CYSTICERCOSIS OF THE BRAIN.

(Illustrating the article by W. Broughton-Alcock, W. E. Stevenson, and C. Worster-Drought, printed at page 980.)

FIG. 1.—Longitudinal section through right cerebral hemisphere, showing cysticerci.

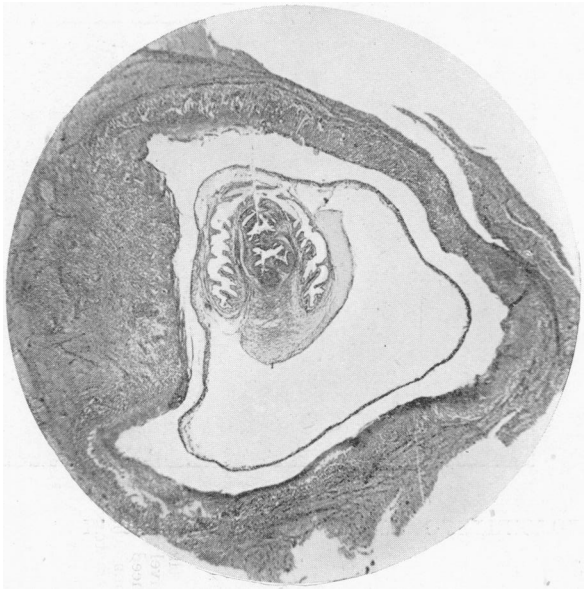


FIG. 2.—Section of pons through cyst, showing adventitious membrane and invaginated scolex. (× 12 diameters.)

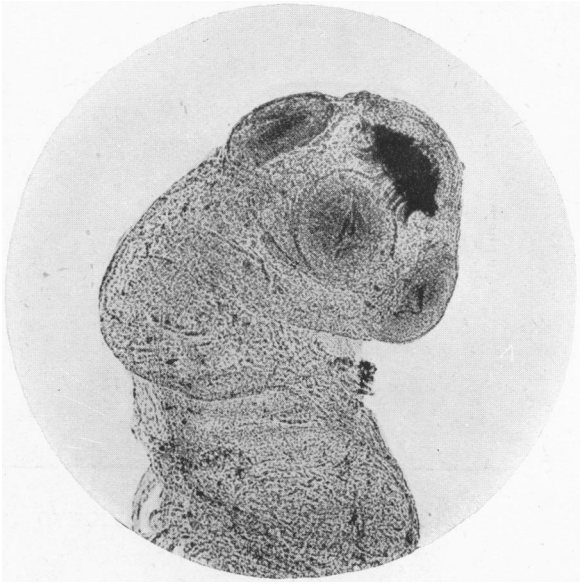
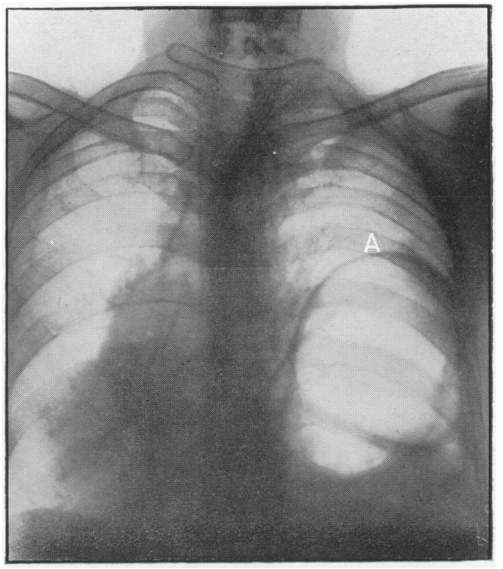


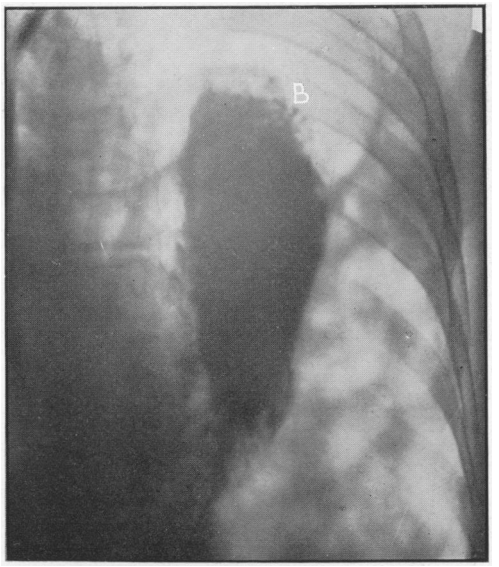
FIG. 3.—Scolex of cysticercus, showing suckers and hooklets. (× 55 diameters.)

