more serious in the small intestine generally than in obstructions of the colon. Some of these were strangulations, often meaning gangrene, and therefore resection associated with toxaemia. Some were due to bands without gangrene. In both groups the mortality was high—in the former owing to the resection; in the latter it was certainly owing to toxaemia. In both the symptoms were easy to recognize early and almost pathognomonic. Diagnosis should be correspondingly early and the results of treatment good. But such was not the case. Half the cases in both categories were ill for two days or over. Apparently they did not yet fully understand the meaning of intestinal toxaemia. They still lost patients who should live, and sometimes, though less often, patients lived who appeared to be hopeless. At present Bonney's treatment or Sampson Handley's gave the best results. He usually performed both an anastomosis and a low enterostomy if time and the patient's condition allowed. It was not usually necessary to close the opening in a case of this sort provided the anastomosis was free. Whilst they were often too late in applying treatment in some cases, and whilst they were not in doubt as to the correct procedure in others—for example, intussusception, external hernia, malignant disease of the colon (thanks to Burgess)—they still looked for light upon the others, and especially the internal strangulations.

Finally, he referred to the fact that the value of a complete *post-mortem* examination, which showed not alone how the abdominal symptoms were caused but also disclosed that the cause of death was often not abdominal, was insufficiently recognized. It showed them the dangers of the various complications and sequelae, the recognition of which was a valuable step towards their avoidance. What had already been done for them in the operative treatment of gastric and duodenal ulcer by Moynihan, and what had been done by Burgess for obstructions of the colon, it was reasonable to suppose might yet be done even for a diverse group such as the internal strangulations.

Mr. GEARY GRANT said that improvements in the statistics of acute intestinal obstruction could only be achieved by early diagnosis, and for the failure to diagnose in the early stage the textbooks were responsible. He was rather surprised in this discussion to find that strangulated hernia and large intestine obstruction were included. The prognosis in the former was very much better, chiefly, perhaps, owing to early diagnosis. It was also much better, as regards immediate results, in large intestine obstruction. Intestinal obstruction had, like all other abdominal emergencies, three stages: (1) the stage of invasion; (2) the stage of remission; (3) the final stage of toxaemia. It was because the symptoms of the final stage were stressed rather than those of the stage of invasion that there was failure to diagnose. The symptoms of the first stage were definite enough in most cases—sudden colic, initial vomiting, etc.; but the one essential was absolute constipation, unrelieved by enemata and with the cessation of passage of flatus. It was the failure to evaluate the last symptom which was the cause of the policy of watching these cases. As in a perforated duodenal ulcer a graph showed the rapidly rising mortality rate after the first twelve hours, so with acute intestinal obstruction. The factor which determined the fatal result was the distension of the proximal bowel, which paralysed it and produced multiple kinks, so that really instead of dealing with one obstruction they were dealing with many. This could well be seen when an attempt was made to empty the bowel; it was easy to empty one loop, difficult or impossible to empty the whole. If an enterostomy were done, unless by some fortunate chance the bowel recovered, it would not drain. He did not believe that a case which had reached this stage would stand the manipulations required to empty the whole bowel. The probability was that after the bowel was emptied the kinking and distension would recur, and this was the terminal condition of ileus, whether due to a mechanical obstruction or a spreading peritonitis.

At the conclusion of the discussion Dr. GREGORY EDE of New York showed cinematograph films of the stomach, and described the various normal types and the abnormalities from which it was possible to diagnose disease.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

INTESTINAL OBSTRUCTION ON SHIPBOARD.

THE following case may be of interest as illustrating a possible danger in employing persons who have had laparotomies on long voyages where no surgeon is carried.

During the last voyage of this ship a man, aged 29, who was employed in trimming coal, reported to the ship surgeon suffering from constipation of five days' duration. His previous history showed that four years earlier he suffered from acute appendicitis and that his appendix had been removed. Two years ago he suffered from severe abdominal colic with constipation and vomiting of ten days' duration. He was anaesthetized with a view to operation, but no operation was performed as apparently his condition was so bad that fears were entertained as to his survival. After he recovered from the anaesthetic his bowels commenced to act and he had remained well since, taking liquid paraffin daily.

He was placed in the ship's hospital and a simple enema administered without result. The next day two turpentine enemata were administered without result; he commenced to vomit, and his pulse became more rapid. On the next day he had faecal vomiting, with a rapid pulse (104). The abdomen became distended, and a diagnosis of intestinal obstruction from adhesions following appendicectomy was made. It was decided to operate, although weather conditions were unfavourable, as the patient was steadily becoming worse. An anaesthetic was administered and an incision made through the right rectus muscle. The obstruction was found to be due to adhesions binding the caecum to the site of the incision of the previous laparotomy. The adhesions were freed and a band was found the thickness of a little finger binding the caecum down. This was tied and severed and the caecum became free. The omentum was drawn down and fixed over the previous scar and the abdomen closed. The patient was making an uneventful recovery when the ship reached port.

