

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PYLORIC STENOSIS.

The following case seems noteworthy on account of its comparative rarity and rapid recovery under diet and without operation.

A female infant showed all the clinical features of congenital pyloric stenosis. The child had been under other treatment, but the history of the earlier weeks is given by the father, who has proved himself a careful observer. The child, which was born on December 9th, 1925, and was breast-fed, began to vomit during the third week; at first this occurred occasionally, but later after every feed. The bowels became constipated and the child began to show signs of wasting. The treatment had consisted in starvation for a period of twenty-four hours, glycerin suppositories, and various medicines by the mouth. The weighings, though not accurate, are not without significance: Birth, 7½ lb.; 22 days, 9¼ lb. (with clothes); 26 days, 8¼ lb. (with clothes).

I saw the infant first during the eighth week and advised that it should be put to the breast for fifteen minutes every three hours (daytime) and four and a half hours (night-time). Grey powder thrice a day and sodium citrate between meals were given. During the first two days the child vomited every feed. Vomiting was expulsive in character and contained much mucus. On examining the abdomen visible peristalsis was very marked after feeding and the pylorus was easily palpable.

The diet was altered to ten-minute feeds every two hours (day-time) and every three hours (night-time). Sodium citrate was continued, while the grey powder was substituted by maglactis as being more easily given. The result was that vomiting became less frequent though more copious, indicating more than one feed. It frequently took place as soon as the child was put to the breast. The bowels were becoming less constipated.

On February 8th the weight was 8 lb. The bowels kept moving on an average thrice daily. During the following week vomiting was reduced by about one-half and the child had put on three-quarters of a pound in weight.

To satisfy the parents that the feeding was not at fault it was agreed to give alternate feeding, using as alternative cow's milk dilution. Sodium citrate and maglactis were continued as before, but were given immediately before the feed. The result (a week later) proved that the patient showed no partiality towards artificial feeding, as vomiting was as frequent after the bottle feed as after the breast feed. During this week the child lost a quarter of a pound in weight.

On February 28th breast-feeding alone was adopted, being given for six minutes every two hours with two night feeds; during this week the child vomited on four occasions only and the weight increased by three-quarters of a pound. Thereafter vomiting gradually ceased, and the weekly weighing records were as follows:

March 7th, 10½ lb.; March 14th, 11¼ lb. The diet was now changed to nine-minute feeds every three hours (seven feeds in twenty-four hours), with the following result. On March 21st the weight was 11¼ lb.; on March 28th, 12¼ lb.; on April 4th, 12¾ lb.; and on April 11th, 13¼ lb.

The giving of the slightly laxative antacid before feeds seemed to have most effect in allaying the discomfort in the stomach as well as counteracting the resulting constipation.

Saltcoats, Ayrshire.

A. SMITH GOUDIE.

PULMONARY EMBOLISM FOLLOWING CHILDBIRTH.

In the BRITISH MEDICAL JOURNAL of November 6th (p. 835) two cases of pulmonary embolism following childbirth were recorded. A case very similar to that reported by Dr. Young came under my care two years ago.

A strong, healthy primipara was delivered of a full-time healthy girl, quite normally, and exactly ten days after she had a small pulmonary embolism. Fortunately it did not prove fatal, but her life was in danger for several days. Unfortunately she developed a very bad bedsores through being kept perfectly still for a time in a half-reclining position.

Wolverhampton.

F. D. SPENCER, M.R.C.S., L.R.C.P.

The memorandums by Drs. McCulloch and Young may, in conjunction with the case described below, lead general practitioners to believe that pulmonary embolism following childbirth is perhaps not so very rare.

A perfectly healthy woman, aged 22 years, whom I had known all her life, was delivered of a healthy living female child on June 8th. On reaching the patient's house I found that the head was already distending the perineum, and the labour was over within forty minutes of my arrival. The perineum was not torn, the discharge at the time, and on succeeding days was never profuse, the uterus behaved normally, the patient felt well and looked well. I intended to allow her up on the usual tenth day as her pulse and temperature remained uniformly normal up till the

ninth day. Between my visits on the ninth and tenth days the patient had complained to her attendant of a slight pain in the right thigh, but this had passed off within half an hour. On my visit on the tenth day I carefully examined the whole limb, but found no sign of any interference with the blood supply. As an extra precaution, however, I did not allow the patient to rise until the fifteenth day, by which time she was very anxious to get rid of me. On the fifteenth day she rose and remained up for almost an hour, feeling perfectly well and being actually unwilling to return to bed after what she was now considering an unduly prolonged rest. On the sixteenth day I saw her at mid-day; she was well in every respect and I allowed her to rise for two hours. At 2 p.m. she rose, and while in the act of dressing fell to the floor, and was lifted into bed, where I saw her at 2.20. I remained with her until she died at 3.45 p.m.

There could be no doubt of the diagnosis being pulmonary embolism. How many more cases within recent years could be quoted with this one and that given by Dr. Young?

Buckie.

J. A. DAWSON, M.B., Ch.B. Aberd.

FRACTURE OF METACARPAL BONE.