J. L. THOMAS: DIAPHRAGMATIC HERNIA.

(See page 985.)



A, Upper border of the hernia.



B, Upper edge of barium meal.

Memoranda:
MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF DIAPHRAGMATIC HERNIA (EVISCERATION).

(With Special Plate.)

THE following details of a case of diaphragmatic hernia caused by trauma seem worthy of record; the nature of the injury is clearly indicated in the illustration.

A man, aged 64, was sent to one of the tuberculosis visiting stations as a case of spontaneous pneumothorax, after an *x*-ray examination had been made at a local hospital. The clinical history and physical signs did not altogether fit in with this diagnosis, and the patient was sent to the hospital at Cefn Mably, where he was screened and given a barium meal by Dr. W. Davies, the medical superintendent. The true nature of the case was then made plain.

There was a history of a severe crushing of the abdomen and chest by an accident in a colliery forty years previously. For more than three months the patient's life was said to have been in jeopardy, but he eventually recovered sufficiently well to resume his occupation of a coal miner. Throughout the subsequent years he enjoyed good health, with the exception of occasional attacks of vomiting and of dyspnoea on extreme exertion.

During the winter of 1926 an attack of influenza compelled him to visit his medical attendant, who discovered the unusual condition of his chest and came to the conclusion that the case was one of spontaneous pneumothorax.

The physical signs were certainly very suggestive of this condition, but they varied in character and extent when the patient was in the recumbent position. "Gurgling" could also be heard when he was lying down. The cardiac impulse was well over to the right side of the sternum, and its position did not vary. No evidence of pulmonary tuberculosis was forthcoming.

That such an abnormal condition should have caused so little inconvenience during so many years is of very great interest.

Newport, Mon. J. L. THOMAS, M.D.

THE TEAR-REFLEX TEST FOR ASTHMA OF NASAL ORIGIN.

I DESIRE to submit to the medical profession a test for asthma of nasal origin to which I attach considerable importance. It is, in my opinion, a ready and reliable way of differentiating between nasal and other forms of asthma. I have used it successfully for six years.

Definition.

The Tear-reflex Test.—In a normal nose, if the anterior mucous surface of the nasal septum or inferior turbinated bone be gently stroked with a smooth silver probe no reflex is produced; but if the same thing be done in a patient suffering from asthma and produces lacrymation in the eye on the same side as the nasal fossa so tested, but not in the other, then the asthma is of nasal origin, and is usually curable. (This test should be applied by exposing and illuminating the nasal fossae for examination in the orthodox manner.)

Anatomy and Physiology.

This reflex has no emotional significance, but appears to be confined to the first or ophthalmic division of the fifth nerve. It starts in the medial or lateral nasal nerves, which supply the anterior parts of the septal and lateral nasal mucous membrane respectively, and passes to the lacrymal gland by way of the lacrymal nerve. It is possible that a few impulses from the inferior turbinated bone pass through Meckel's ganglion. Its homolateral significance will no doubt be appreciated.

This test is one for a hypersensitive condition of the nasal mucous membrane, to which I believe the "nasal reflex" type of asthma is due. Where it is positive a cure may confidently be expected by using the orthodox methods of nasal desensitization and surgery. Where it is negative the outlook is less hopeful, even though the nose may stand in urgent need of treatment, because the nasal condition may be so bad that superficial sensation is lost. On the other hand, where it is negative and the nose is approximately normal, the cause may be looked for elsewhere.

H. MORTIMER WHARRY, F.R.C.S.

AN ATAVISTIC ANOMALY: SWALLOW WINKING.

CASES of "jaw winking" and its allies are sufficiently rare to warrant the reporting of the following case.

A Jewish boy, aged 2, was admitted to Booth Hall Infirmary for Children as a case of pertussis. The nursing staff reported that he had exophthalmos of the right eye when he coughed or swallowed. Examination showed no obvious abnormality of the eyes or the palpebral fissures. The movements of the eyelids and of the eyes were normal. Chewing made no difference, but as soon as the child swallowed the right palpebral fissure was distinctly enlarged by the retraction of the upper eyelid. In other words, the child winked, but the wink was upwards, giving rise to a very curious appearance.

Cases of associated movements have been reported for a very long time. Dr. Rutherfurd of Manchester has kindly given me the following references: (1) It may be that Celsus, *De Medicina*, vi, 6, 36, refers to this, but the condition he mentions may quite possibly be nystagmus. (2) Martin Martin, in his *Description of the Western Isles of Scotland*, the second edition of which was published in 1716, on page 191 relates that "a weaver in Portrie has the faculty of erecting and letting fall his ears at pleasure, and opens and shuts his mouth on such occasions."

