

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

EXPECTANT TREATMENT OF UTERINE SEPSIS.

IN view of the current correspondence on puerperal sepsis the history and treatment of the following case will prove interesting to the advocates of immediate uterine interference in all cases of puerperal pyrexia of uterine origin.

A woman, aged 37, 6-gravida, all previous labours having been normal, was admitted to hospital on August 28th as an urgency case. She had been subjected to several vaginal examinations outside the hospital. On admission the pulse was 84, respirations 20, and temperature 98°. The uterus was the size of a thirty-eight to forty weeks' pregnancy. A face presentation was diagnosed, the os uteri admitting four fingers. As the woman was having good pains and the pelvic measurements were large, it was decided to do nothing until the cervix was fully dilated. The foetus was born practically to the perineum; low forceps were then applied and a living child was extracted without any complication. Fourteen hours after delivery the patient had a rigor lasting thirty minutes; the temperature went up to 103.6° and the pulse to 140. A swab was immediately taken from the uterus and a blood culture made.

The temperature continued to swing daily from 100° to 103°; the pulse was 120 to 140. On the third day the pathologist's report was received: the uterine swab had yielded prolific colonies of pure streptococci of a virulent nature; the blood culture was negative.

On the sixth day the temperature became normal and for the remainder of the puerperium remained so, apart from four occasions, when it rose above 100°. From the fifteenth to the twenty-third day it remained normal and the patient was discharged to her home.

The treatment of this case was entirely expectant and consisted of fluids in large quantities, Fowler's position, ergot, and polyvalent antistreptococcus serum 60 c.cm. per diem. I cannot help thinking that disaster would have followed the introduction even of a finger, much more of a curette (blunt or sharp), into the uterus. Dissemination into the blood stream of these myriads of streptococci would inevitably have followed any breach of Nature's barrier of protective leucocytes.

May I suggest, in conclusion, that a careful microscopic examination of the urine in many cases thought to be puerperal sepsis would frequently reveal the presence of pus cells and the necessity of curettage thus obviated by large doses of potassium citrate?

I am indebted to Mr. Bourne for permission to publish details of this case.

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London, N.W.1.

ACUTE INTESTINAL OBSTRUCTION CAUSED BY DENSE ACCUMULATION OF ROUND-WORMS.

THE following case of acute intestinal obstruction due to a massed collection of round-worms is of interest.

Mrs. S., aged 24, was admitted into the General Hospital, Colombo, under my care at 5 p.m. on April 14th. She gave a history of acute abdominal pain, vomiting and nausea, and constipation of three days' duration. She also said that she had vomited four round-worms. The abdomen was distended, but moving well with respiration. On palpation there was slight rigidity of the abdominal wall, and a doughy mass was felt in the left half of the abdomen, and this lump was movable from side to side. Her pulse was 104 and feeble, the temperature 97°, and extremities cold. A high glycerin enema was given, but with poor result. An operation was decided upon, and at 7 p.m.—that is, two hours after admission—the operation was done. The abdomen was opened by a median incision, and distended coils of intestines presented themselves. Pus and two worms were found in the peritoneal cavity. The intestines from the jejunum up to the iliac colon were packed with round-worms, and in three places of the intestines, each for a length of 18 inches, the worms were very tightly packed together, and the intestines here were solid and looked like a well filled sausage, the girth of the intestines being about that of one's arm. The lumen of the intestines in these three places was entirely obliterated by this massed collection of worms. It was evident that a vermifuge would not reach the worms, so a longitudinal incision was made in each of these three places, and I began the unpleasant performance, together with my house-surgeon, of pulling out the worms with forceps, and each forceful would pull out ten to twenty worms. This took half an hour. The worms were of varying size in length and thickness. It was impossible to remove all the worms; 547 worms were taken away, and I think quite another 500 must have been left behind in parts of the intestines where they were not so densely massed together. The three intestinal wounds were closed in the usual

way, and the abdominal wound closed after providing for drainage for the peritonitis which was present, and which was due to the passage of worms through the intestinal wall. The patient was nursed in the Fowler position and salines ordered by the rectum.

Next day her pulse was 110 and temperature 103°, and she vomited three more worms. In the evening her abdomen became distended and rigid, due probably to the increasing peritonitis. The following day she grew worse and died, death being due to peritonitis.

E. C. ALLES, F.R.C.S.,
Surgeon, General Hospital, Colombo.

DIFFICULTIES IN DISTINGUISHING BETWEEN FREE AND ENCYSTED FLUID IN THE ABDOMINAL CAVITY.

IN most cases it is a comparatively easy matter to distinguish between free and encysted fluid in the abdomen. The following case illustrates the great difficulty experienced sometimes when the signs are misleading.

