

into field experiments. Dr. Nasmyth thought that comparative medicine could help to explain the periodic outbreaks of epidemics and the disappearance of certain types of disease from certain localities, and pleaded for the incorporation of the veterinary colleges in the universities and the extension of veterinary research.

Dr. F. A. E. Crew considered it futile to talk about co-operation between professions, contact being essentially individual. The study of mankind was by no means only man; and those in power should take advantage of the already existing co-operation and extend it. One of the great problems of the future was the evolution of a disease-resisting stock. Lieut.-Colonel Greig discussed the importance of joint work by the medical and the veterinary professions, and quoted examples from his own experiences in India. Dr. T. W. M. Cameron stated that, while there was unanimity as to the value of co-operation between the medical and veterinary professions, no one had attempted to formulate a definition of "comparative medicine." It was neither "veterinary medicine" or "diseases common to man and animals," but the comparison of all the sciences which comprised medicine as applied to the whole of the animal kingdom. Viewed in this light, comparative medicine was really medicine, and both human and veterinary medicine were sister sciences, both subsidiary to a wider science, which had as its aim the elucidation of the laws and principles governing the cause, spread, and relief of disease.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### INJECTIONS OF ACRIFLAVINE FOR TUBERCULOSIS.

THE use of subcutaneous injections of acriflavine in tuberculosis was suggested by G. H. Johnson<sup>1</sup> and unfavourably reported on by R. J. Gittins<sup>2</sup>; yet, in view of the bankruptcy of medicine in the face of this disease, every promising drug deserves an extensive trial. In recording the following cases I am actuated by the belief that all statistics are of value, for it is only by weighing the accumulated evidence of numerous observers that the effects of acriflavine in tuberculosis may be appraised.

The injection given in all cases consisted of 1 c.cm. of 1 in 1,000 acriflavine in saline; it was given twice a week. All the patients were treated in the open air on the usual lines.

F. W., male, aged 5. Tuberculosis of dorsal spine. Ten weeks' acriflavine treatment. General condition seemed rather worse.

T. S., female, aged 7. Tuberculosis of dorsal spine, with sinuses and amyloid disease. Slow improvement for past year. Six weeks' acriflavine treatment. No apparent effect.

C. D., female, aged 13. Tuberculosis of cervical spine with sinuses. Slow improvement during past eighteen months. Six weeks' acriflavine treatment. No apparent effect.

R. M., male, aged 10. Advanced phthisis. Hectic temperature. Four weeks' acriflavine treatment. No apparent effect. Temperature unaffected.

J. B., male, aged 15. Advanced phthisis. Three weeks' acriflavine treatment. Patient died.

W. M., male, aged 6. Chronic tuberculous peritonitis. Ten weeks' acriflavine treatment. No apparent effect.

W. B., male, aged 10. Active tuberculous peritonitis. Three weeks' acriflavine treatment. No apparent effect.

Y. J., male, aged 6. Tuberculosis of right hip with sinuses. Eleven weeks' treatment. No apparent effect.

W. W., male, aged 13. Advanced tuberculous disease of sacro-iliac joint and of iliac bone. Multiple sinuses. One month's acriflavine treatment. No improvement.

I am unable to convince myself that acriflavine has any effect on the course of the disease; those cases that were improving continued to progress, but those in whom the disease was active continued to go downhill.

I wish to thank Lieut.-Colonel P. MacDiarmid, M.D., O.B.E., the medical superintendent of Alder Hey Hospital, for permitting me to publish these cases.

READ AIDIN, M.D.,  
Alder Hey Children's Hospital, Liverpool.

<sup>1</sup> Johnson, G. H., BRITISH MEDICAL JOURNAL, March 27th, 1926.

<sup>2</sup> Gittins, R. J., *Ibid.*, May 7th, 1927.

#### A PILLION-RIDING ACCIDENT.

THE following rather peculiar injury has been brought to my notice three times in the last two months, and as it is a direct result of pillion riding—a pastime which, although strongly condemned as dangerous, is without doubt becoming increasingly popular—I think it worthy of mention.

The patients were, in all cases, young men who had been pillion-riding astride; it seems from this that the majority of those injured will be of the male sex, for the pillion-riding flapper usually elects to ride side-saddle.

