

of Loewe and Strauss, but also that of other workers to identify the encephalitis virus with certain ordinary bacteria.

Using an accurate technique, the so-called virus of encephalitis lethargica can be passed from rabbit to rabbit under conditions in which no visible organisms can be detected microscopically or made to grow in culture media.

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Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

HYDRAEMIC NEPHRITIS.

THE following instance of this condition, which came under my care rather more than two years ago, was quite the most severe that I can recall. The case notes exemplify the utility, for clinical purposes, of the classification of nephritis as hydraemic or azotaemic, and may prove of use as indicating the line of treatment to be adopted in cases of the former type.

In March, 1922, Mrs. S., aged 46, who had previously been perfectly healthy, sent for me because oedema of the legs had developed. During the autumn of 1921 she had endured the strain of nursing her husband in a severe illness until his death in December. In January, 1922, she was passing large amounts of very clear urine, chiefly during the night and towards early morning. In February she began to pass water almost hourly, very little at a time, and could hardly retain it. In March the amount noticeably lessened, and the legs began to swell. Very soon afterwards she was acutely dropsical in the legs, arms, face, and conjunctivae; there was severe oedema of the abdominal wall and lumbosacral regions, and ascites and hydrothorax. She suffered from cough and a choking feeling, and her body was so unwieldy and increased so much in size that she could hardly move in bed. The blood pressure was normal, the systolic pressure being 120 and the diastolic 80. The pulse was quiet and regular, the heart healthy, and the ocular fundi normal. The urine averaged 8 to 12 oz. in the twenty-four hours; it was intensely albuminous, so that, even when diluted by an equal part of water, the albumin filled an Esbach tube to the top mark. The urea concentration test and the diastasic test showed that the kidneys were dealing with nitrogenous substances normally. The symptoms were therefore due to chloride retention.

Light diet and diuretics of various kinds, including digitalis, potassium acetate, caffeine, diuretin, nux vomica, strophanthus, and others, had some effect, since the urine excreted in twenty-four hours rose to 20-30 oz., and by May 15th was 40 oz. The latter figure was reached, however, after all medicines had been stopped for two days. From the beginning of May the protein content of the diet was increased, and fish, eggs, tripe, chicken, bread, biscuits, butter, fruit, tea, and milk were given. During all this time no effect was produced on the general anasarca. No dangerous symptoms developed, but she remained immensely unwieldy and uncomfortable. On May 25th 225 grains of urea were given twice daily, and continued for three weeks; it was then stopped, no appreciable benefit having occurred. The diet was now practically saltless, the bread being specially prepared and other means taken to secure this. At the beginning of her illness, curiously enough, she had a great craving for salt, which of course was not gratified. Throughout the illness attention was paid to the bowels, but even fairly free purgation had no effect. In short, no real improvement had been obtained by any of the means taken. As the anasarca remained intense, affecting especially the abdomen and back, the question of pressure on the kidneys by ascitic fluid and of renal and perirenal oedema arose. The urine in June averaged 8 to 12 oz. in the twenty-four hours.

On June 26th I inserted a Southey tube into the subcutaneous tissues on the outer side of each ankle, and kept them in until June 29th. In that time there drained away 23 pints 9 oz. of fluid, and there was a decided diminution of the anasarca. On July 10th I inserted one Southey tube high up on the outer aspect of one thigh and removed it on July 12th, 9 pints 4 oz. of fluid having drained away. Diuretics were then resumed. The patient was easier and was able to sit up in bed. The urine,

which had averaged 20 to 30 oz. in the twenty-four hours, rose on July 20th and 21st to 42 and 58 oz., and on July 23rd and 24th to 60 and 74 oz. respectively. Dietetic and medicinal treatment was maintained as before, and her progress was now steadily good. By September a mere trace of oedema remained with only slight albuminuria, and by the end of the year she was practically well and performing all her household duties. The cardio-vascular and other systems remained normal. From time to time in 1923 I examined the urine, as also recently, and found it to be perfectly normal in all respects, and the patient in sound health and vigorous.

