

overdue, and once because of hydramnios. Five babies were born dead, two being twins and three being macerated; and two premature babies died. It is interesting to note that although there were only four multiparae in this series, two of them gave birth to dead babies. Both had high blood pressures, but their urines were protein-free. The mother who gave birth to dead twins had been ill in hospital elsewhere for over a month before she was admitted to the ward. On admission her systolic blood pressure exceeded 170 mm. Hg; her urine contained albumin; the red cells were under 2,000,000 per c.mm., the colour index being 0.5; and she was jaundiced. She was in the ward for five weeks before delivery. The first foetus was macerated and the second was born dead, probably because too long an interval was allowed between the birth of the first and second twins.

All the mothers are well, and in no case could a diagnosis of chronic nephritis be made. The systolic blood pressure has remained high in two cases, and well above the average in two more, but there is no reason to believe that this elevated blood pressure did not in each case antedate the pregnancy.

#### CONCLUSION

It is inherently improbable either that any one toxin could cause the widely varying symptoms associated with the toxæmias of pregnancy, or that a number of separate toxins should originate in the products of conception. The fact that the hepatic lesions peculiar to eclampsia may be caused by dietetic or mechanical factors, or a combination of both, disposes finally of the strongest argument in favour of a pregnancy toxin. It is suggested that the foetus affects "*la fixité du milieu intérieur*," and that all the toxæmic disorders may be regarded as deficiency diseases. It follows that there is no fundamental causal difference between ordinary morning sickness and eclampsia. This hypothesis is not contradicted by any known fact, and is supported by the results of calcium therapy reported above. If excessive salivation, vomiting, cramps, dermatitis herpetiformis, oedema, and other symptoms can be cured by the injection of calcium, it is logical to suppose that they are caused by its deficiency. The number of patients who have been treated is small, but the success which has attended calcium therapy in such a variety of conditions warrants its extended trial. A great disservice has been done to the science of dietetics by those enthusiasts who stress this or that vitamin without considering the diet as a whole or the importance of personal hygiene. It is claimed that a complete, well-balanced, appetizing and easily digested diet, rich in the vitamins and in calcium, iron, and iodine, if given early in pregnancy, will prevent the onset of the toxæmias of pregnancy (but not always of albuminuria), although it may be necessary to increase the available amount of calcium by the injection of calcium gluconate: indeed, it might be expedient, and in the end economical, to give routine injections of this mineral at the thirty-second and thirty-sixth weeks of pregnancy. It is further believed that such a diet would increase the resistance of the woman to puerperal infection. The one advantage of this hypothesis, which is possessed by no other, is that it can be put to the test, and even under "field" conditions.

This work was done at the Hammersmith Hospital, and I should like to take this opportunity of thanking my assistant Dr. B. Williams, until lately resident medical officer, and Miss V. Page, sister in charge of the maternity wards, for their loyal co-operation.

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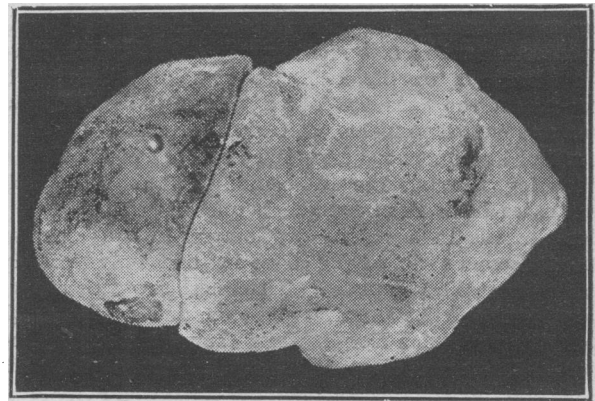
## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### PRIMARY CALCULUS OF THE URETHRA

The following case seems of sufficient interest to be recorded.

