

quite inexpensive. Its further and more extensive use has to be made before the correct and exact dosage in each phase of the disease is confirmed, and before it can be determined which types of the disease are likely to benefit most by its exhibition. I can find no record of its previous use in rheumatoid arthritis. After a few injections there is a strong smell of guaiacol noticeable in the breath, indicating that the drug is being excreted by that channel. For that reason it is possible that an oil containing guaiacol alone, used intramuscularly, might be of use in tuberculosis.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PULMONARY EMBOLISM FOLLOWING OPERATION FOR CATARACT.

THE operations which most commonly give rise to pulmonary embolism are those upon the female genitalia and operations for hernia and appendicitis. Pulmonary embolism following an ophthalmic operation is sufficiently rare to make the following case of interest.

A married woman, aged 62, was admitted to the Stockport Infirmary on July 24th, 1925, suffering from senile cataract in the right eye. She had previously been a healthy woman and nothing abnormal was detected on physical examination.

On July 25th I removed the lens under cocaine anaesthesia. She was kept in bed and made very satisfactory progress until August 1st (eight days after the operation), when, in course of conversation with some neighbouring patients, she suddenly collapsed, became very cyanosed, and died a few minutes later.

At the autopsy, at which I was assisted by my colleague Mr. Lambert Rogers, we discovered enormous dilatation of the right heart, due to complete occlusion of the left branch of the pulmonary artery and partial occlusion of its main trunk by a large mass of blood clot, partly recent, partly old.

This case is not only of interest because of the infrequency of the condition following eye operations, but also because it appears to lend some support to Mr. Lockhart-Mummery's recent statement that the fatal clot forms, not at the site of operation, but in all probability in the great veins of the lower abdomen, probably partly as a result of stagnation towards the banks (the vein walls) of the venous blood stream, and also of the liberation into the circulation of thrombokinase from the site of operation.

I am indebted to Dr. H. V. White, under whose care the patient was admitted, for permission to record the case.

T. G. WYNNE PARRY, L.R.C.P., M.R.C.S.,
Senior House-Surgeon and Ophthalmic House-Surgeon, Stockport Infirmary.

MALIGNANT DISEASE IN NATIVE RACES.

IN view of the recent discussions on deficiency diseases, the incidence of cancer among native races, and their relation to one another, the following notes regarding the primitive Hadendowa tribes (Fuzzies) of the Sudan may be of interest.

These tribes live an isolated life scattered over a wide area in dry desert country rising to a maximum of 6,000 feet in the hills along the Red Sea coast. They subsist principally on the milk of the camel, goat, sheep, or cow, supplemented by a small amount of millet and meat. The milk is drunk cold, and the millet and meat cooked. Constipation is very prevalent. They practise circumcision. Deficiency diseases are practically unknown, and diseases particularly aggravated by insufficient diet rare. Malignant disease is very rare. During the last twelve months I have seen in the whole province two cases—one of epithelioma of the vulva, and the other of a malignant parotid tumour; both were verified by the Wellcome Laboratories at Khartoum.

Among Sudanese natives generally, in the Red Sea Province, the commonest form of carcinoma is cancer of the breast. But statistics are of little use as the number of cases is so small. Simple tumours, particularly lipoma and fibroma, are fairly common.

The Hadendowa are a race of disputed origin, probably neither Arab nor negro, so that the rarity of cancer among

Africans would appear to be due to local conditions and diet rather than to racial immunity. It is curious that both cancer and deficiency diseases should be so rare, as the Hadendowa are liable to most ordinary complaints, particularly arthritis, rheumatism, and syphilis.

I am indebted to Dr. Atkey, Director of the Sudan Medical Service, for permission to publish these notes.

