

cent. The blood urea was 46 mg. per 100 c.cm. There were no clinical symptoms of renal inadequacy, no thirst or headache, and the tongue was fairly clean. The patient, though thin, was in fair condition, and had been at work till shortly before admission.

On November 8th, the left kidney being judged the better of the two, nephrolithotomy was done on that side through an oblique lumbar incision, and masses of branched phosphatic calculi were removed through a cortical incision in the kidney through pouched and thinned-out tissue, opening into the calyces which contained the calculi;  $5\frac{1}{2}$  drachms were thus removed, and the renal area drained. The upper third of the kidney was that chiefly involved, and the remainder showed sound secreting tissue. The patient made an uneventful recovery from this operation, and left hospital feeling well on December 11th.

He returned to his home in Bloemfontein, and was readmitted to hospital on January 11th, 1924, for operation on the right side. The left lumbar wound had healed well. On this occasion the urine from the bladder showed 1.2 per cent. urea—a marked improvement upon the previous occasion; the left kidney urea was 1.1 per cent., the blood urea was, as before, 46 mg. per 100 c.cm. Cultivations from the left kidney showed no organisms; there was a scanty growth of a streptococcus from the bladder urine. Indigo-carmin appeared from the left in thirty minutes with a free urinary secretion. From the right side there was a rapid arrhythmic secretion of a purulent urine, indigo-carmin appearing in fifty minutes.

On January 28th a right lumbar oblique incision was made, and a much sacculated kidney was exposed, the sacculations being mainly in the upper pole. Masses of phosphatic calculi, weighing 11 drachms 50 grains, were removed through a cortical incision in the thinned-out upper pole pouch. This left a big flabby upper sac leading to the calyces which had contained the calculi. As the walls of this sac showed no evidence of secreting tissue, and as it seemed only too probable this portion of the kidney would never heal, and only leave a persistent fistula, the sac was completely resected longitudinally, some deep mattress sutures of catgut being used for haemostasis, and the edges then approximated as accurately as possible, but room for drainage being allowed for. The kidney area was drained, the tube passing down to, but not into, the renal substance. The tube was removed in forty-eight hours and replaced by a small gauze drain. Hardly any leakage occurred.

Except for an attack of malaria and dysentery, from which the patient had previously suffered in East Africa, no untoward event marred his recovery. On March 1st the patient walked a distance of a mile to report himself; he had then no urinary symptoms, and the urine contained only a very small amount of pus, and under hexamine and acid sodium phosphate was acid in reaction.

The case can be taken to be definitely an ascending urinary infection from the original cervical injury, with resultant formation of calculi on both sides. There is no positive evidence to show exactly when calculi were first formed, but as a medical board, held in 1917 in England, stated that the patient had bilharzia, one can assume he then had haematuria, though there was no evidence adduced to prove that he had bilharzia—that is, there was no statement that ova had been found. It seems rather to have been assumed because the patient came from South Africa.

The resection of the upper pole of the right kidney proved quite successful, and is well worthy of adoption in cases of similar type. The chances of recurrence of calculi are considerable, but there is reason to hope that this may be prevented by keeping the urine acid by means of drugs and diet.

## FIBROSIS OF THE LUNGS DUE TO THE INHALATION OF ASBESTOS DUST.

BY

W. E. COOKE, M.D., F.R.C.P.ED., D.P.H.,  
PATHOLOGIST, WIGAN INFIRMARY.

(With Special Plate.)

THE following case is of importance because it is the first in English medical literature to be definitely proved.

Medical men in areas where asbestos is manufactured have long suspected the dust to be the cause of chronic bronchitis and fibrosis, and Professor J. M. Beattie has shown that the dust causes fibrosis in guinea-pigs. Asbestos contains, amongst other compounds, calcium and magnesium

silicates, and 40 per cent. of  $\text{SiO}_2$ , silica. The mineral fibre is quite translucent except at the fractured ends, where some change takes place, the fibre becoming blackened and fragmented. Asbestos dust, no matter from what part of the process it is collected, contains these blackened particles in large amounts (see photo-micrograph).

A woman, aged 33 years, had worked in asbestos factories since the age of 13, but for five years previous to her finally ceasing work in July, 1922, her attendances at the factory had been intermittent. She died on March 15th, 1924. Mr. E. N. Molesworth, coroner for Rochdale, at the suggestion of Dr. Mackichan, who performed the necropsy, sent the lungs for further examination.

