

the block in the glands. Is it not possible the *B. coli* may not cause the same obstruction by direct infection of the glands from the bowel? Constipation is generally marked in these cases. If the hydrocele were tapped once, the bowel irrigated by the suda bath method, and the alkaline reserve of the blood maintained, it is possible that, if the glands had not become too fibrosed by inflammation, medical treatment might suffice for a cure.

RATIONALE OF INJECTION TREATMENT

Small quantities of iodized phenol are injected into the cavity of the tunica vaginalis, with the object of cauterizing the endothelial surface, closing the stoma, and causing the two surfaces of the sac to adhere together—thus closing the cavity completely. If an inflammatory reaction is produced in this way, during the process of healing, protoplasmic buds are sent out from the surfaces, which adhere to form a fibrosed mass. Unless the fluid injected is equally distributed over the surface of the endothelium, loculi will form, and recurrence will occur more easily. Also unless the fibrosed mass—in fact before it has time to become too fibrosed—is massaged regularly inflammatory reaction will be set up in the testis, and may cause impotence.

TECHNIQUE OF METHOD

The amount to inject in each case must be decided by the general condition of the patient and the size of the hydrocele. Not more than 5 c.cm. should be injected at any one sitting or serious inflammatory reaction will occur. It is better to commence with 2 c.cm.

The patient is placed in the lithotomy position on a genito-urinary table and the entire perineum and scrotum cleansed with ether soap; surgical methylated spirit is applied, which partly anaesthetizes the area. The surgeon stands in front of the patient and with his left hand applies pressure from above downwards from the upper part of the scrotum, so that his fingers lie behind and can palpate the testis. A 20 c.cm. Record syringe, fitted with a full-size needle, is used. The needle is thrust through the scrotal tissues in an upward direction, carefully avoiding the superficial vessels. On piercing the sac all resistance disappears, demonstrating that the sac has been entered. All the fluid is withdrawn with the syringe. Then, with the needle still *in situ*, iodized phenol (4 parts iodine to 2 parts phenol, 3 minims for every ounce of fluid withdrawn is safe) is injected into the sac through the same needle. This is removed as soon as the injection has been completed, and the scrotum is massaged for about five minutes. A collodion dressing is applied to the needle puncture. The patient usually experiences a burning sensation for a few minutes. Sal volatile should always be at hand, as the patient sometimes feels faint.

After treatment the patient should rest in bed for twenty-four hours with the scrotum supported upon a pillow, and should there be any pain, a lotion such as *lotio plumbi c̄ opio* should be applied frequently on lint.

CASE RECORD

Case IX, a wood-joiner, aged 63, from Suffolk, complained of bilateral hydrocele of four years' duration, which had been periodically tapped by his own doctor. There were no urinary symptoms, no history of tuberculosis, and he denied any venereal disease. Constipation was constant without strong purgatives. Examination revealed no obvious focus of infection or evidence of tuberculosis or venereal disease. He suffered from myocarditis of rheumatic origin, and had attacks of dyspnoea. His general condition would not have warranted an open operation. Locally there was a bilateral hydrocele distending the scrotum to the size of a Rugby football. The size and weight were so great that it was necessary to have a special suspensory bandage made for him.

In view of the patient's poor general health I deemed it wise to refrain from attempting to cure the condition in one sitting. The following treatment was therefore adopted.

September 10th, 1931. Left hydrocele tapped—1½ pints of clear, straw-coloured fluid removed and 2 c.cm. iodized phenol injected. Right tapped—2 pints withdrawn; no injection.

November 23rd, 1931. Left hydrocele—slight recurrence: 6 oz. fluid withdrawn, 3 c.cm. iodized phenol injected. Right—20 oz. fluid withdrawn, 3 c.cm. iodized phenol injected.

February 3rd, 1932. Left hydrocele—no recurrence. Right—5 oz. fluid withdrawn, 3 c.cm. iodized phenol injected.

June 2nd, 1932. Left and right hydrocele—no recurrence. Small fibrosed lump felt in front of each testicle. Testicular sensation normal.

OBSERVATIONS

Hydrocele of the tunica vaginalis is a common condition, usually occurring in middle life.

Injection treatment is simple, effective, and curative, and is not followed by untoward complications.

There is no recurrence or complications such as are sometimes met with after open operation.

No anaesthetic is necessary for injection treatment, and there is the minimum absence from work.

Many cases are associated with constipation, which suggests that the cause may be auto-intoxication from the bowel through the lymphatics, acting as an obstruction to their normal circulation.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

SYMPTOMLESS CORONARY THROMBOSIS

On January 12th, 1932, a retired schoolmaster, 70 years of age, was sitting at the table in a public library, writing, when he collapsed on to the floor and died almost instantly.

HISTORY OF THE CASE

One of us knew the man slightly, and was his family doctor, although he had never attended him professionally as he was never ill. Careful inquiry from his relations and friends has failed to suggest that he had had any symptoms whatever before the fatal seizure. He spent most of his time reading novels in front of the fire, smoking innumerable cigarettes—in fact he was never without a cigarette in his mouth. (Levine mentions smoking as one of the possible causes of coronary thrombosis.) He had spent Christmas with his family in London, and enjoyed it with the youngest. On the afternoon of his death he had had tea as usual, and went out about an hour afterwards. He does not seem to have had any difficulty over the two flights of stairs leading to the library nor to have been short of breath. He had been sitting down for about half an hour before he collapsed. He never complained of pain, and any shortness of breath he may have had he attributed to his age. His appetite was good, and his wife never thought he was ill, nor indeed that he was a bit off colour; but one of his friends has since said that he thought the patient looked older and greyer after his return from London early in 1932.

