

Dr. McMECHAN, in reply, stated that the interpretation of phenomena depended a great deal upon the occupation of the interpreter: the physiologist spoke from the physiological standpoint, the physicist from the physical. The duty of the anaesthetist was to seek out those who were doing and discovering things, and to bring forward their views without attempting to say which were correct in theory. Nitrous oxide and oxygen as an anaesthetic suffered from one basic fault in that everyone imagined that satisfactory anaesthesia could be secured by this means without adequate preparation. It was necessary for the patient to be receptive of the gas type of anaesthesia—he must have a blood stream capable of receiving and using the gas supplied. The anaesthetist must know the metabolism of the patient. Patients with myocardial degeneration could not stand anoxaemia, hence nitrous oxide and oxygen might fail. But if these patients were treated with digitaline they would do quite well with this type of anaesthetic. Toxaemic and septic cases were more difficult to anaesthetise with nitrous oxide and oxygen, and the same held true of those suffering from acidosis and ketosis. The purity of the nitrous oxide also made a difference—as, for example, when there was only a 1 per cent. leeway in administration. Controlled rebreathing, correct pressure, and correct method of administration were also necessary so that the patient's metabolism could be controlled. The problem for the anaesthetist to-day was to realize that it was impossible to give an anaesthetic well without knowing the basic signs of the physiology of gases in the blood.

Dr. McKESSON, in reply, said that unfortunately ethylene did not slow the pulse in cases of exophthalmic goitre. In these cases he reduced the metabolism before operation by rest and morphine. A 10 per cent. reduction of metabolism could be effected by a quarter of a grain dose of morphine. The metabolic theory if applied in clinical work would certainly help. In Toledo both nitrous oxide and oxygen and ethylene and oxygen were being extensively used. In 1925 he personally had not used ether in a single case, and at the Lucas County Hospital one or other of the above anaesthetics had been used in 94 per cent. of cases. This year he had used ether five or six times only.

## Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

**RECOVERY AFTER MASSAGE OF THE HEART.**  
In the JOURNAL of August 28th (p. 404) Dr. Sainsbury has replied to a criticism that was made regarding the chief agent in the recovery of a patient when heart massage and adrenaline injections are combined. In Mr. Glover's note on this subject (JOURNAL, August 21st, p. 342) a case appears to have been resuscitated by heart massage alone, and I now wish to give an instance where adrenaline succeeded in causing contraction of the heart muscle when massage failed. It is not an instance of either agency being successful in restoring life, but I thought it interesting from the point of view of the comparative values of heart massage and the injection of adrenaline.

The case, which was a desperate one from the first, was that of an Indian woman, aged about 35, who was brought to the hospital with another member of her family suffering from cholera. Before coming to the hospital one of the same family had already succumbed to the disease. On admission it was ascertained that the woman was eight months advanced in pregnancy, and her state of collapse was complicated by total suppression of urine.

Intravenous saline injections, given in the usual way, caused a return of the pulse at the wrist, but with no effect on the secretion of urine. The woman had a show of blood from the vagina, and it was found that the cervix was dilating and that the uterus was endeavouring to expel its contents. Owing to the collapsed state of the patient it was obvious, however, that the power of uterine contraction was inadequate to its task, and knowing from experience the high rate of mortality of pregnant women suffering from cholera it was agreed that the only possible way of saving the woman's life was to empty the uterus. The suppression of urine, if labour had not commenced, would have been a sufficient reason to have emptied the uterus.

When the patient was placed on the table the pulse had again disappeared from the wrist, the extremities were cold and clammy, and she was *in extremis*.

Intravenous saline injection was again given, and after the saline was seen to be flowing into the vein and the pulse returned,

extraction of the foetus was made as rapidly as possible. Owing to the rigidity of the cervix in cholera cases there is such a great loss of fluid from the body that softening of the cervix, as in normal labour, is absent. Version was performed, a leg brought down, and in this way the os was dilated.

Before delivery of the child my assistant, Dr. K. Gupta, who was giving the intravenous saline, reported that the flow into the veins had ceased; whilst the placenta was being expelled artificial respiration was commenced as the patient had stopped breathing immediately after delivery. The stoppage of the flow of saline into the vein in a cholera case is usually sufficient evidence that the patient is beyond recovery; with the cessation of respiration one can abandon all hope.

However, on this occasion the abdomen was opened and the heart massaged, but with no result. The diaphragm was then opened, and direct massage to the heart undertaken, but again with no result. The heart could now be seen through the incision in the diaphragm and an injection of adrenaline was given. To my surprise the heart commenced beating, and, what is more wonderful, the intravenous saline commenced to flow into the vein again; in fact, from the time the heart commenced beating, 8 oz. of saline had slowly run in. But during this time, notwithstanding artificial respiration, the woman never showed any signs of breathing, and that she died was no surprise to anyone considering the type of disease from which she was suffering.

This case was as desperate as could possibly be wished to compare the relative efficacy of the two remedies; and although both failed, the chemical stimulant produced some result as against none from the massage.

L. COOK, M.B., F.R.C.S.Eng.,

Bhagalpur, India.

Lieutenant-Colonel, I.M.S.