Mr. Bishop Harman, who investigated this phenomenon in 1903, has kindly referred me to his explanation in the *Transactions of the Ophthalmological Society* for October, 1903, assigning it to the origin of the nerve supply of the associated muscles to the seventh nerve.

The first case recorded, by Gunn, was one in which the upper eyelid nearly went out of sight when the child sucked, but this case of similar palpebral action only on swallowing appears to be an additional variety.

JOHN D'EWART, M.B.Lond.,
Medical Superintendent, Booth Hall Infirmary for Children, Manchester.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

OXFORD DIVISION.

The Clinical Signs of Mammary Disorders.

THE fifth meeting of the year of the Oxford Division was held at the Radcliffe Infirmary on October 24th. In the absence of Dr. G. N. Montgomery the chair was taken by Mr. E. C. BEVERS, and Sir G. LENTHAL CHEATLE read a paper on the clinical signs of important changes in the breast.

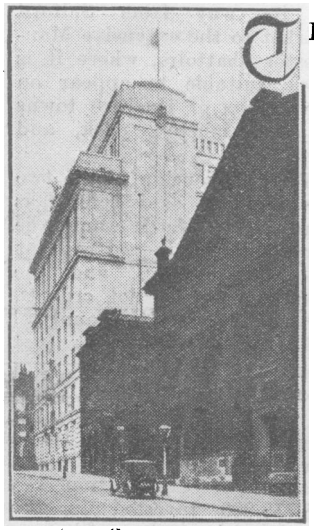
Sir Lenthal Cheatle pointed out that some pathological changes in the breast bore a definite relation to simultaneous physiological occurrences. The normal structure of the breast included (1) the pericanalicular and periacinous connective tissues round all ducts and acini; (2) the elastica which surrounded all ducts, occasionally some acini, and less frequently the lobule, being continuous with the elastica of the skin; (3) inside the elastica was the intra-elastica connective tissue continuous around all ducts and acini; and (4) superficial to this last, and lining all ducts and acini, was the epithelial layer resting on a single layer of unstriated muscle fibres. These structures formed the true breast tissue and were the sites of true pathological changes in the breast. They were embedded in the dense supporting connective tissue of the breast, which had little or no relation to any pathological changes, although it might be subjected to the same pathological changes which occurred in supporting connective tissue elsewhere in the body. At birth, puberty, and lactation, the pericanalicular and periacinous tissue underwent varying degrees of hyperplasia in which lymphocytes could be observed. New normal ducts and acini also formed at these times. At puberty fibro-adenomata developed, and were composed of an excessive hyperplasia of those tissues which were undergoing normal hyperplasia in the breast. In them there was a very marked growth of pericanalicular and periacinous tissue among which new ducts and acini could often be seen; these were lined by the normal epithelium, which in some instances was undergoing a desquamative epithelial hyperplasia. These tumours were

NINETY-SEVENTH ANNUAL MEETING

of the

British Medical Association,

MANCHESTER, 1929.



SHIP CANAL BUILDING.

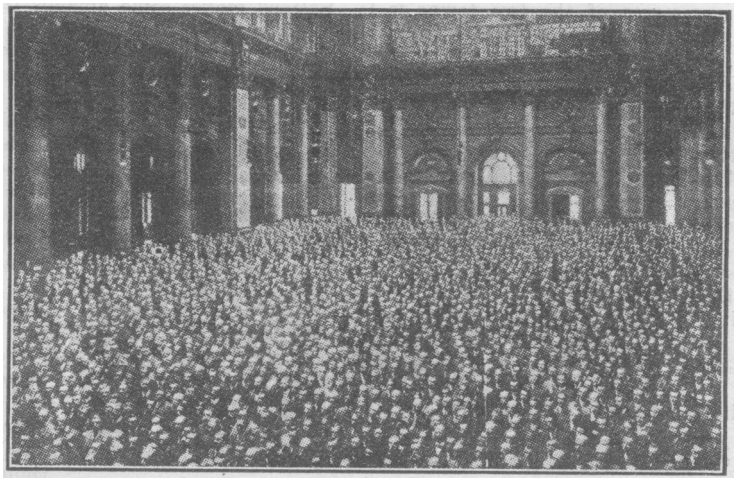
THE ninety-seventh Annual Meeting of the British Medical Association will be held in Manchester next summer under the presidency of Mr. Arthur H. Burgess, F.R.C.S., Professor of Clinical Surgery in the University of Manchester, who will deliver his address to the Association on the evening of Tuesday, July 23rd. The sectional meetings for scientific and clinical work will be held, as usual, on the three following days, the morning sessions being given up to discussions and the reading of papers, and the afternoons to demonstrations. The Annual Representative Meeting, for the transaction of medico-political business, will begin on the previous Friday, July 19th. The provisional programme for the work of the Scientific Sections is being drawn up by an Arrangements Committee, consisting partly of Manchester representatives and partly of members appointed by the Council of the Association. The names of the Presidents of Sections are given in a Current Note published in this week's *Supplement*; the full list of officers, together with other details of the arrangements for the Annual Meeting, will appear in later issues. During the week, and in particular on the last day of the meeting (Saturday, July 27th), there will be excursions to neighbouring places of interest in the North-West of England. The British Medical Association has met four times at Manchester—in 1836, in 1854, in 1877, and again in 1902. We publish below the first of a series of illustrated articles dealing with the history of Manchester and describing some noteworthy features of the city and its neighbourhood, with special reference to medical institutions.

