variations occur may be illustrated by a comparison of the following mean temperatures and rainfalls:

	Mean Temperature	Rainfall	Humidity
March ...	... 63.1°	2.8 in.	83%
May ...	... 76.9°	11.9 in.	84%
August...	... 81.6°	14.5 in.	84%
October	... 76.2°	4.8 in.	72%

The following table gives the average temperature, rainfall, and humidity in each month of the year, and the number of cases of eclampsia and severe albuminuria (other than eclampsia) which have occurred in each month.

Month	Mean Temperature	Total Rainfall	Mean Relative Humidity	Total Number of Cases	
				Eclampsia	Marked Albuminuria No Fits
		Inches	Per cent.		
January ...	59.9	1.315	75	11	6
February ...	58.8	1.804	78	10	4
March ...	63.1	2.833	83	3	—
April	70.2	5.556	85	4	—
May	76.9	11.954	84	9	1
June	80.9	15.449	83	6	3
July	82.0	14.595	83	6	6
August ...	81.6	14.519	84	3	6
September ...	80.6	9.714	78	11	6
October ...	76.2	4.835	72	10	1
November ...	69.3	1.733	63	10	5
December ...	62.9	1.013	69	14	3
Year ...	71.9	85.380	79	97	41

It will be seen that out of the ninety-seven cases of eclampsia sixty-six occurred during the months of September to February inclusive, as against thirty-one in the period March to August. Although our cases are far too few to prove that this is the true seasonal incidence of the disease in Hong-Kong it may be of interest to examine the table and to endeavour to find out if there are any suggestive factors which might exert an influence. The following points may be noted:

1. During the period September 1st to February 28th the humidity is lowest—that is, it is always below 80 per cent., whereas in the period March 1st to August 31st it is constantly over 80 per cent.

2. The period September to February includes the three coldest months of the year (December, January, and February); in the other period we have the three hottest months.

3. The months June, July, and August have the heaviest rainfall.

4. If the month of March be compared with February, and September with August, it will be seen that in March the temperature, rainfall, and humidity are higher than in February, but that the incidence of eclampsia in our series is lower. In September there is a drop of 1° in temperature, and nearly five inches less rainfall than in August; the humidity is reduced by 6 per cent., and, lastly, there is a marked increase in the number of eclamptic cases recorded.

The cases of marked albuminuria (without fits) have been taken from our own clinic; the condition is perhaps more common in the hot weather.

I wish to acknowledge any indebtedness to Mr. Claxton, lately director of the Royal Observatory, Hong-Kong, and to Dr. Chan, Dr. Lam, Dr. Bau, Dr. Ruttonjee, and Dr. Cheng for their kindness and help in obtaining particulars of cases at the Tung Wah (Eastern and Western), Kwong Wah, and Wanchi Hospitals.

REFERENCE

[1] Tweedy, Wrench, and Solomons: *Practical Obstetrics*, fifth edition.

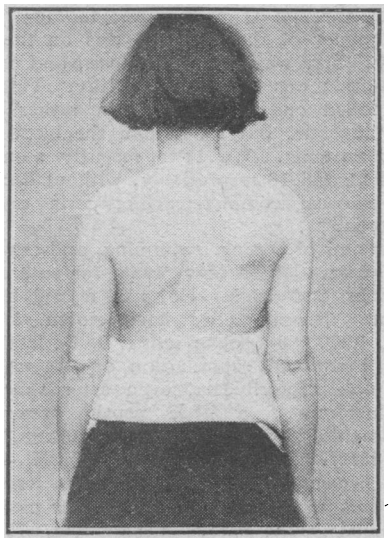
Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

CERVICAL RIB WITH SYMPTOMS DUE TO DROPPING OF THE SHOULDER CAUSED BY AN OBLITERATIVE PLEURISY

Radiology has shown the frequency with which cervical ribs occur, and clinical evidence shows that only 5 to 10 per cent. of them ever give rise to symptoms of any sort. From the *x*-ray shadows it is impossible to tell which cervical ribs are likely to cause symptoms and which are likely to remain silent, and the development of symptoms in a small percentage of cases has had many explanations, the common basis of which has been dropping of the shoulder due to strain or trauma.

