

inch in diameter. Over the left hip there was a patch about two inches in diameter. The right eye showed some degree of conjunctivitis and the lower lid was swollen and painful. There was a healing furuncle in right nostril.

EXAMINATION AND PROGRESS

Percussion produced pain over third, fourth, and fifth ribs on right side anteriorly. Breath sounds were shallow, but no adventitious sounds were heard. Central nervous system normal. The tongue was furred; no signs in abdomen; patient vomiting. On the evening of March 1st the temperature rose to 103.4°, pulse 102, and respirations 28. On the morning of March 2nd temperature was 104.4°, pulse 134, respirations 44. Patient was dyspnoeic and very distressed. A large, dull, painful, hard, tender swelling was found to have developed, involving most of the right breast. The rash had disappeared and the condition of the right eye appeared improved. Acute tenderness was found over the right frontal sinus, and the case was therefore forwarded to the surgical section. Here x-ray examination showed both frontal sinuses clear. Later in the day the patient commenced expectorating blood-stained phlegm, which appeared to be coming from the nasopharynx. The leucocyte count was: March 2nd, a.m.—11,800; March 2nd, p.m.—8,400. Differential count: polymorphs, 38 per cent.; lymphocytes, 44 per cent.; mononuclears, 18 per cent.

Under local anaesthesia an incision was made into the swelling on the right side of chest, but no pus was found. On the morning of March 3rd the temperature had dropped to 100°, and the pulse was extremely weak and practically uncountable.

I first examined the patient on the evening of March 3rd. His temperature had then dropped to 99° and he was pulseless at the wrist. He appeared to be extremely prostrated. Respirations were rapid and very shallow. Both nostrils and nasopharynx were filled with sanguineous pus. Extreme tenderness was present over base of the nose. The swelling on the right side of chest was hard, tender, and painful, and appeared to be either fixed, or deep, to the pectoral muscles. Examination of the chest showed signs of consolidation of the upper lobes of both lungs.

A diagnosis of glanders was made on the results of this examination and on the following points—namely: (a) the onset of the illness with what was thought to be a furuncle in the nose, (b) the description of the rash, (c) the development of an intramuscular abscess in the right pectoral muscle, (d) high pyrexia, (e) consolidation of the lungs, (f) extreme prostration, (g) sanguineous discharge from the nose, (h) the tenderness over the base of the nose. To make the clinical picture complete all that was now required was some evidence as to a possible source of infection. The patient had that morning, by means of an interpreter, made a "will" in English. On examining this it was found that part of his estate consisted of horses and camels. This showed that the patient at some time or another had most probably been in close contact with horses.

The patient died two hours after I had examined him. Swabs taken from the nose after death showed the presence in the films of numerous small slender Gram-negative bacilli, which stained extremely poorly with the usual aqueous dyes. As well as these poorly staining bacilli there were numerous Gram-positive organisms.

POST-MORTEM EXAMINATION

Permission to perform a complete necropsy could not be obtained. All that was allowed was examination of the thoracic cavity, the result of which is reported in full.

There was a small incised wound, two inches long, on the right side in mid-axillary line running proximo-distally. It passed deep to deep fascia. The right pectoral muscle was soft and necrotic, and there was a small collection of pus between pectoral and intercostal muscles. This was of a pale colour, resembling milk chocolate. The whole of the right pectoral muscle was soft and fragmented, and appeared to be bathed in this chocolate-coloured pus. The ribs were normal.

The pleural surfaces of both lungs were covered with a dry fibrinous lymph exudate, of a very tenacious and elastic consistency. Long strips of this were seen stretching from the

parietal to the visceral pleura when on opening the thoracic cavity the lungs collapsed.

Left lung.—Base and posterior surface densely adherent to parietal pleura, anterior edge adherent to pericardium and anterior edge of right lung. Upper lobe showed a lobular rather than a lobar type of consolidation, and was of a peculiarly brilliant red or scarlet colour. The cut surfaces of these consolidated areas were very moist, and large quantities of bright red blood-stained frothy fluid were exuding from the finer ramifications of the bronchi. A number of small greyish or yellowish areas, more or less circular in shape, from 2 to 5 millimetres in diameter, could be seen studded in the haemorrhagic consolidated areas. These small areas had the consistency of thick pus or caseating material. At the base one large nodule as big as a bean was found, which on opening exuded the same peculiar chocolate-coloured pus. The lung tissue surrounding this nodule was more fibrous than elsewhere, and the lower lobe was not haemorrhagic or consolidated.

Right lung.—This was in a similar condition to that of the left lung. There was consolidation of upper and middle lobes and also haemorrhagic consolidated areas studded with small yellow or greyish-coloured nodules. In the lower lobe, which was neither consolidated nor haemorrhagic, a few nodules were found, which were hard and apparently calcified. It was comparatively easy to shell out some of these.

The lymph glands at the roots of both lungs were slightly enlarged and very dark in colour. On sectioning they exuded a very dark-coloured fluid, and the cut surface appeared to be very soft. The heart was normal.

Microscopical sections of the nodules showed them to be composed of a central area densely packed with polymorphonuclear cells. Around this was an area composed of endothelial and large macrophage cells, which were filled with black granular material resembling carbon. Outside this area the condition of the lung resembled that of croupous pneumonia in the stage of red hepatization.

