What brings about the ill balance between the epiderm and the derm is the secret of psoriasis, and will doubtless be found eventually in cell electrophysics; but the action of chrysarobin is definite and points to a readjustment of this balance. The action of *x* rays is apparently very similar, at any rate so far as the histological appearances go, but I do not know sufficient about the chemical effect of such rays to suggest that they also act by an abstraction of oxygen from the tissues.

With regard to other methods of treatment I can only record a very brief experience. Arsenic in my hands, given to the limit of tolerance by the mouth, or by intravenous administration of arsenobenzol compounds, has proved disappointing, nor have I ever seen any results from administration of thyroid extract, except in one young woman whose psoriasis was connected with pregnancy and in whom exhibition of the gland extract certainly appeared to have a very decided influence.

In spite of Dr. MacKenna's statement to the contrary, I have found no benefit from ultra-violet light therapy, though I admit that my experience in this has been very slight, and I should be delighted to hear the opener's views corroborated, as any method of light therapy which can be applied over a large area has obvious advantages over *x* rays.

I would summarize my conclusions as follows:

1. Psoriasis may be treated with some prospect of success both by chrysarobin and *x* rays, the effects being produced more quickly and lasting longer by the former method.

2. Both remedies appear to produce the same histological picture—namely, a remarkable flattening of the papillary body and a probable increase in the intradermal pressure, which suggests that the cause of psoriasis may be a process which lowers the general dermal resistance.

GENERAL DISCUSSION.

Dr. W. DYSON (Manchester) said that, in his opinion, the first and most important line of treatment was rest. In his experience diet had little or no influence on the disease, but he always insisted on the absolute prohibition of alcohol in every form. As regards drugs, he found that salicin was most useful in the acute irritable stage, and arsenic when the inflammation had subsided and in the more chronic types of the disease. He had not seen any benefit from thyroid extract unless given in doses sufficiently large to make the patient ill. Locally, in addition to chrysarobin and tar, which Dr. MacKenna had mentioned as the most useful applications, he should like to add pyrogallic acid. Tar had the disadvantage that its long-continued use was apt to cause a pustular folliculitis and obstinate furunculosis. He had had no experience of haemotherapy as a treatment for psoriasis; *x* rays he no longer used, although he had done so in the past, as he found it gave no better results than other remedies and it entailed some risk to the patient. He had used injections of various bacteria—*B. coli communis*, typhoid bacilli, and staphylococci; they certainly had some influence on the disease, but he had never been able to clear a case by this method without the aid of local treatment. He did not think that it made any difference to the results obtained whatever species of micro-organism was employed. Lately he had been in the habit of using, after he had cleared a case by the usual methods, and for the purpose of preventing recurrences, a polyvalent staphylococcal vaccine (1 c.cm. = 1,000 million staphylococci) detoxicated by being heated for half an hour at 70° C. He gave a dose of 1 c.cm. and repeated it every three months, being of opinion that it diminished the chances of recurrence. In some cases this method failed, possibly owing to wrong dosage, or wrong length of interval between the doses in the individual case.

Sir NORMAN WALKER found himself in agreement with the opinion that a great many of the recently vaunted remedies had not stood the test of experience. He thought that Dr. MacKenna was too pessimistic about the old Fowler's solution. For years the speaker had taught that arsenic was certain to do harm in acute cases, and he had advised his students never to use it in such, but a published opinion of Dr. Whitfield's to the contrary made him reconsider the matter. The results of his experiments were that quite a number of patients to whom previously he would not have ventured to give arsenic were greatly benefited. Sir Norman Walker was interested in Dr. Whitfield's reference to *x* rays and ultra-violet light. Many years ago Nevins Hyde had argued that psoriasis was one of the prices of civilization, and that it was hardly known among negroes living in uncivilized conditions in Central Africa. Hyde had constructed in Chicago glass houses (dim glass houses) on the top of a sky-scraper building, where patients were exposed to such rays of light as penetrated the glass. He claimed that the effects were quite remarkable, and, when it was first noticed that *x* rays could cause patches of psoriasis to disappear, the possibility occurred that some rays were common to *x* rays and sunlight and that to these the benefit might be due. In the days when ladies' blouses were known as "peek-a-boo" the speaker had observed that the very large V which they often exposed was an area which was generally free from psoriasis. Dr. MacKenna seemed almost to prefer tar to chrysarobin. Sir Norman Walker agreed with him that the effects of tar lasted longer than those of chrysarobin unless the latter was very efficiently used. But they should not forget that the skin showed idiosyncrasies to remedies as well as to accidental irritants, and that a person whose skin was irritated by pine tar might be benefited by birch or coal tar. Like Dr. MacKenna, he had not found that diet, however unpalatable it might be made, could be depended on to give much help, but he agreed with him still more cordially in the remark that alcohol always did harm. Patients who had psoriasis should be total abstainers. Dr. Skinner's demonstration had been most interesting, and, to one who had long pinned his faith to chrysarobin as the most efficient treatment, it was very gratifying to find so valuable a recruit demonstrating its effects so strikingly. The first outbreak of psoriasis should always be treated seriously, and the same care and attention should be given as in the case of an acute illness; the child should be put to bed and treated until the eruption had disappeared. If that were always done, there would be far fewer cases of recurrence, and there would also be fewer if patients did not somehow get the idea that psoriasis was *bound* to recur.

