S. Rudd, C. L. Taylor, F. V. Duke, C. P. Wallace, D. N. Power, T. G. B. Crawford, Margaret O'Neill, W. O. Warrington, E. S. A. Crawford, G. F. Gillespie, L. D. Dennard.

DIPLOMA IN PUBLIC HEALTH, PART I.—*Chemistry, Bacteriology, Physics, and Meteorology*: Alice M. A. Downing, W. E. Hutchinson, E. Parker.

PART II.—*Sanitary Engineering; Practical Sanitary Report; Hygiene and Epidemiology; Vital Statistics and Public Health Law*: B. W. D. Fayle, W. E. Hutchinson, Alice M. A. Downing, R. S. M'Elroy, A. E. Campbell, Mary M. Galvin, Ruth Lemon, N. M. I. Falkner, Iris P. Nells.

DIPLOMA IN GYNAECOLOGY AND OBSTETRICS.—Sylvia G. de L. Chapman.

* Passed on high marks.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia was held on Thursday, July 3rd, at 5 p.m., the President, Sir Humphry Rolleston, being in the chair.

A report was received from the treasurer on the commemoration of the tercentenary of the death of Thomas Sydenham at the Académie de Médecine de Paris, held on May 20th last.

The quarterly report of the College Finance Committee was received and adopted.

Dr. A. J. Hall was reappointed a representative of the College on the Court of Governors of the University of Sheffield.

After some further formal College business the President dissolved the comitia.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT a meeting of the Fellows on July 3rd three Fellows were elected into the Council in the vacancies occasioned by the retirement in rotation of Mr. Haslam, Mr. Openshaw, and Mr. Raymond Johnson. The result of the poll was as follows:

	Votes.	Plumpers.
WILLIAM MOADAM ECCLES	463	32
WILFRED TROTTER	371	20
SIR CHARLES GORDON-WATSON, K.B.E., C.M.G.	359	23
Victor Bonney	342	4
William Ernest Miles	258	13
Arthur Henry Burgess	235	30
Herbert John Paterson, C.B.E.	232	8
Hugh Lett, C.B.E.	221	20
George Grey Turner	219	8
Thomas Percy Legg, C.M.G.	142	8
Philip Turner	123	19

In all, 1,150 Fellows voted (including 195 Fellows resident out of the United Kingdom), 1,142 sending their ballot papers through the post and 8 voting in person. Four voting papers were found to be invalid. There were no substitute numbers this time.

Final Fellowship: Correction.

The name of Mr. J. M. Craig (St. Andrews and Guy's) was accidentally omitted from the list of successful candidates at the Final Fellowship examination published in our issue of June 21st (p. 1116).

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

AT the monthly meeting of the College held on July 4th Sir James Craig, M.D., Fellow and ex-President of the College, was unanimously elected King's Professor of the Practice of Medicine for a further term of seven years.

The following successful candidates at the Final Examinations under the Conjoint Scheme held in June were duly admitted to the licences in medicine and midwifery of the College:

P. M. Banim, T. G. Boyle, Dorothy E. Campbell, E. J. Daly, W. O. Dunwoody, T. T. W. Eaton, V. D. Gordon, Attracta Hapenny, A. Heron, J. J. Hogan, A. Kennedy, G. A. Moorhead, W. M'Curry, A. S. French O'Carroll, E. Orr, F. R. O'Shiel, Muriel V. Prentice, J. Shiel, R. A. M'E. B. Simpson, A. W. P. Smyth, M. J. Walsh.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following have been elected examiners for the ensuing year:

Court A, for examinations under the management of the Conjoint Committee, namely, Conjoint Licence, Diploma in Public Health, and Preliminary:—Anatomy: Professor Evelyn John Evans. Surgery: Mr. L. G. Gunn, Professor G. J. Johnston. Physiology and Histology: Professor J. A. Scott. Pathology and Bacteriology: Professor W. Boxwell. Midwifery and Gynaecology: Professor E. H. Tweedy. Biology: Professor MacD. Cosgrave. Ophthalmology: Mr. F. C. Crawley, Mr. R. D. Joyce. Chemistry and Physics: Professor W. Caldwell. Chemistry and Physics, for Diploma in Public Health only: Professor W. Caldwell. Dr. S. Young. Materia Medica, Pharmacy, and Therapeutics: Professor R. J. Rowlette. Forensic Medicine and Public Health: Professor V. M. Sygne.