Post-Mortem Findings

At post-mortem he was a well-nourished man, rather muscular for his age. The pericardium contained about an ounce of blood clot. The heart was normal in size, but there was an aneurysmal dilatation half an inch across on the posterior aspect of the left ventricle, over which there was some patchy thickening of the pericardium. Rupture of this area of thinned muscle was the immediate cause of death.

The coronary arteries showed gross senile degenerative changes; the left was the more extensively damaged, its anterior descending branch being converted into a rigid calcified tube, with its lumen irregularly diminished in size but nowhere completely occluded. The circumflex branch, passing down the posterior aspect of the left ventricle, was almost occluded at a point one inch from the auriculo-ventricular groove; thrombosis had taken place just below this narrowing, resulting in infarction of the myocardium. In the process

of healing, the infarcted mass of muscle had become thinned and fibrotic, allowing the formation of an aneurysm, below which the myocardium was grossly fibrotic as far as the apex of the left ventricle. The endocardium over the affected area was somewhat thickened and roughened, but no thrombus was attached to it. The right coronary artery displayed patches of atheroma, and terminated as a very small posterior descending branch. The aortic and mitral valves were slightly thickened, but the valves of the right side were normal.

Microscopical examination confirmed the naked-eye appearances, showing the atheromatous nature of the arterial degeneration and the absence of any features of syphilitic disease. The ischaemic necrosis of the myocardium had been followed by fibrous tissue replacement of the destroyed muscle. All evidence of the immediate reaction to infarction had disappeared, and it is probable that some months at least must have elapsed between the initial thrombosis and the fatal termination. The lungs, liver, spleen, kidneys, and brain were normal. There was no oedema.

It is well known that coronary thrombosis may occur without pain, but when one considers the profound general illness usually associated with the condition it is surprising that a man and his friends should be entirely ignorant that anything serious was amiss.

FREWEN MOOR, M.C., M.D.,

Physician, Margate and District General Hospital.

HERBERT ROGERS, M.B., Ch.B.

Assistant Pathologist, Bristol General Hospital.

PHOSPHORUS AND ALLERGY

The following case of allergy presents a point of interest which may have some bearing on the nature of allergic conditions in general.

The subject is a man, aged 30. His father suffered from hay fever. His grandmother (maternal side) was a victim to asthma and bronchitis. The patient himself suffered periodically from hay fever until he went to live in the country four years ago (a district 300 ft. above sea-level, having an ironstone subsoil). On one occasion recently he was working in his garden with phosphate of lime—spreading the substance as a dry powder. After working thus for about an hour he noticed symptoms similar to those produced whenever he has eaten fish, to which he has been sensitive since early childhood. The symptom was that of swelling in the throat, and forced him to abandon using the phosphate of lime. There was not the accompanying vomiting such as occurs on his eating fish. The symptoms lasted for five hours—until bedtime—and had disappeared next morning. He has not been in contact with phosphate of lime since that time.

DISCUSSION

It occurred to me that phosphorus might play a part in allergic conditions, being a constituent of protein—the usual excitant of allergy. A search through the literature revealed the following facts in this connexion:

1. Those substances known to be common causes of allergy are, as a rule, comparatively rich in phosphorus. Rackemann gives eggs, wheat, cow's milk, and, to a lesser extent, fish, as by far the commonest foods giving rise to allergic symptoms. The following tables show the high phosphorus content of these foods compared with other articles of diet:

Percentage of phosphoric acid (P_2O_5) in some fresh foods (Hutchison).

	Per cent.		Per cent.
Eggs	0.337	Cabbage	0.089
Milk	0.220	Turnip	0.058
Potato	0.140	Carrot	0.036

Amount of P in 100 grams of fresh substance (ash content of the edible portion of some common foods (Sherman).

Wheat, entire grain...	469 mg.	Potato	61 mg.
Oatmeal	390 mg.	Cabbage	27 mg.
Beans, lima, dried ...	336 mg.	Beefsteak, lean ...	22 mg.
Rice, polished	89 mg.	Apples	13 mg.
Wheat flour	86 mg.		

The second part of the table brings out the very high proportion of phosphorus in wheat—one of the commonest causes of allergy—as compared with other foodstuffs. Different meats vary considerably in their phosphorus content. According to Sherman fish has a slightly higher phosphorus content than meat. An analysis of eggs and of milk reveals phosphorus to be the largest constituent of the ash in each case, with the exception of potassium.

2. Individuals manifesting allergic symptoms frequently have a low blood phosphorus. Sterling says: "We have found a marked deficiency in phosphorus in allergic people." Bray found a tendency to a low blood phosphorus in allergic children—thirteen out of thirty cases showed a blood phosphorus of less than 4 mg. per 100 c.cm.

3. An important method of treating allergy tends to increase the absorption of phosphorus from the intestine by the administration of hydrochloric acid by the mouth. Bray found in 200 analyses of the gastric secretion of asthmatic children that 80 per cent. showed a response of acid gastric secretion below the normal. Other investigators (Hurst, Duke, Brown, Rowe, Criepe, and McElroy) have found varying proportions—sometimes strikingly large—of allergic subjects with hypochlorhydria or achlorhydria. As a result, Bray, Lockard, Beckman, and others have used the empirical remedy of hydrochloric acid in cases of allergy with deficient acid gastric secretion. Beckman in 1930 "collected together the results obtained in 237 cases treated by thirty-four physicians, each using the remedy for the first time. Of this number 160, or 67 per cent., obtained complete or marked relief of symptoms."

