

British Medical Journal

CONTENTS

APRIL 25, 1936



ADDRESSES AND PAPERS	
The Problem of Toxic Goitre. By JOHN MORLEY, Ch.M., F.R.C.S. (With Plate)	827
Diagnosis of Physical Disorders in the Insane. By RUBY O. STERN, M.D.; J. MCLEMAN, M.B., Ch.B.; and B. F. M. BOND, M.B., B.S. (With Plate)	832
Mental Disorder Associated with Child-bearing. By J. S. HARRIS, M.D., M.R.C.P., D.P.M.	835
Case of Albers-Schonberg's Disease. By JULIUS H. KRETZMAR, M.B., Ch.B., and R. A. ROBERTS, M.B., Ch.B. (With Plate)	837
Insertion of the Smith-Petersen Nail into the Femoral Neck. By H. A. BRITAIN, M.Ch., F.R.C.S. (With Plate)	838
Myositis Ossificans Multiplex. By GAWAD HAMADA, M.R.C.S. (With Plate)	840
IN GENERAL PRACTICE	
Treatment of Haemorrhagic Diseases. By H. LETHEBY TIDY, M.D., F.R.C.P. (Part I)	850
CLINICAL MEMORANDA	
A Brodie's Abscess in the Heel of the Radius. By W. LEES TEMPLETON, M.D. (With Plate)	841
A Case of Posterior Interosseous Paralysis. By NEILL HOBHOUSE, M.D., and C. B. HEALD, M.D.	841
REVIEWS	
Problems of Pure Milk	842
The Blood in Hypertension	842
Radiology of Bones and Joints	842
Diseases of the Liver	843
Painful and Dangerous Ear Diseases ..	843
Tumours of the Urinary Bladder	843
Notes on Books	844
REPORTS OF SOCIETIES	
ROYAL ACADEMY OF MEDICINE IN IRELAND:	
Spontaneous Pneumothorax	856
DEVON AND EXETER MEDICO-CHIRURGICAL SOCIETY:	
Treatment of Nephritis	857

LEADING ARTICLES	
EPIDEMIOLOGICAL ASPECTS OF TUBERCULOSIS	845
A BUDGET OF DISAPPOINTMENT	845
ANNOTATIONS	
Histological Studies of the Thyroid ..	847
The Blind in the United States	847
Hygienic Control of Milk	848
Medical Geologists	848
Bullet Wounds of the Abdomen	849
William B. Coley	849
GENERAL ARTICLES AND NEWS	
Annual Meeting, Oxford, 1936: The Rise of the Colleges	853
Health of Scotland. Report for 1935... ..	854
FOTHERGILL TESTIMONIAL FUND. Fifth List of Subscribers	855
PREVENTION OF BLINDNESS: Assembly in Paris	855
MEDICAL NOTES IN PARLIAMENT:	
Public Health: Consolidating Measure	866
MEDICAL NEWS	866
LOCAL NEWS	
ENGLAND AND WALES—	
The Municipal Hospital Service of London	855
Dr. Adler's Lectures on Individual Psychology	855
Memorial to Dr. Griffith Evans	855
SCOTLAND—	
Changes in Glasgow Professoriate.....	856
Edinburgh Orthopaedic Clinic	856
UNIVERSITIES AND COLLEGES	
University of London	862
University of Glasgow	862
Conjoint Board in Scotland	862
OBITUARY	
Sir Hamilton Ballance, F.R.C.S. (With Portrait)	853
M. Hamblin Smith, M.D.	854
Samuel Osborn, F.R.C.S.	864
Gordon Harrower, F.R.C.S.E.I.	864
Andrew Copland, M.B.	865
Alfred Ernest Payne, M.B.	865
Prof. Louis Henri Vaquez	865
MEDICO-LEGAL	
Change in Value of Practice	865

