

there were six errors (30 per cent.), all in the pregnant group. The period of pregnancy in the cases investigated was from six to fourteen weeks, a period during which the test is most useful. There were two cases of hydatidiform mole, and each gave a positive result. The technique adopted in the remaining thirty-three cases was as follows. Virgin rabbits, aged 12 to 20 weeks, were used, and two injections of 6 c.cm. were given intravenously for two days. Forty-eight hours after the first



FIG. 1.—Ovary of 12-weeks-old rabbit, which had been injected with urine from a non-pregnant woman. ($\times 1\frac{1}{2}$.)



FIG. 2.—Ovary of 12-weeks-old rabbit, which had been injected with urine from a pregnant woman. Note projecting corpora hemorrhagica. ($\times 1\frac{1}{2}$.)

injection the ovaries were inspected. Of the thirty-three cases twenty-eight were pregnant and five not pregnant, and in all cases the diagnosis was correct.

COMMENTARY

In the first series of twenty cases there was an error of 30 per cent. The failure in this series is, I believe, due to the fact that the rabbits were too young, as Snyder and Wislochi¹⁰ have shown that ovulation cannot be produced, even with concentrated urine, in rabbits aged less than 12 weeks. The rabbits used in this series were aged 10 to 12 weeks. In the second series the results are as good as those of the Zondek-Aschheim test.

An advantage of this test is the fact that rabbits are used; these animals are readily obtained, while the five female mice, of specific age and weight, required for the Zondek-Aschheim test are not always available. Provided that the rabbit is not less than 12 weeks old, the age and weight are of no consequence. It is essential to be certain that ovulation has not taken place recently before the test is done, and that the rabbits are not pregnant. To ensure this, rabbits should be kept isolated for twenty days. It is also recommended that each rabbit should be isolated to avoid the possibility of pseudo-ovulation. Mortality among the rabbits has been a negligible factor. Morning specimens of urine were examined. Sterile precautions in injection of urine are not necessary.

CONCLUSION

The test is simple, rapid, and as reliable as the Zondek-Aschheim test.

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Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

PRIMARY LARYNGEAL DIPHTHERIA

Respiratory obstruction in a child may not be considered to be diphtheria in the absence of a membrane on the pharynx, and this may lead to the mere performance of a tracheotomy without the administration of diphtheria antitoxin. On one occasion I saw a child *in extremis* with respiratory obstruction on whom no diagnosis had been made, but on which a tracheotomy had been performed. The child died, and I have always wondered whether that child had laryngeal diphtheria. I think the following case is worth reporting, because I was able to see a membrane on the vocal cord on making a direct laryngeal examination, though no sign of a membrane was present in the pharynx.

An infant, aged 5½, was admitted to the hospital at 7 p.m. because of difficult respiration. The pharynx was normal in appearance. The house-surgeon considered that a tracheotomy was not then necessary, but informed me of the child's admission. At 10 p.m. I saw the child. At 9.45 a catheter had been inserted into the nostril and oxygen was administered continuously; epigastric dipping and retraction of the intercostal spaces were present; the child was cyanosed and restless.

I injected novocain and made an incision. The haemorrhage was profuse, the child's pupils dilated fully, and breathing ceased. So I plunged the knife into the trachea and inserted a Jackson's tracheotomy tube. The child would not breathe and the pupils were still dilated, so I placed the tube from the CO₂ cylinder in the tracheotomy tube and did artificial respiration. After some minutes breathing began. I then passed a Flagg's laryngoscope, and found the centre of the right vocal cord covered with a white membrane; the house-surgeon (Dr. E. D. F. Forster) injected 26,000 units of anti-diphtheria serum, and transferred the child to the fever hospital.