My thanks are due to Dr. Hummel, medical superintendent, Canadian Steamship Company, for permission to publish this case.

G. H. ORIEL, M.A., M.D.Cantab.,
Surgeon, S.S. *Metagama*.

London, S.E.9.

OPERATION FOR EXTRAUTERINE GESTATION.

IN view of the case of extrauterine gestation mentioned in the report of Professor Kynoch's paper (BRITISH MEDICAL JOURNAL, July 4th, 1925, p. 15) the following may prove of interest.

A married woman, aged 33, was admitted to the Cumberland Infirmary on June 15th, 1925, complaining of severe spasmodic pains across the lower abdomen of two days' duration. She had had seven children, of whom only one survived. The others were stillborn or died soon after birth. She had had several miscarriages. In 1923 she was operated on for ruptured ectopic gestation and the right tube was removed. Since then her periods had been fairly regular until Christmas, 1924, when they ceased. In March, 1925, she reported at the hospital, complaining of abdominal swelling and a history of three months' amenorrhoea; she wished to know if she were pregnant. The uterus was felt to be normal in size, but was pushed over to the right by a swelling, which seemed cystic, occupying almost the whole of the pelvis. She was told to report again in a month.

When next seen, on June 15th, she was admitted to hospital. She had a large abdominal tumour extending up to the umbilicus. On palpation the abdomen was tender in both iliac fossae, especially on the left, and the tumour was felt rather more to the left side of the median plane than to the right. On auscultation the uterine souffle was heard clearly in the left iliac fossa; it could not be heard on the right side. No foetal heart was heard and no movements seen or felt. The patient would not submit to abdominal section, but consented to examination under anaesthesia. A vaginal examination was made and a large tumour found to fill the pouch of Douglas. Its nature suggested a foetal head, of which the posterior fontanelle could be felt. The cervix was pushed very far upwards and forwards, almost out of reach of the examining finger. A large tumour was felt in the left iliac fossa and spreading across the middle line, while a smaller tumour to the right was taken to be the uterus. A diagnosis of extrauterine pregnancy, or pregnancy complicated by a large ovarian cyst, was come to. The pulse was 104, respirations 24, and the temperature 97.2°.

The patient was free from pain for the next nine days, but a recurrence of abdominal pain on June 25th made her consent to an operation, which was performed on June 26th by Mr. Maclaren.

A medial suprapubic incision was made. Blood was found in the peritoneal cavity and the left tube was greatly distended. The uterus was enlarged to just above the pubes and displaced to the right. The tube was opened, and the placenta, which was adherent to the upper and anterior wall of the sac, was removed with very little bleeding. A live male child was then removed from the sac. The head was very fixed in the pouch of Douglas and gave rise to a little trouble in taking it out. The walls of the sac were adherent to the pouch of Douglas and to the transverse colon. The adhesions separated easily from the latter but not from the former,

and the pouch of Douglas had to be packed. A small piece of the packing was removed daily and there was a sero-sanious discharge from the wound for about three weeks. It ultimately healed perfectly, and the patient was discharged from hospital on July 25th, a month after the operation.

The baby weighed 3½ lb. on removal from the abdomen, but steadily lost weight and died on July 8th, having lived thirteen days. The child was well developed with the exception of a marked double pes calcaneo-valgus.

A. C. GILLIES, M.B., Ch.B., B.Sc.,
House-Surgeon, Cumberland Infirmary, Carlisle.

ADRENALINE IN ANGIO-NEUROTIC CONDITIONS.

As the utility of adrenaline in angio-neurotic conditions does not seem to be fully recognized I think the following case is worthy of record.

A woman, aged 40, had partaken freely of partridge. About half an hour afterwards a very profuse urticarial eruption appeared on the chest and abdomen; later it invaded the back and limbs. It continued for several hours; then she was seized with a feeling as if she "was going to burst." In consequence the patient, who had retired to bed, jumped out and, leaving her room, endeavoured to go downstairs, but immediately fell down in an unconscious state.

When seen at 3 o'clock in the morning she had recovered consciousness and declared that she felt nearly all right. A dose of castor oil and a mixture of bromide and valerian were ordered.

Three hours afterwards the eruption appeared again, being characterized by wheals of great size. Later the hands became oedematous. This state of matters continued all day, and at 7 p.m. the face also became oedematous, the swelling becoming so large as to cause considerable alarm to the members of the family with whom she was living.

At 9 p.m. I administered a hypodermic injection of 10 minims of adrenaline. In half an hour the swelling began to subside and the patient felt much better, a "dead sinking feeling" which had troubled her all day having vanished. At 10.30 all the symptoms had disappeared. Apart from several slight transient attacks of urticaria no further trouble followed.

