of severe pain in the same situation as on February 5th. There was no history of haematemesis, nor of melaena. The quantity of urine passed had been normal, and there was no information pointing to any disorder of micturition. On January 26th and January 28th he had experienced similar but slighter attacks of pain, which came on after snowballing. He stated that he had worn a double inguinal hernia truss for fifteen years. Three or four weeks before admission he said that he had found his left inguinal hernia down, and, after pushing it back himself, reapplied his truss.

On the evening of February 7th his pulse was 80, and the temperature 100.2° F. His tongue was thickly furred, and he looked sallow and ill. The abdomen was slightly distended. It was rigid, but the rigidity was not absolute. There was distinctly more resistance on the left than on the right. In the region of the lowest quarter of the left rectus there was a swelling the size of a tennis ball, which was extremely tender. The swelling was resonant on percussion; there was no dullness in the flanks. Small scybala could be felt in the rectum high up, and an ill defined fullness up towards the left iliac fossa.

Later in the evening of February 7th laparotomy was performed by Mr. John Everidge, F.R.C.S., through the sheath of the left rectus. The abdominal wall over the swelling was very oedematous.

Ten inches of small intestine were found strangulated in a large sac communicating with the general peritoneal cavity by a very narrow neck, which was deeply situated. The constricting ring and diaphragm of peritoneum were divided and the strangulated intestine was carefully examined. As it was found not to be viable, 14 in. of gut were resected. The upper and lower free ends of intestine being of very different sizes, a lateral anastomosis was performed. The abdomen was closed without drainage.

The sigmoid colon with its mesentery lay posterior to the swelling, which was situated immediately beneath the anterior abdominal wall and was pushing the peritoneum lining the left iliac fossa up towards the diaphragm.

The patient progressed most satisfactorily until February 13th when he passed by the rectum about a pint of dark blood containing clots. Hiccough developed but not to an alarming degree. On February 16th two severe haemorrhages from the rectum, each of about 1½ pints, occurred in the morning and evening respectively. No further operation was performed and the patient passed steadily into convalescence, and was finally discharged on March 17th.

During the after-treatment, when the bleeding occurred from the rectum, pituitrin was administered with the idea that it might stimulate the bowel to contract down on the bleeding point. There is no direct evidence that such was its action in improving the patient's condition, but the possibility of such a therapeutic use for pituitrin is worthy of note.

At a future date Mr. John Everidge hopes to perform an operation for radical cure of the patient's double hernia, when it will be easy to clinch the diagnosis of reduction *en masse*.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF HAEMATOCOLPOS IN BIFID UTERUS AND VAGINA.

On September 5th, 1916, I was asked by Dr. Cayet, of the civil hospital at D——, to see a French girl of 18 with a pelvic tumour. A week previously Dr. Cayet had been called in, as the girl was suffering from acute retention of urine, which he relieved by passing a rubber catheter. He observed that the girl was menstruating at the time.

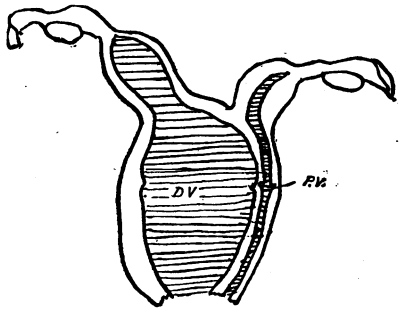
The patient told me that she had menstruated regularly for three years. Occasionally the loss was excessive—six or eight days. The retention of urine occurred for the first time during the last period. Constipation had given some little trouble.

On examining the abdomen, a hard nodular tumour could be felt rising above the pubes. It was not movable, not tender, and the abdominal wall could be made to slide over it. On rectal examination, the pelvis appeared to be almost filled by a smooth, immovable mass, rounded in outline. No uterus could be distinguished. The hymen was intact, admitting one finger. The vagina ran along the left side of the tumour, with which it seemed intimately involved. The cervix was out of reach.

Bimanually, tubes, ovaries, or uterus could not be distinguished.

Pregnancy was considered out of the question. The hard, rounded appearance suggested fibroid or semi-solid dermoid, but the inability to discover tubes or uterus was against the latter diagnosis. Operation was considered advisable.

I opened the abdomen near the mid-line (Battle's incision) and found what appeared to be a large fibroid of the uterus involving the whole of the body and cervix. The tubes and ovaries were perched on the summits of two nodules at the top of the tumour, which made it inadvisable to attempt to separate them and their blood supply from the tumour. The usual steps of separation of peritoneum and ligature of blood vessels were carried out. On cutting into the vagina, a gush of dark, sticky fluid took place, filling the pelvis. At the same time the tumour diminished considerably in size. The condition of haematocolpos was at once realized, but the operation was too far on to allow the uterus to remain. Having removed the tumour, the vagina was closed, peritoneal toilet performed, and the abdomen closed.



DV, Distended vagina. PV, Patent vagina.