A. B., aged 55, was admitted to the County Hospital, Wakefield, on March 4th, 1933, suffering from extravasation of urine. He stated that for ten years or more he had suffered periodically from gravel, with some pain in passing urine, and frequency. He very rarely consulted his doctor, but took copious draughts of barley-water. He worked in a coal mine and on the land. He had seldom had to cease work on account of the symptoms. Alert otherwise, he seemed, with regard to his genito-urinary tract, to be endowed with, in the circumstances, the priceless gift of mental torpor. He had never noticed any swelling in the perineum. A fortnight before admission he fell astride, but disregarded the injury. However, in an hour or two he had violent pain in the perineum, and blood was passed by the urethra. A sinus eventually formed in the scrotum, which gave him relief. On admission the scrotum was gangrenous, and cellulitis extended



The calculus, which measured  $2\frac{1}{2}$  in. by  $1\frac{1}{2}$  in. at its widest part.

on the left side of the abdomen in a slanting manner towards, and just beyond, the level of the anterior superior spine of the ilium. The right testicle was absent; penis and right abdominal wall were not affected. There was a sinus in the scrotum, from which issued a foul-smelling discharge. A catheter was passed beyond the injured part without difficulty.

At operation the scrotum was incised in the middle line, and the knife impinged on a hard substance. A calculus, or fragment of a calculus, lying loose in the sloughing, foul-smelling tissues, was removed. The finger was again introduced into the wound, and what appeared to be a smaller calculus, gripped tightly by the surrounding tissues, was discovered and removed by further incision. The anterior extremity of this was at the peno-scrotal junction. The left abdominal wall was incised. The gangrene had invaded the tunica vaginalis. Minute inquiry into the actual state of affairs was impracticable owing to the local and general condition of the patient. A rapid improvement followed the operation. Secondary suture was performed on April 1st, 1933, in the lithotomy position. In the left lateral wall of the urethra was an opening half an inch long. This led to a pouch roughly three inches by two, from which the calculus had been removed. The proximal wall of this diverticulum had disappeared in the sloughing process, except at its upper and lower extremities. The distal wall was intact, and was lined with what appeared to be mucous membrane—pale, smooth, and thickened. The distal wall was incised, and a flap was raised from it to repair the defect in the left lateral wall of the urethra. The rest of the sac was excised. The testicle was replaced in the remains of the scrotum, and a catheter was tied in. The insertion of the

catheter at no time presented the slightest difficulty. The fractured calculus weighed three ounces—the larger posterior portion weighing two ounces—and measured  $2\frac{1}{2}$  in. by  $1\frac{1}{2}$  in. at its widest part. It had apparently been fractured by the fall, which had also ruptured the wall of the diverticulum. Within a fortnight the patient was passing urine normally. X-ray examination of the genito-urinary tract was negative.

Professor Barger of Edinburgh, who analysed the stone, writes: "Qualitative examination revealed an absence of uric acid and urates, cholesterol, cystine, and oxalates. Ammonia, calcium, magnesium, carbonate, phosphate, and a trace of organic matter insoluble in mineral acid were present. I determined the amount of the following constituents quantitatively: Loss on ignition at red heat ( $\text{NH}_3$ ,  $\text{CO}_2$ , organic matter), 23.2 per cent.;  $\text{P}_2\text{O}_5$ , 33.3 per cent.;  $\text{CaO}$ , 28 per cent. The rest (15.5 per cent.) is probably  $\text{MgO}$ ." He adds: "The amount of organic matter was obviously very small. It is difficult to say how the above constituents are grouped, but I think it likely that 28 per cent.  $\text{CaO}$ , with 22 per cent.  $\text{CO}_2$ , was combined to 50 per cent. of calcium carbonate (amorphous), and that the other half was nearly all magnesium phosphate with some triple phosphate (ammonium magnesium phosphate). I imagine that the acidity of the urine must have been subnormal."

Wakefield.

J. W. THOMSON.

### TABES DORSALIS IN AN EAST AFRICAN NATIVE

The recent paper by Gordon and Vint<sup>1</sup> reporting a case of general paralysis in a Kenya native is of interest owing to the comparative rarity of neurosyphilis among natives. In a discussion on the incidence of neurosyphilis in the Tropics<sup>2</sup> all the speakers stated that this condition was rare, and very few cases were reported, although all of them had had extensive experience of work in the Tropics. In looking through the literature available only a few more cases have been found. Wolff<sup>3</sup> reported a case of tabes dorsalis in a native of German East Africa, and quoted Ziemann as saying that he had only seen two cases among West Indians. Kirschner<sup>4</sup> saw two cases of tabes dorsalis in 3,800 native patients, and quoted a third reported by van den Bergh, while Walravens and Walker<sup>5</sup> reported five cases of cerebral syphilis seen at Elisabethville, three of which were diagnosed as general paralysis. The following case of tabes dorsalis in a native of Tanganyika Territory may therefore be of interest.

