

frequently than rural children; while a higher rate of incidence of the disease in children giving a positive reaction was seen in the country.

Dr. CAMERON, in his reply, deplored the lack of hospital accommodation for advanced cases of tuberculosis.

SECTION OF MEDICAL SOCIOLOGY.

Friday, July 27th.

THE FALLING BIRTH RATE.

THIS year's discussion, on the falling birth rate, in the Section of Medical Sociology raised many interesting questions. What are the causes of the fall? The openers of the discussion were hardly agreed. Professor W. J. ROBERTS (Cardiff), on the economic side, had no belief in Malthus's laws of population. He thought the importance of the economic motive should always be borne in mind. Inquiry should be made more closely into the lives and economic conditions of various classes, and he suggested that the medical practitioner might render important help by inquiring of his patients what they thought and what were the motives for their conduct. People conducted themselves under the limitations of their social position and of their knowledge. Some were more inclined or better able to follow medical advice on the matter. In his opinion overcrowding was an argument which might be used to prove too much. There was no evidence of real overcrowding in this country, and on halving the population of Cardiff it might be found that the apparent overcrowding was not relieved. Similarly the old solution of the problem by emigration was not valid; and economic dogmatism on the matter was not possible.

Dr. F. A. E. CREW (Edinburgh) elaborated opinions which he had formed from his biological investigations of mice, *drosophila*, and other organisms. In *drosophila* there was an optimum density of population, above and below which there was a lower reproductive rate. The harmony between a limited area and its supplies was maintained by restricting fecundity. The human being, he thought, was now approaching the end of a birth rate cycle; but the distinction of the factors in producing it was difficult. A rising birth rate heralded an extension of the conquest by man over his environment; a falling rate indicated that in a particular area he was permanently or temporarily imprisoned. The birth rate would not rise again until the factors overriding the inherent tendency to increase were recognized and removed. Among factors making for increase, Dr. Crew mentioned the presence in a community of "multiple birth" stocks; the possibility that *mittelschmerz* in females might indicate more intense sexual life; and length of life, which was an inherited character. A fall occurred in discontented and discouraged populations, in whom it was interesting to note a degeneration of the maternal instinct. Immigration among *drosophila* led to a fall of population. The root of the matter in the human being was probably to be found in social conditions. Among the socially unsuccessful the only outlets of nervous release were excessive drinking and sexual over-indulgence. In such classes the reproductive rate would be high; social advancement implied other outlets and a lower reproductive rate. But birth control, while preventing the birth of individual babies, did not have much effect on the gross birth rate.

Sir THOMAS HORDER doubted whether the falling birth rate came within the province of the medical practitioner, though greatly concerning the biologist and the economist. These two, together with the physiologist, the biochemist, and the eugenist, must solve many problems before the doctor could prescribe appropriately in the matter for his patients. He should not lend himself as an ally to the eugenist until many of these problems had been solved. The doctor had a sanction for individual therapeusis; but hitherto he had not sought to influence men and women on matters of principle. He had kept clear of propaganda. Lady BARRETT was of opinion that the falling birth rate was a matter which should concern general practitioners. It was important that they should take a wider view of matters which affected the health of their patients, and be in a position to tell them the real facts about birth control,

the average frequency of births to married couples, and other similar matters. In some cases it was their duty to teach the advantages of normal marital relationships; in others to do all in their power to help patients to avoid pregnancy. If it was thought that medical practitioners were unfit to deal with the question, arrangements should be made for teaching medical students the subject and their responsibility therein. Dr. WILLIAM COLLIER (Oxford) suggested that the medical profession had helped to maintain the population by saving much infant mortality, but he was chiefly concerned that the profession should give advice in birth control; for which purpose he advocated the establishment of birth control clinics. Dr. LETITIA FAIRFIELD thought that the falling birth rate was due to wide causes, and not to individual action. These causes might be classified as voluntary and involuntary. She objected to the eugenist putting upon the doctor his so-called laws. She emphasized the importance of motivation, and the human being's view of life. Jews and Roman Catholics were fertile because of their outlook on life. Dr. Binnie DUNLOP expressed the opinion that couples in the poorest classes should be encouraged to have not more than two children. In these hard times, with many adults out of work or on insufficient wages, a very low birth rate was especially desirable. Mrs. NEVILLE ROLFE regarded emigration as a cure for many social difficulties; but protested against the failure of local authorities to train and equip an equal number of girls with the boys. Dr. N. E. WATERFIELD pointed out that the medical man had some responsibility in the matter, and some influence in individual cases in which he was consulted. Absolute sterility was, in his opinion, always involuntary, but small families were usually the result of contraceptive methods.

