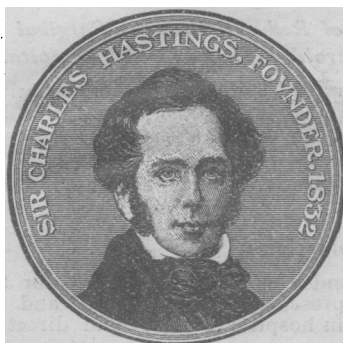


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### KEY TO DATES AND PAGES.

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**SUPPLEMENT**

CONTAINING

CURRENT NOTES ON THE WORK OF THE ASSOCIATION

REPORTS OF CONFERENCES

MEETINGS OF BRANCHES AND DIVISIONS

THE GENERAL MEDICAL COUNCIL

MEDICAL BILLS IN PARLIAMENT

NATIONAL INSURANCE PROCEEDINGS

NAVAL AND MILITARY APPOINTMENTS

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**F. W. W. GRIFFIN, M.D.,**  
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ALBERT RABENBOTT: INFLAMMATION OF THE DIAPHRAGM.

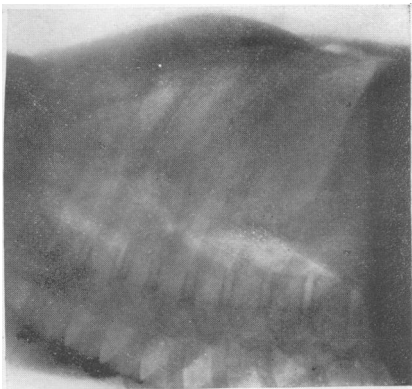


FIG. 1.



FIG. 3.



FIG. 4.



FIG. 7.

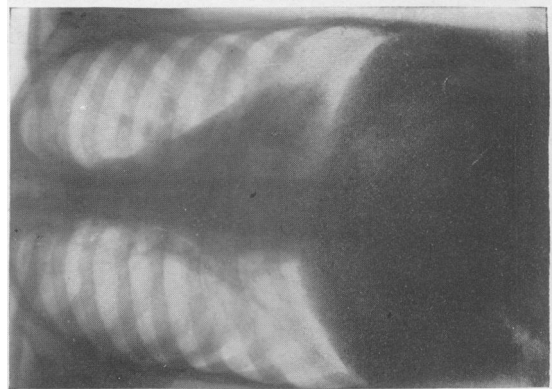


FIG. 5.



FIG. 6.

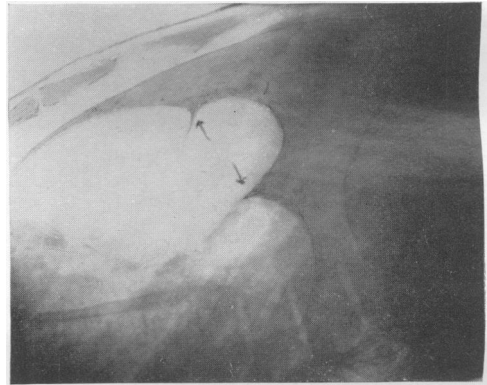


FIG. 6.



FIG. 6.

D. R. E. ROBERTS: RENAL CYST  
CONTAINING CALCULI.

infant with a high temperature and pink oedema of the eyelids of both eyes, who was very ill. There was no injection of the ocular conjunctiva. As both eyes were affected it was difficult to say whether or not proptosis was present. I believed, however, that it would be by the morrow, and that it was an early case of septic cavernous sinus thrombosis, that nothing could be done, but that my rhinologist colleague should be asked if he concurred. He did concur. On the next day I still found no ocular injection to speak of and no definite proptosis, although the lids were more pink and swollen. I realized then that I had made an erroneous diagnosis, being deceived by the binocular affection, which will generally point to a common origin. I asked that my colleague should see the child again. He found an osteomyelitis of the lower rims of both orbits. Incisions were made over the malar bones, and the child recovered. This was not a typical case, however, as it was binocular—surely a rare occurrence. Furthermore, although there was osteomyelitis of the malar bones, the lesion was anterior to the attachment of the orbital fascia; therefore, though oedema of the lids was present, there was no orbital cellulitis.