A YOUTH showed me his hand. The distal end of his right fifth metacarpal bone was swollen and painful. He gave no history of injury. From external examinations and an antero-posterior x-ray photograph it was decided that there was no fracture. The part was rested, though not splinted. The opinion formed was confirmed when, a few days later, the swelling took on the appearance of abscess formation. Poultices were applied and the "abscess" cleared up, although one day I thought it was going to point. The pain and swelling thereafter varied from day to day, and tuberculosis of the bone was thought of. Then antero-posterior and side-to-side x-ray photographs were taken, and it was seen that the bone was broken. There is now union with deformity, but a useful hand.

I was puzzled as to the appearance of abscess formation until I read in Scudder's *Treatment of Fractures* (p. 378) that in fractures of the metacarpals "a suppurative process may complicate recovery even when the fracture is not an open one."

CHARLES J. HILL AITKEN, M.D.

Kilnhurst, near Rotherham.

OEDEMA ARTEFACTUM.

NOTWITHSTANDING that a good deal of useful information is supplied in textbooks about dermatitis artefacta—and about graphodermia, which latter condition, as is well known to dermatologists, renders the production of a feigned eruption so easy—there occur cases so out of the common as to deserve record. Take, for example, this case about which I was recently asked to give my opinion:

A young girl presented on the back of each hand an almost symmetrically placed patch of oedema. After careful examination I came to the conclusion that the lesions were artificially produced by the mouth. The girl is the subject of graphodermia. The backs of the hands were puffy. The lesions were the size and shape of the half-opened mouth. The epidermis was slightly moist but otherwise quite normal. The abrupt margin of raised bleb-like centre was well defined, and around it was an area of reactionary redness, due to released pressure. This redness resembled the shape of a big letter "O"—that is, it was composed of two laterally placed crescents (lip-shaped) meeting in the longer diameter of the lesion. The swellings were disappearing rapidly to leave a normal condition of the skin. There could be no doubt whatever that the mouth had been used as a cupping instrument—that is, there had been suction by the mouth and pressure by the lips. No area of the body is more accessible to the mouth for such a purpose.

This case recalls to my mind a much more serious one of factitious oedema, which I saw many years ago.

I found a girl, well grown, aged 17, confined to bed with an enormously swollen left arm. When I took hold of the arm my fingers sank in. It was white, cold, and very heavy. There were several deep incisions oozing serum from pale pouting granulations. These incisions had been made for supposed phlegmonous erysipelas. Amputation of the limb had been talked of. On uncovering the shoulder I found a deep groove round the limb just below the deltoid. At several spots there were vertical streaks of subcutaneous haemorrhage. I asked for and procured the elastic band with which the constriction had been produced, called the girl's mother, and told her that, as self-mutilation was a crime, a policeman, not a surgeon, should be sent for, if the trick were repeated.

Not long afterwards the girl married, and in due course became a happy mother of healthy children.

London, W.1.

ALFRED EDDOWES, M.D.

Mr. ROBERT HARRY LUCAS died on November 6th at his residence in Bury St. Edmunds, aged 81. He was the third son of Dr. Thomas Lucas of Burwell, Cambridgeshire, and received his medical education at the Middlesex Hospital, where, after obtaining the diplomas L.S.A. and M.R.C.S. in 1869, he held the posts of house-surgeon and resident medical officer for several years. In 1879 he began private practice in Bury St. Edmunds as a partner of the late Dr. McNab, whom he afterwards succeeded. He was a member of the honorary staff of the West Suffolk General Hospital, and took a leading part in the organization and extension of its surgical department. On his retirement from active practice in 1909 Mr. Lucas was appointed consulting surgeon. For many years he held a commission as surgeon captain in the Loyal Suffolk Hussars; during the late war he was attached to the Suffolk Depot Military Hospital, and was a member of the Military Service Medical Board. He was a justice of the peace for Suffolk and a regular attendant at the Thingoe Petty Sessions. Mr. Lucas gave active support to the British Medical Association over a period of many years, and was a member of the East Anglian Branch Council from 1899 to 1903. He was chairman of the West Suffolk Division in 1904, and a member of the Representative Body in 1912 and 1913. He leaves a widow and one son, who is in the medical profession.

Dr. WILLIAM FRANK MORGAN, who died suddenly on November 3rd at Wilton, near Salisbury, at the age of 38, received his medical education at the London Hospital, and obtained the diplomas M.R.C.S., L.R.C.P. in 1913. After assisting in a practice near Leeds, he obtained a commission in the R.A.M.C. at the beginning of the war, and spent most of his service in the front line, retiring after the armistice with the rank of major. Since 1920 he had been in partnership with Dr. A. W. K. Straton at Wilton, where he became very popular by reason of the soundness of his work and the quiet kindness of his nature. He was a member of the British Medical Association and a Fellow of the Royal Institute of Public Health.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. ANNUAL MEETING OF FELLOWS AND MEMBERS.

THE annual meeting of Fellows and Members of the Royal College of Surgeons was held on November 18th, with the President (Sir BERKELEY MOYNIHAN, Bt.) in the chair. About sixty were present.