MANCHESTER AND SALFORD.

BY

E. M. BROCKBANK, M.D., F.R.C.P.

THE Meeting of the British Medical Association is to be held in Manchester and Salford next July. The relations of the two cities are strange. They are so near together and yet so far apart. They are near because they are only separated by the River Irwell, a stream which at this part of its course rivals the Meander in finding the longest distance between two points. It is about fifty yards wide here, and Manchester is on its left-hand bank—a compass point is of no use—Salford on its right bank. But they are even nearer than this, for two important residential suburbs of Salford—Higher Broughton and Kersal—are on the Manchester bank and entirely continuous with the adjoining part of Manchester, their boundaries in daytime being marked only by policemen on point duty in different coloured helmets and at night by different lighting systems. Whilst so near and even interlocked in a territorial sense, they are as far apart as possible for local government purposes, each having an entirely independent mayor and corporation of its own, Manchester's head being a lord mayor. Originally Manchester was within the authority of Salford, which was a royal demesne with a royal manor, the King holding lands in it; but although once so united in a harmonious alliance they were granted a legal separation in the fourteenth century, and have never made it up again, in spite of various approaches for the purpose on the part of Manchester. By this deed Manchester became a common manor, Salford remaining a royal demesne, and still being a royal manor, which it proudly, and justly, mentions as occasion arises.



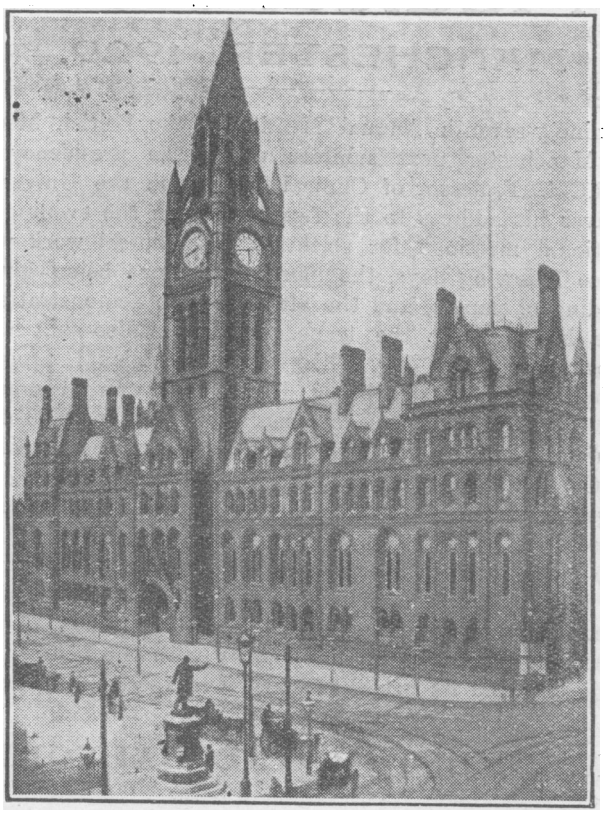
THE MANCHESTER ROYAL EXCHANGE.

After the separation, over ensuing centuries Manchester forged ahead, and its population is now about 750,000, and that of Salford 250,000; but many of the latter number are Manchester people who live in the Broughton and Kersal suburbs of Salford.

Manchester's civic life centres in its Town Hall, which is a very large building in Gothic style facing Albert Square, an open space of proportionately large area from which a proper view can be had of the tall spire and its handsome clock with dial, figures, and hands that can be seen from miles away. The business centre of both towns is the Manchester Royal Exchange, the largest exchange in the world, where at high 'change 5,000 or more members transact business, chiefly in cotton, but in all trades except coal and produce, each of which has an exchange of its own. Millions of contracts are made yearly

on the Royal Exchange by word of mouth, and confirmed afterwards by contract notes, and but few are not kept. Business has been sadly to seek with us lately, and many times may the following conversation have been heard on the "boards" between business friends: "Morning"; "Morning." "Owt?" "Nowt." "Morning"; "Morning."