A Msukuma woman, aged 40-45, was seen on June 15th, 1932; she had had pains in the back and legs off and on for a month, and weakness of the legs of six days' duration. She said that the pain was of a stabbing character, starting in the loins and going round the abdomen towards the umbilicus, and also down the backs of her legs. The latter were thin and so weak that she was hardly able to stand, and she could only walk with the help of a stick, which she held in both hands in front of her. She admitted having had syphilis when she was young, but had had no treatment. On examination her bladder was found to be up to her umbilicus; but this was apparently causing her no pain. There was no pain on palpation of the lumbar region, but the muscles of the right side of the abdomen were slightly resistant. The knee-jerks were absent, and Romberg's sign was marked. The pupils reacted on accommodation, but very sluggishly to light. On lumbar puncture there was a cell count of 77 per c.mm., and the cerebro-spinal fluid gave a ++ Wassermann reaction. She was given tryparsamide, 3 grams intravenously, on two occasions, and then ceased to attend, refusing all further treatment.

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H. FAIRBAIRN,  
Medical Officer, Tanganyika  
Territory.

## Reviews

### A RADIOLOGICAL STUDY OF OTITIS MEDIA

In a supplement to *Acta Radiologica* Dr. GÖSTA RUNSTRÖM of Gothenburg presents a *Roentgenological Study of Acute and Chronic Otitis Media*.<sup>1</sup> An extensive account of the anatomy of the temporal bone takes the first place to enable the films photographed from different aspects and angles to receive correct anatomical interpretation. The study of the head and of the temporal bone in particular presents the most difficult problem which the radiographer has to solve, and that part of the book in which the technical difficulties are described will appeal chiefly to radiographers. How successfully the technique employed has overcome these difficulties is shown by the case histories with reports which accompany numerous plates of stereoscopic photographs of the temporal bone. There are, nevertheless, limitations to the pathological interpretation of the films, however perfect the technical result may be, and on this point the author insists emphatically. The chief points which can be elucidated are the relative density or degree of aeration of the cellular system, the density or decalcification with diminution in density of the cell walls, and the sharpness of outline or lack of definition of the cells. Decalcification, indistinct outlines, and defects in the cell walls are signs of osteitis. The necessity for correlating the clinical features of the case with the radiographic appearances is another point on which the author insists. There is nothing in the external aspect of the temporal bone to indicate the anatomical constitution of its interior, and this can be well displayed by radiography, but the interpretation of pathological changes requires special training, and must be correlated with the clinical examination.

This study demonstrates most beautifully how the application of physical science and exact mensuration have overcome a problem of great complexity. Examination of the plates and comparison with the case histories and reports will show otologists how much a radiographer with special skill, knowledge, and apparatus can accomplish in this field.

### A COLLOIDAL THEORY

"Colloids and Micellae: their Role in Biology and Medicine,"<sup>2</sup> by AUGUSTE LUMIÈRE, is a volume of some 800 pages, in which the author has summarized certain special views on pathology which he has advanced in a series of works published during the last decade. The volume is very well illustrated; thirty-four coloured plates of photomicrographs form a special feature. The remarkable technical perfection of these plates is not surprising in view of the services the author has rendered to the advance of photography.

M. Lumière's main thesis is that "the colloidal state is an essential and indispensable condition for life. Destruction of this state—namely flocculation—causes disease and death."

In a lengthy preface he makes the complaint that there has been a conspiracy of silence amongst medical authorities as regards his work. The publishers, however, speak of it as the scientific gospel of the future, suggest that it is the most important work that has appeared since the discoveries of Pasteur, and state that we are at the dawn of a new era—the colloidal era. It is almost superfluous to point out the difficulty of appraising the status of a book for which claims of this

<sup>1</sup> *A Roentgenological Study of Acute and Chronic Otitis Media*. By Gösta Runström. *Acta Radiologica*, Supplementum XVII. Stockholm: Acta Radiologica. 1933. (Pp. 88; 54 plates. Swedish crowns 20 net.)