## ACUTE HAEMORRHAGIC NEPHRITIS FOLLOWING INFLUENZA.

DURING the week commencing November 17th I saw four cases of acute haemorrhagic nephritis: the history in each case revealed that coryza with subsequent cough and bronchitis had preceded the attack.

*Cases 1 and 2* occurred on the same day in the same family, in a boy aged 3½ and a girl aged 6. I was sent for on account of the "black water" they were passing. They both looked very ill; the eyelids were puffed, there was pallor of the face, with fever (101° F.) and bronchitis. Both complained of pain in the back and over the lower abdomen, with headache. Both were very restless. Ascites developed in Case 1 (the boy) on the third day.

*Case 3.*—A boy, aged 12, after a severe influenzal attack for which I had treated him a week previously, suddenly complained of pain over the lower abdomen and back; the water he passed was described by his mother as "like bovril." His symptoms were identical with those of Cases 1 and 2.

*Case 4.*—A man, aged 53, had coryza for two days, and then came to me complaining of passing scanty, "black" urine. The temperature was 99° F., and the pulse normal, but of high tension.

Examination of the urine in each case revealed the presence of blood in great quantity, the deposit in each consisting of red blood corpuscles and leucocytes, with cell and blood casts. It did not contain pus, but albumin was present in each case in excess. The specific gravity ranged from 1016 to 1025.

Cases 1, 2, and 3 were examined also by Dr. R. A. Askins, Deputy M.O.H. Bristol, who agreed that exanthematous diseases could be excluded.

Southville, Bristol.

ARCHIBALD S. COOK, M.B.

## NASCENT IODINE IN OTORRHOEA.

THE routine treatment of middle-ear suppuration by nascent iodine, as devised and practised by me, has given better results in both acute and chronic cases than any method of equal simplicity at present available. Applicable to every case, it requires no more skill than is involved in the writing of a prescription. Even in acute mastoiditis, where operation, though clinically urgent, was refused by the patient, it has cured apparently desperate cases.

The method consists in the internal administration of potassium iodide with the local application of hydrogen peroxide drops. An adult patient takes 10 grains of potassium iodide, well diluted, every four hours. Every two hours, or even more frequently, the external meatus is filled with hydrogen peroxide, which is retained for ten minutes. The resulting reaction between the absorbed salt and the applied drops liberates nascent iodine within the tissues of the infected middle-ear cleft. With variations of the dosage of the active salt according to age and idiosyncasy, the treatment is useful in every case of suppurative otitis media.

F. PEARCE STURM, M.Ch.

Ear and Throat Clinic,  
Leigh, Lancashire.

Lenden Hospital, he practised in Hammersmith, where he served as medical officer to the infant welfare centre since its commencement in 1911. He was surgeon to the throat and ear department of the Lenden County Council school clinic, surgeon to the Parkside Maternity Hospital, medical officer to the Hammersmith school for mothers, and honorary secretary of the Hammersmith District Nursing Association; he had also acted as honorary secretary to the West-London Medico-Chirurgical Society. For many years he gave active support to the British Medical Association, and was a member of the Metropolitan Counties Branch Council from 1913 to 1919, and again in the present year; he was vice-president of the Branch in 1921. From 1913 to 1919 he was honorary secretary and treasurer of the Kensington Division, and chairman from 1922 to 1925. Dr. Fry was a deputy representative from 1921 to 1925. He leaves a widow, one son, and two daughters.

Dr. C. J. LINTON PALMER of Stoke House, Gosport, who died on November 12th, aged 54, from pneumonia, was educated at University College, Liverpool, and took the diplomas of the English Conjoint Board in 1898. He served as resident medical officer at the City Hospital for Infectious Diseases, Parkhill, Liverpool, and later became resident medical officer to the lock, eye, and ear department and house-surgeon of the Liverpool Royal Infirmary. He removed to Gosport just before the war, and when hostilities broke out he became civil medical practitioner in charge of troops in the Gosport district. He subsequently took a temporary commission in the R.A.M.C., and served on the small hospital ships plying between Dover and Boulogne. Dr. Palmer was a member of the Portsmouth Division of the British Medical Association. He is survived by his widow and two children. The funeral service was attended by a large congregation representing all sections of the community.

Dr. RICHARD JONES OWEN, formerly of the Army Medical Department, died in London on November 17th, aged 87. He was the son of Dr. Owen Owen, took the M.R.C.S. and L.S.A. in 1861, and entered the army as assistant surgeon on March 31st, 1862, serving in the Royal Artillery, but resigned his commission on December 1st, 1865, over sixty years ago. He subsequently went to Australia, where he was in practice at Ballarat, Victoria, the famous goldfield for several years, and surgeon to the Ballarat Hospital; but retired from practice long ago. His name disappeared from the *Medical Directory* in 1883.