Manchester is not uncommonly called "Cottonopolis," a term which, if ungainly, is not unjust, because it is the centre of the cotton industry of Great Britain, which, it is estimated, directly and indirectly gives employment to 10,000,000 of the population, and in the mills of which £210,000,000 are invested. Some of the finest cotton thread of the world is spun in the heart of Manchester, and has been since Robert Owen, the socialist reformer, began to spin fine yarns in 1790, and I have seen yarn so fine that 140 miles length of it weighs only one pound. It would require an Enobarbus to describe the infinite variety and fascination of some of our Cepea calico printers' work on gauzy muslins made from Egyptian cotton. It is hoped that visitors competent to judge will have an opportunity of checking the truth of this statement next July.



MANCHESTER TOWN HALL, ALBERT SQUARE.

Manchester has many industries besides that of cotton, and so has Salford, but space will only permit of reference to the great channel—the Manchester Ship Canal—by which is brought, in ocean-going steamers up to 15,000 tons burthen, the raw material for the factories, and our beef, corn, eggs, bacon, and cheese. The Ship Canal offices are in the fine new ten-story-high building in Upper King Street, which the company built and owns. In this building, the tallest in the city, the Manchester Chamber of Commerce has its headquarters.

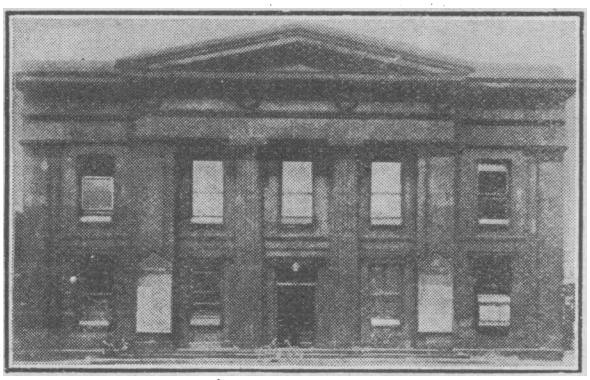
Salford has many factories, but few warehouses or commercial buildings. All the commerce of the two towns is transacted in Manchester, with its miles of streets lined by magnificent warehouses, in which goods are stored and packed, and from which they start on their journey by rail or Ship Canal to the uttermost ends of the earth. Manchester is Salford's shopping centre, entirely for the classes and almost entirely for the masses. The only Salford shop that I have ever heard of that has supplied the "quality" with necessary things was Hobson's, the boot shop—and that was Hobson's choice.

The approaches to Salford from Manchester are not cheering; it is a striking contrast to cross the river from one of Manchester's busiest and finest shopping streets into cheerless Chapel Street, Salford's main artery. This is a wide street, running to Bexley Square, in which is Salford's small, handsome town hall. The architectural features of the street begin at the Education Offices and the fine Salford Roman Catholic Cathedral. Further on, Salford Royal Hospital adds dignity to the appearance, and then the broad north road to Bolton, beginning with a fine crescentic sweep which overlooks a typical Irwell horse-shoe bend and some of Salford's factories, and leads to the handsome buildings of the Technical School, is a worthy highway for any town.

Salford at present provides the cattle market for the two towns and neighbourhood, and if any citizen, informed as to local affairs, should forget the day of the week, he can always get a grip on Tuesday by seeing the raw material for food on its last appearance in its Anglo-Saxon forms of oxen, sheep, pigs, and calves on its way from Salford Market to the extensive Manchester abattoirs, where it is made suitable to appear on the menus of the two towns as beef, mutton, pork, and veal.

The relationship of the two towns, as I said before, is curious: Salford would be very badly off indeed without its big offspring, and the loaves of bread, not crumbs, received from its bountiful table. The Manchester (not Salford) Ship Canal has nearly all its extensive docks in Salford because of the need to use the River Irwell for dock construction. The Manchester Corporation has £6,735,000 invested in the Canal, with members of its corporation forming a majority of the Board of Directors. Salford has no money invested in it, yet its rates benefit from the docks and warehouses to the extent of 7½d. in the pound, whilst Manchester only receives 1 1/10 farthings in the pound. Much the same benefit from rates results from the position of the railways. Yet with all this help Salford rates are 25 per cent. higher in the pound that Manchester's, and most of its valuable rateable ground is occupied. In further negotiations for amalgamation we may have an opportunity of seeing Manchester play the part of a modern commercial Sibyl in its offers to Salford.