Mrs. X, aged 71, had been suffering from diabetes for two years, but had kept in fairly good health by careful dieting. She noticed that her abdomen, legs, and feet had become much swollen, so that she was unable to walk, and she suffered from breathlessness even when at rest. This swelling and oedema came on in about a week. The abdomen was much enlarged and projecting, more so on the right side. Great oedema of the abdominal wall was present, also more marked on the right side, but there was no bulging of the flanks. The buttocks, legs, and ankles were also oedematous. The abdomen was dull to percussion, the fluctuation test was negative, and the liver could not be felt. Vaginal examination revealed nothing abnormal. The urine, except for a trace of albumin, was normal. She was seen by two of us, who diagnosed ovarian cyst with a certain amount of torsion of the pedicle. This diagnosis was made on account of the rapid appearance of the enlargement and its prominence on the right side, the greater oedema of the abdominal wall on that side, and the absence of bulging of the flanks. A third confirmatory opinion was obtained. Operation was decided on, as the only means of relieving the patient, who was now suffering from the effects of compression of lungs and heart.

Operation.—The abdomen was opened and about two gallons of serous fluid escaped. The uterus and ovaries were normal, the liver was enlarged and studded with nodules evidently malignant; no other growth was sought for as the patient was not doing very well. She made a good recovery, however, and the abdomen has not filled up again.

If an accurate diagnosis had been possible it would have saved the patient from the dangers entailed by a major operation, since relief could have been given easily and safely by a trocar and cannula.

Montgomery, Wales.

S. J. STEWART, M.B., D.P.H.

PARATHYROID EXTRACT IN SPRUE.

SOME notes have been received from Dr. D. HENNESSY, the General Hospital, Penang, Straits Settlements, relative to the treatment of a case of sprue by parathyroid extract. He was led to make a trial of this by the reading of articles by Dr. H. H. Scott, published in the *BRITISH MEDICAL JOURNAL* of December 15th, 1923 (p. 1135), and in that of August 23rd, 1924 (p. 305). The case affords a good example of the rapidity with which the condition clears up when treatment is undertaken in the early stages of the disease.

The patient was an American, a school teacher, aged 28, who had been in Malaya four and a half years. The disease started in June, 1924, with diarrhoea, which was checked, but not cured, by intestinal antiseptics. There were sometimes as many as six motions daily, but usually two or three; they were light in colour, frothy, large, and bubbly. She had lost 16 lb. in weight in ten weeks before coming to hospital, and the tongue was sore and red at the edges and tip. On September 3rd she passed an "enormous, almost white, stool." The following day she was put to bed and given milk 6 oz., with lime water 2 oz., every six hours, and parathyroid extract gr. 1/10 twice daily. On September 9th "all diarrhoea and discomfort had ceased; the stool was formed and regaining colour." Six days later (September 15th) the tongue was no longer sore or red, there was only one (normal) motion daily, and the patient was taking chicken, eggs, milk, milk pudding, bread-and-butter, and tea. On the 23rd (nineteen days after commencing the treatment) she left hospital at her own request to resume work; she was "taking a fair amount of exercise without fatigue; stools were normal and she had regained weight." She was told to continue taking the parathyroid once daily for another ten days.

As it has been unable to obtain any more virulent material the investigations of the commission have now been discontinued. In their reply Frosch and Dahmen added little that was new to the discussion. They pointed out that the negative results of the commission could not be accepted as annulling their own positive results, that their own control cultures always remained sterile and unaltered, and that they had had nine successful series of inoculations into animals, two having been made in the presence of the commission. As they were of the opinion that the situation could not be altered by mere discussion, they were placing their material, photographs, and full details of their technique at the disposal of the members of the commission and any other persons interested in the research. They themselves remained entirely unconvinced by the report of the commission. The high standing both of the members of the commission and of the investigators render "not proven" the only possible verdict for the present. We hope that the situation will in the near future be relieved by the work of the British committee which, under Sir William Leishman, is investigating the disease.

TREATMENT OF MENTAL DISEASE IN THE EIGHTEENTH CENTURY.