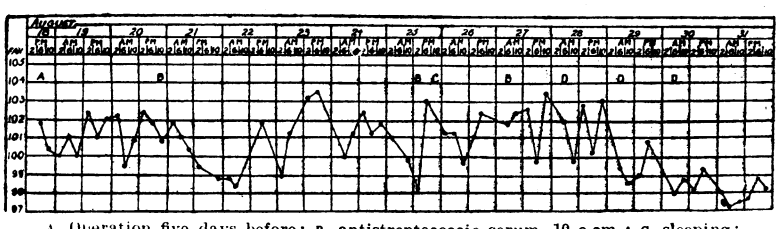
An interesting point in connexion with this case is that the patient has been subject to occasional attacks of asthma for the last six years.

Driffield, E. Yorks. JOHN R. KEITH, M.D.

COLLOSOL ARGENTUM IN THE TREATMENT OF SEPTICAEMIA FOLLOWING ABORTION.

I THINK that the following case will be of general interest, since it illustrates the almost dramatic effect of collosol argentum on the course of a septicaemia which had been uninfluenced by treatment for fourteen days previously.

A married woman, aged 19, was admitted to the Victoria Hospital, Worksop, on August 13th, 1925, and a diagnosis of inevitable abortion was quickly made. Severe infection was already present, and the features of the case strongly suggested that criminal induction had been attempted. She was curretted on admission by Mr. A. W. Kirkham, and 10 c.cm. of antistreptococcic serum was injected subcutaneously immediately afterwards. In spite of four-hourly doses of 4 grains of quinine sulphate and occasional injections of serum the temperature showed no signs of settling. After about a week pain and tenderness over the uterus indicated progressive metritis, and the question of peritoneal involvement began to cause some anxiety. Occasional retention of urine necessitated catheterization. The serum was obviously having no effect, and on August 27th Mr. Kirkham advised trying collosol argentum, which he had previously found effective in a case of septicaemia following abscess formation. A gluteal injection of 10 c.cm. was given on August 28th, and 10 c.cm. daily thereafter. Twenty-four hours after the first injection there was a distinct improvement in the general condition of the patient, and after the second injection the pulse, respirations, and temperature had become almost normal. After the third injection it was decided to discontinue its use, a decision which was justified by the subsequent appearance of the temperature chart (reproduced herewith). I think this chart bears out the remarkable efficiency of collosol argentum in a condition which so often drags on interminably in spite of all therapeutic measures.



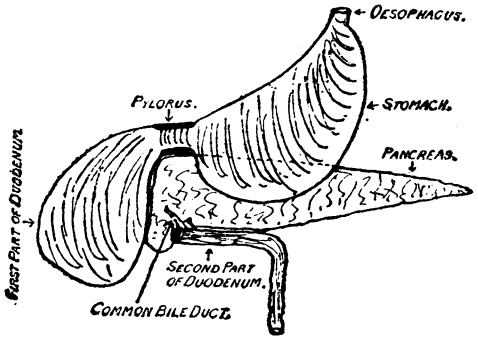
A, Operation five days before; B, antistreptococcic serum, 10 c.cm.; C, sleeping; D, collosol argentum, 10 c.cm.

London, N.W. J. FINE, M.B., Ch.B., B.Sc.

CONGENITAL OCCLUSION OF THE FIRST PART OF THE DUODENUM.

CONGENITAL occlusion of the duodenum is a very rare condition. Of 13 cases of congenital occlusion or stenosis of the intestines collected by Barnard[1] from the records of the London Hospital not one was of the duodenum. At Booth Hall Infirmary, with over 500 beds for children and about 4,000 admissions yearly, there had not been one case in nine years.

On September 5th I admitted to the hospital a female infant 2 days old. It had been vomiting persistently since birth, although given nothing more than a few sips of water. The bowels had not been moved. The doctor who sent it in diagnosed the case as "congenital pyloric stenosis." It was a full-time baby, and pregnancy and labour had been normal. The weight at birth was 6½ lb. Both parents are young and healthy. There are two other children, alive, well, and normal. Upon examination the infant seemed healthy.



After admission the stomach and the rectum were washed out; both washings contained material like meconium. Emesis, however, persisted, the vomit closely resembling meconium (unfortunately no specimen was saved). The vomiting required very little effort, and was not like the "projectile" vomiting of infantile pyloric stenosis.

The infant died next day. I made a *post-mortem* examination, and in the accompanying diagram I have tried to show what I found. The stomach was large and distended, while the pylorus was normal. The first part of the duodenum was greatly distended, almost to the size of the stomach, and ended blindly. Indeed, the appearance of the stomach together with the duodenum was very like that of hour-glass stomach. The second part of the duodenum commenced blindly at the ampulla of Vater, this end of the gut being embedded in the head of the pancreas near the uncinate process; it was joined immediately by the common bile duct. The remainder of the intestinal tract was normal; but it is interesting to note that the appendix measured over 2½ in. in length, had very little mesentery (and that near the base), and was freely movable. The gall bladder was rather large and distended with bile, though the bile ducts were patent in their whole length. The liver was slightly enlarged. No other abnormalities were found.