Films made from the nasal discharge, from the chocolate-coloured pus, and from the caseous material of the nodules all showed the presence of slender Gram-negative bacilli, of lengths varying from 1 to 6 mm., which stained poorly with all the usual aqueous dyes. Some of the longer bacilli showed beading. As well as these organisms all films showed large numbers of Gram-positive cocci. *B. mallei* were, however, isolated from swabs taken from the trachea at the post-mortem. The findings showed that there had been a chronic infection present for some time, and it was an acute exacerbation of this that was the cause of death.

Further inquiries concerning the patient's movements showed that the last time he had been home, and presumably in close contact with his horses, was in December, 1931.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

A CASE OF CONGENITAL ATELECTASIS

A baby was admitted to the Knighton Hospital with his twin sister, the reason for admission being "white leg" in the mother. His weight at birth was 6 lb.; he was fed on diluted cow's milk, and by May 20th had gained 4 lb. To all appearances he was a perfectly normal baby. On the evening of May 23rd he was noticed to be very pale, and when lifted from his cradle gave a few choking breaths and died. A little frothy mucus escaped from the mouth and nostrils. He had received his last feed three hours before death.

On post-mortem examination the left lung was represented by a fleshy piece of tissue about the size of a five-shilling piece, pink in colour, attached to the left bronchus. It sank at once in water and did not exude gas on section and pressure. The trachea and main bronchi were opened up, but no obstruction was discovered. The heart was

slightly dilated but otherwise normal, and no abnormality was discovered in the abdomen.

It appears, then, that this infant survived eleven weeks with congenital collapse of the left lung, and nothing suggested in that time that he was not perfectly normal. The twin sister, a more delicate child, weighed only 3 lb. at birth. She now weighs 7 lb., and on examination appears normal.

G. H. H. BOOTH, B.Sc., M.B., Ch.B.

Knighton, Radnorshire.

PERFORATION OF THE ORBIT WITH AN INDELIBLE PENCIL

The following is a case similar to that described by Mr. Cole Marshall in the *Journal* of April 16th. It is the only one of the kind I have come across, and I have had the opportunity of watching the result for a period of years.

A boy aged 1 year and 9 months was brought to me in June, 1923; his mother stated that a month previously an indelible pencil punctured his left upper eyelid. The puncture healed up well, but the lid began to droop. On examination there was definite ptosis; the puncture mark could not be seen, and nothing else was detected. In December, 1923 (six months later), I saw him again, and there was then a well-marked hard painless mass under the orbital arch, which was fixed, although the skin moved freely over it. The swelling had only been noticeable a few days.

Under general anaesthesia I made an incision over the mass and after dissection found it fixed to the roof of the orbit. On cutting it away it proved cystic and contained a thick black glairy fluid; the portion attached to the orbital roof, when cut and curetted away, revealed rough bone. A gauze drain was inserted and three skin sutures. Healing was complete in fourteen days. The cyst was about the size of a small marble, with thick fibrous walls. I saw the patient again a month later and the ptosis was disappearing. In October, 1930, seven years later, there was a condition of very slight ptosis.

This case shows the reaction of the tissues to the chemical substance in an indelible pencil. Here, however, I do not think earlier surgical intervention would have helped matters, as the bit of pencil must have become rapidly encysted and only the enlargement of the cyst called attention to its presence.

T. MILNES BRIDE,
Honorary Surgeon, Manchester Royal
Eye Hospital.

Reports of Societies

SYNTHETIC ANTI-MALARIAL REMEDIES AND QUININE

The annual general meeting of the Royal Society of Tropical Medicine and Hygiene was held at Manson House, 26, Portland Place, W., on June 16th, the president, Dr. G. CARMICHAEL LOW, being in the chair. After the annual reports of the council and of the treasurer had been read, the president presented the Manson medal to Dr. G. K. Strode of the Rockefeller Foundation, who received it on behalf of Dr. Theobald Smith of New York.

In opening a discussion on synthetic anti-malarial remedies and quinine, Colonel S. P. JAMES pointed out that this embraced two subjects—namely, the synthetic anti-malarial remedies and the cinchona alkaloids, particularly quinine. The aim of large-scale drug treatment, such as that of the Malarial Commission of the League of Nations, was not necessarily concerned with the most effective anti-malarial remedy, but with a remedy so cheap and abundant that it was readily available in all

malarious countries. Anti-malarial chemotherapy, on the other hand, had quite a different aim. It appreciated quinine as one of the most remarkable of drugs, yet one possessing several grave defects as an anti-malarial agent. In particular, quinine did not prevent relapses or infection of either the human host or the insect vector. Chemotherapy sought, irrespective of cost, to find drugs effective in those respects in which quinine was defective. Further, its aim was to discover how to deal separately with each stage in the life-cycle of the parasite. These new ideas were the outcome of study in terms, first of the different species of parasite, and later of the different phases of the same species. Quinine was known to have an excellent action on the schizonts, but little or no action against the gametocytes, whereas plasmoquine showed the reverse effect. Finally, the subject must be studied with different geographical strains of each species and phase of parasite. Thus, while quinine would not cure cases of malignant tertian malaria associated with the virulent Italian strain, atebirin did so almost at once. Similarly, in benign tertian malaria neosalvarsan exerted a powerful action on the severe Madagascar strain, but a very weak action on the mild Dutch strain. The contradictory observations on the properties of plasmoquine were probably due to the different strains studied. This drug, in a dosage of 0.06 gram given daily for six days, prevented only the primary attack, and not generally the relapses. Undoubtedly plasmoquine was a causal prophylactic, but in this excessive dosage it could not be taken for more than three to four days. A less toxic preparation was needed.

