

rule. The urine was pale, often for a time free from albumin, and of low specific gravity. The blood contained very remarkably large quantities of urea: as high as 300 mg. per cent. might be present, and yet the child complained of very little except for attacks of vomiting. The vomiting led to a loss of hydrochloric acid, meaning a retention of alkali, and this might help to buffer the already retained acid in the shape of acid phosphate. The vomiting attained another purpose, for it helped to get rid of waste products, and very large quantities of urea were sometimes contained in the vomit. Dr. Davies quoted a case of a girl, aged 13, with a blood urea of 530 mg. per cent. and whose vomit yielded 700 mg. per cent. of urea. He agreed that infection did not seem to be common as a factor in producing "chronic interstitial nephritis." Some cases were remarkably free from symptoms until uraemia terminated the picture. One case, a boy of 15, who had been working in a mine, had only one month's history of headache and vomiting. He was admitted to hospital and died after one day, with a blood urea of 890 mg. per cent., non-protein nitrogen 650 mg. per cent., and chlorides 231 mg. per cent. His blood pressure was only 80 mm. systolic. At the necropsy the kidneys showed foetal lobulation and were small in size. In conclusion Dr. Davies referred to the question of the undetermined nitrogen in the blood.

Dr. A. MONCRIEFF said that in the etiology of chronic nephritis two main factors had to be kept in mind. The infective origin of many cases was emphasized, but others had a vascular origin, as, for example, the acute nephritis following a chill, for which Volhard offered an ingenious explanation. It was obvious that cases of chronic nephritis arising from a primary vascular lesion of the kidney were less amenable to treatment than the "infective" cases. Infection appeared to cause kidney damage in two ways; streptococcal emboli might affect the glomeruli, while toxins would damage the tubules, so that while a hard-and-fast distinction was impossible, yet the different types of chronic nephritis might be explained on these lines. At the present day missed scarlet fever seemed to be becoming a more important factor in otherwise unexplained cases of chronic nephritis. With regard to diet in chronic nephritis Dr. Moncrieff emphasized that Epstein's diet was "low fat" as well as "high protein." This was often lost sight of and might explain the failure of such a diet in cases with oedema, if the fat were not kept low.

The President, Dr. A. HOWELL (Cardiff), described a case of chronic interstitial nephritis of the primary renal type without any history of nephritis, which he had had recently under his care. The child had been sent to hospital for orthopaedic treatment for "knock-knees." She had not walked until the age of 5, and for a long time had been subject to attacks of vomiting lasting four or five days. On admission there was definite evidence of rickety changes in the bones, the child was below height and weight for her age, and she looked pale and ill. Her blood pressure was 80 mm., and the blood urea 534 mg. per cent. She became comatose and died quietly. The kidneys were extremely small at necropsy, without any changes in the renal artery. This child had been ill for thirteen years, and Dr. Howell emphasized the need for recognizing such cases. With regard to streptococcal infections and nephritis he thought all such cases should be treated as early as possible, much as rheumatic children were treated, for teeth, tonsils, naso-pharynx, etc., if these were infected.

Dr. H. GAINSBOROUGH said that he was very struck with the extreme diversity of renal symptomatology. It was very difficult to correlate renal damage with symptoms or groups of symptoms. He disliked the term "nephrosis," and thought the disease identical with chronic parenchymatous nephritis in adults. It was frequently complicated by glomerular disease producing much difficulty, and Dr. Gainsborough believed that it really began as glomerular disease, going on to chronic parenchymatous change. Albuminuria was evidence of glomerular change, and in experimental nephritis large doses of poisons would always produce glomerular changes. He did not agree that there was any more connexion between cholesterol and fat than between cholesterol and the proteins in the plasma, and with regard to diet in cases of parenchymatous nephritis

he had found a fat-free diet useless. He thought decapsulation an unsatisfactory procedure, but in any case the prognosis in the condition was very uncertain.