The pillion rider, in order to obtain a more comfortable seat and also rest for his dangling feet, places his toes on the stand for the back wheel or any other convenient metal strut. A slight depression is encountered, and the bump given to the back wheel moves one of his feet on its temporary rest, and the heel, turning inwards, comes into contact with the moving spokes of the back wheel, and one of these causes the injury. The spoke catches the top of the heel of the rider's shoe, and either rips off the shoe and tears the sock only, or, getting a deeper hold, tears down the whole heel flap as well. The heel flap is usually ripped down in one piece, skin and subcutaneous tissues going together, and the lower end of the tendo Achillis and the posterior and inferior surface of the os calcis are exposed to a greater or less extent. The flap is attached at its lower end and retains a sufficient blood supply from the recurrent branches of the plantar arteries.

The wound, being made by a dusty spoke, requires early and thorough cleansing—irrigation with an antiseptic such as 2 per cent. acriflavine in normal saline—and should be loosely sutured. Healing is a little delayed on account of the nature of the injury and the part affected, but in my cases was uneventful.

It appears as if special foot rests or wheel guards were required on all motor cycles which are going to be used for this form of recreation.

DONALD I. CURRIE, F.R.C.S.,  
Surgeon, West Denbighshire Hospital, Colwyn Bay.

#### MEASLES SIMULATING SCARLET FEVER.

THE following case is interesting and instructive in many ways:

I was recently called at midnight to see a boy, aged 2 years and 4 months. His mother said he had been out of sorts for a day or so, and had been rather restless and feverish. He had a short dry cough and the general symptoms of a cold in the head, such as running nose, sneezing, watery eyes, pains in the head and ears, etc. That day he gave more definite symptoms of illness, such as sore throat and vomiting, and when I saw him he had vomited again. His throat was very red and inflamed on both sides and on the posterior wall, and, although the bowels had recently moved, he had a tongue showing thick white fur with red papillae projecting through it—in fact, what was almost certainly a "strawberry" tongue. The temperature was 103° and the pulse 140.

In both popliteal spaces there were several small bright red spots, which were not raised and were distinct from each other. There were no other spots on the legs, but on both elbows similar spots were found. There were no spots on the chest or abdomen, either back or front, and except for one or two on either cheek the face and head were also entirely clear.

I saw the child again at 11 o'clock the next morning, when there was a fairly profuse rash on chest and abdomen, and also on the limbs, while the throat was still sore, the temperature was 101°, and the pulse 130. After consideration I decided to regard the case as scarlet fever, although I told the mother that I was not wholly satisfied and would not be very surprised should it turn out to be measles, as, although the symptoms of scarlet fever were most prominent, the fact of the running eyes and nose and short cough suggested measles to a certain extent. Accordingly, the child was sent into the observation ward of the fever hospital, and in a day's time I learned that the illness had turned out to be measles, not scarlet fever.

The rash appeared between the second and third days, as is usual in scarlet fever, and showed the very common bright red puncta. It also was specially evident at the bend of the knee and elbow, where it was somewhat inclined to be petechial, suggesting Pastia's sign. The prodromal measles rash was here atypical. The pulse was typical of scarlet fever, being 140 to begin with and then 130, while the temperature, 103° and 101°, was rather high for measles. The tongue had a very evident "strawberry" appearance, but, of course, this is occasionally to be found in measles, and too much reliance is not to be placed upon it. The throat and mouth presented the appearance of the ordinary type of scarlet fever, and, although I looked for them most carefully, no Koplik's spots were present. Only the catarrhal symptoms were really in favour of measles, and they were rather overweighed by the other signs.

Glasgow.

JOHN WILSON, M.B., Ch.B. Glasg.

**Sickness and Maternity in Prisons.**—On July 28th Sir William Joynton-Hicks announced that 98 persons were removed from prison during 1926 under Section 17 (6) of the Criminal Justice Administration Act, 1914, for surgical or medical treatment which could not be given in prison. The number of cases of childbirth in prisons (including two in the Aylesbury Borstal Institution) during the same year was 18. The corresponding figures for Broadmoor were none and one. Sir John Gilmour announced on the same day that 31 prisoners were removed from Scottish prisons to outside hospitals during the year 1926 for the purpose of undergoing operations. No births took place in Scottish prisons in 1926.

**Opium Cultivation in Indian States.**—The recent conference at Simla on opium cultivation in the Indian States has recommended that a committee be formed to conduct local inquiries in which the States concerned would be associated. Earl Winterton gave the House of Commons, on July 28th, the suggested terms of reference for these inquiries, which included the extent to which opium is consumed, the occasions on which and the purposes for which it is consumed, the manner in which it is prepared for consumption, and its physiological effects upon the consumer. He added that the question as to the extent to which opium is administered to infants was not lost sight of by the Simla conference.