An x-ray plate showed extensive fibrosis, more marked in the right lung, two calcareous glands at the root of the left lung, and two small calcareous particles in the base of the left lower lobe.

### Macroscopical Appearances.

**Right Lung.**—The pleura is thickened over the entire surface of the lung, and shows the remains of dense adhesions to the chest wall and pericardium. The lung is firm and small. The glands at the root of the lung are larger than normal, and on section are black, show a thickened capsule, and some calcareous particles. On section, the lung is seen to be fibrosed and to a large extent airless, the lung tissue being replaced by fibrous tissue. In the apex there is a large cavity, the size of a peeled Tangerine orange. The middle and lower lobes show numerous small areas—varying in size from a hazel-nut to a pin's head—of caseation, some of which have proceeded to cavitation. The bronchi are dilated.

**Left Lung.**—The pleura is thickened and shows the remains of adhesions to the chest wall. The thickening and adhesions are not so marked as in the right lung. The lung is firmer than normal. At the root of the lung are two large calcareous masses, one the size of a large hazel-nut, the other about half that size—calcified tuberculous glands. The other glands are black, and show a thickened capsule. On section, the lung tissue cuts with greater resistance than normal. In the left apex there is an area of old scar tissue about the size of a sixpenny piece and a cavity the size of a walnut. Scattered throughout the lung are small areas of denser consistence than the rest of the lung, some of which show definite calcareous particles, others small areas of caseation. There is a considerable increase in the fibrous tissue.

### Microscopical Appearances.

The right lung shows extensive fibrosis, caseous foci, and cavities with thick fibrous walls. Giant cells are numerous around the caseous areas, and tubercle bacilli are present.

The left lung shows the same condition, but the fibrosis is not so extensive.

In sections of both lungs, in the caseous areas, and in the fibrotic parts, are seen particles of mineral matter. These are of various shapes, but the large majority have sharp angles. The size varies from 393.6 to 3 microns in length. The photo-micrograph illustrates the sizes and shapes. The lymphatic glands show peradenitis and fibrosis.

The bronchi are dilated, the lining epithelium has disappeared, and there is extensive peribronchial fibrosis.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### LYMPHOSARCOMA OF THE TONSIL REMOVED BY SLUDER'S GUILLOTINE ENUCLEATION.

LYMPHOSARCOMA of the tonsil grows so rapidly, and when removed so commonly returns, or gives rise to multiple leukaemic tumours, that I wish to report one case where removal has so far been followed neither by local recurrence nor by remoter metastatic disaster, though twenty months have passed since the operation.

In October, 1922, I was asked to see a lady, aged 72, who was able to swallow fluids only, and complained of pain in the throat, shooting to the left ear, severe enough to prevent sleep. The left tonsil was enlarged and almost touched the opposite side of the fauces. It was very hard and smooth, and was covered with a net of tortuous veins, which contrasted vividly with the almost ivory pallor of the underlying growth. At the upper pole of the tumour there was a ragged, crater-shaped, exquisitely sensitive ulcer the size of a threepenny piece. The tumour was very movable and no glands could be felt.

She told me that in 1877, when 27 years of age, a sharp fragment of mutton bone became fixed in her left tonsil, causing much pain, swelling, and inflammation. Various practitioners attempted its removal, but at the end of several weeks it came away without

professional aid, and was, in her own words, just like a tin-tack. She had no further trouble for forty-five years—that is, until 1922. The appearance of the tumour was so suggestive of extreme malignancy that I doubted the wisdom of interference, but in view of its mobility and the plain need of expert pathological opinion I removed it by Sluder's method on October 31st, 1922, at the Leigh Infirmary, and at once submitted it to the pathologist, who reported: "Sections made from this specimen show the structure of a lymphosarcoma of the endotheliomatous type." In spite of the plexus of veins the operative loss of blood was negligible. Two months later she had wasted to a skeleton, and had three severe attacks of bowel haemorrhage for which I was unable to account; but thereafter she recovered and has done well. I have seen her within the last few days, and find her in excellent health with the tonsil bed cleanly healed.