The PRESIDENT said that the Supplemental Charter as prayed by the College had been granted. It was approved by the King in Council on July 26th, signed and sealed on August 16th, and received by the College on August 24th. The charter itself made no alteration in the by-laws, but it gave the Council power to do so. These had to undergo a rather tedious process before coming into force, but a process deliberately made slow in order that the fullest consideration might be given to any changes. These changes must be considered at three meetings of the Council, they must then be submitted to the Home Secretary, be examined and allowed by certain Law Officers of the Crown, and finally approved by the King in Council. Alterations in certain sections of the by-laws, required to carry out the provisions of the new charter, had already passed through certain of these stages, and it was hoped that the new by-laws, if they received no challenge from the Law Officers, would come into force early in the New Year. Turning to other matters in the annual report of the Council, Sir Berkeley Moynihan said that the award to Dr. Gye of the Walker Prize would be approved by the whole profession. (Applause.) The Cartwright Prize had been awarded to Dr. Sim Wallace, and the Lister Medal to a great friend of his own, Professor von Eiselsberg of Vienna. The College had been approached by the Canadian Medical Association, which desired facilities for Canadian medical practitioners to obtain, by post-graduate study and examination, the Fellowship of the College. Certain quite informal discussions had also taken place between the Council and representatives of Australia. He need not enter into this matter at the moment; the only thing necessary to say was that every member of the profession would desire the Council to do whatever was in its power to bring about a closer relationship between the Dominions and the College. (Applause.) The last year had been very satisfactory in respect to two matters. The College last year issued 768 new diplomas of membership. This figure was second only to the highest in previous years. Clearly the diploma

of membership, despite certain disadvantages which apparently in the minds of some members still attached to it—(laughter)—was a diploma very highly valued. So far as the finance of the College was concerned, the receipts had only on one previous occasion been larger than they were during the last College year.

In reply to Mr. C. E. WALLIS, who asked what was the cost of obtaining the Supplemental Charter, the SECRETARY said that the fees paid to the Government authorities were £102; the total cost, including the official fees, was somewhere about £250. Dr. FINUCANE remarked that out of the total revenue of the College of £43,630, no less a sum than £24,803 was derived from fees connected with Membership examinations. He thought that the expenditure on examinations (£12,962), representing one-half the expenditure of the Conjoint Examining Board, was unduly high. Dr. C. W. BROOK drew attention to the examiners' fees in the third examination (£7,228), which he thought an excessive figure.

Dr. H. WANSEY BATLY then moved the usual resolution:

That this thirty-eighth annual meeting of Fellows and Members again affirms the desirability of admitting Members to direct representation upon the Council of the College, and respectfully requests the Council to take a postal vote of Fellows and Members on the general principle as set out in this resolution.

He urged that the system of government at present existing in the College was archaic and not democratic. The College was governed by a Council composed entirely of, and elected by, Fellows, while nearly 90 per cent. of the College—the Members—had neither voice nor vote in its affairs. Before 1843 the governing body was composed of Members only. The Supplemental Charter granting similar rights to women Fellows, Members, and Licentiates as were now enjoyed by men involved an alteration in the by-laws which had not yet come into effect, and he regretted that the procedure could not have been accelerated to permit women Fellows and Members to exercise their new rights at that meeting. To make the Council representative it should include at least one woman Fellow and one woman Member. Although many Fellows were now engaged in general practice the majority were still consulting or operating surgeons attached to the staffs of hospitals, and it might be argued that general practitioners, whose work was in the homes of the people, were in closer touch with the realities, humanities, and difficulties of the great work of the profession than were consulting or operating surgeons. Members of the College had that wholesome dislike of patronage common to all free citizens, and in pressing for some representation for themselves on the Council they were demanding a right and not asking a favour. He added that the Society of Members had on several occasions undertaken a postal vote on this question, and on each occasion the replies of Members, and of Fellows also, had shown a majority in favour of the inclusion of Members on the Council.

Dr. REDMOND ROCHE seconded the resolution, and took occasion to thank the late President and Council for the courtesy shown to the deputation from the Society of Members when it appeared before them to bring forward the case for the direct representation of Members. The Council did not grant the request of the society, but gave it very careful consideration, not only when the deputation was received, but at two or three subsequent meetings held specially to consider the request. He and two other Members then prepared a counter-petition to His Majesty in Council. This went through various stages, and was passed back to the Council of the College for observations, and the matter got no further, the Council considering that controversial questions were being introduced which would imperil the obtaining of the charter. He demurred to the word "controversial," though it was, of course, difficult to get unanimity in the profession on any question really worth considering. With regard to the postal vote, he felt strongly that the granting of representation was a matter of abstract justice, and it was not usual in proposing any extension of franchise to invite the people concerned to say whether they wished to be enfranchised or not. But if the Council really thought this was an exceptional case in which the opinions of Members and Fellows generally should be sought, the Council itself was the proper body to undertake the canvass, and he and his friends had no fear whatever of what the result of any postal vote would be. He added that although the Council had given an unfavourable reply to the deputation, a happier atmosphere had been created as a result of recent events. A new era in the negotiations between Members and the Council had been inaugurated, and he hoped that the Council of its own volition would see its way to concede this request.