The dietetic treatment in this case was very different from what it was, say, thirty years ago, when many patients were "drowned" by excess of fluids. No treatment did the present patient any good until the fluid in the tissues was mechanically drained away. I regret that I did not tap the legs sooner, for recovery began very quickly after the 32½ pints of fluid were withdrawn. No trouble occurred at the points of insertion of the tubes. The tubes were boiled, inserted through iodized skin, and the whole area was covered with sterile gauze and collodion.

Glasgow.

R. O. ADAMSON, M.D.

PERFORATED GASTRIC ULCER.

THE following account of a somewhat unusual case—namely, perforation of a gastric ulcer, with general peritonitis, in a boy aged 16, with no past history suggesting gastric trouble, and with atypical physical signs—may be of sufficient interest to merit publication.

The patient gave a two days' history of pain extending transversely across the abdomen at the level of the umbilicus. This had not prevented him from working until noon of the day of admission to hospital, when the pain had become more severe and he had vomited for the first time. There was no past history of abdominal pain. The face was flushed and the tongue slightly furred; temperature 99°; pulse rate 92. The abdomen did not move well on respiration; the point of maximum pain was slightly to the left of the umbilicus. The upper halves of both recti and the lower half of the right rectus were slightly rigid. There was no epigastric tenderness; both iliac fossae were tender, especially the left. There was tenderness on rectal examination, greater on the left side.

A provisional diagnosis of acute appendicitis was made, and I accordingly communicated with Mr. L. E. Barrington-Ward, who requested me to operate. Assisted by Mr. H. Sandeman Allen, I opened the abdomen by a right paramedian incision below the umbilicus. General peritonitis was discovered, the peritoneal cavity being full of greenish-coloured fluid. Beyond sharing in the general peritoneal infection, the appendix was normal. The incision was accordingly continued upwards and the stomach examined. A small perforation, surrounded by an extensive indurated area, was found on the anterior surface of the stomach, just below the junction of the middle and right thirds of the lesser curvature. This was invaginated and a piece of omentum stitched over the invaginated area. The wound was then closed, with drainage of the stomach area and of the pelvis. The patient has now made an uninterrupted recovery.

I am indebted to Mr. L. E. Barrington-Ward for permission to publish this case.

A. C. MACONIE, M.B., B.S.Lond.

Royal Northern Hospital,
Holloway.

SUBMUCOUS LIPOMA OF CAECUM.

THE following case seems worthy of record:

Mrs. Y., aged 61, was admitted to the Bedford County Hospital on May 31st, 1924, as a case of appendicitis. The history was that six months previously she had an attack of diarrhoea, followed by attacks of abdominal pain and severe constipation. One week before admission she had severe colicky pain and vomiting.

On admission she had definite tenderness and rigidity in the right lower quadrant of the abdomen. Her temperature was 99° F. and pulse rate 90. Without delay the abdomen was opened by right paracentral incision. The appendix was thickened, but not inflamed. The caecum, which felt as if it contained a mass of worms, was opened by an anterior incision and a submucous lipoma found projecting on the posterior wall. The mucous membrane was incised over the mass, which was then shelled out. The mucous membrane was sutured with fine chromic gut and the caecum closed with a double line of sutures. Recovery was without incident and the patient left the hospital on June 18th.

Submucous lipomata of the caecum and colon are very rare. I have seen one previous case, which occurred in a patient of mine, a man aged 44, on whom Sir J. Bland-Sutton operated. The case is described in the *Lancet*, vol. i, 1900 (p. 1437). In my case the tumour measured 4 by 2½ inches, and was about one inch in thickness.

Bedford

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

patient's removal to hospital, and, in his opinion, removal would have destroyed any chance of life. Some time during the five days following the confinement there was just a chance that she could have been removed and have had a successful operation. He could not say there was any more favourable moment at which she could have been removed than the moment at which she had been removed. The doctor in attendance must always be the judge. Her chances of life were as good left where she was as if she had been operated upon. If it were a complex presentation, as the accused said it was, then it was a most difficult affair.

