congenital heart disease, and this was also the experience of Parkinson and Clark-Kennedy[9] in 1926.

I am indebted to Dr. Theodore Thompson for kindly allowing me to publish this case, and to Dr. John Parkinson for the electro-cardiographic record.

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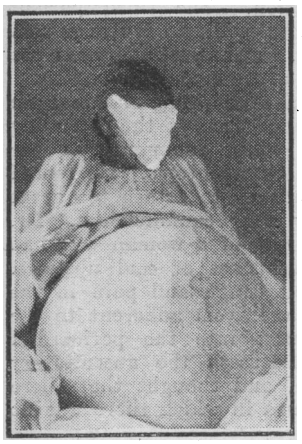
Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

UNUSUALLY LARGE OVARIAN CYST.

IN view of the rarity now of extreme abdominal enlargement due to an ovarian cyst, the following details and illustration of such a case may be of general interest.

A woman, aged 57, was admitted to hospital as a case of acute intestinal obstruction; there had been no movement of the bowels for three days. She complained of generalized pain over the abdomen and in both legs, which had lasted only a fortnight. There was no urinary trouble. The menopause had occurred seventeen years previously; menstruation had always been normal. The abdomen had been increasing in size for about twenty years; she had consulted a medical practitioner twelve years prior to admission, but he had refused to operate.



The abdomen was enormously distended, with large veins coursing over it; the swelling gave a remarkably distinct fluid thrill, but the flanks were clear, so ascites was excluded. An ovarian cyst was diagnosed. Both legs were purple up to the knees and cold to the touch; there was dry gangrene of the toes of both feet. The patient said that she had not been able to go to bed for more than six months; she spent the time sitting in a chair. Under a local anaesthetic I cut down to the peritoneum, and then passed a few stitches through it and the wall of the cyst. A trocar and cannula were thrust into the cyst and a No. 3 catheter was inserted. The patient was drained very slowly for two days, and then a larger catheter was introduced. At the end of four days her legs down to the toes resumed their normal colour and became much warmer; the pain which had been present ceased. The patient could then be put to bed. The fluid which came away was of a dark colour; each measurement of it was checked by two senior nurses. At the end of a week 108 pints 12 ounces had been removed. Some little fluid was still retained, but the patient was getting weaker, so that the catheter was withdrawn. She died a fortnight after admission. At the necropsy an enormous ovarian cyst was disclosed; there was no free fluid in the abdomen. The liver was almost unrecognizable; in shape it resembled a crescent.

For leave to publish this case my thanks are due to Mr. A. G. Bate, surgeon to the Royal Sussex County Hospital.

H. H. BARNETT, M.B., Ch.B.

TRAUMATIC RUPTURE OF THE DUODENUM AND LIVER: SUBPHRENIC ABSCESS: RECOVERY.

THE following case is placed on record on account of the rarity of recovery after such an accident, and, indeed, of the condition itself.

W. A., aged 30, when riding a motor cycle at night, crashed into a motor lorry. He was admitted to Mr. A. B. Mitchell's wards in the Royal Victoria Hospital, Belfast, on August 25th, 1927. When I saw him, some five hours after the accident, he was suffering from shock and writhing with abdominal pain. The abdomen was rigid and tender, especially to the right of the middle line, about the tip of the tenth rib; it was somewhat tympanitic and distended.

I opened the abdomen by a right paramedian incision and found a large amount of blood coming from an extensive tear in the under surface of the liver; after mopping out the blood intestinal contents were seen welling up from the duodenal region; I found a ragged tear far back on the anterior surface of the first part, almost at the angle of junction with the second. I sutured this with some difficulty, as the patient was very stout. The hole was the size of a threepenny bit, and was more or less circular, but there was no induration, thickening, or any evidence of ulceration.

I then made a rapid survey of the small intestine to exclude other perforations; it revealed numerous bruises, but no tear. His condition did not permit of further interference, so I closed the wound, leaving a pack down to the ruptured liver to control bleeding, and a drain.

He caused some anxiety for a few days and developed a moderate degree of wound sepsis, but had no vomiting. By September 4th the temperature was normal, and remained so until September 10th, when it began to rise at night; this continued until October 5th, and he was complaining of left-sided pain when I then saw him. I explored the left subphrenic region, and found pus. Next day Mr. Mitchell helped me to open a very large subphrenic abscess after subperiosteal resection of the twelfth rib. The patient then made steady progress towards recovery, although his pulse rate was 120 for a long time. He left hospital in good health, except for a ventral hernia, on November 12th. He had no gastric symptoms, either before or after the accident.

Berry and Giuseppi record 23 cases in the ten principal London hospitals prior to 1907; all the patients died. Choyce states that only 5 such patients were admitted to the London Hospital from 1899 to 1919, and all died. Rowlands (BRITISH MEDICAL JOURNAL, 1923, i, 716) records 23 cases of ruptured duodenum out of 381 of ruptured intestines, but does not give separate mortality.

Belfast. C. J. A. WOODSIDE, M.B., F.R.C.S.I.