Dr. T. A. HENRY said that the Malarial Commission of the League of Nations had for some years been interested in the discovery of some method of providing anti-malarial treatment for the large numbers of victims of malaria who were too poor to buy quinine, and where Governments could not afford to buy it for them. Of the four alkaloids of cinchona bark, quinine and quinidine were about equal as anti-malarial agents, while cinchonidine and cinchonine were slightly inferior. Cinchona febrifuge had been used much in India, but its variability in composition was a drawback, and the Malarial Commission had finally suggested a new cinchona product, totaquina, which was manufactured by two different methods and standardized to contain 70 per cent. of the crystallizable alkaloids, of which 15 per cent. had to be quinine. The dosage was the same as for quinine sulphate. Finally, Dr. Henry pointed out that, though 95 per cent. of the world's supply of cinchona bark was grown in Java, the rationalization of the industry had been justified, as the supply was made to meet the demand and calamitous over-production thus prevented.

Professor N. H. SWELLENGREBEL described a prophylactic experiment with plasmoquine directed against a Madagascar strain of benign tertian in Amsterdam by the use of doses of artificially infected mosquitos; 0.03 gram was given daily for six days, treatment commencing the day before exposure to infection. All the patients developed malaria at the usual time, except one in whom the attack occurred some months later. During the primary attack some received plasmoquine, others plasmoquine plus quinine, and some quinine only, yet in all cases relapses or recurrences were noted. This was quite contrary to the experience of Dr. Piebenga, working elsewhere in Holland with the home strain of benign tertian, and using naturally infected mosquitos. Here quinine and plasmoquine had prevented relapses and recurrences in a large proportion of cases. The general relapse rate for Holland was 50 per cent. The failure, in his cases, both to prevent the primary attack as well as relapses, did not contradict the results of other observers; it only showed that a

mittee of Inquiry into the administration of the Dundrum Criminal Lunatic Asylum in 1891. In 1896, the year of his retirement from Broadmoor and of his presidency of the Medico-Psychological Association of Great Britain and Ireland, he was appointed one of the Lord Chancellor's Visitors in Lunacy, holding that office with great acceptance until 1921. In 1904 he acted as president of the Irish Departmental Committee on Insanity among Convicts. He was created C.B. in 1897, and received the honour of foreign membership of the medico-psychological societies of Paris and Belgium. In 1920 his Alma Mater conferred on him the honorary degree of LL.D. He was the author of papers on the "State of society in relation to criminal psychology," and "Crime, criminals, and criminal lunatics," and of an address published in these columns in 1899 with the provocative title "Can the reproachful differences of medical opinion in lunacy cases be obviated?" In this he expressed his belief that the conflicts of opinion among medical men and medical psychologists in such matters "ought not to occur if we know our work and if we carry out that work in an honourable, careful, independent, and fearless manner."

At the Annual Meeting of the British Medical Association at Bournemouth in 1891, and again in London four years later, Dr. Nicolson was vice-president of the Section of Psychology, and in 1899 at Portsmouth he was president of the same Section. At the Aberdeen meeting in 1914 he was vice-president of the Section of Medical Sociology.

The death occurred on June 30th, at a nursing home in Inverness, following an operation, of Dr. JAMES PENDER SMITH, a well-known practitioner in the North of Scotland. He was born in 1863, and after graduating M.B., C.M. at Glasgow in 1884, went to Dingwall as an assistant and later took up practice in Skye. In 1892 he took over the practice in Dingwall of the late Dr. William Bruce, and also practised among the visitors at the neighbouring Strathpeffer Spa. He was surgeon to the Ross Memorial Hospital, Dingwall, and physician to the Nicolson McKenzie Hospital, Strathpeffer. Dr. Smith took a considerable interest in public work, and was for many years a member of the Highlands and Islands subcommittee of the British Medical Association.

We regret to announce the death, on July 1st, in a nursing home at Dundee, of Dr. ROBERT THORNTON of Airlie Place, Dundee. Dr. Thornton, who was a native of Arbroath, graduated M.B., C.M. at Edinburgh in 1897. He studied public health at St. Andrews University and received the D.P.H. in 1902, after which he became assistant to the lecturer in public health in University College, Dundee. He built up an extensive practice in Dundee, and was police surgeon for Lochee. One of Dr. Thornton's chief recreations was chess, and he was a prominent member of the Dundee chess club.

The following well-known foreign medical men have recently died: Dr. ARISTIDES AGRAMONTE, head of the department of tropical diseases at the Louisiana State University Medical School and president-elect of the Pan-American Medical Congress, aged 61; Professor W. KOLMER, a Vienna physiologist, aged 52; Hofrat Dr. FELIX WOLFF of Hamburg, aged 75; Professor ARTHUR HARTMANN, a Berlin oto-rhino-laryngologist, aged 83; Professor E. V. MEYER, a Berlin laryngologist, aged 67; Dr. LEE K. FRANKEL a former president of the American Public Health Association, aged 64; Dr. WILLIAM CHARLES HASSLER, city health officer of San Francisco, and president-elect of the American Public Health Association, aged 63; Dr. ALFRED GROTHJAHN, professor of social hygiene in Berlin and author of works on alcoholism, social pathology, and the doctor as patient, aged 61, from cholelithiasis; and Dr. VECCHI, the doyen of Italian practitioners in North America, aged 84.

