absence of bruising and injury to the mucous membranes which large clamps sometimes undoubtedly produce. Clamps may have more to do with secondary gastric and jejunal ulceration, at or close to the stoma, than is generally realized. Lately I have dispensed altogether with the stomach-clamping type of forceps for holding the ends of the stomach and small bowel, using instead grooved block rubber intestine-holding forceps, similar to Young's.

While I cannot ask others to share my belief that the large stoma gastro-jejunostomy will prove to be the operation of choice for simple chronic ulcers of the stomach and duodenum in the face of the numerous far more experienced surgeons whose conclusions differ from mine, I hope that my view may receive consideration.

REFERENCES.
[1] *Bull. et Mém. Soc. Nat. de Chir.*, May 7th, 1927, p. 614. [2] *Proc. Roy. Soc. Med.*, March, 1927, p. 650. [3] *British Medical Journal*, March 1st, 1913, p. 442. [4] *Abdominal Operations*, 1926. [5] *Operations of Surgery*, 1927.

Memoranda:
MEDICAL, SURGICAL, OBSTETRICAL.

HAEMATURIA DURING TREATMENT WITH INSULIN.

THE apparent rarity of haematuria occurring in diabetic patients under insulin treatment is noted by Lawrence and Hollins in the *British Medical Journal* of June 9th (p. 977). The following case shows some points of contrast with the cases there detailed:

A boy, aged 5 years, was admitted to the Children's Hospital, Birmingham, on April 17th, 1928. There had been no illness, except chicken-pox and measles at 2 years of age, until two months before admission, when he became poorly, lost weight, and had polyaemia with glycosuria.

On admission he was noted to be moderately wasted and had a strong odour of acetone. The urine contained 1.7 grams per cent. of sugar, and gave a strong reaction for ketones. His blood sugar was above normal. There was no albuminuria or other abnormal urinary constituent. There were a few carious teeth, but the tonsils were small and clean. There was no evidence of infection. His progress in hospital was very good, and his diabetic state was well controlled by dieting and insulin. Apart from the first twenty-four hours in hospital, when he had 20 units of insulin, he never had more than 10 units of insulin in twenty-four hours. On May 8th he was able to take an adequate diet without insulin. On May 10th his urine remained sugar-free, but there was a slight positive Rothera's test. He had commenced to get up.

On May 11th at 8 a.m., whilst in bed, the boy had profuse haematuria, the urine being copious and heavily loaded with bright blood. There were no symptoms or signs otherwise. The temperature (as usual) was quite normal. There was no renal or vesical pain or tenderness. The urine was moderately acid to litmus, contained a cloud of albumin, and no sugar. A slight ketosis was present. Microscopically there were very numerous red blood cells, but no epithelial or blood casts. Successive specimens of urine passed during the day showed a rapid progressive diminution in the amount of blood in the urine. At 6 p.m. on the same day the specimen was practically normal to the naked eye, but a haze of albumin was present, together with a few red blood cells. The blood pressure was 105/60.

Two days later the urine was quite free from albumin and no abnormal elements were present microscopically. The boy went home a few weeks later, and no further haematuria occurred.

The points of peculiar interest in this case are: (*a*) that the haematuria was extreme but of very short duration; (*b*) the rapid return of the urine to the normal; (*c*) the haematuria occurred two days after the last dose of insulin; (*d*) there was at this time only a slight ketosis.

I do not propose to discuss the true relationship of the haematuria, but I thought perhaps the former writers and their critics might be interested in the case. Clinically the case did not appear to be nephritis. In accordance with Dr. Lawrence's remarks the benign nature of the urinary abnormality is apparent also in this case.

A. V. NEALE, M.D.,
Resident Medical Officer, Children's Hospital, Birmingham.

SOMATIC TAENIASIS.

DR. C. J. HILL AITKEN reported on June 2nd (p. 943) a case of somatic taeniasis which was first thought of as being malaria. A somewhat similar case occurred in St. Giles' Hospital in 1927.