Professor ROBERTS, Dr. CREW, and Lady BARRETT replied to some of the criticisms which had been made.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

DIATHERMY FOR CANCRUM ORIS.

CANCRUN ORIS is fortunately now a rare condition, at least in this part of England. Nevertheless examples turn up from time to time renewing interest and arousing responsibility. A close association with a considerable number of cases during the last thirty years has taught me how very serious the prognosis usually is, and how inefficient most of the methods of treatment. On March 30th of this year, a child suffering from this condition was admitted to the Royal Victoria Infirmary under my care; she was a light-haired little kiddie, 4 years of age, and looking as though of very poor resisting powers. There was a large black patch of gangrenous tissue about the size of half a crown over the horizontal ramus of the lower jaw on the right side, and this was surrounded by a zone of acute inflammation, with swelling of the side of the face and neck. At one point the edge of the gangrenous area had separated, and there was a small amount of very offensive discharge. The buccal cavity was not infected. The temperature was 102.8°, and the child was toxic and profoundly ill. While pondering over the best method of treatment, it suddenly occurred to me that complete excision by the method of diathermy might cut short the infective gangrenous process, and I determined to try it. Under a general anaesthetic the diathermy knife was applied about half an inch from the edge of the black mass to include the spreading edge, and a free circular excision was carried out. To remove all the dead tissue it was necessary to go right down to the bone, and when the mass was separated from the latter the horrible sickening odour of the roasted gangrenous tissue almost overcame me. After this complete excision about 1½ in. of the body of the jaw lay exposed at the bottom of the wound and subsequently necrosed. The area was packed with gauze and external dressings applied. The condition of the patient under the anaesthetic gave much cause for anxiety, but she soon picked up, and almost from that moment commenced to make a satisfactory recovery. The temperature fell at once and remained at

normal, with the exception of one or two days at the end of a fortnight, when there was a mild outburst of surrounding inflammation, but without any of the characteristics associated with infective gangrene. During the sixth week the patient was able to leave hospital, and progress continued uninterruptedly afterwards. On July 18th the sequestrum was obviously loose, and was lifted out by the family doctor. Afterwards the area soon healed, leaving a surprisingly small scar. This is the first occasion on which I have used diathermy for acute gangrenous necrosis of this kind, but the result has been so satisfactory as to encourage me to employ it in future. It is because I think that the method is well worthy of extended trial that I send you this brief record of a single case, and in the hope that others may have a similar fortunate experience; but whatever the results, it is well that they should be known to the profession.

G. GREY TURNER, M.S., F.R.C.S.,
Newcastle-on-Tyne. Professor of Surgery, University of Durham.

DRY CUPPING IN CHRONIC EMPYEMA.

THE following is, I believe, an original method of dealing with relapses from which most chronic empyema cases suffer from time to time.

A man, aged 32, with a sinus of the chest wall following three operations for empyema, consulted me because the discharge had ceased for some days, and he had symptoms of toxæmia. X-ray examination revealed an encysted collection of pus, with marked pleural fibrosis. I introduced sinus forceps and a probe into the sinus to a depth of 5 inches, but pus could not be found as the sinus was tortuous. I then inserted a fine rubber tube into the sinus to the same depth, and, having vaselined the skin, I applied a dry cup in the usual way. About five seconds later the patient felt something give in his chest, his dull pain there immediately departed, and the cup was filled with pus.