I have since seen three cases of orbital cellulitis (monocular) caused by osteomyelitis of the orbit, and not, apparently, associated with or due to sinus infection. I am sure that these cases are metastatic. They have not been coincidental with a similar lesion in the long bones and epiphyses, although they are without doubt analogous. The child becomes very ill indeed, with a high and septic temperature. Pink oedema of the lids and definite proptosis are early signs. The eye is pushed forward without being pushed outwards. Presumably the eye might be pushed to some extent away from the side of origin of the infection, wherever it might be; but, in the early stages at any rate, when the proptosis is merely due to oedema and not to formation of pus, there is no lateral displacement. This is in contradistinction to those of nasal origin. In the last three cases I have seen, the point of maximal swelling and tenseness of tissues has been at the lower outer side of the orbit. Possibly a trauma may have been the exciting cause.

In the first case I was not called in for several days, as a tentative diagnosis of a nasal origin had been made, and the rhinologist had explored the sinuses with an indecisive result and with no improvement in the patient. I found the outer lower orbital margin tense and swollen, and incised it here, getting pus freely. The boy had a high temperature for many weeks, and was very ill. Although there was free evacuation of pus, the orbital oedema and proptosis persisted, and in spite of all efforts the cornea sloughed, and the eye had to be eviscerated. Subsequently he developed a mild osteomyelitis of the facial surface of the malar bone.

The next case was that of an infant, seen in private, with proptosis and similar symptoms. I temporized for a day, and then opened the orbit at the outer angle, evacuating pus. Again the orbital oedema was so great and persistent that the cornea sloughed, and the eye had to be eviscerated, though the child recovered. Sequestra formed for a long time.

The third case was that of a boy of 5, with the same symptoms of high temperature, severe illness, inflammatory central proptosis, and the chief swelling at the lower outer orbital margin. He had been ill two or three days. This time, profiting by my experience, I opened the orbit within half an hour of seeing him, and passed a sinus forceps through the orbital fascia down to the bony floor and rim. No pus was seen, but on the next day it appeared alongside the tube which had been left in. The wound was kept open, the proptosis went steadily down, and the eye was never in danger. He had a septic temperature for several weeks, and had some meningeal symptoms, which, however, subsided on lumbar puncture. *Staphylococcus aureus* was found in the blood and urine, so that there was evidently a very generalized infection. Later he had an attack of osteomyelitis of the tibia.

To recapitulate: apart from cases of orbital cellulitis due to facial infection, in which the orbital condition is only an incident in a fatal septicaemia, there are two main causes. The first, and the most common, is nasal sinus infection, with outward displacement of the proptosed eye and not very severe general illness. Here the rhinologist can give most help; and if he is called in early incision into the orbit will probably be avoided. The second is metastatic osteomyelitis or periostitis of the orbital walls, with

severe illness and temperature and central proptosis. The lesson I have learned from these latter cases is that early incision (as in the analogous disease of the long bones and epiphyses) is essential if the eye is to be saved. When once the orbital tissues are thoroughly infiltrated and oedematous it seems to be difficult or impossible to bring about resolution before the cornea has sloughed, owing to interference with its circulation as well as to exposure. Our aim should be to prevent this phlegmonous condition by prompt incision down to the bones involved. Hence the importance of early and accurate diagnosis. In every case of a pink and swollen eyelid the general practitioner should realize the significance of proptosis, if this exists. In its absence he may temporize; in its presence he should act with decision. No case of inflammatory exophthalmos should be regarded lightly.

Although I have dwelt in more detail on the signs and symptoms of the type of orbital cellulitis due to bone infection by the blood stream, that is not because it is the commonest, but because it is the gravest, and demands the most promptitude in its treatment. According to Roemer, more than 60 per cent. of cases are due to nasal sinus infection. He is referring to adults, and I think that this applies much more so to children, owing to the thinness of the orbital walls. In my own practice orbital cellulitis in adults is exceedingly rare, whereas in children it is at least not uncommon.

My aim in this short paper is twofold: (1) to emphasize the importance of proptosis when associated with inflammation; (2) to attempt to make clear the difference in signs and symptoms of the two main types of orbital cellulitis, and the difference in outlook and treatment which each demands.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### RENAL CYST CONTAINING CALCULI.

(With Special Plate.)