**Mental Condition after Encephalitis.**—Mr. W. Baker asked the Home Secretary for information on the case of a Manchester telegraphist who, at the beginning of last October, was certified to be suffering from encephalitis lethargica. On June 13th he was missing from home, and his description was circulated by the police. Subsequently he was charged at Longton with sleeping out, and was sentenced to a month's imprisonment without remand or police inquiry. The Home Secretary said the man was found by the Longton police asleep on a haystack with a filled pipe and matches. In court he gave no information about himself. The prison doctor sent the man to hospital and made a special report that he was probably suffering from encephalitis lethargica. The prison governor sent this report to the Home Secretary, who immediately arranged for the man's release, and he was released on June 25th. The action of the prison doctor showed that the care which was desirable was exercised in these cases.

#### Notes in Brief.

The Home Secretary has stated that in the first six months of 1927 there were more than 5,700 prosecutions in the Metropolitan police district for noise from motor vehicles. He had instructed the police that they must do their utmost to stop noise, either of motor cycles or of motor cars.

Up to the end of June 7,222 two-roomed houses and no single-roomed houses had been built in Scotland since 1919 with State assistance. The numbers built without State aid are very small.

The Preservatives in Cream Regulations apply to substitute or "reconstituted" cream equally with genuine cream.

The Home Secretary is considering with his Health Advisory Committee the proposal for a further investigation into dust dangers and tuberculosis among slate quarrymen. Inspectors of the Home Office have taken up with the slate quarry owners the question of improving conditions.

The Government will accept a recommendation that legislation raising the school leaving age to 15 years, from September, 1932, should be passed immediately. By-laws so raising the age in Carnarvon and Suffolk have been approved. Plymouth and Cornwall have asked approval for similar by-laws.

No source of infection has yet been discovered in the recent outbreaks of foot-and-mouth disease in Kent.

The population of England and Wales at the middle of 1927 is provisionally given by Mr. Chamberlain as 18,763,000 males and 20,440,000 females. Sir John Gilmour gives the figures for Scotland (1927) as 2,353,500 males and 2,541,200 females.

The Dental Benefit Joint Committee is considering whether a panel dental patient has the right to choose the anaesthetic to be used in his case.

The Health Ministry now has 642 inspectors, as compared with 407 employed in 1914 by the Local Government Board and the National Health Insurance Commission for England. The Scottish Board of Health has 90 as compared with 36 employed by equivalent departments in 1914.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

Mr. H. L. Wilson, M.A., M.B., B.Chir., Emmanuel College, has been elected to the E. G. Fearnside's Scholarship, of the value of £100, for the encouragement of clinical research in organic diseases of the nervous system.

### UNIVERSITY OF LONDON.

#### Matriculation Examination.

At the June matriculation examination there were 193 successful candidates in the first division and 975 in the second division; in addition 37 took the supplementary certificate for Latin.

### KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.

The following awards have been made:—Raymond Gooch Scholarships: T. S. Cave, R. D. Harding. Burney Yeo Scholarship: W. B. S. Merrett. Burney Yeo Exhibitions of £60 each: H. W. Davies, J. G. Sleight, F. E. Pilkington. Epsom College Scholarship of £60: G. H. Bateman.

### LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE.

The following students have successfully passed the school examination at the termination of the eighty-second session (March-July, 1927):

\*R. Aird (winner of "Duncan" medal), \*E. C. Smith, \*K. C. Yeo, \*W. N. Greer, \*W. B. A. Moore, \*J. V. Landau, \*J. H. Convala, \*K. Lindberg, \*E. M. Rice, \*E. Ho Tung, \*G. L. Alexander, \*C. Bacon, \*C. S. James, \*R. C. Mahajan, \*G. W. St. C. Ramsay, \*F. L. G. Selby, \*D. Whitbourne, \*E. M. Bird, \*B. G. T. Elmes, \*C. E. Sharp, \*C. R. Steel, \*J. W. Winchester, \*J. Williamson, \*M. B. D. Dixey, \*F. J. Kolapore, G. T. G. Boyce, D. E. Iago-Jones, R. A. Pallister, H. C. E. Chantler, I. M. Dunlop, R. Le Clezio, L. Sanders, S. Madwar, R. P. Crawford, A. L. Forbes, E. Jobson, F. M. Purcell, I. D. Ramsay, F. V. Small, D. M. Brown, L. H. Thomas, H. O. Hopkins, J. F. M. Hammacher, S. J. Eapen, D. V. Latham, H. H. Salem, R. N. Hall, R. K. Phillips, W. C. Smith, T. W. Ware, G. Napier, J. K. Manson, W. F. Knobel, G. Taylor, A. A. Razzak, L. H. Poh.