CORRESPONDENCE	
A Crusade Against Acute Rheumatism. By R. P. Garrow, M.D.	859
Latent Tuberculosis. By Ernest Ward, M.D.	859
Tuberculin. By Halliday Sutherland, M.D.	859
A Vacant Coronership. By F. Danford Thomas	860
Medical Coroners. By E. H. Snell, M.D.	860
Allergy and Vasomotor Instability. By Alexander Francis, M.B.	860
Resuscitation by Cardiac Massage. By Geoffrey Bate, F.R.C.S.Ed.	860
Retirement of Irish Free State Doctors. By John P. Shanley, M.D.	861
Medicines and Appliances Bill. By H. B. Morgan, M.B.	861
Anthrophobia. By B. Dunlop, M.B. ...	861
Recruitment of Medical Men in a National Emergency	861
Indoor Assistantships. By H. C. Crouch, M.R.C.S.	862
THE SERVICES	
Honorary Surgeon to the Viceroy	862
Deaths in the Services	862
(For Naval, Military, and Air Force Appointments see SUPPLEMENT)	
LETTERS AND ANSWERS	
Income Tax	868
Physical Culture	868
Histidine Treatment for Peptic Ulcer ..	868
The Fatal Bath	868
Vacancies and Appointments	868
(See page 248 of SUPPLEMENT, also "Important Notice" at page 59 of Advertisements.)	
The SUPPLEMENT contains:	
Annual Report of Council, 1935-6.	
Irish Free State Medical Union Meeting.	
INSURANCE MEDICAL SERVICE WEEK BY WEEK.	
CORRESPONDENCE:	
Punishment of Panel Doctors.	
A Medical Service Subcommittee Case.	
BOOKS ADDED TO THE LIBRARY.	
Association Notices; Vacancies and Appointments; Diary.	

AN EPITOME OF CURRENT MEDICAL LITERATURE will be found at the end of the JOURNAL

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INDEX TO ADVERTISEMENTS

PUBLISHERS

Churchill, J. & A., Ltd.
Evans' Physiology 6
Goldsmith, W. N.—Dermatology 6
Lawrence, R. D.—The Diabetic Life 6
Rowlands & Turner—Surgery 6
Smith, S.—Forensic Medicine 6

Lewis, H. K. & Co. Ltd.
Books, Stationery, etc. 3
Elliot, R. H.—
Couching for Cataract 6

Livingstone, E. & S.
Biggart, J. H.—Nervous System 7
Campbell, D.—Therapeutics 7
Corybears, J. J.—Medicine 7
Cruckshank, J. N.—Bright's Disease 7
Currie, J. R.—Manual of Public
Health: 'Laboratory Subjects' 7
Dobbin & Mackenzie—Salts 7
Fine, J.—Filterable Virus Diseases
in Man 7
Gardiner, F.—Skin Diseases 7
Glaister, J.—Medical Jurisprudence 7
Graham & Morris—
Acidosis and Alkalosis 7
Haultain & Kennedy—
Midwifery and Gynaecology 7
Jamieson, E. B.—Regional Anatomy 7
Kerr, J. M.—Maternal Mortality 7
Kerr, Ferguson, Young, & Hendry—
Obstetrics and Gynaecology 7
Mackie & McCartney—
Practical Bacteriology 7
Mekie, E. C.—Handbook of Surgery 7
Oakes & Davie—
Pocket Medical Dictionary 7
Robertson, W.—Hygiene 7
Ross & Fairlie—Anaesthetics 7
Students' Pocket Prescriber 7
The Catechism Series 6
Wheeler & Jack's Medicine 7
Williamson, B.—
Diseases of Children 7
Vital Cardiology 7

Oxford University Press
Elliot, R. H.—
Care of Eye Cases 6
Treatise on Glaucoma 6
Tropical Ophthalmology 6

Medical Press and Circular 4, 5

ASSURANCE COMPANIES, &c.—
Atlas Assurance Co., Ltd. 45
Caledonian Insurance Company 42
Trust of Bank Shares 9

BRASS NAME PLATES, &c.—
Cooke's Name Plates 46
Herd, S. J. & A.—Name Plates 46
Lewis & Co. Ltd.—Name Plates 46
Osborne, F., & Co.—Name Plates 46

