

infections, and injuries. Other less likely causes have been quoted as being capable of producing the deformity, some of these being associated with pre-natal obstetrical abnormalities. According to Reiner, it is logical that any external cause, whether pathological or mechanical, which localizes its action on a special vascular area of the femur in the embryo, can only interfere with the development of the particular vessel interfered with. Slovitch, in his thesis, comments on the fact that the congenital absence of the head of the femur was also associated with the absence of the fibula, and absence of several toes in one case.

## Memoranda MEDICAL, SURGICAL, OBSTETRICAL

### CHRONIC DUODENAL ILEUS

(With Special Plate)

I wish to report the following case, which came under my care recently, first, because the condition is a rare one; secondly, because of the excellent radiographs taken by Dr. J. Fielding, which made a confident pre-operative diagnosis possible; and finally, because operative treatment in this condition is so successful.

#### CASE RECORD

The patient was a female, aged 24, on whom I had operated for acute appendicitis three years previously. She stated that the present complaint had persisted for nine months. She first noticed a sensation of fullness and pain in the epigastric region, coming on a short time after meals. Then she began to vomit. This usually occurred from half to one hour after meals. Food was returned unaltered, but was usually bile-stained. The vomiting became gradually more frequent, she lost weight, and was very constipated.

On admission to hospital she was very emaciated, weighing 6 st. 2 lb. Her general condition was very poor. Cardiac, respiratory, renal, and nervous systems were normal. I was not able to make a provisional diagnosis from the clinical history. She was kept in bed for a week and put on a milk diet. The vomiting diminished. She was then x-rayed, the report being as follows:

"Stomach normal in size, tone, and mobility. No evidence of ulceration. Duodenal cap filled, but no evidence of deformity. Early on during the screen examination a lag was noticed in the third portion of the duodenum. As the passage of the meal progressed, the third and fourth portions of the duodenum were observed to be very much dilated, and little or no peristalsis was evident. The x-ray evidence is of chronic duodenal ileus."

Assisted by Dr. Fennell I explored the abdomen by a right paramedian incision. There was no ulcer of the stomach or duodenum to be seen, or any evidence of gall-bladder disease. On drawing out the transverse colon and turning it upwards the third part of the duodenum, as seen through the transverse mesocolon, was dilated. This dilatation terminated abruptly where the duodenum was crossed by the superior mesenteric vessels. The vessels were tightly stretched across the intestine at this point, greatly diminishing the lumen. I decided to perform a duodeno-jejunostomy as recommended by Moynihan. On incising the mesocolon over the selected portion of the duodenum, and on mobilizing the latter, I noticed that the coats of the intestine were much thickened. For the anastomosis I used a loop of jejunum close to the flexure. Owing to the dilatation of the duodenum the operation was comparatively simple.

Convalescence was smooth and she has not vomited since (over two months), and is gaining weight steadily.

North Infirmary, Cork. D. F. HEGARTY, F.R.C.S.Ed.

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Moynihan: *Abdominal Operations*, i, 445.

### TWO UNUSUAL TONGUE CASES

(With Special Plate)

*Case 1: Metal Ring Round Tongue.*—This case is of interest in view of its duration and the slight inconvenience which the foreign body caused.

A little girl 6 years old came to the surgical out-patient department of this hospital complaining of a sore throat and a lump under her tongue. Her mother thought that she had enlarged tonsils. On examination a hard mass was found under the tongue, the surface of which was covered with tartar. Closer examination revealed it to be a metal ring, which, when followed round the base of the tongue, completely surrounded it. The posterior part could be felt with the finger in the pharynx. When questioned the child said that a little friend of hers had put the metal frame of the front of a watch round her tongue about one year before. Under general anaesthesia the ring was removed after dividing it in one place.

The x-ray photograph reproduced on the plate shows the ring *in situ*.

*Case 2: Bilateral Congenital Tumours of the Tongue.*—As congenital tumours of the tongue are rare, the publication of a short note on this case seems justifiable.

A female child 9 days old was admitted to the hospital with two swellings in its mouth which had been noticed by the maternity nurse. On examination these were seen to be two pedunculated tumours arising from the dorsum of the tongue on each side, just in front of the junction of its anterior two-thirds and posterior third. The one on the right side was the larger, being about the size of a gooseberry, and accommodated itself in a cleft in the soft palate; the left one was a little smaller. The surface of the tumours had the same appearance as the mucous membrane of the tongue. The lower gum presented a serrated appearance due to segmentation of the labiogingival lamina, a condition sometimes seen in the newborn. The tumours were ligatured and removed. On microscopical examination they presented the characteristics of accessory salivary glands.

I have to thank Mr. Ian Fraser for the permission to publish these cases.

K. HUNTER, M.B.,  
House-Surgeon, Belfast Hospital for  
Sick Children.

### OSSIFICATION OF BOTH ACHILLES TENDONS WITH TRAUMATIC FRACTURE OF ONE

(With Special Plate)

The condition below described appears to be unique—at any rate in the extent of involvement of the tendons in the bony formation and in the results of injury.

The patient, a man 56 years of age, was born with a deformity of both feet which, so far as can be ascertained, was a certain degree of bilateral talipes equinus. At the age of 8, owing to a severe walking disability, he had had the operation of tenotomy performed. Both tendons were divided by the subcutaneous method. The result was a great improvement in his gait, though the patient had always been described as an "awkward walker." On reaching adult life he took up a vocation which necessitated a great deal of walking, but one which he has followed up to the present. About a year ago he began to experience aching pains in both heels particularly and in the feet generally. His ankles used also to swell slightly. These symptoms greatly increased in March and April, 1932, and made the carrying out of his work very painful and difficult. The left foot was especially affected. On May 2nd, whilst walking, he suddenly felt a sensation as of a heavy blow on his left heel, followed by a "fiery pain" up the back of his leg. After this he was just able to crawl home, very slowly and painfully.