GANGRENOUS APPENDIX IN A STRANGULATED HERNIAL SAC.

THE following case of strangulated inguinal hernia seems sufficiently rare to merit description.

An infant, aged 6 weeks, was admitted to Booth Hall Infirmary on September 15th, 1927; the mother stated that she had noticed a swelling in the right groin the day before, which was tender and increased in size. The child was fretful, but had not vomited. The bowels had been opened the day before.

On admission the temperature was 97°, and the pulse rate was 140. The right side of the scrotum was swollen, tense, and discoloured, and the cord on the same side was thickened. The mass was irreducible.

At operation a distended sac was found, strangulated by a tight external ring. Inside the sac was the appendix, which was completely gangrenous, together with the lower pole of the caecum, which was engorged and discoloured, but still viable. The lumen of the caecum and the ileo-caecal junction were outside the sac, a fact which probably accounted for the absence of vomiting. The appendix was removed, and the sac ligatured.

The child recovered well after operation, but unfortunately died eleven days later from enteritis.

AGNES SEASTON, M.B., Ch.B.
Booth Hall Infirmary, Manchester.

CONGENITAL DIAPHRAGMATIC HERNIA.

IT may perhaps be worth while to add this to the long list of such cases on record.

On November 8th I was called to see a newborn infant. The nurse informed me that when the head was delivered she noticed the face to be intensely blue, and she completed delivery at once. The apex beat was on the right side. She tried artificial respiration for some time, and as there appeared to be no sign of improvement she sent for me.

When I arrived the infant had been born about thirty minutes. The face was almost blue-black, the abdomen was distended and tense, and the apex beat was at the right nipple; the rate was about 30, and every fifteen seconds or so the infant took a short jerky inspiration. It lived about fifteen minutes after my arrival.

At the *post-mortem* examination the heart was seen to occupy the right side; the right lung lay above it and was very slightly inflated; the left lung was infinitesimal, and the left side of the thorax was packed with coils of intestine. The liver was swollen and congested, and occupied practically the whole abdominal cavity. The hernial opening was in the left posterior quadrant and its edge was quite smooth.

I took the specimen to Dr. Cavendish Fletcher, who was good enough to make the following report:

"The posterior part of the left side of the diaphragm had failed to develop, leaving a hole about three-quarters of an inch in diameter. The posterior side of the hole was bound by the posterior abdominal wall, and the anterior and lateral aspects by a sort of falciform edge quite smooth and evidently not due

to trauma. The stomach was in its normal position, and the perforation of the diaphragm by the oesophagus was normal. The liver was large and weighed 7 oz. It was congested. The extreme tip of the left lobe was turned up into the thorax through the diaphragmatic perforation referred to, a marked indentation of this lobe indicating the position of the edge of the hole in the diaphragm. The whole of the small gut and the ascending and transverse colons occupied the left side of the thorax. The spleen, too, was found in the thorax, lying in the middle line, just in front of the tiny undeveloped left lung. The latter weighed only 4 grams, having failed to develop beyond this size owing, no doubt, to the pressure of the displaced viscera. The right lung was normal, but unexpanded. It weighed three-quarters of an ounce. The heart was completely displaced to the right side, but was otherwise normal. Apart from the hernia, and the failure of the left lung to develop, no visceral disease was found."

Assuming the condition had been diagnosed *ante mortem*, it would be interesting to know what chances of life the child would have had if the hernia had been reduced by open operation.

Hayes, Middlesex. D. H. WALDRON, M.B., B.Ch.

CHRONIC VINEGAR POISONING.

THE following case seems worthy of note, on account of the paucity of recorded cases where commercial vinegar has been consumed over a considerable number of years in much the same quantity as the other more refreshing beverages which are indulged in by the world at large.

In August, 1927, I was called to see a woman aged 60. She was in bed, looked ill, but was mentally bright and alert. Beside her stood a quart bottle of vinegar three parts empty. This quantity she acknowledged she had consumed during the same day. I learned from her relatives that this was about her usual daily ration; that, in fact, she never ate anything without washing it down with a liberal quantity of the liquid. This had been her habit for as many as thirty years. At one time she had weighed 112 lb.; now her weight was 38 lb. Till a week before she had been up and about the house, but during the last five weeks she had taken no food; nevertheless she had not decreased her daily quantity of vinegar. Her temperature was subnormal; her hands and forearms and her feet and legs were almost black. She had no pulsation in the arteries below the elbow and knee. The apex beat was easily palpable in about its normal position, and the heart sounds were clear. She was most emaciated, but no signs of malignant disease consistent with such an advanced state of emaciation could be discovered. She had some difficulty in swallowing, but this appeared to be due to general weakness. The urine was acid, but contained no abnormal constituents.

She was admitted to the Royal Salop Infirmary, but could retain nothing by mouth or by rectum, and died within forty-eight hours.