Medico-Legal

ALLEGED TRESPASS TO THE PERSON, NEGLIGENCE, AND BREACH OF CONTRACT

Following upon the verdict of the jury in the case of *Cull v. Chance and others*, reported in our issue of June 25th (p. 1195), an agreed form of judgement was entered in the Lord Chief Justice's court on June 24th. It will be recalled that the plaintiff claimed damages for alleged trespass to the person, negligence, and breach of contract from the committee of management at the Royal Surrey Hospital, Guildford, and from Mr. H. B. Butler, F.R.C.S., surgeon to the hospital. The jury found that there was a negligent breach of contract on the part of the hospital authorities, and assessed the damages at £120; that there was trespass on the part of Mr. Butler, and assessed the damages at one farthing, and that Mr. Butler was guilty of trespass through negligence of the hospital authorities.

It was now announced that all parties had agreed on an order the effect of which would be judgement for the plaintiff against the committee of management for £120 and her costs in the action, and judgement also for the plaintiff against Mr. Butler for one farthing damages without costs, the sum of £25 which Mr. Butler had paid into court to be returned to him. Mr. J. Singleton, K.C., who appeared for the plaintiff, said that Mr. Butler had acted generously in not asking for costs to which he would be entitled if the court made the order which might be anticipated in the circumstances of the case. The order agreed upon, which meant that the plaintiff got her costs of the action, was one which might save trouble hereafter. Mr. H. C. Dickens, for Mr. Butler, said that it had been decided that in all the circumstances no application should be made by Mr. Butler for costs. That decision was spontaneous, without any advance from the other side.

The Lord Chief Justice approved the agreed form of judgement.

Universities and Colleges

UNIVERSITY OF BIRMINGHAM

At a congregation held on July 2nd the following degrees were conferred:

M.D.—R. D. Lockhart, L. G. Parsons.

M.Ch.—Seymour Barling.

D.Sc.—E. W. Hurst (Pathology).

M.B., Ch.B.—*†A. H. Barber, *†Lilian M. Buxton, *A. F. Goode, *†J. Hardman, D. T. Davies, T. G. Davies, K. B. Forsyth, E. N. G. Gorman, W. B. Gough, Peggy Levi, A. D. B. Mackie, J. C. Neill, Frances E. Smart, D. Turner, A. J. K. Wilson, A. T. Wynne.

* Second-class honours. † Distinction in Midwifery and Diseases of Women. ‡ Distinction in Medicine.

The following scholarships and prizes have been awarded: *Queen's Scholarships*: (Third year) J. L. Collis; (fourth year) J. S. Mitchell; (fifth year) D. M. Brown, C. S. Whitehouse (divided); (final year) A. H. Barber. *Ingleby Scholarships*: (Final year) A. H. Barber, J. Hardman. *Arthur Foxwell Memorial Medal*: (Final year) A. J. K. Wilson. *Sampson Gamgee Memorial Medal for Surgery*: (Final year) A. H. Barber. *Priestley Smith Prize for Ophthalmology*: (Final year) D. Turner. *Russell Memorial Prize*: J. Hardman. *Peter Thompson Prize in Anatomy*: (Third year) L. Goldman.

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated:

M.D.—C. H. Bradley, J. W. Cheetham, R. A. Furniss, G. Macdonald, E. E. Prebble, J. W. Reid.

M.B.—B. L. Davis.

M.B., Ch.B.—¹W. Bullock, ¹³⁴A. S. Kerr, ²H. Ackers, ²F. R. Edwards, ²M. H. Papperovitch. *Part III* (1923 Regulations): R. Fairhurst, Ruth Simpson. *Part B* (1924 Regulations): D. G. W. Brown, M. H. Clark, H. V. Corbett, H. L. Davies, W. S. Davies, J. R. Eatough, G. R. Griffith, H. G. Hanley, T. P. J. Higgins, E. R. Jones, Nancy L. Lewis, Eva Macdonald, Margaret Newton, E. Parry, Beatrice L. H. Sergeant, A. L. Smallwood, Edna L. Smart, G. E. Thomas, D. Wainwright, V. J. Woodward, R. F. Wynroe. *Part A* (1924 Regulations): C. S. Anderson, D. W. Bailey, ⁶†Freda B. Bannister, R. T. Bowes, J. D. Bryan, Clara Burgess, N. G. L. Carroll, ⁷G. Cornah, ⁷W. L. Dove, J. M. Edwards,