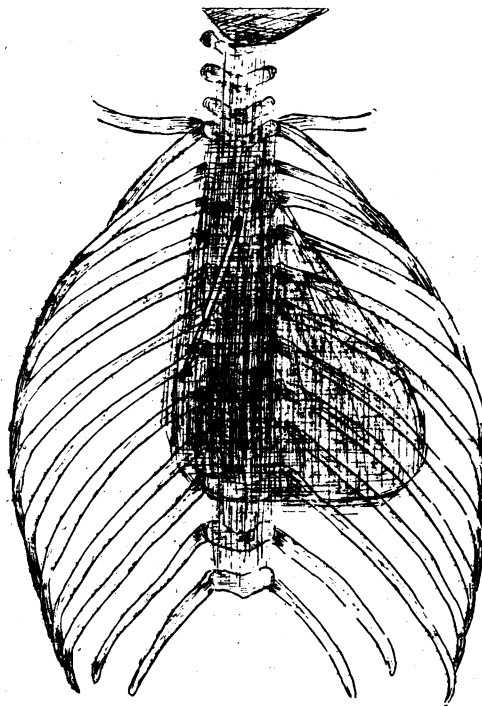
Dr. J. C. SPENCE, in reply, said that the scheme of classification he had put forward was only an attempt to help in the understanding of the disease. He thought that everyone would agree that there was a disease in which, without a history of preceding acute nephritis, contracted kidneys occurred associated with bony changes and dwarfism, but the type of kidney found at autopsy was rather a puzzle pathologically. He mentioned a case in which bony changes had occurred after ascending pyelonephritis had damaged the kidney. He agreed that casts should always be looked for, but there was a danger of forgetting the red blood cells. He thought urea had been dismissed too lightly as a cause of true uraemia.

## Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

### A HAIR SLIDE IN THE BRONCHUS.

THE removal of a foreign body from the lung with the aid of the bronchoscope is not an uncommon occurrence, and there would be no need to report this case if it did not present unusual features of interest both clinical and anatomical. The foreign body was a hair slide 2 inches long and 9/32 inch in width, made of tortoiseshell with a metal clasp.

The patient was a girl 3 years old. On February 13th, at 8.30 a.m., she was sucking the hair slide and suddenly became asphyxiated with stridulous breathing. She was immediately taken to the Birkenhead General Hospital, where the house-surgeon thought he felt with the finger something hard in the back of



the throat. The bronchoscope was promptly passed, but without discovering the foreign body. I first saw the child in the evening, twelve hours after the accident. The breathing had then become easier and the stridor had disappeared, but the child was ill, the respirations being 32, the temperature 100°, and the pulse 156. Very little air was entering the right lower lobe, and there were signs of bronchitis from which the child was said to have been suffering at the time of the accident. The radiograph showed the intruder in the right bronchus. Chloroform, preceded by atropine, was administered and the bronchoscope again passed. The 7 mm. tube was held up at the subglottic region and had to be withdrawn and replaced by the 5 mm. bronchoscope. No foreign body could be seen, probably owing to the almost incessant coughing and muco-purulent expectoration. After an interval of two days a further effort was made to remove the foreign body through the 5 mm. bronchoscope, but was again frustrated by the cough and expectoration. Since the child was now very ill and quite unable to stand any further attempt at removal I performed a low tracheotomy and, passing the 7 mm.

tube through the tracheal opening, succeeded in removing the foreign body. It was somewhat fixed *in situ* so that a little traction was necessary to dislodge it, which I attribute to the inflammatory swelling of the mucous membrane and the consequent narrowing of the bronchial lumen.

The child continued very ill for another ten days with septic broncho-pneumonia, but eventually made a complete recovery. The tracheotomy tube was discontinued in a fortnight.