Salford makes some amends to Manchester by providing space in a caterpillar loop of the Irwell for the Manchester racecourse, and Manchester's premier amateur Rugby football club has moved into Salford territory for a suitable ground. Salford favours professional Rugby football, whilst Manchester provides two Association teams, and is about to provide another.



SALFORD TOWN HALL.

In the cricket world the Old Trafford ground is unsurpassed anywhere in England for players and 30,000 onlookers. It is taxed to its utmost when the old struggle of the Wars of the Roses is renewed on a fine sunny Bank Holiday, when as many thousands as perished in the old wars and lie under the sod have to be accommodated on the turf within the playing ring for the three days' grim and dogged struggle. Both towns can compete favourably with each other, and with any other town, in the number of dog- and dirt-racing tracks, cinemas, and dance halls.

Manchester provides the two towns with their daily newspapers, including, of course, the *Manchester Guardian*, of world-wide circulation, fame, and good repute. The

local doctors and the press are on very friendly terms in spite of our general professional distaste for personal publicity, which our journalistic friends do not appreciate and would like to see less of. Not even the premier paper, however, understands the difference between the British Medical Association and the General Medical Council, and the editorial thwackings that are administered to chastise the profession as occasions arise are, accordingly, liable to fall on the wrong shoulders. We have only two theatres now instead of four, the Theatre Royal and the Comedy Theatre, which have in their time played many parts in our social life, having recently been turned into picture houses.

Manchester has had a reputation as a great musical centre since a German pianist, Charles Hallé, settled in the town and formed an orchestra in 1858, mainly of principals of his own nationality, and which was supported chiefly by the many German residents of the town. Concerts have been given each succeeding winter by the Hallé band, and under various conductors since Hallé's death. Britishers have been taught the beauties of music by it, so that now they form the great majority of the audiences at the concerts. Hallé conferred a further benefit on the town and neighbourhood by securing the foundation of the Manchester Royal College of Music in 1891. This has had a very successful career, and has trained local students so well that, to take one side only of success, instead of the Hallé Orchestra being recruited from abroad, not only all the principals, but nearly forty members of the band have been educated at the School of Music. Under the present conductorship of Sir Hamilton Harty the Hallé Orchestra, as it is still called in honour of its originator, is a magnificent instrument, envied by all musical centres, and it is a matter for regret that it cannot be got together in July, when most of its members will be leading or conducting in holiday resort orchestras. "Listeners in," however, will have had the pleasure of hearing the orchestra play on several occasions.

Primary education in Manchester and Salford is carried out on similar and efficient lines, with all the modern fine buildings and fresh-air schools and school medical officer developments; but whilst in Salford the medical side of educational care is under the authority of the medical officer of health, in Manchester it is under the control of the Education Committee, which appoints a special medical officer to supervise it, and the Manchester medical officer of health has nothing to do with it.

The Manchester Grammar School, which was founded in 1515, and the Chetham Bluecoat School, founded in 1654, still carry on their good educational work. Secondary education is provided by both towns in the form of ordinary schools, domestic economy, art, and technical schools. Manchester's provision is naturally much more extensive than what Salford requires, and supplies the highest educational facilities in the Victoria University of Manchester, in which is a medical faculty, with hospital tuition provided in the Manchester Royal Infirmary, founded in 1752, which for the moment I will content myself with saying is second to none in the United Kingdom.

In religious matters Manchester has its Bishop and Cathedral of the Established Church; Salford its Bishop and Cathedral of the Roman Catholic faith. The Manchester Cathedral, with an ancient and honourable history as a collegiate church, has some impressive architectural features with very fine woodwork in its stalls. Salford Cathedral is a fine building, and so is the Church of the Holy Name in Manchester, with its handsome, newly completed tower, which will be admired by many visitors in July, 1929, because of its being near the centre of the Association meetings.

The John Rylands Library is one of the treasures of the city. Its priceless contents include 3,000 incunabula, many unique, and the famous St. Christopher print, the earliest known piece of printing in the Western world, with an indisputable date (1423), which is alone sufficient to make any library famous. The casket for such a collection of literary gems is a wonderful specimen of modern Gothic architecture. A fuller account of the library will be given in the *Book of Manchester*.

The British Medical Association Divisions of Manchester and Salford were formed in 1903, on a territorial basis, and contained an approximately equal number of members. They were the North, South, West, and Central Divisions, with the Central containing most of the consulting and specialist members. A need for co-operation soon became apparent, and in January, 1906, it was first proposed to form a standing committee of the four Manchester Divisions. This idea was developed further to include the Salford Division, and in June, 1907, the Joint Committee of the Manchester and Salford Divisions held its first meeting.