<sup>2</sup> *Colloïdes et Micelloïdes*. Par Auguste Lumière. Paris: N. Maloine. 1933. (Pp. 806; 33 figures, 34 coloured plates. 75 fr.)

absence during the war of the food poisoning historically associated with Army contracts. A further important activity was concerned with the supervision of meat contracts in North America, South America, and Australia, for which purpose MacFadden detailed two members of his staff. In addition to the control of this wide organization MacFadden served on the Food (War) Committee of the Royal Society appointed to advise the Food Controller on scientific questions relating to nutrition and other kindred matters; the committee appointed by the Food Controller and the President of the Board of Agriculture and Fisheries to advise on questions connected with the production and distribution of milk; and the Milk Control Board, appointed by the Food Controller to control and regulate the distribution of milk. In the discharge of this wide range of duties MacFadden exercised unflinching supervision, energy, and tact, and the decoration of C.B. which was bestowed on him on the termination of the war was a well-merited honour.

Dr. MacFadden's last report to the Local Government Board on the work of the sub-department for food inspection appeared in the annual report of that Department for 1918-19. On the creation of the Ministry of Health that sub-department ceased to exist as such. In the new Ministry Dr. MacFadden was appointed one of the senior medical officers and placed in charge of a section of the medical department, under Sir George Newman's direction. In this section he advised on various questions relating to nutrition, dietaries, and the like, and continued technical work in relation to many of the subjects mentioned above. This was particularly the case in regard to the use of preservatives and colouring matters in food, following the report of the committee on this subject which was set up in 1923, and its outcome, the Public Health (Preservatives, etc., in Food) Regulations, 1925. He did important service on many other committees of inquiry during this period. The Departmental Committee on Meat Inspection, 1920, and the Accessory Food Factory Committee of the Medical Research Council require special mention in this respect, while he was chairman of the Canned Food Committee of the Department of Scientific and Industrial Research, and took part in the investigations of that department into refrigeration and like matters.

MacFadden retired from the public service in 1929. He had married, in 1905, Alice Bristow, daughter of the late Ven. John Spence, D.D., Archdeacon of Connor, and had four sons and two daughters. A funeral service on August 19th at St. Paul's, Avenue Road, Hampstead, was attended by several of his former chiefs and colleagues, by all of whom, as well as by a much wider circle of those with whom his official work brought him into contact, the memory will abide of a strenuous and conscientious worker, a man of the highest character, and a personality of exceptional charm.

We regret to announce the death, on July 28th, of Dr. A. Z. C. CRESSY of Wallington, Surrey. Arthur Zell Clardon Cressy was born in 1861. Educated at Epsom, he commenced his medical studies at Guy's Hospital, where he qualified M.R.C.S.Eng. and L.S.A. in 1887. A correspondent writes: Dr. Cressy's death does more than terminate a period of forty-five years' active medical practice; it brings to an end a famous family tradition, for there were Cressys practising in the Wallington district at the time of the French Revolution. From the time he left school Dr. Cressy had constantly accompanied his father as an unqualified assistant. He was always quick to seize on any new instrument or line of treatment, and was at various times responsible for the design of several surgical instruments. It was, however, in the field of obstetrics that Dr. Cressy's chief skill lay. An intense individualist, he resented authority in any form,

and was ever an aggressive champion of what he considered were the rights of the general practitioner. A very old member of the B.M.A., his criticism of its treatment of the general practitioner was at times apt to be violent. Dr. Cressy was one of the founders of the Carshalton Cottage Hospital, and was senior surgeon from its opening in 1899 until the date of his death. It was also largely due to his energy that the District War Memorial Hospital was erected in 1924. His chief hobbies were horticulture and photography. He was, however, never happy away from his work, and found holidays merely a source of irritation. He was an unforgettable figure in his grey whipcord coat and white hunting-stock, with his ruddy complexion and gold-rimmed monocle. Many of us disagreed with his views, but we miss him sorely.