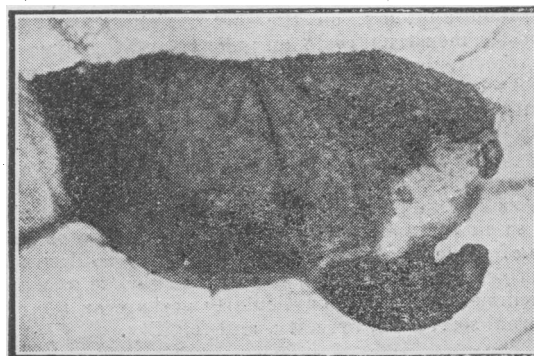
ERIC D. PRIDIE,

Port Sudan, Red Sea Province,
Sudan.

Sudan Medical Service.

SCROTAL HORN.

THE rarity of cutaneous horns in these days seems to justify reproduction in the JOURNAL of the accompanying photograph of a scrotal horn.



The patient was a workman, aged 72 years, who stated that the horn had grown in two years—a somewhat remarkable history considering the size. The base was $1\frac{1}{2}$ by $1\frac{1}{2}$ inch, and the horn was bifid. There was a scaly condition of the skin at the base of the horn which shows white in the photograph, and a rudimentary horn appeared at the edge of this area. The man had pared away the point of the horn because it was digging into the skin of the scrotum. The appearance of the horn was that of a rough finger nail. There was a hydrocele of long duration on the affected side. The photograph was taken by Dr. Scott of Broxburn.

Starlaw, by Bathgate.

JOHN F. LANG, M.B., Ch.B.

OVARIAN GROWTH IN AN ABNORMALLY DEVELOPED WOMAN.

THE unusual state of development presented by the patient whose case is set out below is the reason for placing it on record. The uterus and left ovary were present only as rudimentary bodies showing no trace of development; the left broad ligament also was undeveloped and no Fallopian tube could be felt on that side.

On July 13th a woman, aged about 40, attended hospital complaining of a large abdominal swelling, and asking for operation. Her history was that the tumour had grown slowly for the last two years. The woman had never menstruated, and in the early days of her marriage she had suffered from dyspareunia. On palpation a large tumour was found slightly fixed in the pelvis, but otherwise movable, and extending well up above the umbilicus. Further examination revealed normal external genitals, a vagina which easily admitted two fingers, but no trace of the cervix uteri or of the division of the vagina into fornices. Bimanually no uterus could be felt. The woman's breasts were small, but a general inclination to stoutness prevented any unduly masculine or undeveloped appearance of the patient.

On July 24th abdominal section was performed and a solid-looking growth of the right ovary, which was attached by a thick pedicle to the broad ligament, was removed. Along the outer side of the growth was an apparently normal Fallopian tube. After removal of the growth the rest of the pelvis was explored. The only trace of uterus and left ovary were two bodies, the size of peas, situated behind the bladder and in the left pelvic fossa respectively. The left broad ligament was undeveloped, and no Fallopian tube could be felt. In section the removed ovary, which weighed $5\frac{1}{2}$ lb., showed typical fibroid structure.

The patient made an uneventful recovery, and returned home three weeks later.

CONSTANCE SNOWDEN, M.B., Ch.B., D.P.H.
D. ELSIE CAMPBELL, L.R.C.P. and S.I.

Rank Memorial Hospital,
Karim Nagar, India.

In the course of the dinner messages were communicated from the High Commissioners for Australia, Newfoundland, and New Zealand, emphasizing the importance of the work of the congress, and congratulating the organizing society on the new evolution in its history indicated by its change of title. Sir JAMES ALLEN, the High Commissioner for New Zealand, said that the whole question of combating venereal diseases was receiving serious consideration and attention in his Dominion, where, quite recently, new legislation had been brought into being conferring additional powers on the authorities responsible for the prevention and amelioration of these diseases. At the opening meeting of the congress appreciation of the work done by the council was expressed by other colonial representatives, including the High Commissioners for South Africa and the Irish Free State, and by the Prime Minister of Malta. Representatives of the services also spoke to the same effect.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE Rogers prize, value £103, will be awarded for an essay or dissertation on the value of various methods of investigating disease of the pancreas, which must be received by the Vice-Chancellor on or before April 30th. The prize is open to all persons whose names appear on the *Medical Register* of the United Kingdom. Further information can be obtained on application to the Academic Registrar.