THE following particulars of a renal case upon which I recently operated will, I think, be of general interest.

A man, aged 62, had always had good health until seven years ago, when he noticed a swelling in his left lower abdomen. He consulted a surgeon, who, after examination, advised an operation. After the operation he was told that there had apparently been a cystic condition of his left kidney, the wall of which had been removed, and a drain put down into the cavity. He made a good recovery, and had no trouble until three years ago, when the swelling returned; on this occasion his doctor aspirated and drew off a large quantity of fluid.

A few months ago he came into my hands, and I found a large mass occupying a considerable proportion of the left hypochondriac and lumbar regions of the abdomen. It was dull on percussion, and its range of movement was practically nil. X-ray examination showed a "corn-cob"-like mass of calculi (see plate).

A cystoscopy having been performed, and a pyelogram taken, the efficiency of the right kidney was proved good. No solution could be made to travel more than an inch up the left ureter, but on the right side there was a normally placed organ. It was then decided to explore him.

**Operation.**—The old scar on the anterior abdominal wall was removed, and the abdomen was opened as carefully as possible. The sac of the cyst was, however, so adherent to the abdominal wall that it was at first punctured, and a dark grumous-looking fluid escaped. This being controlled, the cyst was slowly separated from adhesions with which it was completely surrounded. This was no easy matter, since it was necessary to avoid as much as possible damaging the numerous vessels of the mesentery which ran across it. Ultimately, however, the whole cyst was shelled out. With the exception of the descending colon, bowel was never seen throughout the whole operation; we had been apparently working in a retroperitoneal position from the first, the slowly enlarging kidney having pushed everything aside in its advance anteriorly. The cavity was drained and the aperture in the mesentery closed. The patient made an uninterrupted recovery.

**Pathology.**—On the sac being freely opened more than two pints of grumous fluid escaped. The sac was directly continuous with an enormously dilated kidney pelvis; this in turn expanded into wide, deep calyces. The kidney pelvis and calyces contained hundreds

of bright, smooth, copper-coloured calculi, which on examination proved to be composed of pure triple calcium phosphate. The kidney substance itself was practically non-existent, being stretched in a thin layer round the surface at the back of the sac. The left ureter was tightly stretched over the wall of the sac; there were no stones in it.

I am indebted to my colleagues on the honorary surgical staff of the General Hospital, Darlington—Mr. Pridham for an excellent pyelogram, and Mr. Pearson for assisting at the operation.

DAVID R. E. ROBERTS, M.B., M.Ch.,  
Honorary Assistant Surgeon, Darlington  
General Hospital.

### TRAUMATIC RUPTURE OF THE SPLEEN.

A CASE of traumatic rupture of the spleen in a girl aged 9 is perhaps sufficiently unusual to be of general interest, particularly since the patient eventually recovered after delayed splenectomy.

The patient, while crossing a railway line, fell on a rail, hitting her abdomen with such force that she was unable to move. She was lifted up and carried home, where she was seen by Dr. Daniel, who sent her into hospital with the provisional diagnosis of a ruptured viscus. She vomited immediately on admission, and three times subsequently, but there was no blood in the vomit, nor was there any haematuria. The bowels were moved, the motion being free from blood. Peristalsis was heard all over the abdomen. The child complained of colicky pain, but could not localize it. The abdomen moved freely, and there was no rigidity; the hepatic and splenic areas were examined, but no evidence of rupture could be found, nor was there any sign of a collection of fluid in the abdomen. The pulse was below 100, and the temperature was normal. She was kept under observation for two days, when a temperature of 100° developed, and she complained of pain and tenderness on pressure over the appendix area.

The abdomen was opened through the right rectus. Free blood was found in the peritoneal cavity, especially in the left hypochondriac region; this was swabbed out, and a ruptured spleen became evident. The pedicle was clamped and the spleen excised. Recovery was uneventful, except that two weeks after the operation the patient developed scarlet fever.

A blood count, seven days after the operation, was as follows: red cells 4,200,000 per c.mm.; white cells 9,700; haemoglobin 75 per cent.; colour index 0.9. The differential count was: polymorphonuclear neutrophil leucocytes 52 per cent., eosinophil cells 1 per cent., basophil cells 0.5 per cent., lymphocytes 43 per cent., and large lymphocytes 3.5 per cent. There was no anisocytosis nor poikilocytosis.