⁶J. G. Hailwood, Dorothie M. N. Harris, ⁶J. D. Hay, ⁷W. S. Heath, ⁶S. Henderson, Nancy A. Holt, R. A. Hughes, ⁶W. R. Hunter, H. B. N. Jennings, A. G. Leigh, W. N. M. Mason, ⁷W. Milburn, E. T. Owen, S. Papperovitch, I. Pugh, W. E. Pycraft, F. Pygott, Enid Richard, Estelle E. Roskin, T. Seager, Kathleen E. Slaney, G. N. Sleggs, ⁷C. H. Stewart-Hess, E. Taylor, ⁷G. W. Warner, J. L. Williams. *Passed in Individual Subjects*: S. V. Cullen, A. Gleave, Joan M. Matthews, J. Morgan, H. H. L. Pentz, and D. Simpson (Public Health), T. H. Pierce (Forensic Medicine and Toxicology). *Part I* (1929 Regulations): A. B. Concanon, Bessie Dodd, F. A. Frank, ⁸E. W. Jones, J. L. Lanceley, F. A. Momax, A. J. McCall, Annie A. Merrick, L. Millward, Margaret F. Procter, A. Speight, S. L. Strange, R. P. Tong, ⁸J. K. B. Waddington, M. M. Wallis, Margaret C. Winter. *Passed in Individual Subject*: S. Shulman (Pharmacology and General Therapeutics). *Part II*: ⁸R. E. Wilson.

D.P.H.—*Part I*: L. G. Anderson, C. L. Emmerson, G. A. Fulton, G. A. C. Lynch. *Part II*: ⁸E. D. Irvine, G. W. Paton, M. Solomon, ⁹Honora J. Twomey.

DIPLOMA IN TROPICAL MEDICINE.—H. E. M. Adams, B. S. Bindra, E. G. Williams.

¹First-class honours. ²Second-class honours. ³Distinction in Medicine. ⁴Distinction in Surgery. ⁵Distinction in Obstetrics and Gynaecology. ⁶Distinction in Forensic Medicine and Toxicology. ⁷Distinction in Public Health. ⁸Distinction in Pharmacology and General Therapeutics. ⁹With Distinction.

The following awards have been made in the Faculty of Medicine: *John Rankin Fellowships in Anatomy*: Dr. O. Vaughan Jones (for two years), Dr. E. B. Whittingham (for one year). *Thelwall Thomas Fellowship in Surgical Pathology*: Dr. T. L. Hughes. *John W. Garrett International Fellowship in Bacteriology*: Dr. F. J. H. Crawford. *Holt Fellowship in Pathology*: Dr. W. W. Gerrard. *Holt Fellowship in Physiology*: Dr. A. B. Follows. *Robert Gee Fellowship in Human Anatomy*: H. L. Davies. *Johnson Colonial Fellowship in Biochemistry*: J. Devine. *Samuels Memorial Scholarships*: (Medicine) Dr. D. U. Owen, (Surgery) Dr. M. Silverstone, (Obstetrics and Gynaecology) Mr. P. Malpas. *University Graduate Scholarship in Medicine*: Divided between S. Henderson, Freda B. Bannister, and E. W. Jones. *Owen T. Williams Prize*: A. S. Kerr. *George Adami Prize in Pathology*: Divided between S. Henderson and A. J. McCall. *Kanthack Medals* (1924 Regulations): S. Henderson; *proxime accessit*, Freda B. Bannister. *Kanthack Medals* (1919 Regulations): J. K. B. Waddington; *proxime accessit*, Margaret F. Procter. *Silver Medal in Pharmacology*: A. J. McCall; *proxime accessit*, S. Shulman. *Silver Medal in Forensic Medicine and Toxicology*: R. E. Wilson; *proxime accessit*, Freda B. Bannister. *William Mitchell Banks Bronze Medals*: Mabel M. Drummond, L. Henry.

UNIVERSITY OF ST. ANDREWS

At the June graduation ceremony the degree of LL.D. *honoris causa* was conferred on Dr. L. R. Sutherland, Emeritus Professor of Pathology in the University; and on the Rev. Dr. Albert Schweitzer, who holds doctorates in medicine, theology, philosophy, and medicine, and when a missionary surgeon in equatorial Africa founded the hospital at Lambaréné. Among others who received the same honorary degree was Sir James Frazer, O.M., author of *The Golden Bough*.

UNIVERSITY OF DUBLIN

TRINITY COLLEGE

The following degrees and diplomas were conferred on June 30th:

M.D.—W. Russell.

M.B., B.Ch., B.A.O.—S. Brass, J. Conroy, J. L. du Preez, J. Elliman, M. Fallon, A. J. Harden, G. F. Harris, J. G. McIntyre, P. P. Murphy, L. L. Nel, W. A. Ryan, C. de V. Shortt, J. G. Wilson, H. B. Wright.

LICENTIATE IN MEDICINE, SURGERY, AND OBSTETRICS.—H. Michael.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—J. H. Beale, P. D. Bhatt, L. A. De Dombal, J. F. Rivers Moore, J. C. Selnes, Grantley Smith, F. A. Trowbridge.

MEDICINE.—C. H. Blewett, M. B. Chandulal, G. A. Dingemans, A. A. Grace, E. Jacomb, J. W. Meyers, T. S. Nicol, C. V. P. Pillai, J. F. Rivers Moore, E. O. Smith.

FORENSIC MEDICINE.—G. R. Davies, P. A. Diemer, G. E. Ellison, A. A. Grace, T. E. Mitchell, F. C. Moll, T. S. Nicol, C. V. P. Pillai, J. F. Rivers Moore, R. C. P. Thomas.

MIDWIFERY.—F. W. Baskerville, J. L. Bates, P. A. Diemer, J. C. Hoyle, W. S. Pitt Payne, J. F. Rivers Moore.