In the fever hospital the medical officer of health for Darlington, Dr. G. A. Dawson, took charge of the child on the morning of July 12th, and he kindly sent me the following report:

On examination the temperature was 99.6°, pulse 142, tonsils much enlarged and injected, no membrane or deposit visible. At 4 p.m. on July 12th he was highly excited through respiratory distress; the tube was withdrawn, and a small piece of diphtheria membrane the size of a sixpence was removed by forceps, and 40,000 units of anti-diphtheritic serum was given intravenously. . . . On July 14th at 7 a.m., after a fit of coughing, cyanosis became very marked, due to tracheal obstruction. Dr. Dawson was summoned, and removed the tube and introduced dilators moistened with a solution of 15 per cent. sodium carbonate. A tough membranous tracheal cast 3½ in. long by 1/2 in. wide was removed by the use of forceps, giving immediate relief. The child made an uninterrupted recovery, and was discharged from hospital on August 20th. Dr. Dawson adds a note saying, "Every case of laryngeal obstruction of catarrhal origin should, in my opinion, be looked upon and treated as diphtheria, by the early intravenous administration of large doses of anti-diphtheritic serum."

Had the true nature of the condition been recognized antitoxin would have been given before the child was admitted to hospital, but, as it was, the condition was not recognized until three hours after admission. In tracheo-bronchial diphtheria the best treatment is a low tracheotomy, with repeated aspiration through a catheter attached to a suction machine such as all laryngologists now have. Such a machine should be kept in the patient's room, and should be used by the nurse. Bronchoscopy via the tracheal wound can easily be performed if necessary.

After doing a tracheotomy it is unwise to flood the lungs with oxygen or with air, and so the small hand CO₂ cylinder, as now used by all anaesthetists, ought to be always present, and immediately on opening the trachea CO₂ ought to be administered. Thus modern methods of endoscopy constitute a scientific diagnostic approach ; but, in the absence of endoscopy, it is safe to treat a case of acute respiratory obstruction due to an unknown cause as diphtheria, and so administer the antitoxin early.

W. S. THACKER NEVILLE, M.D.Dub.,
F.R.C.S.Ed.

Harrogate.

AN UNUSUAL METHOD OF REMOVING A FOREIGN BODY

On August 4th a man aged 46 was referred to me by his doctor with the following history. His wife died some years ago, and recently he had been much disturbed by nocturnal emissions. In an effort to restrain testicular activity he had, on July 30th, pulled his scrotum and testes through a case-hardened steel ring, which he could neither slide off nor cut through. Before seeking medical advice he had tried to divide it with a hammer and cold-chisel, but had been unable to make any impression on the metal. On examination, the base of the scrotum was found to be constricted by a metal ring of an internal diameter of 1.15 inches ; its external diameter was 1.9 inches, and its depth 0.7 inch. The ring fitted sufficiently loosely to allow it to be turned, and a probe could be passed beneath it. The skin had been abraded by its sharp edges, and the whole scrotum was oedematous.

The man was admitted to hospital, and cold compresses were applied in an effort to reduce the oedema and permit of the withdrawal of the ring. As this manœuvre did not appear likely to succeed, preparations were made to cut through the hardened steel. The hospital engineer was called in and advised that the only thing likely to succeed was a carborundum wheel driven by an electric motor. He procured the apparatus and asked me to make arrangements for protecting the scrotum from the heat by drawing a strip of sheet asbestos through between the ring and the skin and by playing a constant stream of water over the surface that was being cut. He also warned me that the apparatus, when working, produced a stream of sparks which would necessitate protection both for the patient and for the operator's eyes.

The patient was anaesthetized and a further effort was made to squeeze the oedematous fluid from the scrotum and to slide off the ring. My efforts to do this having failed, I asked the engineer to take charge, another surgeon and myself assisting him. The sheet asbestos was duly introduced, the ring was firmly grasped in a screw wrench, and mackintoshes were arranged to catch the sparks. A stream of water was played over the line of section, and the instrument was brought into play. The heat generated was surprising, and the stream of sparks was projected for fully six feet. Approximately fifty minutes was taken to cut through the ring in two places so that the halves could be separated and removed. Very little damage was done to the scrotum.

Although this was the engineer's first excursion into the realms of surgery, it was apparent that he had mastered the art of cutting hardened steel under awkward conditions. The fact that he was able to do so without producing trauma speaks very highly for his manipulative skill. The patient was sufficiently recovered to leave hospital less than twenty-four hours after the operation. The ring has been presented to the museum of the Royal College of Surgeons.