In a recent study,¹ mainly based on hitherto unpublished documents, Dr. Paul Sérieux, the well known Paris alienist, maintains that Esquirol's statement, made in 1835, that the insane in the eighteenth century were regarded as incurable and never received any rational treatment, was not only erroneous but also served to lead subsequent writers astray. In point of fact, as Dr. Sérieux proceeds to show by quotations from Baglivi, Boerhaave, Dionis, Morgagni, Tissot, and other contemporary writers, numerous works in the eighteenth century were devoted to the treatment of the insane, the remedies proposed including methods still employed at the present day, such as baths, douches, purgatives, hypnotics, electrotherapy, etc. The necessity for the treatment of mental disease was also realized by administrators and other members of the educated lay public, as we learn from the reports made by D'Argenson, head of the Paris police, and Voltaire's *Dictionnaire Philosophique*. A great many places for the reception of the insane were in existence in France during the eighteenth century, and, although their exact number cannot be given, they were certainly more numerous than at present. In the majority, however, the number of inmates barely exceeded thirty, and in some were not more than ten. In a few establishments, such as those at Senlis, Saint-Lazare, Avignon, and the Hôtel-Dieu and Petites Maisons in Paris, their number ranged from forty to one hundred, while in a few places the insane population exceeded one hundred. The places for the reception of the insane in France during the eighteenth century are classified by Dr. Sérieux in the following categories—namely: (1) special hospitals for mental diseases; (2) general hospitals with special quarters for the insane; (3) workhouses with special departments, as at Soissons and Beaulieu; (4) religious establishments and houses of detention, such as those at Senlis, Saint-Lazare, and Mont St-Michel; (5) fortresses and State prisons, such as Vincennes and the Bastille. Philanthropy, Dr. Sérieux remarks, was never more highly honoured, or, indeed, more fashionable, than at the end of the eighteenth century. Between 1772 and 1785 numerous plans were made for the reconstruction and reorganization of the Hôtel-Dieu in Paris, including a department for the curable insane, and the Government appointed physicians of repute to report on the organization of asylums and the treatment of the insane in foreign countries.

¹ *Archives de Neurologie*, October, 1924.

THE JUNIOR RED CROSS.

THE junior branch of the Red Cross movement is said to have had its origin in the schools of Canada in 1916, and so popular has it proved that it now boasts a membership of over six million children scattered in thirty-six countries where a Junior Red Cross Society has been organized. The British Red Cross has established a junior section, which this year launched out among schools as a movement to promote health, to furnish help to sick and suffering children, and to establish "a chain of service linking the children of all lands." In his annual report for 1922 the chief medical officer of the Board of Education, Sir George Newman, said that "the proper way of teaching the subject [hygiene] to children is by the encouragement of healthy practices and habits," and this is one of the main objects of the Junior Red Cross. Schools are enrolling all over the country, and educational and medical authorities already testify to the value of the movement. Seven simple health laws have been devised, which members promise to observe; in some schools—as, for example, in Birmingham—classes elect "health officers," and courses of lectures are arranged on first aid, health, and home nursing, followed by examinations, with Red Cross "junior certificates" for successful candidates. In connexion with the latter scheme three manuals have been prepared, following the plan of the well known Red Cross manuals for senior students. No. 1 is on "First Aid," by C. Max Page; No. 2 on "Nursing," and No. 3 on "Health," both by Beatrice Agar. Mr. Max Page's book¹ contains a preface by Sir George Makins, and it forms a successful introduction to the subject of first aid for the school child of between 14 and 16 years of age. The theoretical aspect is treated as simply as possible to enable the student to have a sound understanding of the principles on which practical work is based. The manual is divided into two sections: the first gives the rudiments of anatomy and physiology, and the second describes the usual methods of dealing with emergencies. These manuals will be useful not only to Junior Red Cross members, but also as guides to those who have to instruct children in hygiene.

¹ British Red Cross Manuals. No. 1, *Junior First-Aid Manual*. By C. Max Page, D.S.O., M.B., M.S., F.R.C.S. London and New York: Cassell and Co., Ltd. 1924. (Post 8vo, pp. xii+96; 52 figures. 1s. 6d. net.)

GENERAL MEDICAL COUNCIL.

ELECTION OF DIRECT REPRESENTATIVES.

ASSOCIATION'S CANDIDATES RETURNED.

THE result of the voting in the election of four direct representatives for England and Wales to be members of the General Medical Council was announced on November 25th as follows:

Dr. HENRY BRITTEN BRACKENBURY (Hornsey) ...	11,486
Dr. ROBERT ALFRED BOLAM (Newcastle-on-Tyne) ...	10,087
Sir THOMAS JENNER VERRALL (Leatherhead) ...	9,620
Dr. JAMES ALEXANDER MACDONALD (Taunton) ...	9,143

Mr. Frederic Hibbert Westmacott (Manchester) ...	3,310
Dr. Henry Jasper Cardale (London) ...	2,953
Dr. Robert Fielding-Ould (London) ...	2,833
Dr. Gordon Reginald Ward (Sevenoaks) ...	2,685
Dr. Harry François Devis (Bristol) ...	2,580
Dr. Edward Andrew Gregg (London) ...	2,125
Dr. John Brown (Blackpool) ...	1,089

The first four—the candidates supported by the British Medical Association—will be direct representatives for five years from January 1st, 1925. On behalf of their fellow members of the Association we congratulate Dr. Brackenbury, Dr. Bolam, Sir Jenner Verrall, and Dr. Macdonald on their success.

The direct representatives for Scotland (Sir Norman Walker) and for Ireland (Dr. Leonard Kidd) have been re-elected unopposed, as recorded in our issue of November 15th.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ANNUAL MEETING OF FELLOWS AND MEMBERS.