An inquest was held, and the verdict that death was due to a chronic intoxication (the intoxicant being commercial vinegar) was concurred in by the coroner (Dr. Cureton), the resident physician (Dr. Evans), and myself. For the following notes on the *post-mortem* examination I am indebted to Dr. Evans of the Royal Salop Infirmary.

Deceased is a most emaciated woman, there being an almost complete absence of naked-eye fat. The tongue shows a chronic superficial glossitis, and the pharynx a chronic pharyngitis. The oesophagus is normal. The stomach is dilated, its mucous membrane very white, smooth, and non-rugose, and contains clear fluid. There is some intestinal catarrh. The kidneys are small and pale, but their pattern is clear. The heart is small and shows well marked tabby-cat striation beneath the endocardium. The valves are all competent. The lungs show atrophic emphysema and some chronic bronchial catarrh. The spleen is small and atrophic. The liver is of the well marked nutmeg type, and shows some old perihepatitis. The gall bladder is distended and full of dark, viscid bile.

To me it appears remarkable that the woman lived so long. The state of acidosis was evidently prevented by the formation of acetic salts, which were in turn broken down, but the condition of her digestive organs gradually became worse till they reached a state of complete abrogation of function. She was, in fact, as nearly as possible pickled alive.

Shrewsbury. D. A. URQUHART.

Reports of Societies.

EXTENSIVE AORTIC ANEURYSM.

AT a meeting of the Section of Pathology of the Royal Academy of Medicine in Ireland on December 9th, the President, Dr. T. T. O'FARRELL, in the chair, Dr. A. R. J. DUNGAN read notes on a case of aneurysm of the aorta, and showed a specimen.

Dr. Dungan said that the entire thoracic aorta was moderately dilated, and beyond the transverse portion of the arch was filled with a mass of laminated clot, leaving only a small lumen. There was advanced atheroma, but no macroscopical signs of syphilis. Microscopically, however, there was found infiltration of the media and adventitia by mononuclear cells, and there were patches of scar tissue in the media. The Wassermann test was strongly positive.

The PRESIDENT said that aneurysms of the aorta were rarely seen, since these cases were not usually admitted into general hospitals. The symptoms were sometimes not very clear. Dr. J. LAIT said that he had never met a case in which there had not been a positive Wassermann reaction.

Sir WILLIAM WHEELER said that he had operated upon three cases of aortic aneurysm; one man was alive and well seventeen years later. At the time of operation the aneurysm was thin-walled, and appeared likely to burst when the abdomen was opened. The introduction of wire had produced in this case a complete cure. In a second case a necropsy had been performed some four years after the introduction of wire. In this case the aneurysmal sac was also completely consolidated, but the man died from rupture of a secondary dilatation. The third patient died shortly after the operation. Dr. W. D. O'KELLY said that he had never seen such an extensive aneurysm; the patient must have suffered from acute syphilitic aortitis.

Sir JOHN MOORE referred to a description of aneurysm of the aorta which stated that aneurysms of the ascending aorta provided physical signs, while aneurysms of the descending aorta were indicated by symptoms. He feared that at present there was a tendency to attach too great confidence to diagnoses made by *x*-ray examinations. Dr. H. B. GOULDING mentioned the case of a woman who had died suddenly while carrying a bucket of coal upstairs. She had complained of persistent cough and pain in the chest. Dr. Goulding found an aneurysm adherent to the sternum; it had apparently burst into the pericardial cavity. Dr. A. R. PARSONS discussed the auscultatory signs in intrathoracic aneurysm, and thought that there were quite a number of these cases in which there was no murmur present.

Dr. Dungan, replying, said that in the Johns Hopkins Hospital there had never, he believed, been a case in which it had not been possible to disclose a syphilitic lesion microscopically. In the present case no murmur had been present.

Malignant Papilloma of Kidney.

Dr. T. T. O'FARRELL showed a malignant papilloma of the pelvis of the kidney of a man aged 54. Three months previously the patient had felt a stabbing pain in the left side; he had never passed blood, but the urine had twice been coloured red. On admission pain was present at the lower border of the ribs at the back, and was much aggravated by coughing. A swelling was felt in the left lumbar region and projected into the left iliac fossa; it moved with respiration and was dull on percussion, except for a band of resonance which crossed it. The left kidney, which was removed, measured 15 by 9 by 7 cm.; it was irregularly lobulated and one surface showed many adhesions. It was almost completely cystic, due to back pressure. The whole pelvis was occupied by a papillomatous mass, not unlike a villous papilloma of the bladder, which appeared to have its origin at the attachment of the pelvis to the kidney proper, though the growth extended to a certain extent into the cystic spaces. Microscopically the tumour was composed of stalks of fibrous tissue covered by several layers of transitional epithelium. Mitotic figures were fairly numerous, and though no definite infiltration of

at after great difficulty by a large number of responsible authorities. The clause now gave the county council power to delegate any of its duties with or without restrictions that that council thought fit. They could make an exception in the case of maternity homes, although these might be in the area which was delegated in all other respects to another authority. If the clause were rejected there would be practically no hope of reaching agreement again in the House of Commons.