The diploma of the Society has been granted to Messrs. J. H. Beale, C. H. Blewett, G. R. Davies, L. A. De Dombal, G. A. Dingemans, A. A. Grace, J. C. Hoyle, E. Jacomb, J. F. Rivers Moore, E. O. Smith, Grantley Smith, and F. A. Trowbridge.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

In the House of Lords, on July 4th, the National Health Insurance and Contributory Pensions Scheme Bill was read a second time.

In the House of Lords, on July 5th, the Town and Country Planning Bill was considered on the report stage.

Parliament will rise for the Summer Recess next week. The House of Commons this week carried all outstanding Estimates for the current year, and authorized the imposition of import duties on produce from the Irish Free State. Progress was made with outstanding Bills.

In the House of Commons, on July 5th, the Extradition Bill, which includes offences in relation to dangerous drugs among extradition crimes, was read the second time.

On July 5th a meeting of about twenty Members of Parliament decided to set up a committee to draft a Bill for legalizing the sterilization of mental defectives. Sir Basil Peto was chosen as chairman, and Wing Commander James as honorary secretary.

National Health Insurance Bill

In the House of Lords, on July 4th, the Health Insurance and Contributory Pensions Scheme Bill was read the second time. LORD MARLEY, in opposing the Bill, said that it meant a grave change in the health services of the country by cutting down benefits from national health insurance. The Opposition believed that it was only by means of a public medical service, free and open to all, that the health of the individual could be preserved, disease prevented, epidemics controlled, and the physical welfare of the community promoted.

On July 5th the Bill passed through the committee stage.

"Nomenclature of Diseases"

On June 30th Mr. JOHN MORRIS asked the Minister of Health "whether he is aware that a copy of a book, entitled *The Nomenclature of Diseases*, has been sent gratis to every qualified medical man; that the price of the book is marked 5s. net and the postage cost 6d.; that the only use of the book is that of a reference book in a library; and will he, in the interests of national economy, stop this practice of sending unwanted books and publications gratis to people at the public cost."

Sir HILTON YOUNG replied as follows:

"The answer to the first and second parts of the question is in the affirmative. The cost of postage is 5d., not 6d. As regards the third part, the book is of regular and practical use to the medical profession. Successive editions have been recognized since 1869 as indispensable to accurate certification of sickness and of the causes of death. It was for this reason that steps were taken to secure that the latest edition (which supersedes an edition published in 1917) should reach the hands of every registered medical practitioner. My hon. friend will perhaps accept my assurance that no such practice as is described in the last part of the question exists."

Motor Car Noises.—The House of Commons, on June 20th, considered in committee the vote for the expenses of the Ministry of Transport. Mr. MORGAN JONES moved a reduction of the vote. Mr. LOVAT-FRASER said that anybody going about the City must have observed the great increase in the last few years of horrible shrieking motor horns. They were injurious to health. A sudden shriek in the ear had much the same effect on the physical system as a blow. He had read in the reports of medical congresses that doctors said that the children who lived in big cities were growing up with impaired nervous systems because of the constant noise. He asked the Minister of Transport to give some attention to the matter and see if something could be done. Could not he fix standards confining the noises made by motor cars

The Services

ROYAL ARMY MEDICAL CORPS

Lieutenant-General Sir John Goodwin, K.C.B., K.C.M.G., D.S.O. (ret. pay), Colonel Commandant, the Army Dental Corps, has been appointed Colonel Commandant, Royal Army Medical Corps, in succession to Major-General Sir Maurice P. C. Holt, K.C.B., K.C.M.G., D.S.O. (ret. pay).

DEATHS IN THE SERVICES

Surgeon Commander Mark James Aitken, R.N., died in the Royal Naval Hospital at Haslar on June 29th. He was the son of the late James Aitken of Glasgow, and was educated at Glasgow University, where he graduated M.B. and Ch.B. in 1911. Entering the Navy soon after, he attained the rank of Surgeon Commander on April 3rd, 1926. He served in the war of 1914-18, receiving the medals.

Surgeon Commander John Walter Slaughter, R.N. (retired), of Budleigh Salterton, died in the Middlesex Hospital on June 27th, aged 69. He was educated at Trinity College, Dublin, where he graduated M.B. and Ch.B. in 1885, and entered the Navy in the following year, attaining the rank of Fleet Surgeon, now Surgeon Commander, on August 25th, 1902, and retiring in 1907. His last ship before retirement was the battleship *Swiftsure* in the Channel Fleet, then commanded by the late Rear-Admiral Sir Christopher Cradock. He leaves a widow.

Lieut.-Colonel Albert Baird Seaman, Bengal Medical Service (retired), died at St. Leonards on June 12th, aged 89. He was born on December 11th, 1842, the son of Shadrach Seaman, Esq., of Thorpe-le-Soken, Essex, was educated at King's College, London, and took the M.R.C.S. in 1865, and the L.R.C.P.Ed. in 1868. Entering the I.M.S. as Assistant Surgeon on October 1st, 1869, he became Brigade Surgeon Lieutenant-Colonel on October 22nd, 1894, and retired, with an extra compensation pension, on October 1st, 1896. He spent his service in military employ, and served in the Burmese war in 1885-6 (medal with clasp); in the North-East Frontier in the Lushai Hills in 1889, when he was mentioned in dispatches in G.G.O. No. 592 of 1889; and in the North-West Frontier in the Waziristan campaign of 1894, including the action at Wano (clasp).