Dr. MACKENNA replied very shortly, and the proceedings of the Section terminated with a hearty vote of thanks to the President.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

RECOVERY AFTER MASSAGE OF THE HEART.

I READ Mr. Girling Ball's article, in your issue of April 24th (p. 732), with much interest. About eighteen months ago I had a somewhat similar experience, which I only refer to now as it may have some bearing on Dr. Harrington Sainsbury's letter (May 22nd, p. 883) relative to Mr. Girling Ball's case.

A man, aged 40, was admitted to the Royal Infirmary, Dumfries, on November 27th, 1924, with a history of persistent vomiting. There was nothing in the history or the clinical examination which pointed to a definite diagnosis, and *x*-ray examination was negative. Nothing abnormal was found in heart, lungs, or secretions. I performed exploratory laparotomy on November 30th. My house-surgeon, Mr. M. C. Wright, gave chloroform, and the patient took the drug well. I thought the stomach was normal in appearance and size, but detected something abnormal, round and hard, behind it. On lifting the omentum, transverse colon, and stomach forward, I found a hard gland, with rough uneven surface, about the size of a Tangerine orange—probably the product of an old tabes mesenterica—lying fixed in the tissues of the root of the mesentery, in the duodeno-jejunal angle. At this point, without the slightest warning, the patient's heart and respiration absolutely stopped. His colour was ashen grey, the conjunctivae were dry, the pupils dilated and fixed. The usual restorative measures were adopted—head lowered, tongue brought forward, artificial respiration, warm fomentations to chest wall over the heart, etc.

It was soon apparent that these measures were hopeless, and I had thus wasted several minutes before I enlarged the wound in the abdominal wall and massaged the heart through the

diaphragm. The heart was still and flaccid, but after a considerable interval (about two minutes) it began to beat—very feebly at first, but gradually increasing in strength. The respiration started again soon after the heart. Warm applications were maintained on the chest wall, and I dissected away the gland. This took some time, fully half an hour, as the tumour was very adherent to surrounding structures, mesenteric vessels, etc. The patient remained quite well till the end of the operation and I had no further anxiety about him. He was discharged from hospital three weeks afterwards quite well and has remained so.

I now come to the point in Dr. Sainsbury's letter. Mr. Girling Ball injected adrenaline into the heart muscle, and Dr. Sainsbury inquires whether that was not the chief agent in the recovery of the patient, and not the heart massage.

I injected no drug into the heart muscle, or elsewhere. No doubt adrenaline may be useful by itself, or as an adjuvant, in some cases of heart failure. The prick of a needle alone may also be useful. Possibly adrenaline should always be used along with heart massage, as in Mr. Girling Ball's case, but, of either alone, I believe heart massage is the more dependable in such cases. The surgeon must make up his mind quickly as to the extreme gravity of the case, and act early, if such extraordinary measures as heart massage or injections of adrenaline are to be of any avail.

It would perhaps be unwise to make any definite statement as to lines of treatment in such cases. The cause of the heart failure may be obscure and very different in one case from another. Even research would not promise much, because obviously it would first be necessary to reproduce syncope as it occurs on the operation table and in similar circumstances, which would be difficult.

Dumfries. ROBERT M. GLOVER, M.B., F.R.C.S.Ed.