Dr. Hubert Roberts, senior obstetric surgeon to Queen Charlotte's Hospital, also gave evidence for the defence. He said it was a very difficult and dangerous case, and as the patient was suffering from acute shock nothing more could be done beyond leaving her at rest in bed. In cross-examination, he agreed that it would have been advisable for Dr. Bateman to have called a colleague into consultation.

Dr. Bateman, in his evidence, said that when he was called in the nurse who was in attendance said the deceased woman had had pains for two days before. He made an examination with his hand and he felt the head of the child. He gave chloroform to the patient and applied instruments, but they slipped at once as it was a transverse presentation. He immediately desisted from the use of instruments and decided to use a treatment known as manual version. He realized that it was a difficult case, but if he sent the woman to an institution then the probabilities were that the child would be born dead. He therefore put his hand in the vagina to ascertain the position, and he found the feet. When turning the body of the child there was considerable difficulty because its head was in the pelvic cavity, firmly impacted. He continued the treatment for over an hour, and finally succeeded in delivering the child feet first in the usual way. He then attended to the patient again for the purpose of bringing away the afterbirth. He put his hand into the womb and brought the afterbirth away quite easily without the use of any force at all. The nurse was standing by with a bowl, and he put the afterbirth in the bowl without looking at it very carefully, as the patient had collapsed, and it was necessary for him to attend to her immediately. The room was very badly lit at the time by one broken incandescent gas mantle, five or six feet from the patient, and it would not have been possible to make an examination of the afterbirth without looking at it very closely and carefully, which he had not time to do. He felt the woman's pulse and found that it was absent. In consequence he gave her a hypodermic injection of strychnine, after which she rallied slowly. It was untrue to say that after the child was delivered he made preparation for departure. After the woman had rallied, both the nurse and himself placed a hand over the abdomen of the patient to see if the uterus was contracting, but, to their surprise, they neither of them were able to find it. The nurse then brought to him the bowl in which the afterbirth had been put, and he then looked at it carefully and to his surprise found the uterus also. He realized that when he had extracted the afterbirth the uterus had come away with it. The patient was in a collapsed state and quite unfit to be removed, though he knew that an operation would be necessary to save her life, and that the operation should be performed as soon as possible. He looked at the patient, but came to the conclusion that she would never be in a fit state to survive the operation, and he had to decide immediately what was the best course to adopt. He did not wish to shock the relatives, and, consequently, he told the nurse to say nothing to them about the fact that the uterus had come away. The nurse wrapped it up and he took it away with him to his surgery. He gave instructions to the woman's husband not to move the woman, being of opinion that any movement would be fatal and would start haemorrhage. On his arrival home he showed the uterus to his partner, Dr. Carroll. Twice a day afterwards he visited the patient and never was she well enough to stand an operation. It was because the husband said the family were all worn out that he ordered her removal to hospital on July 28th.

In reply to Mr. Roome, Dr. Bateman said that had the woman died he would have given a death certificate.

And no one would have heard of the matter?—Probably not. That is what you wanted, I suggest?—That is not a fair question. I did not want anything hid. I probably should have consulted another medical man as to the procedure I should have taken.

In the course of his summing up the judge said that a jury should only convict a doctor of causing death by negligence if he did something which no ordinary skilful doctor should have done. The jury were in retirement over an hour before giving their verdict.

Mr. Justice Shearman, in sentencing the accused, said he appreciated what a crushing blow to a professional man the mere conviction must be.

The propriety of appealing is, we are informed, under consideration.

Universities and Colleges.

UNIVERSITY OF OXFORD.