In this manner about 200 c.cm. of pus was evacuated, and in a few hours the patient felt better in every way. Subsequent cuppings for the next two days exhausted the supply of pus; the symptoms of toxæmia rapidly abated. Direct suction on the tube with a syringe was useless, as, being of necessity a fine one, the tube would have collapsed.

The treatment is simplicity itself, notably dramatic, and efficacious, and the patient was discharged from hospital after six days, quite fit, and intensely grateful for having been saved the ordeal of a further operation.

I am indebted to Dr. Lind Walker for permission to publish this case.

ROBERT A. CAMERON, M.B., Ch.B.
Senior House-Surgeon, Royal Infirmary, Doncaster.

AN UNUSUAL CASE OF A RUPTURED ECTOPIC GESTATION.

THE following case is of unusual interest, since it illustrates that rupture of the tube in an ectopic gestation may occur (1) as late as the fourth month of pregnancy; (2) without the slightest evidence of external (vaginal) haemorrhage; (3) without the characteristic features of internal haemorrhage save a slightly raised pulse rate (84); and (4) with the gradual development of peritonitis with equivocal physical signs.

A primipara, aged 20, had had amenorrhœa for four months, and at 6 o'clock on the evening of June 20th was seized with sudden pain in the back and right lower abdomen. She managed to carry on for about an hour, but was ultimately compelled to take to bed. I was called to see her about 10 p.m. The patient was pale, her pulse was 84, she had not vomited, there was no respiratory distress, and no sweating, but the patient bore an anxious expression which did not seem to fit in with the clinical findings. There was abdominal tenderness distributed all over the abdomen, but particularly in the right flank. The patient was mentally alert and capable of answering any questions asked.

A somewhat tentative diagnosis of ectopic gestation was made on the grounds of amenorrhœa, the pallor, the slightly raised pulse rate, and the abdominal tenderness.

On opening the abdomen at the Merthyr General Hospital the peritoneal cavity was filled with blood and blood clot, the left tube was ruptured about midway between the uterus and the fimbriated extremity, and a foetus about 8½ c.cm. was lying freely in the abdominal cavity.

The case illustrates certain points which are against the recognized textbook descriptions of this not uncommon catastrophe, and should be kept in mind by practitioners when dealing with an "acute abdomen."

I wish to thank Mr. S. C. Cresswell for permission to report this case.

HENRY A. SEIDENBERG, M.R.C.S.,
L.R.C.P.

Dowlais, Glamorgan.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

STAFFORDSHIRE BRANCH.

The Fallacies of Negative Findings.

At the annual general meeting of the Staffordshire Branch, held on July 19th, the President, Dr. G. H. Sowry, read a paper on "The fallacies of negative findings."

Dr. Sowry showed the pitfalls into which one might fall by arriving at a purely negative diagnosis, and emphasized the importance of assessing, as accurately as possible, the pathological condition actually present. In this connexion he mentioned a consultation which he had recently attended regarding a case of suspected small-pox in which the consultant had stated his belief that the case was not small-pox, but, having gone thus far, said that as well as arriving at a negative diagnosis they must also make up their minds as to the disease from which the patient was in fact suffering. Only thus, by arriving at a positive diagnosis, were they justified in being sure that the case was not small-pox. Dr. Sowry instanced cases of tonsillitis in which the negative diagnosis of "not diphtheria" was reached, but which investigations pushed to the length of arriving at a positive finding would have revealed as cases of scarlet fever much sooner than the true diagnosis was, in fact, made.