Bournemouth.

A. BASIL ROOKE, F.R.C.S.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

SOUTH INDIAN BRANCH

Etiology and Treatment of Sprue

At a meeting of the South Indian Branch, with the president, Major-General C. A. SPRAWSON, I.M.S., in the chair, Dr. K. NARAYANAMOORTHY, Research Fellow in Medicine at the University of Madras, read a paper on the cause, symptomatology, and treatment of sprue.

Dr. Narayanamoorthy said that a close and careful study of thirty-three cases of sprue treated at the School of Tropical Medicine, Calcutta, and of forty-five cases treated at the Government General Hospital, Madras, had been made. Etiology seemed to turn on the point that the infection was much more common in adults, both among the Europeans and the Indians ; the disease affected the fairly well-to-do classes rather than the coolie classes. There was a history of some form of dysentery, amoebic or bacillary, but the patients were not addicted to alcohol or tobacco. Depressing circumstances, such as mental worry, fatigue, and insomnia seemed to precipitate the onset. Fairly often there were three phases in the course of the disease, from the bacteriological point of view, the first being a post-Flexner bacillary infection, the second the occurrence of streptococci on the tongue or in the stools, and sometimes in the urine, and the third a phase of infection by the *Monilia psilosis* (Ashfordii). The symptoms were different in the three phases. The serums of patients suffering from sprue were found to give a positive agglutination reaction with Flexner's bacillus to a titre 1 in 160. Streptococci (often haemolytic) and *Monilia* in a majority of cases had been isolated. The speaker was inclined to consider that the symptoms of sprue indicated a post-dysenteric phenomenon.

The onset of the disease was slow and insidious ; untreated or improperly treated cases of chronic dysentery appeared to develop into the clinical condition of sprue. Loss of appetite, soreness of the tongue, progressive emaciation, extreme weakness, distension of the abdomen, diarrhoea, and varying degrees of anaemia—the severest resembling, and often indistinguishable from, a true Addisonian anaemia—had been observed. The disease on the whole was afebrile, but, of late, cases had been noted at Madras with pyrexia of a typhoid type. The serum of these patients gave a 1 in 100 positive reaction against *B. faecalis alkaligenes*, and a negative one to the typhoid and paratyphoid bacilli. *B. faecalis alkaligenes* had been isolated from stools in these cases. The pyrexia was thought to be of the nature of a septicaemia, as in the case of typhoid. The diagnosis of sprue in the above cases was based upon (1) the clinical symptoms ; (2) x-ray examination after a bismuth meal ; (3) a fractional test meal ; (4) estimation of the total fat and fatty acids in stools ; and (5) the bacteriological examination of stools and urine for non-lactose fermenters, streptococci, and *Monilia*. To gauge the prognosis a complete cytological examination of blood, the van den Bergh test, estimation of the organic and inorganic calcium content of the serum, and of the blood cholesterol had been undertaken. The van den Bergh test was found to give an indirect positive reaction of 1.5 to 6 units of bilirubin. Calcium deficiency had not been found in all these cases ; the normal calcium in the Indian, from the speaker's figures, seemed to be below 8–10 mg.

A high protein diet, including milk, eggs, fruit, bananas, oranges, bael-fruit, sapotas, tomatoes, greens, onions, and radishes, was very effective in treatment. Autogenous vaccines prepared from the isolated organisms, liver

of influence in his own area that made him so useful at headquarters. There was hardly a practical problem that arose centrally which the Leicester men, under his guidance, had not already thought out. This was particularly the case with contract practice problems. The work of the Association on that side has been greatly influenced by the practical experience gained by Wallace Henry and his colleagues in the organization of what is undoubtedly the most successful example of a public medical service that exists in this or probably any other country.

