4. *Loss of Interest.*—This occurs at from seven to ten days from onset, and is so marked in some cases that it is impossible to get the child to follow with his eyes the movement of a favourite toy held before him. It occurs in exact relation to the severity of the case.

5. *Loss of Whoop.*—When this happens in conjunction with the other four signs recovery is almost hopeless. Children with a severe attack of ordinary whooping-cough will cough till they are exhausted and unable to support the weight of the head upright, drooping in their mother's arms, and yet will somehow summon the energy to whoop again in a few minutes' time. But children with malignant whooping-cough do not whoop after a time. They just cough spasmodically, and this loss of whoop is perhaps the most serious sign of all.

Convulsions, though a serious pointer, occur in ordinary whooping-cough, and, indeed, are uncommon in the malignant type, except when due to a terminal meningeal involvement. Instead, therefore, of the classical description of the textbooks of whooping-cough of all degrees of severity, with or without complications, I believe that there are two separate, distinct divisions of the disease—the *malignant type,* where the patient dies of "blood poisoning" and has perhaps a terminal pneumonia or meningitis, and the *ordinary type,* with which we are all familiar, and in which there may be true "complications." The malignant type is, I think, the most appalling of all the diseases of childhood, in its slow, uninterrupted, inexorable progress.

So far I feel that I am on fairly safe ground, but in coming to treatment I feel very differently, and offer my experience with the greatest diffidence.

Vaccine Therapy

For some years I have had what appeared to be excellent results with vaccine, and last winter I was anxious, by careful tabulation, to put the matter beyond doubt. Why that was given up has been explained. What follows is the conclusions reached after attempts to allow for errors due to some parents' belief in anything in a hypodermic syringe, and to some fathers' objections to "anything to do with vaccination." These observations do not apply to the malignant type, in which the life of the child depends on his latent strength and the skill of his nurses. The effect of vaccines in any doses in these cases is, I think, harmful.

The vaccines used in my cases were:

1. *St. Mary's Hospital (Parke Davis)*

Bordet's bacillus	...	500	millions per c.cm.
Influenza ,,	...	250	,, ,,
Pneumococcus ...	...	20	,, ,,

2. *St. Paul's Hospital (Genatosan)*

Bordet's bacillus	...	10,000	millions per c.cm.
Influenza ,,	...	5,000	,, ,,
Pneumococcus ...	...	5,000	,, ,,

The latter is, of course, a detoxicated vaccine, and is twenty times as strong as the ordinary one. There is no danger in vaccines in whooping-cough, and after a reasonable initial dose for conscience' sake enormous doses can be given with safety. Indeed, it is for massive doses that I plead. The largest dose-for-age I have given is 15,000 millions (the figures refer to Bordet's bacillus) of the detoxicated vaccine as a second dose, to a child 9 months old. The dose recommended by the makers is 1,000 millions, so that this was fifteen times the dose suggested. The result was in every way more than satisfactory. Among colleagues who have failed with vaccines I have found that the tendency is to give even less than the recommended doses. To get results it is necessary to give at least five times the ordinary amount. I gave these large quantities to some sixty cases last winter, without any ill effect beyond a slight reaction when using ordinary vaccine. Dosage varies with age, but at, say, 1 year I would suggest second doses of 400 millions of ordinary, and 8,000 millions of detoxicated vaccines, with maximum quantities of 1,000 millions and 25,000 millions respectively. The most startling result of vaccine therapy is seen in the cases which have an acute exacerbation some time after all cough has ceased, and suddenly start to whoop twenty or thirty times a day. A large dose of vaccine has a really dramatic effect. I am persuaded that by use of vaccine the period of the disease is shortened, and there is a marked diminution in the number of spasms in the twenty-four hours, and in the severity of the individual spasms. I think that better results are obtained with ordinary vaccines—that is, non-detoxicated—but I do not feel quite convinced of this. Since I started to use these large amounts I have never treated a case in this way without definite benefit.

There are apparent contradictions in these observations, but I am quite happy about this. Clinical observation has always preceded scientific investigation, and I hope and believe that when the reactions of the living organism to infection are fully understood, many things which now appear contradictory and inexplicable will fall naturally into their proper places to form a complete picture.