The tumour, on examination, proved to be a completely bifid uterus. The right side vagina was closed at the orifice. The walls were extremely thick, almost half an inch. A small ridge marked the position of the cervix; the cervical canal and cavity of the uterus were also distended. The right tube was larger than the left, but not distended.

On the left side the vagina was narrow and the walls thin. A more distinct ridge marked the cervix. The cervical canal was narrow and elongated to about 3 in. The uterus was smaller than on the right side.

The patient made an uninterrupted recovery and returned home in three weeks.

Eight months later I examined the patient and found her general condition excellent. The patent vagina admitted a finger for 3 in., and no collection of fluid could be felt in the closed vagina. The accompanying diagram is drawn from the hardened specimen.

R. DOUGLAS LAURIE, Captain R.A.M.C.,
Honorary Surgeon, Derbyshire Hospital for Women.

CINNAMON AS A PROPHYLACTIC IN MEASLES AND GERMAN MEASLES.

CINNAMON is a drug whose therapeutic virtues are not sufficiently recognized. The essence of cinnamon in 25-drop doses is one of the most effective remedies in cases of acute coryza. It is certainly much more efficacious as well as more pleasant than the popular ammoniated tincture of quinine.

Some years ago an article was published in the JOURNAL strongly advocating cinnamon as a preventive of measles. The writer stated that it was his practice, when he met with a case of measles, to prescribe a course of cinnamon for any unprotected children in the family. He stated that in most cases the child who was treated either failed to contract the disease or took it in a very mild form. I myself have had the same experience, but I was able to try the experiment only in a few cases, as I gave up general practice.

Recently I have had an opportunity of trying a course of cinnamon as a prophylactic in German measles. One of our nurses, who has charge of the most delicate children, developed a rash one Thursday afternoon. She thought little of it, and continued her duties, which included bathing and putting to bed a considerable number of young children. On the following morning the rash was more pronounced, but she did not go off duty until she was seen by me at 10 a.m. Before that she dressed a number of the children, and was therefore in close contact with them while in an infectious stage of the disease. I diagnosed the case as a very typical example of German measles. To make quite sure I telephoned to Dr. Sydney Smith, who informed me that German measles was very prevalent in the neighbourhood, and kindly called at the institution and confirmed my diagnosis.

I then ordered every child who had been exposed to infection (twenty in number) to have as much powdered cinnamon as would lie on a sixpence night and morning. The powder was administered in food, and the novel flavour seemed to be appreciated by the children. Whether *propter hoc* or merely *post hoc* it would be rash to say, but the fact remains that at the end of four weeks no second case of German measles had occurred. The cinnamon treatment was continued for slightly over three weeks.

German measles is not a serious disease, but it is certainly a great nuisance, particularly in an institution. The chief object of this note is to suggest that cinnamon ought to be fairly tried as a prophylactic not so much in German measles as in measles itself. The latter disease is responsible for such a large mortality that anything that promises to diminish either the incidence or the severity of the disease is well worth a trial.

W. B. DRUMMOND, M.B., C.M., F.R.C.P.E.,
Medical Superintendent, Baldovan Institution for the Feeble-minded.

PROPHYLAXIS OF MAMMARY ABSCESS.

FOR the past two years I have administered potassium citrate to all my patients during lactation as soon as milk engorgement shows itself. The only cases which have gone on to abscess were two who did not come under my care until engorgement had passed on to definite abscess formation, but even these patients seemed to be improved by having the citrate. The *rationale* of the treatment is to make more fluid the thick stagnating milk. The addition of ammonium carbonate helps to keep the blood alkaline; the prescription I use is: ℞ Potass. citrat. gr. xv, ammon. carb. gr. iij, aq. chloroform. ʒ ij, aq. ad ʒ j; ʒ j four-hourly.

All my cases have responded promptly to this treatment, in the way of a free milk flow; and the child does not object to the citrated milk, but rather the contrary.

Southwark, S.E. REGINALD LARKIN, M.D.Lond.

TONSILLECTOMY.

IN the discussions on tonsillectomy which occasionally appear in the BRITISH MEDICAL JOURNAL no reference has been made, so far as I have observed, to what I now look upon as by far the best method of performing this operation.

I have passed through all the stages of the old guillotine method, enucleation with the finger, enucleation with forceps, and sharp and blunt dissection, the method called in America after Dr. Sluder, but which as early was being performed in England by Sir StClair Thomson and others. I mean by the Sluder method that in which the guillotine is held reversed while the tonsil is pressed through the aperture, partly by pressure against the jaw and partly by the forefinger or thumb of the hand which does not hold the instrument, which is so blunt that it takes the line of least resistance behind rather than through the tonsil, from before backwards.