Pasteur at the Pasteur Institute in Paris. In 1894 he proceeded to the degree of D.Sc., choosing chemistry as his special subject. A great deal of work in the developing science of hygiene was carried out in his laboratory, and many papers of great importance issued from his pen. At the instance of the Corporation of Edinburgh he carried out an inquiry, in 1893, into the state of the air in the board schools and other public buildings, and in 1902 conducted an elaborate research upon the ventilation of the wards and side rooms of the Edinburgh Royal Infirmary. Numerous contributions to the transactions of the Royal Society of Edinburgh stand to his credit; for example, one upon variations of the amount of carbonic acid in ground air, and another upon the method of estimation of carbon and nitrogen in potable waters, published in 1894. He was the author of the article "Air" in the *Encyclopaedia Medica*, and made a number of communications to current medical literature, such as an article upon sterilization of milk in the *BRITISH MEDICAL JOURNAL* of 1896.

When the University Court instituted the Bruce and John Usher Chair of Public Health in 1898, Dr. Hunter Stewart's work as a hygienist was already well known, and, as he had been intimately connected with the chair of medical jurisprudence and public health for fourteen years, the choice of the University Court fell upon him. As a lecturer Professor Hunter Stewart possessed a clear and impressive style. His keen interest in his subject attracted many graduates to work in his laboratories, and the distinctions which these attained in later life were a great tribute to his teaching and encouragement. His keen sense of humour and his skill as a raconteur made him welcome at social gatherings, and his devotion to fresh air made walking and cycling his favourite recreations. For many years he had been a strong supporter of the Church of Scotland, and an elder in St. Cuthbert's Parish Church, Edinburgh. In 1888 Professor Hunter Stewart married the eldest daughter of the late Mr. George Gordon Gibson, civil engineer of Edinburgh, but she died in 1905; seven years later he married the youngest daughter of the late Mr. Robert Summers of Thrushville, Stirling, by whom he is survived. The interment took place in Warriston Cemetery, Edinburgh, on July 2nd, after a service at St. Cuthbert's Parish Church.

The well known Dutch gynaecologist, Dr. C. H. STRATZ, has died recently at the Hague.

The Services.

ROYAL NAVAL MEDICAL SERVICE.

THE half-yearly promotions by selection to captains to fill vacancies in the various branches of the navy were announced by the Admiralty on June 30th. There were two vacancies on the surgeon captains' list, and Surgeon Commanders Harold J. Chater and Robert W. G. Stewart, O.B.E., M.B., D.P.H., were promoted to fill these. The former has been for the last four years one of the assistants to the Medical Director-General at the Admiralty, in which position he is to be relieved on promotion by Surgeon Commander Alexander K. Smith-Shand, M.B., who has been in charge of the South Queensferry Naval Hospital for the last two years. The latter has been serving at the Chatham Naval Hospital since April, 1922, on his return from the Mediterranean station.

NAVAL MEDICAL COMPASSIONATE FUND.

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on July 8th, when Surgeon Vice-Admiral Joseph Chambers, C.B., C.M.G., Medical Director-General of the Navy, was in the chair, the sum of £65 was distributed among the several applicants.

R.A.M.C. WAR MEMORIAL FUND.

THE General Committee of the Royal Army Medical Corps War Memorial Fund will meet at the War Office (Room 219), on Thursday, July 17th, at 4.45 p.m., to decide as to the final disposal of the balance of the fund.

DEATHS IN THE SERVICES.