\* Passed with distinction.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary comitia of the Royal College of Physicians of London was held on July 28th, when the President, Sir John Rose Bradford, was in the chair.

The minutes of the Censors' Board were read and confirmed.

#### Membership.

The following candidates, having satisfied the Censors' Board, were admitted Members:

Murray McCheyne Baird, M.B. Oxf., Henry Thompson Barron, M.D. Lond., L.R.C.P., Charles Paton Blacker, M.B. Oxf., L.R.C.P., Vernon Hofmeyr Brink, M.B. Oxf., L.R.C.P., Eric Harrington Brooke, M.B. Camb., L.R.C.P., Hugh Pudesey Dawson, M.B. Camb., L.R.C.P., Robert van Buren Emmons, M.B. Oxf., Ernest Tertius Decimus Fletcher, M.B. Camb., Alexander Wilson Gill, M.D. Edin., Katherine Annis Calder Gillie, M.B. Lond., James Alison Glover, O.B.E., M.D. Camb., John Gerald James Green, M.B. N. U. Irei, Alice Evelyn Beryl Harding, M.B. Oxf., George Augustus Hardwicke, M.B. Sydney, John Angell James, M.B. Bristol, John Wilfrid Jone, M.B. Lond., L.R.C.P., George Hugh Kidd Macalister, M.D. Camb., L.R.C.P., Douglas Hamilton MacLeod, M.B. Lond., L.R.C.P., Greer Edmund Malcolmson, M.D. Lond., Lieut.-Col. I. M. S., Alexander Kempthorne Miller, L.R.C.P., Jessie Laird Robb, M.B. Birm., L.R.C.P., Wilmot Samarsinghe, L.R.C.P., Ronald Edward Smith, M.B. Camb., L.R.C.P., Claude Alexander Taylor, M.P. Otago, John Henry Milnes Walker, M.B. Lond., L.R.C.P., Edwin Charles Warner, M.B. Lond., L.R.C.P., Henry Leonard Wilson, M.B. Camb., L.R.C.P., John Greenwood Wilson, M.D. Lond., L.R.C.P.

#### Licences.

Licences were granted to the following 179 candidates, who had passed the recent Final Examination in medicine, surgery, and midwifery of the Examining Board in England:

S. I. Abrahams, \*Florence A. Adam, \*Florence M. Allen, N. H. C. Allen, V. F. Anderson, J. H. Attwood, \*Grace L. Austin, Ilihi Baksh, D. S. M. Barlow, W. V. Beach, A. C. H. Bell, J. F. Bell, \*Constance M. B. Bishop, W. Blayne, O. Bode, J. A. F. Bouloux, J. L. Boyd, A. H. Brockbank, W. G. Brookes, W. H. Brown, S. G. Budd, D. R. W. Hurbury, J. K. Cameron, D. C. Carroll, \*Margaret B. Carter, J. T. Chesterman, F. H. Chick, M. Cohen, C. R. Cooke-Taylor, S. Craddock, L. H. Crosskey, J. N. Cumings, \*Constance M. Cusden, \*Alva A. Daniell, T. S. Daniels, P. McL. Davidson, E. L. Davies, W. A. Davies, S. Deane, H. G. de Silva, C. I. D'Netto, C. W. L. Dodd, G. C. Dorling, \*Doris V. Douglas-Norman, P. J. Dowling, \*Helen L. Dunn, D. E. Dunnill, \*Evelyn Durrance, G. A. Eason, T. Edmunds, \*Jessie Edwards, J. A. Edwards, R. W. Eldridge, A. Erlan, M. R. Ernst, \*Muriel F. M. Evans, \*Margaret C. Falconar, H. W. Fell, G. S. Ferraby, J. Fitzsimons, F. Forty, H. L. Fuller, C. E. Gallagher, J. O. Gent, R. O. D'A. Gifford, F. H. Gillett, R. V. Goodlife, L. C. Griffin, C. D. Gun-Muoro, P. E. T. Hancock, H. Hannesson, \*Alma B. Hardy, L. I. Hardy, \*Eunice M. Hatch, J. E. Heggart, G. B. M. Higgs, C. Hill, H. Hillyard, \*Phyllis N. Hooper, M. K. Hussein, P. Inwald, A. Ismail, P. R. Jackson, H. E. James, H. M. Jacques, J. L. G. Jenkins, A. M. Jones, D. N. R. Jones, \*Lily A. Jørgensen, P. Kaplin, E. R. Keeb'e, \*Caroline M. Kingsmill, A. König, O. L. Lander, D. A. Langhorne, G. Lee, J. A. Lee, F. G. Leslie, C. A. Levy, \*Olive H. Lister, F. E. Lomas, L. P. McBrien, R. A. McCance, J. McHugh, M. S. Mahmood, R. Maneschewitz, \*Muriel M. Manley, E. W. Martindell, T. E. Matthews, K. S. May, \*M. Y. May, F. J. Mayne, T. W. Morgan, V. V. Morgan, E. G. Muir, J. B. Murray, \*Ethel E. M. Ogilvie, R. Oliver, R. O'Meara, A. B. Pain, W. Panes, \*Dulcie J. Peake, T. Pearce, M. V. P. Petris, E. U. H. Pentreath, \*Mary E. Percy, R. F. Phillips, J. R. Pierre, M. W. Platel, O. Plowright, A. D. Polonsky, W. H. D. Priest, G. W. Rake, W. Ralston, H. L. Rees, J. R. Rickett, L. T. Ride, \*Muriel Rippin, \*Margaret A. Ritchie, E. H. Roberts, \*Phyllis M. Robottom, E. ap Iorwerth Rosser, M. Rothkop, H. Royle, J. E. Saville, D. F. H. Schafer, N. T. H. Schafer, H. Schneider, R. H. Scott, G. S. Seed, C. W. Shaw, N. L. Sheppard, F. C. Simpson, B. D. Singhani, \*Hilda W. Black, \*Eileen R. B. Snow, P. A. M. Scott, \*Dorothy Taylor, V. J. M. Taylor, R. G. Thomas, E. C. Tili, R. H. Tootill, H. A. Tracer, \*Winifred M. Turner, S. Tyagaraja, K. S. A. Venkatacharya Ayyar, A. D. Versteegh, F. L. H. Volter, \*Joan B. Walker, E. Ward, E. N. Wardle, A. G. Watkins, P. H. Whitaker, \*Margaret A. Willcox, F. C. Wilson, W. M. Wilson, J. Woolf, R. L. Wynne, H. Yousri.