F. PEARCE STURM, CH.M.ABER.,  
Surgeon and Otolgologist, Leigh Infirmary.

## Reviews.

### THE LEUCOCYTE.

IN his interesting book on *The Leucocyte*<sup>1</sup> Mr. C. J. BOND has added in no small degree to our knowledge, and has indicated a simple method by which the variations in the activity of the leucocyte can be studied under varying conditions. The observations recorded are the outcome of several years of continuous study, and they enable the author to survey the life-history of the leucocyte in considerable detail. He recognizes three phases in the existence of the cell—namely, those of inactivity and activity, and a lethal phase preceding the death of the cell.

While circulating in the blood stream the leucocyte, as is known, assumes the spheroidal form characteristic of the resting condition. When, however, it comes to rest in contact with the capillary wall or the tissue cells in an injured area, or with blood clot or the surface of some foreign substance, it enters a phase of heightened activity: its surface becomes "sticky" and it adheres to surrounding objects; its granules exhibit rapid movements; both cell contents and granules undergo partial solution, and definitely characterized substances (iodophil and diffusion substances) are formed and escape into the surrounding medium; pseudopods and filamentous dendrites are protruded, the cell moves as a whole, and foreign bodies are ingested, after these have been acted on by the cell secretions. If the stimulation has been intense a lethal phase is entered, during which the cell may disintegrate and shed its contents and remaining granules into the surrounding medium, or, dying more slowly, may assume the spheroidal form characteristic of the resting, as of the dead, cell.

The individual phenomena of this complicated series of changes are submitted to further scrutiny, and other facts of interest emerge. Thus, the mechanism that brings the leucocyte into effective contact with particles, preparatory to ingestion, is found to depend, not only on the cell's response to chemical disturbances in the medium, but also to its peculiar sensitiveness to changes in surface tension; or, again, the "stickiness" of the cell is found not to be a constant and independent characteristic, but to depend on alterations in the surrounding medium, giving rise to the phenomenon of leuco-agglutination, which appears to play an important part in phagocytosis. Again, in the process of ingestion of red cells, the contact of a leucocytic dendrite with a red cell is shown to induce an agglutinative character in the latter (leuco-erythro-agglutination). These and many other facts in the life-history of the leucocyte are not merely described, but, in the large series of fine micro-photographs which illustrates the work, may be said to be demonstrated in Mr. Bond's book.

Mention has not been made of what is, perhaps, the most important part of the work—that which deals with the influence of disease and other abnormal conditions on the functional activity of the leucocyte; his conclusions on some of these matters have been presented fully by him in papers published in our columns during the last few years. What is here said will be sufficient to show that we are indebted to Mr. Bond for a work of great interest. As the author points out, there is a growing volume of evidence tending to indicate the outstanding importance of the leucocyte as

an essential factor in the problem of defence against microbial disease; his observations will contribute to a fuller understanding of the part these cells play in the defensive mechanism of the body.

### TISSUE CULTURE.

DR. T. S. P. STRANGWAYS has published simultaneously two books<sup>2</sup> founded on experience in the cultivation of tissue outside the body, gained during the last ten or twelve years at the Cambridge Research Hospital. The one is a laboratory book giving in forty-seven sections minute instructions for preparing various media, starting cultivations and examining them. It is entitled *The Technique of Tissue Culture "in Vitro."* Dr. Strangways recommends the beginner to start with saline solution and the embryonic heart muscle of the fowl, and strongly advises him not to modify the methods recommended unless and until he has succeeded in cultivating tissues by means of them. The methods which must be used are very delicate, and minute attention must be given to the sterilization of apparatus and fluids.

The second book is sufficiently described by its title, *Tissue Culture in Relation to Growth and Differentiation*. The first chapter, on growth *in vitro*, is illustrated by some beautiful drawings which the publishers have wisely reproduced in collotype. The second chapter, on mitosis in relation to cell physiology, brings us to the kernel of the essay. The third chapter is on redifferentiation, and leads up to the conclusion that the abnormality observed in cells growing *in vitro* is only superficial, since in appropriate environmental conditions the characteristic morphology and function of the original tissue may at any time be resumed. The fourth chapter deals with alterations in the cell produced by experimental methods—by, for example, the x rays; the ordinary process of mitosis is disturbed, but the degree of disturbance varies in different cells. Though the cells appear to be permanently modified, they can, unless the changes are too violent, continue to live and to grow. In the final chapter tissue culture is discussed in relation to inflammation and repair. The general conclusion is that the course of events during the final stages of tissue repair in the body is exactly parallel to what happens in cultures when grafted into the living animal. This volume is very free from technicalities and can be perused with interest by the general medical reader.