KING'S COLLEGE.

At the meeting of the delegacy held last week Mr. Harry Gordon Reeves, M.Sc., was elected as the first holder of the recently established Berridge Studentship. The studentships were founded this year on the occasion of the closing of the bacteriology and public health department and to commemorate the fact that this department, founded in 1898 by Professor E. M. Crookshank, was the first academic department of public health in this country. One studentship, of the value of £100 per annum, is offered annually for research in physiology as applied to public health, and the usual tenure is two years.

UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B. (Part II, in Public Health only, completing Examination).—C. T. Hyatt, H. J. Satchwell.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

D.P.H.—Part II: R. B. Boston, P. D. Connolly, E. R. Gilmore, A. C. Newman. Part I: Georgie I. Brodie, Margaret Sproul.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—W. J. Aitken, J. W. M. Alexander, W. Allison, G. S. Anderson, J. Anderson, J. G. Anderson, D. E. Aspin, W. J. C. Auld, J. R. Bailey, W. J. Barbour, E. Bloch, A. D. Briggs, Catherine A. Brown, J. C. Brown, D. N. Buchanan, J. H. Burnside, A. M. Campbell, Jeanie G. Campbell, J. Campbell, J. B. Carrigan, J. F. Christie, W. A. S. Couper, F. A. Coutts, A. W. Cuthbert, A. Dale, J. G. Dalgleish, T. H. Dalrymple, Jean M. I. Dixon, M. K. Dunlop, Mary A. Frew, Annie Gartly, Elena Gill, D. W. Gillies, G. Gillies, Agnes M. Hamilton, E. Henderson, Nettie S. Hendry, W. Hope, W. Hosie, Jeanie M. C. Howitt, D. G. Hunter, Elizabeth F. Hunter, *J. Jarvie, D. Johnston, R. Johnstone, Annie G. Kerr, C. S. Kerr, J. G. Kidd, Isobel C. King, P. S. Kinloch, A. P. Laird, Elizabeth H. Livingston, Mary C. Livingstone, J. L. Macaulay, R. P. J. M. Broom, J. A. M. Cluskie, W. J. M. Culley, J. MacDonald, J. S. MacDonald, G. T. MacGregor, Jean N. M. Gregor, W. M. Ilvenna, J. M. Intyre, A. A. MacKelvie, Helena M. M. Knight, M. H. MacLaine, Agnes F. H. M. Lean, W. MacLean, D. Macleod, Susan M. MacMurray, Mona H. Macnie, J. S. M. Tavish, W. Mercer, W. Murray, A. F. Nimmo, *Janet S. F. Niven, J. Parker, Margaret F. Paton, W. D. Peock, Pauline Podlashuk, Elizabeth M. Ratray, J. Ribchester, C. G. Rippin, Ruth M. L. Ross, A. G. Shanks, Helena M. Shanks, T. M. M. Sharp, R. K. Shearer, Jean W. Smeilie, Vida J. M. Stark, H. Stewart, Edith K. Stocker, F. Syson, D. Thomas, Jean G. Thomson, J. V. Thomson, H. A. Walker, Maggie B. Walker, J. B. Watson, Henrietta C. Weir, Evelyn A. Weyman, A. F. Wood, Dorothy F. M. Whiteford, Elizabeth C. Whyte, T. Young, Tchi-wang Yun, J. V. M. Davies, M. Freeman, S. M. Galbraith, W. Hutchison, Julia P. Johnston, A. MacEwan, J. F. Macfarlane, D. G. D. M. Gregor.

* Passed with distinction in Surgery.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

At the monthly meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on October 5th, George Lynn Pillans, M.C., L.R.C.P. and S. Ed., L.R.F.P.S., was admitted (after examination) as a Fellow of Faculty.

Medical News.