DEBT COLLECTION—
British Medical Protection Society 6

FOOD PREPARATIONS—
Allen & Hanburys Ltd.—'Diet' 18
Benger's Food 14
Bickiepegs Ltd.—Nursery Food 45
Cadbury's Products 21
Cow & Gate Ltd.—Milk Food 34
Dole Pineapple Juice 13
Hovis Bread 44
Peck Frean & Co. Ltd.—Vita-Weat 37
Valentine's Meat-Juice 37
Wander, A. Ltd.—Ovaltine 36

GASES, APPARATUS, &c.—
British Oxygen Co. Ltd.—Gases 41

HOSPITAL, &c., FURNITURE—
Dunlop Rubber Co. Ltd.—
Dunlopillo Mattresses 40

HOUSE AGENTS—
Ley Clark & Partners 61

MINERAL WATERS—
Ramlosa Table Water 46

PRINTING & STATIONERY—
Taylor's Typewriters 46

CHEMISTS, &c.—

Allen & Hanburys Ltd.—
'Hallborange' 18
Anadin Limited—Anadin 15
Anglo-French Drug Co. Ltd.—
Elixir Bromo-Valerianate. Cover ii
Bayer Products Ltd.—'Devegan' 28
Bell & Croyden—Urotropal 36
Boots Products 14, 17, 20
British Drug Houses Ltd.—
Livogen 24
Mandelic Acid and Mandelox 24
Sex Hormone Preparations 17
Burroughs Wellcome & Co.—
'Tabloid' Effervescent Products 33
Ciba Limited—
Cortamine 'Ciba' Cover i
Continental Laboratories Ltd.—
Torax 22
Crookes Laboratories 32
Colossal Mercury Sulphide. Cover ii
Dimol Laboratories Ltd.—Dimol 16
Eli Lilly & Co. Ltd.—Lexton, Lilly 23
Evans Sons Lescher & Webb Ltd.—
Gastrex 37
Fassett & Johnson, Ltd.—'Argyrol' 12
Genatol Ltd.—Cystopurin 20
Giles, Schacht & Co.—
Bisodol Cover ii
Glaxo Laboratories Ltd.—
Ostelin Liquid and Farex. Cover ii
Hewlett & Son, Ltd.—'Hepatagen' 44
Iron 'Jelloid' Co. Ltd.—
Iron Jelloids 16
Johnson & Johnson Ltd.—
Ortho-gynol 19
Kaylene Ltd.—Magsorbent 15
Ki-uma Ltd.—Ointment 46
Knoll Limited—Dilaudid 12
Martindale, W.—
Ampl Nitrite Sterules 46
Novurit 25
Menosine Ltd.—Mil-San 11
Peat Products Ltd.—Sphagnol 24
Reckitt & Sons Ltd.—'Dettol' 46
Silett Ltd.—Lougroun 29
S. P. Charges Co.—Sulphagau 35
Warner & Co. Ltd.—Agarol 35

MOTOR CARS, TYRES, &c.—
Car Mart Ltd.—Motor Cars 43
Jack Barclay Ltd.—Motor Cars 8
Lodge Sparking Plugs 6
Saunders, H. A. Ltd.—Austin Cars 6
Wells & Co. Ltd.—'Well saline' 42

SURGICAL APPLIANCES—
Allen & Hanburys Ltd.—Catgut 10
Curtis & Son Ltd.—Supports 38
Cuxson, Gerrard & Co. Ltd.—
'Variban' Bandage 38
Fleming & Co.—Surgical Appliances 46
Hilliard's Absorbent Bags 46
Leslies, Ltd.—Zopia 10
Manlove, Elliott & Co. Ltd.—
Sterilizing Equipment 41
Millikin & Lawley—
Acne Vaccines, Osteology, etc. 45
Robinson & Sons Ltd.—
'Cestra' Mask 40
Salt's Surgical Service 39
Swann-Morton—Surg. Instruments 45