Dr. Hurst, in a personal communication, told me that during the war he saw several cases develop as the result of handling a rifle, and he quoted a case of Sir Farquhar Buzzard's which was caused by the wearing of a heavy fur coat. Steindler[1] states that the twisting of the arm, the



pressure of a rifle, the wearing of a pack, or the excessive use of the arms may all cause symptoms in these cases, and that, quite frequently, the first symptoms appear during periods of ill-health, anaemia, or general debility where there is muscular weakness.

Other explanations, dependent on the time of ossification of the transverse processes and the growth of the rib at puberty, have been mentioned by Babcock[2] and Grisson,[3] but most authorities are agreed that the development of symptoms is most frequently due, not to any growth in size of the cervical ribs, but to drooping of the shoulder and consequent traction on the cervical roots, so that a compression neuritis results from pressure against the rib, against the fibrous band between the accessory rib and the first rib, or against the scalenus anticus.

The dropping of the shoulders in these cases is very often merely an implication from the history, and where it is bilateral direct evidence may be difficult to obtain; also, since drooping of the shoulders and a bad stance are so common among the general population, the evidence for this factor as the cause of symptoms is not clear-cut. The case I am about to describe appears to me to make the evidence more clear.

CASE HISTORY

A woman, aged 31, developed pulmonary tuberculosis in 1931. The disease was unilateral and left-sided, and artificial pneumothorax was performed, which was kept up for four months until the patient developed a large pleural effusion.

This was slowly reabsorbed, but instead of the lung becoming re-expanded, the chest wall fell in as the fluid disappeared, and the patient was left free from symptoms of tuberculosis, but with the left side of her chest collapsed and contracted. The contraction gradually became more pronounced, and there was very marked dropping of the left shoulder. The chest wall began to fall in during October, 1931, and in February, 1932, the patient complained of slight pain in the left forearm. Little attention was paid to this, and she was not seen again until January, 1933, when she complained of loss of power in her left hand, and stated that for some months she had had a sensation of "pins and needles" from the inside of the left elbow to the little finger and the lateral margin of the ring finger. Definite wasting of the intrinsic muscles of the hand was present; there was weakness of the forearm, and partial anaesthesia of the ulnar border of the forearm and of the little and ring fingers. The right arm was not affected. *X*-ray examination revealed a cervical rib on either side. Palliative treatment proved of no avail, and Mr. Grant Massie operated. He approached the rib from in front, and divided the band between the accessory rib and the first rib; the scalenus anticus was divided also. It was not considered necessary to remove the rib, and there has already been considerable improvement in the patient's symptoms.

REFERENCES

[1] Steindler: *Diseases and Deformities of the Spine and Thorax*, 1929.
[2] Babcock: *Proc. Phil. County Med. Soc.*, 1905, vii, 280.
[3] Grisson: *Fortsch. a. d. Geb. d. Roent.*, 1898, ii, 103.

E. R. BOLAND,
Clinical Tutor, Guy's Hospital.

CONGENITAL DILATATION OF THE COLON TREATED BY DIVISION OF THE LUMBAR SYMPATHETIC CORD

The main features of the case reported below are that the constipation has been cured and the general condition of the child improved, but the colon has not been altered in any way. It is hardly to be expected that the colon would lessen much at the age of 2½ years, when the child was operated upon, but if operation could be undertaken at an earlier age, one would expect some shrinkage of the bowel.

The patient, a female, was first seen at the age of 6 months, and admitted to the Royal Manchester Children's Hospital in November, 1930. She was a full-time baby weighing 8 lb., and was breast-fed. The main symptom was extreme constipation, associated with attacks of vomiting and flatulence, during which the abdomen became very distended. Purgatives had little effect unless given in large doses at frequent intervals, and often the bowels remained unevacuated for intervals of a week.