The patient was first seen the next day. Examination revealed a tall man, thin, under-nourished, and of rather poor physique. Heart, lungs, and other systems were normal, but indigestion was complained of, and there was some dental caries. The patient had been living on a diet consisting

chiefly of apples and bought sandwiches. The left foot was greatly swollen and exquisitely tender—particularly round the heel and up the calf of the leg. A considerable amount of bruising was present. X rays revealed extensive ossification of both Achilles tendons, with a complete bony fracture of the left, showing a considerable gap.

A few days later, when time had been given for the swelling to subside, operation was performed under a general anaesthetic. An incision, three inches in length, was made in the mid-line over the posterior surface of the tendo Achillis. The ossified fragments were exposed and defined, and holes drilled through them. The fractured ends were brought into apposition and wired with silver wire. Further holes were drilled, and kangaroo tendon sutures inserted for reinforcement. The leg was then immobilized on a back-splint, with a foot-piece at right angles. At the end of three weeks passive movements and massage were instituted, followed by active movements in due course. Finally, walking was gradually and carefully commenced. In about eight weeks from the date of operation the patient was allowed to proceed on a convalescent holiday, with three-quarters of an inch raising of the heels of his boots.

It will be noted (see Plate) that the bony rod is complete in itself and not connected with, or growing up from, the os calcis. This is also true of the right tendo Achillis. The question of the causation is interesting. The most likely theory seems to be that of a very chronic infection introduced at the original operation of tenotomy. There is also the possibility that the condition might be due to excessive strain upon tendons that had been subjected to artificial alteration and correction of function, coupled with the effect of a source of infection in the patient's carious teeth—since removed in the routine clearance of sources of infection. Finally, as a pure speculation, one wonders if the extraordinary diet taken by the patient over many years could aid in the production of abnormal tissue by reason of metabolic error or vitamin deficiency.

F. B. MALLINSON,  
Late R.M.O., Pembury Hospital,  
Tunbridge Wells.

#### SPONTANEOUS EXTRUSION OF BOTH TONSILS

It seems worth while to record the following case of follicular tonsillitis because of the rather striking and unusual termination, and with the object of hearing from others of similar experiences.

The patient, a girl of 18, was first seen two days after the onset of a sore throat. She looked very ill, and had a temperature of 102°, which rose, later in the evening, to 104°. The pulse was very rapid. The tonsils and pillars of the fauces were extremely red, swollen, and oedematous. That night she was delirious, and required sedatives. The severe constitutional disturbance continued next morning, and spots of pus were seen dotted all over both tonsils. On the third day the patient looked very toxic, was unable to make any effort whatever, had great difficulty in speaking, and showed albuminuria. A film of pus covered both tonsils, which, in the course of examination, felt peculiarly loose in their beds. The condition remained unchanged for two days, but on the sixth day of her illness she felt and looked much better. She stated that during the night she had vomited, or coughed up, lumps of material, with little or no haemorrhage. On inspection these masses were found to be two in number, and to resemble tonsils. That such was the case was obvious when the throat was examined, for the tonsillar fossae were empty and lined by a thin, grey slough, just as though surgical removal had been undertaken. Thereafter convalescence was rapid and uninterrupted, except for the opening and draining of a large perianal abscess—a recurrence of an old trouble—which she then confessed "had been gathering" all the time she was ill.

Treatment had included the administration of six 2 c.cm. doses of S.U.P. 36 during the first three days,

combined with frequent swabbing of the throat with pure glycerin. No bacteriological investigation was made. When the tonsils were sectioned it was possible to identify the surfaces by the crypts. Microscopical examination revealed more or less necrotic lymphoid tissue, with clumps of unidentified organisms on the surface and in the substance of the tonsils.

Murton, co. Durham.

ALFRED AMDOR, M.B., Ch.B.

## Reports of Societies

### BLACKWATER FEVER

A meeting of the Royal Society of Tropical Medicine and Hygiene was held at Manson House on October 20th, with the President, Dr. CARMICHAEL LOW, in the chair. Members of the society were asked to stand for a few moments in memory of Sir Ronald Ross, one of their most illustrious past-presidents.

Dr. G. GIGLIOLI opened the discussion on blackwater fever with a paper on its epidemiological and aetiological aspects in British Guiana. He regarded blackwater fever as being the direct result of infection with special haemolytic strains of *Plasmodium*, more especially of *P. falciparum*, even though such strains could not at present be morphologically differentiated from the ordinary parasites. The epidemiology was governed by the geographical and local distribution and incidence of these haemolytic strains, and by the degree of immunity of the population. Immunity to blackwater presented the same characteristics as immunity to malaria. It might be racial, as in negroes, or acquired. The latter was shown by the relative immunity of the adult section of a settled, racially non-immune population in an endemic area, as well as by the clinical course of the disease in children. In children infected with haemolytic strains the onset of haemoglobinuria might be determined by: (1) special virulence of the strain; (2) absence of immunity or impairment of general non-specific resistance; (3) contingent factors tending to break down the existing racial or acquired immunity; and (4) quinine.