A man, aged 26, had been under observation in an institution as an epileptic, but was sent to St. Giles' Hospital in October, 1927, because he had become drowsy and dazed, and the existence of some organic cerebral lesion appeared likely.

He had joined the army in 1920, and went to India, where, in 1925, he had an attack of "malaria" from which he recovered, but while still in the hospital he developed "epilepsy." The fits at first occurred twice a week, but later once in two months. The fits were preceded by a "queer feeling" in the head; during the convulsions and following unconsciousness he bit his tongue, but was not incontinent. The fits occurred by day and also when asleep. Sometimes he had itching in the right palm, followed by twitching of the right arm before the onset of unconsciousness.

While in St. Giles' Hospital (about six weeks) there were four fits, one of which was closely observed. It lasted about five minutes, and he had sufficient warning to call a nurse. There was no loss of consciousness, the arms and legs were not involved, there was laboured breathing and profuse salivation, but the mouth was not clenched. The left side of the face was twitching, sweating, and flushed; the abdominal muscles on the left side were also twitching. When the facial convulsions ceased it was found that the left half of the face was paretic and remained noticeably so for about ten minutes. The patient was able to laugh symmetrically before he could show his teeth symmetrically when asked to do so; this was demonstrated by chance, and repeated as many times as laughing could be induced. There were two other left-sided facial fits, and another reported as involving both sides of the face.

When examining the head a nodule was found in the scalp over the region of the lambda; it was painless, and about the size of a large pea. A similar nodule was found in the skin of the left flank, two nodules in the extensor muscles of the left forearm, and another in the left gastrocnemius muscle. A nodule was excised and found to be a cyst containing hooklets.

Neurological examination gave very little help, but there was left ankle-clonus, and alternate pronation and supination of the left forearm was not so free as that of the right, although the patient was left-handed. There was some papilloedema of the left eye, but no abnormality of ocular movements.

Examination of the blood showed 16,000 white cells per c.mm. with 3 per cent. of eosinophil cells. The Wassermann reaction was negative. Radiographic examination of the skull and thoracic organs was negative.

Gradually the cysts became smaller, and after six weeks they could not be felt. The only treatment used was potassium iodide by the mouth.

I have to thank the medical superintendent for permission to publish this case.

Camberwell, S.E.5. T. VIBERT PEARCE, M.B., B.S.

ACUTE PANCREATITIS FOLLOWING THE INGESTION OF AN EXCESSIVE AMOUNT OF ATOPHAN.

IN view of the recent deaths occurring after the ingestion of an excessive amount of atophan, the following case appears to be of much interest, for I do not remember having seen a case recorded where operation has been performed.

This patient developed neuralgia of a very acute type in the region of the left shoulder and arm, due presumably to the fact that while passing through the tropics he had an electric fan playing on that part of the body all night. All drugs and treatment failed to relieve the neuralgia, except temporarily. He was given atophan, and in despair he took a whole tubeful of ten pastilles in one day.

A few days later he informed me that the pain had passed from the left upper extremity to the pit of his stomach. The epigastrium was very tender on palpation and there was some rigidity of the recti muscles.

In the next few days his condition rapidly became worse. At a consultation it was considered that he was suffering from a mild peritonitis around a perforating type of ulcer in the lesser sac. In spite of treatment the condition continued to get rapidly worse, and I decided to perform a laparotomy. On opening the abdomen all the appearances of pancreatitis with necrosis of fat and haemorrhages in the pancreas were detected. A drainage tube was passed down to the pancreas after the peritoneum had been cut through. No calculi could be detected in any part of the pancreas. The appearance of the liver was normal. That evening the patient evinced great relief from his pain, and an enormous amount of serous fluid came away through the drainage tube.

A few days later, when the patient seemed to be convalescent, he had a large haematemesis by the mouth and to all intents and purposes seemed to be dying; indeed, he felt so himself, for he made his last will. Nevertheless, a transfusion of blood pulled him round, and he made a slow but uninterrupted recovery.