Dr. JAMES DOIG McCRINDE, who died at his residence in Northampton on November 19th, at the age of 53, received his medical education at Edinburgh University and Guy's Hospital. He graduated M.B. C.M.Edin. in 1896, and obtained the D.P.H.C. in 1901. In 1897 he was appointed resident medical officer of the Birmingham City Hospital for Infectious Diseases, and held similar appointments at Nottingham from 1898 to 1900, and at Croydon from 1900 to 1902; at the latter place he was also bacteriologist and deputy medical officer of health. He was appointed medical superintendent of the Birmingham City Small-pox Hospital in 1902, and two years later became assistant medical officer of health. In 1907 he went to Northampton as medical officer of health, which post he held until his death. He was a prime mover in the establishment of the Creaton Sanatorium, which was built by voluntary subscription in 1910, and he remained an active member of the executive committee of this institution. He was a member of the South-Midland Branch Council of the British Medical Association.

Mr. EDWIN WEISE COATHUPE, who died on November 23rd at Boscombe, was born as long ago as 1837. After studying medicine in the medical school and Royal Infirmary at Bristol, he obtained the diploma of M.R.C.S. in 1859. He was then appointed assistant surgeon to the Tredegar Iron Works, but, three years later, gave up

medical practice and was appointed to the detective branch of the Metropolitan Police, which at that time consisted of two inspectors and ten sergeants. After three years' service in London he returned to Tredegar as chief surgeon, but a year later resigned this appointment in order to become chief constable of Manchester at the time of the Fenian outrages. In 1876 he was chosen out of 122 candidates as chief constable of Bristol, an office which he held until 1894. After his retirement he lived abroad for some years, principally in Rome. During his period of office at Bristol the police force there doubled in size and was entirely remodelled. In accordance with his suggestion the city was divided into divisions, the rank of superintendent created, and the police fire brigade and the river police were established. He also introduced the general use of police vans, and was responsible for a great advance in the reputation of the police system in Bristol; many men trained by him obtained high positions in various parts of the country. At his retirement he was presented with an address and a cheque by the Bristol justices. We know of no other instance of a medical man quitting the practice of his profession for service in the police force and becoming a chief constable.

Dr. ALEXANDER LAWRENCE died at Chester on November 23rd, aged 81 years. He was born at Cullen, Banffshire, in 1845, and was educated at Aberdeen University, where he graduated M.A. in 1866, M.B., C.M. in 1869, and M.D. in 1872. After serving as clinical clerk to the West Riding Asylum, Wakefield, and superintendent of Chalmers Hospital, Banff, he became second assistant medical officer to the County Asylum, Chester, in 1870, and twenty-five years later succeeded Dr. Davidson as medical superintendent. In June, 1910, he retired on superannuation, when a presentation was made to him by the asylum visiting committee and staff. He was for many years a member of the Chester Society of Natural Science, and of the Chester Division of the British Medical Association.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE.

AT a congregation held on November 27th the following medical degrees were conferred:

M.B., B.CHR.—H. C. Youngman.

M.B., B.CHR.—H. C. Youngman.

The number of medical students in the University this term is

163 in their first year, 142 in their second, and

457 in their third year; there are 26 fourth-year medical students,

and 11 in their fifth or later years.

### UNIVERSITY OF LONDON.

THE Paul Philip Reitlinger Prize, offered this year for the best essay embodying the result of some research work on a medical subject carried out by the candidate, has been awarded to William Stewart Duke Elder, M.A., M.D., F.R.C.S., who is now working at University College, London, for his essay on "The ocular circulation: its normal pressure relationships and their physiological significance." Next year the prize will be awarded for the best essay on "The nature of belief and its place in human experience."

The following candidates have been approved at the examination indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—(With special knowledge of Psychiatry): R. G. Anderson, D. H. Cameron, H. Harris. (With special knowledge of Mental Deficiency): R. M. Macfarlane.

### UNIVERSITY OF BIRMINGHAM.

DR. OSCAR BRENNER has been appointed part-time assistant and Mr. Cedric C. Harris assistant to the Department of Pathology and Bacteriology.

Professor G. Elliot Smith, M.D., F.R.S., will deliver the Huxley Lecture in the medical theatre of the University on February 1st, 1927, at 5.30 p.m.

### UNIVERSITY OF EDINBURGH.

THE following candidates have been approved at the examination indicated:

FINAL M.B., C.H.B.—H. El S. Abaza, J. du R. Ackermann, A. Ahmed, J. B. Annan, T. W. Banks, F. W. Clark, A. R. Cowan, I. R. Duthie, V. Dyream, W. D. Forsyth, E. H. Griffiths, Euphemia T. Guild, Janet W. Jackson, Eva G. John, Isabella M. Marshall, E. P. L. Masson, W. H. Moore, Katherine M. Muirhead, K. B. Mukerjee, G. Nahapiet, J. G. Paul, M. R. J. Peters, F. W. Pringle, W. H. Rees, Janet C. Ronaldson, Rona M. Ross, G. A. Ryrie, J. Singh, Marie Steven, F. Sutherland, Winifred E. Wall, Marjorie S. Waterston.

## UNIVERSITY OF ABERDEEN.

THE Munday Prize in the Faculty of Medicine has been awarded to Frances E. Bruce and John H. Otty (equal) and the Venn Prize in the same Faculty to Breuan S. Cran and Antoine F. Emmanuel (equal).