Lord Charnwood said that out of this unsatisfactory system of dual inspection there might occur, in a home subject to delegation, one inspection under the present bill together with, and possibly conflicting with, an inspection under the Midwives Act.

The Earl of Onslow said the authority in the case of midwives was the county council or county borough council. The only delegation permitted under Clause 9 was for purposes under this bill. He understood that, as chairman of the Royal Commission on Local Government, he himself was about to receive a letter explaining that, despite the arrangement under this bill, the Government recognized that the whole question was under the consideration of the Royal Commission, and that the Commission would form its own opinion and report in accordance with evidence which had not yet been received.

Lord Charnwood withdrew his amendment.

The bill then passed through Committee without further amendment, was reported, given a third reading, and returned to the Commons.

Later on the same day (December 21st) the House of Commons considered the amendment made by the Lords to the clause of the Nursing Homes Registration Bill respecting Christian Science houses. Mr. Chamberlain moved that the House disagree with the amendment. He said that the Marquess of Salisbury had been unable to consult him before accepting it. Christian Science houses were not nursing homes as the term was understood, and Mr. Chamberlain did not desire that the Ministry of Health should take any responsibility for them. The House of Commons then disagreed with the amendment.

On December 22nd the House of Lords decided that it would not insist on this amendment to Clause 6, and, as stated above, the bill thereafter became law.

Medical and Dentists Acts Amendment Bill.

The House of Commons, on December 21st, passed the Medical and Dentists Acts Amendment Bill through Committee without amendment, and read it a third time. This bill, which authorizes the new arrangements for transfer of medical practitioners between the British and Irish Free State registers, had already passed through the Lords, and became law on December 22nd.

Mental Deficiency Bill.—The Mental Deficiency Bill was read a third time and passed by the House of Lords on December 21st, without discussion.

Lamps on Ambulances.—An amendment added by the House of Lords to the Road Transport Lighting Bill—since become an Act—provides that the Minister of Transport shall have power by regulations to require or permit distinctive lamps to be carried in the case of vehicles used as ambulances and to prohibit similar lamps being carried by any other vehicles.

Vaccination of Prisoners.—In a reply on December 21st to Dr. V. Davies Sir William Joynson-Hicks said that in normal times no special steps were taken for the vaccination of prisoners except with convicts sentenced to penal servitude, who, unless they presented good vaccination marks, were vaccinated before removal to the convict prison. During an outbreak of small-pox in the area where a local prison or convict prison was situated or in areas from which prisoners were received, it was the practice to vaccinate prisoners who had not been vaccinated within recent years. Mr. Shepherd asked whether prisoners had any choice whether they would be vaccinated. Sir William said he had never heard of any complaints from them.

Milk Inspection.—On December 21st Dr. Vernon Davies asked whether the Minister of Health was aware that in the county of Nottingham, during 1924, 43 samples of milk were analysed, of which 97.7 per cent. were adulterated; during 1925, 73 samples, of which 60.2 per cent. were adulterated, and during 1926, 62 samples, of which 54.8 per cent. were adulterated, and whether he would impress on local authorities that for the health of their infant population they should institute a vigorous campaign against food adulterators by analysing yearly a much larger number of samples. Sir Kingsley Wood said it was the practice of the inspectors in Notts to take a large number of samples informally and to carry out rough sorting tests to ascertain where adulterated milk was sold. Formal samples were then taken at these places for submission to the public analyst. The published returns only referred to the latter samples, and the high proportion of adulteration recorded was a natural result. The method was a new one adopted by the county of Nottingham. The Minister of Health would consider whether advice could usefully be given to local authorities counselling the taking of a larger number of samples where past experience showed an adulteration of over 5 per cent. in common articles of diet amongst the poor. In a reply to Dr. V. Davies on the same question on December 22nd, Sir W. Joynson-Hicks said that in the county of Nottingham during 1924 there were 16 prosecutions for the adulteration of milk; in 1925 11, and in 1926 13. In the city of Nottingham and the borough of Newark the additional figures were 17, 4, and 10 for the respective years.

Notes in Brief.

From 1918 to December 15th, 1925, £5,186,833 was paid as compensation for animals slaughtered as a result of foot-and-mouth outbreaks. The Government is not prepared to offer a monetary reward for an effective remedy or preventive of this disease.

It will be illegal to sell in this country as olive oil the mixed oil composed of olive oil and oil from ground nuts, the production of which has been authorized this year in Spain.

The attention of the Minister of Health has not been drawn to the refusal of the London County Council to licence an *x*-ray massage establishment. Sir Kingsley Wood adds that he does not think legislation on the subject to be practicable at present.

The Minister of Transport does not see his way to amend the Regulations issued to prevent noise by motor cyclists.