THE annual meeting of Fellows and Members of the Royal College of Surgeons of England was held on November 20th under the presidency of Sir JOHN BLAND-SUTTON. The attendance was larger than on any occasion in recent years.

The first half-hour of the meeting was devoted to questions. Dr. REDMOND ROCHE asked how many Fellows had attended the annual meeting in recent years. The PRESIDENT replied that only three or four Fellows, other than members of Council, had attended on the last two occasions; it was evident that the Fellows were so well satisfied with the management of the College that they did not think it necessary to attend. Dr. H. M. STRATFORD asked whether women Fellows had the same rights and privileges as men. The PRESIDENT said that women Fellows had not the right to vote, nor were they eligible for seats on the Council. Mr. C. E. WALLIS asked whether any bona-fide general practitioner holding the Fellowship of the College had ever been a member of the Council. The PRESIDENT said that Mr. S. W. Sibley, a general practitioner, was a member of the Council from 1886 to 1891. There was, however, another side to the question. Until some twenty-five years ago surgeons in provincial practice were general practitioners as well, and some so engaged had seats on the Council. The distinction between the pure surgeon and the general practitioner practising surgery was not then so sharp as now. Mr. WALLIS asked further whether the Council had received any complaint of advertising, direct or oblique, on the part of Fellows or Members, and, if so, whether it had taken action under Rule 16 of the College. The PRESIDENT said that no complaint of this nature had been received during his presidency, nor, he thought, during his membership of Council. The General Medical Council, however, was the more competent body to take up any such cases, and the Council preferred to follow the lead of the General Medical Council, which had the power to call witnesses. The College had a discipline committee which had dealt with cases of professional misconduct, though not with cases of advertising. Mr. WALLIS pointed out that the General Medical Council could not proceed without a complaint from an outside body, and it seemed that the Council of the College was an appropriate body to make such a complaint.

Dr. W. E. A. WORLEY then moved the usual resolution, affirming the desirability of admitting Members to direct representation upon the Council of the College, and requesting the President to state whether the Council had considered any means whereby the collective views of Members of the College might be ascertained on matters affecting their interests. He urged that the Council need have no fear of what would follow an enlargement of the franchise. He could not believe that a Council which represented over 17,000 Members would have less dignity than the present Council, which represented one-tenth of that number of Fellows. On the previous occasion the President had pointed to the smallness of the number of Members attending the annual meeting as indicating the absence of any wide popular demand. But that was a wrong deduction. Members came to the meeting from long distances and at considerable sacrifice of professional time; moreover, they had been discouraged by a long succession of official rebuffs.

Dr. M. I. FINUCANE seconded the resolution. He declared that the College was not keeping up with the times. Even the curriculum and the standard of examination were not all that might be desired. He also referred to the recent election of direct representatives to the General Medical Council. Only four such representatives were permitted on that body, but the Council of the College, without any consultation of the Members, nor probably of the Fellows either, selected its own representative on the General Medical Council. He maintained that the Members should have a voice in that selection, more especially as it was a function of the General Medical Council to take disciplinary action against any practitioner.

Dr. REDMOND ROCHE complained that the Council had taken a mistaken view of the function of the College. That function, according to the President, was to protect the public from inefficient practitioners. The speaker submitted that any function which it had in this respect in earlier years had been superseded by the General Medical Council. Many things had happened since the Charter of 1848 was granted to the College. The Council shielded itself behind the difficulty of altering the charter when it was faced with this demand of the Members. But the charter could easily be altered if the Council wished it; indeed, not many years ago, the Council did alter the charter in order to allow one very distinguished person to receive the Fellowship. In the speaker's view the autocracy of the Council still persisted as in Thomas Wakley's day, and although the expressions of protest now used might be less violent, the feeling was just as deep-seated.

Dr. F. W. COLLINGWOOD, Dr. C. W. HAYWARD, and Dr. F. G. LLOYD also spoke in support of the resolution, which was put and carried, with one dissident.

The PRESIDENT said that he had no intention of traversing the statements made that day. He had listened most attentively and carefully to everything that had been urged in favour of the resolution, and he still remained unconvinced. His views on the question were set out last year, and were in harmony with those of his predecessors. He did, however, wish to reiterate that it was one of the difficulties of the Council that the Society of Members did not disclose particulars of its membership, and therefore the Council was unable to judge as to the feeling of the Members apart from their presence at the annual meeting. The Council did not know how far the forty or fifty who were present at the annual meeting could speak in the name of a collective body of 18,000. Those present had no mandate, apparently, from the general body of members, and the Society of Members furnished no statistics.