NERVE ENLARGEMENT IN LEPROSY.

THE diagnosis of advanced leprosy is not difficult, but very often by the time the disease is recognized the patient is permanently deformed and beyond the possibility of cure. The following three cases are published to lay stress on the importance of enlargement of nerves in leprosy. When a nerve is grossly enlarged it is not an uncommon experience to find that it is the only nerve affected; unless the possibility of one superficial nerve being grossly enlarged in leprosy is recognized the disease may not be diagnosed. Two out of the three cases reported were not diagnosed.

Case 1.—An Indian male complained of a swelling on the inside of the arm; it was about an inch in diameter, and was attached to the ulnar nerve, which was extremely thick, but not to the skin; fluctuation could be elicited. Along the outer side of the left hand, in the distribution of the affected ulnar nerve, was an area of depigmentation with anaesthesia. The history given was that a depigmented anaesthetic patch appeared on the outer part of the dorsum of the hand; this was followed about three months later by the appearance of the swelling described above. It had the appearance of a neuro-fibroma. On the diagnosis of leprosy being made the patient was frightened, and went to another doctor, who, being doubtful of the diagnosis, operated. On opening the supposed fibroma a semi-necrotic mass was found in connexion with the ulnar nerve, such as is typical of a nerve abscess in leprosy. There were no other signs of the disease. Unfortunately the patient disappeared, and his subsequent history was not ascertained.

Case 2.—A well-to-do Indian male, who had been in a good leprosy hospital for some time with extensive anaesthesia along the ulnar aspect of the right hand, and depigmented patches on the back, complained of acute pain and swelling of the ulnar nerve, which was very thick and very tender and tense. The skin near the internal epicondyle became red and hot, and as an abscess was suspected the nerve sheath was opened; nothing, however, was found, except a very large thickened nerve. On treating by rest in a splint, and sodium bicarbonate internally (30 grains every four hours), and 10 grains of phenacetin at night, the pain and inflammation gradually subsided, and the patient was able to use his hand again. During the acute reactions the subcutaneous injections of hydnocarpus oil were discontinued, but subsequently restarted, and the patient improved considerably. The ulnar nerve, however, was so grossly affected that permanent changes set in as the result of the formation of scar tissue in the nerve sheath.

Case 3.—A Burmese had had leprosy for three months so far as he knew. He complained of a swelling in the neck, which was found to be an enormously enlarged great auricular nerve; it was as thick as the little finger; the swelling was uniform down to the point where it disappeared behind the sterno-mastoid muscle; it was hard and tender to pressure, but there was no fluctuation. In addition, there was a raised erythematous patch over the right eyebrow, and another similar rash at the angle of the nose. On examination of these areas for *Microbacterium leprae* a few were found. The nasal secretions, however, were not positive.

While enlargement of the great auricular nerve is common in India, Burma, and Siam, this is the largest I have yet seen. In other countries, particularly the Philippines, enlargement of the great auricular nerve is not commonly seen to any extent. Case 3 was not diagnosed as leprosy at first; therefore it is important to look upon any enlargement of a superficial nerve with suspicion in countries where leprosy is endemic.

ROBERT G. COCHRANE, M.B., M.R.C.S.,
D.T.M. and H.,
Medical Secretary for the Mission to Lepers.

NITROUS OXIDE ANAESTHESIA: STATUS EPILEPTICUS: LUMBAR PUNCTURE: RECOVERY.

THE paper by Professor Ernest Glynn in the JOURNAL of May 29th (p. 895), reporting a death due to fulminating pneumonia after nitrous oxide anaesthesia, has recalled the following case to my mind.