### NOTES ON BOOKS.

THE work on the functional value of the endocrine glands<sup>3</sup> by MM. JACQUES PARISOT of Nancy and GABRIEL RICHARD of Royat is divided into three parts. The first is devoted to a discussion of the anatomy, physiology, and pathology of the glands and their relation with the cerebro-spinal and sympathetic nervous systems. In the second part the writers describe the various methods of investigation, which are classified in two main groups according as they are applied directly by clinical or pharmacodynamic procedure or indirectly by examination of the metabolism. In the third part, which forms the most important section of the book, the application of these methods to each of the endocrine glands or pluriglandular syndromes is considered, with a critical estimation of the value of the various tests. The work contains the description of several instructive cases from the practice of the writers, who have made numerous previous contributions to endocrinology.

In a volume entitled *Women, Children, Love, and Marriage*<sup>4</sup> Mrs. C. GASQUOINE HARTLEY has brought together some thirty brief essays on the subjects indicated. A considerable number relate to aspects which only of late years have been considered suitable for public discussion, but the author's treatment of them, though frank, is free from offence and morbid suggestion. She is an advocate of the legalization of the adoption of children; holds boys and young men to require at least as much protection as girls and women, if not more; and adduces reason to believe that the true education of the young inevitably begins in the very earliest childhood.

<sup>1</sup> (1) *Technique of Tissue Culture "in Vitro,"* and (2) *Tissue Culture in Relation to Growth and Differentiation*. By T. S. P. Strangways. Cambridge: W. Heffer and Sons, Ltd. 1924. (1, Demy 8vo, pp. xii + 83, 31 figures, 7s. 6d. net; 2, Cr. 8vo, pp. x + 50, 4 plates, 5s. net.)

<sup>2</sup> *Les Glandes endocrines et leur valeur fonctionnelle: Méthodes d'exploration et de diagnostic*. By Jacques Parisot and Gabriel Richard. Paris: Octave Doin, 1923. (Demy 8vo, pp. ix + 247; 8 figures, Fr. 15.)

<sup>3</sup> *Women, Children, Love, and Marriage*. By C. Gasquoine Hartley. London: Heath Cranton, Ltd. 1924. (Cr. 8vo, pp. 190. 7s. 6d. net.)

<sup>4</sup> *The Leucocyte in Health and Disease, being an Enquiry into Certain Phases of Leucocytic Activity*. By C. J. Bond, CH.M.A., F.R.C.S. London: H. K. Lewis and Co., Ltd. 1924. (Roy. 8vo, pp. viii + 84; 48 figures on 24 plates. 12s. 6d. net.)

in a bathchair. I have also heard from a friend of a similar case in which recovery took place.—I am, etc.,

Hove, July 19th.

L. A. PARRY.

SIR,—In view of the more detailed statement by Sir Clifford Allbutt of an interesting symptom occurring in a particular and infrequent type of cardiac delirium—namely, a confusion or disorientation limited to ideas of place, with comparative sanity on other subjects, such as the lapse of time and the identity of persons—may I be allowed to offer a suggestion?

The majority of deliria (toxic-infective-exhaustive insanity) are of the anxious type, and apart from those "such as pertain to any mortal strife" the prevailing anxiety of the person suffering from cardiac failure is related to muscular effort and chiefly to the effort of getting from place to place. Is it then unreasonable to suggest that such confusion as he suffers from will relate in a peculiar way to one of the chief sources of his anxiety—namely, his relation to place? To note the lapse of time or to recognize the identity of persons does not distress the sufferer from cardiac disease any more than other persons.

If there be any truth in the suggestion made, it affords another example of the view that mental symptoms are usually the product of two factors—a physical one such as occurs in cardiac failure, and a psychic one. The first may account for such derangement of cerebral function as results in the production of a delusion; the other helps to explain the content of the delusion or the particular form it takes, in this instance relating to place and not to time or person.—I am, etc.,

Edinburgh, July 19th.

GEORGE M. ROBERTSON.