Nowadays most doctors carry a hypodermic syringe in spirit. It is very difficult to clean and get free from spirit, and this must make a difference to many substances. The following method may be useful. The syringe and case are kept lying in spirit overnight. They are then washed in water and left to dry. When dry, the syringe is put into the case without any spirit at all. As the outside of the barrel only is handled at each injection the inside of the syringe is kept sterile for all practical purposes during a round of visits. A tube of sterile hypodermic points (fitting into the usual adapter) is carried and a clean needle used for each patient.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

A CASE OF PAROTID CYST

Parotid cysts are mentioned in textbooks of surgery, but very few have been described. The following instance may therefore be of interest to readers of the *Journal.*

A man, aged 65, consulted me about a swelling on the face, which he had had for nine months. It was situated on the left side, in front of the lobule of the ear, and was the size of a pigeon's egg. The skin was freely movable over it. Fluctuation was absent. No signs of inflammation were present. I diagnosed a mixed-cell parotid tumour. Mr. D. Patey, who operated on this case, agreed with the clinical diagnosis. At operation a greyish tumour was found. On dissecting this out the knife accidentally pierced its wall, and a large quantity of clear fluid escaped. The nature of the swelling then became apparent—it was a large parotid cyst. The cyst wall was carefully dissected away. The pathologist reported as follows: "Section shows a cyst wall of fibrous tissue, lined by a single layer of flattened epithelial cells. Adherent to the outer aspect of the cyst wall are fragments of the parotid salivary gland, showing areas of infiltration of chronic inflammatory cells." After the operation the patient developed an external fistula of the gland. The duct was patent. Saliva was oozing out from the internal orifice of the duct when the patient was tested with food. After six weeks of annoyance to the patient the fistula closed, when he chose to try a liquid diet only for three days. It is now nine months since the operation. The scar is sound, and there is no recurrence.

I wish to express my gratitude to Mr. D. Patey for his kind help in this case.

London, N.W.11. J. Mintzman, F.R.C.S.

ATYPICAL CASE OF CORONARY THROMBOSIS WITH INFARCTION AND RUPTURE OF THE HEART

The following case appears to be worth recording.

A man, aged 62, an engine-cleaner, had enjoyed excellent health up to the night before his death, although recently he had consulted a doctor with regard to "rheumatism" of the knee- and ankle-joints. A few years previously he had successfully passed a medical examination for life insurance. He had never been out of employment, and was well able to do his day's work. On the afternoon before his death he walked into town, a distance of about three and a half miles. On his return home (by bus) he ate a good meal, but shortly afterwards complained of being tired; he retired to bed early in the evening after drinking half a glass of whisky. Next morning he arose at 6 o'clock, as was his custom, dressed, and had breakfast. He was later discovered dead in the water-closet outside the house, having died apparently during the act of micturition. On no occasion had he complained of pain of a cardiovascular type. His wife had never seen him breathless.

Post-mortem Findings

At the post-mortem examination a rupture of the wall of the left ventricle was found; eleven ounces of blood had escaped into the pericardial sac. The rupture was parallel with the septum, half an inch to the left of the anterior descending branch of the left coronary artery, which was completely occluded by thrombosis from a point half an inch from its origin. The rupture measured three-quarters of an inch in length; its edges were frayed, everted, and slightly undermined by clotted blood. It was due to the giving way of a massive infarct, which involved the lower part of the anterior wall of the left ventricle, the lower third of the interventricular septum, and the adjacent part of the right ventricle. On the inner surface of the infarcted area of the septum there was some ante-mortem thrombosis. The infarcted area had dilated, and had formed an acute aneurysm of the heart-wall, which projected a distance of fully three-quarters of an inch. At the actual point of rupture the consistence of the necrotic muscle was practically semi-fluid as the result of autolytic changes. The main coronary arteries showed a moderate degree of nodular atheroma, but in the thrombosed anterior descending artery the condition was extreme; in one particular branch of this vessel only about one-sixth of the lumen persisted. There was some atheroma of the aorta and its main branches, but this was not severe, the main incidence of the disease having fallen upon the coronary arteries.

Microscopically the changes in the left ventricle were characteristic of infarction with rupture. Ischaemic atrophy and replacement fibrosis of the myocardium were not marked. There was no evidence of syphilis (Levaditi) in the heart or aorta.