\* Under the Medical Act, 1876.

#### Diplomas.

The diplomas indicated were granted jointly with the Royal College of Surgeons to the following successful candidates:

PUBLIC HEALTH.—R. F. Beatson, Elizabeth Bird, Marion Bow, C. E. W. Bower, C. H. Budge, S. C. Chopra, N. P. Dalal, C. J. Donelan, Doris L. Durie, W. O. Harvey, N. M. Nodivata, A. Y. Ibrahim, J. S. Kanadia, Dorothy F. McIntosh, M. S. Mahmood, J. P. Mar den, Doris I. Mart, J. N. Mehra, T. C. St. C. Morton, S. G. Neehiakar, Margaret M. Nolan, Esther Novinsky, R. S. Ralph, H. Ratnarajah, J. L. Stuart, E. V. Suckling, Elsie Thomson.

**LARYNGOLOGY AND OTOTOLOGY.**—M. O. Abdeen, J. B. Baird, J. Bernstein, O. H. C. Byrne, E. E. Day, H. W. Gutteridge, D. R. Macgregor, R. M. Savage, W. McE. Snodgrass, G. E. Tremble, Mary A. Wiles, W. C. S. Wood.

**OPHTHALMIC MEDICINE AND SURGERY.**—A. S. Anderson, M. A. H. Atiya, J. Biggam, Catherine McL. Buchanan, W. B. Oliphant, A. G. Curzon-Miller, Edith Hatherley, E. F. King, V. M. Mésivier, F. J. B. Miller, J. H. Moorhouse, W. M. Muirhead, W. D. O'Donoghue, W. J. Robertson, G. Singh, R. G. Stott, S. E. Ward, J. R. Wheeler, M. Yuille.

**PSYCHOLOGICAL MEDICINE.**—S. M. Coleman, G. F. Graham, F. H. Hesley, S. Hillier, E. G. Howe, W. McCartan, Doris M. Odlum, T. Paton, F. E. E. Schneider, F. L. Scott, G. N. O. Slater, T. Tennent.

#### Election of Officers.

The following officers were elected:—*Censors*: Sir Edward Farquhar Buzzard, K.C.V.O., M.D., Frederick John Poynton, M.D., John Walter Carr, C.B.E., M.D., Arthur Philip Beddard, M.D. *Emeritus Treasurer*: Sir Dyce Duckworth, Bt., M.D. *Treasurer*: Sidney Philip Phillips, M.D. *Registrar*: Raymond Crawford, M.D. *Harveian Librarian*: T. H. Arnold Chaplin, M.D. *Assistant Registrar*: Robert Oswald Moon, M.D.