Dr. P. MANSON-BARR reviewed the clinical aspects of blackwater fever as observed in twenty cases coming under his observation in London. In five the disease had manifested itself while the patients were in bed under treatment for subtertian malaria. Eight patients had died, so the mortality rate was high compared with those observed in the Dependencies, where it approximated to 25 per cent. Most of the patients came from West Africa. The administration of quinine appeared to be definitely connected with the onset, and in some cases there did appear to be a definitely recognizable pre-blackwater state, though this was not borne out by the laboratory findings. Subtertian parasites were found in eleven instances. The condition had invariably developed within the first six months of residence in England. With regard to treatment, he reaffirmed his belief in the value of sodium bicarbonate intravenously with glucose, combined with blood transfusion.

Dr. HAMILTON FAIRLEY and Mr. R. J. BROMFIELD dealt with blackwater fever from a laboratory aspect. They considered, first, the intracellular disposal of blood pigment which is called into play in the haemolytic anaemia of malaria, and the renal mechanism for dealing with blood lysed in the circulation; and secondly, the phenomena associated with intravascular haemolysis, such as occur after an incompatible blood transfusion. These included initial pyrexia, haemoglobinaemia, haemoglobinuria, haemolytic jaundice, oliguria, anuria, and uraemia: at necropsy, haemosiderosis of the tissues, degeneration of epithelium in the secreting tubules, and blockage of the collecting tubules of the kidney were characteristic. Sometimes necrosis of liver cells was also noted. All these features were exactly what were found in blackwater fever, which might be described as an acute haemolysis or series of haemolyses occurring on a background of

J. F. BRAILSFORD: RADIOGRAPHIC INVESTIGATION OF LUMBAR AND SCIATIC PAIN



FIG. 1.—Radiograph showing general coarseness of bone trabeculae of left side of pelvis and upper half of femur, and increase in density. Bones of pelvis show pressure deformities; pelvis is flattened and walls of acetabulum are being pushed into pelvis. The transverse fracture of upper end of femur is characteristic of Paget's disease of bone.

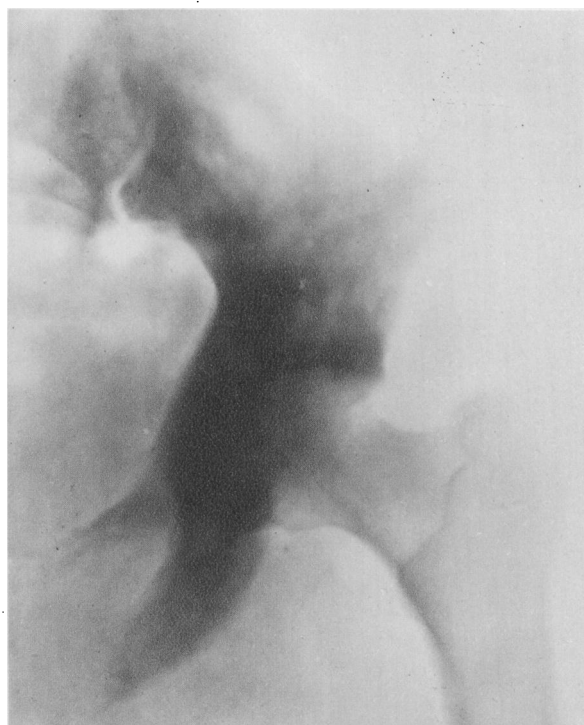
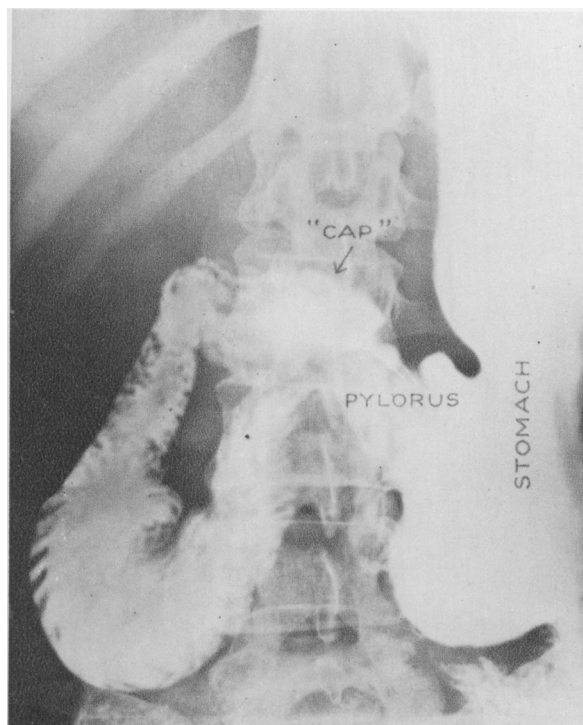


FIG. 2.—Radiograph of left side of pelvis of woman aged 52, showing marked increase in density of acetabular region with almost complete absorption of lime salts from symphysis and ramus of pubis and ischium. No definite striation of involved bone of ilium indicating trabeculae of cancellous tissue can be seen, but normal contour of pelvis is preserved. Secondary carcinoma.

D. F. HEGARTY: CHRONIC DUODENAL ILEUS



Showing duodenal ileus with distended duodenum.

K. HUNTER: METAL RING ROUND TONGUE



Lateral view showing ring *in situ*.

ALEX BROWNLEE: CONGENITAL ABSENCE OF HEAD OF FEMUR



FIG. 1.—Girl, aged 5. Radiograph showing absence of head of femur.