A COURSE of lectures on preventable diseases will be delivered at the Royal Institute of Public Health on Wednesday afternoons, from October 14th to December 16th. The lectures deal with medico-sociological problems, and include such subjects as the prevention of tuberculosis, rheumatism, cancer, infection in ships, and puerperal sepsis. Professor J. C. G. Ledingham will deliver the Harben lectures from December 9th to 11th inclusive, his subject being current problems in bacteriology and immunology. Further information may be obtained from the Secretary, Royal Institute of Public Health, 37, Russell Square, W.C.1.

A SERIES of lectures and demonstrations will be given at the Ancoats Hospital, Manchester, during the Michaelmas term commencing on Thursday, October 15th, when Mr. E. E. Hughes will deliver the first of a series of three lectures on the significance of urinary symptoms. On Thursday, November 5th, Mr. H. Platt will give the first of three lectures on the treatment of common fractures, with practical demonstrations. The lectures will be given on Thursdays at 4.15 p.m.; tea will be served at 3.45. Further particulars can be obtained on application to Dr. Frank Holt Diggle, Honorary Secretary, Post-Graduate Course, 26, St. John Street, Manchester.

A COURSE of lectures on pulmonary radiology with practical demonstrations will be given at Leysin (Switzerland), from November 3rd to 7th, by Dr. Jaquerod and Mr. Lauffenburger, radiologist of the Station Climatérique de Leysin. Particulars as to the journey from Aigle to Leysin and information respecting accommodation in Leysin can be obtained from M. Lucien Emery, Administrateur, Grand-Hôtel, Leysin.

UNDER the auspices of the Society for the Study of Inebriety the eleventh Norman Kerr Memorial Lecture will be delivered by Dr. R. Hercod, director of the International Bureau against Alcoholism, on October 13th, at 4 p.m., in the hall of the Medical Society of London, 11, Chandos Street, W.1. The subject will be "Alcoholism as an international problem."

A NEW series of weekly lectures at the Hospital for Sick Children, Great Ormond Street, W.C.1, commenced on Thursday last, when Mr. P. G. Doyne dealt with phlyctenular disease. On October 15th Mr. Fairbank will lecture on spinal caries, and on October 22nd Dr. Frew will speak on acidosis. The lectures, which are free to medical practitioners, commence at 4 p.m.

At a meeting of the Society of Superintendents of Tuberculosis Institutions to be held at 122, Harley Street, on Monday, October 19th, at 3 p.m., papers will be read by Dr. J. W. Linnell on diagnosis and treatment and by Dr. F. R. Walters on needs and indications in pulmonary tuberculosis.

THE annual meeting of the British Dental Hospital will be held at the rooms of the British Dental Association, 23, Russell Square, W.C.1, on Thursday, October 15th, at 8 p.m. An address will be given by Dr. James Wheatley, County M.O.H. and School Medical Officer, Salop, on the subject of dental propaganda. The President, Sir Harry Baldwin, will take the chair.

At a meeting of the council of the Medical Defence Union, held on October 1st, Sir Herbert Waterhouse, F.R.C.S., consulting surgeon to Charing Cross Hospital, was appointed President of the Union for the ensuing year, vice Mr. W. G. Spencer retired.

THE first number of the new monthly official organ of the Fellowship of Medicine was published on October 1st, and bears the title *The Post-Graduate Medical Journal*. Besides detailed information about post-graduate classes, printed in a supplement, it contains introductory notes by Sir William Hale-White and Sir Berkeley Moynihan, and the text of lectures delivered for the Fellowship this year by Sir Humphry Rolleston, on the medical aspects of gall stones, and by Dr. T. Watts Eden on the prevention of puerperal sepsis.