He was secretary of his Division for nineteen years, representative with short intervals from 1909 to 1929, secretary of the Midland Branch from 1922 to 1926, president of the Midland Branch 1926-27, and chairman of the Leicester and Rutland Division in 1930. In our central work he was particularly active on the Medico-Political and Organization Committees, of both of which he had been a member since 1919. In addition to being a very useful member of every committee on which he ever sat, he was certainly one of the most popular—a position attained partly by the knowledge we all had that he never spoke unless he had something useful to say, but also by his friendliness and courtesy. As Chairman of the Representative Body he was a great success, handling the difficult business very firmly, but always in a way which gave offence to nobody. He was rightly proud of the position of influence he had attained in the profession, and I shall always remember the night I spent with him on the occasion of the presentation of his portrait by his Leicester colleagues in April, 1930. I think he regarded that as the highest honour he could possibly receive, because, as he said, there is no testimony so valuable as that of the people amongst whom one lives and works. The profession in Leicester and the Midlands regarded Henry with deep affection as well as respect, and this feeling was shared, I think, by everybody who ever worked with him. I cannot refrain from saying how much he was helped and cheered by the support of his wife, who had so often to give him up to the service of his profession, even when they both knew that his health was precarious, and I feel from my knowledge of him that he would have liked to know of this little recognition of an affection and support which he valued so much.

Dr. MARSHALL HAVER died at Northallerton, Yorks, on September 30th, at the age of 50, after a long illness. He had only recently begun work at Northallerton, his previous practices having been at Driffield and Ancaster. After graduation as M.B., B.S. at Durham University in 1905, he spent some years on a cable ship, and then on a large sheep ranch in Patagonia, as medical officer, returning to England to take up private practice. He was for some years a medical officer to the Driffield Cottage Hospital, and medical officer of health for the Driffield rural district. A colleague writes: Dr. Haver will be greatly missed by those who were privileged to be associated with him, for his quiet and genial personality was loved alike by patients and friends. He leaves a widow, but no children. The sympathy of all who knew him will be extended to her and to his father and sister, who live in Sunderland.

The following well-known foreign medical men have recently died: Dr. ALDRED SCOTT WARTHIN, professor of pathology, director of the pathological laboratory, Ann Arbor, and editor of *Annals of Internal Medicine*, aged 64; Professor CONSTANT PICOT, collaborator with the late Professor D'Espine in a well-known work on diseases of children; Dr. ROBERT CLYDE LYNCH, laryngologist, of New Orleans, from a motor accident, aged 50; Dr. JOSEPH ADDISON STUCKY, formerly president of the American Academy of Ophthalmology and Oto-Laryngology, from a motor accident, aged 73; and Professor GOLOVINE, a leading ophthalmologist at Moscow.

Universities and Colleges

UNIVERSITY OF LONDON

At the meeting of the Court of the University of London held on October 7th, Lord Macmillan was unanimously re-elected chairman for the session 1931-32, and Mr. S. L. Loney deputy chairman for the same period.

At the September matriculation examination, 91 passed in the first division and 393 in the second division, while 35 took the supplementary certificate for Latin.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The next series of eight lectures and demonstrations on tropical medicine, which are intended for men and women outside the medical profession proceeding to the Tropics, will be given by Lieut.-Col. G. E. F. Stammers from October 21st to 30th. These courses, in addition to providing simple rules for guidance in regard to preparation for life in the Tropics and personal hygiene, will also embrace a short account of some of the more common diseases, with advice on measures of protection against such diseases and simple methods of self-treatment. Particulars can be obtained from the secretary, London School of Hygiene and Tropical Medicine, Keppel Street, W.C.1.

ST. BARTHOLOMEW'S HOSPITAL MEDICAL COLLEGE

The following entrance scholarships have been awarded:

Senior Entrance Scholarship in Science: G. W. Hayward and A. Innes (equal). Junior Entrance Scholarship in Science: K. H. Harper. Entrance Scholarship in Arts: E. R. Mountjoy. Jeaffreson Exhibition: G. H. Darke. Shuter Scholarship in Anatomy and Physiology: J. Smart.

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examination indicated:

D.P.H.—Part II: S. Canter, R. F. Corlett, J. Hatton, E. W. Jones, J. N. Parrington, L. G. Thomas, F. J. Welton, E. B. Whittingham.