GERALD RALSTON, M.R.C.S., L.R.C.P.,
Resident Medical Officer, Booth Hall Infirmary, Manchester.

TEMPORARY BLINDNESS AFTER CONCUSSION.

A CASE recently in St. Mary's Hospital, Paddington, showed an interesting condition of cerebral concussion.

On September 16th a boy, aged 9 years, was admitted to the hospital with a history of having been kicked on the head by a horse. There was a cut on the right side of the forehead just above the eyebrow.

The child was completely conscious but totally blind, not even having perception to bright lights; the movements of the ocular muscles were normal, the pupils were equal and reacted briskly. Two hours later perception to light returned; in another two hours he had perception of moving objects, and by the next morning he was completely recovered.

Owing to the ocular muscles and the pupil reflexes being intact it can reasonably be said that the lesion lay behind the anterior corpora quadrigemina and the internal capsule. It seems natural to conclude that the injury was a localized cerebral concussion due to *contre-coup* violence affecting only the visual centres in the occipital lobe.

I am indebted to Mr. D. C. L. Fitzwilliams, F.R.C.S., for permission to report the details of the case.

GEOFFREY ANDERTON, M.R.C.S., L.R.C.P.
London, W.2.

[1] Barnard, H. L.: *Contributions to Abdominal Surgery*, edited by James Sherren, p. 144.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS.

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 19th. The President, Sir JOHN BLAND-SUTTON, Bt., was in the chair, and the attendance was much larger than in recent years.

Dr. HADEN GUEST, M.P., moved the usual resolution affirming the desirability of admitting Members to direct representation upon the Council of the College, which, as at present constituted, only represented those Members who held the Fellowship. The resolution went on to urge that the constitution of the Council should be in keeping with modern ideas of true representation and more in conformity with the present-day requirements of Members and Fellows, and that the opportunity afforded by the application to the Privy Council for a supplementary charter to give authority for certain changes should be taken to insert a provision therein for some representation of Members, as such, upon the Council. Dr. Guest said that it was remarkable that in a body which contained so large a proportion of Members to Fellows (17,361 to 1,786) the Members should have no direct voice in administration and control. He did not wish so much to criticize the method of control in the past as to suggest that it was not adequate to the present time. The situation was also remarkable because similar resolutions had been carried year after year and nothing had been done. In the House of Commons, if a resolution was passed once, it might not become operative for various reasons, but if it was passed twice there would be some heartburning even in the most adamant of Governments, and he could not conceive the House of Commons or any other public body having a resolution passed thirty-six times and taking no notice of it. The College had great powers of control and direction in the matter of examinations and medical and scientific education, and it would surely be advantageous to have the experience of the ordinary general practitioner brought into its counsels. Again, the College owned £400,000 worth of property, but this was managed, as also was its large income, entirely by the Fellows—no doubt with exemplary correctness from the business point of view, but perhaps not in the best way possible to carry out the duties imposed upon the College by Act of Parliament. The opportunities available to the College for guiding research were not as well used as they might be if Members were added to the Council. The College might become an active body in scientific investigation, and a vast unused store of knowledge and capacity might be made available to it, if only the general body of Members, so very many of whom were general practitioners, were brought into consultation and linked in some organic way with its work.

Mr. LAWSON DODD, in seconding the motion, said that the frequent argument that the Society of Members was a small body was not relevant. The size of a society had no relation to the justice of its claims. This was a demand on the part of children for a closer union with the parent—rather a refreshing thing in these days. If there was apathy in this matter it was due to want of function. The way to remove apathy was to give the Members some connexion with the Alma Mater from which they had derived their privilege to practise. The possession of great wealth and power by a section of the community, and especially by a section of the profession, did not tend towards affection and good relationship, and especially was this the case when the power had been filched from the larger body and concentrated in the smaller. With a closer link between the rank and file of the profession and the Council the number of individual benefactions to the College, which in the past had been very small, would possibly be greatly multiplied. He reminded the Council that this was not the demand of an illiterate community for the extension of a franchise; it was the demand of colleagues, men whose history had been the same as those to whom they appealed, differentiated perhaps only by a year of additional training. The concession which was being asked for was not such as to weaken the Council; on the contrary, it would enormously strengthen the Council; the result would be to give the College greater authority, wider sanction, larger influence in the eyes of the public; and the granting of this request would bless not only him who received but him who gave.

The motion was supported by Dr. F. G. LLOYD, Dr. ARTHUR HAYDON, and other speakers, and was carried, with three dissentients.