The principal points of interest in the case are:

1. In a child aged 3 the 7 mm. bronchoscope will not pass the subglottic region.

2. The presence of bronchitis makes bronchoscopy difficult, especially when the 5 mm. tube is used.

3. The tracheal opening allowed the larger size 7 mm. bronchoscope to be used and afforded an easy vent for the large quantity of pus which was subsequently expectorated.

4. The foreign body defines the exact position of the main bronchial stem on the right side. It shows that in a child 3 years old the trachea divides at the level of the third dorsal spine, one vertebra higher than in an adult; that the right bronchus is only at a slight angle with the mid-line; that the bronchus continues outwards, downwards, and backwards in a straight line for at least two inches from the tracheal bifurcation, and without any marked narrowing of its lumen.

The radiograph indicates that a foreign body small enough to enter the right bronchus might easily, by gravity or suction, pass deeply into the substance of the lower lobe.

COURTENAY YORKE, M.D., B.S., F.R.C.S.,  
Honorary Aurist and Laryngologist,  
Stanley Hospital, Liverpool.

## Reports of Societies.

### ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

#### ANNUAL GENERAL MEETING.

THE eighty-seventh annual meeting of the Royal Medico-Psychological Association was held on July 11th, 12th, and 13th at the West Riding Mental Hospital, Wakefield, Yorkshire, under the presidency of Professor J. SHAW BOLTON, M.D.

The following representatives of foreign psychiatric societies were present: Dr. E. N. Brush (U.S.A.), Professor Wimmer (Denmark), and Dr. Hans Evensen (Norway). At the business meeting Dr. C. Hubert Bond, Dr. Eugen Bleuler (Zürich), and the Right Hon. Hugh Macmillan, K.C., were elected honorary members. Dr. Malcolm A. Bliss (St. Louis, U.S.A.), Dr. C. O. Ariens Kappers (Amsterdam), Dr. George H. Kirby (New York), Dr. Giacomo Pighini (Reggio Emilia, Italy), and Professor August Wimmer (University of Copenhagen) were elected corresponding members. The appointment of Professor C. E. Spearman as Maudsley lecturer for 1929 was announced. The Gaskell Gold Medal and Prize for 1927 was presented to Dr. Elizabeth Casson, and those for 1928 were awarded to Dr. F. R. Martin. It was intimated that H.R.H. Princess Mary (Viscountess Lascelles) had signified her willingness to accept the association's nursing medal in gold and the honorary certificate for mental nursing.

Professor J. SHAW BOLTON took for the subject of his presidential address "The evolution of a mental hospital: Wakefield, 1818-1928." He said it was nineteen years since the West Riding Mental Hospital provided a president of the association, in the person of Dr. Bevan Lewis. Wakefield could claim to be a mother of asylums, and it had reached a distinction accorded to but few. The first Wakefield asylum was opened in 1818, the second was added in 1853, and the third added was the modern building known as "The Acute." Sir William Ellis was the first director, and later went to Hanwell. The speaker quoted at length from regulations—some of which showed much foresight, while others would now be regarded as humorous. The director was the supreme officer, and he also acted as apothecary, surgeon, steward, and treasurer. At the opening two visiting surgeons and two visiting physicians were appointed, but in 1821, probably on account of the confusion resulting from dual control, the visiting magistrates much increased the powers of the director and diminished those of the physicians. In the minutes of July, 1857, there appeared a reference to Dr. Henry Maudsley, who was then on the Wakefield staff; while one of the earliest workers in the Wakefield laboratory was Sir James Crichton-Browne.

That gentleman not only fostered research, but did his best, by lectures, etc., to promote a general medical interest in the work and administration of the hospital. Resident clinical assistants (unpaid) had been appointed from early times. Sir David Ferrier's connexion with Wakefield Mental Hospital was well known.