In the case of sputums yielding negative results with regard to tubercle bacilli, Dr. Sowry pointed out that one negative examination, or, indeed, five or six such examinations, did not entitle one to say that the case was not one of pulmonary tuberculosis. In instances of suspected pleural effusion the failure to find fluid on one puncture might be due to the smallness of the amount of fluid, or to the needle being introduced into the lung or even into the liver; so that a negative result of a pleural puncture did not exclude pleural fluid. With regard to the Wassermann reaction, Dr. Sowry mentioned several cases in which this reaction had been negative, but the clinical picture being that of specific disease, and the cases reacting dramatically to antisyphilitic treatment, they were almost certainly instances of syphilitic disease. Many diabetics might at particular times of the day pass urine in which there was no sugar; one could place reliance upon the negative results of an examination for sugar only if the sample examined had been taken from a mixed specimen of a twenty-four-hour output. Dr. Sowry reiterated the well-known fallacy attaching to negative results in the examination of throat swabs taken from suspected cases of diphtheria, and he also indicated the fallacies attaching to negative results (achlorhydria) obtained in the examination of fractional test meals.

The lecturer next discussed examinations by α rays, and, while he paid a tribute to the extreme utility of such examinations, he emphasized the pitfalls which had become apparent to him personally. Thus a gastric or duodenal ulcer, though present, might not show up on an α -ray photograph representing an antero-posterior view, particularly if the ulcer were situated, in the case of gastric ulcers, at some distance from the anterior or posterior curvatures. In order to show gastric ulcers situated at places other than in the neighbourhood of the curvatures it was necessary to take a lateral view. In cholecystography, after the exhibition of an opaque dye, a negative result might be due to faulty absorption of the drug, and need not necessarily be associated with the gall-bladder conditions which, if present, would give a similar result. Dr. Sowry instanced the accidents which might arise in cases of suspected malignant disease of the lower alimentary canal in which the negative result of a digital examination had led to a reassuring diagnosis, and he emphasized that the disease could not be excluded in the absence of a sigmoidoscopic examination, and, if that should prove negative, of an α -ray investigation of a barium enema.

Dr. KING ALCOCK moved, and Dr. MENZIES seconded, a vote of thanks to Dr. Sowry for his excellent paper.

1861, and afterwards continuing his professional studies at St. George's Hospital, London. In 1865 he obtained the diploma M.R.C.P., and graduated M.B.Oxon., proceeding M.D. six years later. He was for a time house-physician at St. George's, and later was appointed physician accoucheur and physician for diseases of women and children at St. George's and St. James's Dispensary. Subsequently he became senior physician to the Hospital for Women, Soho Square, and to the British Lying-in Hospital, and was for a period civil medical officer to the Chichester Military Hospital. Dr. Smith was among those associated with the British Gynaecological Society in its early days; this body was subsequently merged in the Royal Society of Medicine, of which he was a Fellow. He was also an honorary corresponding Fellow of the Gynaecological Society of Boston, Massachusetts, a vice-president of the Society for the Study of Inebriety, and a member of the British Medical Association and of the Brighton and Sussex Medico-Chirurgical Society. His contributions to medical periodicals were numerous, and he was the author of *Practical Gynaecology: A Handbook of Diseases of Women*. Two of his sons are members of the medical profession.

Mr. FREDERIC DURHAM, who died on July 16th at the advanced age of 87, was a native of Northampton and received his medical education at Guy's Hospital, in which his brother, the late Arthur Edward Durham, occupied a place of distinction. Frederic Durham obtained the diploma M.R.C.S. in 1869, graduated M.B.Lond. in 1871, and was admitted a Fellow of the Royal College of Surgeons a year later. He occupied a succession of minor appointments at Guy's Hospital and ultimately was appointed surgical registrar. During his tenure of this office he developed a keen interest in pathological histology, a subject to which he gave much time and attention in later years. He was for some years surgeon, and later consulting surgeon, to the North-West London Hospital, but devoted himself very largely to assisting his brother in his work. He was a Fellow of the Royal Society of Medicine and of the Medical Society of London, and was greatly interested in the work of the Royal Medical Benevolent Fund, being a member of the committee of management until his death. In the old-established "Our Club" of Guy's men he was well known, and for some thirty years he was a familiar figure at the Bath Club, where he made his home, although suffering increasingly from osteoarthritis.