Now alkali interferes with the absorption of phosphorus from the intestine, whereas "acid promotes absorption of phosphorus" (Peters and Van Slyke). This fact does not appear to have been related to allergy in the literature of the subject, but is mentioned by the above authors, as follows: "Acidity of the intestinal contents also affects Ca and PO_4 absorption. Other factors being equal, an acid diet causes diversion of more Ca and PO_4 from faeces to urine than an alkaline diet."

Is it possible that the administration of hydrochloric acid in cases of allergy acts by promoting the absorption of phosphorus from the intestine, increasing the phosphorus content of the blood, and thus removing an "inner" factor of the allergy—an abnormally low blood phosphorus?

4. The effects of phosphorus poisoning in some respects closely resemble allergic conditions. In phosphorus poisoning the throat and tongue may become swollen, and vomiting may occur. Swelling of the throat and tongue, with vomiting, may also be seen in certain cases of allergy—for example, from eating fish. Urticaria, one of the allergies, sometimes results from phosphorus poisoning. Workers in match factories, using phosphorus sesquisulphide, are liable to bodily effects similar to those of hay fever: "The sesquisulphide acts, in some instances, as an irritant, causing conjunctivitis and oedema of the eyelids" (Rosenau). These match workers are also liable to eczema of the skin.

5. A low blood phosphorus might be caused by an inability to make full use of the phosphorus in the diet (for example, in achlorhydria), or it might be due to a deficiency of phosphorus in the diet. In the United States this deficiency does seem to exist. According to Sherman 0.88 gram of phosphorus is required daily for a body weight of 70 kilos. He states that "only eight out of 224 American families received this amount in their daily diet."

While no definite conclusion can be drawn from the above facts, they seem to suggest that some allergic conditions may be due to the ingestion of substances rich in phosphorus by individuals with a low blood phosphorus.

I wish to thank Dr. G. W. Bray for corrections in the preparation of the above memorandum.

London, W.9.

R. L. WORRALL, M.B., Ch.M.

sports in three successive years and played Rugger for the hospital and for the United Hospitals, acquiring the common badge of Rugby footballers, a thick ear. Although of a retiring disposition his warm-heartedness and sincerity quickly became apparent to those who gained his friendship; and as the writer of this notice is well aware he was a trusty and loyal colleague. He leaves a widow and children to mourn the loss of a devoted husband and father; to his many friends he leaves a memory which is altogether pleasant.

SIR CHARLES BURTCHAELL, K.C.B.

Lieut.-General A.M.S.

Lieut.-General Sir Charles Henry Burtchaell, Colonel Commandant R.A.M.C., K.C.B., C.M.G., K.H.S., died on July 28th after an operation in Queen Alexandra's Military Hospital, Millbank, aged 65. He was born at Kilkenny on August 30th, 1866, the son of Mr. Peter Burtchaell of Brandondale, County Kilkenny, and was educated at Trinity College, Dublin, where he graduated B.A., M.B., B.Ch., and B.A.O. in 1889, subsequently taking the D.P.H. at Trinity College, Dublin, in 1906.

He entered the R.A.M.C. as surgeon captain on July 28th, 1891, and on May 20th, 1898, was promoted to surgeon major, a special promotion for his services in the Tirah campaign, which gave him five years' seniority over his contemporaries. He was the last officer of the R.A.M.C. promoted to surgeon major before the grant of military titles. He became lieutenant-colonel eight years later, and was promoted to colonel in the long war promotion list of March 1st, 1915, to major-general on December 26th, 1917, and to lieutenant-general on June 3rd, 1919, on appointment as Director of Medical Services in India, retiring on September 6th, 1923. He served in the campaign on the North-West Frontier of India in 1897-8, taking part in the actions of Chagri Kotal and Dargai, in the capture of the Sampagha and Arhanga Passes, the reconnaissance of the Saran Sar, and the operations in the Waran Valley and the Bara Valley, was mentioned in dispatches in the *London Gazette* of April 5th, 1898, was specially promoted to surgeon major, and received the frontier medal with two clasps. He next served in the South African war in 1899-1902, when he took part in the advance on Kimberley, including the actions at Belmont, Enslin, Modder River, and Magersfontein, and in other operations in the Orange Free State and the Transvaal, including the actions at Venterskroon and Lindley, was mentioned in dispatches in the *London Gazette* of July 29th, 1902, and received the Queen's medal with four clasps and the King's medal with two clasps. After the war he was appointed principal medical officer of the South African Constabulary, and held that post for three years, 1902-5.

Before the great war he was serving as Assistant Director-General in the War Office, and in that capacity was responsible for the allotment and mobilization of the medical units of the Expeditionary Force until he was sent abroad himself in October, 1914. There he served as A.D.M.S. at headquarters, and when Lieut.-General Sir Arthur Sloggett retired in May, 1918, succeeded him as Director-General of the Medical Services of the British Armies in France. He was mentioned in dispatches eight times, in the *London Gazette* of February 17th and June 28th, 1915, January 1st, 1916, January 4th, May 29th, and December 24th, 1917, and May 25th and December 30th, 1918. He received the C.M.G. in 1915, the C.B. in 1917, and the K.C.B. on January 1st, 1919; also the Legion of Honour. On June 1st, 1918, he was appointed an Honorary Surgeon to the King. After the war his University gave him an LL.D., and the Irish College of Surgeons an honorary Fellowship; and in 1925 he was appointed a

Colonel Commandant of the R.A.M.C. He married Bertha Marcella, daughter of Mr. J. G. Auret of Johannesburg, and had two daughters.