Sir JOHN BLAND-SUTTON said, in reply, that he would not attempt to traverse any of the remarks made by the mover and seconder of the resolution. The decision on this matter did not rest with the President, as some of the speakers seemed to think, to his disparagement; it rested with the Council, of whom the President was merely the mouthpiece. But he would tell the Members this: the Council was trying to get a supplemental charter, and had already received a deputation from the Members with regard to the terms of the charter. The Council intended to give the matter its very serious consideration, and for this reason, that the Council was a changing body in the way of its membership, there had been great changes in the Council by death and resignation during the last few years, and he thought, and his colleagues thought, that it would be a good opportunity to ascertain the earnest wishes of some of their younger members. They intended to give this matter very earnest consideration, and that without any delay, before the supplemental charter was sent in to the Privy Council. (Loud applause.)

UNIVERSITY OF LONDON.

A COURSE of five lectures on the physiological and pathologica activities and functions of bacteria will be delivered in the theatre of the Royal College of Surgeons, Lincoln's Inn Fields, W.C., by Dr. F. W. Twort, superintendent of the Brown Institution, on December 7th, 8th, 10th, 11th, and 14th, at 4 p.m. Admission is free, without ticket.

UNIVERSITY OF BRISTOL.

THE Long Fox memorial lecture will be delivered by Dr. Carey F. Coombs in the Physiological Theatre of the University of Bristol on Wednesday, December 9th, at 8 p.m., the subject selected being the etiology of cardiac disease. Medical practitioners are cordially invited.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—T. M. Beattie, N. Cohen, S. E. Henty, M. Hook, B. Horwitz, J. M. F. Whitby, D. Winstanley.

MEDICINE.—V. G. Crowley, N. C. Ghose, B. D. Jain, E. Kessel, E. W. D. Long, J. Mindess.

FORENSIC MEDICINE.—M. Bannounah A. M. El-Mishad, C. L. Froehlich, M. Hook, J. Mindess, S. R. G. Pimm, L. A. Restant, F. Widlake.

MIDWIFERY.—C. L. Froehlich, E. W. Hayward, S. E. Henty, F. G. Martin, H. A. Sack, F. Widlake.

The diploma of the Society has been granted to Messrs. C. L. Froehlich, M. Hook, F. G. Martin, and D. Winstanley.

Medico-Legal.

DIAGNOSIS OF DISLOCATION.

FREEBORN *v.* LEEMING.

THE Court of Appeal, consisting of Bankes, Scrutton, and Atkin, L.JJ., on November 20th dismissed the appeal of Mr. George Freeborn from the decision of the Divisional Court of the King's Bench allowing the appeal of Dr. Robert Leeming, medical officer to the Kendal Board of Guardians, from a judgement of Judge Chapman in the Grimsby County Court mulcting Dr. Leeming in £1,800 damages for negligence in failing to diagnose Mr. Freeborn's dislocated hip. Previous proceedings in the county court and the Divisional Court were reported in the BRITISH MEDICAL JOURNAL on March 14th (p. 534) and June 27th (p. 1200). It was admitted that Dr. Leeming was within the protection of the Public Authorities Protection Act, 1893, which provides by Section 1 that "the action . . . shall not lie or be instituted unless it be commenced within six months next after the act, neglect, or default complained of, or, in case of a continuance of injury or damage, within six months next after the ceasing thereof," and the question on appeal was whether the plaintiff commenced his action within the prescribed time.

The facts shortly were that on September 5th, 1923, the plaintiff was run over by a motor car, his hip being dislocated, and on September 6th he was conveyed to the Kendal Workhouse Infirmary, where he was treated by the defendant. Whilst no contractual relation existed between the plaintiff and the defendant, it was not denied that the defendant was under a duty to exercise reasonable care and skill. The plaintiff left the infirmary on October 16th, 1923, by his own desire, and was seen by other doctors, who discovered the dislocation. Owing to the lapse of time, however, its reduction had become impossible, and an operation resulted in a shortening of the leg, rendering the plaintiff permanently unfit for heavy work. The county court judge found as a fact that the defendant did not make any proper or sufficient examination of the plaintiff on admission to the infirmary and did not discover the dislocation.

The plaintiff issued his writ in the High Court on April 25th,

1924, six months and ten days after he left the defendant's care, and the defendant consequently pleaded the statute.

The county court judge held that it was not a case of "a continuance of injury or damage" beyond October 15th; but he further held that the time limited by the statute did not begin to run until the cause of action arose, that no cause of action arose until damage resulted to the plaintiff, that no damage resulted until such time as plaintiff, if properly treated, would have been fit to return to work, which would have been less than six months before action was brought. He therefore gave judgement for the plaintiff.

The defendant appealed, and the Divisional Court (consisting of Salter and Swift, JJ.) held that the damage began to accrue from the date of the neglect, or default, and that the action was out of time. The plaintiff then appealed.

Judgement of Bankes, L.J.