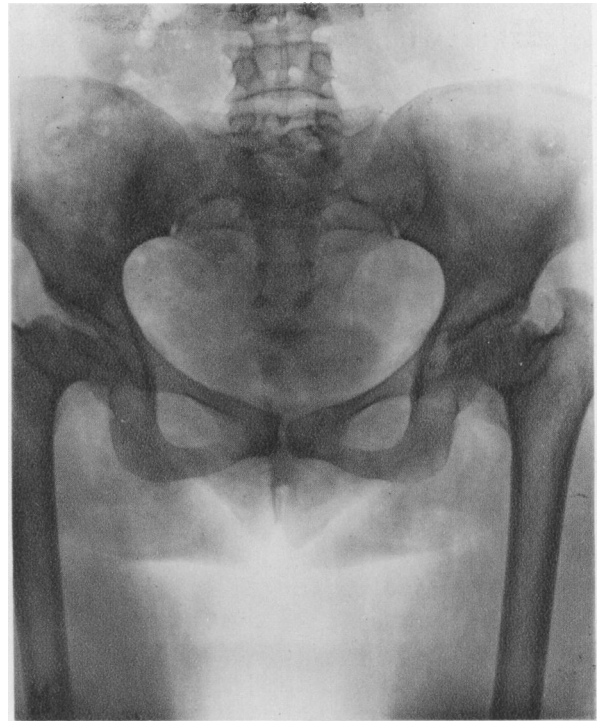


FIG. 2.—Mother, aged 44. Radiograph showing absence of head of femur and thickening of necks.

ALEX BROWNLEE: CONGENITAL ABSENCE OF  
HEAD OF FEMUR

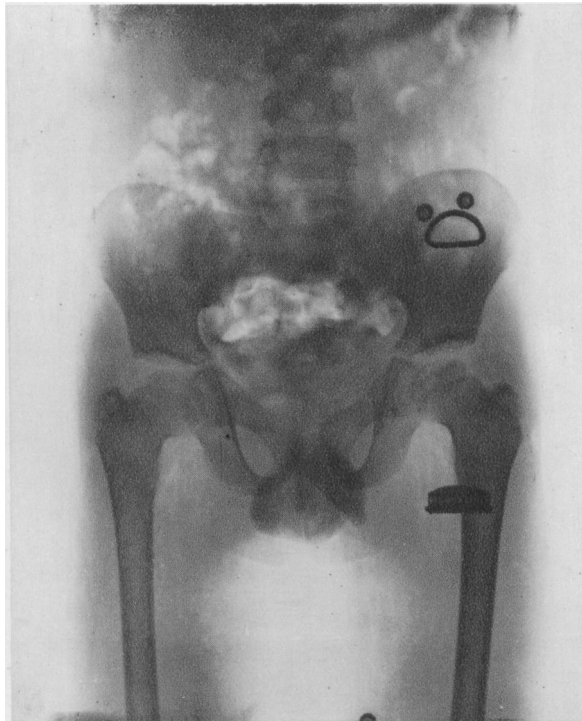
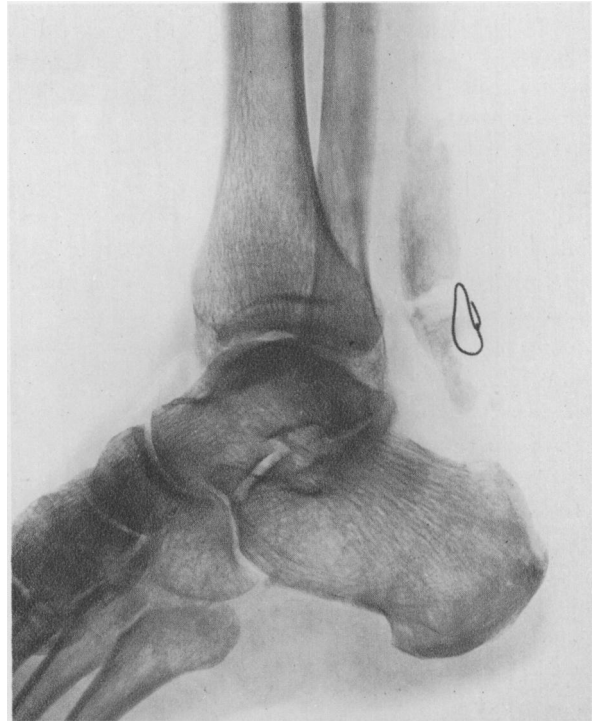


FIG. 3.—Boy, aged 7. Radiograph showing condition resembling double Perthes's disease.

F. B. MALLINSON: OSSIFICATION OF BOTH  
ACHILLES TENDONS



Radiograph showing wired bony fragment of left tendo Achillis.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

Dr. A. N. Drury (Gonville and Caius College) has been appointed Huddersfield Lecturer in Special Pathology from October 1st, 1932.

Mr. Geoffrey Keynes, M.D., F.R.C.S. (Pembroke College) has been appointed to the Sanders Readership in Bibliography for 1933.

### UNIVERSITY OF LONDON

As a result of the announcement that Major the Hon. John J. Astor, M.P., was the anonymous donor in 1920 of the gift of £20,000 for the endowment of the University Chair of Physiology at the Middlesex Hospital Medical School, the Senate decided on October 26th that the title of this chair shall now be the "John Astor Chair of Physiology." In consequence of the recently announced gift of £1,500 a year for seven years from the Prudential Assurance Company for the endowment of the chair of public health tenable at the London School of Hygiene and Tropical Medicine, this chair will be known as the "Prudential Chair of Public Health" for the duration of the gift.

The degree of D.Sc. in biochemistry was conferred on Dr. E. C. Dodds, Courtauld Professor of Biochemistry at the Middlesex Hospital Medical School.

The University College Committee has elected Sir John Rose Bradford, Bt., M.D., as chairman in succession to Viscount Chelmsford, resigned, and Lord Meston as vice-chairman, until February 28th, 1933.