Professor Marnoch has been appointed and Professor Mackintosh reappointed assessors to the University Court, the former for the period to November, 1928, in succession to Professor Matthew Hay, and the latter for the period to November, 1930.

## UNIVERSITY OF DUBLIN.

## SCHOOL OF PHYSIC, TRINITY COLLEGE.

F. W. PIENAAR has been approved for the degree of Master in Obstetric Science (M.A.O.).

The following candidates have been approved in Part II of the Final Medical Examination:

M.B.—E. G. Montgomery, Margaret H. Donaldson, E. P. N. M. Early, J. C. T. Sanctuary, M. L. McCauley, S. Margaret E. Deane-Oliver, J. B. Patrick, D. Blewitt, Rachel E. Porter, J. J. Fitzgerald, R. Kahn, S. Gurevich, J. O. Bennett, H. A. Ferguson, R. A. J. Holmes-Ivers, J. Quigley, G. D. Edwards, C. F. M. Wilson, M. Hoffman, Kathleen R. Byrne.  
 B.Ch.—\*V. St. G. Vaughan, L. B. Somerville-Large, E. H. Harte, V. G. Horan, A. J. Conlin, Stella C. Ross, Annette K. Wood-Martin, E. P. N. M. Early, E. W. Bingham, E. G. Montgomery, A. N. B. Odber, Norah M. Smith, A. R. Gray, A. E. A. O'Byrne, J. B. Patrick, D. A. O'C. Quinlan, E. A. Ellis, Rachel E. Porter, W. F. Knobel, Gladys L. Craig, J. Johnston, J. J. O'Dwyer, C. F. M. Wilson.  
 B.A.O.—\*W. F. Lane, \*L. R. S. MacFarlane, \*R. S. F. Hennessey, \*T. C. M. Corbet, \*S. D. K. Roberts, Wilfreda D. C. T. Pigott, G. M. Smith, I. Isaacson, P. Brangan, G. H. Henry, J. H. Stephens, M. F. N. Griffin, C. L. Day, Christina McDonald, Ethel M. Weir, L. R. Brumberg, H. C. Weir, G. McDonald, S. R. Elmes, D. M. Brink, A. Sachs, T. J. O'Reilly, J. O. Bennett, A. C. C. Charles, S. B. Dalrymple, Norah W. Brown, C. F. Cope.

\* Passed on high marks.

## ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

The annual meeting of the Royal College of Physicians of Edinburgh was held on December 2nd. Dr. George M. Robertson was re-elected President for the ensuing year; Sir Robert Philip was nominated Vice-President; Drs. G. Lovell Gunnill, R. A. Fleming, Robert Thin, John Orr, and Edwin Matthew were re-elected to form the Council.

At an extraordinary meeting held the same day Drs. Edward Arnold Carmichael and John Robert Lord, C.B.E., were elected Fellows of the College. Drs. William Russell and John Orr were elected representatives on the board of management of the Royal Infirmary of Edinburgh.

## ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly business meeting of the College on December 3rd the President duly admitted to the Licences in Medicine and Midwifery the following successful candidates at the Winter Final Examination under the Conjoint Scheme with the Royal College of Surgeons in Ireland:

D. P. P. Barry, J. J. Lee, P. H. M. McEntee.

## The Services.

## MEDICAL DIRECTOR-GENERAL, R.N.

UNDER revised regulations for the retirement of officers, the Medical Director-General of the Royal Navy is to be retired on ceasing to hold the appointment, or, if not previously superseded in the appointment, to vacate it and be retired on attaining the age of 65.

## DEATHS IN THE SERVICES.

Surgeon Commander William Henry Daw, R.N. (ret.), died at Lydford on November 14th. He was educated at the London Hospital, where he was scholar in practical anatomy in 1894; after taking the M.R.C.S., the L.R.C.P. Lond., and the L.S.A., in 1895, he served successively as house-surgeon at the London Hospital, house-physician and resident medical officer at the Royal Hospital for Diseases of the Chest, and surgeon to the Royal National Mission to Deep Sea Fishermen; afterwards he entered the navy as surgeon. He attained the rank of surgeon commander in 1912, and retired some six years ago. He was the author of a small work, *The Care of Consumptives*, and of the articles on adenoids and croupism in *The Complete System of Nursing*.

Colonel Denis Moriarty O'Callaghan, C.M.G., Army Medical Service (ret.), died at Budleigh Salterton on November 6th, aged 64. He was the youngest son of the late Robert O'Callaghan, L.L.D., of Holton, Suffolk. He was educated at Queen's College, Cork, and at the Carmichael School, Dublin, and took the L.R.C.S.I. in 1884 and the L.K.Q.C.P. in 1885. He entered the army as surgeon on July 28th, 1886, was gazetted colonel in the long war promotion list of March 1st, 1915, and retired on November 11th, 1918. He had a long list of war services: Ashanti expedition, 1895-96 (star); Nile campaign of 1898, battle of Khartoum, mentioned in dispatches in the *London Gazette* of September 30th, 1898 (medal, Egyptian medal with clasp); South African war, 1900-01, operations in Orange River Colony, including action at Wittebergen, and in Cape Colony (Queen's medal with three clasps); war of 1914-18, mentioned in dispatches four times, and received the C.M.G. on June 3rd, 1917.

## Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

The principal debate in the House of Commons this week was on the vote of censure moved by the Labour party on December 8th, which challenged the conduct of the Government during the coal dispute. The official end of that dispute was marked on December 10th by the submission to the House of a resolution approving the cancellation of the Emergency Regulations.

On December 6th the Housing (Rural Workers) Bill, the Public Health (Smoke Abatement) Bill, and the Prisons (Scotland) Bill were passed through Report and third reading by the House of Commons. On December 7th the University of London Bill was read a third time and passed, and several small bills were advanced. Thursday and Friday were assigned to the remaining stages of the Judicial Proceedings (Regulation of Reports) Bill, the purpose of which is to prevent full reports of divorce cases where publication may do harm.

In the House of Lords the Workmen's Compensation (No. 2) Bill passed through Report on December 6th. The Births and Deaths Registration Bill was read a second time on December 7th.

The Coroners Bill was considered in a Standing Committee of the House of Commons on December 7th, and was set down again for December 8th.

## Housing Subsidy.

In the House of Commons, on December 2nd, Mr. Neville Chamberlain moved a resolution approving the draft order of the Minister of Health and of the Scottish Board of Health (presented on November 25th) which proposed to reduce the housing subsidy after next September by £2 in the £6 annual subsidy for twenty years under the 1923 scheme, and by £1 10s. in the £9 subsidy for forty years under the 1924 scheme. So long as it was understood that the subsidy would continue to be paid until the demand for houses was satisfied or until the price fell, there would be no fall in the price of houses. Mr. Wheatley said that national interest demanded healthy housing for the working class. The needs of London were estimated at 72,000 houses. Manchester still required 46,000 houses, and Liverpool had a waiting list of 20,000 applicants, every one of whom had at least two children. The case of Birmingham was equally bad. Leeds had 33,000 back-to-back houses, which it could not demolish till there were houses for the displaced population. He opposed the motion. Lord Henry Cavendish-Bentinck said Nottingham had 4,000 applicants on its waiting list and 3,000 houses unfit for human habitation. In Middlesbrough, of 1,679 tuberculous patients on the register, 486 were sleeping in beds along with persons who were not tuberculous. There were 220 houses each occupied by two families, and in each one family had tuberculous patients. In Birmingham Sir John Robertson reported that he had investigated a group of 527 houses, of which 130 were uninhabitable. Mr. Charleton said that in Leeds health corresponded exactly with the district of residence. Mr. Harris said that in London the pressure on housing had been as great during the last twelve months as in the year before. In the past year the London County Council had received 120,000 personal or written applications for housing accommodation. The L.C.C. list had been closed for some months. Mr. Montague said the nation was paying £80,000,000 to £86,000,000 annually for social services, and a great part of that expenditure was due to the bad health and inefficiency which came from overcrowding and bad housing. Mr. Gibbons said that in Liverpool houses which had long been condemned were still occupied by three or four families. Commander Kenworthy spoke of visiting houses in Hull, a hundred years old, with only one water-tap in a yard shared between twenty houses and with disgraceful sanitary arrangements. Dr. Haden Guest said that the arrears in normal housing had not been overtaken; housing was a living nightmare for the people. Mr. Greenwood said a large proportion of the Addison houses were occupied by bank clerks and professional people because the rents were too high for working-class people to pay. The rents of municipal houses were too high. In Nottingham, out of 4,500 applicants for houses, 1,300 wished to move from corporation houses into smaller and worse houses because they would be cheaper. Dr. Fremantle had made an estimate, which had never been refuted, that the annual cost of sickness to this country was £150,000,000, and Mr. Greenwood asserted that sum to be spent largely through the housing conditions. The late Mr. C. P. Childe, in his presidential address to the British Medical Association, had said the country could spend without loss £50,000,000 annually in clearing slum areas if thereby the cost of sickness and disablement were reduced by a third. Sir Kingsley Wood said that it was vital to the poorer members of the community that the cost of building should be reduced. Of 768,000 new houses built in this country since the war, nearly half had been completed in the last two years. The indications were that during the next twelve months the 200,000 mark would be passed. A Labour amendment was defeated; and Mr. Chamberlain's motion was carried by 181 to 111.

## Medical News.

WE have received a copy of the Labour party's *Report on the Nursing Profession*, which is to be submitted to a conference of nursing and kindred organizations at the Caxton Hall, Westminster, on January 28th. The report, which has been prepared by a subcommittee of the Standing Joint Committee of Industrial Women's Organizations and the Labour Party's Advisory Committee on Public Health, says it is undoubtedly the case that the nursing profession, consisting of those who have undergone a course of long technical training, is relatively worse off with regard to remuneration, hours, and general conditions of labour than any other similar group of workers. For probationers in hospital service, a forty-eight-hour week and an eight-hour day are recommended, together with a minimum salary of £40 a year, better living accommodation, an annual holiday of three weeks, no night duty during the first year's training, with not less than one full day a week and one week-end a month off duty. In regard to fully trained nurses in the hospital service, the report declares that the only way in which they can deal effectively with their conditions and exercise any sort of equality in bargaining power is for the profession to be organized on trade union lines. Until a national joint council, representative, on the one hand, of the nursing services, and on the other hand, of the State, municipal, and other employers concerned, can be inaugurated, certain minimum standards are laid down which the report states those responsible as employers should endeavour to see carried out. These include a forty-eight-hour week, not less than four weeks' annual holiday with full pay, rates of pay high enough to enable a nurse to live comfortably, to take a good holiday, and to contribute to a pension scheme which would give her the right to a pension at the age of 55 upon which she can live.