The president proceeded to sketch the various additions to the buildings, and the improvements in treatment and administration which were effected in the course of the years, discussing at some length the question of punishment of patients for gross misdemeanours. Since he took office mechanical restraint and punishment had ceased, both in fact and in name, and that if he had the authority he would render restraint of all kinds, not only illegal, but criminal, on the part of any one who ordered it without having first experienced its effects on his own person. He drew attention to the close association with the University of Leeds, and the advantages accruing therefrom, making particular reference to the establishment of the pioneer diploma in psychological medicine.

Sir ROBERT ARMSTRONG-JONES proposed, and Dr. J. BRANDER (Bexley) seconded, a cordial vote of thanks to the president for his address, which was accorded by acclamation.

On July 12th Dr. M. J. McGRATH (Wakefield) opened the scientific proceedings by reading a paper entitled "A description of the steps taken in a mental hospital to prevent the spread of dysentery and allied infectious diseases." In connexion with this subject, the president read a postponed extract from his presidential address, describing the seriousness of some of the epidemics of dysentery which at various times in the past had afflicted the inmates. The precautions now taken to detect and, when found, isolate and thoroughly treat a case of bad diarrhoea or dysentery were given in detail. Dr. McGrath said it was essential to have isolation wards for new admissions and infected cases. Infection of inmates not only occurred through infected cases transferred from other places, but from new members of the staff. Hence every fresh patient and each new member of the staff was submitted to a thorough routine physical examination for infections. Of 467 probationers, 83 had to be rejected as a result of this examination. The organization of this work had been prolific of good results. It was insisted that an institution entirely free of dysentery was peculiarly liable to infection from without, particularly if a foreign strain were brought in. Investigations led to the conclusion that periodic temporary immunization of institutions in this respect was constantly occurring.

Mr. A. L. HOWDEN (Wakefield) read a paper and demonstrated the bacteriological methods employed at the hospital in regard to the detection of dysentery and allied infectious diseases.

Dr. J. R. LORD (Horton) spoke in praise of the modern skilled laboratory assistant, and said this was the first occasion he recollected on which one had read a paper before the association. He congratulated Mr. Howden.

Dr. F. A. PICKWORTH (Birmingham) said that at the Birmingham Mental Hospitals, in addition to isolating those who showed a positive Widal reaction, they treated likewise all who had had contact or relation with typhoid patients, or who showed infective organisms in the faeces.

Dr. F. R. P. TAYLOR (Hellingly) said that at Hellingly dysentery cases came among the patients transferred from other hospitals, and it was not until regular bacteriological examinations were made the rule that real good ensued, though isolation had always been carefully enforced.

Professor J. W. McLEOD (Leeds University) expressed his surprise that Shiga infection epidemics did not occur in mental hospitals, and dealt with a number of points in technique. Dr. C. HUBERT BOND said these communications must have brought home to everyone the absolute necessity of mental hospitals possessing a laboratory. He praised the work of Mr. Howden. Dr. J. I. RUSSELL (York) referred to the different types of dysentery and the difficulties of differentiation.

Dr. LL. WYNN JONES (lecturer in psychology, Leeds University) read a paper on an investigation into the significance of perseveration, saying that there were five kinds of perseveration: sensory, motor, ideational,

employed by some firms in these industries had been required by their employers to pass a special medical examination; some others who failed to pass had been discharged. From July 1st to December 31st there were seven cases under the scheme.

**Western Ophthalmic Hospital.**—Mr. CHAMBERLAIN stated, on August 3rd, that he had no funds at his disposal for making grants in aid of expenditure on building by voluntary hospitals. He had seen reports that a "dangerous structure" notice had been served in respect of the Western Ophthalmic Hospital, Marylebone Road, London.

#### Notes in Brief.

The Ministry of Health's proposals to local authorities to cut down their grants for the supply of milk and nourishment in connexion with maternity and child welfare work will result in a reduction in Exchequer grants this year of about £12,000.

Regulations for the stamping of milk bottles used as measures are under consideration.

Orders have been issued that in future British troops in training are not to place within reach of any road or house smoke generators which have a lacrymatory effect. Complaint was made in the House of Commons about recent use of such apparatus in the Bagshot area.