Lord Justice Bankes, in his judgement, said: In this case the plaintiff brought an action against a medical man claiming damages for negligent treatment. The facts, so far as it is material to state them, are that the plaintiff was knocked down by a motor car and was injured. He was removed to the hospital, where he was attended by the defendant. As found by the county court judge, the defendant was negligent in failing to diagnose what the plaintiff was suffering from. Had he done so the plaintiff would have recovered within a short period of time. As it was, he remained in the hospital for some time, and then, being dissatisfied with the treatment, he left, and submitted himself to other medical men, who advised an operation, which necessarily resulted in the permanent shortening of one leg. The action was not commenced within six months of the plaintiff leaving the hospital and ceasing to be attended by the defendant. The defendant pleaded the Public Authorities Protection Act, 1893. It was admitted for the plaintiff that the Act applied, but it was contended that the action was not, in the circumstances, barred. It is obvious from a perusal of the schedule containing the enactments repealed, which go back as far as the reign of Queen Elizabeth, that the Legislature intended in the case of actions against public authorities not only to substitute one time limit for all existing time limits, but by adopting a new definition of what constituted that limit to modify the existing law upon the subject. If it were open to this court to put its own construction on the language used, it would be necessary to consider very carefully what the construction should be, and to discuss the various authorities which have been cited to-day. As far as this court is concerned it must accept the construction put upon the language of the section in *Carey v.* Mayor of Bermondsey (67 J.P., 111). That was an action tried before Mr. Justice Channell. The plaintiff had been injured by falling over a projection in the road which had been put there by the negligence of the defendants' servants. The fall and the injury occurred more than six months before action was brought. At the time the action was brought the plaintiff was still suffering from the injury. The defendants pleaded the statute. The contention by the plaintiff's counsel was that the injury or damage to the plaintiff had not ceased when she brought her action, that the words of the section must be given their ordinary meaning, and that if the injury ceased immediately after the accident the damage still continued. Mr. Justice Channell, without calling on the counsel for the defendants, decided in their favour, holding, in effect, that the only case in which the time limit did not apply after the expiration of six months from the date of the neglect, or default, was where there was a continuing cause of action. This decision was affirmed in the Court of Appeal, consisting of Lord Halsbury, L.C., and Lord Alverstone, L.C.J. (67 J.P., 44, and 20 T.L.R., 2). Counsel for the defendants urged that at the time of action brought the plaintiff was still suffering from the consequences of the defendants' negligence, and that so long as she was suffering there was a continuance of the injury or damage. Lord Halsbury dealt with the argument as follows. He said: "The language of the section was reasonably plain, and it was manifest that the continuance of the injury or damage meant the continuance of the act which caused the damage. It was not unreasonable to say that if there was a continuance of an act causing damage the injured person should have an action at any time within six months of the ceasing of the act complained of. But that was wholly inapplicable to such cases as the one before them, where there was no continuance of the act complained of, and where the only suggestion was that, in consequence of that negligent act, the victim was not such a good man as he was before. Words had to receive a reasonable interpretation. The report in this case appears only in the *Justice of the Peace* and in the *Times Law Reports*. Whatever may be the proper inference to be drawn from that fact, the language used by the Lord Chancellor is unmistakably plain, and this Court must accept it and apply it. I cannot distinguish the facts of this case from the facts in Carey's case, and I am unable to agree with the view taken by the learned county court judge of a distinction which was suggested to him. The contention took this form: but for the defendant's negligence, it was said, the plaintiff would only have been laid up for so many weeks. The damage he suffered from loss of earning power during these weeks is attributable to the motor. The plaintiff's loss or damage due to the defendant's negligence only dates from the time when but for that negligence he would have regained his earning power. With every desire to assist the plaintiff I am unable to accept this contention, and I think that the decision of the Divisional Court was right, and this appeal must be dismissed with costs."

Lord Justice Scrutton and Lord Justice Atkin delivered judgement to the same effect.

Obituary.

We regret to record the death of Mr. Percy Crofts Bardsley, of Wimpole Street and Salisbury, which occurred after a short illness on October 12th, at the age of 59. Mr. Bardsley received his education at the University of Cambridge, where he graduated B.A. in 1888, and University College, London. He obtained the L.S.A. in 1891, and the degrees of M.A., M.B., B.Ch.Camb. in 1896. He was well known in Salisbury for his active association with the infirmary, to which he was appointed ophthalmic surgeon in 1912. He was also ophthalmic surgeon to the school clinic of the city. His London appointments included those of ophthalmic surgeon to the Willesden Hospital and the British Hospital for Incurables, chief clinical assistant to the Royal London Ophthalmic Hospital, and lecturer to the Church Missionary College, Islington. He contributed numerous articles on ophthalmological subjects to the *British Journal of Ophthalmology* and the *Transactions of the Ophthalmological Society*. Mr. Bardsley was a member of the British Medical Association. He leaves a widow.