Sir Kingsley Wood again states that approved societies have no power to set up dental clinics.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examination indicated:

FINAL B.M., B.CH.—*Medicine, Surgery, and Midwifery*: L. W. H. Bertie, D. H. Brinton, H. A. Byworth, A. W. Cubitt, H. P. Gilding, R. E. Havard, A. P. Kingsley, J. C. Neely, R. Oddie, E. M. B. West, A. L. Wilkinson, Olivia H. Lister. *Materia Medica*: H. S. Atkinson, A. H. Bateman, F. Bell, M. V. Bhajekar, G. H. Buck, C. M. Duncan, S. Durham, J. K. Marshall, R. D. Newton, J. C. Nicholson, T. R. Plummer, A. Secker-Walker, W. B. Williams, Victoria M. Robinson. *Pathology*: W. J. Cotton, H. R. J. Donald, J. M. Gibson, H. M. Harris, R. S. Harrison, A. J. M. Melly, F. G. Parker, R. L. P. Peregrine. *Forensic Medicine and Hygiene*: O. A. Beadle, A. R. Bowtell, A. W. Cubitt, H. P. Gilding, R. E. Havard, A. J. Leslie-Spinks, M. G. Pearson, A. E. Porritt, L. T. Ride, E. E. Swaby, E. M. B. West, Margaret A. L. Herbertson.

UNIVERSITY OF CAMBRIDGE.

MR. H. L. H. H. GREEN, M.A., has been appointed a university demonstrator in anatomy for three years.

The following candidates have been approved at the examination indicated:

THIRD M.B.—*Surgery, Midwifery, and Gynaecology:* M. C. Andrews W. R. Ashby, D. H. Bellrage, W. V. Boyle, W. Buckley, A. J. W. Chamings, A. D. Charters, S. F. L. Dahne, J. T. Dunkerley, J. L. H. Easton, J. Foster, L. Foulds, J. L. Franklin, T. O. Garland, J. M. Graham, R. A. P. Gray, A. C. Hampson, L. T. Hilliard, W. H. Hubert, E. R. Keeble, M. Koettlitz, T. E. Lamech, J. M. Lees, W. J. Lloyd, R. A. McChance, D. J. MacMyn, W. N. Mascall, W. E. Mashiter, J. B. Murray, R. L. Osmaston, E. A. E. Palmer, V. E. Palmer, T. N. Parish, R. E. M. Pilcher, G. W. Pimblett, L. J. Rae, E. G. Recordon, W. H. G. Reed, F. A. Richards, R. W. N. Robins, G. Rocyn Jones, J. I Sapwell, S. W. Savage, L. Shillito, F. Smith, T. R. Smith, W. Smith, E. T. C. Spooner, B. Stewart, G. S. Storrs, I. C. C. Tchaperoff, D. R. Tweedie, W. E. Underwood, F. H. Ward. *Women:* A. G. Clogg, C. P. Giles, E. M. Hoskin, M. P. Shackle. *Principles and Practice of Physic, Pathology, and Pharmacology:* G. M. Addison, R. G. Apthorpe, J. R. Armstrong, G. H. Barendt, W. J. H. M. Beattie, H. Bell, B. Blaxill, G. J. O. Bridgeman, W. A. Briggs, J. W. D. Buttery, A. D. Charters, G. C. Dewes, G. A. Eason, T. I. Evans, J. Foster, H. Girling, S. J. P. Gray, M. J. Harker, E. T. James, G. K. Kirwan-Taylor, M. E. Lampard, L. C. Lancaster, R. M. B. MacKenna, W. S. Maclay, R. W. L. May, G. C. Milner, F. J. Milward, J. K. Monro, W. J. Moody, D. E. Oakley, R. L. Osmaston, C. L. Potts, P. E. Pym, J. B. W. Roberton, J. W. Shackle, M. R. Sinclair, J. F. Stent, T. R. Stevens, D. R. Tweedie, S. Tyagaraja, K. H. Uttly, J. R. S. Webb, W. J. Wilkin, D. B. Wilson, R. M. Windeyer, C. G. Windsor, E. C. Wynne-Edwards. *Women:* I. Caley, A. R. Glover, E. V. E. Whidborne.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

M.S.—*Branch I (Surgery)*: C. F. Beyers, E. W. Riches, G. E. J. A. Robinson; M.D., R. M. Walker (*University Medal*).

UNIVERSITY OF LEEDS.

A MEETING of the council of the University of Leeds was held on December 21st. Professor J. K. Jamieson, Dean of the Faculty of Medicine, was appointed the representative of the University on the General Medical Council. Dr. C. W. Vining was appointed to the newly instituted chair in diseases of children, and Dr. J. T. Ingram was appointed lecturer in diseases of the skin, in succession to Dr. Veale, who is now Professor of Pharmacology and Therapeutics.