Commentary

This man had suffered from a complete occlusion of the main trunk of the anterior descending branch of the left coronary artery with a resultant massive infarction of the heart wall. Yet during life there was apparently nothing to indicate the gravity of the condition, or to suggest that a fatal event was imminent.

Such cases of silent coronary thrombosis and infarction, although uncommon, are well known, more especially in connexion with medico-legal necropsies. The explanation of these cases, however, is difficult, seeing that some victims of the disease may die during the onset of the attack and before the additional insult of infarction has had time to make its presence felt, the rapid death being due to shock associated with the severity of the pain, or perhaps to ventricular fibrillation. On the other hand, those who have extensive infarcts may show no symptom of illness, as in the present case. (Levine[1] states that sudden dyspnoea and a feeling of weakness are features of these atypical cases of coronary thrombosis in which pain is absent.)

The reason cannot be altogether that the vessel suddenly occluded was not of sufficient size to interfere seriously with the nutrition of the myocardium; the anterior descending artery is not a small vessel in so far as the coronary arteries of the heart are concerned. In this connexion it might be argued that the reason for the absence of pain and other symptoms of myocardial involvement was to be found in the development of coronary anastomoses and other compensatory changes, which are known to follow atheroma of the coronaries, whereby ischaemia and anoxaemia tend to be prevented. Nevertheless, in the recorded case at least, the compensatory nutritional mechanism had failed, and the death of an extensive area of the myocardium had resulted, apparently without symptoms, including pain—that is, if one accepts the anoxaemic theory of the origin of cardiac pain.

From the point of view of prognosis no reliance can be placed on the general appearance of the individual who suffers from coronary thrombosis, because spontaneous rupture of the heart may occur in those who would seem the least subject to such an accident.

The distance which the man walked while suffering from cardiac infarction, although remarkable, is exceeded in a case of a somewhat similar nature described by Hughes.[2] A dock labourer, aged 49, while working on an oil tanker, suddenly dropped dead from rupture of an infarcted heart. Up to two days before his death it had been his daily habit to walk a distance of six miles to work; this walk had to be discontinued owing to a slight feeling of distress, although up to the end he was still quite equal to his strenuous work on the oil tanker.

I wish to thank Professor Shennan for permission to publish this case.

References

[1] Levine, S. A.: *Medicine*, 1929, viii, 322.
[2] Hughes, F. M.: *Lancet*, 1914, i, 533.

Brennan S. Cran, M.D.
Department of Pathology, University of Aberdeen.

Reports of Societies

EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS

At a meeting of the Section of Medicine of the Royal Society of Medicine on October 24th, with Sir E. Farquhar Buzzard in the chair, the subject taken for discussion was "The Early Diagnosis of Pulmonary Tuberculosis."

Dr. W. Stobie (Oxford) said that a satisfactory conception of the pathogenesis of this disease had still to be discovered. On hardly a single point was there anything like general agreement. As a result there had accumulated a mass of literature which threatened to become overwhelming. Even now, fifty years after the discovery of the causative organism, there was a sharp division of opinion as to the portal of entry of the bacillus and the route of the infection. It was commonly acknowledged that in the vast majority of cases an initial infection occurred in early childhood by way of the air passages, and that consequent on this there appeared somewhere in the lung a primary lesion, which generally underwent a healing process. But from this point disagreement began. For the time being the theory of air-borne reinfection held the field. He confined his remarks to the early diagnosis of pulmonary tuberculosis in adults. There was an inclination to blame the general practitioner for failure to recognize the early symptoms and signs, but the onus of responsibility for failure lay, not with the general practitioner, but with those in authority whose duty it was to make satisfactory provision for the teaching of medical students. Other reasons for failure to detect early cases were the dissociation of tuberculosis work from the general hospital, a possible

WILLIAM BUTTERWORTH MacTIER, M.B., C.M.

The death took place suddenly on October 20th at Northwood, Middlesex, of Dr. W. B. MacTier of St. Andrews, Fife. Dr. MacTier had gone to London to attend the Annual Conference of Representatives of Local Medical and Panel Committees at the British Medical Association House on October 19th.