The following well-known foreign medical men have recently died: Professor LINDEMANN of Warsaw, an authority on war gas; Professor ALEXANDER FERENCZI, a Hungarian psychologist and former collaborator of Professor Freud; Dr. RALPH LEAVITT MACFARLAND, a New York radiologist, aged 69; Dr. H. A. COTTON of New York, a specialist in dementia praecox and melancholia; Dr. EDWARD OSGOOD OTIS, emeritus professor of pulmonary diseases and climatology, Tufts College Medical School, Boston, and author of works on tuberculosis, aged 84; Dr. GÉRARD MOZER, of the Hôpital Maritime of Berck-sur-Mer, aged 41; Dr. ERICH LESCHKE, extraordinary professor of medicine at Berlin University, author of a work on metabolic diseases, aged 46; Dr. FRANZ SCHÖNENBERGER, extraordinary professor of general therapeutics and director of the Hydrotherapeutic Institute at Berlin University, aged 68; and Dr. PAUL SOLIER, director and president of the Institut des Hautes Études of Belgium, professor and founder of the School of Ergology at Brussels, and Commander of the Legion of Honour.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

At a congregation held on August 5th the following medical degrees were conferred:

M.D.—\*W. N. Leak, \*R. C. Priest, R. J. V. Pulvertaft, J. L. Franklin, R. W. Knowlton.

M.B., B.CHIR.—\*J. S. M. Pringle, J. W. Campbell, B. P. Harris, L. W. A. Lankester, F. G. Maitland, C. P. Bailey, R. A. Sykes, G. R. Ellis.

M.B.—M. L. Rosenheim, A. N. McCrea, J. W. Bromley.  
B.CHIR.—\*J. G. M. Nisbett, \*D. Kyle, \*E. W. Price, \*J. G. Jones, \*G. L. Foss, \*R. H. Dobbs, R. Cairns, O. A. Trowell, J. N. Groves, A. H. Charles, J. G. V. Smith, C. G. Batty-Smith, C. M. Carr, J. W. Maycock, E. W. Taylor.

\* By proxy.

## The Services

### DEATHS IN THE SERVICES

Colonel Frederick Smith, C.B., C.M.G., D.S.O., late R.A.M.C., died in a nursing home in London on July 26th, aged 75. He was born at Horncastle, Lincoln, on February 14th, 1858, was educated in the school of the Irish College of Surgeons and the Carmichael School, Dublin, and took the L.R.C.S.I. and L.R.C.P.I. in 1889, and subsequently the D.P.H. at Durham in 1897. Entering the R.A.M.C. as surgeon on March 30th, 1890, he became lieutenant-colonel on August 14th, 1912, and brevet colonel on September 4th, 1912. His services were retained on the active list, owing to the war, after he had attained the age limit; he retired on December 26th, 1917. He served in the Zulu war of 1879 (medal and clasp); in the first Boer war in 1881; in operations in Sierra Leone in 1898-9, in the Mendiland expedition (medal and clasp); in South Africa in 1900-1, in operations in the Transvaal, Orange River Colony, and Cape Colony, including the actions at Biddulphsberg, Bethlehem, and Wittebergen, was mentioned in dispatches in the *London Gazette* of September 10th, 1901, and got the Queen's medal with four clasps, and the D.S.O.; on the North-West Frontier of India in the Mohmand campaign of 1908 (medal with clasp); and in the war of 1914-18, when he was mentioned in dispatches

in the *London Gazette* of October 19th, 1914, January 1st, 1916, December 6th, 1916, and November 28th, 1917, and received the C.M.G. in 1917 and the C.B. in 1918. The Royal Warrant of November 27th, 1879, laid down that half of the vacancies in the R.A.M.C. might be filled by candidates recommended by the governing bodies of the medical schools in Great Britain. Colonel Smith was, we believe, the only officer ever appointed under these conditions. He was also the only officer in the R.A.M.C. who had served in the ranks. He enlisted in the Medical Corps while a medical student, and served in the ranks for twelve and a half years. While stationed in Dublin he attended the classes he still required to complete his medical curriculum, and got the licences of the Irish Colleges in 1889. These Colleges then recommended him for a commission in the Army Medical Department, now the R.A.M.C., and he was appointed surgeon on probation. At the Army Medical School at Netley he took the Herbert prize for the best man of his year, and the second Montefiore prize in surgery; subsequently he gained the Parkes memorial medal and prize twice, in 1897 and in 1907; the Alexander memorial gold medal twice, in 1903 and 1906; and the Enno-Sandes gold medal of the United States in 1903. Much of his service was spent on sanitary work; he was assistant in the bacteriological laboratory at Netley in 1896-8, sanitary officer of the forces in West Africa in 1903-4, and divisional sanitary officer at Rawal Pindi. He was the author of *Modern Bullet Wounds and Modern Treatment* (1903), and contributed many scientific and professional papers to the *Journal of the Royal Army Medical Corps*.