The girl is now in good health.

J. LIVINGSTON, M.D., F.R.C.S.ED.,  
Barrow-in-Furness. Honorary Surgeon, North Lonsdale Hospital.

## Reports of Societies.

### CARBON MONOXIDE POISONING.

At a meeting of the Medico-Legal Society on June 26th, Lord RIDDELL presiding, a lecture was delivered by Professor J. S. HALDANE, F.R.S., on carbon monoxide poisoning.

Professor Haldane began by remarking that it had been known for a century that CO was a dangerous poison, and that its special danger arose from the fact that it had practically no odour or warning irritant action on the air passages. The first sign of any direct physiological effects of CO was observed when the haemoglobin was about 20 per cent. saturated. This sign was increased shortness of breath on any considerable exertion. When the saturation increased to 30 per cent. there was a slight increase in the pulse rate and the breathing during rest, and such action as running upstairs was followed rapidly by distinct faintness. With higher saturations these symptoms became more and more marked, and with 55 per cent. saturation even a very slight exertion, such as getting up from a chair, might precipitate a fainting attack. Mental deterioration of various kinds was evident in the subject to other observers, though not to the subject himself. If the saturation lasted any considerable time and was fairly high it was followed by headache. In some persons headache

occurred with 20 or 25 per cent. saturation. Professor Haldane proceeded to relate observations which he had made on himself in a steel chamber, and which, he said, were limited in certain respects because they could not be pushed quite up to the point of loss of consciousness. When a saturation of 30 or 40 per cent. was reached certain mental symptoms began to appear, and became more and more prominent with increasing volume. One of these symptoms was impaired memory for the most recent happenings. One could, for example, count the pulse, but one would immediately forget at what point the counting began. The pressure in the chamber where the experiments were carried out corresponded to that found at 25,000 feet above sea-level, and he and his companion (a Mount Everest explorer) were unacclimatized. Of one hour of this experiment he had not the slightest memory afterwards, although, according to his companion, who was less affected than himself, he was talking all the time and answering questions. Until the pressure was increased his companion thought that he (Professor Haldane) was not suffering to any degree, but at length he noticed him take up a mirror to look at the colour of his lips and found that he was looking, without being aware of it, at the back of the mirror. Loss of memory by itself made the conduct of men suffering from carbon monoxide poisoning quite irresponsible. He had known it take as many as six men to keep back a miner from returning to his work on an underground fire where he had fallen unconscious just previously through CO poisoning. In the steel chamber experiment his companion told him afterwards that during the period of his own loss of memory he (Professor Haldane) continually asked him to keep the pressure at 320 mm.; although, had he been fully conscious, and realized that he was getting worse, he would not have wished to prolong the experiment. The blanks of memory were often filled in with purely imaginary events. Along with failure of memory went failure of co-ordination of movement. The gait became like that of a drunken man; the handwriting (of which he showed examples) became progressively irregular. Sensory perception of every kind seemed to be dull. Thus, it frequently happened that miners, who were by no means unconscious, received bad burns from lamps which they were carrying, but felt no pain from the burns. He had noticed himself that he tried to grasp at objects which were some distance away under the impression that they were within his reach. When normal conditions were restored everything seemed to get brighter and more distinct, sounds louder and clearer. The deterioration took different forms in different persons. Some people simply became more and more torpid, others became hilarious, and some became extremely ill-mannered, quarrelsome, and dangerous. But whatever the state of the person, he remained quite confident in his own judgement, just as did a drunken man. It was very easy to mistake the effects of carbon monoxide poisoning for those of drunkenness.

In persons who had died from carbon monoxide poisoning the haemoglobin was about 80 per cent. saturated. He had, however, met with one or two cases of death which must, from the circumstances, have been due to carbon monoxide poisoning, but in which no CO could be found in the body. The victim had evidently been gassed so badly that he died from the after-effects some hours later, having been freed in the meantime from the CO by ventilation. If there were 1 per cent. of CO in the air breathed, 50 per cent. saturation would be reached in fifteen minutes, and 80 per cent., causing death, in twenty-three minutes. If, however, the victim were exerting himself while absorbing the first part of the CO, he might be breathing four or five times as much, and reach the 50 per cent. saturation within five minutes. The recognition of CO after death presented usually no difficulty. The only condition with which it was liable to be confused was poisoning by nitrite. The red colour seen after death in the lips and parts of the skin was very characteristic of CO poisoning. The colour of the blood and organs when the body was opened was very definite. If death had been rapid, it would be found that the blood taken from the spleen was much less highly saturated than elsewhere, and in case of very rapid death the saturation on the right side of the heart would not be very high.