Born at St. Andrews in 1865, Dr. MacTier had been identified with the interests of that town during the greater part of his life. He was educated at Fettes College, Edinburgh, where he was celebrated as a football player, and after passing through the medical course at Edinburgh University graduated M.B., C.M. in 1889. After a term as resident physician under the late Dr. Claude Muirhead in Edinburgh Royal Infirmary, Dr. MacTier set up in practice at Waterloo, near Liverpool, but some ten years later returned to St. Andrews as partner of the late Dr. John Moir. Here he developed a large practice, and was one of the best-known practitioners in Fife. He acted for many years as honorary medical officer to the Cottage Hospital, St. Andrews, and was closely associated from the time of its foundation with the James Mackenzie Clinical Institute, to which, latterly, he acted as chairman of the committee of management. He also took a close interest in the affairs of the town, and was a bailie for the burgh of St. Andrews and J.P. for the county of Fife. He had many interests outside those of the medical profession, and kept up his early athletic distinction as a keen player of lawn tennis and badminton. One of his favourite recreations was travelling, and he had visited several of the lesser-known countries of Europe, where he pursued the study of field botany. During the war he acted as medical officer of the Castlecliff Red Cross Auxiliary Hospital at St. Andrews. He had been a member of the British Medical Association for thirty-six years, and took an active part in its work, having been a member of the Insurance Acts Subcommittee for Scotland for many years, and president of the Fife Branch. Dr. MacTier is survived by a widow, one son, and two daughters.

Dr. ARTHUR JAFFRAY HUTCHISON died on October 20th, at the age of 68, while on a visit to Evesham. After graduating M.B., C.M.Glas. (with commendation) in 1890, he became house-physician to the Western Infirmary, Glasgow, and later surgeon to the throat and nose department of the Glasgow Public Dispensary. He then went to Brighton, and was appointed honorary surgeon to the Brighton Throat and Ear Hospital, and laryngologist to the Royal Sussex County Hospital. Dr. Hutchison had been a member of the British Medical Association for forty years, and when the Annual Meeting was held at Brighton in 1913 he held office as president of the Section of Laryngology, Otology, and Rhinology. He was a corresponding member of the Société Française d'Otologie, de Laryngologie, et de Rhinologie. During the war he was a member of the staff of the 2nd Eastern General Hospital, with the rank of captain, R.A.M.C.(T.).

We regret to announce the death at Ayr, on October 20th, after a brief illness, of Dr. ERIC DALRYMPLE GAIRDNER, at the age of 55. Dr. Gairdner, who was a son of the famous Glasgow professor, Sir William Tennant Gairdner, K.C.B., M.D., F.R.S., was educated at Rossall School and at the Universities of Glasgow, Edinburgh, and St. Andrews, and graduated M.B., Ch.B.Glas. in 1902. He served as resident physician and resident surgeon at the Glasgow Royal Infirmary in 1902-3. In 1905 he took up practice in Ayr, and in 1907 was appointed surgeon to the Ayr County Hospital, which post he held until 1919, when he became Deputy Commissioner of Medical Services under the Ministry of Pensions in Glasgow. He held the rank of major in the R.A.M.C.(T.), and during the war was medical officer attached to the 1/5th Royal Scots Fusiliers. He distinguished himself greatly, and was several times mentioned in dispatches, while in 1916 he was awarded the D.S.O., and a year later received a bar to this order. The French Government also conferred upon him the Croix de Guerre. He was several times wounded, and these war injuries undoubtedly shortened his life. After the war he returned to Ayr, and some eight years ago was appointed medical officer for Scotland of the London Midland and Scottish Railway Company.

The following well-known foreign medical men have recently died: Dr. George Hayem, honorary professor of the Paris medical faculty, ex-president of the Académie de Médecine and Commander of the Legion of Honour, aged 91 ; Dr. Artur Biedl, professor of general pathology at the German University of Prague, aged 64 ; Dr. Peter Poppert, professor of surgery and director of the surgical clinic at Giessen, aged 73 ; Dr. Viktor Hinsberg, professor of oto-rhino-laryngology at Breslau, aged 63 ; Dr. Romeo Monti, an eminent Vienna paediatrist, aged 56; Dr. William Councilman, professor of morbid anatomy at Harvard University and author of a well-known textbook on the subject, aged 79 ; and Dr. Gannouchkine, professor of clinical psychiatry at Moscow.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on October 20th the following medical degrees were conferred:

M.D.—*L. Lawn, H. P. Nelson.
M.B., B.CHIR.—*G. W. Crimmin, W. A. Elliston, G. W. Thomas.
M.B.—E. Hinden, G. A. W. Whitfield, C. O. Barnes, K. V. Earle, F. Radcliffe, J. S. S. Fairley.
B.CHIR.—*H. B. Tipler, *G. O. A. Briggs, H. Barcroft, R. J. V. Battle, E. T. W. Starkie, D. W. C. Gawne, A. W. Langford, E. L. Cohen.