The following candidates have passed the Final Examination for the degrees of B.M., B.Ch. in the subjects named:

Material Medica and Pharmacology: D. A. Abernethy, F. J. Bach, A. V. Clemmey, C. R. Croft, T. L. Davies, J. H. Ferguson, E. L. Fothergill, W. H. Hudson, T. M. Ling, D. Lurie, S. Segal, C. W. Simpson, A. G. Wilson, E. M. Wright; Grace Batten, Rosalind V. Carruthers, Margaret A. L. Herbertson, Olive H. Lister, Irene M. Titcomb. **Pathology:** D. A. Abernethy, F. J. Bach, R. H. B. Bettington, W. B. Boone, C. Charleson, J. C. K. Chilcott, J. L. Cox,

G. H. Crisp, C. R. Croft, J. A. Eyres, C. W. Fleming, J. N. C. Ford, A. T. Fripp, K. A. Hamilton, S. Harris, H. O. Hopkins, S. Howard, J. S. Jerome, T. M. Ling, C. W. Mackenzie, R. G. Mathews, E. L. Newell, W. F. Howson Bay, F. J. Sale, J. W. de W. G. Thornton, G. P. Thorold, O. R. Tisdall, E. C. Whitehall-Cooke, A. L. Wilkinson, D. O. Williams; Alice D. K. Peters. **Forensic Medicine and Public Health:** C. E. G. Beveridge, C. P. Blacker, H. A. Byworth, T. A. J. M. Dodd, A. T. Fripp, H. E. Harding, J. S. Jerome, M. J. W. Minshall, E. L. Newell, J. de la M. Savage, H. N. Stokoe, R. A. Walsh, D. O. Williams; Mathilde E. F. Bugnion, Ella J. Cockram. **Medicine, Surgery, Midwifery:** M. McC. Baird, R. J. Brocklehurst, T. A. J. M. Dodd, H. E. Harding, J. R. B. Hern, T. B. Hodgson, P. H. Martin, J. D. Mills, M. J. W. Minshall, A. W. L. Row, H. N. Stokoe, B. E. Tompson; Mathilde E. F. Bugnion.

UNIVERSITY OF LEEDS.

At a congregation held on December 13th the following degrees were conferred by the new Vice-Chancellor, Dr. J. B. Baillie:

M.D.—G. F. Walker (with distinction), Ella M. Hickman. M.B., (H.B.)—Marjorie E. Knowles, Désirée M. B. Gross, †S. K. Sledge, C. H. Ackroyd, E. E. Blomfield, Kathleen Boddy, G. Chambers, Florence Cusworth, G. K. Fliton, H. Hartley, H. A. Hellewell, E. H. Lodge, W. Murphy, S. Nagley, R. S. Pyrah, G. D. Rai, G. Rosemont, E. T. Ruston, Ann Sugden, K. A. Turner.

* With first-class honours. † With second-class honours.

The William Hey Gold Medal for 1923 for the most distinguished graduate of the year was presented to G. F. Walker, who graduated M.B., Ch.B. with first-class honours in that year.

The William Hey Gold Medal for 1924 and the West Riding Panel Practitioners' Prize in Medicine have been awarded to Marjorie Elaine Knowles.

At the close of the ceremony the Vice-Chancellor, who was warmly received by the students and those members of the general public who were present, gave a short address to the graduates. In doing so he said he thought he might be departing from precedent. His brief address, however, was so charming and so full of wisdom that everyone felt that a much greater breach of custom would have been amply justified.

VICTORIA UNIVERSITY OF MANCHESTER.

THE Council has accepted with regret the resignation of Dr. W. H. Wood, lecturer in anatomy and tutor to the Faculty of Medicine, on his appointment to the Derby Chair of Anatomy in the University of Liverpool.

Drs. A. E. Barclay, B. A. McSwiney, and B. J. Rylie have been elected members of the Board of the Medical Faculty.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council meeting was held on December 11th, when the President, Sir John Bland-Sutton, was in the chair.

Fellowship.