A girl, aged 14 months, on June 4th, 1925, attended the out-patient department of the David Lewis Northern Hospital, Liverpool, with a small submental abscess. At 6.15 p.m. nitrous oxide anaesthesia was induced at the urgent request of the parents, but before the incision could be made the child entered into a state of status epilepticus. I admitted the child to the children's ward at 7 p.m. A hot mustard bath was given, and 6 ounces of normal saline with 1 ounce of glucose and 1 drachm of brandy were administered by the rectum. As the fits continued I withdrew, at 8.15 p.m., by lumbar puncture, 15 c.cm. of cerebro-spinal fluid under pressure. Chloretone gr. v was given by the mouth. At 11 p.m. the temperature was 107° and the child vomited twice, a trace of blood being present. Tepid sponging was resorted to. A rectal enema (the other had not been retained) produced only a clear fluid result. At 2.30 a.m., as the fits continued, the same dose of chloretone was repeated and chloroform anaesthesia induced. The patient slept for four hours, and at 9 a.m. was greatly improved and conscious. Two days later the submental abscess was opened without an anaesthetic, but on June 9th nystagmus to the left and twitching of the left side occurred; on the following day the hands assumed the accoucheur position. Acetone was present in the urine and glucose was being given at this time. At 5 p.m 20 c.cm. of cerebro-spinal fluid were withdrawn under pressure. Neither this nor the previous specimen contained organisms; the Wassermann reaction was negative. Under treatment with chloretone, calcium lactate, and glucose the patient improved, and a few days later was discharged in good health.

The case appears to add weight to the rule that anaesthetics in very young children are best avoided, if possible.

I am indebted to Dr. J. Murray Bligh, physician to the department for children's diseases, for permission to publish this case.

Liverpool. C. W. HEALEY, *M.C.*, M.B., M.R.C.S.

RASH IN SCARLET FEVER DELAYED TILL THE FIFTH DAY.

THE following remarkable case of delayed appearance of rash in scarlet fever is considered to be of sufficient interest to merit publication.

A child, aged 2½, was admitted to St. Mary's Hospital, Paddington, on June 7th, for cleft palate. Before the operation could be performed the ward had to be closed on account of an outbreak of measles. Further cases occurred and the ward remained closed. No visitors were admitted.

On July 2nd the patient had a temperature of 105°, which was maintained, with slight variations, for five days; on the fifth day it dropped slightly, and a faint erythematous rash appeared, chiefly on the legs, abdomen, and back. There was marked circumoral pallor, some evidence of sore throat, and the child had the general appearance of a case of scarlet fever. The rash, apart from its distribution, was typical, and I sent the child to the fever hospital. Next day (July 8th) I telephoned to the medical officer, who informed me that the rash had developed into well marked distribution of scarlet fever, and was beginning to peel, and that there was no doubt about the case being one of scarlet fever.

The interesting point, of course, is that there were no signs before the fifth day, except the temperature. I have never before heard of a rash being delayed so long as this. The child was well examined every day.

L. PENHALL PHILLIPS, M.R.C.S.,
L.R.C.P.
St. Mary's Hospital, London, W.2. Medical Superintendent.

permanently disabled sailors and soldiers, an institution which was established during the later stages of the war in the Grange district of Edinburgh, and did valued and successful work for seriously injured ex-service men. As honorary physician to the Actors' and Music-Hall Artistes' Association, Dr. Johnston was brought into contact with a large number of entertainers, and he was himself an agreeable raconteur and possessed a repertoire of songs which made him much sought after at social gatherings of the medical profession. Dr. Johnston is survived by a wife and four children. The interment took place at Newington Cemetery on August 13th, and was attended by a large number of friends, members of the medical profession, and a detachment of the City Police, to which Dr. Johnston had acted as a divisional surgeon.

DR. WILLIAM ALFRED MACMAHON GARRY, who died on August 7th, in his 62nd year, at his residence in Liverpool, was educated at Queen's College, Galway, and the Catholic University of Dublin, where he obtained the diplomas L.R.C.P.I., L.R.C.S.I. and L.M. in 1889. After holding appointments in Dublin and Salford, he practised in Liverpool for forty years, and was honorary physician to the Hospital of Providence of Aigburth and visiting physician to the Priory, Allerton, for mentally deficient children, and to St. Gabriel's, Woolton. He contributed two gynaecological articles to the BRITISH MEDICAL JOURNAL in 1890. Dr. Garry, who had devoted himself particularly to the service of the poor in Liverpool, among whom he was very popular, had been in bad health for some time before his death.

The death is announced of Dr. MAXIME MÉNARD, who was one of the first to devote himself, some thirty years ago, to the therapeutic use of the *x* rays. He suffered severely from the special skin affections the rays produce, and his condition was much aggravated by his indefatigable exertions during the war. Only a few months ago we recorded the fact that he had been awarded the Legion of Honour, and had received a prize from the Académie des Sciences.

Medical News.