* By proxy.

Corpus Christi College offers every December one Smyth Exhibition of £30 a year for two years (renewable for a third year), to be given to an open scholar or exhibitioner (in whatever subject) who shall have expressed his intention of reading for a medical degree: and if there are two candidates so qualified the most suitable is elected. The Executive Body also has power to elect, when the state of the Smyth Fund permits, to a Smyth Exhibition of £30 a year for one year (renewable for a second year) that undergraduate reading for a medical degree whom it judges most suitable.

UNIVERSITY OF LONDON

At a meeting of the Senate, held on October 25th, with the Vice-Chancellor (Professor L. N. G. Filon) in the chair, it was resolved to confer the degree of Doctor of Science, *honoris causa*, on Sir Thomas Barlow, Bt., K.C.V.O., M.D., F.R.S.

The title of professor of malarial studies was conferred on Sir S. Rickard Christophers, M.B., F.R.S. (London School of Hygiene and Tropical Medicine), and that of reader in pathology on Dr. F. A. Knott (Guy's Hospital Medical School).

Sir Ernest Graham-Little, M.P., was re-elected chairman of the Council for External Students for the year 1933-4.

NATIONAL UNIVERSITY OF IRELAND

A meeting of the Senate was held on October 26th, under the chairmanship of the Chancellor, Mr. Eamonn de Valéra.

The reports of the examiners on the results of the autumn examinations, 1933, were considered, and passes, honours, etc., awarded in connexion therewith.

The Senate awarded the Dr. Henry Hutchinson Stewart Scholarships in Anatomy and in Physiology to Eamonn de Valéra of University College, Dublin; and decided that the Dr. Henry Hutchinson Stewart Scholarships in Arts, in Medicine, and in Mental and Nervous Diseases should be offered for competition in 1934.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

A quarterly comitia of the Royal College of Physicians of London was held on October 26th, with the President, Lord Dawson of Penn, in the chair. Dr. F. H. Jacob, Sir Ewen Maclean, Sir Henry H. Dale, and Dr. F. R. Fraser were elected councillors. Dr. R. A. Young was re-elected a member of the Committee of Management of the Conjoint Board, and Mr. Comyns Berkeley re-elected a representative of the College on the Central Midwives Board. Dr. John Hay was appointed representative of the College on the Court of Governors of the University of Liverpool. The President announced that Dr. E. H. R. Harries had been appointed Milroy Lecturer for 1935, and that the Jenks Memorial Scholarship for 1933 had been awarded to Henry Newnham Peyton, late of Epsom College.

Membership

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

Trevor Arthur Lloyd Davies, M.B.Lond., Sailendra Kumar Ghosh-Dastidar, M.B.Calcutta, Ronald Edward Jowett, M.D.Leeds, Patrick Corbett Mallam, M.D.Oxf., Frederick Murgatroyd, M.D. Liverp., Ralph Athelstane Noble, M.B.Sydney, Bangalore Venkata Subba Rao, M.B.Mysore, Hari Krishna Rustogi, M.B.Lucknow, William Edward Snell, M.D.Lond., Ian Oriel Thorburn, M.D.Melb.

Licences

Licences to practise were conferred upon the following 117 candidates (including twenty-one women) who have passed the final examination in medicine, surgery, and midwifery of the Conjoint Board, and have complied with the necessary by-laws:

R. D. Ayyar, A. J. N. X. Babapulle, Mrs. Bridget M. Barcroft, W. R. Billington, G. W. Blomfield, I. N. Blusger, P. R. Boucher, B. H. A. Bovet, Mrs. Muriel Boycott, C. F. R. Briggs, J. A. Brocklebank, A. Brown, G. C. Brown, R. E. Browne, J. A. C. Burridge, K. L. Buxton, W. H. Cartwright, T. Ll. Chester-Williams, J. A. Chivers, A. J. P. Coetzee, K. R. D. Coles, F. E. Corea, C. F. Critchley, J. D. Cruickshank, Enid G. M. Cummings, D. O. Davies, H. S. Davis, G. De Lacey, G. V. W. Doherty, Ll. J. L. Edwards, P. J. England, G. H. D. Evans, T. Fitt, H. D. Fleming, H. C. Fletcher-Jones, P. A. Forsyth, H. R. Fosbery, M. K. Gadgil, H. J. Gaudin, B. Gaunt, S. K. Ghosh, Mary I. Gibson, H. W. Hall, Susanna M. Halliday, Ida M. Hamp, R. S. Handley, H. G. Hanley, Beatrice J. Haram, N. H. Harwood-Yarred, S. A. Hasan, G. A. H. Herbert, C. A. Hodges, J. Holme, A. C. L. Houlton, J. W. James, Maisie-Fraser James, R. G. James, E. H. Johnson, J. B. Jordaan, J. S. Kapadia, Mrs. Phyllis M. Kerridge, Gwendoline D. Knight, Alfreda W. Krichauff, E. H. P. Lassen, J. B. Lee, O. Lyth, F. W. H. McMurdo, J. S. Marr, K. R. Masani, P. C. Matthew, S. A. Mian, C. B. Miller, C. J. B. Murray, Frances C. Naish, P. B. L. Nicholas, W. S. Nutt, Margaret M. O'Connor, V. G. Peckar, G. D. Pirie, Joyce A. Pope, Margaret R. Price, R. R. Race, K. S. Ramaswami, V. B. Reckitt, L. R. J. Rinkel, M. Ripka, Helen E. Rogerson, Picotee E. Roseinnes, J. E. Rowlands, M. Sacks, D. S. Saklatvala, B. Samuel, P. R. Saville, B. Schulenburg, G. R. Sedleigh-Denfield, R. Shackman, J. Shields, I. M. Shulman, J. Smart, R. L. Soper, M. S. Spink, Alice C. N. Swanston, M. M. Syddiq, Barbara M. G. Taylor, H. W. Thomas, D. M. Thomson, G. L. B. Thurston, Lilian E. Tracey, Sarah C. B. Walker, T. P. Ward, J. T. Watkins, C. P. B. Wells, P. R. Wheatley, F. E. Wheeler, J. I. Wilson, C. R. Wright, I. Zieve.

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

B. Haring, W. Hartston, Mrs. Mary C. im Thurn, M. Jafar, Mrs. Lilian P. James, K. N. Mawson, G. P. Phadke, V. V. Puri.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—G. C. Canaval, E. E. Evans, E. M. F. O'Donovan, S. E. Roberts.

MEDICINE.—K. W. Bruce, H. L. Canaval, N. C. Lendon, D. A. Smith, G. L. R. Tapsall, P. D. Thomas, T. Von Haebler, J. P. Walsh Conway.

FORENSIC MEDICINE.—G. C. Canaval, R. F. Fleming, E. M. F. O'Donovan, B. D. Sachdeva, A. L. L. Silver, J. P. Walsh Conway.

MIDWIFERY.—P. C. Alexander, A. H. L. Baker, G. W. Hardy, W. C. Heunis, M. T. Hirst, E. G. Houghton, D. P. King, S. Krishnan, H. J. Ripka, H. W. Smithies, P. H. Willcox.

The diploma of the Society has been granted to K. W. Bruce, G. C. Canaval, R. F. Fleming, E. M. F. O'Donovan, P. D. Thomas, T. Von Haebler.

Medical News

Sir D'Arcy Power will deliver the William Mitchell Banks Memorial Lecture for 1933, on "The History of Amputation of the Breast to 1904," on Thursday, November 16th, at 4 p.m., in the Surgical Theatre, Medical School, University of Liverpool. The lecture will be illustrated by lantern slides, and is open only to members of the medical profession.

A meeting of the Paddington Medical Society will be held at the Great Western Royal Hotel, Paddington, W., on Tuesday, November 14th, at 9 p.m., when Dr. C. Killick Millard (medical officer of health for Leicester) will give an address on "Euthanasia," followed by a discussion.

At the General Infirmary, Leeds, to-day, Friday, November 3rd, at 5.30 p.m., Dr. Victor Pauchet of the University of Paris, will address the University of Leeds Medical Society, and, at 8 p.m., the Leeds and West Riding Medico-Chirurgical Society. Both lectures will be illustrated by cinematograph films.