The British Medical Association has lately lost a valued servant by the death of Mr. TREVOR LAPWORTH, who had been Head Printer of this *Journal* since the beginning of 1911, and had spent the whole of his working life (some forty-four years) in the service of the Editorial Department. All who came into personal contact with Mr. Lapworth were impressed with his extreme conscientiousness and his devotion to the welfare of the *British Medical Journal*. He was a loyal and most obliging fellow worker, who grudged no time or trouble in carrying out the responsible and exacting duties that fell to his lot week by week and year by year. Although his health and strength had been gradually failing for several years past, he remained at work in the Printing Department until within a week of his death on August 10th. Mr. Lapworth was in his sixtieth year and unmarried. The funeral, at Finchley on August 14th, was attended by the Editor of the *Journal* and other members of the headquarters staff of the Association who wished to pay a last tribute to their old friend and faithful colleague. Mr. F. Martin of the *Lancet* was also present on behalf of the printing staff of our contemporary.

The following well-known foreign medical men have recently died: Inspector-General JACOB, formerly director of the Val-de-Grâce Military Hospital, Paris, and Commander of the Legion of Honour; Dr. LÉON DUFOUR of Fécamp, the founder in 1894 of the first "Goutte de Lait," and Professor E. BOSTROEM, a Giessen pathologist, aged 76.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE Theodore Williams scholarship in physiology for 1928-29 has been awarded by the Board of Management, on the recommendation of the Waynflete Professor of Physiology, to R. A. Beaver of New College.

UNIVERSITY OF DUBLIN.

SCHOOL OF PHYSIC, TRINITY COLLEGE.
THE following appointments have been made:—Lecturer in Biochemistry: William Fearon, Sc.D. Lecturer in Biophysics: James Bell, Sc.D. Lecturer in Applied Anatomy: Arthur Chance, M.D., M.Ch. Lecturer in Sanitary Construction and Planning: Alfred D. Delap, B.A.I. Lecturer in Chemistry and Public Health: W. C. Ramsden, M.A. University Professor of Chemistry: Emil A. Werner, M.A. Sc.D.

The annual post-graduate course in medicine, surgery, and allied subjects will be held this year from September 17th to October 6th. Particulars can be obtained on application to Professor A. F. Dixon, Dean, Faculty of Physic.

The Services.

TERRITORIAL DECORATION.

THE King has conferred the Territorial Decoration upon the following officers of the R.A.M.C. (T.A.): Majors R. I. Dacre, A. Young (ret.), and W. T. Briscoe.

ROYAL ARMY MEDICAL COLLEGE.

THE following prizes have been awarded at the conclusion of the summer course for lieutenants on probation, Royal Army Medical Corps and Indian Medical Service: Herbert Prize (about £20), highest aggregate marks, Lieutenant F. McL. Richardson, R.A.M.C. 1st Montefiore Prize (£20 and bronze medal), military surgery, Lieutenant A. McMillan, R.A.M.C.; (2nd) Lieutenant S. S. Bhatnagar, I.M.S. Parkes Memorial (medal and £5), hygiene, Lieutenant F. McL. Richardson, R.A.M.C. Ranald Martin (medal and £5), tropical medicine, Lieutenant F. McL. Richardson, R.A.M.C. Tulloch Memorial (silver medal), pathology, by R.A.M.C. officer, Lieutenant G. T. L. Archer. Fayer Memorial (bronze medal), pathology, by I.M.S. officer, Lieutenant C. J. F. Cropper. De Chaumont Prize, second highest marks in hygiene, Lieutenant S. R. M. Mackay, R.A.M.C.

Medical News.

THE old students' dinner of St. Thomas's Hospital Medical School will take place on Friday, October 26th, at St. Thomas's House, Lambeth Palace Road, when Mr. Edwin Francis White, F.R.C.S., will take the chair.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that a fortnight's all-day course begins on Monday, August 27th, at the Queen Mary's Hospital, Stratford, E., in general medicine, surgery, and the specialties. From September 11th to October 5th, on Tuesdays and Saturdays each week, there will be lecture-demonstrations in psychological medicine at the Bethlehem Royal Hospital at 11 a.m. Four courses will be given from September 17th to 29th, one being an intensive all-day course in diseases of children by the staff at the Queen's Hospital, Hackney Road, where luncheon and tea will be provided by the hospital authorities. In the same period afternoon lecture-demonstrations in ophthalmology will be given by the honorary staff at the Royal Eye Hospital, and an all-day course in orthopaedics by the staff at the Royal National Orthopaedic Hospital. The fourth course, undertaken by the staff of the Westminster Hospital, consists of instruction in medicine, surgery, and the specialties. From September 25th to October 17th a series of lecture-demonstrations in electro-therapy will be given at the Royal Free Hospital. Copies of syllabuses and information regarding the general course may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