The Court of Examiners reported that at the recent examinations for the Fellowship 105 candidates presented themselves, of whom twenty-seven were approved, including three (M. A. Lantre, D. Levi, and C. Sturton) who had not yet complied with the regulations. Diplomas were granted to the following successful candidates as well as to Mr. Arthur J. Gardham, who had now attained the required age of 25 years:

Arthur Rocyn Jones, Anthony Blackstock, Angus Hedley Whyte, Frederick Cecil Wray Capps, Bernard Warren Williams, John Taylor Blackburn, Harilas Jannadas Bhatia, Alexander Ernest Roche, Frederick William Wildger, Norman Leslie Capener, Darryl Cedric Corry, David Howard Paley, Bhagwant Sing Nai, William Stewart Duke Elder, John Dredon, Charles James Officer Brown, Edwin Thomas (ato, Charles Mills Greenslade, Raymond Valentine Hennessy, Alan Edward Lee, George Dixon Fisher McFadden, Charles Harwood Osborn, Michael Joseph Smyth, Hubert Wallace Symons.

Membership.

Diplomas of Membership were granted to the following:

Margaret I. B. Cowling, Mary H. Elmitt, and C. J. Polson.

Licences in Dental Surgery were granted to ninety-eight candidates.

A report from the Board of Examiners in Dental Surgery was approved and adopted—that the regulations be modified so as to provide that a student who fails in any subject of the examination must produce a certificate that he has been "working in a dental school to the satisfaction of the dean for a further period of three months."

Tufts College Dental School, Boston, Mass., U.S.A., was added to the list of institutions whose degree of D.D.S. is accepted as exempting a candidate from the preliminary science examination and as admitting him to the first and second professional examinations on production of the certificates of study required by the regulations of the College.

A report on the proceedings at the annual meeting of Fellows and Members was received.

Mr. H. S. Pendlebury was re-elected a member of the Court of Examiners.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

At the annual meeting of the Royal College of Physicians held on December 4th, Dr. George Lovell Gulland, C.M.G., was re-elected President for the ensuing year. The other office-bearers were re-elected also.

Hunter and Royle were invited to New York to deliver (October 20th) the John B. Murphy Oration on their work (see *Medicine, Surgery and Gynecology*, December, 1924), and they gave demonstrations in many of the great medical centres of the United States and Canada. Hunter then came to England to expound the results of his work and to meet those who criticize his results. By a tragic fate he was struck down in the very week when he had hoped to demonstrate to those best qualified to appreciate it the new vision of neuro-muscular function created by his genius and insight. He died on December 10th, at University College Hospital, of enteric fever contracted before his arrival in England. He was so absorbed in the mission that had brought him to England as to be unconscious of the gravity of the illness from which he was suffering. The last lecture he gave was delivered on December 5th, in the anatomy theatre in Cambridge, the department of the master who had played so large a part in guiding his life and shaping his aims.

To those who have come under the spell of his genius and learned the truth of the teaching for which he has given his life it must ever remain a duty and privilege to expound his work in the hope of convincing others of its truth and to extend its applications by experiment and clinical application. To his widow and the University of Sydney we extend our deepest sympathy on their irreparable loss.

G. E. S.

The funeral service was held on December 12th at St. Pancras Church. The large congregation included, besides the widow, Sir Arthur Keith, the Provost and the Secretary of University College, Professors J. T. Wilson, G. Elliot Smith, J. P. Hill, E. H. Starling, A. J. Clark, C. C. Choyce, T. R. Elliott, D. M. S. Watson, and Kulchitsky, Mr. T. P. Dunhill, the High Commissioner for Australia, and the Agent-General for New South Wales. The British Medical Association was represented by Dr. Alfred Cox, Medical Secretary.

The Services.

NO. 14 STATIONARY HOSPITAL.

The annual dinner of the 14th Stationary Hospital was held at the Trocadero Restaurant, London, on December 12th. Lieut.-Colonel J. R. Harper, C.B.E., took the chair, and proposed the toast of "The Hospital," to which Colonel J. S. Warrack responded. It is proposed to hold the next dinner on the second Friday in December, 1925.

Medical News.