At the meeting of the Royal Sanitary Institute on Tuesday, November 14th, at 5.15 p.m., at 90, Buckingham Palace Road, S.W.1, Dr. C. F. White, medical officer of health of the Port of London, will read a paper entitled "A Review of Port Sanitary Administration."

A reception will be held at the Royal Society of Medicine, 1, Wimpole Street, W., on Wednesday, November 29th, at 8.30 p.m., when Fellows and their friends will be received in the library by the president and Mrs. Warren Low. At 9.15 p.m. an address will be given by Professor E. N. da C. Andrade, entitled "Ultra-violet Light." Admission will be by ticket only, obtainable by Fellows from the secretary.

The fifty-sixth annual dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will be held on Wednesday, November 15th, at 7.15 for 7.30 p.m., at the May Fair Hotel, with Professor W. Langdon Brown in the chair.

A course on heart disease will be held by Dr. Lian and his assistants at the Hôpital Tenon, Paris, from November 13th to the 23rd. The fee is 250 francs.

The Fellowship of Medicine (1, Wimpole Street, W.1) announces that a course of four lectures has been arranged by the London Child Guidance Clinic, to take place on November 13th, 15th, 20th, and 22nd, at the British Medical Association House, Tavistock Square, W.C. The first lecture will be given on Monday, November 13th, at 8.30 p.m., by Dr. William Moodie on child psychiatry and its bearing on behaviour. A course in urology, for advanced post-graduates, will be given at St. Peter's Hospital for Stone, Henrietta Street, from November 6th to 18th. During the week-end November 18th and 19th there will be a course in gynaecology at the Samaritan Hospital for Women, Marylebone Road, N.W. There will be a fortnight's course in diseases of the chest at the City of London Hospital, Victoria Park, from November 13th to 25th. From November 13th to December 9th there will be a course in venereal disease at the London Lock Hospital. Other forthcoming courses include proctology at St. Mark's Hospital, November 20th to 25th; rheumatism at the British Red Cross Clinic, Tuesdays and Thursdays at 8 p.m., from November 21st to December 7th; diseases of infants at the Infants Hospital, November 27th to December 9th (afternoons); dermatology at Blackfriars Skin Hospital, November 27th to December 9th (afternoons). Courses, etc., arranged by the Fellowship of Medicine are open only to members and associates.

A lecture on the theory and practice of contraception will be given to medical students who have completed their gynaecological course, by Dr. L. C. Butler, on Friday, November 10th, at 6 p.m., at the Walworth Women's Welfare Centre, 153A, East Street, S.E.17. Tickets are to be applied for in advance.

The annual general meeting of the British Health Resorts Association, Ltd., will be held at 28, Portland Place, W., on Friday, November 10th, at 4 p.m., with Lord Meston in the chair.

At the invitation of the Joint Tuberculosis Council Dr. Peter Edwards, medical superintendent, Cheshire Joint Sanatorium, near Market Drayton, Salop, is prepared to give short intensive post-graduate courses on modern methods of therapy in tuberculosis of the respiratory system, with special reference to collapse therapy. Methods of sanatorium administration will also be demonstrated, and no class will exceed four members in number. Arrangements for board and residence can be made within a convenient distance of the sanatorium. Details of dates, expenses, etc., will be sent by Dr. William Brand, honorary secretary for post-graduate courses, 8, Highway Court, Beaconsfield, Bucks.

The eighth French Congress of Gynaecologists and Obstetricians was held at the Paris Faculty of Medicine from October 5th to 7th, under the presidency of Professor Couvelaire, who delivered an address on the new orientation of modern obstetrics to surgical methods, and of surgical conservative methods as the result of recent physiological teaching.

October 21st was the hundredth anniversary of the birth of the Swedish chemist and engineer Alfred Bernhard Nobel, the discoverer of dynamite and founder of the Nobel prizes, who died in 1896. Up to the present Great Britain, France, and Germany have each contributed 15.2 per cent. of the prize-winners, the United States 7 per cent., and Sweden 6 per cent.

Dr. N. L. Clarke has been reappointed a nominated unofficial member of the Legislative Council of the Straits Settlements.