### UNIVERSITY COLLEGE

The dates for the two lectures on "Reflex action," by Sir Charles Sherrington, O.M., G.B.E., F.R.S., have been fixed for November 17th and 24th, at 5.30 p.m. Professor J. Mellanby will take the chair at the first lecture. Admission to the lectures is free, without ticket.

### GUY'S HOSPITAL

The Sir Alfred Fripp Memorial Fellowship in Child Psychology, tenable at Guy's Hospital, has been awarded to C. H. Rogerson, L.R.C.P., M.R.C.S. It is of the annual value of £300, and has been founded to perpetuate the memory of the late Sir Alfred Fripp, for many years surgeon to the hospital, and later a governor.

### LONDON HOSPITAL MEDICAL COLLEGE

The second open entrance scholarship, value £100, offered by the London Hospital Medical College has been awarded to Mr. F. S. Cosh of the University of Cambridge.

### VICTORIA UNIVERSITY, MANCHESTER

Dr. A. N. Birkett has been appointed demonstrator in anatomy.

### UNIVERSITY OF GLASGOW

In the list of recipients of the M.D. degree published last week (p. 818) it should have been stated that the first four candidates had been awarded the degree "with high commendation" and the fifth "with commendation."

### ROYAL COLLEGE OF PHYSICIANS OF LONDON

A quarterly comitia of the Royal College of Physicians was held on October 27th; with the President, Lord Dawson of Penn, in the chair. Dr. H. C. Cameron, Dr. W. E. Hume, Sir Hubert Bond, and Dr. W. W. Jameson were elected councillors. The following were elected representatives of the College: Dr. H. L. Tidy, as a member of the Committee of Management; Dr. Comyns Berkeley, on the Central Midwives Board; Dr. J. H. Abram, on the Court of Governors of the University of Liverpool; Dr. A. S. Barnes, on the Court of Governors of Birmingham University; and Sir Stanley Woodwork, on the Central Council for District Nursing. The President announced that Sir George Buchanan had been appointed Milroy Lecturer for 1934, and that the Jenks Memorial Scholarship for 1932 had been awarded to Gerald Sutherland Irvine, late of Epsom College.

The FitzPatrick Lectures, on "The development of neurology from the commencement of the nineteenth century to the

present time," will be delivered by Dr. James Collier on November 8th and 10th, and the Lloyd Roberts Lecture, on "The liberal education of the body," by Dr. L. P. Jacks on November 22nd, all at 5 p.m.

### Membership

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

Ernest Henry Capel, M.B.Lond., Paul Ward Farmer, jun., M.B.Melb., Clifford Gordon Gordon-Wilson, L.R.C.P., Harold Kingston Graham Hodgson, C.V.O., M.B.Durh., Robert Dennis Harding, L.R.C.P., Reginald St. Alban Heathcote, M.D.Oxf., John Collinson Heather, M.B.Lond., Henry Lovell Hoffman, M.B.Camb., Henry Robert Holmes, M.B.Lond., Max Honigsberger, L.R.C.P., Harry Barlow Jackson, M.B.Lond., Geoffrey Hales Jennings, L.R.C.P., Rajmal Kasliwal, M.B.Lucknow, Eldon Munro Litchfield, L.R.C.P., Herbert Geoffrey McComas, M.B.Lond., Arthur Ian Granville McLaughlin, M.B.Syd., Ian Gideon McLean, M.D.Melb., Willson Alexander McTavish, M.D.Toronto, George Douglas Morgan, L.R.C.P., Richard John Langford O'Donoghue, D.S.O., M.B.Lond., Harold Anstruther Palmer, M.B.Manch., Kallenkarai Narayana Pisharoty, M.B.Madras, William Gordon Robson, M.B.Ed., David Paul Hannaford Schafer, M.B.Melb., Philip Graham Stock, C.B., C.B.E., M.B.Bristol, Ramaier Viswanathan, M.D.Madras, John Frederick Wilkinson, M.D.Manch., and John Alan Bruce Young, M.B.Ed.

### Licences

Licences to practise were conferred upon the following 130 candidates (including 17 women) who have passed the final examination in medicine, surgery, and midwifery of the Conjoint Board and have complied with the necessary by-laws:

Mary-Ann C. Adams, R. M. Alford, J. C. G. Anderton, H. J. B. Atkins, R. H. Bailey, Helen Baker, N. J. Bakhru, J. B. Bamford, P. Baron, S. A. Bather, T. P. Binns, M. S. W. Bisdée, E. N. Brockway, Doris B. Brown, R. C. Brown, R. H. Brown, W. M. Capper, P. K. Chanmugam, E. M. Clark, C. A. Clarke, C. C. Cobb, J. C. Colbeck, N. C. Coombs, S. W. Cooper, S. M. Cruz, A. R. Cutlack, Joan M. C. Dancy, A. L. Davies, Doris A. Dean, R. A. Desai, Phyllis M. Dobbs, Joan C. Drury, Evelyn M. Eggleton, G. M. Evans, R. C. Evans, J. Fishman, L. P. Fitch, Fauny C. Fraser, T. H. Gardener, D. W. Geidt, W. G. Gill, J. A. S. Goonawardena, W. B. Gough, E. H. B. Grey, H. C. P. Gunewardene, B. P. Harris, Augusta G. Harrison, C. L. Hay-Shunker, O. S. Heyns, E. A. Hoare, Phyllis L. Holliday, H. D. Holt, A. W. J. Houghton, T. G. F. Hudson, Elizabeth M. Hutton, W. A. Hyslop, R. James, N. D. Jekyll, Ruby D. Johnson, W. H. Jones, F. R. Kitchin, R. G. Knight, S. Levontin, B. S. Lewis, W. Lewis, D. P. Lockhart, Barbara R. Lockwood, J. Lubran, J. J. McCann, D. C. McClure, D. U. MacDonald, M. B. McGinn, S. A. MacKeith, V. S. Majmudar, K. Malik, J. B. Maurice, I. R. W. Merrick, C. J. Morgan, F. P. Morgan, \*H. F. Moseley, N. J. S. Nathan, G. F. O'Connor, Elizabeth M. Ogden, G. Y. Oon, M. W. L. Owen, R. Q. Parkes, R. V. Payne, H. E. Pearce, C. J. P. Pearson, G. E. Phillips, R. W. Pickering, W. S. Pitt-Payne, E. C. Powell, F. J. P. Price, R. G. Pulvertaft, F. Ridehalgh, A. E. A. Ridgway, B. F. B. Russell, H. K. B. Rustogi, V. M. Seifert, M. Shankhla, B. Sharma, R. T. Shipman, S. C. Shore, J. P. Singer, H. Singh, V. C. Snell, W. H. C. Spooner, E. J. Stubbs, R. Sykes, J. W. C. Symonds, A. E. Terry, Jessie A. Thirle, H. H. Thompson, J. R. Thornton, T. M. Tyrrell, Patricia I. Unsworth, H. B. D. Vaughan, C. B. M. Warren, W. H. C. Watson, G. C. Welply, J. H. West, H. M. Williams, H. V. Williams, H. R. I. Wolfe, L. J. Wolfson, T. G. R. Woods, S. W. Wright, H. W. Wykes, K. E. L. Yuill.

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

Diplomas in Public Health were granted, jointly with the Royal College of Surgeons, to the following:

N. D. Begg, R. Evans, J. Galea, P. Henderson, C. B. Huss, Dorothy M. James, E. T. James, H. N. C. van G. Kelaart, Ira B. Lawrence, W. D. Lovelock-Jones, B. S. Nanjiani, T. St. M. Norris, J. A. D. Radcliffe, R. E. Robinson, L. A. S. Frott.

### SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

**SURGERY**.—G. W. Aston, F. W. Baskerville, R. N. O'D. Burns, M. B. Chandulal, W. E. P. Corbett, C. H. Fagge, F. M. F. Forrest, A. J. McBrearty, M. N. Mandelstam, J. W. Meyers, A. E. A. Ridgway, H. Shukry, R. H. Wheeler.

**MEDICINE**.—J. L. Bates, E. F. David, J. O. Gordon, J. Harris, E. J. Littledale, A. J. McBrearty, S. Pugmire, H. Shukry, M. Sourasky.

**FORENSIC MEDICINE**.—E. L. Burgess, J. L. Cope, K. M. Hahn, J. E. Morrish, S. Pugmire, P. J. Purcell, H. Shukry, B. K. Siddhante.

**MIDWIFERY**.—F. M. F. Forrest, K. M. Hahn, D. Kyle, P. J. Purcell, B. K. Siddhante, R. C. P. Thomas.

The Diploma of the Society has been granted to Messrs. R. N. O'D. Burns, M. B. Chandulal, C. H. Fagge, A. J. McBrearty, M. N. Mandelstam, J. W. Meyers, S. Pugmire, A. E. A. Ridgway.

became lieutenant-colonel after twenty years' service, and retired on October 3rd, 1903. He served in the Bechuanaland expedition of 1884-5; in operations in Zululand in 1888, and in the Chitral campaign of 1895, receiving the frontier medal with a clasp. He then served throughout the South African war of 1899-1902, through the campaign for the relief of Ladysmith, including the actions of Colenso, Spion Kop, Vaal Krantz, Tugela Heights, Pieters Hill, and the final relief of Ladysmith; in operations in the Transvaal, in Natal, including action at Laing's Nek, and in the Orange River Colony; he was mentioned in dispatches in the *London Gazette* of February 8th, 1901, and received the Queen's medal with six clasps and the King's medal with two clasps. After his retirement he was re-employed at Worcester from 1903 to 1916, and after the war as a deputy commissioner of medical services under the Ministry of Pensions.

Lieut.-Colonel William John MacNamara, R.A.M.C. (ret.), died at Herbert Park, Dublin, on October 11th, aged 78. He was born on August 30th, 1854, and was educated at Queen's College, Galway, and the Carmichael Medical School, Dublin, and graduated B.A. in 1875, and M.D. and M.Ch. in 1878 of the Queen's University, Ireland. Entering the Army as surgeon on July 31st, 1880, he became lieutenant-colonel after twenty years' service, and retired on July 11th, 1906. From August 2nd, 1896, to August 16th, 1901, he was employed as deputy surgeon of the Royal Hospital, Chelsea. He served in the South African war in 1901-2 as principal medical officer of No. 7 General Hospital, took part in operations in Cape Colony, the Orange River Colony, and the Transvaal, and received the Queen's medal with five clasps. After retirement he was employed as recruiting medical officer in Dublin in 1908-9.

## Medical News

The annual Buckston Browne dinner of Fellows and Members of the Royal College of Surgeons of England will be held at the College, Lincoln's Inn Fields, on Thursday, November 10th.

The annual dinner of the Prince of Wales's Hospital Reunion Association will be held at the Trocadero Restaurant, Piccadilly Circus, W., on Thursday, November 24th, at 7.45 for 8 p.m., with Dr. C. E. Sundell in the chair. Price of dinner (exclusive of wines), 12s. 6d.; no tickets will be issued. Those intending to be present are asked to notify the honorary secretary, Dr. Bertram H. Jones, 47, Queen Anne Street, W.1, stating number of guests.