Mr. ERNEST WARE created some amusement by paraphrasing a passage in the President's recent oration before the Medical Society of London, in which he had pleaded for greater union between the surgeon and the physician: "How much more rapid our progress would have been, and how much more fertile our labours, what waste of time and effort would have been spared, if instead of each living inside his own impenetrable ring-fence, the Fellow and the Member had met on common ground in the interests of the College." Dr. C. W. BROOK, speaking as a parliamentary candidate, said that the time was approaching for a change of Government, and when this question came forward the whole matter of registration and qualification would be involved; among other

things the organization of the College would come under review, and drastic measures might be taken in the House of Commons.

Mr. HOWARD STRATFORD, while of opinion that the majority of members of the Council should be Fellows, thought it would be all to the good if two or three Members were included. The Council and the College would greatly benefit from the co-operation on the Council of a small number of well informed general practitioners. Dr. L. B. WARD said that the limit of constitutional methods of protest had now been reached, and if nothing came of the present resolution the Society of Members would reduce itself to a farce by proposing further annual resolutions. It would be very regrettable to have civil war in the College, or the boycott of a section by the majority, yet this might happen if the Council persisted in its narrow-minded view of the functions of government. Dr. F. W. COLLINGWOOD and Mr. R. GILLBARD also supported the resolution, the latter making a personal appeal to the new President to seize this rare opportunity of breaking down exclusiveness and generating peace.

The resolution was then put to the meeting and carried with one dissident.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on November 17th, with the Vice-Chancellor (Sir William Beveridge) in the chair.

Regulations were adopted for the recently established academic Diploma in Anthropology.

The degree of D.Sc. in Physiology was conferred on D. T. Harris, an internal student, of University College, for a thesis entitled "Biological action of light."

Sir Holburt Waring, M.S., F.R.C.S., has been elected chairman of the Brown Animal Sanatory Institution Committee for 1926-27.

Semon Lecture.

The Semon Lecture, 1926, as already announced, will be given this year by Dr. A. Brown Kelly of Glasgow on Thursday, December 2nd, at 5 o'clock, at the house of the Royal Society of Medicine (1, Wimpole Street, W.). The subject of the lecture is "Nervous affections of the oesophagus," and the chair will be taken by Dr. Andrew Wylie, President of the Laryngological Section of the Society. Reception and tea at 4.30 p.m.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

SURGERY.—R. Bobo, J. M. Moran, D. D. Stidston, L. D. Williams.
MEDICINE.—P. V. Bamford, R. Bobo, S. B. Browning, K. Roberts, D. Jacobson, E. H. Waller.
FORENSIC MEDICINE.—B. Best, L. O. Jaggassar, H. Rundstrom.
MIDWIFERY.—B. Best, J. de Rosa, B. Elliott, L. J. Lawrie, L. W. Rose, D. D. Stidston, N. W. Wood.

The diploma of the society has been granted to Messrs. S. B. Browning and J. M. Moran.

Medico-Legal.

ALLEGED NEGLIGENCE: JURY DISAGREE.

In the King's Bench Division of the High Court of Justice, on November 22nd, after a four days' hearing, before Mr. Justice Horridge, a special jury disagreed upon a claim brought by Edwin Battershill, a wholesale manufacturing furrier, against Alan Cowan Mann, M.B., Ch.B. Edin., of Staines, for damages for alleged negligence and lack of skill in failing to diagnose that he was suffering from a fractured clavicle after an accident. The defendant denied negligence, and counter-claimed for £1 10s. fees.

Mr. Ernest Charles, K.C., and Mr. Rowland Thomas (instructed by Messrs. Saunders, Sobell and Co.) appeared for the plaintiff; Mr. A. Neilson, K.C., and Mr. H. C. Dickens (instructed by Messrs. Hempsen) appeared for the defendant.

The Plaintiff's Case.

Mr. Charles, in his opening, said that on December 6th, 1925, whilst Mr. Battershill was staying at Staines, he slipped as he was approaching the house of his friends, falling with great violence on his left shoulder. Dr. Mann examined the shoulder, and assured him that nothing was broken, but advised him to put his arm in a sling. The pain being greater the following day, Dr. Mann made a further examination, and assured Mr. Battershill again that nothing was broken. On December 9th Dr. Mann told him he could return to work on December 14th, and Mr. Battershill, though suffering intense pain and the loss of the use of three fingers, did so. On December 15th Mr. Battershill saw Dr. Lester Samuels of High Street, Whitechapel, who immediately told him he was suffering from a severe fracture of the collar-bone. An x-ray photograph, taken by Dr. Marsh, radiologist, confirmed this diagnosis, showing that the broken parts of the bone overlapped by 1½ inches. Counsel said any competent doctor, using reasonable diligence, would have had Mr. Battershill's shoulder x-rayed at once, and would then have seen the fracture. An operation was performed, which restored to Mr. Battershill the use of his arm, but, whereas it would have been a simple matter if it had been performed at once, it was, in fact, a serious matter owing to the neglect of the injury.