THE Fellowship of Medicine has arranged a series of free lectures on tuberculosis during October, November, and December, in the lecture room of the Medical Society of London, 11, Chandos Street, at 5.30 p.m. The first will be given on October 12th by Dr. L. S. Burrell, on tuberculosis from the physician's viewpoint. A two weeks' combined course in diseases of children, with morning and afternoon sessions, will start on October 12th; the Paddington Green Children's Hospital, Victoria Hospital, and the Children's Clinic will participate. At St. Peter's Hospital a four weeks' course in urology will be held from October 19th to November 14th. From October 26th to November 20th the St. John's Hospital will hold a special course in dermatology. There will be a two weeks' intensive course in medicine, surgery, and the special departments at the Royal Northern Hospital

from October 26th to November 7th. Copies of the syllabuses and of the Fellowship programme may be obtained from the Secretary, 1, Wimpole Street, W.1.

THE annual dinner of past and present students of University College Hospital Medical School will be held at the Hotel Cecil, Strand, W.C., on Friday, October 16th. Dr. Herbert Spencer will take the chair at 7.30 p.m. Applications for tickets (price 12s. 6d., not including wine) should be made to the honorary secretaries, Mr. Gwynne Williams, F.R.C.S., and Dr. T. R. Elliott, F.R.S., at the school by October 14th.

THE annual dinner of the Chelsea Clinical Society will be held at the Café Royal, Regent Street, on Tuesday, October 20th, at 7.30 p.m., with the President, Dr. P. Seymour Price, in the chair.

THE Prince of Wales's General Hospital Reunion Association will hold its annual dinner this year early in November. Members will be notified in due course of the date and place.

SIR W. ARBUTHNOT LANE was the principal guest of the Surgical Instrument Manufacturers' Association at its annual dinner at the Holborn Restaurant on October 2nd, Mr. Ernest W. Mayer, chairman of the association, presiding over a company numbering about 140. Mr. H. E. Curtis, proposing the toast of "The Association," said it had steadily progressed since its formation during the war. He urged that the Government should reciprocate the services rendered by the association at that time, and protect the industry against the importation of goods made abroad by sweated labour by taxing articles which could be produced in this country. His health having been proposed by Colonel A. Young, Sir W. Arbuthnot Lane suggested that surgeons did not sufficiently realize their dependence upon instrument makers. Without their aid he certainly could not have done what he had been able to accomplish. He referred particularly to a fine and delicate instrument for operating on a cleft palate, which Messrs. Down Bros. had made for him over forty years ago and which was still in perfect working order, and to an instrument, made for him by the same firm, for holding and forcing into position fractured bones. Americans especially had in vain tried to improve on those instruments, and attempts had been made to imitate them on the Continent, but nobody could make instruments like the British workman, who was by a long way the best of all workmen. This was shown by the interest Americans took in British work; they came to England when they wanted the best.

LORD DAWSON OF PENN, G.C.V.O., M.D., who is now on a visit to Canada and the United States, has (a Reuter's message states) received from McGill University, Montreal, the honorary degree of LL.D.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

Authors desiring REPRINTS of their articles published in the **BRITISH MEDICAL JOURNAL** must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

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.

THE **TELEPHONE NUMBERS** of the British Medical Association and the **BRITISH MEDICAL JOURNAL** are **MUSEUM 9861, 9862, 9863, and 9864** (internal exchange, four lines).

THE **TELEGRAPHIC ADDRESSES** are:

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

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

MEDICAL SECRETARY, *Mediscera Westcent, 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, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

QUERIES AND ANSWERS.

"J. J. K." asks what place, preferably in the South of France, would be suitable for the winter months for a case of chronic pulmonary tuberculosis, with a tendency to a good deal of bronchial catarrh. Medical supervision would be required, but not necessarily sanatorium treatment. A dry mild situation would suit best.

EXPERIMENTAL REMOVAL OF THE PANCREAS.

DR. J. S. DE SOUSA, late Senior Medical Officer, Zanzibar (Avenida 5 D'Ouro 203, Lisbon, Portugal), asks to be referred to a book describing the best technique for the operation of removal of the pancreas to produce experimental diabetes in dogs.

BLACK TONGUE.