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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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

"Sore Heel"

Dr. ALEXANDER BRYCE (Birmingham) writes: I wonder if any of your readers, skilled in foot therapy, could help me. Three or four years ago, early in January, whilst playing golf, I got my shoes, and goloshes covering them, full of slushy snow. Ever since that day I have suffered from painful heel. *X* rays show nothing wrong with the osseous mechanism of the heel, but with every step I feel as if the fleshy part of my heel was studded with hob-nails. Saturation with iodine ointments has done no good. The only relief I obtain is by walking on a soft heel-pad made from an oblong rubber sponge, and fitted into the heel of my shoe. Any hints will be much welcomed.

Paroxysmal Haemoglobinuria

"G. S." writes: I should be much obliged for any information about the treatment and prognosis of a case of paroxysmal haemoglobinuria in an otherwise perfectly healthy schoolboy of 16 years. Must he be kept from playing games for ever?

Insomnia in Infants

"W. T. W." invites suggestions for treatment of this condition. The child is otherwise in perfect health. She is 2 years of age, and will not sleep more than six to seven hours in the twenty-four. Chloral up to 10 grains has been tried without effect, and chloretone, luminal, and biniodide have also had no results. The diet seems to be suitable.

Winter Underwear

Mr. R. BALFOUR GRAHAM, F.R.C.S.Ed., writes from Leven, Fife, with reference to "North London's" inquiry of October 14th: I would recommend for both summer and winter wear "aertex" cellular clothing. I have worn this for forty years. It contains latent heat in its mesh, readily absorbs moisture and quickly dries, and can be boiled, which woollen clothing does not stand. It is pure cotton, of British manufacture, and Oliver Bros. (455, Oxford Street, London) stock it. I may add, like Colonel Cowan in your last issue, "I have no financial interest in the firm."

Thumb-sucking

Dr. H. HUDSON (Salford) writes in reply to "Interested" October 21st (p. 765): I would suggest a fairly simple cure for his intractable case—namely, the application to the thumbs each night of a small quantity of ung. capsici (or ung. capsolin, P. D. and Co.). The remedy is severe, even cruel maybe, but fortunately is quick and sure.

Treatment of Urticaria

"Y. Y." writes in reply to "X. X.": I remember a very chronic and obstinate case which was speedily and permanently cured by a mixture containing tinct. ferri perchlor. ♏ x and liq. arsenicalis hydrochlor. ♏ ij in each dose, given after meals.

"Pulex ubiquitus"

Dr. IRENE N. CLOUGH (Glasgow) writes: With regard to the correspondence on *Pulex irritans*, the Natural History Museum, South Kensington, in its series "Economic Pamphlets" publishes one on "Fleas as a Menace to Man and Domestic Animals: Their Life History, Habits, and Control." The cost is 5d., post free, and it is obtainable on application to the Director, British Museum (Natural History), Cromwell Road, London, S.W.7. I have found the whole series very practical. Camphor is another scent much disliked by fleas. Is it beneath the dignity of a serious medical journal to suggest that by far the most effective weapon in pursuit of a flea is a damp cake of soap? I occasionally meet colleagues who are not aware of this useful piece of information.

Income Tax

Repair of Furniture

"DUBIUS" removed to other premises and had his consulting room furniture repolished and re-upholstered, etc., at a total cost of £30. Can this be charged as a professional expense?

*** Yes; the fact that it was done at the same time as the removal does not affect the main question—that is, that reasonable expenditure on repair and replacement of professional furniture is allowable for income tax purposes.

Obsolescence Allowance for Car

"ORTHOPHONIA" is a specialist most of whose work is done in his own house, but a car is a necessity for country visits, etc. Until last year the car was also used by his wife, who has now bought a car for her own use. Half the expense of the old car was allowed for income tax purposes. "Orthophonia" has sold his former (cost £390) for £120, and has bought another car for £173. No claim was made for depreciation. What can he claim now?

*** The maximum claim is £173 - £120 = £53—that is, "the amount expended" in replacing the old car. Presumably only one-half—that is, £27—will be allowed, having regard to the private uses of the old car. This case illustrates the disadvantage of not claiming the depreciation allowance year by year. The Income Tax Acts make no other allowance for wasting capital, and where the capital cost of an asset is falling the replacement cost allowance is inadequate to give equitable relief.