UNIVERSITY OF GLASGOW

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—Anne C. Aitkenhead, Eleanor Badenoch, W. S. Bell, P. Binnington, N. Birrell, M. D. Black, J. C. Blair, A. M. Brown, C. M. Burnie, A. Cameron, R. Cameron, D. Casey, R. M. Craig, W. N. S. Donaldson, A. T. Elder, Adèle Fischbacher, J. B. Fleming, A. B. Fordyce, A. C. Forrester, P. K. Fraser, Janet C. B. Frew, Muriel O. Gibson, D. L. H. Hay, J. Houston, G. H. Johnston, R. Laird, J. Lamb, G. C. Langlands, J. Laughlan, R. Livingstone, R. L. Low, R. J. Lumsden, A. Lyall, D. MacDonald, T. J. B. A. MacGowan, D. M. MacKechnie, R. B. McMillan, J. S. McNair, D. W. MacNish, K. I. MacRossan, A. O. Majekodunmi, R. Maxwell, T. W. Miller, W. L. Milne, G. B. Morton, H. M. Munro, H. G. Neill, H. B. Oliver, W. T. W. Paxton, A. W. Purdie, J. L. Rentoul, J. Renwick, W. A. Roxburgh, A. Russell, N. Sinclair, J. B. K. Smith, Jean G. P. Stephen, H. Stevenson, J. S. Stewart, H. Stirling, E. W. Thomas, J. S. Topping, J. B. Wallace, J. H. Wardrop, R. A. Wilson, G. Wright.

UNIVERSITY OF DUBLIN

SCHOOL OF PHYSIC, TRINITY COLLEGE

The following candidates have been approved at the examination indicated:

FINAL MEDICAL.—Part I: *Materia Medica and Therapeutics; Medical Jurisprudence and Hygiene; Pathology and Bacteriology*: H. D. Clarke (passed on high marks), E. A. Smyth, R. G. Taylor, J. Bell, M. J. Horgan, J. K. Lavery, E. C. Rowlette, D. G. Walker, Ethel S. Wilson, Una M. Irvine, L. W. McCaughey, W. A. Clarke, T. J. M. Gregg.

PHARMACEUTICAL SOCIETY

The Hanbury gold medal of the Pharmaceutical Society of Great Britain has this year been conferred upon Dr. Herman Thoms of Berlin for his services to the science of pharmacy, and the Pereira medal to Mr. H. G. Rolfe. The John Bell scholarship has been awarded to Mr. F. E. Read, and the winners of the three Leverhulme scholarships were Messrs. P. Crease, H. W. Bartlett, and J. J. C. Gage.

A special course of lectures on "Some applications of biochemistry to modern pharmaceutical problems" will be given by Messrs. Frank Wokes and F. J. Dyer of the staff of the pharmacological laboratories in the lecture theatre, 17, Bloomsbury Square, on October 22nd and succeeding Thursdays at 5.30 p.m. Admission to the first lecture without ticket; admission to subsequent lectures by ticket only. Tickets of admission to the course (fee 10s.) may be obtained on application to the secretary, 17, Bloomsbury Square, W.C.1.

The Services

No. 14 STATIONARY HOSPITAL DINNER

The twelfth annual dinner of medical officers of No. 14 Stationary Hospital, B.E.F., will be held on Friday, December 11th, at the Trocadero Restaurant, Piccadilly, at 7.15 for 7.45 p.m. Colonel C. R. Evans, D.S.O., will be in the chair. The address of the honorary secretaries is 39, Devonshire Place, W.1.