After the operation, and before the haematemesis, he complained of some slight pain in the left upper extremity, similar in nature to the old neuralgia, which disappeared completely after the haematemesis.

This man was an unusually strong and healthy individual. He had saturated himself without permission with all kinds of drugs, including atophan, and the suggestion is that severe cases which do not respond to ordinary means of treatment should be given the benefit of an exploratory operation.

Two years later a letter was received from this patient stating that he continued in good health.

M. J. PETTY, M.B., F.R.C.S.
British Hospital, Buenos Aires.

THE TREATMENT OF EARLY RODENT ULCER.

REASONABLY early basal-celled epitheliomata can be treated in a large number of ways with a high percentage of successes, but most methods are open to some objection. Adamson's plan of curetting, followed by a massive dose of *x* rays, is one of the very best, but it demands apparatus and technique beyond the compass of the general practitioner. The same applies to radium, with the additional drawback that all cases do not respond to it. Diathermy is effective, but cannot safely be employed in the near neighbourhood of the eyeball. Surgical excision is good, provided that a wide margin is possible, though even then recurrence in the scar may be seen. In the neighbourhood of the eye excision may have to be on a mutilating scale, followed by plastic work, and as even then no certain promise of cure can be given, such procedures are, in my opinion, quite unjustifiable. I have in the past used many methods, but for over four years have treated all my early cases, up to the size of, say, a shilling, by the following simple technique.

The rodent ulcer is ringed with novocain (2 per cent.), and then firmly scraped with a sharp spoon. Only the tumour comes away, and a clean raw area is left. A pencil of CO_2 snow in a vulcanite applicator is applied with firm pressure for sixty seconds, and then a dry dressing. There is considerable oedema of the part for a day or two, but practically no pain at any time, and the ulcer heals rapidly under boric ointment.

The number of cases thus treated and observed for at least six months (the majority for much longer) is sixty-five. Of these, two showed small recurrences at the edge of the scar, where presumably an outlying nodule had escaped destruction. These recurrences were successfully treated by a repetition of the procedure. Recurrence in the depths has not so far occurred. The resulting scars are always very smooth and fine, and in the case of small rodents about the eyelids, or in the naso-labial furrow, almost invisible. The apparatus required is neither elaborate nor expensive, and the technique exceedingly simple, and there is no reason why practically every basal-celled carcinoma should not be detected and cured by the patient's family doctor. The procedure can be carried out in the consulting room, even on old people, who suffer neither from shock nor pain, and are perfectly fit to go home immediately afterwards.

No claim for originality in this method is made, as no doubt it or something similar is used by many other workers, but I have been moved to write this account by recent experience of recurrences following radium, *x* rays, and excision, in other hands, and by published accounts of methods which I believe to be inferior to the one here given.

J. FERGUSON SMITH, M.A., M.B., Ch.B.,
Physician for Diseases of the Skin, Glasgow Royal Infirmary; Lecturer on Dermatology, University of Glasgow.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

ST. PANCRAS DIVISION.

Home Treatment of Tuberculosis by the General Practitioner.