The annual dinner of the Irish Medical Schools' and Graduates' Association will be held at the Dorchester Hotel, London, W., on Thursday, November 24th, with the president, Dr. F. Howard Humphris, in the chair.

The British Institute of Philosophy announces that Sir Arthur S. Eddington will deliver an address on "Physics and philosophy" at University College, Gower Street, W.C., on Tuesday, November 15th, at 8.15 p.m. The chair will be taken by the Earl Russell. Tickets can be had on application to the Director of Studies, University Hall, 14, Gordon Square, W.C.1.

At the meeting of the Royal Sanitary Institute to be held at 90, Buckingham Palace Road, S.W., on Tuesday, November 29th, at 5.30 p.m., a discussion on clearance areas and improvement areas will be opened by Dr. James Fenton, medical officer of health for Kensington. Lord Balfour of Burleigh, the president of the Institute, will take the chair.

At the meeting of the Pharmaceutical Society to be held at 17, Bloomsbury Square, on Tuesday, November 8th, at 8.30 p.m., the new *British Pharmacopoeia* will be discussed by Dr. C. H. Hampshire, secretary to the Pharmacopoeia Commission. Medical visitors will be welcomed.

The fourth of a series of lectures on renal disease, arranged by the Fellowship of Medicine and Post-Graduate Medical Association, will be given at the Medical Society of London, 11, Chandos Street, W.1, on November 8th, at 4 p.m. There will be a course in practical pathology at the Hospital for Consumption, Brompton, on Thursdays, from November 10th to December 1st, at 11.45 a.m.;

arrangements will be made for members of the class to perform tests themselves. The last of a series of demonstrations on clinical pathology will be given at 10, Bedford Square, W.C.1, on November 9th, at 8.30 p.m. Cases of general interest will be demonstrated on November 18th at 2 p.m. at the Lambeth Hospital, Brook Street, S.E.11. Six lecture-demonstrations on diagnosis and treatment of chronic rheumatism will be given at the British Red Cross Clinic for Rheumatism, Peto Place, N.W.1, on Tuesdays and Thursdays at 8.30 p.m., from November 22nd to December 8th. Mr. Lindsay Rea will give a demonstration on the fundus oculi on November 22nd at 8.30 p.m. at the in-patient department of the West End Hospital for Nervous Diseases, Gloucester Gate, N.W.1.

The British Social Hygiene Council has arranged a national conference on "The place of biology in education," to take place in B.M.A. House, Tavistock Square, on Wednesday, November 30th, and Saturday, December 3rd. The sessions begin in the morning at 10.30 and in the afternoon at 2.30. On the afternoon of Thursday, December 1st, under the chairmanship of Sir Henry Brackenbury, the problem of the social control of the feeble-minded child leaving the ordinary elementary school will be discussed at a joint session with the Central Association for Mental Welfare. Further particulars can be obtained from the secretary-general, British Social Hygiene Council, Carteret House, Carteret Street, S.W.1.

An international congress of ophthalmology will be held in Madrid in April, 1933. Abstracts of articles to be read at the congress should be sent to the secretary, Dr. F. Poyales, Olazaga 3, Madrid.

The first meeting of the new session of the Hunterian Society was held on October 17th, when Dr. Nathan Raw delivered the presidential address, on human and bovine tuberculosis. At the meeting of the society on November 21st, at Apothecaries' Hall, a discussion on "The influence of faith on disease" will be opened by the Rev. Father Woodlock, Dr. Robert Hutchison, and Dr. William Brown. A discussion on radium in medical diseases will be opened by Dr. Howard Humphris and Dr. W. J. O'Donovan at the meeting at Simpson's Restaurant, Cheapside, on December 19th. The Hunterian Lecture, on experimental and clinical studies of gastric juice, will be delivered by Dr. Einar Thomsen (Copenhagen), on January 16th, 1933, and Sir T. Crisp English will give the Hunterian Oration on "The language of facts," on February 27th. The annual dinner of the society, at the May Fair Hotel, is arranged for February 9th.

The thirty-sixth session of the Chelsea Clinical Society opened on October 16th. The following discussions have been arranged:—November 15th, Dr. E. Bray: Non-specific protein therapy; December 13th, M. Marcel Boulestin: Voracity, veracity, and vitamins; January 17th, 1933, Dr. H. T. Young, medical officer, Wormwood Scrubbs Prison: Character defects in young delinquents; February 21st, Dr. Harold G. Taylor: Contraception; March 21st, Sir Percy Sargent: Sex and the pituitary gland (lantern demonstration); April 18th, Mr. A. Lawrence Abel: Surgery of the autonomic nervous system (cinematograph demonstration); May 16th, Dr. Kenneth E. Eckenstein: Cranks, quacks, and magicians. The meetings, which will be held at the Hotel Rembrandt, Thurloe Place, S.W., will be preceded by dinner, at 7.30 p.m.

As announced in our advertisement pages the Grocers' Company are offering scholarships, each of £300 per annum, to encourage original research in sanitary science. The scholarships are tenable for one year, but are renewable for a second or third year subject to conditions. An allowance is also made to meet the cost of apparatus and other expense in connexion with the work. The next election takes place in May, 1933.

At the recent Municipal Election in Bournemouth, Dr. Arthur Lee was returned unopposed to the Town Council as a representative for the West Cliff Ward.

On October 29th Dr. W. Langdon Brown, Regius Professor in Physic in the University of Cambridge, laid the foundation-stone of the new science buildings at Bedford School. The ceremony was presided over by Sir Maurice Craig, chairman of the governors. Both Professor Langdon Brown and Sir Maurice Craig are Old Bedfordians.