Sir Hugh Kerr Anderson was elected a Councillor in the place of Dr. J. H. Sequeira, resigned.

#### Harveian Orator and Lecturers.

The President announced that he had appointed Sir Humphry Rolleston to deliver the Harveian Oration in 1928, and the Registrar reported the following acceptances of appointments: Dr. G. F. Still as FitzPatrick Lecturer for 1928, Dr. J. S. Collier as Lumleian Lecturer for 1928, Dr. E. P. Poulton as Oliver Sharpey Lecturer for 1928, Dr. H. H. Dale as Croonian Lecturer for 1929, Dr. T. Izod Bennett as Goulstonian Lecturer for 1928.

#### Moxon and Baly Medals.

On the recommendation of the Council the Moxon medal was awarded to Sir Henry Head, M.D., F.R.S., and the Baly medal to Professor A. V. Hill, F.R.S.

#### Murchison Scholarship.

The award by the University of Edinburgh of the Murchison Scholarship to Mr. John M'Michael, an undergraduate of that University, was announced.

#### Various Communications.

Communications were received from the secretary of the Royal College of Surgeons reporting the proceedings of the Council of that College; from the Board of Trade, asking the College to advise them whether a suitable microscope should be part of the compulsory medical instrument equipment of ships that are required to carry a medical officer; from the secretary of King Edward's Hospital Fund for London, asking if the College would desire to give evidence before the special committee of inquiry, called the "Pay Beds Committee." Dr. C. McMoran Wilson and Dr. J. H. Thursfield were nominated.

#### The Secretary of the Conjoint Examining Board.

A report was received from the Committee of Management of the Examining Board in England stating that it had received a communication from Mr. F. G. Hallett, expressing his desire to retire in December next from the post of secretary of the Examining Board in England. Mr. Hallett was appointed the first secretary of the Board in January, 1886, but had joined the office staff of the Royal College of Surgeons in December, 1877, and had become assistant secretary to the College in 1882; he had therefore completed fifty years of service at the Royal College of Surgeons and the Conjoint Board. On the motion of Sir William Hale-White it was resolved unanimously that an expression of much regret at his resignation and of the great appreciation felt by the College for the ability, zeal, and devotion with which he had carried out his duties for nearly fifty years should be conveyed to Mr. Hallett. The recommendation of the Committee of Management that Mr. Horace Hayter Rew, who has held the post of assistant secretary to the Examining Board for the last seven years, should be appointed secretary as from December 5th, was accepted.

#### Recognition of Universities and Colleges.

The following institutions and colleges were added to the list of institutions whose graduates in medicine are admissible to the final examinations in medicine, surgery, and midwifery, under the conditions of Paragraph IV, Section III of the old Regulations, and Paragraph III, Chapter III of the Regulations dated January 1st, 1923—namely: The Masaryk University of Brno, Czechoslovakia; the Kornensky University of Bratislava, Czechoslovakia; the Medical College of Virginia, Richmond, U.S.A.; the Meharry Medical College, Nashville, Tennessee, U.S.A.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council meeting was held on July 28th, when the President, Sir Berkeley Moynihan, Bt., was in the chair.

Mr. W. Thelwall Thomas was admitted to the Council.

#### Diplomas and Licences.

Diplomas of membership were granted to 172 candidates. The Licence in Dental Surgery was granted to Eileen Mary Joscelyne. Diplomas were granted, jointly with the Royal College of Physicians, in public health to 27 candidates, in ophthalmic medicine and surgery to 19 candidates.

#### Board of Examiners.

Mr. J. Lewin Payne was re-elected a member of the Board of Examiners in Dental Surgery.

#### Lister's Surgical Notes.

The College accepted the custody of Lord Lister's Surgical Notes, which had been offered to the College for permanent loan by the Committee of Management of King's College Hospital, upon the recommendation of the medical board.

## Medical News.

APPLICATIONS for the Milroy Lectureship for 1929 are invited by the Royal College of Physicians of London. The lectures must be on some subject in State medicine and public health, and copies of Dr. Milroy's suggestions and further information can be obtained from Dr. Raymond Crawford, Registrar, Royal College of Physicians of London, Pall Mall East, S.W.1. It should be noted that applications must be received by the Registrar on or before September 28th, which is earlier than has been usual. Further particulars will be found in our advertisement columns.