THE committee of the Research Defence Society has decided to found a "Stephen Paget Memorial Lectureship," the lecturer and his subject to be connected directly or indirectly with research in order that a better appreciation of the value of medical and surgical studies may result. Each lecture, which will be given annually or biennially, at a university or other centre, will carry with it an honorarium of £20, and the expenses of the lecturer will be met by the society. Though no special appeal for funds is being made, the committee will, if desired, allocate for this purpose any donations received.

DURING next week at the Post-Graduate Hostel (Imperial Hotel, Russell Square, W.C.1) Mr. W. McAdam Eccles will open a discussion on when not to operate for hernia (Tuesday, August 24th, at 9 p.m.), and Mr. R. J. McNeill Love will open another discussion (Thursday, August 26th, at 9 p.m.) on the treatment of acute appendicitis. All medical practitioners are cordially invited. Last week Mr. A. P. Bertwistle described how the silhouette radiogram could be used in the interpretation of clinical signs. It is prepared by scratching the outline of the soft parts, which are always visible on the film of the negative, with a mounted needle before printing. This does not interfere with the bone definition, while it serves to give the less experienced observer his bearings. A radiogram so prepared demonstrates congenital deformities, such as Sprengel's shoulder, absence of the radius, spina bifida, thyro-glossal cysts; fractures such as Colles's fracture, greenstick fracture of the radius, and that of the patella due to muscular action; it shows the cause of the bulbous finger-tip and spindle-finger of periosteal whitlow and tuberculous dactylitis, and, moreover, demonstrates the presence of wasting. It indicates the depth of foreign bodies and sinuses, and for publication enhances bony definition.

THE Fellowship of Medicine announces that at Queen Mary's Hospital, Stratford, a two weeks' intensive course in medicine, surgery, and the specialties, with operations, lectures, and demonstrations in all departments of the hospital, will begin on August 23rd. The City of London Maternity Hospital holds a special course in obstetrics each week, instruction being given during the whole day. An intensive course at the Westminster Hospital, covering all branches of medicine, surgery, and the specialties, and occupying the whole of each day, will extend from September 20th to October 2nd. On September 13th the Infants Hospital will commence a fortnight's course in the diseases of infants; lectures and demonstrations will be given each afternoon, and a visit will be paid to Thavies Inn Venereal Diseases Centre on the Sunday. At the Royal Free Hospital Dr. C. B. Heald will give four lecture demonstrations on treatment by electrotherapy on September 22nd, and the three succeeding Wednesdays, at 5.15 p.m. An ophthalmological course will be held at the Central London Ophthalmic Hospital from September 6th to October 2nd, and at the Bethlem Royal Hospital a series of lecture demonstrations will be given on Tuesdays and Saturdays at 11 a.m. from September 7th to October 2nd. An all-day course in orthopaedics will be held at the Royal National Orthopaedic Hospital from September 20th to October 2nd. Copies of all syllabuses, the general course programme, and the Fellowship journal may be obtained from the Secretary, 1, Wimpole Street, W.1.

THE Ministry of Health has issued a circular (No. 724) to local supervising authorities, which contains an explanation of the Midwives and Maternity Homes Act, 1926, Part I of which comes into force at once, and Part II, which deals with the registration of maternity homes, on January 1st next. A note on the scope of the new Act appeared in last week's issue (p. 319). The circular, which includes a form of application for the registration of a maternity home as required under the new Act, may be obtained from H.M. Stationery Office, Adastral House, Kingsway, W.C.2, price 3d. net, or through any bookseller.

THE Middlesex County Council in 1911 decided that whenever a vacancy took place the areas of the coroners for Central and East Middlesex should be combined. By the death of Mr. A. M. M. Forbes, Dr. George Alexander Cohen is now coroner for the whole division. He has also been appointed by the Crown coroner for the Duchy of Lancaster, which comprises Enfield, Southgate, and Tottenham.

THE Home Secretary gives notice that he has withdrawn from Dr. Frederick George Lewtas, M.R.C.S., L.R.C.P., the authorizations granted by the Regulations made under the Dangerous Drugs Act, 1920, to duly qualified medical practitioners to be in possession of and supply raw opium and the drugs to which Part III of the Dangerous Drugs Act, 1920, applies. Any person supplying Dr. Lewtas with raw opium or any of the drugs to which Part III of the Dangerous Drugs Act, 1920, applies will be committing an offence against the Acts.