## Universities and Colleges.

## UNIVERSITY OF OXFORD.

At the Encaenia held on June 25th the honorary degree of D.Sc. was conferred on Sir Arthur Keith, M.D., F.R.S., Conservator of the Museum of the Royal College of Surgeons of England.

At a congregation held on June 26th the degree of B.M. was conferred on G. Campbell.

## Osler Memorial Medal.

The Osler Memorial Medal for 1930 has been awarded to Sir Wilmot P. Herringham, K.C.M.G., C.B., D.M., F.R.C.P. This bronze medal is awarded every five years to the Oxford medical graduate who has, in the opinion of the Board of Awarders, made the most valuable contribution to the science, art, or literature of medicine, and who has not previously received the medal.

The Theodore Williams Scholarship for 1930 has been awarded to Mr. H. N. Davis (University).

## UNIVERSITY OF CAMBRIDGE.

THE Master and Fellows of Corpus Christi College have awarded the Copeman Medal for research in medical and biological sciences to Dr. R. Hiltou, assistant physician, St. Bartholomew's Hospital. This is the first award of the medal presented by Dr. S. Monckton Copeman, F.R.S., formerly a scholar of the college. It was designed by Mr. T. H. Paget and struck by the Royal Mint.

The following candidates have been approved at the examinations indicated:

M.CHIR.—A. Simpson-Smith, C. I. Tuckett.

THIRD M.B., B.CHIR. (*Part I. Surgery, Midwifery, and Gynaecology*).—N. W. Alexander, H. B. Bagshaw, W. I. Bain, C. O. Barnes, J. H. Bellby, A. T. Blair, O. H. Bostock, H. G. H. Butcher, G. F. Carey, H. M. Chappel, W. F. Church, J. H. Conyers, O. J. C. Cotton, R. M. S. Cross, C. A. de Candole, R. M. Dowdeswell, W. S. Dyson, R. H. Fish, E. D. Forster, H. S. H. Gilmer, C. E. D. H. Goodhart, S. E. F. Gooding, A. H. Gurney, G. Hale, J. H. Hall, C. J. K. Hamilton, F. R. T. Hancock, J. O. Harrison, W. Heath, T. C. Jameson Evans, H. D. B. Kelly, R. O. Lee, J. D. McVean, H. Mallinson, P. E. Pilkington, V. H. Riddell, N. H. L. Ridley, H. E. W. Robertson, M. H. Salaman, J. G. Sleish, D. J. R. Steen, E. S. Stern, H. C. Stewart, J. W. P. Thompson, A. W. Valsey, G. W. Whitall, T. D. G. Wilson, E. G. Wood-Smith, R. H. Young. *Women*: E. M. P. Smith, M. Sutcliffe. (*Part II. Principles and Practice of Physic, Pathology, and Pharmacology*).—A. F. Alsop, G. O. Barber, J. H. Bentley, R. M. Bolam, F. G. Booker, W. V. Bowman, W. V. Boyle, O. J. C. Cotton, A. C. Crooke, H. Curtis, J. S. S. Fairley, R. H. Fish, W. R. Forrester Wood, I. J. Franklin Evans, G. N. Grose, A. S. Hall, P. E. T. Hancock, H. L. Hoffman, F. W. Holdsworth, L. E. Houghton, E. H. Hudson, M. M. St. G. Johnstone, M. Koettlitz, R. O. Lee, P. G. Levick, A. Lister, D. G. Macdonald, S. McDonald, W. M. Macgregor, F. G. Meitland, R. W. Mallin, C. E. P. Markby, H. L. Miles, I. B. Morris, L. C. Nicholson, V. P. Paxon, J. O. Poynton, C. B. Prowse, W. Radcliffe, T. G. Reah, J. Richardson, H. W. Sadler, J. D. Simpson, G. H. G. Southwell-Sander, R. S. Stacey, E. C. Sugden, C. P. K. Toland, J. C. G. Whitelaw, F. S. Winton. *Woman*: C. H. England.