TAILORING & UNDERCLOTHING—
Hall, H.—Medical Service Dress 61
Regent Dress Co.—Tailors 46

TOBACCO & CIGARETTES—
Player's No. 3 43

VACCINES & CULTURE MEDIA—
Allen & Hanburys Ltd.—
Acne Vaccines 31
Evans Sons Lescher & Webb Ltd.—
Vaccines 27

WINES & SPIRITS—
De Kuyper's Hollands 45

**X-RAY & ELECTRO-MEDICAL
APPARATUS—**
Hanovia Ltd.—Actinotherapy 40
Watson & Sons Ltd.—
'Sunic Junior' X-Ray Outfit 11

HOTELS & HEALTH RESORTS—
Alexandra, Lausanne, Switzerland 51
Clifton and Dysart Hotels 51
Cora Hotel, W.C.1 51

CONTRACT PRACTICE & OTHER
APPOINTMENTS—

IMPORTANT NOTICE—
RE APPOINTMENTS 69

HOSPITALS, &c., VACANCIES—

Acton Hospital, W.3. 57
Altrincham General Hospital 57
Birmingham City 56
Birmingham & Midland Eye Hosp. 57
Bristol Royal Infirmary, S.W.11. 58
Bradford Royal Infirmary 58
Bridgwater General Hospital 55
Brighton, Royal Sussex Co. Hospital 58
Bristol City and County 56
Buxton, Devonshire Royal Hospital 62
Canterbury, Kent Hospital 58
Cape Town University 54
Central London Throat, etc., Hosp. 53
Chester City 53
Coventry & Warwickshire Hospital 53
Derby County Borough 56
Doncaster Royal Infirmary 58
Durham County Council 55
Durham University 51
East Cheshire Tubercular Colony 56
Eastbourne, Royal Eye Hospital 57
Edinburgh Royal Infirmary 58
Essex County 56
Exminster, Devon Mental Hospital 53
Glamorgan County Council 55
Glasgow Corporation 56
Hastings, Royal E. Sussex Hospital 59
Heston and Isleworth Borough 56
Hospital for Sick Children, W.C.1. 59
Hull Royal Infirmary 58
Leeds Hospital, S.W.1. 58
Ipswich, East Suffolk Hospital 57, 58, 59
K. Edward VII Welsh Mem. Assoc. 62
Kingston-upon-Hull City & County 56
Leeds City 62
Leicester City 54
Leicester Royal Infirmary 56
Liverpool Sanatorium 56
Llanelli Borough 62
London County Council 62
London Jewish Hospital, E.1. 57
Luton, Beds Hospital 56
Macclesfield General Infirmary 62
Manchester City 54
Manchester, Eccles & Patricroft Hos. 62
Manchester Royal Children's Hosp. 57
Manchester Royal Infirmary 54
Merthyr General Hospital 57
Mexborough, Montagu Hospital 59
National Temperance Hosp., N.W.1. 58
Newcastle Education Committee 54
Northampton General Hospital 57
Northwood, Mount Vernon Hospital 58
Norwich, Norfolk Hospital 54
Nottingham, City Mental Hospital 53
Nottingham General Dispensary 57
Notts County Mental Hospital 57
Nottingham General Hospital 62
Oxford, Wingfield-Morris Orth. Hos. 54
Princess Beatrix Hospital, S.W.5. 59
Princess Elizabeth of York Hospital 57
Princess Louise Hospital, W.10. 59
Queen's Hosp. for Children, E.2. 57, 58
Redhill, Royal Earlswood Institution 53
Rotherham County Borough 56
Rotherham Hospital 59
Royal Chest Hospital, E.C.1. 57
Royal Naval Medical Service 55
Royal Society, W. E.1. 54
Royal Waterloo Hospital, S.E.1. 57
St. Albans, Hill End Hospital 53
St. Bartholomew's Hospital 58
St. Thomas's Hospital 55
Sheffield, Children's Hospital 58
Southampton County Borough 57
Stockport Infirmary 57
Stroud General Hospital 58
Surrey County Council 56, 62
Sutherland County Council 56
Swansea County Borough 57
Swansea General and Eye Hospital 59
Swaylands, Cassel Hospital 59
The Home Office 56
Tiverton and District Hospital 62
Western Ophthalmic Hosp., N.W.1. 57
Whitehaven & W. Cumberland Hos. 62
Wolverhampton Royal Hospital 57