On admission to hospital the child weighed 12 lb., and was fairly well nourished. The abdomen was uniformly distended and tympanitic. The bowels were difficult to move except with a high enema, when much loose motion was passed, together with some hard faecal masses. Nothing else abnormal was found. The *x*-ray report was as follows: "About three pints of barium suspension were introduced into the colon with ease. A very large uniform dilatation of the whole colon was seen filled with the barium, together with much gas." After a stay in hospital for three weeks the child was taken home by her parents.

Two years later, in October, 1932, at the age of 2½, she was again sent to hospital. She had remained very constipated, and during the previous few months had had attacks of subacute intestinal obstruction, during which she was very ill and the abdomen much distended. The *x*-ray showed a condition similar to that found two years previously. As this had become dangerous and no improvement had taken place it was decided to operate.

The abdomen was opened by a left paramedian incision. The whole of the large bowel was seen to be enormously dilated and hypertrophied, particularly in the sigmoid region. The second, third, and fourth left lumbar ganglia of the sympathetic cord were excised, and it is interesting to note that within a few minutes of the excision of the ganglia the sigmoid colon collapsed almost to a normal calibre. Learmonth and Rankin[1] advise division of the pre-sacral nerve and the branches of the inferior mesenteric plexus, which runs with the inferior mesenteric artery. Theoretically, this would seem to be the operation of choice, because the intestinal tube must derive its nerve supply bilaterally. Excision of the pre-sacral nerve is stated by some writers to have undesirable effects on the bladder and other pelvic viscera.

The child was seen again in April, 1933, six months after operation. During this period she had kept well in every way; the bowels had moved regularly. Small quantities of liquid paraffin had been given for several weeks after operation, but this soon became unnecessary. The child looked well, and had gained over 3 lb. in weight since operation. A further *x*-ray examination was made. The colon still showed very great distension and dilatation.

COMMENTS

1. Removal of the left lumbar sympathetic chain, including the second, third, and fourth ganglia, has relieved the symptoms.

2. The visible gradual collapse of the sigmoid colon after division of the sympathetic might be due to relief of spasm at the pelvic rectal angle.

3. The onset of the symptoms, when the child was a few months old, and the changes in the bowel wall suggest that the condition may be congenital and analogous with congenital pyloric stenosis.

4. Earlier diagnosis and operative treatment, before hypertrophy and dilatation of the bowel are pronounced, is indicated.

REFERENCE

[1] *Ann. of Surg.*, October, 1930, p. 710.

HUGH T. ASHBY, M.D., F.R.C.P.
D. M. SUTHERLAND, F.R.C.S.
Royal Manchester Children's Hospital.

Reports of Societies

PROGNOSIS OF PEPTIC ULCERS

A discussion on the prognosis of peptic ulcers was held in the Section of Medicine of the Royal Society of Medicine on November 28th, with the president, Sir FARQUHAR BUZZARD, in the chair.

Dr. CHARLES BOLTON explained that the aspect of prognosis with which he proposed to deal more especially was the probability of permanent healing. This depended on the stage of development to which the ulcer had advanced. He reviewed the facts which were known in this connexion, illustrating his points with lantern slides of healing ulcers, radiographs, and statistical tables. As regards prognosis in the acute type of ulcer, no statistics were forthcoming, but there was ample reason to believe that it healed in the vast majority of cases. When acute toxic ulcers were experimentally produced in animals, these healed invariably in three to four weeks. There was no reason to believe that man was exceptional in this respect. In necropsies on patients dying from haemorrhage it was usual to find that the ulcers were well advanced towards healing, their tissues being indurated, and the fatality being due to the invasion of an artery caught up in the fibrosed mass. Many slides were shown of multiple ulcers, and it was stated that such multiplicity was associated with a process of healing—namely, scarring. Moreover, the ulcers in patients dying from acute infective diseases not uncommonly showed signs of healing. When this did not ensue in acute ulceration, a subacute or chronic condition set in. There were three good reasons for believing that the cause of this was the functional disturbance of the stomach, leading to delayed emptying and hyperacidity of the gastric contents. In the first place, when medical treatment was directed towards the rectification of these two conditions, it resulted in the healing of the ulcer. Moreover, Crohn had shown that

Chemical Defence Experiments at Oxford and Cambridge.—Mr. DUFF COOPER told Mr. T. Williams, on November 29th, that certain scientists at the Universities of Oxford and Cambridge carried out experiments on chemical defence problems, for which payment was made to them from Army funds.