Colonel Sydney Glenn Allen, Army Medical Staff (ret.), died suddenly at a public meeting at Folkestone on June 4th. He was born in Fort Attock, in the Punjab, where his father was then serving in the A.M.D., on March 30th, 1863, educated at Wellington College and at St. Mary's Hospital, and took the M.R.C.S. and L.R.C.P. (Edin.) in 1884, and the D.P.H. of the London Colleges in 1895. After filling the posts of assistant pathologist

and clinical ophthalmic assistant at St. Mary's, he entered the army as surgeon on August 1st, 1885, became lieutenant-colonel after twenty years' service, and full colonel on March 1st, 1915, when some eighty lieutenant-colonels of the R.A.M.C. were promoted to colonels; he retired on June 15th, 1919. He served in the Sudan campaign of 1898, receiving the British and Egyptian medals, and in the late war as A.D.M.S. of the 27th Division in France; he was invalided home, and became President of the Travelling Medical Board in the Eastern Command; later on he was A.D.M.S. at Shorncliffe. After his retirement he settled at Folkestone, where he took an active interest in municipal affairs, and in 1921 was elected to the Town Council as one of the candidates put forward by the Ratepayers' Association. He was appointed a member of the Finance, Watch, and Health Committees of the Town Council, and later of the Education Committee. He was about to address an education meeting when his sudden death took place. In 1900 he married the eldest daughter of the late Colonel H. S. S. Watkins, C.B., R.A., and leaves a widow and two sons—the elder a lieutenant in the Royal Navy, the younger in business in London. Resolutions of regret for his sudden death, probably accelerated by his strenuous devotion to public work, were passed by the Town Council, the Guardians, the Education Authority, and the Ratepayers' Association. The Mayor and Corporation, as well as a large crowd of friends, attended the funeral service at the parish church.

Brigade Surgeon James Joseph McCarthy, R.A.M.C. (ret.), died on March 23rd. He was born at Killarney on April 27th, 1835, and after graduating as M.D. in the Queen's University, Ireland, in 1858, entered the army as assistant surgeon sixty-six years ago. He became surgeon major in 1873, and retired, with an honorary step as brigade surgeon, in 1883. He served on the staff in the China war of 1860, was present at the capture of the Taku Forts and surrender of Peking, and in the operations against the Taiping rebels in 1862, receiving the medal and also the Legion of Honour; and in the Afghan war of 1878-79, when he was mentioned in dispatches and gained the medal. From 1866 to 1872 he served as a regimental medical officer in the 5th Foot, the Northumberland Fusiliers.

Medical News.

A SPECIAL post-graduate course will be given by the North-East London Post-Graduate College at the Prince of Wales's General Hospital, Tottenham, from July 21st to August 2nd, from 10.30 a.m. to 5.30 p.m. each day. It will include demonstrations of clinical and laboratory methods, clinics in the wards, out-patient demonstrations, and operations. Each afternoon at 4.30 there will be a clinical lecture, free to members of the Fellowship of Medicine. Luncheon will be obtainable in the neighbourhood, and tea will be provided daily. On Saturday mornings, demonstrations will be given at the North-Eastern Fever Hospital by Dr. Frederic Thomson on the early diagnosis of the infectious fevers. The fee for the course is 3 guineas, or 2 guineas for either week. A two weeks' course in ophthalmology is being arranged at the Royal Eye Hospital, Southwark, during the latter part of July; fee £1 ls. In August, courses in special subjects have been arranged at the Brompton Hospital for Consumption and Diseases of the Chest, at the Queen's Hospital for Children, and at the West End Hospital for Nervous Diseases. Further information may be obtained from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

A NEW operating theatre at the David Lewis Northern Hospital, Liverpool, was formally opened on June 26th. The funds for the new addition presented by the sons of the late Alderman Louis S. Cohen were received from a legacy left them by their father for charitable purposes. In asking Mr. Monsarrat to accept the theatre in the name of the trustees and committee of the hospital, Mr. Harold Cohen recalled the fact that it was twenty-eight years ago since his uncle, the late Mr. Benn Levy, provided the funds for the rebuilding of the hospital. With the approval of the committee it had been decided to call the new addition the Louis Cohen theatre in memory of their father, who took such great interest in the work of the institution. Mr. Monsarrat, in accepting the gift, said that the donors had rendered a great service to Liverpool.

OWING to the illness of Dr. T. W. Naylor Barlow the annual provincial meeting of the Society of Medical Officers of Health will not be held at Wallasey on July 14th as arranged. A short business meeting to deal with matters on the agenda for the annual provincial meeting will be held at 2.30 p.m. on Friday, July 18th, at the University of Liverpool.