THE Sir Charles Hastings Lecture by Sir George Newman on "The foundations of national health," delivered at the British Medical Association House on March 21st, has, with the Association's consent, been published in pamphlet form by H.M. Stationery Office (price 3d. net). The lecture was printed in full in the *Supplement* to our issue of March 24th (p. 93).

THE Royal Commission on Local Government, now engaged upon the second part of the inquiry entrusted to it of considering the relations between the various existing local authorities, has issued Part XI of its minutes of evidence (obtainable from H.M. Stationery Office or through any bookseller; price 6s. net). This contains evidence given on behalf of the Association of Municipal Corporations, the Urban District Councils Association, the Westmorland County Council, and by Mr. E. D. Simon, formerly Lord Mayor of Manchester.

THE Water Pollution Research Board of the Department of Scientific and Industrial Research has issued a summary of current literature relating to water supplies, sewage, trade waste waters, river pollution, and other related subjects. This summary has been placed in the Library of the Association, where it will be available for the use of members.

A SUBCOMMITTEE appointed by the Heart Committee of the New York Tuberculosis and Health Association has been investigating the criteria of the diagnosis and classification of heart disease, and its report—which takes the form of a textbook—will shortly be published by Messrs. Paul B. Hoeber, Inc., of New York. It comprises a uniform nomenclature and diagnostic criteria.

IN connexion with the sixth international congress for combating tuberculosis, to be held at Rome in September, arrangements have been made for visits from September 20th to the 24th to various tuberculosis and social hygiene institutions in Naples and the neighbouring towns. A descriptive book is being prepared for those attending the congress, who are also invited to the opening ceremony of two new pavilions for tuberculous patients in the Ospedale Provinciale Psichiatrico, Naples, and to other functions. For information about lodgings and the journey application should be made to the Compagnia Italiana Turista (Cit), Piazza Trieste e Trento, 45, Naples.

A POST-GRADUATE course on cancer organized by Dr. Guusett, director of the anti-cancer centre of Strasbourg, will be held at the Strasbourg faculty of medicine from October 16th to 31st, when lectures and demonstrations on cancer will be given in the various departments of the faculty. The fee is 300 francs. Further information can be obtained from Dr. Gunsett, Hôpital Civil, Strasbourg.

SIR C. J. MARTIN, director of the Lister Institute, has been appointed by the Minister of Agriculture and Fisheries to be chairman of the departmental committee which will report on the reconstruction of the Royal Veterinary College with reference to the cost, the accommodation to be provided, the site of a new building, and arrangements to be made in respect of the Animal Pathology Research Institute now situated at the college. The other members of the committee are: Dr. O. Charnock Bradley, Sir Merrick Burrell, Mr. H. E. Dale, Sir Walter Fletcher, Mr. J. R. Jackson, Sir E. Cooper Perry, Major-General H. T. Sawyer, and Lieut.-Colonel Sir Archibald Weigall. The secretary of this committee is Mr. V. E. Wilkins of the Ministry of Agriculture and Fisheries.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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

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

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

The TELEPHONE NUMBERS of the British Medical Association and the BRITISH MEDICAL JOURNAL are MUSEUM 9361, 9362, 9363, and 9364 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology Westcent, London.*
FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*
MEDICAL SECRETARY, *Medisecra 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.

MEDICAL TREATMENT IN CHINA.