Osteopaths.—Replying to Mr. Hall Caine on November 30th, Mr. SHAKESPEARE said he did not think any public interest would be served by the appointment of a committee to consider what steps, if any, should be taken to control and regularize the activities of osteopaths.

Local Authorities' Expenditure on Hospitals.—In a statement supplied to Dr. Salter on December 1st, Sir HILTON YOUNG wrote that the estimated expenditure of Poor Law authorities in England and Wales on the treatment of persons suffering from bodily or mental infirmity in Poor Law establishments or in receipt of domiciliary relief during the year ended March 31st, 1932, was £6,770,628. Details distinguishing the cost of the district medical and hospital services would be found on page 16 of Part I of the Local Taxation Returns for England and Wales, 1931-2. The total expenditure of local authorities in England and Wales in the same year on hospital services under the Public Health Acts, including hospitals for the treatment of infectious disease, was approximately £10,750,000. Expenditure on hospital services was also incurred under the Maternity and Child Welfare Act, but the amount could not be precisely stated. The amounts mentioned did not include capital expenditure.

Traffic Noises at Night.—Mr. OLIVER STANLEY told Sir W. Davison, on November 29th, that he was considering whether it would be practicable and desirable to institute a scheme, in a definite area in London, for an experimental period, which forbade the sounding of horns or sirens by motor drivers between certain hours with a view to lessening traffic noises at night.

Motor Accident Damages.—Mr. STANLEY told Mrs. Copeland, on November 29th, that he was aware of cases where serious or fatal bodily injury had been sustained in motor accidents and it had proved impossible to recover damages even when judgement had been obtained in the courts, as the insurance companies had repudiated liability on various grounds such as misstatements in proposal forms, or the withholding of material information. This and other points connected with insurance against third-party risks required of owners of motor vehicles were receiving his consideration.

Notes in Brief

Sir Hilton Young states that the remaining volumes of 1931 Census Tabulations for England and Wales will be published during the next six months.

Extensive inquiries are being made by the Safety in Mines Research Board into the results of the use of timber and steel respectively on the number of accidents from falls in or near the working faces of mines.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Albert Edward Platt, M.B.Sydney, has been elected to the Gwynaeth Pretty Studentship for a period of three years, from December 1st, 1933.

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

M.B., B.CHIR.—G. F. Carey.
M.B.—G. J. Meikle, W. S. Dyson, J. G. V. Smith.

UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—(With special knowledge of Psychiatry): W. Blyth, Doreen P. Firmin, Edith G. Limmex, J. Valentine. (With special knowledge of Mental Deficiency): D. Magrath.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The Bradshaw Lecture will be delivered by Professor A. H. Burgess at the College on Thursday, December 14th, at 5 p.m. His subject will be "Electro-surgery."

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At the monthly meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on December 4th, the following were admitted Fellows of Faculty: James Inglis Cameron, M.B., Ch.B., Charles Aikman Gourlay, M.D., D.P.H., D.T.M. and H., Rajinder Singh Grewal, L.M.S., Andrew Hunter, M.B., Ch.B.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

At the monthly meeting on December 1st, the following were admitted as Licentiates in Medicine and Midwifery of the College under the conjoint scheme with the Royal College of Surgeons in Ireland:

J. F. M. Byrnes, P. Fitzpatrick, T. H. B. Flannery, J. S. Gibson, J. P. Gilmartin, L. D. Golding, J. W. Green, J. T. Guinan, E. Healy, C. Murphy, M. B. McCann, Honor M. Purser, B. Rosefield.

A letter was read from the secretary of the committee of management of the Conjoint Board stating that P. V. O'Reilly was eligible for the Captain Massy-Miles Prize.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—H. L. Canaval, A. C. E. Cole, S. Grodd, E. G. Houghton, H. G. Howitt, H. R. Kasday, E. C. Rowlands.

MEDICINE.—R. Fleming, H. D. Robinson, A. L. L. Silver, H. B. Thornton.