Lieut.-Colonel George Waters, Bombay Medical Service (ret.), died at Beddington Lane, near Croydon, on July 25th, aged 87. He was born on April 23rd, 1846, the son of John Waters of Bomer, Caithness, and was educated at Thurso Academy and at Anderson's College, Glasgow. After taking the L.R.C.P. and S.Ed. in 1869 he entered the I.M.S. in the same year, and attained the rank of brigade surgeon lieutenant-colonel on March 31st, 1896, and retired on April 23rd, 1901. His first appointment was as assistant to J. H. Sylvester, the superintendent of the Bombay Ophthalmic Hospital. He was soon after appointed Residency surgeon at Bushire, in the Persian Gulf. In 1874 he took three months' leave, and rode from Bushire to Resht, on the Caspian Sea, publishing an account of the ride in *A Journey from Bushire to Kazeroon and Back*, 1874. Soon after, Sir Richard Temple, who was then Governor of Bombay, appointed Waters his personal surgeon, a post which he continued to hold under the next Governor, Sir James Ferguson. In 1881 he was appointed physician to the Jamsetjee Jeejeebhoy Hospital, Bombay, and professor of pathology in the Grant Medical College. In 1889 he was appointed Presidency surgeon of the third district, Bombay. After retirement he made a trip round the world, and also visited Kashmir, and wrote an account of his journeying, called *Travel Reminiscences*. He married Winifred, second daughter of General Hatch, R.A. She died at Bombay in 1887, leaving a daughter.

Lieut.-Colonel John Archbold Turnbull, D.S.O., R.A.M.C., died suddenly at Ranikhet on July 27th, aged 53. He was born on October 9th, 1879, was educated in the Edinburgh extramural school, and took the Scottish triple qualification in 1903. Entering the R.A.M.C. as lieutenant on January 30th, 1904, he attained the rank of lieutenant-colonel on October 4th, 1925. He served on the North-West Frontier of India, in the Zakka Khel and Mohmand campaigns of 1908, gaining the Frontier medal with a clasp. In the war of 1914-18 he was mentioned in dispatches in the *London Gazette* of January 1st, 1916, and May 20th, 1917, and received the D.S.O.

Major Herbert Fletcher Joynt, R.A.M.C. (ret.), died at Mandeville, Jamaica, on April 9th, aged 49. He was born on February 5th, 1884, and was educated at Guy's and at Durham University, where he graduated M.B., B.S. in 1907. After filling the post of obstetric resident at Guy's, he entered the R.A.M.C. as lieutenant on January 30th, 1909, became major after twelve years' service, and retired on November 2nd, 1929. He served in the war of 1914-18.

Major David Stiell, R.A.M.C. (ret.), died at Bournemouth on May 25th, aged 68. He was born at Lesmahagow on April 20th, 1865, and was educated at Glasgow, where he graduated M.B., C.M. in 1868, and M.D. in 1896. Entering the Army as surgeon on February 5th, 1887, he became major after twelve years' service, and retired on May 25th, 1907. He served in the South African war in 1900-2, taking part in operations in the Transvaal and Orange Free State, including the action at Zillkat's Nek, and received the Queen's medal with three clasps and the King's medal with two clasps. When the war of 1914-18 began he rejoined from the Reserve of Officers, and served throughout the war.

## Medical News

The annual dinner of past and present students of St. Mary's Hospital will be held on Saturday, September 30th, at 7.30 p.m., at the Trocadero Restaurant. Dr. Reginald Miller will be in the chair. The honorary secretary is Dr. A. Hope Gosse.