DEATHS IN THE SERVICES

Lieut.-Colonel Robert George Hetherington Tate, R.A.M.C. (ret.), died after a short illness at Louth, Lincolnshire, on July 17th, aged 52. He was educated at Trinity College, Dublin, where, after a distinguished student career, he graduated B.A., M.B., B.Ch., and B.A.O., in 1902, and obtained the M.D. degree and the D.P.H. in 1903. After acting as resident medical officer at Steevens's Hospital, he studied mental disorder at Londonderry, Omagh, and Banstead. He entered the R.A.M.C. as lieutenant in January, 1906, and during his service in India he was officer in charge of hygiene and sanitation (Ambala area), and assistant to the C.M.O., Lahore Division, as officer in charge of the central laboratory. He went to France with the 6th Division in September, 1914, and in the first few months was twice blown up in the front line, after which he served as assistant to the C.M.O. of Etaples area, then of the Trouville area, and in 1918 was second in command of the 72nd General Hospital. In 1919 he was medical officer in charge of hygiene for the whole area of lines of communication. He was twice mentioned in dispatches, was appointed brevet-major in 1915, and acting lieutenant-colonel in 1917. From 1920 to 1923 he was assistant to the C.M.O. (Scottish Command) as officer in charge of hygiene. From September, 1923, to April, 1926, he was in charge of the military hospital in Newcastle, Jamaica. He retired from the R.A.M.C. as lieutenant-colonel on July 3rd, 1926. For the last five years he had been an assistant county medical officer for the Lindsey County Council, and resided at Louth.

Medical News

Professor D. P. D. Wilkie will deliver a lecture before the Harveian Society of London, entitled "The surgery of the spleen," on Thursday, November 19th, at 11, Chandos Street, W.1, at 8.30 p.m.

A meeting of the Royal Microscopical Society will be held at B.M.A. House, Tavistock Square, on Wednesday, October 21st, at 5.30 p.m. Papers will be read by Dr. R. S. Clay, Mr. T. H. Court, and Dr. G. M. Findlay.

The annual general meeting of the Society of Medical Officers of Health will be held at 1, Upper Montague Street, Russell Square, W.C.1, to-day (Friday) at 5 p.m. Dr. C. Killick Millard, M.O.H. Leicester, will deliver his presidential address on the legislation of voluntary euthanasia.

A meeting of the Medico-Legal Society will be held at 11, Chandos Street, W.1, on Thursday, October 22nd, at 8.30 p.m. Dr. D. H. Geffen, medical officer of health, Enfield Urban District Council, will read a paper entitled "Causes of suicide." A discussion will follow.

The eighth dinner of the Royal Northern Hospital Past and Present Residents Dining Club has been arranged for Friday, October 30th, at Frascati's Restaurant, Oxford Street, W., at 8 for 8.30 p.m. The president, Mr. F. W. Harlow, will take the chair, and Mr. A. M. Zamora will be the guest of the evening.

The annual dinner of the Prince of Wales's Hospital Reunion Association will be held at the Trocadero Restaurant, Piccadilly Circus, on Thursday, November 26th, at 7.45 for 8 p.m., with Dr. J. Browning Alexander in the chair. Price of dinner (exclusive of wines) 12s. 6d.; no tickets will be issued. Members are asked to notify the secretary, Dr. Bertram H. Jones, 47, Queen Anne Street, W.1, of their intention to be present, stating number of guests.

The annual dinner of the staff and past and present students of the Royal Dental Hospital of London will be held on the evening of Saturday, November 21st, at the Trocadero, with Sir Norman G. Bennett in the chair. The members of the staff will be "at home" to all past and present students of the hospital on the same day from 9.30 a.m. to 5 p.m. Cases illustrating the scope of the work undertaken by the hospital, especially the treatment of children and the young, will be shown, and the various departments of the hospital and school will be open for inspection. Medical practitioners are cordially invited.

The Liverpool annual cathedral service in aid of the Royal Medical Benevolent Fund will be held at 3 p.m. on October 18th; preacher, the Right Rev. Bertram Pollock, Bishop of Norwich. The Lord Mayor and Lady Mayoress will attend. Members of the medical profession and their friends are cordially invited to this service. Tickets may be obtained from the honorary secretary, 28, Rodney Street, Liverpool.

In response to requests from those interested in archaeology and anthropology the exhibitions arranged in connexion with the Centenary Meeting of the British Association, at the Wellcome Historical Medical Museum, 54, Wigmore Street, W.1, will remain open until Saturday, October 31st. The museum will be open each day, excluding Sundays, from 10.30 a.m. to 5.30 p.m., admission free. The Egyptian exhibition includes the results of past seasons' excavations carried out by the Egypt Exploration Society at Tell-el-Amarna and Armant.