DR. CHARLES MAYO will be the president of the Inter-State Post-Graduate Assembly which is to visit this country next June, and not his brother, Dr. William Mayo, as originally arranged. Other members of the party will be Dr. Franklin H. Martin, Director-General of the American College of Surgeons, Dr. Crile, and Dr. John B. Deaver. Writing to Mr. Philip Franklin, Dr. Mayo states that it will certainly be a big meeting and expresses the hope that it will do a great deal of good in promoting harmony between the medical professions of Great Britain and America, and that its influence will be far-reaching on the people who read and hear of it.

OWING to the illness of Dr. Chandler, the meeting of the Tuberculosis Society on December 19th was cancelled. At the next meeting, on January 16th, 1925, Dr. Anthony Feiling will speak on tuberculosis of the central nervous system.

GUY'S HOSPITAL was founded at the sole costs and charges of Thomas Guy on January 6th, 1725. In connexion with the bi-centenary a solemn service in commemoration of the founder and other benefactors of the hospital will be held in the Cathedral Church of St. Saviour, Southwark, on Tuesday, January 6th, 1925, at 12 noon. The Prince of Wales, president of the hospital, has signified his intention to be present.

THE Queen's University [Belfast] Club, London, will hold a dance in the Hotel Cecil on Thursday, January 15th, 1925, at 9 p.m. Price of tickets (to include buffet-supper): members 12s. 6d., members' guests—ladies 10s. 6d., men 11s. 6d. Application for tickets to be accompanied by remittance and addressed to the Honorary Treasurer, 17, Wimpole Street, W.1.

THE Fellowship of Medicine is arranging a series of general lectures at the Royal Society of Medicine, the first of which will be delivered by Sir Arbuthnot Lane, at 5.30 p.m. on January 20th, 1925, and deal with the treatment of fractures.

Beginning on January 12th the London Temperance Hospital, in association with certain special hospitals, will hold a two weeks' intensive course in the general and special departments of medicine and surgery. A course in cardiology has been arranged from January 12th to 23rd at the National Hospital for Diseases of the Heart (attendance limited to 16). The Royal Eye Hospital, Southwark, will hold a fortnight's course in ophthalmology from January 5th, and from January 5th to 31st there will be a course in the diagnosis and treatment of common diseases of the nervous system at the West End Hospital for Nervous Diseases. From January 6th to 31st Dr. Porter Phillips and Dr. Thomas Beaton will give a series of lecture demonstrations on psychological medicine at the Bethlem Royal Hospital. A course in urology will be held at St. Peter's Hospital from January 12th to February 7th. Copies of the syllabus of these courses may be obtained from the secretary to the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE January class of instruction in fevers, under the Metropolitan Asylums Board, will be held on Mondays and Thursdays at the Eastern Hospital, North-Eastern Hospital, and Grove Hospital, on Tuesdays and Thursdays at the North-Western Hospital, on Tuesdays and Fridays at the Western Hospital and the South-Western Hospital, and on Wednesdays and Fridays at the Park Hospital. The special course of instruction on the diagnosis and treatment of fevers will be held at the South-Eastern Hospital in February and March, on Tuesdays and Fridays, at 11 a.m., commencing February 3rd. A three months' course of lectures and demonstrations in hospital administration will be given at the North-Western Hospital on Mondays, Thursdays, and alternate Saturdays, beginning on January 5th. Full particulars may be obtained from the Clerk to the Metropolitan Asylums Board, Victoria Embankment, E.C.4.