The following well known foreign laryngologists have recently died: Dr. Carlo Biaggi of Milan (aged 62), Professor Capart of Brussels (aged 80), Professor Schiffers of Liège (aged 77), and Dr. Chatellier of Paris (aged 70).

Medical News.

Mr. Harvey Hadden of Berkeley Square, London, has contributed £1,000 to the endowment fund of the James Mackenzie Institute for Clinical Research, St. Andrews. The county of Perth has contributed £7,500 as a tribute to the late Sir James Mackenzie, the founder of the Institute, who was born in that county.

Invitations have been issued for the winter livery dinner of the Society of Apothecaries of London to be held in the Society's Hall, Blackfriars, on the evening of Tuesday, December 15th.

The Lady Priestley Memorial Lecture before the National Health Society will be delivered by Dr. Robert Hutchison at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., on Thursday, December 3rd, at 5 p.m. The subject of the lecture will be diet in childhood and adolescence.

On November 30th, at 5.30 p.m., Mr. Herbert Tilley will lecture for the Fellowship of Medicine on tuberculosis of the larynx in the lecture hall of the Medical Society of London, 11, Chandos Street, W.1; the lecture is free to all members of the medical profession. From November 30th to December 13th the Infants Hospital will hold a special afternoon course, with the exception of Sunday, when a morning visit will be paid to the Thavies Inn Clinic. Lectures and demonstrations will be given by members of the staff, and visits made to the Nursery Training School, Hampstead Garden Suburb, and the Home for Blind Babies, Chorley Wood. The Hampstead General Hospital will hold a late afternoon course from December 7th to 19th covering medicine, surgery, and the special departments. At the Blackfriars Hospital for Diseases of the Skin a course in dermatology will be given from December 7th to 19th; instruction will be given in the out-patient department and venereal clinics twice weekly. The following special courses are announced for January: Medicine, surgery, and the specialties at the Prince of Wales's General Hospital; cardiology at the National Hospital for Diseases of the Heart; diseases of children at the Queen's Hospital; infectious fevers at the North-Eastern Hospital; neurology at the West End Hospital for Nervous Diseases; and psychological medicine at the Bethlem Royal Hospital. A copy of each syllabus and the Fellowship general course programme will be forwarded on application to the Secretary to the Fellowship, 1, Wimpole Street, W.1.

A three months' course of lectures and demonstrations in hospital admistration will be given by the medical superintendent (Dr. E. W. Goodall) at the North-Western Hospital of the Metropolitan Asylums Board, Lawn Road, Hampstead, N.W., on Mondays and Thursdays at 4.45 p.m., and alternate Saturdays at 10.30 a.m., commencing on Thursday, January 7th, 1926. The fee for the course, which complies with the requirements of the revised regulations of the General Medical Council, is £4 4s.

AT a general meeting of the Röntgen Society at the British Institute of Radiology (32, Welbeck Street, London, W.1), to be held on Tuesday next, at 8 15 p.m., the second Röntgen Award will be made to Dr. Robert Knox for his paper on "The investigation of the movements of the heart by the use of the slit diaphragm and the moving film." Papers will be read on interrupters for induction coils, by Mr. R. J. Stephenson of University College, Reading, and on oscillographic observations on in luction coils and transformers, by Dr. E. A. Owen of the National Physical Laboratory.

OWING to the death of Queen Alexandra the dinner in aid of the National Association for the Prevention of Tuberculosis, which had been arranged for December 9th, has been indefinitely postponed.

AMONG the recently elected Fellows of the Royal Sanitary Institute are Dr. G. W. Neild Joseph (M.O.H. Warrington), Dr. A. B. McMaster (M.O.H. Dover), Dr. Frank Robinson (M.O.H. Cambridgeshire), Lieutenant-Colonel B. J. Singh, Director of the Medical and Sanitary Department, Hyderabad, and Dr. D. L. Thomas (M.O.H. Stepney).

THE Todmorden Medical Society has made a donation of 10 guineas to Epsom College.

THE Umberto I prize of the Rizzoli Orthopaedic Institute in Bologna for 1924 has been awarded to Dr. Alazâr Farkas of Budapest for his essay on the etiology and pathology of the scolioses.

DR. COUSOT of Dinant has been elected president of the Belgian Royal Academy of Medicine for 1926, with Professor Gallemaerts of Brussels and Professor Frédericq of Liège as vice-presidents.

THERE has recently been a great increase in the number of local outbreaks of typhoid fever in Germany. During the first thirty weeks of the year 5,903 cases were notified throughout the country, as compared with 5,356, 5,273, and 5,996 in the corresponding periods of 1922, 1923, and 1924.

THE incidence of small-pox in Switzerland of recent years is shown by the following figures: 1915-20, 14 cases; 1921, 595; 1922, 1,159; 1923, 2,145; 1924, 1,245; January to May, 1925, 156.

ACCORDING to the *Deutsche medizinische Wochenschrift* there has recently been an outbreak of swimming-bath conjunctivitis in several schools in Germany.