The October monthly missionary travel talk on the wireless will be given next Sunday, October 18th (St. Luke's Day). The speaker, Dr. Agnes Fraser, was for twenty-five years the comrade and helper of Dr. Donald Fraser, in the Scottish mission in Livingstonia, Nyasaland. Her talk on "Doctoring in Central Africa" will be given in the National B.B.C. programme from 4 to 4.15 p.m.

The Fellowship of Medicine and Post-Graduate Medical Association announces that the following lectures will be given at the Medical Society of London, 11, Chandos Street, Cavendish Square: October 21st, at 4 p.m., Mr. Kenneth Walker, "Prostatic enlargement" (no fee); October 19th, at 8.30 p.m., Dr. Maurice Davidson, "The clinical aspects of pulmonary fibrosis," and October 21st, at 8.30 p.m., "Intrathoracic new growths," in connexion with the series of M.R.C.P. evening lectures; fee for each lecture, 10s. 6d. A free post-graduate demonstration will be given at the Royal Waterloo Hospital on October 21st, at 3 p.m., by Dr. Kenneth Playfair, on "The value of the electrocardiograph in diagnosis"; and on October 23rd, at 2 p.m., at the Miller General Hospital, S.E., Mr. Arthur Gray will give a free demonstration of gynaecological operations. From October 19th to 31st a course in diseases of children will be given at the Hospital for Sick Children, occupying the mornings only, fee £5 5s. Courses during November will include medicine, surgery, and gynaecology, at the Royal Waterloo Hospital; neurology, at the West End Hospital for Nervous Diseases; ophthalmology, at the Royal Westminster Ophthalmic Hospital; and proctology, at the Gordon Hospital and St. Mark's Hospital. Copies of all syllabuses may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1.

The series of post-graduate clinics arranged by the University of Sheffield was resumed on October 9th at the Royal Hospital, Sheffield, and will be continued till November 6th. From November 13th to December 11th they will be held at the Royal Infirmary. The clinics are open free to all medical practitioners.

A course of post-graduate demonstrations will be given at the Manchester Hospital for Consumption, Hardman Street, Deansgate, Manchester, on Wednesday afternoons at 4.30, commencing on November 4th, when Dr. H. R. Clarke will discuss the diagnosis and treatment of early pulmonary cases. All graduates and students of medicine are invited to attend. Tea will be served at 4.15 p.m.

The autumn session of the South-West London Post-Graduate Association will open at St. James' Hospital, Ouseley Road, Balham, S.W., on Wednesday, October 28th, at 9 p.m., when Dr. R. G. Canti will give a film demonstration of tissue growth. The lecture demonstrations will be continued on succeeding Wednesdays until December 16th.

At a meeting of Southwark practitioners, held at the Evelina Hospital on October 6th it was decided to form a Southwark medical society. The meeting was addressed by Dr. A. F. Heald, organizing secretary of the London Panel Committee, and Dr. G. de Swietochowski, president of the Paddington Medical Society. Dr. E. Stungo was elected chairman, and Dr. J. McFadden treasurer and secretary.

The Socialist Medical Association, which was formed a year ago, has been granted affiliation to the Labour Party as a Socialist society, and is also affiliated to the International Socialist Medical Association. It includes in its programme "a socialized medical service, both preventive and curative, free, and open to all." Further objects are the dissemination of the principles of socialism within the medical and allied services, and the stimulation of interest in health questions among members of the Labour, Socialist, trade union, and co-operative movements. The secretary is Dr. C. W. Brook, 72, Balham Park Road, S.W.12.

Messrs. Ernst Leitz (Wetzlar) have recently completed their 300,000th microscope, which, in accordance with their usual custom of dedicating each 50,000th microscope to a famous scientist or institution, has in this instance been presented to Professor Dr. Ludwig Aschoff of the Pathological Department, Freiburg University, Germany. The following is a list of former dedications to eminent scientists and institutions on the completion of each 50,000th: German Sanatorium for Consumptives, Davos; Robert Koch; Paul Ehrlich; Professor Heidenhain; Institut für Schiffs- und Tropenkrankheiten, Hamburg.