A number of expert witnesses were called by both sides in addition to the parties interested. For the plaintiff Sir George

Lenthal Cheate, surgeon to King's College Hospital, was called, and, in answer to the judge, he thought that, from the x-ray photograph, any competent man could have detected the fracture with his hand. If Dr. Mann happened to be right—that is, as to the impossibility of finding the fracture—he thought Dr. Mann should have advised the patient to be x-rayed.

The Defendant's Case.

Mr. Neilson, opening for the defence, said that Dr. Mann's appointments, as medical officer of health to the Staines Urban District Council and medical officer to the Staines Hospital and Staines Union, showed that he was regarded as a competent and careful medical practitioner. Counsel submitted that the most likely course of events was that the pieces of bone remained end-to-end until after December 13th, and overlapped only at a later date. If that were so and the bones did not at first overlap, the treatment by Dr. Mann was correct even if there were a fracture.

Dr. Mann, in evidence, said when he first saw Mr. Battershill he suspected a fracture, but on examination he could find no displacement of bone whatsoever. He told him to put his arm in a sling and go to bed, and he considered that was the proper treatment in view of what he had found. He did not think an x-ray photograph would have been of any service in view of what he found.

Mr. Charles (cross-examining): You belong to the Medical Defence Union?—Yes.

Do you agree with this—in the annual report: "In conclusion, the President emphasizes the urgent desirability of an x-ray examination being made in every case of injury to a bone or joint"?—I have never seen that before.

Further cross-examined, Dr. Mann said that in his view the displacement of the two parts of the collar-bone was due to the breaking of the periosteum, which had kept the ends in place between December 13th and 15th. The periosteum could be torn by a movement of the arm or a bump on the shoulder or the elbow.

Horridge, J.: With that possibility before you, you thought it wise to allow Mr. Battershill to go to London to work?—Yes.

And to go without having taken an x ray?—Yes.

Sir Robert Jones, Bt., said that for a fracture of that kind one treatment was to order the patient to keep the arm in a sling. Having seen the x-ray photograph, he considered that, personally, he would not have attempted to manipulate the fracture at all, as the bones, if left in the position in which they were, would unite satisfactorily. Answering the judge, he would not have sent the patient out to his business if the fracture were as shown in the x-ray photograph.

Mr. Frank Romer, consulting surgeon to the Jockey Club and the National Hunt Club, said that he personally would have sent the plaintiff to his business, though he admitted that if he knew there was a fracture he would strap the arm to prevent further slipping of the bones.

Sir Joseph Skevington, senior surgeon and radiologist at the King-Edward VII Hospital, Windsor, and Sir Herbert Waterhouse, consulting surgeon to Charing Cross Hospital, and president of the Medical Defence Union, also gave evidence favourable to the defendant.

Mr. Justice Horridge, in his summing up to the jury, said the case was a very important and serious one. If a general practitioner agreed for reward to attend a patient he had to exercise all reasonable care and skill. He was not bound, however, to have the attainments of a Harley Street specialist, or to know the most recondite discovery in medical science unless it was reasonably well known to the profession.

The jury disagreed, as stated, and were discharged.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons took the report stage of the Merchandise Marks Bill on November 22nd and 23rd. The rapid progress of this and other measures gives ground for hope that the Government will succeed in passing into law before the session ends most of the measures which it has asked Parliament to carry. These include the University of London Bill, the Coroners Bill, and the Public Health (Smoke Abatement) Bill, all of which have been under discussion in the last few days. The University of London Bill has still to go to a standing committee, but has strong Government support. The Smoke Abatement Bill awaits report. No quorum was obtained for consideration of the Coroners Bill in Grand Committee on November 24th, and further progress with the bill this session is unlikely. Time was left at the end of the week in the Commons for a debate on the continuance of the Emergency Regulations, but owing to the advance towards a coal settlement the Government hoped to be able to drop most of them.

The House of Lords had a second reading debate on the Electricity Bill. The Lords have given a first reading of a Poor Law Bill, introduced by the Ministry of Health. November 25th was named for the second reading of this bill, which is purely a codifying and consolidating measure, designed to prepare the way for the promised Poor Law reform.

Lord Phillimore hoped that after Lord Dawson's temperate and, to him, convincing speech the House would not pass prohibitive legislation on a disputed medical question.

The amendment not to exclude women was defeated by 35 to 17. The House then agreed to the remaining clauses and reported the bill without amendment.

Acute Poliomyelitis.

On November 22nd Viscount Sandon asked the Minister of Health if, to obviate the danger of infantile paralysis being spread by reason of boys being withdrawn from infected schools by parents, he would take steps to prevent any school so infected from being closed down or the boys leaving. Mr. Chamberlain (Minister of Health) replied that he was not empowered to take the course suggested, but was always ready to arrange for the medical officers of his department to confer with the school authorities on the precautions appropriate to any outbreak of infectious disease.