#### SMALL-POX IN LONDON.

SIR,—The recent cases of small-pox in London—which were directly due to an extremely mild unrecognized attack in an unvaccinated child aged 3 years—afford an instructive commentary on one of Dr. Killick Millard's arguments in support of his views on infantile vaccination. In some correspondence which Dr. Millard and I had in the *BRITISH MEDICAL JOURNAL* in July, 1920, he contended that such mild cases in the unvaccinated were unimportant, because, as they are only caused by an exceptionally mild strain of small-pox, they "breed true" and only give rise to cases of a similar mild type. There appears to be no doubt that a very mild and comparatively harmless type of small-pox has been present recently in various parts of the country. So far this type has "bred true," but I have never been able to accept Dr. Millard's assumption that because a mild type of small-pox occurs in an unvaccinated person it necessarily follows that subsequent cases will be of a similar type.

The fallacy of this assumption is strikingly shown by the present series of cases, and I think it was also indicated in one of my previous letters, in which I referred to about 400 mild cases—of which nearly half were under 10 years of age—in unvaccinated persons.

The great majority of these occurred in epidemic periods, a fact which contributed materially to their recognition. They were associated with other cases of all grades of severity and there is no reason to suppose that if they had not been recognized they would have given rise only to similar mild cases.

I imagine that if Dr. Millard had seen the first case of the present series before the subsequent cases occurred it would have given him very little anxiety, until, instead of the anticipated mild cases, he found himself unexpectedly confronted with a severe and fatal form of small-pox.—I am, etc.,

Gravesend, July 11th.

ARCHIBALD KIDD.

#### TREATMENT OF TRYPANOSOMIASIS (SLEEPING SICKNESS).

SIR,—As you have previously published articles from us on the subject of the treatment of trypanosomiasis,<sup>1</sup> we feel it but right that we should give the final results of our method of treatment through your columns.

<sup>1</sup> Treatment of sleeping sickness by salvarsanized serum (Marshall), May 22nd, 1920. Further report on the treatment of sleeping sickness (Marshall and Vassallo), May 28th, 1921. Further report on the treatment of trypanosomiasis (Marshall and Vassallo), February 10th, 1923.

During the past two and a half years we have, to the best of our ability, followed up cases of sleeping sickness treated by intrathecal serum, as well as by various other methods, on a comparatively large scale, in the Madi district of the Nile valley, where the incidence of trypanosomiasis is a severe one.

We must frankly admit that the cases which we treated in this area did not react favourably, and the mortality among those treated was little if any lower than among untreated cases.

We hope shortly to submit for publication a fuller report of our investigations, with details of cases which have been treated by "Bayer 205" and tryparsamide, and trust that the comparative results obtained will prove of interest.—We are, etc.,

CLAUDE H. MARSHALL.

S. M. VASSALLO.

London, W.1, July 15th.

## The Services.

### ROYAL ARMY MEDICAL CORPS.

#### PROMOTION EXAMINATIONS.

THE King's Regulations have been amended so as to provide that, as from April 1st, 1925, a major of the Royal Army Medical Corps before promotion to lieutenant-colonel will be examined in the subjects laid down in Appendix X of the Regulations. The examination in these subjects may be taken at any time after an officer's promotion to the substantive rank of major, provided that the candidate can produce a certificate from a D.D.M.S. or an A.D.M.S. to the effect that he has received instruction in the subjects covered by the examination, and that he is considered fit to present himself for examination.

In order to assist officers in their preparation for this examination all necessary arrangements will be made for the adequate instruction of majors R.A.M.C. in army medical organization and administration, hygiene, and the employment of the medical services in peace and war. This instruction will be carried out by means of lectures followed by discussions, war games, and field exercises, by the attachment of officers to the different departments in hospitals, and, where possible, to the offices of administrative medical officers, for instructional purposes.

#### NORTH PERSIAN FORCES MEMORIAL MEDAL.

WING COMMANDER HAROLD E. WHITTINGHAM, Royal Air Force Medical Service, has been awarded the North Persian Forces Memorial Medal for the year 1923, for his paper, "Observations on the life-history and bionomics of *Phlebotomus papatasi*," published in the *BRITISH MEDICAL JOURNAL*, December 15th, 1923 (p. 1144), written in conjunction with Flight Lieutenant A. F. Rook, Royal Air Force Medical Service.