The following well-known foreign medical men have recently died: Professor MORITZ KATZENSTEIN of Berlin, an authority on plastic surgery and operative orthopaedics, aged 59; Dr. JAMES BIRNEY GUTHRIE, professor of medicine, Louisiana State University Medical Centre, aged 56; Dr. JOHN FARQUHAR FULTON, emeritus professor of ophthalmology and oto-rhino-laryngology, Minnesota Medical School, aged 73; Dr. WILLY MEYER, emeritus professor of surgery, New York Post-Graduate Medical School and Hospital, aged 73; Dr. JACQUES SILHOL, professor of clinical surgery at the Marseilles faculty of medicine, aged 58; Dr. PIERRE TEISSIER, professor of infectious diseases in the Paris faculty, member of the Académie de Médecine, and commander of the Legion of Honour; and Dr. GLEBOWSKY, medical officer of health of Moscow, aged 55.

Medico-Legal

RENT-FREE ROOMS: AN INCOME TAX PROBLEM

The position of individuals having the rent-free use of a house or rooms is somewhat confusing, because the question of liability to taxation of the benefit so accruing depends in part not so much on the nature of the benefit as on the status of the person or body of persons employing the individual using the rooms. The question in each case will, of course, be governed either by statute law or case law, and it may be convenient to deal with the matter under those heads.

Statute Law

(a) Rule II of No. VII, Schedule A, of the Income Tax Act of 1918 provides that houses or rooms belonging to the Crown and occupied by an officer of the Crown are chargeable to tax on their annual value upon the individual officer. This provision was apparently designed to cover such cases as rent-free rooms in prisons, naval and military barracks, or hospitals, etc. It merely brings the officer concerned into the position of paying tax on invisible income to the same extent as he would if he had larger emoluments and, like the great majority of taxpayers, paid his rent out of his taxable income.

(b) Under Rule I of No. VI, Schedule A, the public buildings, offices, and premises belonging to a hospital are exempt so long as they are not occupied by an officer whose total income amounts to £150 or more. Where rooms, etc., are occupied by an officer having such an income the hospital authority is chargeable on the value of such rooms (Governors of Sutton's Hospital in *Charterhouse v. Elliott*), but whether the individual officer would be liable to recoup the hospital for the tax paid on the value of his rooms is a question that has not been tested in the courts, and, we imagine, would be very unlikely to be the subject of litigation.

(c) With regard to ordinary property—that is, that not occupied by either of the special classes mentioned above—the statutory rule is that income tax on the rental value is chargeable on the "occupier." If he pays rent the tax is deductible *pro rata* from the rent when paid; if he is the owner the burden of the tax remains on his shoulders, and represents the taxation of the benefit derived from his ownership of the property.

Case Law

It will be realized that, in applying the general rule above, questions arise as to who precisely is the "occupier" who should pay, and bear the burden of, the tax. The leading case on this point is that of *Tennant v. Smith*, which was decided by the House of Lords in 1892. The point in issue was whether a bank manager residing in rooms over a bank was liable to pay tax on the value of the rooms which he occupied rent free. The

case was decided against the Crown on the ground that there were certain restrictions as to the use and rights of tenancy of the rooms, and that the advantages of the occupation were not received in money or in a form capable of being converted into money—for example, the rooms could not be let by the occupier. With certain modifications, which are not relevant to the present purpose, that decision remains sound law to-day. Consequently where an assistant is provided with furnished or unfurnished rooms, which he has merely the right to use and not to let, his principal is entitled to treat the cost of supplying that accommodation as part of his professional expenses, but the assistant is not liable to account for tax on the value of the benefit which he receives in that way. An exception to this would arise if the assistant had complete use and full control of the whole premises so that he became the legal "occupier" of the house.

There is, however, one special type of case which it may be advisable to distinguish. Cases have occurred where an employer has provided free quarters, and sometimes free board, on the terms that a specified deduction for such benefits shall be made from the nominal salary stated in the agreement for service. In such cases liability attaches to the nominal amount, although part of it does not reach the employee in cash (*Cordy v. Gordin*, 1925).

UNREGISTERED PRACTITIONER SENTENCED

At the Central Criminal Court on July 21st, Richard William Starkie, aged 56, an unregistered medical practitioner, of Oakley Square, St. Pancras, was found guilty of using an instrument with intent to procure the miscarriage of a woman named Edna May Meredith, a shop assistant, and was sentenced to eighteen months' imprisonment. In his evidence the defendant, who denied the charge, stated that he was struck off the *Medical Register* ten years ago. He had previously been for eleven years a police surgeon, and he had made a special study of gynaecology, and had held an important post in a gynaecological hospital. He maintained that he was entitled to carry on his practice as a doctor, although unregistered. The only requirement was that he should not pretend to be a registered medical practitioner.

After the defendant had been found guilty, it was stated by the police that in September, 1921, Starkie was sentenced at the Central Criminal Court to nine months' imprisonment for administering a noxious thing with intent to procure miscarriage, and in 1929 he was convicted of procuring drugs. Mr. Justice Roche said that in view of the fact that the defendant had not been before the court during the last ten years on this kind of charge he would refrain from passing a sentence of penal servitude.

Universities and Colleges

UNIVERSITY OF OXFORD

At a congregation held on July 30th the following medical degrees were conferred:

B.M.—F. Hawking, H. G. H. Waters, G. B. Malone-Lee, J. L. Ryce, W. H. Greany, A. J. E. Edleston, R. H. Bolton, R. L. H. Townsend, Mrs. Caroline E. Nicholson.

UNIVERSITY OF LONDON

At the June matriculation examination 205 candidates passed in the first division and 1,100 in the second division; 45 took the supplementary certificate in Latin.