INEBRIETY—
Caldecote Hall, near Nuneaton 47
'Ecclesfield', Staplehurst, Kent 49
Rendlesham Hall, Woodbridge 47

SPAS—
Harrogate 50

HOMES & ASYLUMS—

Bailbrook House, Bath 48
Barnwood House, Gloucester 48
Camberwell House, S.E.5. 49
Cheadle Royal, Cheshire 49
Chiswick House, Pinner 48
City of London Mental Hospital 49
Coppice, Nottingham 49
Court Hall, Kenton, Exeter 48
David Lewis Colony, Warford 43
Dyke House, Methwold, Norfolk 46
Fenstanton, Streatham Hill 49
Grange, near Rotherham 49
Haydock Lodge, Lancashire 43
Heigham Hall, Norwich 49
Hill End, St. Albans 49
Holme Lacy, Hereford 48
Home for Epileptics, Maghull 49
Littleton Hall, Brentwood, Essex 49
Maudsley Hospital, S.E.5. 48
Normansfield, Teddington 49
Northumberland House, N.4. 48
Old Manor, Salisbury 47
Peckham House, S.E.15. 49
St. Andrew's Hosp., Northampton 49
Springfield House, near Bedford 49
Stretton House, Shropshire 49
Tykeford Abbey, Newport Pagnell 49
Wye House, Buxton 49

HYDROS & PRIVATE HOSPITALS—

Bournemouth Hydro 51
Buxton Clinic 50
Ruthin Castle, N. Wales 51
Smedley's Hydro, Matlock 51
Stanboroughs Hydro, Watford 46

MEDICAL SCHOOLS—

Birmingham University 51
British College of Obstetricians 51
British Postgraduate Med. School 53
City of London Maternity Hospital 52
College of Preceptors 51
Edinburgh University 54
Examiners Board in England 54
Fellowship of Medicine 52
Institute of Medical Psychology 51
Liverpool School of Tropical Med. 53
London University 51
Royal Eye Hospital Medical School 51
Royal Institute of Public Health 52
Royal Medical-Psychological Assoc. 54
St. Mary's Hospital Med. School 51, 52
Society of Apothecaries 51
West London Hospital, W.6. 52

NURSING INSTITUTES—

Cavendish Nurses 63
New Mental Nurses Co-operation 62
Nurses' Association 63

SANATORIA—

Brompton and Frimley Sanatorium 50
Cornish Riviera Sanatorium 50
Cotswold Sanatorium 50
Grampian Sanatorium 49
Linford Sanatorium 50
Mundesley Sanatorium 50

TRANSFER AGENTS—

Bovril Medical Agency, Ltd. Cover iii
British Medical Bureau 64, 65, 66
Lee & Martin, Ltd. 63
Peacock & Hadley, Ltd. 63
The Medical Agency, Ltd. 63
Turner, P., Ltd. 63
Western Medical Agency, Bristol 63

TUTORS & LECTURERS—

Exams.—Med. Corresp. College 51
F.R.C.S. Ed. Classes & Post. Courses 51
Stammering—Miss E. Behnke 52
University Exam. Postal Institution 52

ASSISTANTS, PRACTICES, &c.