## UNIVERSITY OF LONDON.

## KING'S COLLEGE.

Dr. J. H. MOYNIHAN has been appointed honorary demonstrator in anatomy.

## ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.

H.R.H. the Duke of Connaught presented the prizes to the successful students of St. Thomas's Hospital Medical School on June 26th. In the course of his remarks he recalled the fact that he was present at the laying of the foundation stone, and at the opening of the hospital, of which he was president. He mentioned that £570,000 was now needed for a new school and new out-patient and special department. Professor L. S. Dudgeon, dean of the school, reported that the number of students had never been at a higher level; it was anticipated that the figure might be exceeded next year. The examination records were very satisfactory, as St. Thomas's men showed a percentage of passes well above the average.

## UNIVERSITY OF DURHAM.

On June 26th the honorary degree of D.C.L. was conferred upon Lieut.-General Harold B. Fawcus, C.B., C.M.G., D.S.O., Director-General Army Medical Services.

## UNIVERSITY OF MANCHESTER.

THE following appointments are announced: Lecturer in Experimental Physiology, Walker Schlapp, M.B., Ch.B., Ph.D.; Assistant Lecturer in Anatomy, J. M. Yoffey, M.Sc., M.D.; Demonstrators in Anatomy, F. N. Marshall, M.B., Ch.B., D. Sheehan, M.B., Ch.B.; Demonstrator in Human Physiology, L. B. Winter, M.D.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A HUNTERIAN Lecture on "Hydatid disease—some interesting complications," illustrated by lantern slides, will be delivered in the theatre of the College, Lincoln's Inn Fields, W.C., by Professor Harold R. Dew on Thursday, July 10th, at 2.45 p.m.

## Medical News.

THE Queen has addressed a message of congratulation and goodwill to the National Baby Week Council on the occasion of the fourteenth National Baby Week, which began on Tuesday, July 1st.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that from July 21st to August 3rd an afternoon course in infants' diseases, with special reference to dietetics and nutritional disorders, will be given at the Infants Hospital under the direction of Dr. Eric Pritchard. The sessions will last from 2 to 5 o'clock, and will consist of demonstrations in the out-patients' department, round-table consultations, etc.; visits will be paid to the Nursery Training School, the V.D. centre at Thavies Inn, and the United Dairies' pasteurizing plant at Willesden; fee for the course 3 guineas. As August is generally regarded as a vacation month it is not possible for the Fellowship to arrange for many special courses; but there will be a course lasting one week at the Brompton Hospital from August 11th to 16th, when instruction will be given throughout the day from 10 a.m.; and an afternoon and evening course in genito-urinary diseases at All Saints' Hospital, Vauxhall Bridge Road, S.W., from August 5th to 30th. This course will consist of demonstrations on cases, cystoscopies, etc.; fee £2 12s. 6d. For those not desirous of following a special course, the Fellowship provides a general course admitting to the clinical practice of its associated hospitals. A programme setting out the clinics under subject headings is provided, leaving the holder of the comprehensive ticket free to make out his own time-table. The course can be begun on any day of any week. Graduates should write to the Fellowship of Medicine, 1, Wimpole Street, W.1, for all syllabuses and tickets of admission.

THE nineteenth annual meeting of the British Waterworks Association will be held in Liverpool from July 9th to 11th inclusive. Among the papers to be read is one by Professor J. M. Beattie, bacteriologist to the City and Port of Liverpool, on the value of regular systematic examination of water, with special reference to the interpretation of results.

MR. HENRY TONKS, F.R.C.S., has just retired from the Slade Professorship of Fine Art in the University of London, which he had held since 1917. His inspiring work as a teacher at the Slade School during the past forty years, and his own accomplishment as an artist in various mediums, formed the subject of a valedictory leading article in the *Times* of June 25th.