A graduation ceremony was held at the Leeds School of Medicine on December 20th. Dr. J. B. Baillie, the Vice-Chancellor of the University, presided, and reminded the successful students that the public would expect from them vigilant and exacting service on behalf of the public health and the individual welfare. The realization was dawning in the community that the progress of civilization depended not only on the increase and expansion of general education, but also on the maintenance of sound health, which was the task of the medical practitioner. As students they must have realized how little exact knowledge there was in the

science of medicine, and what a vast region still awaited exploration. It would be their duty to use their scientific training to enlarge the boundaries of medical knowledge. The medical profession was one of the oldest and most humane, but there seemed to be serious obstacles in the way of the placing of it on a scientific basis. The science of medicine in its study of the constitution and functions of the human organism might be said to be a systematic attempt to obey the command of the Delphic oracle, "Know thyself"; the history of medicine illustrated the difficulty of doing this. The medical profession to-day appeared to be on the threshold of a new era of discovery; the present time of scientific adventure must stimulate their imagination and enliven the future with hope.

The following were among the degrees conferred:

M.D.—Desirée M. B. Gross (with distinction).
M.B., Ch.B.—*F. Grundy, *W. Hyman, F. V. Allen, J. Benson, J. Caplan, M. M. Day, Mildred I. Ealing, W. Levi, Mary Lightowler, W. Milligan, J. H. Philips.

* Second-class honours.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following candidates have been approved at the examination indicated:

PRIMARY FELLOWSHIP.—J. A. Corkey, J. M'Grath, M. J. Riordan.
FINAL FELLOWSHIP.—J. J. Brennan, W. C. Somerville-Large.

The following prizes have been awarded:

Senior Systematic Anatomy: 1st prize and medal, G. A. Buggle; 2nd prize and certificate, J. Lewis. Senior Practical Anatomy: 1st prize and medal, G. A. Buggle; 2nd prize and certificate, J. Lewis. Senior Surface Anatomy: 1st prize and medal, G. A. Buggle; 2nd prize and certificate, A. L. Stein. Stoney Memorial Gold Medal: G. A. Buggle. Physiology: 1st prize and medal, Annie J. Dunlevy; 2nd prize and certificate, J. L. Hampson. Histology: 1st prize and medal, J. N. S. Dormer; 2nd prize and certificate, P. A. Fox. Forensic Medicine: 1st prize and medal, J. D. H. Widdess; 2nd prize and certificate, J. Lewis. Pathology: 1st prize and medal, M. H. O'Reilly; 2nd prize and certificate, T. J. A. M'Hugh. Midwifery: 1st prize and medal: W. G. Greene. MacNaughton-Jones Gold Medal: C. P. O'Toole. Medicine: 1st prize and medal, V. T. J. Lynch; 2nd prize and certificate, A. J. Devlin. Operative Surgery: gold medal, T. P. Garry; silver medal, V. T. J. Lynch.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FINAL EXAMINATION.—W. Bannan, J. J. Benson, J. Chambers, A. Clein, L. S. Clifford, J. P. Egan, F. N. Elcock, J. J. Golding, J. L. Miller, May F. M'Carthy, P. L. O'Neill, Sarah M. O'Neill, J. C. Richardson, A. Stein, F. W. Warren.
D.P.H.—R. F. G. Dickson, A. Halpenny.
DIPLOMA IN PSYCHOLOGICAL MEDICINE.—J. F. W. Leech, M. A. Walsh.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—K. D. C. Beckitt, A. F. Briglmen, L. J. Corbett, H. S. Marks.
MEDICINE.—K. E. Clarke, H. M. de Hartog, J. Miller, J. L. M. Wood.
FORENSIC MEDICINE.—L. J. Corbett, H. M. de Hartog, H. W. Maurer, I. O. B. Shirley.
MIDWIFERY.—S. A. Carr, G. L. McDermott, H. Tenenbaum.

The diploma of the Society has been granted to Messrs. A. F. Briglmen, S. A. Carr, H. M. de Hartog, J. Miller, and J. L. M. Wood.

Obituary.

DR. THOMAS W. CLAY died suddenly on December 17th, aged 58 years. He was born at Holyhead, the son of Captain Clay, R.N.R., and received his medical education at the school of the Royal College of Surgeons of Edinburgh. He took the triple qualifications of the Scottish Conjoint Board in 1891, and served as assistant demonstrator in anatomy at the Surgeons' Hall, Edinburgh. Dr. Clay had been in practice in Holyhead for thirty-three years. He was for many years medical officer of health for the Holyhead urban district, was a member of the Holyhead board of guardians, and also port sanitary medical officer and medical inspector of seamen, as well as deputy coroner for the county of Anglesey. Dr. Clay was a justice of the peace for Anglesey, and a member of the North Carnarvon and Anglesey Division of the British Medical Association. Mr. Keith Monsarrat (Liverpool) writes: Dr. T. W. Clay spent all his professional life in Holyhead, where he had been the foremost medical practitioner for many years. His practice extended throughout Anglesey, and there was probably no village in the county where his name and reputation were not known. He lived an exceedingly laborious life throughout his thirty-five years of practice, and, though of late he had some assistance, his work was so personal and his personality so outstanding that he could not in fact hand over more than a small fraction of the calls that were made upon him. The innumerable friends of "Clay of Holyhead" were bound to him by ties of real affection. His simplicity, his singleness of purpose, and his strength of character were recognized by all who had to do with him. He possessed ability of a very high order. I believe that it was the universal opinion of those privileged to work with him that his powers of diagnosis and of unravelling difficult clinical problems were unusually acute. He had an exceptionally observant mind which seldom missed a fact of importance. Clay was a "good doctor" in every sense of the term. During the war he did a great deal of work in the war hospitals of that town, and later for the Ministry of Pensions in the Lady Thomas Convalescent Home. His one recreation was shooting. He was captain of the Holyhead Golf Club in 1925, but did not in fact play golf. His house in Holyhead was famed for its hospitality; generous and large-hearted, the impressive scenes at his funeral on December 20th showed very plainly the place he occupied in the hearts of the people of Holyhead and Anglesey.