AT a meeting of the St. Pancras Division held on July 10th an address on home treatment of tuberculosis by the general practitioner was delivered by Dr. W. CAMAC WILKINSON. He said that the genius of Koch had revealed the nature and origin of tuberculosis, although even yet it was not easy to trace the disease to its real source or fix the time of its occurrence. To-day the paramount idea upon which the medical practitioner should deliberate and act was not that tuberculosis was an infectious disease, but rather that the infectious form of tuberculosis—commonly called consumption or phthisis—could and should be prevented. Unfortunately the authorities had placed tuberculosis, even though it might not be infectious, among the infectious diseases which could be successfully combated by compulsory notification, the only justification for which lay in the practical utility of measures of segregation and disinfection. Tuberculosis was a disease that stood by itself and was a law unto itself; it mocked at the measures that succeeded in the other infectious diseases. Infection might not exist, or might be suspended for years, and came "like a thief in the night." Accordingly compulsory notification was a mere fetish of officialism, costly, irritating to patient and doctor alike, and futile—because such notification could lead to no constant, immediate, rapid, or lasting success. Compulsory notification had a semblance of justification only when the sufferer expelled in the act of coughing droplets or masses of sputum which might be conveyed directly or indirectly to those in the immediate neighbourhood. It could not either quench the infection at its source, or prevent or heal a chronic disease already existing which was quite beyond the reach of measures of segregation and disinfection. The true solution of the tuberculosis problem would be found rather in the treatment of tuberculosis in the early stages by scientific measures which would largely prevent chronic tuberculosis passing on to those stages when the disease became infectious. The treatment of early non-infectious tuberculosis was the key to the prevention of infectious phthisis. Hitherto in tuberculosis medical thought had been devoted too much to ideas of prevention and too little to methods of treatment. If the physician, by treatment, could prevent early non-infectious tuberculosis becoming infectious phthisis or consumption—and Dr. Wilkinson honestly believed he often could—he saved the family from the risks of infection. The infectious form would sometimes develop, and then suitable measures must be adopted. But the physician must continue to treat, because by a proper course of tuberculin treatment it was almost the rule that cough and expectoration ceased, and thus the victims ceased to be a danger to their friends and relations. When the disease became infectious public health authorities must take a hand by providing free examinations of suspected material by properly constituted experts at public institutions. In this way the open or infectious forms of pulmonary or renal tuberculosis would be notified automatically to the public health department, which should do all in its power to help and support the family physician or general practitioner in seeing that measures were taken to prevent constant and repeated infection of the younger members of the family. That was all the notification that was required until the family doctor realized that the victim of infectious phthisis was too ill or too weak to conform to simple rules of cleanliness and decency, when the victim of poverty should be provided with home and shelter where the risk of infection could be rendered negligible. Sanatoriums, if devoted to this beneficent work, would quadruple their usefulness. Institutions for the reception of advanced cases of consumption were next in importance to measures for the early diagnosis and treatment of non-infectious and infectious forms of tuberculosis by general practitioners. In tuberculous meningitis, tuberculosis of bones and joints, pleurisy, or chronic tuberculous peritonitis, the infective agents were securely imprisoned in the tissues and could not escape or infect the healthy. Even lupus, which was essentially a disease of early life in certain climates and conditions, was only a danger in the family circle where it occurred, and then only to the children. Tuberculosis in childhood, and even in adult life, existed mainly in the system of lymphatic vessels and glands, and tubercle bacilli might circulate in the blood for years before chronic apical tuberculosis began; and chronic apical tuberculosis might exist for years before the disease became infectious. The policy of ignoring pulmonary tuberculosis till tubercle bacilli were found in the sputum was both unfair to the victim of the disease and dangerous to the family. Many a doctor who acquiesced in this policy came to think that he need not bother till tubercle bacilli had appeared; yet as soon as tubercle bacilli were found he must tell the world that there was infectious disease, and at the same time try to persuade some official—either the tuberculosis officer or a medical officer of a hospital for consumption—to favour his patient with prolonged treatment in a sanatorium to the exclusion of nine or ten others equally deserving. There were better ways of treating tuberculosis than the

The Services.

DEATHS IN THE SERVICES.

Brevet Colonel Alfred Goodwyn Kay, R.A.M.C.(ret.), died at Lymington on July 9th, aged 74. He was born on May 16th, 1854, and was educated at Edinburgh, where he graduated as M.B. and C.M. in 1879, after taking the L.R.C.S.Ed. in 1876. Entering the army as surgeon on February 5th, 1881, he became lieutenant-colonel after twenty years' service, and retired on December 23rd, 1908. He served in the Egyptian campaign of 1882, receiving the medal, with the Khedive's bronze star. From March, 1900, to November, 1902, he was on the staff of the Commander-in-Chief in India. After retirement he was employed as recruiting officer at Clifton, Bristol. He rejoined for service in the recent great war, when he was in charge of the Royal Victoria Hospital at Netley, and for his services received a brevet colonelcy on June 3rd, 1917.