This is the first award of the medal, which, in accordance with the terms of the trust deed of the Memorial Fund, is awarded annually for the best paper on tropical medicine or hygiene published in any journal during the preceding twelve months by any medical officer, of under twelve years' service, of the Royal Navy, Royal Army Medical Corps, Royal Air Force, Indian Medical Service, or of the Colonial Medical Service, provided the Memorial Committee considers the papers published have attained a standard of merit justifying an award.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examinations indicated:

D.M.R. AND E.—Part I (*Physics and Electrotechnics*): J. Lavelle, W. M. Levitt, F. Moor, C. J. K. O'Malley, J. R. K. Paterson, J. V. Sparks, M. Weinbren. Part II (*Radiology and Electrology*): A. R. Colyer, C. R. Enticknap, A. C. Fowler, S. G. Galstaun, P. S. Khosla, J. Lavelle, W. M. Levitt, A. G. MacLeod, T. D. Overend, J. R. K. Paterson, G. D. Thomson, K. F. Vickery, J. Wall, Barbara G. Wood.

### VICTORIA UNIVERSITY OF MANCHESTER.

#### Certificate in School Hygiene.

THE following candidates have qualified for the certificate in school hygiene:

Enid F. Stowell, M.B., Ch.B., D.P.H.; Ethel White, M.B., Ch.B., D.P.H.

### CONJOINT EXAMINING BOARD IN ENGLAND.

WE are informed that as several English medical students have wished recently to continue their medical studies in the medical faculty of Vienna the faculty has decided to allow such students to enter, and they have further decided to recognize the studies already attended in English medical schools. Similarly, there will be recognition of the examinations passed in England which correspond to the Austrian First Professional Examination (physics, biology, chemistry, anatomy, histology, and physiology), but exemption will not be granted from the First Austrian Examination unless a candidate has passed in all of these subjects in England, as they constitute one examination in Austria.

## Medical News.

THE University of Wales has conferred the honorary degree of M.Sc. on Dr. H. Drinkwater of Wrexham, in recognition of his research in genetics and of his work on the British flora, and that of LL.D. on Sir Donald MacAlister, Bt., on account of his distinguished services to medical science and as a university administrator.

DURING the second week of the intensive course at the Prince of Wales's General Hospital, Tottenham, which begins on July 28th, in addition to the clinical work there will be a lecture daily at 4.30 p.m., free to members of the Fellowship of Medicine. On successive days there will be a lecture on "Puerperal sepsis," by Mr. Victor Bonney; "X-ray examination of diseases of the digestive tract," by Dr. J. Metcalfe; "Gall stones and their complications," by Mr. H. W. Carson; "The treatment of the heart failure of auricular fibrillation and flutter," by Dr. A. J. Whiting; and "Retroversion," by Mr. A. Goodwin. There will also be a demonstration at the North-Eastern Hospital by Dr. F. Thomson on Saturday morning, on the early diagnosis of the infectious fevers. The fee for the week's course is £2 2s. On August 11th will begin two special fortnight courses—one on diseases of the chest at the Brompton Hospital and the other on diseases of children at the Queen's Hospital, Hackney Road. The fees for these courses are £4 4s. and £3 3s. respectively. From August 18th to September 8th there will be a course on the diagnosis and treatment of common diseases of the nervous system at the West End Hospital for Nervous Diseases, for which the fee is £1 1s. Copies of each syllabus, together with the Fellowship *Bulletin*, may be obtained on application to the Secretary, 1, Wimpole Street, W.1.

SIR ROBERT JONES gave an address at the sixth annual general meeting of the Association of Certificated Blind Masseurs last week. He said the work done by the members of the association was excellent, and expressed the desire that its sphere of usefulness should be still further extended.

A POST-GRADUATE course will be held at Addenbrooke's Hospital, Cambridge, from Tuesday, September 30th, to Friday, October 3rd, inclusive. There will be no fee. A syllabus will be supplied later on application to the secretary, Dr. J. Aldren Wright, 2, Corpus Buildings, Cambridge.

THE house and library of the Royal Society of Medicine will be closed during the whole of August for cleaning and repairs.

SIR WILLIAM MACEWEN left personal estate valued for probate at £13,446.

CIVIL LIST pensions of £100 have been granted to the widow of Dr. W. Ford Robertson, in recognition of the services rendered by her husband to science; and to the two sisters of Dr. W. H. R. Rivers, F.R.S., in recognition of his services to anthropology, physiology, and psychology.

