

PROFESSOR FRANCIS DE TORDAY, who is senior physician to the children's State asylum in Budapest, has published a pamphlet entitled *Science of Disease in Childhood and the Protection of Children in Hungary*, which gives an account of the hospitals and other institutions concerned with pediatrics in Budapest and elsewhere in Hungary. The pamphlet contains also a description of the methods taken with regard to child protection in that country. It is published by the Royal Hungarian University, Budapest.

DR. HERMANN LUDWIG, professor of gynaecology at Erlangen, has been nominated an honorary member of the American College of Radiology, and Dr. Eric Hoffmann, professor of dermatology at Bonn, has been nominated an honorary member of the Spanish Dermatological Society.

Letters, Notes, and Answers.

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

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

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The **TELEGRAPHIC ADDRESSES** are:

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Racillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

OBSTETRICAL FORCEPS.

"F. E." asks where the original descriptions can be found of Barnes's and Denman's obstetrical forceps.

Mr. C. J. S. Thompson informs us that Thomas Denman first described his forceps in his *Introduction to the Practice of Midwifery*, at page 357 of the 1825 edition. Robert Barnes originally described his instrument in his *Lectures in Obstetric Operations*, 1870, vol. i, p. 10.

CHRONIC GLOSSITIS.

"N. B." would like suggestions for treatment in a case of chronic glossitis (two and a half years' duration) in a young married woman of 30, the usual remedies, including an autogenous vaccine made from *B. coli streptococci*, *Staphylococcus albus* and *aureus*—these organisms having been found in the intestine—failing to give any relief. The patient, who is slightly neurotic, had an attack of cystitis due to *B. coli* over six years ago. There is no specific trouble.

RATE OF FLUID ABSORPTION BY THE BODY.

Dr. T. H. BISHOP (London) writes: In reply to Dr. A. H. Skinner's inquiry (August 4th, p. 227) regarding the absorption of fluids under the skin and into the peritoneal cavity for the purpose of replacing the fluid loss in cholera, he may be interested to know that I employed the intraperitoneal route for saline perfusion during cholera epidemic work in Bengal from 1910 to 1914. Using a special trocar-cannula I found it possible to introduce from sixty to one hundred ounces in from ten to fifteen minutes; the rapidity of absorption could be noted by the early return of the peripheral pulse, which frequently happened in favourable cases, before the entire quantity of the fluid had entered the cavity. Hamburger has shown (and I was able to confirm this observation) that absorption by the peritoneum in the case of a healthy dog goes on after death. The technique of perfusion is simple—it was used successfully by the staff of assistant and subassistant surgeons working with me; but to minimize the risk of injury to the intestine it is best to perform the necessary puncture of the abdominal wall while fluid is issuing from the cannula. I came to regard the intraperitoneal as equally effective with the intravenous route in the type of case where fluid loss was the principal feature; there was the added advantage that, if fluid

replacement was going to succeed, one perfusion operation was sufficient. I first used hypertonic saline solution, but believing that the greater concentration caused much of the discomfort which followed, I later adopted Locke's solution, and think that this gave as good results without the same amount of discomfort. The method was described in the *Indian Journal of Medical Research* (October, 1913) and the trocar-cannula used was made from my design by Messrs. Smith, Stanistreet, Ltd., of Calcutta. Starling's *Fluids of the Body* is very useful in the study of absorption problems.

INCOME TAX.

Expenses of American Tour.

We have been asked whether the expenses of the surgical tour in Canada and the United States, which was referred to in our issue of February 4th last, can be treated by members of the party as expenses admissible for income tax purposes in calculating the liability of their respective firms.

The tour seems to have been mainly or entirely for educational purposes, though perhaps it may have served subsidiary purposes also. On that basis the expense would seem to be somewhat analogous to that incurred in taking special post-graduate courses, and could not properly be regarded as incurred wholly and exclusively in carrying on the work of the practice. We regret that we cannot find adequate grounds on which to advise that a claim for the allowance of these expenses can be made good.

National Health Insurance Fees.

"G. C." writes to say that an inspector of taxes has applied to the clerk to an Insurance Committee for particulars of the amounts paid as capitation fees to a certain doctor. Can the request be enforced?

In our opinion the relationship of employer and employee does not exist between the Insurance Committee and the medical men concerned, and on that basis the request is not enforceable, as the statutory power which the inspector quotes is not applicable.

LETTERS, NOTES, ETC.

MEDICAL TREATMENT IN CHINA.

DR. G. DOUGLAS GRAY (Chalfont St. Giles) writes: Probably the two answers to Fleet Surgeon Home's inquiry as to retaining fees being non-payable during illness in China may be sufficient, but as this cannot have been very frequently quoted may I be allowed to add that I never found any evidence of it during my long residence as medical officer to H.B.M. Legation in Peking. In my official capacity I had to collect information, conditions of practice, etc., from medical practitioners all over China, and no Chinese or foreign doctor had any cognizance of contracts which ceased when their Chinese patients fell ill.

TREATMENT OF ECLAMPSIA.

MAJOR FLEMING GOW, I.M.S., asks us to correct the last sentence attributed to him in the report of the discussion on eclampsia in the Section of Obstetrics and Gynaecology of the Royal Society of Medicine (*Journal*, June 23rd, p. 1066). He stated that he had "practically given up Caesarean section for eclampsia unless there was also present some definite indication for that operation, such as the under-developed pelvis which we frequently found in primiparae aged 13 or 14 in Bengal."

MOHAMMEDAN PILGRIM SHIPS.

DR. K. SHALLCROSS DICKINSON (Sunderland) writes with reference to the inquiry of "Port Said" (May 26th, p. 930), and the reply published on August 4th (p. 228). A friend, who is engaged in carrying pilgrims from the Dutch East Indies to the Straits Settlements in ships belonging to the three companies, informs him that the scale of normal daily rations laid down by the Dutch authorities is ample; care is taken to secure for each pilgrim plenty of food, ventilation, and about 20 square feet of space. Bathroom and lavatory accommodation is adequate and is kept clean, and all open decks are covered with awnings. Each ship carrying 1,000 or more must be provided with two doctors, and all medicines are issued free of cost. The sick can have medical attention at any time of the day or night, and, beyond the official inspection every morning, the doctors are expected to pay visits at intervals during the day. Dr. Dickinson's correspondent states that he has never seen any harsh treatment of pilgrims by ships' officers. Most of the deaths occur among the old people in consequence of senile decay, and the mortality appears to be rather higher on the return voyage owing to the arduous nature of the pilgrimage apart from the sea voyage. He suggests that the same conditions probably prevail generally as regards pilgrims travelling from British Indian ports, and that such neglect as was mentioned by "Port Said" should be reported to the Consular and Board of Trade authorities.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 37, 38, 39, 42, and 43 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 40 and 41. A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 123.