Assistancies Wanted and Vacant 60
Dispensers, Medical Posts, etc. 60
Locums Wanted and Vacant 60
Partnerships Wanted and Vacant 60
Practices Wanted and Vacant 60, 61

MISCELLANEOUS—

Consulting Rooms, etc., to Let 61
Frankland, E. J., & Co. Ltd.—
Pulse Watches, etc. 42
Grocers' Company Scholarships 51
Income Tax Consultant—Hardy 62
London University 51
Medical Defence Union 1
Miscellaneous Sales, etc. 62
P & O Cruises 8

FOTHERGILL TESTIMONIAL FUND

FIFTH LIST OF SUBSCRIBERS

It has been decided that this Fund shall be closed by the end of May, and it is hoped, therefore, that any intending subscribers will forward before that date their contribution to the Treasurer, Fothergill Testimonial Fund, British Medical Association, B.M.A. House, Tavistock Square, London, W.C.1.

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	£1,466	17	0

PREVENTION OF BLINDNESS

THE ASSEMBLY IN PARIS

The general assembly of the International Association for Prevention of Blindness and of the International Organization of the Campaign against Trachoma will be held at 3 p.m. on Monday, May 11th, in the Grand Amphitheatre of the Centre Marcelin Berthelot, 28 bis, Rue St. Dominique, Paris. The chairman, Professor de Lapersonne, will report on the activities of the International Association during the past year, and reports on the question chosen at the meeting in London: "Infectious Conjunctivitis among Children under 10 Years of Age," will be presented and discussed. Professor F. Terrien will report on the classification of conjunctivitis, Mr. Rowland P. Wilson on the various forms of conjunctivitis in Egypt and the Near East; Dr. MacCallan, president of the International Organization of the Campaign against Trachoma, on the relationship between conjunctivitis and trachoma; and Mr. Bishop Harman, Member of Honour of the International Association for Prevention of Blindness, on the prevention of conjunctivitis in children and the social and administrative measures to be recommended.

Persons who wish to take part in the discussion of these subjects after the opening reports have been presented should send in their names to the Secretariat of the International Association for Prevention of Blindness, 66, Boulevard Saint Michel, Paris, together with the title and a brief summary of their communication. Oral communications must not exceed ten minutes. The printed reports will be distributed to members of the Association and forwarded on request.

England and Wales

The Municipal Hospital Service of London

In putting forward the estimates of expenditure on hospitals and medical services by the London County Council the committee concerned states that it has numerous schemes in mind as being of first importance in making the municipal hospital service of London what it should be. These comprise, at a number of general hospitals, new receiving wards and out-patient departments, new ward blocks, including more and better maternity accommodation, operating theatres, sanitary annexes, also the adaptation of institution accommodation to make it suitable for the reception of sick persons, and the provision and extension of nurses' homes and central kitchens; and at special hospitals, isolation blocks, additional accommodation for patients and nursing staff, and various reconstruction and improvement schemes. The capital expenditure will be considerable, but as time will be taken in the provision of plans and in the issue and acceptance of tenders only a small proportion of it will fall in the financial year 1936-7. A sum of £150,000 has been budgeted for this purpose. The important schemes of extension and development undertaken during the last two years include a new ward block and nurses' home and the adaptation of institution blocks at Hammersmith Hospital, a new ward block and extension of nurses' home at Paddington Hospital, an extensive reconstruction scheme at North-Eastern Hospital, the enlargement of Heatherwood Hospital, and the conversion of Princess Mary's Hospital, Margate, into a convalescent home for women, as well as various other schemes for increasing and improving accommodation, providing additional facilities for treatment, reconditioning ward blocks in institutions, and providing new nurses' homes and extensions.

Dr. Adler's Lectures on Individual Psychology

Under the auspices of the Medical Society of Individual Psychology Dr. Alfred Adler, the founder of the School of Individual Psychology, will give an address on Thursday, May 7th, in the Great Hall, B.M.A. House, Tavistock Square, W.C.1, at 8 p.m. Doors open at 7.30 p.m. The subject of the address will be "The Psychological Approach"; it is expected that the subject-matter of the lecture will prove of special interest to doctors in general practice. The meeting will be open to all members of the profession and their friends. Tickets can be obtained free of charge on application to Margaret Watson, Ltd., 15, Palace Chambers, Bridge Street, S.W.1. Dr. Adler will also deliver three public lectures in the Conway Hall, Red Lion Square, on May 11th, 12th, and 13th at 8 p.m. The subjects of these lectures will be: "The Science of the Individual Personality"; "The Science of Social Psychology"; and "The Science of the Prevention of Neurosis and Crime." The chairman on these occasions will be Sir Walter Langdon-Brown, Dr. H. C. Squires, and Dr. W. Norwood East. The price of tickets for these public lectures is 2s. 6d., obtainable from Alfred Hays Ltd., 62, Strand, W.C.2.