IN a recent number of the JOURNAL (July 31st, p. 213) the report of the Rockefeller Foundation for 1925 was noticed, and now in rapid sequence comes the review of the work of the Rockefeller Foundation for 1925 by the president, Dr. G. E. Vincent, who gives in simple, popular language and under headings sometimes intriguing, such as "A world memory for biology," "International trade in men and ideas," and "By-products of team work," a summary of the Foundation's manifold benefactions and achievements during last year. In 1925 there were only three cases of yellow fever in all the Americas, but new cases have since been reported from North Brazil. There is good evidence that yellow fever originated in Africa and was conveyed in slave ships from the West Coast to America, where it was formerly believed to be indigenous. In July, 1925, the International Health Board established yellow fever headquarters at Lagos in Nigeria. Dr. Vincent pays a tribute to the memory of two workers for the Rockefeller Foundation—Henry R. Carter, a pioneer in yellow fever control, and Samuel T. Darling, an expert in malaria, who was killed in a motor accident in Syria. Attention is again drawn to the use of Paris green, "so fatal to the potato bug," in killing the larvae of the malaria mosquito. The campaign against hookworm disease, which is so insidious and thus contrasts with the dramatic incidence of yellow fever, was vigorously waged during 1925 in eighteen countries, where nearly a million and a half people were treated. The Foundation has to exercise discretion, and as many as 631 formal applications for help were not granted.

THE fifty-first annual report of the Mission to Lepers states that during 1925 a considerable improvement was effected in the medical equipment of the existing institutions for the treatment of lepers. In India the leper home at Purulia in Bihar is being enlarged, and new buildings were opened at Valathorasalur in Madras. A new leper hospital has been erected at Tsinan-fu in China. During the year the total number of patients under treatment in the forty-eight institutions controlled by the Mission was 7,467, while grants in aid were given to twenty-six other institutions which

accommodated 9,484 patients. The report, which is freely illustrated, is published at 6d., and together with the quarterly magazine of the Mission, *Without the Camp*, for which the subscription is 1s. a year, post free, may be obtained from the Secretary of the Mission, 33, Henrietta Street, W.C.2.

THE new regulations amending the Dangerous Drugs Regulations, the draft of which was issued in the *London Gazette* of June 4th and noted in our columns of June 12th (pp. 998 and 1001), have now been confirmed by the Home Secretary. Copies are shortly to be made available by H.M. Stationery Office.

MR. BASIL GRAVES will be the guest of honour at the thirty-first annual congress of the American Academy of Ophthalmology and Oto-laryngology, to be held at Colorado Springs on September 13th. He will give an address on the surgery of senile cataract.

THE first impression of the *Theory and Practice of Radiology* by Dr. Bernard Leggett has been destroyed by fire, and the publishers, Messrs. Chapman and Hall, fear that it may be some months before the volume can be issued.

THE late Dr. William J. Miskelly of Everton, Liverpool, who died on May 13th last, left estate of the value of £10,079, with net personalty £9,323. Subject to two life interests he leaves the whole of his property to the Royal Medical Benevolent Fund.

THE British Guiana Society for the Prevention and Treatment of Tuberculosis came into existence in 1907, and in its annual report for 1925 it is stated that five dispensaries and one hospital are now in active work. There is great need for a whole-time salaried medical officer for tuberculosis; at present the work of the society is being carried on voluntarily. It is hoped that an additional hospital for tuberculosis will be available very shortly. The work is maintained by grants received from the Government of British Guiana, the Georgetown Town Council, and to a smaller extent from private sources. It is added that each year between 250 and 300 people die of tuberculosis in the colony, and that more energetic preventive work is necessary.

PROFESSOR BRUMPT, member of the Académie de Médecine, has been awarded the Herbert-Fournet prize of 6,000 francs by the Société de Géographie.

THE annual meeting of the German Pediatric Society will be held at Düsseldorf from September 16th to 19th, when the following subjects will be discussed: injury to the skull at birth; the child and sport. Further information can be obtained from the secretary, Professor Goebel, Universitäts-kinderklinik, Franzozenweg, Halle.

PROFESSOR OTTO LANZ, director of the surgical clinic of the University of Amsterdam, has been made honorary doctor of medicine of Cologne University.