The following candidates have been approved at the examination indicated:

M.D.—*Branch I (Medicine)*: H. G. Close, M. M. Cowasjee, Marjorie M. Dobson, C. N. Evans, I. Gordon, M. Kremer, Florence Louis, *I. McPherson, Anna P. Montgomery, R. K. Price, T. N. Rudd, J. G. Scadding (University Medal). *Branch II (Pathology)*: Ruby O. Stern. *Branch III (Psychological Medicine)*: M. Mackenzie, Muriel L. M. Northcote, D. N. Parfitt, Mary E. Tyars (H. and S.S.), Hilda M. Weber. *Branch IV (Midwifery and Diseases of Women)*: F. S. Cooksey, Greta Hartley, F. Heber, Marion Ravell, F. R. Stansfield (University Medal), Dorothea C. Wigfield.

Branch V (State Medicine): E. J. de Verteuil, R. D. Gross, W. H. S. Wallace. *Branch VI (Tropical Medicine)*: R. C. Amies.

* Awarded a mark of distinction.

The degree of M.Sc. (Physiology) has been awarded to W. R. Spurrell (Guy's Hospital Medical School).

ROYAL COLLEGE OF SURGEONS OF ENGLAND

An ordinary meeting of the Council was held on July 28th, when the President, Sir H. J. Waring, was in the chair.

Sir Arthur Keith was appointed Master of the Buckston Browne Research Farm. Mr. W. Sampson Handley was re-elected a member of the Executive Committee of the Imperial Cancer Research Fund.

Diplomas of Membership were granted to the following candidates who had passed the examinations in medicine, surgery, and midwifery of the Examining Board in England:

Towhida Abdel-Rahman, H. Ackers, R. W. F. Alles, F. C. Angier, *H. Barcroft, V. H. Barnett, W. N. W. Barnes, C. H. Bateman, C. G. Batty-Smith, *F. H. Bentley, R. H. Berry, F. R. Bettley, G. A. Betts, R. N. Bhatia, J. D. H. Bird, S. E. Birdsall, R. N. Biswas, J. R. Blackburne, Marjorie Bolton, C. P. F. Boulden, T. Bromberg, Ethel D. M. Brook, D. G. W. Brown, L. I. S. Campbell, B. Cates, B. Chandra, J. W. Cheetham, A. H. Chenard de la Giraudais, S. J. Chessier, T. A. Connold, Gwendolen N. Cook, P. T. Cooper, A. C. Cox, C. F. Cumings, J. Cunard, Anna V. K. Cyriax, Phyllis E. Dain, D. T. Davies, W. H. D. Davies, S. Chandra De, A. K. Deb, L. W. B. Dobbin, N. M. Durrani, R. M. Ebeid, F. R. Edwards, M. H. Evans, W. J. M. Evans, T. B. Field, R. J. K. Fleming, F. E. Fletcher, D. H. Fulton, A. H. Galley, D. W. C. Gawne, P. A. I. Gorer, C. H. Gray, N. Green, Phyllis N. Greene, A. K. Guha, M. A. F. A. Hadi, M. Hafezi, J. Halperin, R. J. C. Hamilton, J. C. Hardy, K. W. Hardy, E. R. Hargreaves, J. B. Harman, L. P. Hodgson, J. S. Horsley, T. G. Hovenden, J. Howkins, M. G. H. Hughes, W. Hunt, A. D. Iliff, Ursula Y. im Thurn, E. James, J. R. E. James, W. L. James, C. G. Jones, J. E. Jones, Katherine M. Jones, W. W. Jones, M. Katz, B. S. Kaushal, Agnes V. Kelynack, G. W. Kendrick, M. Klass, L. O'N. Knox, C. P. Lanyon, Annie Lawson, Z. Lefkowitz, A. R. R. Le Fleming, Gladys A. R. Lenanton, Peggy Levi, P. Lewis, R. S. Lewis, L. H. B. Light, S. Livni, T. E. S. Lloyd, J. L. Lovibond, M. J. F. McArdle, J. C. McGregor, Mary A. McKean, J. D. MacLeod, H. A. Magnus, R. A. Manclark, J. I. Maran, Lois M. Marris, Gwendolen E. Matthews, F. S. A. Maw, R. V. F. Mercer, G. A. Miller, M. A. N. Moezuddin, W. H. W. Morris, Edith A. Muirhead, J. de C. Muller, R. B. Munro, W. T. North, H. E. Offord, T. G. Osler, G. H. C. Owens, J. W. M. Owen, J. S. Parkinson, R. E. J. Pembrey, S. H. B. Platts, G. A. Powell-Tuck, *A. Rashid, G. R. C. Rayner, H. G. Rees, T. G. Richards, A. E. G. Ridgway, D. F. Robb, A. Rothwell, *E. Rudkin, T. J. Ryan, H. B. C. Sandiford, A. J. Sanghani, B. H. Sayed, J. W. V. Sheldon, I. Singh, F. J. Sladen, S. B. Smith, E. J. Somerset, Charlotte M. H. Sparrow, J. E. Stephens, F. Summers, Annie C. Taylor, N. S. Taylor, Enid A. Taylour, D. H. H. Thomas, H. R. Thompson, A. S. Thorley, Greta Traub, H. A. Treble, E. Troensegaard-Hansen, A. R. Walters, E. A. Webb, C. U. Wickham, R. F. Winckworth, Albertine L. Winner.

Diplomas in Ophthalmic Medicine and Surgery were granted, jointly with the Royal College of Physicians, to the following:

W. F. T. Adams, R. H. B. Barrow, A. S. Baxi, M. L. Bhagat, S. C. Biswas, R. Bolton, M. M. D. Chughtai, R. A. Condon, Margaret C. Falconar, S. H. Faulkner, P. Fleming, R. E. Henry, R. Lal, A. ud Din Minhas, I. A. Mohamed, N. K. Munsif, W. J. Robertson, C. B. V. Tait, R. Walkingshaw.