THE Central Midwives Board for England and Wales held a penal and an ordinary meeting on December 2nd. It was announced that the Ministry of Health had approved, subject to certain minor alterations and additions, the new rules for a period of one year from December 31st, 1926. A resolution recording the Board's appreciation of the valuable services rendered by the late Dr. W. E. Fothergill as an examiner at the Manchester-Liverpool centre was adopted.

THE managers of the Royal Institution have elected Mr. Julian Huxley, M.A., to be Fullerian Professor of Physiology. He has been Professor of Zoology at King's College, London, since 1925, and was formerly senior demonstrator in zoology at Oxford. He is the eldest grandson of Thomas Henry Huxley.

A NEW hospital for Dunbar is being prepared and will shortly be ready. The old Battery Hospital on the north side of Dunbar New Harbour has been closed, as it has suffered considerably from recent storms and is in a dangerous state.

DR. REGINALD S. PEARSON, Mayor of Lambeth, has called a meeting of medical men at his house, "The Hawthorus," 193, Clapham Road, S.W.9, to hear an address by Dr. Camac Wilkinson on tuberculin in the diagnosis and treatment of tuberculosis. The meeting will take place on Thursday, December 16th, at 4 p.m. All medical men interested are invited to attend.

THE last of the series of lectures arranged for this session by the Fellowship of Medicine and Post-Graduate Medical Association will be given by Mr. Ernest Clarke, on emergencies in ophthalmic practice, on Thursday, December 16th, at 5 o'clock, at 11, Chandos Street, Cavendish Square. This lecture is free to members of the medical profession. A further series of lectures on emergencies in medicine and surgery is being arranged for January, February, and March. There will also be a series of clinical demonstrations in ophthalmology and surgery, of which particulars will be announced later. Queen Charlotte's Hospital provides practical courses in obstetrics, lasting from two to four weeks; weekly courses in obstetrics and child welfare are undertaken by the staff of the City of London Maternity Hospital; and the Fellowship can arrange for clinical assistantships at the Samaritan Hospital. The following special courses will be held in January: a fortnight's intensive course in medicine, surgery, and the specialties at the Prince of Wales's General Hospital from January 10th to 22nd; a fortnight's all-day course in cardiology at the National Hospital for Diseases of the Heart, from January 17th to 29th (entries limited to twenty); a fortnight's course in diseases of children at the Royal Free Hospital and the Children's Clinic, from January 10th to 22nd; a month's course (Tuesdays and Saturdays at 11 a.m.) in psychological medicine at the Bethlehem Royal Hospital, from January 11th to February 5th.

Syllabuses of the special courses, the programme of the general course, and copies of the *Post-Graduate Medical Journal* can be obtained from the Secretary of the Fellowship.

THE Post-Graduate Hostel will hold three meetings next week at the Imperial Hotel, Russell Square, W.C.1, at 9 p.m. On Tuesday, December 14th, Professor C. A. Lovatt Evans, F.R.S., will discuss capillary circulation: on December 16th Mr. A. E. Mortimer Woolf will read a paper on pain; and on December 17th Dr. T. Wilson Parry will discuss the various holes discovered in the skulls of prehistoric man. Dinner at 8 o'clock (5s.). All medical practitioners are welcome.

A CHADWICK public lecture on legal conceptions of public health will be given by Mr. William A. Robson, B.Sc., Ph.D., Barrister-at-Law, in the Lecture Hall, Royal Sanitary Institute, 90, Buckingham Palace Road, on Monday, December 13th, at 8 p.m. Admission is free. Further information about Chadwick public lectures may be had from the secretary, Mrs. Aubrey Richardson, O.B.E., at the offices of the Trust, 13, Great George Street, Westminster.

AT an evening meeting of the Pharmaceutical Society of Great Britain, on Tuesday, December 14th, Mr. F. H. Carr, C.B.E., F.I.C., will open a discussion at 8 o'clock on the vitamins in their relation to pharmacy. The meeting will be held in the society's house, 17, Bloomsbury Square, W.C.1, and medical friends of members will be welcomed.

A CONGRESS of the Royal Institute of Public Health will be held in Ghent, from June 1st to 6th. The work will be divided into five sections—namely, State Medicine and Municipal Hygiene; Naval, Military, Air, and Tropical Diseases; Industrial Hygiene; Pathology, Bacteriology, and Biochemistry; and Women and the Public Health. The inclusive charge for first-class travelling, hotels, and excursions to Bruges, Brussels, and the Flanders battle-fields will be twelve guineas. It is stated that the Minister of Health is prepared to consider applications from sanitary authorities for sanction of the payment of the reasonable expenses of delegates, and that similar sanction has been obtained from the Scottish Office. Further information may be obtained from Dr. T. N. Kelynack, 37, Russell Square, W.C.1.