The October issue of the *Leprosy Review*, the quarterly publication of the British Empire Leprosy Relief Association, contains a valuable survey of the work of the League of Nations in connexion with the campaign against leprosy. Dr. Stanley Smith contributes a report on the progress in the Kigezi district of Uganda, and Dr. R. G. Cochrane comments similarly as regards Kenya, Zanzibar, and Tanganyika. Practical details of treatment are recorded by Dr. F. G. Rose, medical superintendent of the Mahaica Leprosy Hospital, British Guiana. Dr. Davidson of Emjanyana mentions that he has been using large doses of alepol, but has had to discontinue them owing to the severe general and ocular reactions. The report can be obtained from the offices of the Leprosy Relief Association, 29, Dorset Square, N.W.1, price 2s.

A further tribute to the memory of the late Professor W. E. Dixon is to be found in the issue for September 26th of the *Archivos de Medicina, Cirurgia y Especialidades* of Madrid, where he is described as one of the most eminent men of science in the United Kingdom.

Professor Pavlov has obtained 184,000 roubles from the soviet Government to complete the building of his biological station at Koltouchi, near Leningrad.

On the occasion of the twenty-fifth anniversary of his professional activities, the students and friends of Professor Luigi Devoso, the founder and director of the Milan clinic for occupational diseases, have founded a prize of 10,000 lire, to be awarded every two years to the best work on industrial pathology. The work, which must be written in Italian, English, French, Spanish, or German, must be sent to R. Istituto Lombardo di Scienze e Lettere, Milan, by December 31st. Non-Italian competitors must send an abstract of their work in Italian or French.

In 1930 Vienna possessed 4,732 medical practitioners, of whom 500 were women, and 1,823 dentists, or a proportion of one doctor to 380 inhabitants and one dentist to 1,000 inhabitants.

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).

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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

Survival after Prostatectomy

Mr. W. S. DICKIE, F.R.C.S. (Middlesbrough) writes: A man has just died, aged 93. He had a prostatectomy done twenty-three years ago. I should be glad to know of any cases of longer survival.

A Special School Needed

"A. R." writes: Five years ago I attended a boy of about 6 years of age. His people said he was "rather funny-tempered." I found that he was slightly cretinous, and treated him with thyroid, which acted very quickly. His father carried on the treatment, and I saw him once or twice, when he told me how the child was going on. He was attending a preparatory school, and was very bright at his work. He has just gone as day scholar to a grammar school, and the other boys have found that he is slightly different from them, and are giving him rather a bad time. This is gradually throwing him back, and his father has asked me what he can do in the matter. I would like to know of any school that looks after this sort of youth. The boy is now 11. Reasonable fees can be paid.

Prophylaxis of Lumbago

Dr. E. PROTHEROE SMITH (Redditch) writes, in answer to "S. L." (October 3rd, p. 637): This complaint is most commonly due to fibrositis around the sacro-iliac joints, associated with some arthritis, and giving rise to subluxation of those joints. I have for many years had attacks as described by "S. L.," and have found benefit from deep massage, radiant heat, Droitwich brine baths, and long courses of salicylates; but I have most faith in Salt's (Birmingham) sacro-iliac belt—first recommended to me by Mr. Naughton Dunn—which holds the pelvis in a firm grip, is comfortable to wear, and enables me, even during an attack, to get about, drive my own car, and play golf. It is, of course, essential to eliminate nasal and oral sepsis—a case of mine was cured by extraction of one septic tooth. I have learnt to associate highly coloured and strong-smelling urine with the probable onset of an attack. For the immediate relief of pain I recommend dry cupping (by pump), novalgin, and gorun tablets.

Income Tax

Cash Basis: Sale of Practice

"A. C." has been advised that he will have to make up accounts on a "bookings" basis for the fifteen months to June 30th, 1931, when his (sole) practice was sold. He points out that he had thought that debts unpaid when a practice was sold were capital, and not taxable.

** Such debts are not taxable as income of the years in which they are received. If, therefore, "A. C." was not required to depart from the cash basis for the final periods he would include as income of those periods the