IT is proposed to elect seven honorary freemen of the City of Leeds; among them is Sir Berkeley Moynihan.

REGULATIONS UNDER THE THERAPEUTIC SUBSTANCES ACT.

ADVISORY COMMITTEE.

THE Therapeutic Substances Act, 1925, provides that the Regulations to be made under the Act should be framed by a Joint Committee consisting of the Minister of Health, the Secretary for Scotland, and the Minister of Home Affairs for Northern Ireland, and that they should have the assistance of an Advisory Committee. This has now been constituted as follows:

Sir George Newman, K.C.B., M.D., Chairman (appointed by the Minister of Health).
Mr. John Jeffrey (Scottish Board of Health).
Dr. Thomas Houston (Ministry of Home Affairs for Northern Ireland).
Dr. H. H. Dale, C.B.E., F.R.S. (Medical Research Council).
Sir Nestor Tirard, M.D. (General Medical Council).
Dr. C. O. Hawthorne, F.R.C.P. (British Medical Association).
Dr. J. H. Burn (Pharmaceutical Society of Great Britain).
Dr. J. F. Tocher (Institute of Chemistry of Great Britain and Ireland).

Dr. Houston is joint lecturer in medical jurisprudence at Queen's College, Belfast. Dr. J. H. Burn is the director of the laboratories recently established by the Pharmaceutical Society to carry out some of the tests contemplated under the Act. Dr. J. F Tocher, F.I.C., is lecturer in statistics in the University of Aberdeen, and analyst and agricultural analyst for Aberdeen and other northern Scottish counties.

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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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:

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

ASTHMA AND BRONCHITIS.

"P." asks for suggestions in the treatment of a youth, aged 21, with chronic asthma and bronchitis; for the past four years he has tried various remedies, including a course of vaccine treatment, but the attacks tend to grow in intensity and duration.

TREATMENT OF DYSCHEZIA.

"H. M." asks whether treatment by drugs, massage, or electricity would be helpful in a case of dyschezia in a woman. The patient alternates between constipation, which makes her very uncomfortable, and diarrhoea, if purgatives are used. Glycerin and water enemata have been employed; the latter seemed to suit her best and are at present the sole form of treatment, except dieting and exercise. There seems little sign of the sigmoid colon and rectum recovering their normal tone by these measures. The patient is highly egocentric.

URINARY STAINS.

DR. A. H. SKINNER (Hankow) asks which green or blue dye is the safest to use as a test for renal efficiency in the presence of slight haematuria. He finds phenol red hard to distinguish when the urine is tinged with blood, and methylene blue, if injected in small doses, is destroyed by the liver. Are there, he asks, any violet dyes that are safe and easy to detect?

PRESERVATION OF RUBBER INSTRUMENTS.

WE have again received a question as to the best way to preserve rubber gloves and tubing. The replies to previous inquiries may be summarized as follows: Lieut.-Colonel J. A. NUNN, Army Veterinary Department, stated that he had kept rubber instruments in the plains of India throughout the hot weather in an airtight tin box with a small quantity of kerosene oil in a gallipot; the oil evaporates and must be renewed from time to time. Dr. M. ASTON KEY, Southsea, recommended swabbing five or six times a year with a saturated solution of turpentine dissolved in methylated spirit. The spirit evaporates, leaving a very fine coat of turpentine, which is quickly absorbed by the rubber; he added that when the turpentine was applied the instruments ought to be manipulated, and all that can be hung up and not coiled. Dr. JAMES MACMUNN said that, after trying various chemical applications, he had found the most effectual plan was to keep the instruments in thick layers of cotton-wool. If old they should be plunged occasionally into hot water, well dried, wrapped again in the wool, and placed in airtight cases. Oily lubricants should not, he thought, be used for rubber catheters; he recommended a modification of Gouley's mucilaginous lubricant.

LONGEVITY IN A FAMILY.

DR. ANDREW S. BARR (Glasgow) writes: On July 31st (p. 236) Dr. A. E. Roche gave the ages of his father's family, brothers and sisters, nine in all, with combined age of 638 years (average age over 70), and he asks "Can any reader beat this?" The answer is "Yes." My mother, aged 63 years, is the youngest of a family of nine, all of whom are alive and active. Their ages are as follows: 83, 81, 78, 76, 74, 72, 69, 67, 63. Total, 663 years. Average, 73.7.