DR. LEWIS THOMAS FRASER BRYETT died on December 14th in his 63rd year. He was a student at King's College, London, and took the diplomas of L.S.A. in 1887, M.R.C.S., L.R.C.P.Lond. in 1888, graduated M.B.Lond. in 1890, and proceeded to the M.D. in 1892, in which year he also took the D.P.H. He served as Sambrooke medical registrar, house-physician, and tutor at King's College Hospital, and assistant demonstrator of anatomy at King's College. In 1893, when he was appointed medical officer of health for the Borough of Shoreditch, the death rate there was 25.5 per 1,000, whereas in 1926 it had fallen to 12.2; the infantile mortality had fallen in the same period from 196 per 1,000 births to 64. Dr. Bryett was a Fellow of the Society of Medical Officers of Health and a member of the City Division of the British Medical Association. He held a commission as major R.A.M.C.T. At a meeting of the Shoreditch guardians held on December 14th a vote of condolence with the relatives was adopted.

DR. JAMES AUSTIN DICKIE, who died on December 9th, at the age of 51, at his residence in Morpeth, received his medical education at Glasgow, where he graduated M.B., Ch.B. in 1899. He practised in Shipley, Yorks, and subsequently in Poole, where he held an Admiralty appointment and was honorary anaesthetist to the Cornelia Hospital. In 1915 he joined his brother, Dr. Hugh Dickie, in Morpeth, and was medical officer for the post office and for a district of the Morpeth Union. In his youth he was a keen athlete; he won the 220 yards championship of the West of Scotland for two years in succession, and took great interest in Rugby football and lawn tennis. He leaves a widow, a son, and a daughter.

Medical News.

A MEETING of the Tuberculosis Society will be held at the house of the Royal Society of Medicine on January 20th, at 8 p.m., when the draft constitution and by-laws will be submitted for approval. A discussion will also be held on the work and aims of the tuberculosis care committees and kindred agencies.

THE paper on the prevalence and prevention of diphtheria in Hampstead which was read by Dr. Graham Forbes at a meeting of the Hampstead Division of the British Medical Association on May 12th (JOURNAL, June 25th, page 1144) has been published in *The Journal of Hygiene* for November 29th.

MR. H. BARON, chairman of the Seamen's Hospital Aid Committee, has given a Christmas gift of £1,000 to the Dreadnought Hospital, Greenwich, for the endowment of a bed. This makes the eighth bed endowed by the committee during the last ten years.

DR. ARTURO CASTIGLIONI, professor of the history of medicine at Padua, has been elected a Fellow of the Royal Society of Medicine.

THERE were 127,245 births in Austria in 1926 as compared with 153,477 in 1913, and the death rate was 14.9 per cent. in 1926 as compared with 14.4 per cent. in 1925.

THE report for 1926 of the Laura Spelman Rockefeller Memorial, of which John D. Rockefeller, jun., is the president, has just been published, and shows that during that year the appropriations made to various institutions was nearly seven million dollars, rather more than two million dollars being payable in that year, the remainder in 1927 and subsequent years. Social science, research institutions in America and abroad, conferences, travelling fellowships, child study and parental education, boy and girl scouts, and libraries were helped by grants.

THE second congress entitled the "Journées Médicales et Vétérinaires Marocaines" will be held next Easter, at Casablanca and Rabat. Professor Leriche and others will read papers on the grafting of glands and tissues in man and animals. Professor Calmette will speak on the use of B.C.G., Dr. Ramon on anatoxin, Professor Cruchet on mesoencephalitis, and Dr. J. Renault on the general hygiene of a large modern town. Excursions will be arranged in connexion with this congress. Further information may be obtained from the general secretary, Dr. Lépinay, Rue de Marseille, Casablanca.

THE mortality in the forty larger towns in Germany was lower in the first half of 1927 than in the corresponding period of 1926—namely, 10.1, as compared with 10.3 per 1,000 inhabitants; the mortality among children under 1 year of age was 1.2 as compared with 1.3, and the mortality from tuberculosis 1.01 as compared with 1.28. The depopulation of rural districts is still on the increase, as is shown by the fact that the population of the forty large towns was 16,881,000 in 1926 and 17,360,000 in 1927.

EXTRACTS from the annual report of the Ministry of Health for 1926–27, dealing with the administration of the Poor Law, and including reports of general inspectors of the Ministry, have been issued separately by H.M. Stationery Office for official use at the price of 1s.