Dr. ROCHE said that he was not aware that the President or Council had ever asked for information of that kind. The PRESIDENT said that it had been asked for repeatedly. Dr. ROCHE said that attention had already been drawn to the fact that there was a disposition in official quarters to use statistics unfairly. It would be idle to suppose that the Society of Members included all the Members of the College. In the van of every movement there were energetic men who gave time and trouble to its furtherance, and his Society claimed to embrace those.

The PRESIDENT: What we really want to know is the number of your members.

Dr. ROCHE: It exceeds the number of Fellows who voted in the Council election—it runs into four figures.

The PRESIDENT: We do not get it even now.

The President added that he could assure those present that the Royal College of Surgeons was never in a better position numerically or financially than to-day, and therefore the Society of Members need be under no misgivings as to its welfare.

Some of those present desired to put further questions, and one made a protest, but the President declared the meeting closed.

We have received the following letters with reference to the meeting reported above:

SIR,—The annual general meeting of the Fellows and Members of the Royal College of Surgeons was attended by about seventy Members and two Fellows (not counting the President and four members of Council). There were also about half a dozen lady members, who were relegated to a lofty gallery and not allowed to speak or vote.

The case for the Members, who claim the right to seats on the Council, was forcibly and unanswerably put by several of them. Of what use was it? The President stood firm for the *status quo* and twitted Members on the small attendance last year. What wonder? Why waste time and money on such a farce? The unlimited control by the Fellows, who only provide about one-fifth of the income, was gained, about eighty years ago, by fraud, according to the *Lancet* of that date. Cannot the British Medical Association do something to help the agitation for common sense and justice, which an easily made change in the charter would bring about?—I am, etc.,

London, W., Nov. 20th.

S. F. HOLLOWAY.

SIR,—May I put before you a few reasons why it would be advisable, both in the interest of the public and of the medical profession, for the 17,000 Members of the Royal College of Surgeons of England to have some representation on the Council of their College?

1. Members of the College in large numbers are doing both major and minor surgery in the provincial and cottage hospitals of Great Britain and also a considerable amount of the surgery in our Overseas Dominions. They know the difficulties that confront them in their different spheres, and it would be a distinct advantage, both to the public and to the science and art of medicine, that they should be given a voice on the Council of the College.

2. The National Health Insurance Acts came into being some ten years ago, but no word of guidance or advice came from the College; but it is highly probable that within a short time we shall have the surgical staff of teaching hospitals being offered paid positions under those Acts. The workings of these Acts are well known to many members of the College, and it would be of great assistance to the College and to the health of the nation if their special knowledge was at the service of the Council.

3. The Fellowship Examination has been opened to women, but, having obtained the diploma of Fellow, they are not permitted to vote or allowed a seat on the Council. This is both unfair and unsportsmanlike: either exclude them from the diploma altogether or, if admitting them, grant them the same advantages that are allowed to men.

4. The Council does not appear to take any action against those of its Fellows or Members who may support or encourage the various classes of unqualified persons, bone-setters and the like, who, trading upon this support and recognition, and being free to advertise, are placed in a much more advantageous position for obtaining clients than the orthodox registered medical practitioner, who comes under the strict supervision of the General Medical Council. Incidentally it is becoming increasingly more difficult for

the public to distinguish between the qualified practitioner and the unqualified.

Surely, Sir, it is high time that a few level-headed, common-sensed general practitioners had seats on the Council, and an opportunity of exercising some control over the affairs of their College.—I am, etc.,

London, W., Nov. 20th.

HOWARD M. STRATFORD, F.R.C.S. Edin.,
M.R.C.S. Eng.

SIR,—Year after year I had received intimations from the "Society of Fellows and Members," notifying the annual meeting, and year after year (I say it to my shame) these notices, as they came, had been dropped into my waste-paper basket. "What need was there," said a pliable conscience, "to make any change in the Council of the College?" "Was it not composed of Fellows who knew their business well and could be depended on to carry out their duties in the most efficient manner?" "Most certainly," was the reply. "It is quite true that some of the Members (not being graduates of any university) might suffer disabilities in comparison with graduates of provincial, Welsh, and Scottish universities, but, after all, this doesn't affect me, as I happen to be a graduate of one of our oldest universities." Such is the selfish way we argue. If we happen to be top-dog, let the under-dog take his chance. Is this twentieth-century morality?

I attended the meeting for the first time this year. Speeches were delivered, many of them distinguished more by their earnestness than their eloquence, but they all had one thing in common—namely, the elemental principle of justice. Was it right that some 16,000 Members, whose fees mainly supported the College, should have no voice whatsoever in its governance? Should the rights of government be solely vested in some 1,700 Fellows? What would democratic Britain think of this if she knew?

The President of the College did not, in my hearing, answer that part of the resolution—as to whether his Council had seriously considered any means whatever whereby the collective views of Members of the College might be ascertained on matters affecting their interests as Members. He simply stated in a few words that the College was well managed and flourished in a way it had never done before and he could see no need for any alteration. There was nothing more to be said. The guillotine had descended. Autocracy was supreme.—I am, etc.,

London, N.8, Nov. 21st.