THE Cambridge University Press will publish shortly a new and cheaper edition of the late Dr. W. H. R. Rivers's *Instinct and the Unconscious*; this will be the third edition within four years.

THE *Nederlandsch Tijdschrift voor Geneeskunde*, the official organ of the Dutch Medical Association, which was founded in 1849, devoted its issue of July 5th to a retrospect of medicine in Holland during the last seventy-five years.

A HYGIENIC exhibition will be held in Vienna from October 1st to December 1st. It is intended to afford visitors an insight into the present state of hygienic achievements and necessities. Lectures will be given and cinema films displayed. The Austrian Federal Government desires to interest foreign medical and philanthropic persons in the exhibits.

A POST-GRADUATE course in otiology and neurology will be held by Professor Bárány at Upsala, Sweden, from September 8th to 18th.

THE board of management has appointed Mr. R. W. Harris to be the secretary of the London School of Hygiene and Tropical Medicine. Mr. Harris was formerly an assistant secretary at the Ministry of Health.

THE third annual conference of cremation authorities will be held at Wembley (Conference Hall) on Friday, August 1st, at 3 p.m.

IT is proposed to raise a memorial to the late Mr. G. P. Newbolt, surgeon to the Royal Southern Hospital, Liverpool, whose unexpected death last March was recorded in our columns at the time (p. 553). A Newbolt Memorial Committee has been formed, and a commission has already been given to Mr. Frank Copnall to paint a portrait of Mr. Newbolt, which will be hung in the committee room of the hospital. The committee, however, hopes to raise a sum sufficient to carry out certain improvements in the hospital

which Mr. Newbolt had much at heart; these are the extension of the x-ray department and the provision of additional accommodation for the nursing staff. Donations may be sent to the treasurer of the fund, Mr. Lyon H. Maxwell, at the hospital.

## 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.

Communications intended for the current issue should be posted so as to arrive by the first post on Monday or at latest be received not later than Tuesday morning.

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, Mediscera 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.

### INCOME TAX.

#### Change from Horses to Car.

"F. S." has given up horses and bought a car for professional use; he realized £80 for his horses, conveyances, etc., and paid £400 for his motor.

He is entitled to deduct as a professional expense (a) £400 - £80 = £320, or (b) the original cost of the horses and conveyances sold, whichever be the less. The fact that the motor is a different kind of vehicle from that formerly in use is immaterial, provided that both kinds were purchased and used to serve the same professional purpose. The position is analogous to that reached when a manufacturer discards an obsolete kind of machine for a newer one of a different pattern—for example, where a steam engine is scrapped for the installation of a gas engine. We have no doubt on the point, and think that the Inspector of taxes will on reconsideration change his attitude towards the claim.

## LETTERS, NOTES, ETC.

### ACUTE PUERPERAL INVERSION OF THE UTERUS.

DR. J. REIDY (Stepney) writes that he was called to a woman who had been taken in labour during the night; while she was in the erect position the foetus and placenta were delivered into a pail. On examination he found the uterus protruding outside the vulva; it was reduced and a hot intrauterine douche given. The patient made an uneventful recovery. The points to be noted in the case were the little or no haemorrhage, the absence of profound shock, and the ease with which the uterus was replaced.

### STRANGULATED HERNIA IN AN INFANT.

DR. J. G. M. MOLONY (Truro) writes: I was very interested to read in the JOURNAL (July 12th, p. 52) the case of strangulated inguinal hernia in a child 3 weeks old, reported by Dr. F. A. H. Simmonds. On July 11th I had a similar case in a baby 18 days old. It was operated on by my partner, Dr. H. C. Sharp. Operation revealed a large strangulated knuckle of bowel. Since operation all sickness has stopped and the baby's bowels have acted twice. I may add that a few weeks ago I had a similar case in a baby a little over 12 months old.

### A DISCLAIMER.

DR. W. THOMSON BROWN (Leytonstone) writes, under date July 20th: An article appears in *John Bull* this week, written by a medical man, in the course of which a note of mine in the *Lancet* is quoted verbatim and my name is given. I wish to state that my name was thus used without my knowledge or consent, and that I do not associate myself with the opinions expressed in the article in question.

### VACANCIES.

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

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 72.