After the press of work involved in the inception of the National Health Insurance work was past, the feeling grew that still closer coherence would be useful, and in 1915 the Manchester Divisions amalgamated to form the Manchester Division, the Salford Division deciding to continue its separate existence, as serving a definitely distinct area. At the present time there are 414 members of the Association and 305 non-members in Manchester, and 105 members and 81 non-members in Salford.

Passenger traffic congestion is a great problem in Manchester as in other big towns, but Salford is only troubled by it because its tramcars must come into the busiest street of Manchester, which is already overfull with its own vehicles. The Manchester tramways system is said to be the most efficient and finest in the world, and it can well be so. Its large cars carry seventy to eighty passengers in the "rush" hours, when every vehicle in the sheds is turned out. Large motor buses for local and distant service also enter the town in increasing numbers. The Manchester Committee has adopted a bright scarlet coat for its vehicles, and its trams and buses give a cheerful dash of colour to the streets.

Scotland.

Diet and Disease.

A PUBLIC lecture on diet and disease was given on November 21st by Dr. D. Murray Lyon, professor of therapeutics at Edinburgh, who said that modern research had shown that certain ordinary mixed diets which had long been considered satisfactory might, in fact, be otherwise. It had been found that animals fed on a diet consisting solely of cereals, pulses, and tubers failed to grow as fast or as large as they ought, and were apt to age prematurely. Control animals receiving the same diet with the addition of a little green food were found to grow more rapidly and thrive better. Similarly, in the human dietary celery or spinach added to the food appeared to supply something which was essential for proper development. In these experiments milk might replace the green leaves with similar beneficial results, and it therefore appeared that the addition of green vegetables and milk to the diet of sickly, backward children would be beneficial. Rickets, which was a common scourge of city children in the past, was likely to be abolished altogether, now that the part played by vitamin D was more fully understood, and the adequate supply of this important ingredient might be ensured by adding to the diet fresh milk; butter, and eggs. The same group of substances also contained vitamin A, whose absence was apt to lead to increased susceptibility to infection. With regard to flour, the older methods of milling permitted all the necessary constituents of the grain to pass into the flour, but modern methods had robbed it of certain valuable elements. The resistant outer coat or bran of the grain, being indigestible, acted as roughage, and the wheat germ was rich in vitamins, but both were removed in the modern process of milling. Constipation might often be avoided by the use of wholemeal bread. On the other hand, over-indulgence in food might lead to various passing alimentary troubles, while chronic overeating was of great importance in regard to the production of disease. With advancing years food requirements became less, although the appetite might remain as before. Increasing stoutness lessened the inclination for activity and tended to produce a continually deteriorating habit of body. Everyone deplored the poor state of the nation's teeth, and many remedies had been suggested, but it was probable that better balanced diets during the

Universities and Colleges.

UNIVERSITY OF OXFORD.

AT a congregation held on November 24th the following medical degrees were conferred:

D.M.—R. J. Brocklehurst, H. F. Turney, D. G. T. Kerr Cross.

UNIVERSITY OF CAMBRIDGE.

AT a congregation held on November 24th the following medical degrees were conferred:

M.D.—A. D. Whitelaw.
M.B., B.CHIR.—N. R. Barrett, H. S. Waters, P. R. Buckton.

Mr. A. F. R. Wollaston, M.A., B.Ch., D.S.C., has been re-elected to a Fellowship at King's College, and appointed tutor.

Mr. J. F. Cameron, M.A., has been elected Master of Gonville and Caius College, in succession to the late Sir H. K. Anderson, M.D., F.R.S.

UNIVERSITY OF LONDON.

MR. H. L. EASON has been elected chairman of the Library Committee for 1928-29.

The following degrees have been conferred:

D.Sc. in Anthropology.—Mr. F. G. Parsons, F.R.C.S., University Professor of Anatomy, for thesis: "The Englishman of the Future."
D.Sc. in Physiology.—Mrs. Norah Edkins for thesis: "A Study of Absorption in the Stomach and Small Intestine."

UNIVERSITY OF LEEDS.

DR. H. H. MOLL has been appointed honorary demonstrator in pharmacology and therapeutics.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—J. Freud, W. S. Ghai, W. D. Glynn-Jones, H. C. Johnson, T. K. S. Lyle, A. Weeks.
MEDICINE.—J. Freud, W. D. Glynn Jones, E. C. Gross, M. H. Rashwan, L. Wasef.
FORENSIC MEDICINE.—W. D. Glynn-Jones, D. F. Michael.
MIDWIFERY.—N. Datta, J. D. B. Games, E. C. Gross, A. Liberis, T. K. S. Lyle, A. Weeks.

The diploma of the Society has been granted to Messrs. E. C. Gross, H. C. Johnson, T. K. S. Lyle, M. H. Rashwan, L. Wasef.