THE annual dinner of the Old Epsomian Club was held at the Trocadero Restaurant, London, on December 11th, with the President, Mr. G. E. Waugh, F.R.C.S., in the chair. Proposing the toast "Floreat Epsomia" in an interesting and witty speech, Mr. Waugh remarked that Epsom College was founded originally by a man of great individuality, who had taken an original line from the first in such matters as the teaching of natural science, and to-day it was proud of the fact that its scholars developed pronounced individualities rather than passively conforming to type. Individuality was also the characteristic of the teaching staff, and this quality was of great value in the world to-day. The headmaster, Mr. A. C. Powell, responding to the toast, announced some striking successes attained in the intellectual sphere during the past year. The new nave of the chapel—an Old Epsomian war memorial—was now in full use. The cost of erection was £12,000, of which over £10,000 had already been raised; he appealed to Epsomians to make a special effort to raise the remaining sum required. He hoped that it might soon be possible for more Old Epsomians to be elected to the Council. The college was the school of the medical profession, and had done a great work in training medical practitioners. Besides fifty boys, the sons of doctors, educated year by year without charge, a sum of no less than £5,000 had been awarded last July by the school in the form of scholarships, etc. The toast of "The Guests" was proposed by Mr. S. Maynard Smith, C.B., F.R.C.S. The Right Hon. Sir Hamar Greenwood, Bt., K.C., M.P., in his reply, described the medical profession as the highest instrument for good the world had ever seen: it recognized no frontiers of creed, colour, or race. Quality rather than quantity was the most vital need for the future welfare of the British Empire, and, therefore, he was particularly glad to be present that night and to extend to the college his congratulations on its past and his warmest wishes for its future. During the evening the school song, "*Canticum Epsomiense*," was sung enthusiastically.

THE annual dinner of the British Dental Hospital (formerly British Dentists' Hospital) was held at the Langham Hotel on December 6th, the President (Sir Harry Baldwin) in the chair. Dr. Lennane, in proposing the toast of the hospital, said that it had now proved the value of its existence. Mr. George Thomson, in his reply, said that all the members of the staff were also members of the British Dental Association. Mr. E. E. Turner proposed the health of the guests, which was replied to by Drs. Fenton, Duffield, Hewat, and Caley, and Mr. C. E. Wallis.

THE Minister of Health (the Right Hon. Neville Chamberlain, M.P.) has appointed Captain William Brass, M.P., to be his parliamentary private secretary (unpaid).

THE Rockefeller Institute for Medical Research has announced the release of the drug known as trypanosomiasis (African sleeping sickness and mal de Caderas) and selected cases of syphilis of the central nervous system. This action is based on results reported from clinical investigations which have been in progress for several years. The

drug will be manufactured by the Powers-Weightman-Rosengarten Co. of Philadelphia, and will become available through the regular trade channels about January 1st, 1925. In releasing the drug for the benefit of the public, the Rockefeller Institute desires it to be known that the Institute does not share in any way in profits that may be derived from the sale of the drug, and that, with the cordial co-operation of the manufacturers, provision has been made for the maintenance of a schedule of prices on as low a basis as possible.

THE annual report for 1923-24 of Livingstone College, Leyton, draws attention to the fact that it is now thirty-two years since the College was founded to give medical instruction to candidates for the mission field. During that time 810 students have entered for the full course or for part of it, of whom 540 are still actively engaged abroad. During the past session the thirty-five students represented no fewer than twenty-three different missionary societies and eight nationalities. The vacation course in July was attended by twenty-four students, representing nine missionary societies; and forty-seven students have attended short courses on the care of the health in the tropics. The financial report shows that all expenditure during the past year has been met and the existing deficit reduced by £42. A report of the commemoration day proceedings in May was published in our columns of June 7th (p. 1035).

THE fees of district medical officers under the London County Council are to remain for a further period until December 31st, 1925, at the present rate of 11s. 6d. a year for each person entitled to free medical attendance, the sum to include medicines and simple surgical dressings.

By an Order of Privy Council, dated December 13th, the Earl of Balfour, K.G., O.M., F.R.S., and the Right Hon. William Graham, LL.B., M.P., have been appointed into the vacancies in the membership of the Medical Research Council caused by the retirement of the Right Hon. Edward Wood, M.P., and Mr. A. G. Church, D.S.O., M.C. Lord Balfour has accepted the chairmanship of the Medical Research Council.

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.

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.2. 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.

Sale of a Share in Practice.

"D. C. H." took over his former partner's share in the practice, the consideration given to be payment for four years of 20 per cent. of the panel receipts less certain expenses, the payments being made quarterly. How do they affect his income tax liability?