The Minister of Health, on November 23rd, said that the following table (here slightly abridged) gave the particulars, so far as they were available, of the numbers of cases notified and deaths recorded from acute poliomyelitis and polio-encephalitis in England and Wales and certain European countries in six-monthly periods in 1925-26.

Country.	First Six Months of 1925.			Second Six Months of 1925.			First Six Months of 1926.		
	Cases Notified.	Deaths.	Cases per Million Population.	Cases Notified.	Deaths.	Cases per Million Population.	Cases Notified.	Deaths.	Cases per Million Population.
England and Wales	132	79	3	290	77	7	136	57	3
Denmark	31	?	9	84	?	25	12	?	4
Finland	14	?	4	14	?	4	8	?	2
France	80	?	2	142	?	4	70	?	2
Germany	131	?	2	255	?	4	115	?	2
Holland	12	4	2	20	5	3	8	?	1
Italy	217	?	5	383	?	10	97	?	2
Norway (towns only)	17	0	21	70	8	88	5	1	6
Sweden	105	?	17	400	?	65	86	?	14
Switzerland	24	?	6	69	?	18	9	?	2

The number of cases notified in England and Wales during the nineteen weeks ended November 13th, 1926, was 891 (23 per million population). The number of deaths in this period in England and Wales and corresponding figures for cases and deaths in other European countries are not at present available. The number of deaths per million mid-year population in England and Wales for the three six-monthly periods equalled 2, 2, and 1.

Smoke Abatement Bill in Grand Committee.

A Grand Committee of the House of Commons, which included Dr. Fremantle and Sir Richard Luce, began consideration on November 18th of the Public Health (Smoke Abatement) Bill. The first clause provides that a chimney (not of a private dwelling house) sending forth smoke in such quantity as to be a nuisance may be dealt with summarily, notwithstanding that the smoke was not black. To an amendment to insert the word "black" before "smoke," Mr. Neville Chamberlain objected. He said Lord Newton's Committee examined nearly 150 witnesses, who were almost unanimous that the limitation of the present law to black smoke should be removed. He had watched the chimneys of certain works pouring out white smoke which contained the fumes of arsenic and lead, and as the law stood no local authority could take proceedings. Moreover, it was impossible for a central body to define black smoke or the quantity which could be emitted without a nuisance. Mr. Greenwood agreed that "smoke" should include all noxious emanations from chimneys which meant positive injury to health and vegetation. Commander Astbury said that most councils allowed the manufacturer two minutes of black smoke while firing to get up a pressure of steam, and thought this practice should continue. Dr. Fremantle said the bill contained safeguard after safeguard for industry. Those who were keen on getting some measure of smoke prevention from the public health point of view feared that nothing would be done. The amendment was negatived, as was also one enjoining the Ministry of Health to fix standards for smoke.

On the proposal of the bill to make smoke include soot, ash, grit, and gritty particles, Sir Kingsley Wood said it was just as detrimental for these to be emitted as black smoke. Mr. Williams said that forced draught would reduce black smoke, but would produce a greater emission of grit. So would the use of powdered coal as fuel blown on the furnaces. Major Birchall repudiated such protests on behalf of manufacturers. Sir Kingsley Wood said the Ministry of Health did not apprehend that any nuisance would follow the use of powdered fuel if proper steps were taken. Fourteen towns, including Birmingham, Bolton, and Bradford, had power under local Acts to deal with the emission of grit and gritty particles. Mr. Jephcott said that in the new station of the Birmingham Electricity Committee they were spending £50,000 in an effort to eliminate grit, but so far had failed. The amendment to omit grit and gritty particles was defeated.

Asked to explain what processes would be exempted under the bill, Sir Kingsley Wood said that, broadly speaking, they were the Sheffield steel processes. Mr. Chamberlain said it might be true that Pittsburg had been able to make steel without smoke, but Sheffield had not the processes needed, and in its present

difficulties could not be forced to adopt them. Mr. Albery asked that exemption should also be granted to cement works, which threw fine dust up the chimney that did no appreciable harm. Evidence in medical reports from Germany and this country was that the health of the cement worker was not affected in any exceptional way. Mr. Chamberlain said he was advised that the emission of white smoke and dust particles from cement works had not in fact been found to be a nuisance.

The International Opium Convention.—Sir Austen Chamberlain, in an answer to Mr. Campbell, said that a ratification of the International Opium Convention had been deposited which covered all parts of the British Empire except Canada and the Irish Free State. Of foreign signatories, only Portugal and the Sudan, so far as the Government knew, had deposited ratifications. The Hague Convention of 1912 continued in force between the States which were parties to it.