THE von Graefe prize of the German Ophthalmological Society is to be divided equally between Professor Seidel of Heidelberg and Professor von Szily of Münster.

IN the Bulletin for 1925 of the Ophthalmological Society of Egypt, which was founded in 1902, a report is given of the annual meeting in Cairo on March 6th, together with the clinical papers read at it.

THE birth rate in Prussia, which was 27.7 per 1,000 inhabitants in 1913, fell to 26.1 in 1921, 23.7 in 1922, 21.7 in 1923, and 21.1 in 1924. In Bavaria 207,457 children were born in 1913, 177,943 in 1923, and 171,951 in 1924.

THE Académie de Médecine of Paris has been left a legacy of 50,000 francs by Madame Alphonsine-Matilde Maire for founding a biennial prize, to be known as the "Prix Docteur Jules Brault," for the best work on exotic pathology or dermatology.

THE engineer, Dr. G. Schmaltz, has recently been made an honorary doctor of medicine at the Frankfort Medical Faculty for his work on the physiology of the labyrinth.

DR. CHARLES MAYO has been nominated officer of the Legion of Honour.

AS a memorial to the Rev. E. H. Mosse of St. Paul's, Covent Garden, who was killed in 1918 during an air raid on London, a mission hospital was erected at Ta Tung Fu, a city in the Shan-si Province of Northern China, inhabited by a primitive and intensely conservative population. The first out-patients were received at the end of 1922, and accommodation was provided for in-patients in December, 1923. The first annual report (issued by the S.P.G.) indicates gratifying progress in the face of great difficulties. The number of in-patients during the first year was 396, and of out-patients 2,464. Venereal disease is very rife and mixed infections of tubercle and syphilis are frequent. The commonest eye affection is trachoma, and copper sulphate has been replaced by zinc sulphate with advantage. Senile cataracts are rare, though in the corresponding regions of North India they are very common. Xerophthalmia is often encountered, but has readily yielded to cod-liver oil and a well balanced diet. No cases of malaria, kala-azar, or leprosy have been dealt with, but rickets and osteomalacia are common and severe, possibly, it is suggested, owing to the considerable amount of oatmeal eaten in the district. Although no acute rheumatism has been reported, yet valvular disease of the heart occurs in young subjects, and many cases show lesions of the aortic valve despite freedom from syphilis.

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.***

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QUERIES AND ANSWERS.

"TEEJ."—The condition was probably due in the main to the local anaesthetic, associated with malnutrition and emotional disturbance.

BAGGY EYELIDS.

"J. G. B." asks for information as to the pathology of "baggy" eyelids met with in apparently healthy individuals of middle age.

CRACKED NIPPLES.

"E. K." writes: If "Medicus" (JOURNAL, November 14th, p. 927) will provide his patien s with cracked nipples with Wansbrough nipple shields lead), to be worn continuously, he will have no more trouble with this condition. No drugs are required. The shields have served me well in scores of cases.

TREATMENT OF ASTHMA.

IN reply to the inquiry published in the JOURNAL on November 14th (p. 927), Dr. J. PIRIE (Leamington Spa) writes that he has found nothing so successful as an early hypodermic injection of morphine (gr. ¼, especially if it induces sickness). He also recommends a trial of eupnine. Inhalation he found usually relieved difficult breathing and oppressive headache. According to Martindale's *Extra Pharmacopoeia*, eupnine contains caffeine and iodine, and it is taken by the mouth, 1 to 4 drachms daily before meals.

INCOME TAX.

Expenses on Entering a Practice.

"A. Y. Z." has recently entered a practice and has had to pay a considerable sum for legal agreements. Is he entitled to any allowance for this or for the cost of ledgers and similar books?

*** The broad distinction with regard to such expenditure is that between capital outlay and sums expended in the ordinary course of professional work. The legal expenses—if in connexion with the partnership agreement—are not allowable; they were incurred by "A. Y. Z." in entering the practice, not in carrying on his work, but we consider that the cost of the books of record should be allowed. The latter expense would, we believe, be allowed in the case of a person setting up in business, and to regard such sums—which, after all, are expended merely in the purchase of professional stationery—as representing capital outlay seems to be an unreasonable straining of the principle.

Car Transactions.

"H. F. W." bought a second-hand car in March, 1924, for £85; in November of the same year he sold it for £50 and bought a new car of another make for £263. How much is he entitled to deduct?

*** Of the net expenditure of £263-£50=£213, £85 was incurred in replacing the old car and that amount can be charged as a professional expense of the year in which the expenditure was incurred. The £213 forms the basis of the depreciation allowance to be claimed from the gross (average) assessment; the allowance will be £213 at 15 per cent.=£32. The reply in a former issue to which "H. F. W." refers was not based directly on any particular case, but was in accordance with the generally recognized principles of law.