DR. J. JONES (Bromley, Kent) writes in answer to Fleet Surgeon Home's inquiry in the *British Medical Journal* of August 4th (p. 228): Though I have been a medical missionary in China from 1905 to 1927 (excluding furloughs), and have served in four of China's provinces, I cannot recall any Chinese telling me of the system of retaining fees for patients, which are discontinued during periods of ill-health. Neither has my wife, who has lived in China longer than I, heard of that practice.

DR. MARGARET E. MCNEILL writes from Belfast: I can speak only for Manchuria, where I have been a medical missionary for twenty-seven and a half years. I agree with the Chinese informants that it is not true that patients pay retaining fees to their doctors, which are discontinued during illness. Chinese "doctors" often guarantee "cures" and extract money from patients in advance. The "cures" are not always satisfactory. I cannot speak with authority for other parts of China, but do not think it likely that there is much truth in the oft-repeated story.

MATERNITY WORK IN RUSSIA.

DR. F. EDGE (Birmingham) asks how he may obtain a copy or translation of the rules for maternity cases in Russia. He particularly desires information about any ante-natal work.

INCOME TAX.

Wife's Medical Earnings.

"S. D. T." is married and resides with her husband. Since November, 1926, she has had a plate up at their residence, "but so far there has been no financial return from patients." What should be deducted in her husband's return of their total joint income in respect of expenses?

* * * Apparently there has been no net cash income yet, but presumably fees are or will be due for professional services, so that on the basis of "bookings"—appropriate to a new practice—there would be no real "loss." What expenses can be deducted in arriving at the book profit, or the loss if there should be one, must depend so much on the precise facts that guidance is difficult. A clergyman is considered to be entitled to one-eighth of the general cost of rent, etc., for the use of his study for his clerical office, and perhaps some fraction between that and the one-half commonly applied to provincial practitioners might be reasonable.

Tax Payable after Retirement.

"E. E. M." contemplates retiring from the Colonial Service and inquires what tax will be payable by him on £900 pension plus £1,100 interest.

* * * The calculation is as follows:

Total income	...	...	...	...	...	£2,000
Deduct: Earned income allowance (married)	...	...	...	...	...	£150
Personal allowance (married)	...	...	...	...	...	£225
Children (3)	...	...	...	...	...	£160
						£535
						£1,465
of which £225 chargeable at 2/-, tax, and the balance, £1,240 chargeable at 4/-	...	...	...	...	...	£22 10 0
					...	£48 0 0
						£270 10 0

LETTERS, NOTES, ETC.

SUNSPOTS AND SUDDEN DEATH.

SOME months ago (April 16th, 1927, p. 750) we mentioned the hypothesis submitted to the Académie de Médecine by Dr. M. Faure, associating the appearance of the occurrence of acute crises in various chronic illnesses with the passage of spots over the solar meridian. Dr. Faure, whose address is: La Malou, Hérault, France, now invites any interested to communicate directly with him, with a view to the collection of clinical evidence. He undertakes also to notify in advance the transit of these sunspots.

ST. THOMAS'S DIRECTORY.

A NEW edition has been prepared of the *Alphabetical and Local List of Old Students of St. Thomas's Hospital*. The greater part of this directory is arranged in two sections, the first being an alphabetical list of names and the second a local list. Old St. Thomas's men will welcome this compilation, which is, we understand, largely due to the industry of Mr. Robert Hopkins.

BARLEY FOR INFANTS.

MESSRS. KEEN, ROBINSON AND CO., LTD., of Norwich, have revised the infant feeding directions and recipes on the container of their patent barley for infants and for making barley water and puddings, bringing up to date the feeding recipes and simplifying the process of preparing feeds.

THE REPORT OF THE COMMITTEE ON VACCINATION.

Correction.

WE have been asked to correct two errors which appeared in the summary of the above report published in the *Journal of August 11th*. On page 267, line 21 from foot of the first column, "majority" should be "minority"; on page 268, line 10 from top of the first column, "revaccinations" should be "vaccinations."

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 37, 40, 41, and 42 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenancies at pages 38 and 39.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 108.