FORENSIC MEDICINE.—C. A. Boucher, C. N. Chowdary, W. C. Heunis, G. L. R. Tapsall, G. Wilson.

MIDWIFERY.—C. N. Chowdary, C. W. Cross, H. R. Kasday, A. G. Manley, J. Richter, S. E. Roberts, H. D. Robinson, S. M. Sabet, R. Sugarman.

MASTERY OF MIDWIFERY.—J. H. Mulvany.

The diploma of the Society has been granted to Messrs. A. L. L. Silver, G. L. R. Tapsall, and H. B. Thornton.

Medical News

Professor W. W. Jameson, dean of the London School of Hygiene and Tropical Medicine, will leave London shortly before Christmas on a visit to India, in company with representatives of the Rockefeller Foundation (Dr. Russell, its medical director, and Dr. Heiser, its representative in the East) and Dr. Fitzgerald, dean of the Toronto Medical School. They expect to arrive at Colombo on January 4th, and will visit, among other places, Madras, Calcutta, Delhi, and Bombay. The object of the tour is to study various public health problems in which the Foundation is interested, and gain some first-hand knowledge of medical work in India.

The winter dinner of the Australian and New Zealand Medical Association in England will be held at the Trocadero Restaurant, Piccadilly, on Friday, December 15th, at 8 p.m., when Mr. L. Graham Brown will preside, and Mr. Cecil Rowntree will be the official guest of the Association. All medical visitors from Australia and New Zealand, whether members of the Association or not, are cordially invited to be present. The honorary secretaries are Mr. E. T. C. Milligan and Mr. Philip J. Jory, 26, Queen Anne Street, W.1 (Langham 1579).

Dr. S. Aschheim, honorary professor of gynaecology at the University of Berlin, will deliver a lecture on "Biological Pregnancy Tests" in the medical theatre of the University, Edmund Street, Birmingham, on Monday, December 11th, at 4 p.m. Members of the medical profession and students of medicine are invited to attend.

At the next meeting of the Illuminating Engineering Society, to be held at the Lighting Service Bureau, 2, Savoy Hill, Strand, W.C., on Tuesday, December 12th, at 6.30 p.m., a paper entitled "An Analytical Basis for a Lighting Code: a Method of Computing Values of Illumination for Various Classes of Work," will be read by Mr. A. W. Beuttell, chairman of the technical committee.

A post-graduate course in oto-rhino-laryngology will be held by Professor Portmann at the Hôpital Franklin, Paris, from December 11th to 16th. The fee is 250 francs.

The opening pages of the December issue of the *Practitioner* are devoted to constipation, diarrhoea, and allied problems, the contributors being Dr. Chalmers Watson, Mr. J. P. Lockhart-Mummery, Dr. R. W. B. Ellis, Mr. J. Geoghegan, Dr. C. B. Heald, and Mr. H. E. Griffiths.

We have received the first issue of the *Indian Journal of Pediatrics*, edited by K. C. Chaudhuri, and to be published quarterly. It contains a foreword by Sir Nilratan Sircar, a birthday greeting from Dr. Robert Hutchison, and an introduction by Professor Adelbert Czerny.

The first Mexican Medical Congress was held at Mexico from October 23rd to 30th, concurrently with the celebration of the centenary of the foundation of the Faculty of Medicine.

The twelfth reunion dinner of the British Serbian Units Branch of the British Legion was held in London at the Lysbeth Hall on December 2nd; the president, Lieut.-Colonel A. E. Kidd of Dundee, was in the chair, and the company numbered over 120. After the toasts of the King and the King of Yugoslavia had been honoured, and the national anthem and the national hymn had been sung, Colonel P. H. Mitchiner proposed the health of the guests, and gave some impressions of a recent visit to Serbia. This toast was supported by Miss Smales, R.R.C., matron of the Victoria Hospital for Children, Chelsea. In reply, His Excellency M. Diouritch, the Yugoslav Minister, emphasized again the great help rendered to Serbia during the war by British medical units such as those commanded by Colonel Kidd. The toast of "The Branch and its President" was proposed by Captain B. H. Aldridge, chairman of the British Legion (London Branch), and the president handed the Mitchiner silver bell (a cup given for miniature rifle shooting) to Miss Marx, the honorary secretary of the Branch, who won it with a score of over 98 per cent. A very enjoyable evening concluded with dancing to the music of the Ridgeway band.