THE eighth Congress of the International Society of Surgery (to which Germans will be admissible) will be held at Warsaw, under the presidency of Professor Hartmann of Paris in July, 1929, when the following subjects will be discussed: (1) Causes and mechanism of post-operative embolism. (2) Results of resection of the stomach for gastric and duodenal ulcer. (3) Treatment of Graves's disease. Further information can be obtained from the general secretary, Dr. L. Mayer, 72, Rue de la Loi, Brussels.

THE thirty-sixth French Congress of Surgery will be held in 1927, under the presidency of M. Bégin of Bordeaux. The subjects to be discussed include drainage in abdominal surgery, chronic periculitis and epiploitis, and the results of periarterial sympathectomy in affections of the limbs.

AN international post-graduate course will be held in Vienna from February 7th to 20th, and will deal with neurology and psychiatry from the therapeutic standpoint. Further information may be obtained from Dr. A. Kronfeld, 22, Porzellangasse, Vienna IX.

THE Fourth English-speaking Conference organized by the National League for Health, Maternity and Child Welfare was held from July 5th to 7th, and attracted an audience of nearly 1,000 people from twenty-four different countries. The verbatim report of the proceedings has now been published and may be obtained from the headquarters of the League at Carnegie House, Piccadilly, W.1, price 2s. 6d. Among the subjects dealt with are the prevention of rheumatic heart disease in young children, the care of children in the first five years of life, and publicity methods in maternity and child welfare.

THE address of the Board of Control (Lunacy and Mental Deficiency—England and Wales) is now Caxton House West, Tothill Street, Westminster, S.W.1. Telephone number: Victoria 8540. Telegraphic address: Avicenna, Sowest, London.

THE Council of the Harveian Society of London has selected the following subject for the Buckston Browne Prize: "The pathology, diagnosis, and treatment of new growths originating in the walls of the urinary bladder." The prize, consisting of a medal, together with the sum of £100, will be awarded for the best essay on this subject. It is open to any member of the medical profession registered in the British Isles or Dominions, and is limited to candidates under 45 years of age. Essays must be sent in by November 1st, 1927. Further particulars may be obtained from the honorary treasurer, Dr. G. de Beaufort, 81, Cambridge Terrace, Hyde Park, W.2.

ON his retirement from the position of school medical officer at Hull Dr. James Fraser has been presented by the education authority with a framed resolution of appreciation of his service, engrossed on vellum.

IN connexion with the scheme drawn up by a committee of the International Society of Medical Hydrology for teaching this subject at the universities and medical schools, nearly sixty medical graduates and students of Bristol University recently visited Bath. A lecture demonstration was given at the Royal Mineral Water Hospital by Dr. Vincent Coates, dealing especially with rheumatic affections of muscular and fibrous tissue, infective arthritis, metabolic arthritis, and osteo-arthritis, cases being shown to demonstrate each type. This was followed by a visit to the Royal Baths, where demonstrations of hydrotherapy were given, and to the accessory department of the bathing establishment, which included ultraviolet rays, radiant heat, Bergonié treatment, diathermy, etc.

A DESCRIPTION of the new radiological department at the Royal Infirmary, Edinburgh, appeared recently in the *Electrical Review*, and has now been reprinted in pamphlet form by Watson and Sons (Electro-Medical), Ltd., who were responsible for the supply and installation of the x-ray and electro medical apparatus. The reprint is fully illustrated and gives a good idea of the excellence of the department, the opening of which by the Duke of York was reported in our issue of October 16th (p. 710).

THE late Mr. Oscar Wilkinson by his will bequeathed £1,000 each to the Scarborough Hospital and Dispensary, the Scarborough Cottage Hospital, the Scarborough Convalescent Home for Children, the Hull Royal Infirmary, the Sheffield Royal Infirmary, the Cancer Hospital, Brompton, St. John's Hospital for Diseases of the Skin, Leicester Square, W.C., and St. Dunstan's Hostel for the Blind.

THE eighth edition of Treves's *Surgical Applied Anatomy*, revised and enlarged by Professor C. C. Choyce, will shortly be published by Cissell and Co., Ltd. It includes a number of new illustrations.

In the October number of the *Quarterly Review of Biology* there is an illustrated article on the foetal growth of man and other primates, by Adolph H. Schultz, of the department of anatomy of the Johns Hopkins University. He finds that human racial differences, and all distinctions between man and apes or monkeys, increase during some periods of embryonic growth, and never become less with advancing development. This is held to support the current theory of one common ancestry for all the primates. The journal may be obtained from Messrs. Baillière, Tindall and Cox, 7, Henrietta Street, Covent Garden.

THE annual report of Livingstone College for 1925 to 1926 quotes warm appreciations of the work of the college by missionaries in Labrador, Kenya, Siam, and North China. In addition to the full session of nine months' medical training for missionaries from October to June, a vacation course is held in July, and intensive three-day courses of lectures in the care of health in the tropics are given in March, September, and December. Further information may be obtained from the Principal, Livingstone College, Leyton, E.10.