Memorial to Dr. Griffith Evans

Steps are being taken by the authorities of the University College of North Wales, Bangor, to raise a worthy memorial to the late Dr. Griffith Evans, who was the first lecturer in veterinary hygiene in that institution. Dr. Griffith Evans died last December, four months after reaching his hundredth year. He was regarded as the father of the veterinary profession, and his pioneer work, the value of which was not fully recognized until long after his discoveries had been made, is now well known to members of both the veterinary and the medical professions. Some years ago the value of the work of Dr. Evans to human medicine was recognized by the grant of the Mary Kingsley medal, and on the occasion of his centenary last August congratulatory messages were received from medical institutions and medical men all over the world. The form which the memorial is to take is that of a new wing to the veterinary department of the

Income Tax*Allowance for Car*

"QUEX" bought a car on August 31st, 1931, for £140, and sold it on November 7th, 1935, for £40, buying a new car for £139. He was allowed £12 depreciation as for the financial year 1935-6. What should he claim?

** (1) Obsolescence allowance for the old car to the amount of £140 - (£40 + £12 =) £52—that is, £88—that sum being treated as a professional expense of the year 1935. (2) Depreciation allowance for 1936-7 to the amount of £139 at 22 per cent. = £31.

Share in Partnership

"SANCTIONS" entered into partnership with A. and B. on January 1st, 1935. Income tax returns have been made on the basis of the year to December 31st. The payments which should have been made to him from the firm's banking account are in arrears owing, he believes, to excessive drawings by the other partners.

** The partnership return is signed by the precedent acting partner only, and the amount is based on the firm's receipts and independent of the sums drawn by the various partners. Each partner, of course, signs the declaration of his total income, including his share of the firm's assessment. With regard to the possibility that C. might take some action *vis-à-vis* the banking account, we advise him to consult a solicitor before doing so. In the absence of a stamped agreement as to the precise terms of partnership the matter is obviously one of some difficulty.

Return to United Kingdom

"L. C. N." holds a colonial appointment, his salary being paid locally and then transferred to an English bank. He expects to come to England to settle in practice in the autumn. What would be the basis of his liability in that event? (It is assumed that he is not maintaining a residence in the United Kingdom while serving abroad.)

** In the circumstances "L. C. N." will become an English resident as for the financial year 1936-7, and will be liable for tax on (a) such of the colonial earnings as may be paid to him here, and (b) the amount of his earnings from coming to this country up to April 5th, 1937. No assessment would be made on him until after that date, so tax would not be collectable until the summer of 1937. If, however, he acquires a share in a practice he might have to account in, say, February, 1937, for a moiety of the tax assessed on the practice and applicable to his share for the period to April 5th, 1937, of the partnership assessment.

LETTERS, NOTES, ETC.*Physical Culture*

Dr. MUNGO DOUGLAS (Bolton) writes: It is remarkable that the lengthy report of the Committee on Physical Education and its appendix containing the history of physical education makes no mention of the most comprehensive and most scientifically conceived method of education which embraces within its processes true physiological physical education. I refer to the method of F. Matthias Alexander of London. Starting from his still little-realized discovery that human sensory appreciation is defective, Alexander realized that these degenerations, which have been the stimulus to the present and earlier inquiries, were the outcome of misdirection of our bodies, occasioned by imperfect consciousness of what was happening at the termini of lines of sensory communication, coupled with complete lack of knowledge of the physiological means whereby directions, not manifestly misdirections, could be brought into being. In seeking to find how sensory appreciation could be made more reliable, and how misdirections, the coincidents of degenerations, could be prevented, he came upon the key to physiological direction within the animal body. This key was a complex of cerebral activity, awakened by sensory appreciations, dispatching impulses along still-to-be-discovered nerve paths to muscle groups acting co-ordinately throughout the body, with the primary resolve of all these activities that the head was given a certain relation to its co-ordinate part—the neck. To this subtle complex, which could be impressed upon consciousness, and could be aroused when consciousness was fully