The Fellowship of Medicine and Post-Graduate Medical Association has arranged for the following courses to take place during September: on diseases of infants, at the Infants Hospital, Vincent Square, September 4th to 16th, to take place every afternoon; on psychological medicine, at the Bethlem Royal Hospital, Beckenham, September 5th to 29th, on Tuesdays and Fridays at 11 a.m.; on medicine, surgery, and the specialties, at the Westminster Hospital, S.W.1, from September 18th to 30th, to occupy the whole of every day; on diseases of the chest, at the Hospital for Consumption, Brompton, from September 25th to 30th; on proctology, at the Gordon Hospital, Vauxhall Bridge Road, in the afternoons, from September 25th to 30th; on rheumatism, at the Royal Mineral Water Hospital, Bath, during the whole of Saturday, September 30th, and Sunday, October 1st. In addition to the above a special tutorial course (for men graduates only) in medicine, surgery, and midwifery has been arranged to take place from September 29th to October 3rd, inclusive, at the Connaught Hall of Residence, 16, Torrington Square, W.C.1. Intensive lectures and demonstrations will be given the whole of each day, and will deal with the clinical conditions in which recent developments have occurred. Post-graduates attending this course will reside at the Connaught Hall. Full details are now ready, and can be obtained from the secretary of the Fellowship of Medicine, 1, Wimpole Street, London, W.1.

The eighth congress of French-speaking gynaecologists and obstetricians will be held in Paris from September 28th to 30th, under the presidency of Dr. Couvelaire, when the following subjects will be discussed: (1) Surgical treatment of placenta praevia, introduced by Professors Paucot of Lille and Reeb of Strasbourg. (2) Tuberculosis of the uterus and adnexa, introduced by Drs. Brocq, Moulonquet, Claude, and Bécère of Paris and Professor Rochat of Lausanne. (3) Treatment of the sequels of the artificial menopause, introduced by Von Cauwenberghe of Ghent and Professors Brouha of Brussels and Masserbeau of Montpellier.

The French congress for doctors fond of French wines will be held at Bordeaux from September 7th to 9th, under the presidency of Professor Portmann, when visits will be paid to various wine depots, and addresses will be given on wine in medicine and its role in hygiene and diet.

The twenty-eighth congress of the German Orthopaedic Society will be held at Leipzig, under the presidency of Professor Schede, from September 11th to 13th, when the chief subject for discussion will be orthopaedics and rheumatism, and conservative treatment of foot-drop.

The International Association of Preventive Paediatrics will hold its third conference at Luxembourg on September 27th and 28th. The subjects for discussion are the prophylaxis of poliomyelitis, introduced by Professor Rohmer of Strasbourg and Dr. Wallgren of Göteborg (Sweden), and the acute specific infections of infancy, introduced by Professor Rott of Berlin and Dr. Frontali of Padua. Inquiries should be addressed to the secretary of the conference, Dr. D. Oltramare, 15, Rue Lévrier, Geneva.

The first congress of photography and cinematography in relation to the sciences of medicine and biology will be held in the State Museum of Pedagogy, Paris, from October 5th to 7th. There will be demonstrations of films and slides, and discussions. Information about the scientific side of this congress can be obtained from Dr. C. Claoue, 39, Rue Scheffer, Paris.

A Congress of Slav Medicine will be held at Poznan on September 15th, when the subjects for discussion will be goitre and blood groups in forensic medicine.

It is stated in the annual report of the Queen Alexandra Sanatorium Fund that during the twelve months preceding April 30th, 1933, more grants than in the previous year were made to enable persons of slender financial resources to obtain treatment in Switzerland. There were at Davos last winter forty patients, as compared with twenty-seven in 1931-2, but many stayed for much shorter periods, and a number of grants were made quite late in the season. Only four patients were in receipt of grants for the whole season of 197 days, from October 16th, 1932, to April 30th, 1933. In twelve cases the grant was extended until May 31st. It is announced in the current annual report of the fund that medical statistics seem to show that the clinical results were more successful than in any preceding year. This is attributed to the development, improved technique, and more extensive application of some form of collapse therapy, and particularly of artificial pneumothorax. The safe division of adhesions has greatly increased the sphere of usefulness of this procedure, and quite large adhesions are now dealt with without risk. Forms of application for grants for the coming winter are obtainable from the honorary secretary of the fund, Mr. A. Stanley Herbert, 25, Birch Lane, London, E.C.3.