THE general secretary, Dr. Hugh Woods, of the London and Counties Medical Protection Society has called our attention to a letter he has addressed, on behalf of the society, to the town council of Ramsgate. It appears that some time ago charges were made against the police surgeon, Dr. A. J. K. Drew, with regard to the manner in which he gave evidence in an inquiry relative to a member of the Ramsgate police force. It is stated that Dr. Drew has not obtained a formal statement of the charges, and that the only information he had as to their nature was given to him at an informal meeting of the Watch Committee. Dr. Drew communicated with the society, of which he is a member, but its solicitors have been unable to obtain particulars of the charges and complaints, and the *Thanet Advertiser* on July 2nd announced that the town council had unanimously resolved in committee to give Dr. Drew three months' notice to terminate his appointment as police surgeon. The secretary of the London and Counties Medical Protection Society, in his letter to the town council, observes that its action, in view of the publicity of the circumstances, is virtual dismissal. The object of the society's letter appears to be to extract from the town council a statement formulating the charges against Dr. Drew, so that he may have an opportunity of an unprejudiced hearing and of a decision given after full investigation.

PROFESSOR ROBERT HOWDEN has resigned the chair of anatomy in the College of Medicine, Newcastle-upon-Tyne (University of Durham), which he has held for thirty-eight years; he has been elected emeritus professor. Professor Howden is well known to medical students as the editor of Gray's *Anatomy*, the last edition of which (the twenty-third) was reviewed in our columns last December. Professor Howden has been the representative of the University of Durham on the General Medical Council since 1918.

AT the annual meeting of the British Spas Federation, which was held at Strathpeffer, a small committee was appointed to develop further research into the chemical and physical properties of the mineral waters of Great Britain. It was decided to take steps to draw attention to the importance of the fullest use of British spas, both from the standpoint of national health and as a means of restoring the adverse balance due to the large English expenditure at foreign resorts.

MR. CHAMBERLAIN, Minister of Health, has, during the temporary absence of Captain Brass, M.P., who is accompanying Mr. Amery on his tour of the Dominions, appointed Mr. Geoffrey Peto, M.P., to be his Parliamentary Private Secretary.

THE fifth gold medal of the African Society, instituted for presentation to those who have done the best work for Africa, has been awarded to Sir Ronald Ross, K.C.B., K.C.M.G., F.R.S.

AT the annual meeting of the Automobile Association it was stated that in little over twenty years it had obtained a membership of nearly 350,000; that it disposed of an income which was not far short of £700,000; and that its services to its members facilitated travel not only in this country but practically throughout Europe. Improved arrangements had been made with Austria, Germany, Norway, Spain, and the Irish Free State. The association continues to press for re-introduction of the petrol tax. In this connexion it has been suggested that the horse power tax handicaps the British manufacturer in foreign trade by preventing the production of cheap high-powered six-cylindered engines, such as are suitable for very hilly countries.

THE fifth International Congress for the Protection of Childhood, held at Madrid in April, 1926, decided that the next congress should be held in Paris in 1928.

The fifth French Congress of Stomatology will be held in Paris, under the presidency of M. Gires, from October 24th to 30th, when the following papers will be read: surgical extraction of teeth, by M. Monier; osteitis of the lower jaw, by M. Gornovec. The following subjects will also be discussed: buccal hygiene of children at school and at home, introduced by M. Tellier; sterilization in stomatology, introduced by M. Fargin-Fayolle. Further information can be obtained from the general secretary, M. Leclercq, 9, Boulevard de la Madeleine, Paris, 1<sup>e</sup>.

The celebration of the fiftieth anniversary of the French Society of Public Health and the fourteenth Congress of Hygiene will be held at Paris from October 25th to 28th at the Pasteur Institute, with Dr. Roux, director of the institute, as president of honour, and Dr. Léon Bernard, professor of hygiene in the Paris Medical Faculty, as president. Papers will be read by Professor Madsen of Copenhagen on the International organization of public health, and by Professor Dopfer, of the Val-de-Grâce Military Hospital, on military hygiene. Further information can be obtained from the secretary, Dr. Dujarric de la Rivière, 26, Rue Dutot, Paris, XVI<sup>e</sup>.

## 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.

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## QUERIES AND ANSWERS.

### RAISING A BOOT FOR SHORT LEG.

DR. W. D. HOPKINS (Hayes, Middlesex) writes: When a boot is to be raised an inch or so I have usually had it done with an extra leather sole, which makes a weighty article for feeble muscles. What inexpensive method can be used to add the least weight?