A COURSE of thirteen lectures and demonstrations on the treatment of osteo-articular and glandular tuberculosis and other subjects connected with practical orthopaedics will be given at the Hôpital Maritime at Berck from July 15th to 30th by M. E. Sorrel, senior surgeon to the hospital, and his colleagues. Further information can be obtained from M. Parin, Hôpital Maritime, Berck, Pas-de-Calais.

THE centenary of Charcot's birth and the twenty-fifth anniversary of the foundation of the Société de Neurologie of Paris will be celebrated in June, 1925, when the following subjects will be discussed: (1) Charcot's disease or amyotrophic lateral sclerosis, introduced by Vincenzo Neri of Bologna, who will deal with the clinical aspects, and von Bogaert of Antwerp and I. Bertrand of Paris, who will discuss the pathological features. (2) Migraine, introduced by Professor Viggo Christensen of Copenhagen (clinical aspects) and Pasteur Valléry-Radot of Paris (pathological features).

THE first of ten small hospitals, whose erection is being rendered possible through the generosity of the Italian Red Cross, was recently dedicated with much ceremony at Tokyo. The type of construction is that found most useful after the Messina earthquake some years ago, and is best adapted to resist earthquakes.

THE following medical men have been called to the Bar by the Middle Temple: Thomas Bullough Calland, M.B., Ch.B.; Isaac Llywelyn Morris, M.R.C.S.; George Brebner Scott, M.D., C.M.

THE new buildings of the National Institute for Research in Dairying (University College, Reading) at Shinfield will be opened on Saturday, July 19th.

THE British Dyestuffs Corporation, Limited, has issued a new price list of its fine chemicals for research work, and of indicators, microscopic stains, and medicinal and photographic chemicals. These products are offered in the purest condition possible, but the corporation is also prepared to supply technical qualities, at reduced prices, which can be obtained on application to it at 70, Spring Gardens, Manchester.

THE *Journal of Nervous and Mental Disease* attains its jubilee this year, and the managing editor, Dr. Smith Ely Jelliffe of New York, has prepared an index of its fifty volumes. It is an index of subjects, and if one hundred subscribers can be found the price will be fixed at 5 dollars. If it be found feasible an index of names will be prepared later. Communications may be addressed to Dr. Jelliffe at 64, West 56th Street, New York.

THE Spanish magazine *Laboratorio* is organizing an expedition of Spanish doctors to visit Wembley Exhibition during the last fortnight in July. It is hoped that visits may be paid to the hospitals and medical institutions of the United Kingdom.

THE thirty-third French Congress of Surgery will be held in Paris from October 6th to 11th under the presidency of Professor Tuffier, when the following questions will be discussed: (1) treatment of simple fractures of the upper extremity of the femur and their remote results, introduced by Dujarier of Paris and Imbert of Marseilles; (2) indications for operation in uterine fibroids, introduced by Labey of Paris and Tixier of Lyons; (3) pre- and post-operative treatment and choice of the anaesthetic in gastro-intestinal surgery, introduced by Landret of Lille and Lardennois of Paris. Surgeons wishing to take part in the congress should send a request signed by two members of the association to the general secretary, 10, rue de Seine, Paris, before August 1st.

A CONFERENCE of modern churchmen will be held at Somerville College and St. Hugh's College, Oxford, from August 25th till September 1st, when the subject of the scientific approach to religion will be discussed. Full particulars can be obtained from the honorary secretary, Miss Dora Nussey, Westfield, Ilkley.

ON the occasion of his recent visit to Berlin Professor Recasens, the well known gynaecologist and dean of the Madrid medical faculty, was elected an honorary member of the Berlin Medical Society.

A SECTION has been added to the United States Education Law providing that a specialist shall assist the State medical inspector when he makes eye and ear tests on public school pupils.

THE island of Tai Kam, off the shore of Canton, is about to be converted into a leper colony for 2,000 lepers by the Chinese Government. The American Mission to Lepers has undertaken the construction of the first sixteen buildings of the leprosarium at a cost of 66,000 dollars.