The Home Secretary is causing inquiries to be made into the ventilation of beet sugar factories. He has no power to control the hours worked by men in these factories.

Mr. Chamberlain has no evidence to show that the inhalation of dust from cement works is injurious to health.

In 1927 the ratio of cases of encephalitis lethargica per 10,000 troops at home was 2.06, and abroad 0.63; among the civil population in England and Wales in the same year it was 0.41, the total cases at home being 19 military and 1,615 civilian.

Mr. Chamberlain stated, on August 1st, that during the past twelve months the Ministry of Health had not taken, nor advised any other department to take, any action to prevent the nuisance caused by noisy traffic.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

At a congregation held on August 4th the following medical degrees were conferred:

B.M.—T. L. Davies, A. J. Leslie-Spinks.

### UNIVERSITY OF LONDON.

THE following have been recognized as teachers of the University in the subjects and at the institutions indicated:

ST. BARTHOLOMEW'S HOSPITAL MEDICAL COLLEGE.—Mr. Geoffrey L. Keynes (surgery), Dr. A. C. Roxburgh (dermatology), Mr. Wilfred Shaw (obstetrics and gynaecology).

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.—Mr. John Lowndes (chemistry).

LONDON HOSPITAL MEDICAL COLLEGE.—Dr. W. Russell Brain (medicine). CHARING CROSS HOSPITAL MEDICAL SCHOOL.—Dr. J. B. Banister (obstetrics and gynaecology).

LONDON SCHOOL OF MEDICINE FOR WOMEN.—Dr. Gertrude Dearnley (gynaecology), Dr. Hazel H. C. Gregory (diseases of children), Mrs. Barbara Sprott (anaesthetics).

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL.—Dr. J. W. McNee (medicine), Dr. Wilfred J. Pearson (diseases of children), Mr. Bertram Samuel (orthodontics), Mr. Julian Taylor (surgery), Dr. A. F. Tredgold (psychological medicine).

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.—Mr. Harold C. Edwards and Mr. J. B. Hunter (surgery), Dr. Wilfrid P. H. Sheldon (diseases of children).

ST. MARY'S HOSPITAL MEDICAL SCHOOL.—Mr. R. M. Handfield-Jones (surgery).

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE.—Mr. V. B. Wigglesworth (medical entomology).

It was reported that Dr. H. G. Reeves had, as a matter of urgency, been appointed a member of the Board of Examiners in Physiology at the second examination for medical degree, in place of Professor H. Hartridge, who was unable to act owing to illness.

A grant of £20 from the Thomas Smythe Hughes Medical Research Fund has been made to Ruth Deanesly, B.A., B.Sc., to expend on the buying of animals and histological expenses for the purpose of investigations on the experimental histology of the adrenal cortex.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council meeting was held on July 31st, when the President, Sir Berkeley Moynihan, Bt., was in the chair.

#### Diplomas and Licences.

The diploma of Fellowship was granted to Mr. Herbert John Seddon, who had now complied with the regulations.

Diplomas of Membership were granted to 158 candidates. (The names, with the exception of Thelma Shepherd, were included in the list published in the report of the Comitia of the Royal College of Physicians of London printed in our issue of August 4th (p. 225), as were also the names of those receiving the diplomas in Public Health and in Ophthalmic Medicine and Surgery).

Diplomas in Tropical Medicine and Hygiene were granted jointly with the Royal College of Physicians to the following:

T. D. Amad, Maud C. Cairney, K. Cathiravelu, G. L. Chadha, S. S. Crosse, C. H. Devereux, J. P. M. Donnelly, N. M. Dotivala, Alice M. A. Downing, A. W. Duncan, H. A. Gilkes, M. A. El-H. Gohar, I. S. Gupta, N. Gupta, M. Jafar, H. C. Johnson, H. Kaizt, Mary Keith-Thompson, J. N. Leitch, K. R. Lundeborg, L. J.