T. WILSON PARRY.

SIR,—The very inadequate reply of the President of the College at the recent annual meeting of Fellows and Members was apparently based upon the assumption that the meeting was composed of members of the "Society of Members," whereas but a fraction of that society was present, and in spite of that fact the resolution was carried *nem. con.* in the largest meeting since the war. This shows clearly that the opinion of those Members of the College who were present at this meeting is absolutely in favour of the representation of Members' interests on the Council of the College. The President made much of the so-called small number present, approximately seventy, but said nothing of the thirty-six years of discouragement that undoubtedly keeps down the attendance and leads the less persistent to think that the Council of the College will never consent even to consider their just claims.

It should be noted that on the postcard sent out by the "Society of Members" it is stated that the said society is not out for itself in any way whatever, and that it does not seek representation for itself, but does claim that Members of the College, as such, should have reasonable representation upon the Council of the College in order that their interests may be safeguarded and advanced.—I am, etc.,

London, Nov. 25th.

C. E. WALLIS.

UNIVERSITY OF LONDON.

At a meeting of the Senate, held on November 19th, with the Vice-Chancellor (Professor E. A. Gardner, Litt.D.) in the chair, Dr. F. L. Hopwood was appointed as from October 1st, 1924, to the University Chair of Physics tenable at St. Bartholomew's Hospital Medical College. The title of Reader in Human Embryology in the University was conferred on Dr. R. J. Gladstone in respect of the post held by him at King's College. Dr. G. V. Anrep, D.Sc., was awarded the William Julius Mickie Fellowship, of the value of £200, for 1925 in respect of the work which he has carried out during the past five years in experimental physiology. Mr. H. L. Eason, C.B., C.M.G., M.D., M.S., was appointed to represent the University on the General Medical Council.

A public lecture by Sir Gregory Foster on "The University of London: what it is and what it may be," has been arranged by the XXth Century Society of London Graduates. By permission of the director, Sir William Beveridge, the lecture will be delivered at the London School of Economics and Political Science, Kingsway, on Thursday, December 4th, at 8.15 p.m. Admission is free and no tickets are required.

The following candidates have been approved at the examination indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE (*with special knowledge of Psychi. tri.*)—W. McWilliam, T. P. Rees; (*with special knowledge of Mental Deficiency*) G. F. Cobb, Anne Fairweather.

UNIVERSITY COLLEGE.

Fifteen entrance scholarships and exhibitions are available for award to students entering University College, London, in October, 1925. Three are tenable in any of the five College Faculties—Arts, Laws, Science, Engineering, Medical Sciences—or in the School of Architecture. Two are tenable in the Faculty of Arts only, one in the Faculty of Science, one in the Faculty of Engineering, one in

the Faculty of Laws, three in the Faculty of Medical Sciences, two in the School of Architecture, and one in the School of Librarianship. Most of the scholarships and exhibitions are of the value of £40 a year for three years, but the value of any scholarship or exhibition may be increased by the grant of a supplementary bursary if the circumstances of the scholar or exhibitor make such a grant necessary. The Bucknill Scholarship (Medical) is of the value of 160 guineas; the two medical exhibitions are of the value of 55 guineas each.

LONDON INTER-COLLEGIATE SCHOLARSHIPS BOARD.

THIRTEEN medical entrance scholarships and exhibitions of an aggregate total value of £1,473, tenable in the Faculty of Medical Sciences of University College and King's College, and in the medical schools of King's College Hospital, University College Hospital, the London Hospital, and the London (Royal Free Hospital) School of Medicine for Women, will be offered. The examinations for medical scholarships will commence on April 21st and June 30th, 1925. Full particulars and entry forms may be obtained from the secretary of the Board, Mr. S. C. Ranner, M.A., the Medical School, King's College Hospital, Denmark Hill, London, S.E.5.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

SURGERY.—A. J. Fraser, L. Freeman, C. H. Mason, K. Samaan, Y. S. Wan, H. Winstanley.

MEDICINE.—A. J. M. Davies, M. Murad, Y. S. Wan.

FORENSIC MEDICINE.—S. W. Cuff, L. Freeman, Y. S. Wan, D. Winstanley.

MIDWIFERY.—C. L. Copeland, B. Davis, J. Dywien, L. Freeman, A. Kaplan, C. H. Mason, C. C. Taffs, Y. S. Wan.

The diploma of the Society has been granted to Messrs. A. J. Fraser and Y. S. Wan.

Medical News.