\* \* We have referred this question to Mr. E. Muirhead Little, who has been good enough to reply as follows:

When a boot or shoe is to be raised an inch at the heel and not at the tread a piece of cork of that thickness can be fitted inside the shoe, and in such a case it is not always necessary to alter the leatherwork of the shoe. A leather heel of, say, 2 in. (in place of the usual 1 in.) is not heavy enough to matter much, but above that height the weight is important, and cork is preferable. Two inches or even more may be placed inside the boot, but, of course, in that case the boot must be specially made to take it. Larger amounts are placed in whole or part outside the boot, between the welt and the sole. For the sake of appearances part of the cork may be placed outside and part inside the boot. It is only possible to adapt an ordinary boot when the amount of shortening to be accommodated is small, say, up to 1½ in. at most. For greater disparity specially made surgical boots are needed. There seems to be no inexpensive method of raising the height of the heel and sole beyond a small

amount, but any bootmaker should be able to insert 1½ in. of cork between sole and welt without difficulty, although he will generally decline the job as being "surgical."

### INCOME TAX.

#### Three Years' Average.

"J. V. B." claimed, and was allowed as for an expense of the year 1925, £310 as the cost of replacing his car. For 1927-28 he will be assessed on the basis of the 1926 earnings, and therefore will lose two-thirds of the benefit of the renewal allowance. Has he any remedy?

\* \* The cost of renewal has to be treated in the same way as any other professional expense, and no special claims can be made to set a portion of it against the 1926 profits. If, however, "J. V. B.'s" profits for 1925, as adjusted for income tax purposes, were less than the average earnings of the practice for the six years up to and including 1923—or for such shorter period as he may have been the owner of the practice—he can claim to be assessed for 1927-28 and 1928-29 on the basis of the three years' average, in accordance with Section 29 of the Finance Act, 1926-27. His claim must be lodged by October 5th.

## LETTERS, NOTES, ETC.

### THE "MEDICAL DIRECTORY."

THE Editors of the *Medical Directory* inform us that their annual circular has been posted to each member of the medical profession. Should any form not have reached its destination, they will be glad to send a duplicate. They hope that completed forms may be sent to them at 7, Great Marlborough Street, London, W., by an early post.

### MEDICAL MARKSMEN.

DR. C. W. WIRGMAN (London, E.C.) writes: I was glad to see the excellent notice given in the JOURNAL of July 23rd to the victory of Dr. C. H. Vernon at Bisley. It is curious that the medical profession have in the last three years twice occupied the second place and won this year. A very strong team of ten could have been got up from among doctors attending the meeting. The following attended and had a very good meeting on the whole: Captain A. B. Bratton, D.S.O., M.C., Colonel H. D. Brook, V.D., J. Elgood, M. J. Harker, Colonel L. Langford Lloyd, D.S.O., F. H. Kelly, Colonel W. F. McLean, C. Robertson, G. C. F. Robinson, Captain C. H. Vernon, Major C. W. Wirgman.

\* \* We take this opportunity to correct an error in our note on the King's Prizeman. Dr. Vernon's age is 35, not 45.

### TREATMENT OF VARICOSE VEINS BY INJECTION.

MAJOR-GENERAL T. M. CORKER, A.M.S., draws attention to recent references in our columns to the treatment of varicose veins by injection (February 26th, p. 375, and *Epitome*, March 12th, para. 286) and suggests that some clear statement is desirable as regards the possible danger of thrombosis. He adds that, if there is little risk of trouble from this cause, the advantages of the injection treatment, particularly the avoidance of a cutting operation, and the rapidity with which recovery seems to follow, would render this procedure worthy of more thorough investigation, with a view to its general adoption. He invites comment from those who have had experience of the results of treating varicose veins in this way.

### PORTUGAL FOR THE TOURIST.

WE have received an illustrated pamphlet about Portugal, published by the Sociedade Propaganda, and extolling the beauties of that country in climate, landscape, and watering places. The pamphlet was published in 1916; it has only just reached us, presumably, because, as the preface states, "the functioning of the various services" during the war was "somewhat less regular." It is noted that the political and geographical situation of Portugal, in face of the European conflagration, readily explained the influx of foreigners, who were quietly awaiting an opportunity to return to their own lands. The pamphlet might have mentioned also that the national industry, revolution, is carried on in a gentlemanly manner, with a minimum of bloodshed. We fully agree that the country is admirably adapted for the development of "tourism"; and the well known affection of the Portuguese for the English makes it additionally attractive. The illustrations of scenery and buildings in the pamphlet invite the visitor. The address of the Sociedade Propaganda de Portugal in 1916 was Rua Garrett, 103; Lisbon.

### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 31, 32, 33, 36 and 37 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 34 and 35.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 100.