McGregor, C. D. Newman, Annie B. Price, E. L. Robert, A. N. Sharma, G. Singh, J. D. S. Thomas, R. F. Tredre, M. K. Tucker, K. H. Uttley, Kathleen A. Vernon, P. L. Whig, E. R. Wide.

Licences in dental surgery were granted to A. M. Bennett and H. A. Lewis, who had now complied with the regulations.

#### Appointments.

Mr. T. P. Legg was re-elected a member of the Court of Examiners at the expiration of his period of office.

Mr. A. B. G. Underwood was re-elected a member of the Board of Examiners at the expiration of his period of office.

Mr. N. E. Kelly was elected a member of the Court of the University of Liverpool, in the vacancy occasioned by the death of Mr. W. Thelwall Thomas.

#### Annual Dinner of Fellows and Members.

The first annual dinner for Fellows and Members, under the trust established by Mr. G. Buckston Browne, will take place on Thursday, November 1st, at 7.30 p.m.

### ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following candidates have been approved at the examination indicated:

PRIMARY FELLOWSHIP EXAMINATION.—H. T. Fleming, S. V. Fur'ong, R. Grainger, T. J. A. McHugh, N. Narasimhan, A. H. Thompson.

FINAL FELLOWSHIP.—W. G. Lyons, T. J. Millin.

#### SCHOOLS OF SURGERY.

The following prizes have been awarded for 1927-28:—

Junior Anatomy: (1) Miss B. M. Dun'evy, (2) M. King; Systematic Anatomy: (1) T. Conlon, (2) J. Hampson, Miss A. J. Dunlevy; Surface and Topographical Anatomy: (1) T. F. Quigley, (2) T. Conlon; Practical Anatomy: (1) T. Conlon, (2) J. Hampson; Stoney Memorial Gold Medal: T. Conlon; Physiology: (1) P. D. O'Rourke; Histology: (1) E. A. Joyce, (2) R. A. M. Montgomery; Biology: (1) G. P. Pearse, (2) P. J. Shields, J. O'Hanrahan; Materia Medica: (1) J. Hampson, (2) M. J. O'Callaghan; Forensic Medicine: (1) Miss A. J. Dunlevy, (2) I. McLachlan; Medicine: (1) P. Daly; Operative Surgery: Gold Medal, P. Daly; Midwifery: (1) J. E. Lewis.

### CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

FINAL PROFESSIONAL.—T. B. Creamer, Eileen Cussen, M. Dunphy, R. A. Forde, J. Gaughan, W. G. Greene, A. E. Lee, J. L. Maslin, S. C. Mattock, F. J. A. Murray, H. Rubinstein, D.P.H.—V. E. M. Lee.

## Medical News.

THE Royal College of Physicians of London will be closed for the summer vacation from Monday, August 13th, to Saturday, September 15th, both days inclusive.

THE annual dinner of past and present students of St. Mary's Hospital will be held on Friday, October 5th, at 7.30 o'clock at the Trocadero Restaurant, with Dr. E. G. Moon in the chair. The honorary secretary is Dr. A. Hope Gosse.

A COURSE of lectures and demonstrations on clinical practice and hospital administration for the diploma in public health will be given at the North-Eastern Hospital, St. Ann's Road, Tottenham, N.15, by Dr. F. H. Thomson, medical superintendent, on Mondays and Wednesdays at 4.45 p.m., and alternate Saturdays at 11 a.m., beginning Monday, October 1st. The fees for the course, which complies with the requirements under the revised regulations of the General Medical Council, is £4 4s., and for a course under the old regulations £3 3s. The fee should be paid in advance to the Clerk to the Metropolitan Asylums Board, Victoria Embankment, E.C.4.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that a fortnight's afternoon course at the Infants Hospital starts on Monday, August 13th, while on August 27th at Queen Mary's Hospital will begin a two weeks' course in medicine, surgery, and the specialties. The mornings will be given to special lectures and demonstrations, and in the afternoons there will be a choice of operations, or of medical, surgical, or special clinics, followed after tea by a lecture. Special courses arranged for September comprise the following: psychological medicine at Bethlem Royal Hospital; medicine, surgery, and specialties at the Westminster Hospital; diseases of children at the Queen's Hospital; electrotherapy at the Royal Free Hospital; ophthalmology at the Royal Eye Hospital; and orthopaedics at the Royal National Orthopaedic Hospital. In October weekly clinical demonstrations will be resumed. There will also be a special course at the Wellcome Museum of Medical Science, and a series of lectures on gynaecology, children's diseases, and minor surgery. Detailed syllabuses and other information may be obtained from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