The new out-patient department of the Infants Hospital, Vincent Square, Westminster, was opened on October 31st by its president, the Princess Royal, who also unveiled a tablet in the waiting-hall. Sir Robert Mond, in seconding a vote of thanks to Her Royal Highness, said that it was twenty-five years since he built the hospital, and it was a great satisfaction to know that its capacity would be doubled. Dr. Eric Pritchard, the medical director, said that the hospital is equipped with all the latest instruments and machinery; far from being a luxury, it had become a clear necessity, inasmuch as no private individual or institution could afford to purchase and maintain the equipment. Particulars of the extension of the hospital were published in our issue of October 8th (p. 678).

Attendances during September at the Red Cross Clinic for Rheumatism, Peto Place, numbered 6,091, as compared with 5,770 in September, 1931, and 2,684 in September, 1930. The total number of treatments given on the "general" floor during the month were 4,449 to women and 3,344 to men. The maximum daily number of treatments during the month were respectively 299 and 221. Increasing use is also being made of the clinic by private patients. In September nearly a thousand treatments were given on the "private" floor. Provision is now made in the clinic for remedial exercises in a well-equipped gymnasium. This equipment was provided by the staff themselves as a donation to the more effective carrying out of the work.

The *Bruxelles-Médical* announces that a medical cruise will be organized next Easter, leaving Marseilles on April 8th, and returning to Marseilles on May 1st. The itinerary includes visits to Sicily (Messina and Taormina), Greece (Olympia, Corinth, Mycenae, Argos, Athens, Delphi, Parnassus, Ithaca), Corfu, St. John of Medua (Scutari), Cattaro (Cettigné), Ragusa, Spalato, Fiume, Venice, Porto-Corsini (Ravenna), Civita Vecchia (Rome), and Ile Rousse (Corsica). No passengers other than medical practitioners and their families, or persons recommended by their family doctors, may be booked for the cruise. A scale of medical contract prices (3,975 French francs first class, and 2,100 second class), inclusive of all costs, has been fixed. Many optional excursions will be arranged. A steamer has been chartered with 190 first-class berths and sixty berths for students. Early application should be made to the Section des Voyages de Bruxelles-Médical (29, Boulevard Adolphe Max, Brussels), from which full information may be obtained.

The Lords Commissioners of the Treasury, acting on a recommendation from the Import Duties Advisory Committee, have made a Statutory Order exempting from the provisions of the Import Duties Act, 1932, ipecacuanha root, crude araroba (Goa powder, used in the production of chrysarobin), pyrethrum flowers (used in the production of insect powder), and coca leaves.

The seventh French Congress of Stomatology was held at the Paris Faculty of Medicine, with M. Edouard Herriot, Minister of Foreign Affairs, as president of honour. The subjects discussed were non-specific osteitis of the upper jaw, introduced by Drs. Cadenat and Vilenski, and cervico-facial mycoses, introduced by Dr. Dechaume.

Colonel Alexander James MacDougall, C.M.G., R.A.M.C. (ret.), and Surgeon Lieut.-Colonel Alexander Kenneth Stewart, I.M.S. (ret.), have been appointed Deputy Lieutenants for the County of Argyll.

The German beer consumption for the year 1931-2 was 37,093 million hectolitres, or 23.5 per cent. less than in the previous year. The expenditure amounted to at least 2,569 million marks, which after subtraction of the beer tax became 2,200 million marks.

## Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, B.M.A. House, Tavistock Square, W.C.1.**

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Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBERS of the British Medical Association and the *British Medical Journal* are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

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## QUERIES AND ANSWERS

### Seborrhoea of Scalp

Dr. F. A. BRODRIBB (Yattendon, Berks) writes in reply to "E. S. C.": If he will take a 6-ounce poison bottle and fill it with one B. and W. perchloride tabloid, 2 ounces of glycerin, 2 ounces of spirit vin. rect., and 2 ounces of water, and rub the lotion thus made into the roots of the hair all seborrhoea will disappear in a few days.

### Income Tax

#### Owners of Government Annuities

"M. R." points out that when he purchased a Government annuity there was an arrangement in force under which tax was deducted at half the standard rate only, but now-adays tax is deducted at the full rate. Is not this a breach of agreement?

\*\* The position appears to be as follows. The arrangement to which "M. R." refers never affected the *ultimate* liability of the annuitants, which is governed by statute law. What it did was to reduce the amount of tax paid *by deduction*, with the result that annuitants who were not liable for the full standard rate on their incomes had less to claim back, and were therefore kept out of less money for some months. Apparently, as a result of the lowering of the exemption and personal allowance levels, the lists of annuitants have been revised, and it would seem that "M. R." is probably an annuitant whose income is such that the whole or substantially the whole of the standard rate tax is due on his annuity. If so he has no ground for complaint, bearing in mind that his liability has to be determined on his total income, and that the tax paid by deduction from his annuity is, so to speak, an instalment of that total tax.

#### Gift on Relinquishing Appointment

"S. M." resigned his post as medical officer of a private institution, and the board of management gave him a cheque for £66 7s. 6d. as a parting presentation. Is it liable to income tax?

\*\* The point is a difficult one, and a good deal turns on the exact circumstances. The Easter offerings of clergymen have been held to be liable to tax, though private gifts by parishioners would presumably be exempt. If the amount received by "S. M." were voted out of the funds of the institution it would be more open to assessment than if it were provided out of the private resources of the members of the board—in the latter case our opinion would be that the amount would not be assessable. The amount provided by a "benefit" and subscriptions for a retiring professional cricketer was held by the House of Lords not to be chargeable to income tax, and there is some analogy between that case and our correspondent's. We advise him