Lieut.-Colonel William Lloyd Reade, R.A.M.C.(ret.), died in London on June 30th, aged 69. He was born at Portarlington on February 21st, 1859. After taking the Edinburgh double qualification in 1881, he entered the army as surgeon on July 30th of that year, attained the rank of lieutenant-colonel after twenty years' service, and retired on August 14th, 1912. He was stationed at Hong-Kong in 1896 when the great pandemic outbreak of plague—which is still going on, more than thirty years later—was imported into the colony from Southern China. He was employed on special duty combating the plague in Hong-Kong, and was afterwards transferred to India when the disease became virulent there, and employed as special plague officer at Poona during the years 1897–98. He served in the South African war of 1899–1902, receiving the Queen's medal with three, and the King's medal with two, clasps. He was also re-employed from August 15th, 1915, during the recent great war.

Lieut.-Colonel Francis Patrick Staples, R.A.M.C.(ret.), died at Strawberry Hill on July 11th. He was born at Bally Cogley, County Wexford, on December 14th, 1838, took the M.R.C.S. in 1860, and the L.K.Q.C.P. in the same year, subsequently becoming M.K.Q.C.P. in 1880. Entering the army as assistant surgeon on April 1st, 1861, he reached the rank of brigade surgeon on September 20th, 1887, and retired on February 1st, 1888. He served in the Hazara campaign on the North-West Frontier of India in 1868, receiving the frontier medal with a clasp. In 1879–80 he was assistant professor of military surgery in the Army Medical School at Netley. During the old regimental days he served as assistant surgeon in the 19th Foot, the Green Howards.

Captain Leslie Graham Blackmore, R.A.M.C., died in a nursing home on July 2nd, aged 36. He was born on December 26th, 1891, the younger son of Mr. and Mrs. Herbert Blackmore of Gloucester Gardens, Hyde Park. He took the M.R.C.S. and L.R.C.P.Lond. in January, 1917, and, joining the Special Reserve of the R.A.M.C. immediately after, was at once mobilized as a lieutenant in the R.A.M.C., became temporary captain on April 1st, 1919, and captain from August 5th, 1920. He served during the latter two years of the recent great war.

Universities and Colleges.

UNIVERSITY OF LONDON.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

COUNCIL has awarded the following scholarships and bursaries for the session 1927–28:—St. Dunstan's Medical Exhibition: Miss M. Louden. Isabel Thorne Scholarship: Miss M. Mayeur. Sir Owen Roberts Memorial Scholarship: Miss M. Tate. Mabel Sharman-Crawford Scholarship: Miss B. F. Goldsmith. Lieutenant Edmund Lewis (R.A.F.) and Lieutenant Alan Lewis (R.N.A.S.) Memorial Scholarship: Miss B. F. Goldsmith. School Jubilee Bursary: Miss N. I. Faux. Alfred Langton Scholarship: Miss D. Woodman, M.Sc. Ellen Walker Bursary: Miss H. B. Burt. Flora Murray Bursary: Miss M. N. Lunn and Miss E. M. Newham (divided). Dr. Edith Pechey Phipson Post-graduate Scholarship: Miss Annie Price, M.B., Ch.B.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—J. P. Collinson, H. B. Blaker, E. C. Gross, I. G. Hardinge, G. L. Johnson, C. K. McCoan, C. F. C. White.

MEDICINE.—T. A. Barnabas, C. M. Brooks, J. S. Pury, A. E. Gibbs, K. Girgis, I. G. Hardinge, H. H. Jackson G. L. Johnson, H. C. Johnson, J. H. Johnston, G. L. McDermott, M. T. Y. Selim, H. D. K. Wright.