ARRANGEMENTS have been made for the exhibition at post offices of lists of the names and addresses of infant welfare centres and ante-natal clinics. Postmasters at Crown post offices have been instructed to do so and sub-postmasters at offices where postal work is performed under contract have been requested to co-operate. The Ministry of Health therefore suggests (in Circular 911) the local authorities should prepare such lists and arrange for their exhibition. Nothing beyond the names and addresses of centres and clinics should be given in the list, which should be printed on cardboard not exceeding foolscap size.

IN the recent special distribution of the Wells legacies, King Edward's Hospital Fund for London set aside a grant of £10,000 towards the building fund of the King George Hospital, subject to certain conditions, and the King's Fund has been informed that an appeal will shortly be made for public support for the establishment of the hospital. The scheme submitted to the King's Fund contemplates the provision of additional hospital accommodation for the parts of Essex immediately to the east of London, including the area in which this is particularly needed owing to housing development since the war. The King's Fund proposes to summon a conference with a view to facilitating the execution of the scheme.

A COMBINED medical, electrical, and pharmaceutical congress and exhibition will be held in October in Mexico City, under the auspices of the President of the Republic, the Mexico Medical Association, National University, Health Department, and the Mexican Society of Electro-Radiology. Further information may be obtained from the managing director of the exhibition, Apartado 982, Mexico, D.F.

THE late Inspector-General Henry Hadlow, R.N., who died in November last, aged 92, has bequeathed £10,000 stock to Epsom College for the creation of a pension fund for medical men and their widows, £8,560 to the Royal Portsmouth Hospital, and £100 to the Portsmouth Eye and Ear Hospital.

THE eighth Congress of the German Pharmacological Society will be held at Hamburg, under the presidency of Professor E. P. Pick of Vienna, from September 12th to 15th. September 13th will be devoted to discussions on the work of the heart and vessels in honour of William Harvey, when papers will be read by Liljestrand of Stockholm, Jarisch of Innsbruck, Straub of Göttingen, Anrep of Cambridge, and Mansfeld of Pécs. On the 14th papers will be read on modern industrial intoxications by Flury of Würzburg and Zangger of Zürich, and on the 15th Barger of Edinburgh will read a paper on ergot bases. Further information can be obtained from Professor H. Wieland, Pharmacologisches Institut, Heidelberg.

## 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 **REFRINTS** 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 9561, 9562, 9563**, and **9564** (internal exchange, four lines).

THE **TELEGRAPHIC ADDRESSES** are:  
EDITOR of the **BRITISH MEDICAL JOURNAL**, *Aitiology Westcent*, London.

**FINANCIAL SECRETARY AND BUSINESS MANAGER**  
(Advertisements, etc.), *Articulute Westcent*, London.

**MEDICAL SECRETARY**, *Medisceru Westcent*, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

### QUERIES AND ANSWERS.

#### DRESSING FOR FISTULA.

**DR. A. V. RUSSELL** (Llanidloes) writes: Has "R. F." who asked for suggestions for a suitable dressing for a patient with a small intestine fistula, tried kaolin? Colloidal kaolin, worked into a stiff paste with the addition of glycerin and applied to the inflamed skin round such a fistula, has, to my knowledge, acted like a charm. This dressing acts by adsorption of the digestive enzymes.