DR. J. MORRISON (Derby) writes: A woman has been coming periodically to my surgery during the past ten months with her tongue almost black, except at edges and a little portion of tip. The condition has cleared up, except a V-shaped portion at the base, which resists mouth-washes and gargles. The woman is in perfect health; there is no hardness of the tongue and no infiltration of glands. Suggestions for treatment would be greatly appreciated.

TREATMENT OF VARICOSE VEINS.

DR. GARRY (Cairo) writes: In reply to Dr. H. E. Gibson (**BRITISH MEDICAL JOURNAL**, September 19th, p. 545), I had last winter under my care a lady who had been treated at Bagnolles-de-l'Orne the previous summer for varicose ulcers, without any benefit resulting. I prescribed the treatment recommended by Dr. Herbert W. Nott in the **JOURNAL**, with complete success as far as the ulceration is concerned, and also with marked benefit to the patient's general health.

INCOME TAX.

Depreciation and Replacement of Car.

"HERTFORDSHIRE" asks for a statement of the allowances due in the following circumstances: A car was purchased in 1922 for £400 and is employed in the practice at present; it will be replaced before December 31st, being sold, it may be supposed, for £100, and a new car purchased for £400.

* * For 1925-26 an allowance is due of £60 (= 15 per cent. on £400) and the replacement cost (or obsolescence allowance) to be claimed as a professional expense of the year 1925 will be £400-£100=£300, less £60 received as depreciation allowance, net £240. It is thought that this will be the basis accepted by the authorities, but strictly the depreciation allowance for 1925-26 might be restricted to 15 per cent. on the written-down value of the car, arrived at as follows:

Original value	...	...	...	...	...	...	...	...	£
Deduct for 1923-24 at 15 per cent.	...	...	...	...	...	...	...	...	400
									60
									£340
Deduct for 1924-25 at 15 per cent.	...	...	...	...	...	...	...	...	51
									£289
Allowance for 1925-26	...	...	...	...	...	...	...	...	£43

On that basis the depreciation allowance would be £43, as compared with £60, but the replacement cost would be conversely affected and become £300-£43=£257, instead of £240.

"R. MCG." asks to be referred to the authority under which depreciation of motor car is allowable.

* * The allowance is provided for by Section 16 of the Finance Act, 1925, and applies to assessments for periods from April 5th, 1925, onwards, but not for prior years. It is in addition to the obsolescence allowance; but in calculating the latter credit must be given for any depreciation allowances received in respect of the same car.

LETTERS, NOTES, ETC.

MEDICAL WOMEN IN MEDIAEVAL TIMES.

DR. REDMOND ROCHE (London, S.W.) writes: I notice in your issue of October 3rd (p. 632) attention is called to the licensing of two medical women in England in 1613. Under the Benedictine monks the first university of modern times came into existence at Salerno, and there, in the twelfth century, women were admitted to the university and to the medical school, and the department for diseases of women was handed over to women professors. It has been said of the famous St. Hildegard (who died in 1179) that her writings disclose a better knowledge of science than any other writer, man or woman, of her time. Reuss, editor of an edition of her works, says she knew many things unknown to the physicians of her time.

SPONTANEOUS LACERATIONS OF THE CERVIX.

DR. C. J. HILL AITKEN (Kilnhurst, near Rotherham), writing with reference to the *Epitome*, September 12th, para. 193, reports a case of pre-existing laceration of the cervix resulting in spontaneous laceration during labour. He says: A woman pregnant for the second time, her friend, and the doctor were rejoiced when the head of the child was born spontaneously after an easy labour. The first labour had been a very terrible one, and instrumental. The rejoicing was short-lived as, following the birth of the child's body, there was a severe flooding. As the uterus was empty and hard the bleeding came, presumably, from the cervix, torn, no doubt, in the first confinement. Only when the patient fainted did the bleeding cease. The environment made operative intervention impossible.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 44, 45, 46, 47, 50, and 51 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 48 and 49.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 131.