FOUR prizes, ranging from 500 to 2,500 lire, are offered by the Italian Felix Mantovani Foundation for the four best monographs published in 1924 on the physiology and pathology of infant feeding. Three copies of their monographs should be sent by the candidates to the Italian Pediatric Society, Hospital A. Meyer, 115, via Mennelli, Florence, before December 31st, 1924.

ON the occasion of Professor Adolf Lorenz's seventieth birthday the *Wiener Medizinische Wochenschrift* dedicated its issue of June 7th to orthopaedic surgery.

Letters, Notes, and Answers.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—not necessarily for publication.

ALL communications with reference to advertisements as well as orders for copies of the JOURNAL should be addressed to the Financial Secretary and Business Manager, 429, Strand, London, W.C. Attention to this request will avoid delay. Communications with reference to editorial business should be addressed to the Editor, BRITISH MEDICAL JOURNAL, 429, Strand, W.C.2.

THE telephone number of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is Gerrard 2630 (Internal Exchange). The telegraphic addresses are:

EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology Westrand, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westrand, London.*

MEDICAL SECRETARY, *Medisecra Westrand, London.*

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.

"Y. M. J. H."—Diphtheria is not a water-borne disease. It is not, therefore, likely to be caused by drinking water the spring or source of which arises in a bog.

VASOMOTOR RHINITIS.

DR. P. J. McNICHOLAS (Liverpool) asks for advice in the treatment of two cases of vasomotor rhinitis; in both the condition persists winter and summer. Each patient is seized, immediately after getting up, with nasal irritation, followed by violent and prolonged sneezing, and a free flow of watery mucus from the nostrils. The attack lasts about half an hour. Our correspondent supposes that in both cases the nasal mucous membrane is hypersensitive to certain substances, and that the condition is similar to bronchial asthma. He has prescribed a lotion containing potassium chlorate and bicarbonate, sodium borate, and carbolic acid, and a mixture containing calcium chloride (gr. 15). This treatment has seemed to prolong the intervals, but the attacks continue.

DIAGNOSIS OF SORE THROAT.

"A. G. N." writes in reply to "Perplexed" (June 14th, p. 1078) to point out that where several "discrete spots"—that is, exudation of pus from the follicles—are present the case is one of follicular tonsillitis. The temperature will usually be from 100° to 103°, and there will be a febrile (full bounding) pulse. Such a case cannot be mistaken for diphtheria. The line of treatment, "A. G. N." considers, should be an antiseptic gargle and a mixture containing sodium salicylate. Such cases do not call for antidiphtherial serum, though its administration may benefit. When in place of spots there is a massed accumulation of purulent-looking matter at two or more places on the tonsils, patches produced may be due to the running together of pus from adjacent follicles or to early diphtherial infection. In the latter alternative the temperature is lower (about 100°), but the pulse rate is out of proportion, and the pulse is not full and bounding. If the practitioner inclines to a diagnosis of diphtheria he is not, "A. G. N." holds, justified in withholding antidiphtherial serum, because if the condition is not diphtheria the injection will do no harm, while if it is early injection will render unnecessary large doses later on. By taking a smear and staining it the diagnosis can be confirmed in a few minutes. If the practitioner, instead of doing this himself, sends a specimen to the laboratory he should not hesitate to use the serum in the meantime. If the patient is sent to hospital the practitioner should write a note stating the quantity of serum already used. "A. G. N." adds that no protein food should be given during ten or fourteen days as frequently a rash comes out, and he has seen some very severe reactions. In his opinion no question of negligence can arise from the use of serum, but in some cases failure to use it might be considered negligence. Cases of severe septic throats with gangrenous edges may give rise to difficulty in diagnosis. It is to be remembered that a positive result from the examination of the swab is not always to be taken as evidence of diphtheria, since a carrier may have tonsillitis.

INCOME TAX.

"J. G. S." has been refused more than two-thirds of his motor expenses, including cost of renewal of car, on the ground apparently that he makes substantial use of the car for private purposes.

It would seem that in this connexion, as also in connexion with the purchase of petrol, our correspondent is suffering from lack of definite information with regard to the private use of the car; until he is in a position to supply definite data he will find it difficult to displace that assumption. We suggest, therefore, that he might endeavour to get out mileage figures for the past year or so; failing that he should keep careful mileage records (professional and private) in future.