* M.R.C.S. previously granted.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a quarterly comitia of the Royal College of Physicians of London, the President, Lord Dawson of Penn, in the chair, the following were elected officers for the ensuing collegiate year: *Censors*, Robert Arthur Young, C.B.E., M.D., Arthur John Hall, M.D., George Frederic Still, M.D., Sir Thomas J. Horder, Bt., K.C.V.O., M.D.; *Treasurer*, Sidney Philip Phillips, M.D.; *Registrar*, Raymond Crawford, M.D.; *Harveian Librarian*, T. H. Arnold Chaplin, M.D.; *Assistant Registrar*, Robert Oswald Moon, M.D.

Awards

The Bisset Hawkins Gold Medal was awarded, on the recommendation of the Council, to Dr. T. H. C. Stevenson, C.B.E., for his valuable work when Superintendent of Statistics in the Office of the Registrar-General.

The President announced that on the recommendation of the Science Committee the Leverhulme Scholarships had been awarded to Stanley J. Hartfall, M.D., M.R.C.P., and John Fleming Brock, M.B., M.R.C.P.

The Murchison Scholarship was awarded to G. H. Newns, M.B., of King's College Hospital Medical School.

Harveian Oration

Sir George Newman will deliver the forthcoming Harveian Oration on October 18th at 4 p.m.

Appointments

The following appointments were announced: Sir Thomas Lewis as Harveian Orator, 1933; Sir Humphry Rolleston as FitzPatrick Lecturer, 1933; Dr. C. S. Myers as Bradshaw Lecturer, 1933; Dr. C. R. Box as Lumleian Lecturer, 1933; Dr. C. E. Newman as Goulstonian Lecturer, 1933; Dr. E. A. Carmichael as Oliver-Sharpey Lecturer, 1933; Dr. W. G. Savage as Mitchell Lecturer, 1933; and Professor O. L. V. S. de Wesselow as Croonian Lecturer, 1934.

Dr. James Collier was appointed the College representative on the National Florence Nightingale Memorial Committee.

Membership

The following candidates, having satisfied the Censors' Board, were admitted Members of the College:

Ghulamahmad Niazmohammad Ahmadi, M.B. Bombay, Simon Behrman, L.R.C.P., Harold Walter Benham, M.B. Lond., L.R.C.P., Albert Harold Godwin Burton, M.D. Lond., John Egerton Caughey, M.B. New Zealand, Judson Tyndale Chesterman, L.R.C.P., Jack Dinham Cottrell, M.B. Sydney, Gerald Henry Davy, O.B.E., M.D. Camb., L.R.C.P., Geoffrey Duckworth, L.R.C.P., Theodora Clemens Easterfield, M.B. New Zealand, Sayid Abdel Kader Effat, M.D. Cairo, Richard Huxley Fish, L.R.C.P., Michael Scott Montague Fordham, M.B. Camb., Frank Forman, M.B. Aberd., Philip Rutland Graves, L.R.C.P., Gilbert Steward Hall, M.B. Birm., L.R.C.P., Eric Oates Halliwell, L.R.C.P., Thomas Frederick Hewer, M.D. Bristol, Leonard Haydn Howells, M.B. Lond., L.R.C.P., Alfred Thomas Lock Kingdon, M.B. Lond., L.R.C.P., Julius Libman, M.D. Liverp., L.R.C.P., George Roderick Marciano, M.D. Lond., L.R.C.P., John Henry George Mason, M.B. Lond., L.R.C.P., Walter Lindsey Neustatter, M.B. Lond., L.R.C.P., George Henry Newns, M.B. Lond., William Drew Nicol, M.B. Lond., L.R.C.P., Christopher Robert L'Estrange Orme, L.R.C.P., Gerald Eustace Peacock, L.R.C.P., Norman Swift Plummer, M.B. Lond., L.R.C.P., Edward Tobias Renbom, M.B. Lond., L.R.C.P., David Graham Rosenthal, M.B. Melb., Harley Edward Stevens, M.B. Sydney, Aldwyn Brockway Stokes, L.R.C.P., George Mellor Tickler, L.R.C.P., Henry Ashbourne Treadgold, M.D. Lond., L.R.C.P., Dagmar Florence Curjel Wilson, M.D. Glas., Ian Jeffreys Wood, M.D. Melb.

Licences and Diplomas

Licences to practise physic were granted to 159 successful candidates, and Diplomas in Ophthalmic Medicine and Surgery to nineteen successful candidates, jointly with the Royal College of Surgeons. (The list of successful candidates is published in the report of the meeting of the Royal College of Surgeons in this issue.)

The following diplomas were also conferred, jointly with the Royal College of Surgeons:

DIPLOMA IN PUBLIC HEALTH.—E. R. Bennion, A. D. Cust, Idris Davies, J. F. Galloway, C. Ive, J. D. Kershaw, S. Kin, M. R. Lakhwarah, Kathleen McC. McKeown, J. Maddison, N. F. Pearson, K. N. Sen, G. McK. Thomas, C. H. Williams.

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—S. S. Alam, A. S. Arora, E. F. Duck, P. B. Fernando, W. A. Gomes, Florence R. Hart, Esther C. Johnson, W. A. N. Marrow, N. M. Mian, F. J. O'Meara, C. W. Richardson, Mary McD. Richardson, A. J. Sanghani, W. J. Silva, J. Singh, E. P. Veatch.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—H. L. Burton, C. C. Davis, S. W. Hardwick, W. V. Harke, W. Hinds, Effie L. Hutton, J. H. O. Roberts, Marjorie E. F. Sanders, R. H. Stanbridge, E. S. Stern, C. A. Sundara Raj, L. S. Torrance.

DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY.—C. N. L. Cantor, M. A. Carneiro, S. K. Chatterji, W. A. D. Drummond, J. C. McFarland, J. Parry-Evans, E. E. Scharfe, R. R. S. Strang.

BRITISH COLLEGE OF OBSTETRICS AND
GYNAECOLOGY

The quarterly meeting of the Council was held in London on July 25th, with the president, Professor W. Blair-Bell, in the chair.

The President reported the deaths of two Foundation Fellows—Professor H. Leith Murray (Liverpool) and Dr. W. D. Macfarlane (Glasgow)—and of one Foundation Member—Dr. A. Remington Hobbs (London)—and resolutions of sympathy were passed. Professor J. Windeyer (Sydney) was admitted to the Foundation Fellowship *in absentia* and Dr. Ivan Young Patrick (Montreal) was admitted to the Foundation Membership *in absentia*.

The President announced that the following candidates had passed the examination for the Membership of the College:

George Herbert Alabaster, William John Hunt Montgomery Beattie, Charles Botterill Baxter, Gladys Helen Dodds, Eric Arthur Gerrard, Alistair Gunn, Thomas Arthur Norman Jeffcoate, Hector Ross MacLennan, Douglas Hamilton McLeod, Chassar Moir, Robert Newton, Charles Ross Stansfield, Norman L. White.

The President reported that a deputation of the Council had discussed with the Standing Committee of the Royal College

of Physicians and the Royal College of Surgeons the question of a Diploma in Obstetrics and Gynaecology.

The President informed the Council that it was hoped to open the College House, 58, Queen Anne Street, at the end of October or the first week in November, but full details of the ceremony had not yet been arranged.

The Council decided that the Honorary Fellowship of the College should be conferred upon Sir Robert Jones, Bt., K.B.E., C.B., F.R.C.S., and Professor W. P. Graves, Professor of Obstetrics and Gynaecology in Harvard University.

Dr. John Shields Fairbairn was elected to be the next President of the College, and to take office at the Autumn meeting of the Council. Mr. Eardley Holland was re-elected honorary treasurer and Professor Fletcher Shaw honorary secretary. Mr. A. Leyland Robinson (Liverpool) was elected to fill the casual vacancy on the Council created by the death of Professor Leith Murray.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—N. P. Bruce, E. F. David, I. S. Lloyd, T. S. Nicol, L. R. C. Rose.

MEDICINE.—R. N. O'D. Burns, M. Davies, C. H. Fagge, A. E. Glanvill, G. F. C. Harvey, D. Kyle, H. Owen, R. H. Wheeler.

FORENSIC MEDICINE.—F. W. Baskerville, N. P. Bruce, R. N. O'D. Burns, E. Cook, C. H. Fagge, A. E. Hassan, R. H. Wheeler.

MIDWIFERY.—R. N. O'D. Burns, M. B. Chandulal, T. S. Nicol, B. Shapiro, L. Wailer.

The Diploma of the Society has been granted to Messrs. M. Davies, I. S. Lloyd, T. S. Nicol, and L. R. C. Rose.

Medical News

The Medical Research Council has appointed Mr. Ernest Bevin; Dr. C. G. Douglas, F.R.S., and Mr. W. S. Morrison, M.P., to be members of its Industrial Health Research Board in succession to Mr. Arthur Pugh, Professor E. P. Cathcart, F.R.S., and Major A. G. Church, who retire by rota on September 30th.

The fourth international medical post-graduate course of the Tomarkin Foundation will be held at Milan from September 12th to October 2nd. The subjects to be dealt with comprise cardiac diseases, cancer, the hormones, anti-diphtherial vaccination, neurosyphilis, disseminated sclerosis, and poliomyelitis. The speakers include many of the leading authorities on the Continent. Further details may be obtained from the secretary of this Foundation, Casella Postale 128, Locarno, Switzerland.

The forty-fifth international post-graduate course of the medical faculty of Vienna will extend from September 26th to October 8th, and will be largely devoted to therapeutics, including such topics as collapse procedures of the lungs, radium and x-ray therapy, and the treatment of diseases of the heart, stomach, liver, gynaecological and obstetrical abnormalities, syphilis, and gonorrhoea. The programme can be obtained from the Dean of the Medical Faculty, The University, Ring des 12 November, Vienna, 1.

The eighth Congress of the International Union against Tuberculosis will be held at The Hague from September 6th to 9th under the presidency of Professor Nolen, when the following subjects will be discussed: (1) Relations between allergy and immunity, introduced by J. Bordet of Brussels, followed by H. Aldershoff of Utrecht, S. Lyle Cummins of Cardiff, J. de Daranyi of Budapest, Debré of Paris, K. A. Jensen of Copenhagen, R. Kimla of Prague, Bruno Lange of Berlin, D. Ottolenghi of Bologna, A. Wallgren of Gothenburg, and W. C. White of New York; (2) Chrysotherapy, introduced by L. Sayé of Barcelona, followed by Burns Amberson of New York, Ameuille of Paris, F. Bocchetti of Rome, L. S. T. Burrell of London, Knud Faber of Copenhagen, Jaquerod of Leysin, W. Neumann of Vienna, R. Renchi of Lwow, G. Schroder of Schomberg, and J. Valtis of Athens; (3) Post-sanatorial assistance, introduced by B. H. Vos (Holland), followed by J. Blanco (Spain), E. Bresky (Prague), Buerger (Breslau), R. Courtois and E. Olbrechts (Brussels), Guimard (Bligny), N. Heitmann (Oslo), E. Morelli (Rome), H. A. Pattison (New York), D. A. Stewart (Canada), and Harley Williams (London).