. Our correspondent must decide on all the facts—including the negotiations preceding the sale—whether (a) the share in the practice was sold for an undetermined sum equal to the total of the payments to be made, or (b) for a four years' annuity based on the 20 per cent. The latter case is a rare one, the normal transaction being essentially one of payment of a capital sum by

instalments. In neither case can the payments be deducted as professional expenses, but in the latter case the amount of the payments will have to be charged at the full rate of tax (without allowance for earned income), because that tax can be deducted by "D. C. H." when making the payments—but not afterwards.

Cash Basis: Retirement.

"A. W." refers to a reply given to his inquiry in our issue of November 15th last, and says that the local inspector refuses to accept his contention that post-retirement cash receipts are not assessable on the retired practitioner.

. Our correspondent may find it useful to refer to replies in recent issues as follows: to "L. B. C.," September 13th; to "Leeds," September 20th; and to "D. L.," October 11th. Putting the matter in a phrase, the inspector has not given due weight to the fact that the amounts of the cash receipts were taken as measures of the true income of the practice, and to the further consideration that a change of personnel in the practice does not justify a departure from the normal course of procedure. When, for instance, "A. W." paid tax on the average of his net receipts for 1919, 1920, and 1921, he was not paying tax on that specific income but on the income of the financial year ended April 5th, 1923. It is admitted that exceptional circumstances may from time to time justify a departure from the cash basis rule, but retirement is not, in our opinion, a fact which bears on the question. Failing agreement with the inspector, "A. W." might very well appeal either to the general (that is, local) commissioners, or to the special commissioners on circuit.

SENSIBILITY TO HORSE SERUM.

"F.R.C.S.E." writes: I am in the unfortunate position of being sensitive to horse serum, usually getting a more or less severe local or general urticaria after a serum or vaccine injection. I recently had an antiscarific injection, with the usual discomfort. I intend to have some other injections later, and would welcome any suggestions for the prevention of the unpleasant after-effects.

LETTERS, NOTES, ETC.

As in former years, the Automobile Association announces that its road patrols will not be on the roads on Christmas Day.

KELOID VACCINATION SCARS.

DR. F. W. STANSFIELD (Public Vaccinator, Reading) writes: During many years of public vaccination I have seen probably ten or a dozen cases similar to that described by Dr. J. Crisp in the JOURNAL of December 6th (p. 1086). The condition, in my experience, never arises except when the vesicles become broken, and is probably a slight and localized "coccic" infection. My cases have all been treated alike and all successfully. The scars are dressed with ung. resorcin co. spread upon sterilized gauze, the dressings being changed every alternate day. After a few days the keloid breaks down, leaving an open ulcer. The treatment is continued with the same ointment, and in a week or so the ulcer heals, leaving a normal healthy vaccination scar. As there are many brands of resorcin ointment on the market, I may say that the one I use is made by Messrs. James Woolley and Sons of Manchester.

"EPHEMERIS PHARMACOLOGICA."

MESSRS. OPPENHEIMER (179, Queen Victoria Street, London, E.C.4) apparently are not with those who would abolish Greek from the educational curriculum. Even if the Greek be somewhat late, *Ephemeris Pharmacologica* is not unpleasant as a variant of "Medical Visiting List with Therapeutic Notes." The little book for 1925 which Messrs. Oppenheimer offer to the medical profession is full of information; and in compiling it the authors have given heed to the appeal of Crabbe:

Oh! rather give me commentators plain,
Who with no deep researches vex the brain.

The visiting list is arranged for recording the visits against any particular name for a month. The therapeutic notes are brief but to the point, and appear to cover most of the drugs used in modern medicine. Concise information is given on some legal matters, diet, infectious diseases, and poisons and their antidotes. There are height and weight tables, a posological table, tables for converting the metric system, postal information, and an almanac. It is a handy book of quite small dimensions.

CORRECTION.

OUR report (p. 1113) of the meeting of the Surgical Section of the Royal Society of Medicine held on December 3rd should have stated that the chair was taken by the President, Mr. Herbert Paterson.

VACANCIES.

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

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 228.