THE results of an investigation into the reflection from road surfaces have been published by the Department of Scientific and Industrial Research. The object of the inquiry was to obtain more precise data in regard to the efficacy of present systems of street lighting, which generally assume that the brightness of a road surface is approximately proportional to its illumination. Recent studies of the subject, particularly in America, have indicated that uniformity of illumination of a road surface does not imply a uniform brightness—a factor involving the consideration of angles of light incidence and of different lines of view. Thus the driver of a vehicle is chiefly concerned with the appearance of a street a considerable distance ahead. The present investigation consisted of a systematic series of measurements of the reflection factors of four different kinds of road surfaces in common use in this country. In some instances, where the incidence of the light was very oblique, the brightness was found to be several hundred times as great as that based on the assumption of perfect diffusion. Some practical applications of the theory are given in the report, which is illustrated by graphs and diagrams. Copies are obtainable at H.M. Stationery Office, price 6d.

AT a meeting of the Paddington Medical Society to be held at 3 p.m. on July 8th, at the Great Western Hotel, Paddington, Dr. G. E. Oates will deliver an address on public health topics of general interest. A resolution for the appointment of a section in connexion with the National Health Insurance Acts will be considered and reports will be received from representatives on other bodies. Membership of the society is open to all medical practitioners residing or practising in the Metropolitan borough of Paddington. Particulars may be obtained from the honorary secretary, Dr. J. Cohen, 23, Westbourne Park Road, W.2.

MESSRS. GEORGE ALLEN AND UNWIN, Ltd., have taken over the agency, for Great Britain, Northern Ireland, and the Crown Colonies, of League of Nations publications, hitherto held by Messrs. Constable and Co. Messrs. Allen and Unwin will conduct all League of Nations business from 38, Great Ormond Street, W.C.1 (Museum 1439), and not from 40, Museum Street. The London office of the League of Nations, for all purposes except the sale of publications, remains at 16, Northumberland Avenue, W.C.2.



THE tenth Belgian Congress of Neurology and Psychiatry will be held at Liège, under the presidency of MM. R. Titeca and B. Dujardin, from July 28th to 30th, when the following subjects, among others, will be discussed: Angioneurosis, by MM. Rivry and Moreau; and congenital disturbances of speech, by M. Ley. Further information can be obtained from the general secretary, M. Alphonse Leroy, 18, Rue Beckmann, Liège.

THE sixth Congress of the German Society for the Study of Accidents, Insurance, and Welfare Medicine will be held at Breslau on September 26th and 27th, under the presidency of Dr. P. Jottkowitz. The principal subject for discussion will be trauma and the vertebral column.

THE fourth International Congress for Individual Psychology will be held in Berlin from September 25th to 28th, and will open with an address by Dr. Alfred Adler.

THE Italian Congress of Internal Medicine will be held at Rome in the first fortnight of October, when the following subjects will be discussed: acute pulmonary oedema, introduced by Professor Cesare Frugoni; differential diagnosis between visceral neuroses and organic disease, introduced by Professor Nicolas Pende; diagnosis and treatment of haematuria, in conjunction with the Italian Society of Surgery, introduced by Professor Ferrara and Professor Gino Lasio; military service and constitutional biological and pathological factors, introduced by Major Cassinis.

DURING the first five months of this year there were 132 cases of trichinosis in California, as compared with only 33 in the whole of 1929. Four of the 132 cases were traced to the consumption of smoked bear's flesh.

## 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, Aitology Westcent, London.

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

MEDICAL SECRETARY, Mediscera 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, Drumshugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

## QUERIES AND ANSWERS.

### TINNITUS AURITUM.

"J. T." wishes to know the cause of singing in the ear at night with some deafness, but no pain, after driving with the window open in a saloon car. What is the best treatment for this complaint?

\* \* The following simple suggestions may be made: (1) examine meatus and membrana tympani; (2) inflate Eustachian tube with catheter; (3) close window of car.

### INCOME TAX.

#### Exemption of Residents Abroad.

"T. S." inquires whether income tax ceases to be chargeable on the income of persons leaving this country and residing abroad—for example, in the Channel Islands—if the income is from British Government stock; if so, how the exemption is obtained, and from what date it can be claimed.