THE annual Sheffield medical dinner will be held at the Royal Victoria Hotel on Thursday, December 11th, at 7.15 for 7.45 p.m. It is open to members of the profession to bring medical guests. Dr. H. B. Brackenbury, Chairman of the Representative Body of the British Medical Association, has accepted an invitation to respond to the toast of the medical profession. It is hoped that all medical practitioners in the district will be able to be present. Application for tickets (price 12s. 6d.) should be made immediately to the honorary secretary, Dr. J. Eric Stacey, 2, Durham Road, Sheffield.

THE Scottish Women's Hospitals' Association of the Royal Free Hospital, Gray's Inn Road, will hold its annual meeting at the hospital to-day (Saturday, November 29th), at 3 p.m. The speakers will include Sir John Lynn-Thomas and Sir James Purves-Stewart.

A FESTIVAL dinner in aid of St. Thomas's Hospital will be held under the patronage of the Lord Mayor at the Mansion House, London, on Wednesday, December 10th, at 7.30 p.m.

THE annual dinner of the Medico-Legal Society will be held at the Holborn Restaurant, London, on Friday, December 12th, at 7.15 p.m.

SIR STCLAIR THOMSON has been appointed Emeritus Professor of Laryngology at King's College, London, and consulting surgeon for diseases of the throat and nose at King's College Hospital.

THE Finlayson Memorial Lectures of the Royal Faculty of Physicians and Surgeons of Glasgow were delivered on November 20th and 24th by Sir Leonard Rogers, F.R.S. His general subject was "Pathological evidence bearing on disease incidence in Calcutta," the first lecture dealing with disease in general and the second with simple and malignant tumours.

THE Royal Commission on Lunacy and Mental Disorder will meet at 5, Old Palace Yard, Westminster, S.W., on Tuesday, December 2nd, and Wednesday, December 3rd, at 10.30 a.m.

THE consulting and active staff of St. John's Hospital, Leicester Square, together with the staff of lecturers at the London School of Dermatology attached, have subscribed for a lecture desk, with a suitable inscription plate, which has been placed in the theatre in memory of their friend and colleague Sir Malcolm Morris, who was a member of the consulting staff at the time of his death in February last.

A COURSE of five lectures on modern bacteriological technique will be given by Mr. F. W. Twort, Superintendent of the Brown Institution, in the theatre of the Royal College of Surgeons of England, Lincoln's Inn Fields, W.C., on December 11th, 12th, 15th, 16th, and 17th, at 4 p.m. Admission to the lectures is free without ticket.

AT the meeting of the Institution of Sanitary Engineers on December 3rd, at 7.30 p.m., at Caxton Hall, Westminster, a discussion on house drainage, with special reference to the intercepting trap, will be opened by Mr. H. A. Roehling.

THE Hunterian Society of London will hold a dinner meeting at Simpson's Restaurant, Cheapside, on December 15th, at 7.30 p.m., when a discussion on headache will be opened from different aspects by Dr. C. O. Hawthorne, Mr. Wilfred Trotter, and Dr. Bernard Hart. The programme for 1925 includes Hunterian lectures by Mr. G. Grey Turner on "Perforation of gastric and duodenal ulcers, and after," and by Dr. H. Lethaby Tidy on "Angio-haemic anaemia"; and a discussion on the use and abuse of drugs to be opened by Professor W. E. Dixon and Dr. H. H. Dale.

THE eleventh lecture on cancer, open to members of the profession, and arranged by the Fellowship of Medicine, will be given at 5.30 p.m., at 1, Wimpole Street, on December 1st, by Mr. H. J. Paterson, on cancer of the stomach. The Royal Northern Hospital, jointly with the Royal Chest Hospital, has arranged a two weeks' intensive course in medicine, surgery, and the special departments, which commences on December 1st. On the same date, at the Infants Hospital, a two weeks' course in diseases of infants begins, and also at the Hospital for Diseases of the Skin, Blackfriars, a fortnight's course in dermatology, including venereal clinics. The courses arranged for January relate to cardiology, neurology, ophthalmology, psychological medicine, and urology; there will be also another two weeks' intensive course in medicine, surgery, and the special departments. Copies of the syllabuses of these courses and the programme of intensive and special courses from January to June, 1925, may be obtained from the Secretary to the Fellowship of Medicine, 1, Wimpole Street, W.1.

PROFESSOR BERGONIÉ has presented to the Bordeaux Faculty of Medicine the sum of 100,000 francs for the construction and installation of an institute in connexion with the cancer campaign. It is reported that Professor Bergonié is gravely ill as the result of cancerous lesions resulting from x rays. Two years ago amputation of the right arm was performed, and subsequently three fingers of the left hand were removed. The disease has, however, steadily advanced.

MR. LEWIS MACKENZIE, F.R.C.S., has been made a freeman of the borough of Tiverton and presented with a substantial cheque, in recognition of his long public service to the town, where he has practised as a medical man, and to the county of Devon, of which he is a councillor. The vellums embodying the freedom were beautifully illuminated.