Medical News

The ninety-first annual meeting of the Royal Medico-Psychological Association will be held from July 13th to 16th at the Municipal Buildings, Stirling, under the presidency of Dr. R. B. Campbell.

The Prince of Wales will open the new buildings at the Heritage Craft Schools, Chailey, Sussex, on July 19th. The children treated at the Heritage are sent there by educational and other public authorities from all parts of the country.

The Royal Institute of Public Health has vacated its premises at 37, Russell Square, and has removed to 23, Queen Square, and Guilford Street, W.C.1.

At the meeting of the Paddington Medical Society at the Great Western Royal Hotel, on Tuesday, July 12th, at 9 p.m., Dr. F. C. Martley will give an address on "Sickness insurance."

Founders' Day at Epsom College will be celebrated on Saturday, July 23rd, the second day of the cricket match, College v. Old Boys. Service in chapel at noon; presentation of prizes by the Bishop of Guildford at 3.30, followed by tea on the cricket ground; performance of *The Mikado* by the Choral Society at 8 o'clock.

The Fellowship of Medicine and Post-Graduate Medical Association has made arrangements for a series of lectures on migraine by Lieut.-Colonel R. H. Elliot, at the Medical Society of London, 11, Chandos Street, W., on July 14th, 21st, and 28th at 5 p.m. These lectures are free to members of the Fellowship. On July 22nd, at the National Temperance Hospital at 8.30 p.m., the first of a series of discussion-demonstrations will take place, the subject being "Certain aspects of indigestion." There will be no fee for members. In the absence of special courses,

particular attention is called to the individual clinics which are available every day. These clinics may be attended only by special arrangement with the Fellowship. The number of post-graduates attending each clinic is strictly limited, the usual maximum being four, so that the teaching amounts almost to individual tuition. A list of these clinics is published every month in the *Post-Graduate Medical Journal*. Copies of all syllabuses of courses and also the list of clinics can be obtained on application to the Fellowship of Medicine, 1, Wimpole Street, W.1.

An international medical post-graduate course, under the auspices of the Royal University of Milan, will be held at Milan from September 12th to October 2nd. The subject-matter to be dealt with during the course is distributed among the following special branches: heart diseases, cancer, preventive inoculations against diphtheria, neurology (neurosyphilis, multiple sclerosis, poliomyelitis), hormones. Particulars may be had from the secretary, Tomarkin Foundation, Case postale 128, Locarno, Switzerland.

At the eighteenth annual Conference of the National Association for the Prevention of Tuberculosis, which, as previously announced in these columns, will be held in London from July 21st to 23rd, addresses on the influence of the discovery of the tubercle bacillus by Robert Koch on medicine, surgery, and public health, will be given by Dr. R. A. Young, Sir Henry Gauvain, and Dr. W. C. White of Washington. Dr. F. J. H. Coutts will open a discussion on the protection from tuberculosis of the young adult. On the second day of the conference a discussion on the need for continuity of care in tuberculosis will be opened by Dr. Septimus Walker and Miss Edith McGaw. Further details may be obtained from the secretary of the National Association for the Prevention of Tuberculosis, Tavistock House North, Tavistock Square, W.C.1.

An International Congress of Biliary Lithiasis will be held at Vichy from September 19th to 22nd. The questions for discussion are: (a) the medical treatment of biliary lithiasis; and (b) the ultimate results of cholecystectomy. Lord Moynihan will be the honorary president of the congress, and Professor Wilkie of Edinburgh is to read a paper. It is hoped that all those who are interested will make a special effort to attend. Inquiries and applications should be addressed to Dr. J. Aimard, Secrétaire-Général du Congrès International de la Lithiase biliaire, 24, Boulevard des Capucines, Paris, IX.

The eleventh annual conference of cremation authorities will be held in conjunction with the annual conference of the National Association of Cemetery Superintendents in the Royal Pavilion, Brighton, on July 18th, 19th, 20th, and 21st. All who are interested in the question of disposal of the dead by earth burial or cremation are invited to be present.

Under the auspices of several Governments and of the League of Nations Health Organization and the International unions against tuberculosis, venereal diseases, and trachoma, a congress on Mediterranean hygiene will be held at Marseilles, from September 20th to 25th, in close relation with the Marseilles Faculty of Medicine. The British Government will be represented by Professor G. H. F. Nuttall. The subjects to be discussed include: spirochaetosis, undulant fever, dengue, modern methods of ridding ships of rats, the exanthemata particularly characteristic of Mediterranean shores, and the medical aspects of emigration and immigration. Practical demonstrations are being arranged, and it is hoped that the conference will lead to international agreements in several respects which will have prophylactic value. Apart from the more definitely clinical topics, such subjects as sanitary engineering, the hygiene of coasts not subject to tidal influences, and hydrology will be dealt with. Those who wish to attend the congress should communicate with Dr. G. Baillié, 19, Rue Hautefeuille, Paris, VI, and send him the membership fee, which is 100 francs; in return they will receive a card entitling them to reduced fares on French railways and certain ships. Numerous excursions to places of interest are being arranged.

The fourteenth annual congress of the Swiss Medico-Biological Society will be held at Thun at the same time as that of the Swiss Society for Natural Science Research, from August 6th to 8th, when the subject for discussion will be the autonomous nervous system and the regulation of metabolism, introduced by Professor Roussy of Paris and Dr. Loeffler of Zürich.