\* \* The general rule is that persons who have no residence in this country are liable in respect of income arising in the United Kingdom, but not in respect of other income. Certain Government stocks, however—for example, the 5 per cent. War Loan—were issued with the undertaking that income tax would not be charged on interest thereon where the beneficial owner was resident abroad. If, therefore, "T. S." terminates his

residential connexion with this country—prolonged annual visits might be regarded as keeping that connexion in being—and invests his capital in foreign investments or British 5 per cent. War Loan, he will not be liable to British income tax thereon. If the War Loan stock is held in registered or inscribed form, the interest will be paid in full; if it is in the form of bearer bonds, tax will presumably be deducted and he will have to claim repayment through the authorities at Somerset House. The title to exemption will operate as from April 5th following the termination of his residential connexion with this country.

## LETTERS, NOTES, ETC.

### THE "COIN-CATCHER": A CORRECTION.

SIR JAMES DUNDAS-GRANT writes: My attitude with regard to the "coin-catcher" and endoscopic extraction is incorrectly represented in the report of the proceedings of the Laryngological Section of the Royal Society of Medicine in the *Journal* of June 28th (p. 1175). My remarks were mainly occupied with the advocacy of the employment of Killian's (or Brüning's) special small laryngoscope for children, with which I have removed a coin from a child's oesophagus when the ordinary-sized instrument had, in the hands of an experienced examiner, failed to expose it.

### MEDICAL RELICS OF POLAR ACHIEVEMENTS.

THE makers of history in Polar exploration have been men of various nationalities—English, Scottish, Irish, Australian, Canadian, American, Norwegian, Italian—but they have all relied on British medical equipments. Those who visit the Polar Exhibition which is being held at the Central Hall, Westminster, from July 2nd to 15th, will find an interesting exhibit of the medicine cases of many Arctic and Antarctic explorers. Among these is the medical belt of Fridtjof Nansen, who attempted to drift across the North Pole Basin during 1893-96. What remains of the actual equipment of Jackson, the leader of the Jackson-Harmsworth expedition in 1896, sent to rescue Nansen, is also shown. Amundsen's case, too, is on display, together with, among others, those of Scott, Shackleton, Wilkins, Mawson, Peary, the Scottish National Antarctic Expedition (Bruce), the Canadian Arctic Expedition (Stefansson). All these exhibits are the original "Tabloid" medical equipments supplied by Burroughs Wellcome and Co.

### A SCHOOLBOYS' CAMP ON THE BROADS.

DR. H. J. STARLING (Norwich) writes: As it seems to have escaped the attention of public school boys' parents residing in the North, may I ask the hospitality of your columns to explain that the Broads Cruising Association has for the last six years been running a fortnight's camp for public school boys on the Norfolk Broads at Thurne, near Acle. This is a training camp which is run to give its cadet members a preliminary training in boat sailing, knotting, and splicing. The number of the cadets is limited to 35 at one camp, and, together with officers and instructors, a ship's company of about 45 all told can be housed in twelve bell tents and a large marquee, which serves as a mess. Eton, Winchester, Wellington, Gresham, Oundle, St. Paul's, and Epsom, to mention a few schools, have been represented in the past years. The camp is run on naval lines. The hands, as they are termed, are allotted to divisions, and there is keen rivalry between the boats' crews for pride of place. A cadet regatta will be held on August 21st, and many well-known Norfolk racing yachts will be brought along to compete, when ten will be provided in the marquee for relatives and friends. An assistant quartermaster, cook, and mate are engaged to do all the domestic work, so that all the available time may be spent afloat. This year we shall be fortunate in having two medical men on the staff, one of whom will always accompany the fleet. To those parents and boys who may be interested in this scheme, the honorary secretary, Lieut.-Colonel F. M. Thrupp, "Sunny Bank," Oxted, Surrey, will be pleased to supply particulars on receipt of a post card.

### NOISE IN HARLEY STREET.

DR. HORACE HILL writes: Could I be allowed to register a protest against the hideous noise at the north end of Harley Street, and ask if anything could be done in the matter? Apart from the impossibility of using any sort of instrument or telephone, the constant din is most bewickling and quite inhibits any concentration.

### "ANNALS OF MEDICAL HISTORY."

WE are informed by Messrs. Baillière, Tindall and Cox that the price of a volume of six numbers of the *Annals of Medical History* has been advanced to 50s., instead of 42s., as stated in our review on June 28th (p. 1181).

### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 38, 40, 41, 42, 43, 44, 45, 46, and 49 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 46 and 47.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 7.