According to the annual report of the Benenden (Kent) Sanatorium, the number of beds available for use was increased to 148 during 1932. The average number of cases treated on each day rose from 139.45 to 140.36. Towards the end of the year it appeared that fewer county council cases were being admitted. The induction of artificial pneumothorax and gold therapy gave good results, and at the end of the year there were in residence thirty-two patients on whom pneumothorax had been performed and fourteen having crissaline treatment. The arrangement and conducting of graded work in the sanatorium grounds has been reorganized. In the twelve months under review 238 patients were admitted and 256 were discharged; of these latter 199 were "much improved" and twenty-four "improved."

The issue of the *Gazette des Hôpitaux* for August 5th contains an account of the proceedings of the Seventh International Congress of Military Medicine and Pharmacy recently held at Madrid. The next congress will be held in Rumania.

The issue of the *Deutsche Medizinische Wochenschrift* for August 11th, 1933, is devoted to "The Doctor and Sport."

The issue of the *New English Journal of Medicine* for July 13th was a *Festschrift* in honour of Dr. Robert B. Osgood, who retired in 1931 from the chair of orthopaedic surgery at Harvard Medical School. It contains a foreword by the late Sir Robert Jones.

The late Mr. J. Priestley Smith, professor of ophthalmology in the University of Birmingham, 1897-1912, left £22,695.

A large new building to form the future home of the Prince Leopold National Institute of Tropical Medicine is approaching completion in Antwerp.

The Rev. L. C. Rowan-Robinson, M.B., Ch.B., has been appointed Vicar of Brinsley and Woodborough, Nottingham.

Dr. Wilhelm Karl, head of the clinic for skin and venereal diseases at Vienna, has been elected dean of the medical faculty.

Dr. Paul Mulzer, professor of dermatology at Hamburg, has been made an honorary member of the Dermatological Society of Athens, and Professor Rollier of Leysin and Dr. Axel Reyn of Copenhagen honorary members of the German Society for Light Investigation at Bremen.

Dr. Julio Bejarano y Lozano has been nominated the Director-General of Public Health in Spain.

The following appointments have recently been made in the French faculties of medicine: Dr. Robert Proust, professor of medico-surgical anatomy and operative technique in Paris; Dr. Paul Bonnet, professor of clinical ophthalmology at Lyons; and Dr. Morvillez, professor of pharmacy at Lille.

## 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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## QUERIES AND ANSWERS

### Transient Hemianopia after Bathing

Dr. R. E. M. TAUNTON (London, W.7) writes reporting the occurrence, whilst on holiday, of a transient left-sided hemianopia following bathing in a rough sea and being hit on the head with waves. On driving a car shortly afterwards it was found that only the half of each approaching car could be seen. The same applied to all objects. Normal sight returned within a few hours. He asks: Is this a frequent occurrence?

### Income Tax

#### Locumtenent Work: Expenses

"R. R." has been engaged for a considerable time in locum work. He returned his "salary" in full and claimed the 5 per cent. commission as an "expense." The commission is paid to the local bureau. The deduction has been disallowed.

\*\* In our opinion the earnings of a locumtenent are properly assessed under Schedule D as professional profits, and not under Schedule E as the reward of employment. It is "employment" in a sense, but the circumstances are peculiar, and it is a recognized mode of carrying on the profession. If such earnings are assessed under Schedule E then a separate assessment should be made for each appointment—which is a *reductio ad absurdum* in many cases. If the assessment is made under Schedule D the expense of the commission is allowable, as, of course, in equity it ought to be.

#### Purchase of Practice—First Year

"K. S. T." was employed as an indoor assistant for the year to April, 1932. He purchased a practice in August, 1932. On what basis should he be assessed for the year to April, 1933?

\*\* The change from employment as an assistant to practising on his own account necessitates breaking away from the "previous year" basis so far as the latter earnings are concerned, and they must be regarded, so far as "K. S. T." is concerned, as arising from a practice set up and commenced by him in August, 1932.

#### Liability of Foreign Residents

"OVERTAXED" asks whether British securities are exempt from income tax when the income therefrom belongs to a foreign resident.

\*\* The answer is in the negative, except as regards interest on the British Government 5 per cent. Loan, which has now been converted into a 3½ per cent. security.