DR. JOHN B. DUFF, on his retirement after more than thirty years' practice at Helensburgh, has been presented by his friends and patients with a silver casket containing an illuminated address together with a cheque for £150.

THE council of the Röntgen Society has decided to present the Röntgen Award for the session 1923-24 to Mr. L. H. Clark, M.Sc., Physics Department, Middlesex Hospital, who contributed to the society during the session papers on a clinical x-ray balance radiometer and on the measurement of x-ray intensity.

THE second Pan-Russian Congress for Combating Venereal Disease will be held at Kharkoff in December.

A NEW bi-monthly journal, the *Radiological Review*, has been published in Quincy, Illinois, and is devoted to the progress of radiology, with special reference to the requirements of the general practitioner. The first number includes original articles on the x-ray diagnosis of endocrine diseases and the x-ray treatment of whooping-cough. A considerable amount of space is given to abstracts from various medical journals.

THE first number of the *Indian Veterinary Journal*, the new quarterly publication of the All-India Veterinary Association, contains a review of the presidential address delivered at the second All-India Veterinary Conference in March, and an account of the subsequent proceedings. Among the articles in this number are papers on rat-bite fever in dogs, spirochaetosis in fowls, and dropsy in elephants.

THE Japanese Government has decided to allot £200,000 for the establishment of an Institute for Natural Science in Shanghai. The research work in the institute will include several branches of pathology, anatomy, bacteriology, parasitology, serology, and Chinese pharmacology. A yearly grant of £50,000 is to be made. It is hoped that the institute will be completed within three years.

THE part of the Annual Report of the Ministry of Health for 1923-24 which deals with town planning has been published separately. Copies may be purchased, price 6d., directly from the Stationery Office at Adastral House, Kingsway, London, W.C.2; 28, Abingdon Street, London, S.W.1; York Street, Manchester; 1, St. Andrew's Crescent, Cardiff; or 120, George Street, Edinburgh; or through any bookseller.

MALARIA shows an increasing tendency to spread in the Caucasus. According to recent returns, out of two and a half million inhabitants in the Republic of Azerbaijan, one and a half million are suffering from the disease.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated. Authors desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Financial Secretary and Business Manager, 429, Strand, W.C.2, on receipt of proof.

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

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.

"J. H. A." is a salaried officer and inquires what allowances are due (a) for use of his car, (b) for purchase of instruments, and (c) for subscription to the Medical Defence Union.

* * (a) The sum allowable is the amount actually expended on the running and upkeep of the car and attributable to the necessary and exclusive use of the car in the performance of the duties of the office. The best way to deal with the matter is to keep a record of expenditure and also of mileage, distinguishing in the latter case between private and professional use of the car. Where such figures cannot be produced the matter is one for such estimates as can be reasonably substantiated. A mileage rate is, we believe, rarely allowed—so much depends on local circumstances, etc.; but "J. H. A." might come to some arrangement at from, say, 4d. to 6d. a mile on giving an undertaking that future claims shall be based on carefully kept records, (b) The original cost of instruments is capital outlay and cannot be allowed; if he is required by the terms of his engagement to provide his own instruments, the cost of renewals is allowable. (c) The subscription is allowable if the above-mentioned terms require him to be a member, but not otherwise.

Change in Nature of Work. Instruments.

"G. W." was in general practice but doing also a fair amount of general surgery, but has now restricted his professional work to that of a consulting surgeon; he did not sell any portion of his general practice. He inquires also as to the treatment of expenditure on surgical instruments.

* * The question is whether now that "G. W." has ceased to do general practice work he can eliminate from his receipts those relating to such work and return his surgical fees only. The matter is not entirely free from doubt, but in our opinion that would not be correct, and a claim on those lines would not be likely to succeed. It is not as if he had changed his profession; on the facts stated he has only changed from one branch to another of the same profession and that without, apparently, changing his professional address. With regard to the instruments the position is that a surgeon is entitled to charge as a professional expense the cost of replacing worn out or obsolete instruments, but not of improving or enlarging his equipment; if, for instance, an instrument costing £5 is scrapped and replaced by a better one at a net cost of £7 10s., then only £5 can be charged.

MEDICAL SUBSCRIPTIONS AND INCOME TAX RETURNS.

DR. JAMES NEAL, General Secretary of the Medical Defence Union, 49, Bedford Square, W.C.1, writes: It was stated in your issue of August 30th last (p. 391) that deductions were allowed in the case of subscriptions to various medical societies, but that the position of the Medical Defence Union in this respect had not been actually determined. I am directed to inform you that at the last meeting of the council of the Medical Defence Union a letter was received from the Board of Inland Revenue stating that the Board will offer no objection to the allowance of the annual subscriptions to the Union as an expense in the computation of the professional profits for income tax purposes of members who are assessable under Schedule D of the Income Tax Act, 1918.