Encephalitis and Vaccination.—On November 22nd Mr. Chamberlain told Mr. Groves that he had drawn the attention of the Committee on Vaccination, now sitting, to cases of death from encephalo-mylitis after vaccination. One of the terms of reference of this committee was to inquire into and report on the practical methods which were available in the light of modern knowledge to diminish or remove any risks which might result from vaccination. On November 22nd Mr. Trevelyan Thomson asked whether encephalo-mylitis was mentioned as a cause of death on the certificates of death in the case of the seven deaths from that disease which occurred shortly after vaccination; whether an inquest was held on any of the cases in question; and whether the lymph used for the vaccinations was issued by his department. Mr. Chamberlain replied that he was informed that, so far as it had been possible to identify these fatalities, in none of the seven deaths was "encephalo-mylitis" mentioned on the practitioner's certificate as a cause of death. An inquest was held in one case. In four of the seven cases the lymph used for the vaccination was issued by his department, and in one instance a proprietary lymph was used, but no information as to the source of the lymph used in the remaining two cases was available. The deaths to which he assumed reference was made occurred in 1912, 1922, and 1923.

Notes in Brief.

The Minister of Health cannot undertake to introduce legislation to waive, in cases where proper medical evidence is given on the date when sickness commenced, the rule that sickness must be notified within three days of its occurrence. The official view is that prompt notification of illness is essential to the proper administration of sickness benefit.

Mr. Chamberlain told Admiral Beamish that he would consider whether the terms of the Departmental Committee now investigating the chemical treatment of flour should be extended with a view to its making an authoritative statement on the dietetic value of white bread. The committee could not take up this subject till it had disposed of the matters already referred to it.

Lord Eustace Percy has stated that some preliminary tests and observations have been made among school children on the use of glass which allows the ultra-violet rays of the sun to reach them. Any general recommendation on the subject would, however, be premature.

Mr. Chamberlain has received a report from the local authority which seems to show that the mortuary at Dover is reasonably adequate. Asked whether the coroner had stated that he had received complaints from every doctor in Dover that the mortuary was insufficient, Mr. Chamberlain declined to give any further answer.

Medical News.

THE annual dinner of past and present students of the Bristol Medical School will be held on Thursday, December 2nd, at the Victoria Rooms, Clifton, Bristol, at 7 for 7.30 p.m. The chair will be taken by Professor E. Fawcett, F.R.S. The guest of the evening will be Professor J. T. Wilson, F.R.S. (Cambridge University). Local practitioners, as well as old Bristol students, are cordially invited to attend. Application for tickets should be made without delay to Mr. W. A. Jackman, 15, Mortimer Road, Clifton, Bristol.

THE centenary of the death of Pinel, to whose efforts was largely due the introduction into France of milder methods for the treatment of the insane, was celebrated by the Académie de Médecine in Paris on October 26th, when the General Secretary, Professor Achard, delivered a memorial address.

At the meeting of the Röntgen Society to be held at the British Institute of Radiology, 32, Welbeck Street, W.1, on Tuesday, December 7th, at 8.15 p.m., Mr. W. V. Mayneord will read a paper on an x-ray study of the crystal structure of some biological objects. Mr. Cuthbert Andrews will give a demonstration on the seriascope, a new instrument for serial radiography.

A MEETING of medical practitioners to discuss the question of treatment for tuberculosis has been arranged by the Mayor of Lambeth, Dr. R. S. Pearson; it will take place at his house, 193, Clapham Road, S.W. (near The Swan, Stockwell), on Thursday, December 16th, at 4 p.m.

At the meeting of the Post-Graduate Hostel to be held at the Imperial Hotel, Russell Square, W.C.1, on Tuesday, November 30th, at 9 p.m., Mr. W. Ernest Miles will give an address on fistula. On Wednesday, December 1st, at the same hour, Dr. M. A. Cassidy will speak on precordial pain. Dinner will be served at 8 p.m. (price 5s.), and coffee and biscuits at 10 p.m. (price 6d.). All medical practitioners are welcome.

THE Fellowship of Medicine announces that on December 2nd, at 5 p.m., Dr. John Parkinson will lecture on cardiac emergencies at the Medical Society, 11, Chandos Street, W.1; the lecture is free to medical practitioners. From December 6th to 18th, at the Infants Hospital, Vincent Square, a special course in infants' diseases will be held for medical officers of welfare centres and others interested. Lectures and clinical demonstrations will be given each afternoon and visits will be paid to the model pasteurizing plant at Willesden, the venereal diseases centre, Holborn, and to the Nursery Training School at Hampstead. Courses in obstetrics can be arranged at Queen Charlotte's Hospital and the City of London Maternity Hospital. Clinical assistantships can be obtained through the Fellowship at the Samaritan Hospital. The following special courses will be held in January: medicine, surgery, and the specialties, at the Prince of Wales's General Hospital; cardiology, at the National Hospital for Diseases of the Heart, for which early application is desirable; diseases of children, at the Children's Clinic and the Royal Free Hospital; and psychological medicine, at the Bethlem Royal Hospital. Copies of all syllabuses and of the general course programme may be obtained from the Secretary to the Fellowship, No. 1, Wimpole Street, W.1.

SIR ROBERT ARMSTRONG-JONES, C.B.E., M.D., of Plas Dinas, Carnarvon, and Dr. William Evans Thomas of Coedladr, Llanuwchllyn and Ystrad Rhondda, have been nominated as sheriffs for Carnarvonshire and Merionethshire respectively.