THE late Mr. Thomas Martin of Pollokshields has by his will bequeathed £2,000 to the Royal Hospital for Sick Children, Glasgow, to endow a "Margaret Ingis Sim" cot; £1,000 to the Glasgow Royal Cancer Hospital, to be used especially for research work; £1,000 to Biggart Hospital Home, Prestwick, to endow and name the "Margaret Ingis Sim" cot; and £1,000, or such sum as may be required, to the West High and Cottage Hospital, to endow the "Margaret Ingis Sim" bed. The residue of the estate, subject to other legacies and certain annuities, is left in equal shares to the East Park Homes, Glasgow, the Maternity Hospital, Glasgow, and the Samaritan Hospital, Glasgow.

THE sanitary condition of Moscow, according to a statement in the *Münchener medizinische Wochenschrift*, is in many respects better to-day than in 1913. Several epidemic diseases are less prevalent than before the war, as is shown by the following figures: typhus, 320 cases in 1913, 240 in 1925; relapsing fever, 64 cases in 1913, 50 in 1925; dysentery, 800 cases in 1913, 320 in 1925; diphtheria, 4,600 cases in 1913, 2,000 in 1925; small-pox, 217 cases in 1913, 10 in 1925. Enteric fever is an exception to the rule, owing to the bad water supply and consumption of raw milk, there being 2,500 cases in 1925 as compared with only 1,000 in 1913.

ON the occasion of the thirtieth anniversary of the foundation of the Dutch Dermatological Association, on October 24th, Drs. J. J. Jadassohn of Breslau, E. Finger of Vienna, Darier of Paris, C. Rasch of Copenhagen, P. G. Unna of Hamburg, Levaditi of Paris, G. Pernet of London, B. Bloch of Zürich, and J. Almquist of Stockholm were elected honorary members.

AT Exeter police court, on December 2nd, a man was sentenced to two months' imprisonment for the theft of a stethoscope, collodium, and soda tablets from a chemist. He is stated to have obtained these by pretending to be a qualified medical practitioner.

## 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.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

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

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the JOURNAL, should be addressed to the Financial Secretary and Business Manager.

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

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

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**MEDICAL SECRETARY**, *Medicera 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.

"W. J. K." asks for advice in the treatment of a long-standing, progressive, and pronounced case of obesity.

#### TREATMENT OF TINNITUS.

"DR. P." would like to know whether success has ever followed puncture of the tympanum in cases of very troublesome tinnitus. Every other treatment has been tried without avail. The patient is 56 years of age.

#### NERVOUS RETCHING.

"S. P. S." writes to suggest that "H. T.'s" patient should try sucking small pellets of camphor.

"M.B., B.CH., B.DENT.Sc." writes in reply to "H. T.": May I suggest (1) that the filing away of the back of an upper denture and the production of a fine thin edge are often sufficient, but in cases of very nervous patients (2) massage of the hard palate by the patient with the back of a small teaspoon, after sucking a "Rhodia pastille containing scuroiforme" (made by L. Durand, 21, rue Jean Goujon, Paris 8<sup>e</sup>), and (3) the application of a little oil of cloves to the palatal surface of the denture will, in a short time, overcome the nervous retching.

#### LICE ON DOGS.

DR. J. AUBREY IRELAND (Shrewsbury) writes with reference to the reply given on December 4th (p. 1087): As one who has bred show and working dogs for the last thirty years I have from time to time had trouble with lice, and, after trying many methods, I am convinced that much the best way is to use oil of sassafras (synthetic). A little (a drachm or two for a 20 lb. terrier) shaken over the dog from a sprinkler-top bottle and well rubbed in, particular attention being paid to the neck and around the ears, will disinfest the dog in a couple of days; he should then be washed. Care must be taken that he is kept in an airy place, as if shut up in a close box he is liable to be overcome by the fumes. I have not found it necessary to repeat the dressing, but of course the bedding, etc., should be cleansed or renewed.

#### TREATMENT OF PRURITUS ANI.

DR. ALFRED A. MASSER (Penistone) writes: I note with satisfaction the importance attributed to the cleansing of the hands following defaecation. As your readers probably know, it is part of the ritual of the Jewish race to wash the hands after defaecation with the uttering of a prayer. I feel confident that the rarity of parasitic intestinal worms in this race is to great extent attributable to this ancient rite, which is closely observed by most Jews. Water is also poured over the hands prior to partaking of any food, which traditional law might be put into practice with great benefit by other races. In my own experience of the treatment of pruritus ani, where no general or local cause can be found, the application of pure liquor picis carbonis on three successive nights, together with frequent cold douching of the anal region, has given great relief, and in many cases resulted in rapid cure.

#### INCOME TAX.

##### *Sale of Practice.*

"NESTOR" is likely to sell his practice as from September, 1927. How should his liability for 1927-28 be calculated, and should he pay certain expenses this year and so ensure that they affect the liability for that year? Past assessments have been on the "cash" basis, as regards both receipts and expenses.

\* \* \* Assuming that the change from the three years' average to that of the previous year takes effect for 1927-28, "Nestor"