The Joint Tuberculosis Council held its autumn meeting on November 25th, twenty-six members being present. Dr. Evelyn Holmes had written asking for cerebro-spinal fluid from cases of meningitis, fluid from pleural effusions, and pus from cases of surgical tuberculosis for culture experiments she was carrying out by the Danish method. Members promised help. A large part of the meeting was spent discussing the memorandum now shortly to be circulated concerning the best utilization of residential institutions for tuberculosis. The need for efficient *x*-ray plants in order to facilitate modern methods of treatment was emphasized, and stress was also laid on the extinction of the former differences between the sanatorium and the hospital. A memorandum had also been prepared by the committee on thoracic tuberculosis in children, summarizing present-day knowledge of the significance of tuberculin tests and radiographic examination, and suggesting ways of prevention and treatment.

Dr. Mathilda Theyssen, who was born at Treves, and qualified in Paris in 1865, has recently celebrated her ninety-fifth birthday at Freiburg i. Br. During the war of 1870 she served with the Red Cross, and subsequently practised at Strasbourg for fifty years.

Lord Moynihan has accepted the presidency of the Association of Certificated Blind Masseurs (blind chartered masseurs and masseuses).

Sir Arthur Mayo-Robson, emeritus professor of surgery, Leeds University, left estate of the gross value of £101,401. His bequests include £1,000 to the General Infirmary, Leeds, to endow an annual prize in surgery; £100 to the Leeds and West Riding Medical Charitable Society; £250 to his old friend and colleague, Mr. J. Cairns Forsyth, F.R.C.S.; £100 to the Fellowship of Medicine; and £200 to the Medical Department of Leeds University, towards the endowment of the old students' centenary fellowship.

Dr. Paul Delmas, professor of medicine at Montpellier, has been nominated Commander of the Legion of Honour, and Professor Jules Euzières, dean of the faculty, has been promoted to the rank of Officer.

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.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

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

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QUERIES AND ANSWERS

Scarlet Fever Immunity

Dr. C. J. HILL AITKEN (Kilnhurst, near Rotherham) writes: When I had scarlet fever many years ago I fought it on my own and flatter myself I made so good a job of it that I am now, and have been since my sojourn in Edinburgh Fever Hospital, immune. Can anyone tell us if those who are assisted in their fight by antiserum will have a less perfect immunity than have those who have no such injection?

Income Tax

Assistant Living Out

"M.B." has been living out since December, 1932. He receives £300 salary plus £100 for board and lodgings, and has been assessed on £400. Is this correct?

*** Yes. As was explained in an answer in February last, if the board and lodging allowance is paid to the assistant for him to expend, then he is liable to tax on the amount so received. If the principal finds and pays for the accommodation for the assistant's use, then in our opinion the value would not be chargeable to tax; but the point is not entirely free from doubt where (as would usually be the case) the assistant had some choice with regard to the accommodation provided.

Return to the United Kingdom

"R. M." practised abroad for many years, but returned to England in June. He spent the period July to November abroad, and takes up a practice in England in December or January. What is his position as regards income tax?

*** He ranks as a British resident for the whole of the financial year. He is liable to account for tax (*a*) on all income arising in the United Kingdom, and (*b*) on such of the income from his foreign appointment as he may receive in the United Kingdom—this would not, of course, include any accumulation of past savings abroad.

Expense of Assistant, etc.

"DEVON" inquires what allowance he can claim for the board and lodging of an assistant or locumtenent.

*** So much depends on the precise circumstances that it is difficult to suggest any weekly figure. Probably £2 per week is a fairly common amount to charge in a provincial town where rent, rates, etc., and domestic expenses generally are reasonable. If the assistant is living with the family, it is probable that a reasonable estimate can be made on a proportional basis.