In connexion with the scheme for providing spa treatment for panel patients a deputation from the General Federation of Trade Unions visited Bath last week and investigated the local facilities for treatment of rheumatic diseases under the guidance of the chairman of the Baths Committee, Councillor C. H. Hacker, and Mr. John Hatton, director of the baths, who is also honorary secretary of the British Spas Federation, which is responsible for the scheme. The proposals provide for the treatment of insured persons suffering from rheumatic diseases which are likely to yield to spa treatment, using existing facilities at spas in such a way as not to interfere with the regular visitors. It is hoped to link up the scheme with the mineral water hospitals.

DR. ALEXANDER SCOTT was called to the Bar by the Middle Temple on November 17th.

THE Master and Wardens of the Society of Apothecaries have issued invitations to the winter livery dinner at Apothecaries' Hall, Blackfriars, on Tuesday, December 14th.

A CHAIR of biological chemistry has been founded at the medical faculty of Naples, with Professor Quagliariello as its first occupant.

THE first Polish school for nurses has recently been founded in one of the hospitals at Warsaw by American Jews.

DURING the week ending October 16th 5 cases of plague with 3 deaths, 16 cases of cholera with 11 deaths, and 25 cases of small-pox with 10 deaths were reported by the Far East Bureau at Singapore.

AT the eighth annual general meeting of the Industrial Welfare Society, on November 17th, the report was presented for the year ending June 30th, 1926. The steady increase in the extent and value of the work was the subject of a congratulatory message from H.R.H. the Duke of York, who during the year had visited fifteen firms associated with the society. The report contains an account of the progress made, with special reference to the organization of welfare schemes, the appointment of supervisors, the work of the information department, and various conferences, lectures, and other propaganda activities.

THE Alvarenga prize of the College of Physicians of Philadelphia has been awarded this year to Drs. P. S. Pelouze and Frederick S. Schofield for an essay entitled "The Gamophage." It is announced that essays for the 1927 prize must reach the Secretary of the College of Physicians, 19, South 22nd Street, Philadelphia, on or before May 1st. The value of the prize is about 300 dollars.

THE following five members of the medical profession have been appointed justices of the peace for Glasgow: Dr. John Glaister, jun., Dr. R. T. Halliday, Dr. William Lawson, Dr. Henry L. G. Leask, and Professor Archibald Young, M.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.**

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QUERIES AND ANSWERS.

TINNITUS IN MÉNIÈRE'S DISEASE.

"H. S." (Leeds) asks for suggestions for the relief of the constant "singing noises" in a case of Ménière's disease. Bromides, potassium iodide, hydrobromic acid, gelsenium, and adrenaline have been tried.

CHILBLAINS.

DR. M. STEWART-SMITH (Northwood) writes: I have had considerable success with the high-frequency vacuum electrodes, applied after iodox has been smeared on to the affected parts. Radiant heat is then used after the high-frequency treatment.

RECURRENT ULCERATION OF THE MOUTH.

"A. Y." seeks advice on the following case: A man, aged 25, has frequently recurring small ulcerations of tongue and mucous membrane of mouth generally. The tongue is often painful in parts without any obvious cause. About seven years ago a pipe snapped in his teeth and caught the tongue, and this was, perhaps, the origin of the trouble. Treatment, so far tried without success, as follows: (1) Diet: all condiments and spices forbidden; (2) no smoking; (3) antiseptic mouth-wash (potassium permanganate 1 in 10,000, and also sometimes dibromin 1 in 5,000 instead); the tender spots are treated with glycer. alum; (4) a strongly alkaline mixture was ordered for three or four weeks to check acidity. The teeth are quite healthy. These ulcerations have been occurring for some years, and the above treatment seems to have failed to check them. The general condition of the patient is satisfactory.

NERVOUS RETCHING.

"H. T." writes to ask for suggestions for overcoming the retching excited by the introduction of a denture. The patient is a very nervous man, who retches immediately any foreign body (except food) comes into contact with his teeth, so that he even finds it difficult to smoke a pipe. It has now become necessary for him to wear a denture, but he is unable to do so on account of his hypersensitiveness.

INCOME TAX.

Vacant Consulting-Room.

"E. P." has been living on the outskirts of London and using a consulting-room in the medical quarter. For reasons of health he has moved into the London area and now practises in his own residence. He has given up the use of his consulting-room, but, owing to temporary inability to sublet or otherwise dispose of it, has since incurred the expense of paying nine months' rent without any return. Can he deduct this expense?

** In the case of the Granite Supply Association v. Kitton (43 Sc. L. R., 65) the court refused to allow the cost of removal to more commodious premises; we fear that the taxpayer's claim would be at least no more likely to succeed where the cause of the expense was a purely personal one, such as for reasons of health. The expense incurred by "E. P." after he had ceased to use the consulting-room seems to have been in substance an expense of removal, and therefore inadmissible in view of the above decision.

Partnership Dissolved—Cash Basis.

"A" and "B" dissolved partnership as from June 30th, 1925, and advice is sought as to whether the firm's book debts collected since the dissolution must be accounted for for tax purposes, and, if so, as to the proper apportionment of the assessments for