Medical News.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that a lecture will be given on Monday, December 3rd, at 5 p.m., by Dr. G. A. Sutherland at the Medical Society of London, 11, Chandos Street, Cavendish Square, W.1, on "Some cardiac problems in childhood." A demonstration on cancer will be given on the following Wednesday by Mr. Herbert Paterson at the Wellcome Museum of Medical Science, 33, Gordon Street, W.C.1, at 4 p.m., and on the same day, at 2.30 p.m., a clinical demonstration in urology will be given by Messrs. Attwater, Coyte, Loughnane, and Levy at All Saints' Hospital. On Thursday, December 6th, at 10 a.m., Dr. Robert Hutchison will give a clinical demonstration at the Hospital for Sick Children. The lecture and demonstrations are free to members of the medical profession. From December 3rd to December 16th there will be a special afternoon course at the Infants Hospital, under the direction of Dr. Eric Pritchard, with visits to other centres. This course is of special value to medical officers of welfare centres—the fee is £3 3s. A special course in dermatology at the Hospital for Diseases of the Skin, Blackfriars, will also begin on December 3rd, ending on December 14th, and consisting of clinical instruction in the out-patient department each afternoon from 2.30 p.m., with two special demonstrations. The complete list of special courses for 1929 is now available, and may be obtained, together with particulars of the general course of instruction which is continuous throughout the year, from the Secretary of the Fellowship, 1, Wimpole Street, W.1. The Fellowship will resume its lectures at the Medical Society of London about the middle of January with a series entitled "Pitfalls in medicine and surgery." It is also proposed to hold a further series of demonstrations at the Wellcome Museum of Medical Science, and weekly clinical demonstrations in medicine and surgery will be given at various hospitals.

A LECTURE on life in the island of Tristan da Cunha will be given in the cinema theatre of the Empire Marketing Board in the Imperial Institute, South Kensington, at 5 p.m., on Thursday, December 6th, by Mrs. Rose A. Rogers, author of *The Lonely Island*. The lecture will be illustrated by lantern slides and films, including that taken of life on the island in connexion with the *Quest* expedition.

A NEW children's wing at the Wimbledon Hospital was opened on November 21st by Princess Arthur of Connaught. The wing includes a medical ward and a surgical ward (each of eight cots), two observation wards, two private wards, a casualty theatre, and other accommodation. New quarters for the domestic staff have also been provided. The cost of the extensions has exceeded £17,000, and only about half this sum has been received. It is hoped that a new *x*-ray and developing room and a laboratory will shortly be added.

MESSRS. EDWARD ARNOLD AND CO. announce for early publication a new edition of Garrod, Batten, and Thursfield's *Diseases of Children*, which has been revised throughout and largely rewritten, under the editorship of Dr. Hugh Thursfield and Dr. Donald Paterson.

THE annual report of Livingstone College for 1927-28 contains an account of the annual meeting in the summer, to which we referred on June 23rd (p. 1096). Sixty-three students entered for various courses held during the year, of whom six took the full course; in addition to these, twenty-seven students attended a short course on the care of health in the tropics. It is stated that the deficit on the year's working is about £50, and an appeal is made for more substantial assistance. The report includes extracts from letters from past students in different parts of the world, emphasizing the value to missionaries of the elementary training in first aid and medical subjects which the College exists to provide.

THE following appointments have recently been made in foreign faculties of medicine: Professor Herzog of Innsbruck has succeeded Professor Marx in the chair of laryngology at Munich, Professor Poetzl of Prague has succeeded Professor Wagner-Jauregg as head of the psychiatric clinic at Vienna; Professor Werner Gerlach, prosector at the General Hospital at Barmbeck, has succeeded Professor R. Beneke in the chair of general pathology and morbid anatomy at Hamburg; Professor Kurt Brand of Giessen has succeeded the late Professor Johannes Gadamer in the chair of pharmaceutical chemistry at Marburg, and Professor Gruber has been succeeded in the chair of pathological anatomy at Innsbruck by his assistant, Dr. Franz Josef Lang.

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 9861, 9862, 9863,* and *9864* (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.

A PAGE-TURNING DEVICE.

"W. N." writes: Do any of your readers know of a mechanical device for turning the leaves of a book? I am writing on behalf of a friend who is paralysed in both upper and lower limbs, so that the only motive power could come from depression of the chin. I should be grateful for any suggestions.

INCOME TAX.

Allowable Expenses.

"R. H." inquires whether there is available for reference a detailed list of allowable expenses as officially approved.

*** We are not aware of any detailed list to which official agreement has been given, and the circumstances of different cases vary between such wide limits that a list sufficiently