The fourteenth International Congress of Physiology will be held in Rome from August 29th to September 30th. The inaugural address will be delivered by Professor A. V. Hill, on energy exchanges in muscle and nerve. The subscription is 100 lire.

The American Congress of Physical Therapy will meet at the Hotel New Yorker, in New York City, on September 6th, 7th, 8th, and 9th. The meeting will be held in conjunction with New York medical societies, and the British representative will be Dr. F. Howard Humphris of London.

The second International Congress of Tropical Medicine, which was to have been held at Amsterdam next September, has been indefinitely postponed owing to the present financial conditions.

The annual dinner of the Chartered Society of Massage and Medical Gymnastics will be held at the Connaught Rooms, Great Queen Street, on Thursday, September 22nd, at 7.30 p.m.

The address on tuberculosis schemes from the points of view of the administrator and the clinician, which was originally delivered by Dr. A. S. M. Macgregor, medical officer of health for Glasgow, at a meeting of the Tuberculosis Society of Scotland last year, and published in the *Edinburgh Medical Journal* (vol. xxxix, No. 3, 1932), has been reprinted in pamphlet form. Reference is made in it to the authoritative article entitled "The outlook on tuberculosis," which appeared in the *British Medical Journal* of January 10th, 1931.

At the July meeting of the Central Midwives Board for England and Wales a letter was received from the Under Secretary of State for the Colonies, enclosing a copy of an Act passed by the Legislature of Barbados for the registration and better training of midwives in the island, and stating that he would be glad to receive any observations which the Board might wish to offer. It was decided to reply that the Board had no observations to make on the Act, but that if the General Nursing Council of Barbados wished to enter into arrangements with the Board for the purpose of reciprocal registration of midwives in England and in Barbados the Council should transmit to the Board a draft copy of the rules to be framed by it, under the Act, in order that it can be seen whether the standard of training and examination in Barbados is equivalent to that in England. The application of the London County Council that twenty-two hospitals should be approved under Rule E.26 was granted. Approval as lecturer was granted to Dr. Francis John Hector, Bristol General Hospital. The Board recorded its deep sympathy with the relatives of the late Dr. Herbert Leith Murray and its appreciation of the valuable services rendered by him as an examiner at the Manchester and Liverpool Centre.

The London County Council has affixed a glazed-ware tablet on No. 3, Manchester Square, W., to commemorate the residence there of the eminent neurologist John Hughlings Jackson.

The annual report for 1931 of the West End Hospital for Nervous Diseases states that 522 patients were admitted during the year to the in-patient department in Regent's Park, and 41,256 out-patient attendances were made at the department in Welbeck Street. The provision of facilities for patients in the men's and women's wards to engage in handicrafts under trained instruction has proved so satisfactory that it has been extended also to the children's ward. The hospital's post-graduate courses have been continued during the year, and facilities for attendance at the general practice of the hospital are being developed. The annual subscriptions received were in excess of those for the year 1930, and, by the exercise of the most stringent economy, expenditure was reduced under practically every heading.

The executors and trustees of the late Mr. Bernhard Baron are making a gift of £5,000 to the London Jewish Hospital, to be received over a period of five years. This gift will form the nucleus of a fund of £120,000, which has been opened for the purpose of carrying out an extension of the hospital, including a separate nurses' home.

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.

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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.

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QUERIES AND ANSWERS

Injection of Hydrocele

Mr. SYDNEY RUMBOLL (Leeds) writes: "H. C." wishes to know of an effective yet safe substance for the injection of hydrocele. When I was a student in Edinburgh in the early 'eighties I saw Mr. Joseph Bell often inject a hydrocele with iodine. The following is the description in his *Manual of Surgical Operations*. "The surgeon enters a trocar and cannula about an eighth of an inch in diameter into the distended cavity of the tunica vaginalis near the fundus of the swelling. When it is evident the instrument is fairly entered, and not till then, the trocar is withdrawn and the fluid allowed completely to drain off. When it ceases to flow the surgeon places his forefinger over the end of the cannula to prevent the exchange of air till he fits into its orifice a suitable syringe containing two drachms of tincture of iodine, made according to the *Edinburgh Pharmacopoeia*—the tincture of the *British Pharmacopoeia* is not sufficiently strong. Having injected this cautiously into the cavity the cannula is withdrawn, and the surgeon, seizing the now flaccid scrotum in his right hand, gives it a thorough shake, so as to spread the iodine over as much as possible of the inside wall." I may say I have personally used this method of injection for over forty years with great benefit and satisfaction to my patients.

Dr. ANDREW T. ROSS (Cornwall) writes: See De Lisle Gray's article (*British Medical Journal*, April 5th, 1930, p. 649). Take equal parts of alcohol, carbolic acid, and glycerin, and inject about 4 c.cm. of mixture after emptying sac. I have not found it fail.

** In his article on non-operative treatment of chronic hydrocele, printed this week at page 240, Mr. Morton Whitby recommends injection of iodized phenol.

Income Tax

Benefit of Occupation of Premises

"Resident" is medical officer of a local dispensary at a salary of £100 a year, "and house free of rent and rates." The local inspector claims that he is chargeable on the amount of the rates on the ground that he is the occupier of the premises, and quotes the case of Lady Miller.

** If "Resident" is correctly regarded as the statutory occupier of the premises, then he is personally liable for the rates, and the payment thereof by the dispensary on his behalf would constitute income liable to tax. But we are very doubtful whether the circumstances justify the authorities in regarding him as the "occupier." In the leading case of *Tennant v. Smith*, Mr. Tennant was a bank manager residing on premises used for the purposes of the bank, and he resided there as an employee of the bank and for the purpose of carrying out his duties there. Lady Miller was a widow entitled to rent-free occupation of lands under her husband's will, and any rights the trustees had with regard