The tenth International Congress for Psychology will be held at Copenhagen from August 22nd to 27th.

The Board of Control, with the approval of the Minister of Health, has appointed Mr. J. H. Cobb, M.B., F.R.C.S., as honorary consultant in connexion with diseases of the ear, nose, and throat occurring among the mentally defective patients at Rampton State Institution, Retford, Notts.

The Home Secretary announces that in accordance with a recommendation of the Health Committee of the League of Nations, communicated to His Majesty's Government by the Council of the League, an Order in Council has been issued under Section 8 (2) of the Dangerous Drugs Act, 1920, extending Part III of that Act, which provides for the control of morphine, heroin, and cocaine, to acetyldihydrocodeinone, its salts and any preparation, admixture, extract, or other substance containing any proportion of acetyldihydrocodeinone. The effect of the Order is that this drug (the trade name for which is acedicone), its salts, preparations, etc., may not be imported into or exported from the United Kingdom and Northern Ireland without a licence issued by the Secretary of State under the Dangerous Drugs Acts, and, as regards internal control, the Dangerous Drugs (Consolidation) Regulations, 1928, will apply. Acedicone is not manufactured in this country.

A bust of the late neurologist Dr. Gilbert Ballet will be unveiled at Limoges on the occasion of the thirty-sixth Congress of French-speaking Alienists and Neurologists on July 27th.

The tercentenary of the University of Tartu (Dorpat), founded by Gustavus Adolphus in 1632, will be celebrated this year.

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:

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The address of the Irish Office of the British Medical Association is 18, Kildare 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

Abnormality of Taste

"E. M. R. F." writes: I would be glad of any suggestions from the experience of others in dealing with the following case. The patient is a man of 40 years of age, and a chauffeur by trade. For two months he complained more or less continuously of a constant sweet taste. On examination nothing abnormal can be found. Mouth, tongue,

and fauces appear normal, the teeth are all artificial, and the gums healthy. Accessory sinuses shed no light, and neither do the digestive processes. The urine never shows sugar or albumin. He is a very moderate smoker. Treatment up to date has consisted of mouth-washes of every description, and all manner of bitter mixtures. The sweet taste continues unabated. He tells me that at meals, no matter what he eats, the taste disappears while masticating, but reappears between mouthfuls. Smelling powers are normal.

Gnat Bites

"J. A. S." asks for advice on the best preventive measures against gnat bites.

Oedema of the Feet

Dr. W. R. SOMERSET (Wolverhampton) writes: In reply to "E. S. W.'s" inquiry (July 2nd, p. 41) I suggest the trial of mist. chlori et quinae *B.P.C.* I have treated several cases lately with considerable benefit, possibly only of a temporary nature. The mixture must be freshly prepared every day and half a pint of water should be taken with each dose. It has a powerful diuretic action, and I have found that the oedema disappears in about three days. It can, of course, be repeated.

Income Tax

Motor Car Replacement: Personal Use

"H. H." bought a car in 1926 for £240. He has sold it for £30 and bought another second-hand car for £137—net cost of replacement, £107. So far 20 per cent. of the actual running costs have been disallowed as being applicable to private use, but he has been allowed the whole of the expense of licence insurance and the garage attendant. Is he entitled to the whole or only to 80 per cent. of the cost of replacement?

** It is difficult to give a definite answer, because obviously the 20 per cent. of running costs is an estimate, and it is not clear what it was meant to cover. For instance, if 20 per cent. represents a fair estimate of private mileage, then all expenses should be reduced by 20 per cent. for income tax purposes. If the private use is, say, 15 per cent. only, then a recalculation of the whole expense on a uniform basis over a period of years might or might not give "H. H." some right to ignore the restriction as regards replacement costs—without detailed figures for some years it is impossible to say. We suggest for the future that a probable mileage basis be agreed and applied to all motor expenses, and also to an annual depreciation claim to be made in respect of the new car.

Interest on Unpaid Purchase Money—Cash Basis

"H. C." sold his practice as from April 1st, 1931. (1) The purchaser paid interest on the amount of the purchase price outstanding, but did not deduct income tax; his accountant now asks "H. C." to refund the amount which could have been deducted. (2) The value of the debts outstanding as at April 1st, 1931, was agreed with the inspector of taxes, and "H. C." is now being requested to pay additional tax on that amount as for 1930-1.

** (1) Interest is taxable by deduction at the source and consequently "H. C.'s" successor will not be allowed to treat it as a professional expense, so that if the refund is not made he will be adversely affected. There is no legal right to claim the refund, as the right of deduction of tax applies only to the payments as they are made, but "H. C." will probably feel reluctant to take a strict technical objection which, in the long run, would not prejudice him unfairly but would be inequitable as regards his successor.

(2) There is no justification for adding the whole of the value of the outstanding debts to the assessment for 1930-1, or treating any portion of them as income of a later year. If the assessments for the six years to 1930-1 have been less by reason of the adoption of the cash basis than they would have been on the value of bookings basis they can be revised individually—but that is all. In other words, the adjustment to be made is not for the value of the debts outstanding at March 31st, 1931, but only for the excess of that amount over the value of the debts as at March 31st, 1924. It may be impossible now to calculate that amount precisely, but no doubt a reasonable outside estimate can be prepared.