FORENSIC MEDICINE.—N. Das, E. C. Gross, I. G. Hardinge, A. H. Hennessy, G. L. Johnson, H. C. Johnson, K. R. Lundeberg, C. P. Madden, S. M. Rahman, M. T. Y. Selim, H. D. K. Wright.

MIDWIFERY.—C. M. Brooks, H. C. Clifford-Smith, W. A. A. Collington, J. P. Collinson, F. W. Crossley-Holland, L. P. Gregory, I. G. Hardinge, A. H. Hennessy, G. L. Johnson, H. C. Johnson, K. R. Lundeberg, R. Perkins, T. A. P. Proctor.

The diploma of the Society has been granted to Messrs. H. B. Blaker, H. C. Clifford-Smith, J. P. Collinson, I. G. Hardinge, A. H. Hennessy, G. L. Johnson, G. L. McDermott, S. M. Rahman, M. T. Y. Selim, and H. D. K. Wright.

Medical News.

THE annual dinner of past and present students of King's College Hospital will be held at 7.30 p.m. at the Trocadero Restaurant, Piccadilly Circus, on Wednesday, October 3rd. Dr. B. R. Turner will be in the chair, and the dinner secretaries are Dr. Ernest Playfair and Dr. H. A. Richards.

IT is announced that the new laboratories of the Safety in Mines Research Board, upon which the Medical Research Council is represented, will be formally opened by the Prime Minister on October 11th. The new station, which is situated at Sheffield, will serve as a national centre for scientific research into problems bearing upon safety in coal mines. Funds for this and for other purposes connected with miners' welfare are derived from a levy of 1d. a ton on the output of all coal mines, imposed by the Mining Industry Act of 1920. The expenditure of this revenue is vested in a statutory committee appointed by the Board of Trade, the Research Board advising this committee on the expenditure of any fund set aside for research.

A POST-GRADUATE course for medical practitioners of the district will be held by the members of the medical and surgical staff of Addenbrooke's Hospital, Cambridge, from Tuesday, October 2nd, to Friday, October 5th. The course will begin at 2.30 p.m. and end at 4.30. Further particulars can be obtained from Dr. Aldren Wright, Cambridge.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that from September 11th to October 5th the Superintendent of the Bethlem Royal Hospital will give a course of lecture-demonstrations in psychological medicine on Tuesdays and Saturdays at 11 a.m. From September 17th to 29th, the Westminster Hospital will provide an all-day course in medicine, surgery, and the specialties. An all day course in diseases of children at the Queen's Hospital, an all-day course in orthopaedics provided by the staff at the Royal National Orthopaedic Hospital, and an afternoon course consisting of lecture-demonstrations at the Royal Eye Hospital, Southwark, all of a fortnight's duration, also begin on September 17th. Copies of all syllabuses, and information regarding the general course at the hospitals affiliated to the Fellowship of Medicine, may be obtained from the secretary, 1, Wimpole Street, W.1.

COMMENCING on September 17th a practical post-graduate course in methods of examination and diagnosis will be held at the Central London Throat, Nose, and Ear Hospital, Gray's Inn Road, W.C.1.

THE Ministry of Health has issued a circular (No. 903) to sanitary authorities in England and Wales stating that instances have been brought to the notice of the Minister of the failure of local authorities to observe in the distribution of poisonous liquid disinfectants the provisions in regard to the shape and labelling of bottles made applicable to the retail sale of liquid poisons by various Acts of Parliament and regulations, in view of the danger attending the use for the distribution of disinfectants of receptacles, such as beer bottles, which ordinarily contain liquid intended for consumption. The Minister considers it desirable that the precautions taken in the sale of poisonous disinfectants should be observed also when they are distributed gratuitously or otherwise by a local authority. It is the Minister's view that in the public interest all poisonous disinfectants should be supplied only in containers distinguishable by touch from ordinary bottles, and that the containers should be labelled boldly in red with the words "Disinfectant—Poison—Not to be Taken."