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.

WINTER MOTORING.

"CANADIAN" asks whether any reader can from practical experience recommend a radiator-heating paraffin lamp—safe, efficient, economical, and not too expensive?

INCOME TAX.

Change in Partnership.

"W. A. M. W.," after his return from abroad, entered his father's firm as a third-share partner as from June 1st, 1927. As from December 1st his father retired, receiving a lump sum of £300 and an annuity of one-third share. What is his liability to income tax.

*** Our correspondent's earnings are liable as from his return to this country—apart from any other reason he did not return for a temporary purpose only. Assuming the amount of the practice profits for 1926 (and, therefore, the amount of the assessment for 1927–28) to be £*x*, our correspondent's share of the assessment will be ten-twelfths of one-third of £*x*. The £300 is regarded as a capital payment and cannot be treated as a deductible expense for income tax purposes. The firm, as such, are liable to account for the tax on the whole profits, including that portion paid over as an annuity to the retiring partner, but can claim a corresponding adjustment as between the partners and the annuitant. The most convenient way of dealing with the matter would be to regard him as a sleeping partner for periods subsequent to December 1st, 1927, and, as the amount of income tax ultimately payable would not be affected, it would seem likely that the authorities would acquiesce in that course.

LETTERS, NOTES, ETC.

A DISCLAIMER.

DR. JAMES LYONS, medical officer of the Burton Road Infirmary, Lincoln, writes: I wish to disclaim all responsibility for the extravagant claims appearing in the lay press on December 21st and other dates with regard to a case of encephalitis lethargica treated at this institution. I can state definitely that these reports were acquired by the lay press entirely from extra-medical sources.

SHOCK AFTER PROTRUSION OF INTESTINES.

DR. GEO. SMITH SOWDEN (Elgin) writes: The recent correspondence in the JOURNAL on disembowelment and shock has brought to mind an incident related last summer to a colleague and myself by an officer of the Sudan Defence Force, who is in charge of one of the most southerly posts in the Sudan, and is twenty days' camel ride from the nearest medical officer and five days' camel ride from the nearest white man, and has no other white man with him, so he has to be M.O. as well as C.O. One day he espied a Sudanese staggering into the small fort, holding his hands in front of his abdomen, and with his jebbah (long loose gown worn by the natives) all bloodstained. Closer examination showed that, wrapped in the folds of the filthy jebbah, were 6 ft. or 7 ft. of intestine protruding from a long incised wound of the abdominal wall. The man said that he had had an altercation with a fellow villager that morning, and had been stabbed in the abdomen with the broad stabbing knife carried by the natives, with the result that his bowels protruded. He promptly set off and walked *three miles* to be attended by the white man, whom he trusted more than he did the local "hakim." My friend at once put him into the small hospital of the fort, and, remembering that carbolic was too strong for internal use (!), made a solution of salt and warm water, with which he washed the protruding bowels very carefully, and then proceeded to return the intestines to the abdomen, with the help of the native sergeant-major. This was safely accomplished, and the abdominal wall closed up. The whole operation was performed without an anaesthetic. The result was even more dramatic than the operation. The man had a rise of temperature for four or five days, but otherwise showed very little trace of what he had gone through. It was with difficulty that he was kept in bed for three weeks, as his one desire was to return and wreak vengeance on his opponent. This incident is still more remarkable when it is remembered that the resistance of the black races to surgical shock is considered to be very weak, and also when the rough-and-ready treatment he received is realized. It gives the Listerian disciple "furiously to think."

DIPHTHERIA SIMULATING FOREIGN BODY IN THE THROAT.

DR. CAWLEY MADDEN (Education Department of New South Wales, Sydney, Australia) writes: I can corroborate Dr. Charles J. Hill Aitken in his report of a case of laryngeal diphtheria simulating foreign body in the larynx (BRITISH MEDICAL JOURNAL, September 17th, p. 526). In the winter of 1923 a child, aged about 12 months, was brought to the casualty department by its mother, who stated that it had "swallowed a bone" while she was feeding it with mutton broth. The child was not very well looked after, and it was impossible to get any more detailed history, so that, as far as this illness was concerned, the child had only been sick about an hour when seen at the hospital. In spite of this history the child was found to be suffering with a well marked laryngeal diphtheria, and to make doubly certain the larynx and trachea of the child were *x*-rayed, but no foreign body of any description was found. The child was eventually intubated, and finally a tracheotomy had to be performed, and I think, from memory, the child died. I was told at the time by the honorary physician (Dr. Margaret Harper) of a case in her experience in which the opposite had occurred: a child was brought to her for what was thought to be laryngeal diphtheria, but on examination she found a foreign body resting in or on the larynx. After all, is it to be wondered at that sometimes these conditions are mistaken one for the other. The membrane in laryngeal diphtheria acts very much like a foreign body, though usually, of course, the degree of toxaemia leaves little doubt of the diagnosis.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 40, and 41 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 38 and 39.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page *252*.