#### THYROID EXTRACT FOR ANEURYSM.

"M.D." would be glad to hear of any experience of thyroid gland extract in the treatment of thoracic aneurysm—used with the object of lowering blood pressure and assisting blood coagulation.

#### CORNS.

"J. J. K." writes in reply to "H. A. A." (July 14th, p. 85) to suggest the following method of relief for corns on the soles of the feet. Wear an inner cork sole in the shoes and cut out from this a shallow excavation, with shelving edges immediately below the corn. The writer says that he has found this device, combined with the application of a saturated solution of salicylic acid in collodion, most successful.

#### INCOME TAX.

##### *Falling Income.*

"R. E. L." states that his "income for the year 1928 will certainly be less than the amount estimated on which I paid the tax last month." Can he claim any refund.

\* \* The inquiry is not entirely clear. The tax recently paid is presumably the second instalment of the tax assessed for the year to April 5th, 1928, the correct basis for which in normal circumstances would be the amount of the income of the year 1926—that is, the previous year to the year 1927–28. If the tax has been assessed on that basis and not on any "estimated" amount, then no revision of that assessment can be obtained. Similarly, as regards the year ending April 5th, 1929, the assessment should be made on the amount of the income of 1927, and remains unaffected by any increase or decrease in 1928. It should be borne in mind that income tax is paid for any particular financial year on an artificial statutory basis, but it is paid for that year, and the tax is not strictly a deferred tax on the income of the basis year. The above observations do not necessarily apply to the first or final years of the taxpayer's possession of the partnership share or practice.

##### *Depreciation of Car: Private Use.*

"H. C. P." explains that his car is to some extent used for pleasure, and the authorities have claimed to restrict the depreciation allowance accordingly.

\* \* The claim cannot be refuted. If, say, 10 per cent. of the car's mileage is for private purposes, then 10 per cent. of the whole cost, including depreciation, cannot properly be charged against the professional earnings. We are hardly in a position to say whether "it is now the general practice to knock off this depreciation," but it seems at least to be not uncommon.

## LETTERS, NOTES, ETC.

### FRACTURE OF CERVICAL VERTEBRÆ.

**DR. K. T. RAMCHANDANI** (Hyderabad, India) writes: Sir William Wheeler's case of fracture of the cervical vertebra, reported in the *Journal* of March 31st, p. 553 prompts me to record a similar case, in which a necropsy was performed at the Civil Hospital, Hyderabad, Sind, on May 19th. A dead body was sent with the history that death had occurred in the course of a struggle, in which the man had been forcibly thrown against the ground in such a way that the head was bent forwards, causing hyperflexion of the neck. No information is available as to what happened to the man before death beyond a verbal statement that he had asked for drinking water and that he could not move his arms, indicating that he was conscious and had brachyplegia (presumably also paraplegia) after the injury—a feature reported also in Sir William Wheeler's case. On opening up the vertebral column "sprain fracture" of the fifth and sixth cervical vertebrae, similar to that found in Sir William Wheeler's case, was seen, the disc between the two vertebrae having been torn open. Some small fragments of bone were detached and were found in the soft structures close to the site of injury, but none was pressing upon the cord, which appeared intact. On making a transverse section of the cord and displacing it upwards, no projection was felt underneath it indicating any dislocation of the vertebrae. This case seems to support the reasonable theory of Sir William Wheeler—that the trauma to the cord on such occasions is analogous to that produced by overstretching of the brachial plexus or of the musculo-spiral nerve, inasmuch as in both cases the lesion was situated below the site of emergence of the phrenic nerve (third vertebra) and there was no apparent compression of the cord, though death ensued in both cases. My thanks are due to Major M. J. Holgate, I.M.S., for permission to publish this note.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 33, 39, 42, 43, and 44 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 40 and 41.

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