THE annual congress of the National Veterinary Medical Association was held at Newcastle-on-Tyne from September 1st to 7th. Professor F. A. E. Crew discussed the nature of resistance to disease, and Professor R. G. Linton dealt with the adulteration of foods as concerning animals. Mr. H. T. Matthews of the City of Liverpool Veterinary Department gave an address on the place of the veterinarian in public health. He emphasized the need for co-ordination of the medical, veterinary, and sanitary services in connexion with certain problems, notably in the control of meat and milk, suggesting that if veterinary officers were given authority to handle the existing machinery dealing with these products, they could eliminate much wastage and friction. He thought that the problem of tuberculosis in cows should be regarded in relation to the problem of animal disease as a whole, and urged the importance of preventive work among animals on a national scale. At the opening meeting a letter was read from the Prince of Wales in which he expressed his regret at being unable to attend the congress, and his appreciation, as an associate of the College of Veterinary Surgeons, of the work of the association. The letter concluded: "I think that in the control of disease, and especially those forms which are communicable from animals

to man, the veterinary surgeon has a role to fill equally as important as that of the medical scientist, and that every encouragement is therefore necessary. I am sure an interchange of veterinary opinions with those of practical producers cannot fail to be of benefit to the State generally."

THE Minister of Health in a circular (No. 921) to local authorities calls attention to the fact that the review on September 1st of Civil Service bonus is based on an average cost of living figure of 65; the bonus payable to officers whose salaries do not exceed £500 a year will, for the six months commencing on that date, be one-fourteenth less than that payable during the preceding six months. In the case of salaries over £500 a year the bonus will still be subject to the special arrangements indicated in previous circulars. It is pointed out that, in view of the decrease in the Civil Service bonus, it follows that the range within which bonus may be paid by local authorities to those of their officers whose remuneration is subject to the Minister's sanction is correspondingly reduced. Officers whose rate of remuneration for non-manual employment falls to or below £250 a year as a result of the decrease in the bonus will become liable to compulsory insurance.

THE Joint Advisory Committee on River Pollution, appointed by the Minister of Health and the Minister of Agriculture and Fisheries, has issued its first report, dealing mainly with the legal and administrative aspects of the question, and containing a brief survey of the relative legislation. Attention is drawn to the fact that under the law as it stands at present the Minister of Health, on the application of any county or county borough council through whose jurisdiction a river passes, may set up a rivers board to control the whole length of the river and its tributaries so far as it is subject to the Rivers Pollution Prevention Act. The establishment of rivers boards would, it is suggested, be the first step towards the improvement of the condition of many rivers. Among the members of the committee is Dr. H. Maclean Wilson, chief inspector of the West Riding of Yorkshire Rivers Board. The report is published by H.M. Stationery Office at the price of 2d. net.

THE report for the quarter ended June 30th of the Home Service Ambulance Committee of the Order of St. John and the British Red Cross Society again refers to the extensive use made of the committee's vehicles in the transport of casualties due to road accidents. While there has been no diminution in the number of traffic accidents recorded the establishment of first-aid stations on the roads has minimized the effects. The task of the hospitals, it is claimed, has been lightened by the fact that an increasing number of patients brought in have already received skilled attention and have been carried in ambulances instead of being subjected to unskilful handling. Great difficulty has been experienced, especially in connexion with road accidents, in obtaining payment for the use of ambulances. The report suggests that motorists coming from London or other large towns where services are maintained by the municipalities do not realize that most of the ambulances in the country depend for upkeep on the moderate charges made for their use, supplemented by local voluntary subscriptions.