alert by the flow of environmental stimuli, Alexander gave the name primary control. Permitted its physiological urge, this primary control conditioned secondary controls and directions throughout the body; and it may be observed that the functional result, the consequence of the activity of these controls, is the aim of the physical educationalist, to wit, a unified being, balanced in the interaction of his mental and physical processes, obedient to that first discipline, his own physiology, and with ever-quickenened sensitiveness to his own functioning and his responses to his environment. But Alexander's discoveries and the application of his principles of technique mean much more than this, for they imply the use of the whole body in all man's activities, and include no such absurdities as the setting aside of an hour a week or a day for physical education, while during the remaining time degeneration continues as before. The report suggests that the inquirers did not direct themselves to the causes calling for the need of physical culture, but rather to a consideration of common methods of physical culture now extant. Had they directed themselves to causes they would have discovered that none of the systems they considered took cognizance of the needs to be met by a satisfactory system.

Histidine Treatment for Peptic Ulcer

"A. G." (Bathford) writes: Hearing that a friend in South Africa had been starving for three weeks in hospital in one of many vain attempts to vanquish a long-standing ulcer, I sent him information about "larostidin," with the suggestion that he and his doctor might care to embark on this experiment. On Christmas Eve I received from him a letter in which the following passages occur: "I immediately saw my doctor and procured the histidine. I have had thirty-six injections during the last five weeks. I also ate normal food, including beef and vegetables and pastry, etc. Within a week I felt better, and after ten injections had no further pain of any kind. I am rapidly regaining weight (I had lost 25 lb.). Yesterday I was examined by x rays: there were no spasms, and the ulcer shows as completely healed. In general I feel better than at any time in the last twelve months. . . . The ulcer is in the duodenum, and has been a trouble since at least 1926, though I was ill two or three years before that from dyspepsia. I have had Sippy treatment in hospital four times since 1926." I wrote at once to suggest a more orthodox moderation in their appreciation of the treatment, and am hoping in due time to hear further of his adventures. It seems that in cases in which histidine is going to give beneficial results improvement is manifest by the end of the first half-dozen injections. This being so, it would seem to be worth trying the treatment to that extent in all gastric cases. I feel myself also that the possibilities of histidine should be explored, not only in cases of definite or probable ulcer, but for states of vague dyspepsia and ill-health, which may actually be pre-ulcer conditions, or in some way, chemically or metabolically, allied to that complaint. With regard to the point made by Mr. McNeill Love in your issue of March 21st, that cure cannot be certainly predicted as the "diathesis" still remains, there seems no reason why a treatment which is potent to control the "diathesis" at an advanced stage of pathological activity should not be able to do so during any early signs of undesirable recrudescence.

The Fatal Bath

Brigadier-General F. E. BURNHAM (Halcyon Hot Springs, B.C.) writes: The daily press relates the incident of a man who died as the result of a bath. In my bag of reminiscences of forty years in the practice of medicine I find a similar incident. A farmer of middle age presented himself at our office in Southern Manitoba for a trivial complaint. As his living conditions were not good, he was sent to the hospital for a few days of rest and change. On admittance to the hospital he refused to have a bath on the ground that he had not had one for twenty-two years, and he was sure that if he did he would take pneumonia and die. Notwithstanding his objections he was put into a tub and well scrubbed. In three days he had pneumonia, and in eight days he was dead.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 54, 55, 56, 57, 58, 59, and 62 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 60 and 61.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 248.