THE eighth Congress of the Society for the Study of Diseases of Digestion and Metabolism will be held in the Colonial Institute at Amsterdam from September 12th to 14th, when the following papers, among others, will be read: physiology and pathology of hunger, by Professor Morgulis of Omaha; the theory of the action of insulin in diabetes, by Professor Schur of Vienna; treatment of diabetes with food poor in fat, by Professor Porges; relation between diseases of the intestine and blood, by Professors Morawitz of Leipzig and Nordmann of Berlin; relations between diseases of the liver and blood, by Professor Schottmüller of Hamburg; and prevention of diagnostic and therapeutical errors in alimentary diseases, by Professors von Bergmann and Kuttner of Berlin and von Haberer of Düsseldorf. Further information can be obtained from the general secretary, Professor R. von den Velden, Bambergenstrasse, 40, Berlin, W.30.

THE ninetieth Congress of the Society of German Natural Science and Medicine will be held in the Zoological Garden at Hamburg from September 15th to 22nd. The medical programme is a very full one, all specialties being represented. The subscription for members of the society is 20 marks, and for others 25 marks.

THE twenty-eighth Congress of the French Association of Urology will be held in Paris under the presidency of Dr. Iselin, on October 9th, when there will be a discussion on strictures of the ureter, introduced by Professor Duvergey of Bordeaux. Further information can be obtained from D. O. Pasteau, 13 Avenue de Villars, Paris VII[e].

M. LOUCHEUR has been nominated Minister of Hygiene in succession to M. André Fallières, who recently resigned.

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.***

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QUERIES AND ANSWERS.

CHRONIC GLOSSITIS.

MR. G. B. RICHARDSON, F.R.C.S. (Penzance), writes: In answer to "N. B.'s" query (August 25th, p. 362), I would suggest that, in the absence of definite evidence—for example, negative Wassermann reaction—of causation, the condition be regarded as syphilitic, and that an intravenous injection of 0.45 gram of novarsenobillon be tried, followed by a dozen weekly 1 c.cm. intramuscular injections of grey oil. What is the objection to a short course of mercury to anyone—infected by the spirochaete or not? It is an excellent tonic.

VAGINISMUS.

"C. A." writes: I have a very obstinate case of vaginismus to deal with. The patient is a young woman of 23, married about two years, and so far coitus has been absolutely impossible. She has seen a consultant surgeon, who agrees with me that there is no local abnormality whatever. The vagina has twice been stretched under general anaesthesia without result. Any attempt at examination per vaginam has been impossible until anaesthesia was pushed to the surgical extent. Cocaine suppositories were suggested, but it was impossible to insert one. Can any of your correspondents who may have had experience of similar cases suggest any method of dealing with such a condition? Pregnancy would probably cure it, but it is difficult to see how this could be brought about.

MOUTH-BREATHING.

"SCHOOL MEDICAL OFFICER" writes: I should like advice in the cure of a child—a girl of 7½ years—who is a mouth-breather. Is there any apparatus which will cure this bad habit? The child is of full intelligence; her adenoids were removed at the age of 3½ years for mouth-breathing without success, and at 6½ years the nasopharynx was scraped again and tonsils, which were large, dissected out, but mouth-breathing persists. The palate is high, the mandible V-shaped, and the teeth are getting crowded and lack symmetry. There is no nasal obstruction, though the nares are small. Breathing exercises have been tried. I can get no help from any of the books I have read.

INCOME TAX.

Replacement of Motor Cycle; Use of Residence.

"R. R. R." bought a motor cycle "chiefly for work" in 1921 for £120. In 1925 a car was bought and the cycle was used occasionally; in 1926 it was not used (not even licensed), and in 1927 it was sold for £10. The inspector of taxes declines to make any allowance for replacement. The house comprises eight rooms; three are on the ground floor, one of which is used entirely for work and the other as a combined waiting room and dining room. He has been allowed one-half of the rent and rates as for professional use, but the inspector now proposes to allow one-third only.

*** (1) It is clear that the car was, in fact, bought and used in replacement of the cycle. We agree that no allowance can be given as in the year 1925, but are clearly of opinion that an allowance should be made as an expense of 1927 in the amount of (£120–£10=) £110, less any proportion referable to private use. (2) The question with regard to the house may be arguable. "R. R. R." might usefully consider whether the balance applicable to private use—one-half or two-thirds—represents an