The operation which I wish to recommend is a modification by Beck of Chicago of this guillotine method. His instrument, which can be had from F. A. Hardy of Chicago, consists of a straight bar with the usual guillotine aperture, but within the ring of the aperture is a deep sulcus in which lies a hidden wire. With the patient on his back the ring is passed well behind the tonsil, the right first, while the handle is pressed down against the corner of the left side of the mouth till the instrument lies practically parallel to the table. At the same time the forefinger of the left hand, which I protect with a rubber finger for the sake of the anterior pillar, presses very firmly the tonsil through the aperture until the finger is itself inside the ring. The instrument is at the same time pulled forward in order to bring the distal side of the ring into close contact with the back of the tonsil. With the ring finger of the hand which holds the instrument, in this instance the right, or with the help of an assistant, a trigger is pushed forward with a light touch, when a catch holding the wire in position is loosened and the natural spring of the wire tightens it round the tonsil and also permits of the wire being pulled by the approximation of the right thumb and the first and second fingers which are already in rings for the purpose. When the wire has in this manner been tightly secured round the tonsil the trigger is replaced in its original position, and the tonsil, having been secured against falling into the throat by means of a pair of forceps, is cut off from behind forwards as slowly as desired by turning the ring in which the thumb has lodged during the previous steps of the operation.

After having for a couple of years done most of my cases by the Sluder method, I have recently ceased to do anything else than that here roughly described, and I feel certain that nearly every one who has once "got the hang of it" will agree with me that it is by far the most satisfactory. Its merits are that it is easy; that it is the most nearly bloodless method; that it gives the slightest reaction; that it is applicable to the worst cases of imbedded tonsil; that practically any tonsil can be removed by it except such as are held down by old firm adhesions for which no method is easy; that it is very rapid; and that if the surgeon will avoid wounding them with his finger-nail the pillars are safe. Another advantage is that it is hardly likely that a styloid process projecting into the tonsil—of which many have been seen since I first wrote about this anomaly I think some twenty years ago—could be missed before the wire is tightened. The rings are of three sizes, of which the middle is the most useful.

A. W. STIRLING, M.D., C.M.Edin., F.A.C.S.
Atlanta, Georgia, U.S.A.

THE ECONOMICAL USE OF COCAINE.

IN view of the present high price of cocaine it is important to avoid waste in its use. As usually employed for local anaesthetic purposes it is applied in solution on lint or cotton-wool, a considerable proportion remaining on the latter and being thereby wasted.

Moreover, solutions of the drug, if they have been long made, are untrustworthy, and not infrequently have to be discarded.

For some years I have used glycerin of starch (glycerinum amyli *B.P.*) as a vehicle for the local application of cocaine, and with entire satisfaction, and can recommend it as the most economical. It has the following good points:

1. It keeps indefinitely, does not evaporate nor dry up. I have by me the remains of a supply made five years ago and it is as active as ever.
2. It can be applied to skin or mucous membrane without wool or lint. Simply spread it over the surface as thickly or thinly as desired.
3. It is very absorbable.
4. It can be prepared of any strength, cocaine being soluble in glycerin of starch in practically any proportion.
5. It is as convenient to handle as an ointment, but without the latter's greasiness.

By cocaine I mean the hydrochloride. The alkaloid itself is insoluble in glycerin preparations.

Stoke Prior, Bournemouth. J. T. HALL, L.D.S.

A CASE OF SECOND INFECTION OF SYPHILIS.

A LEADING seaman, aged 32, was examined for submarine service on December 18th, 1915, and found fit. This examination is extremely thorough, and any suspicion of venereal disease automatically renders a man unfit.

In February, 1916, he contracted syphilis, a hard sore appearing five weeks afterwards on the dorsum of the penis; upon April 10th, 1916, he presented himself for treatment. The sore was a typical one, and accompanied by enlargement of the left inguinal glands. On April 17th he was given 0.4 gram of galyl intravenously. That night his temperature rose to 102.4°; he vomited once and complained of headache; the temperature was normal the next morning. On May 17th his blood gave a strong positive Wassermann reaction. On May 27th he was given his second injection of galyl, and his reaction temperature rose to 99°; there was no headache or vomiting. On July 8th a third injection of 0.4 gram of galyl was given, and there was no reaction whatever. Between the first and second injections he was given three injections of 1 grain of mercury each, intramuscularly; these were repeated between the second and third injections of galyl. On November 18th his blood gave a "faintly positive" Wassermann reaction; he was therefore given eight further injections of mercury, each 1 grain, at intervals of one week, beginning on November 22nd, 1916, and ending on January 11th, 1917. He had never shown any secondary

symptoms, and his sore with the enlarged inguinal glands vanished after the first injection of galyl.

In March, 1917, he again exposed himself to infection, and on April 14th, 1917, he came under my care. Upon admission there was on the dorsum of the prepuce a large typical hard sore. The scar of the old sore was easily visible as some of the gland tissue had been destroyed. He has been given three further injections of galyl—the first, 0.25 gram, on April 15th; the second, 0.35 gram, on April 22nd; the third, 0.35 gram, on April 30th. It is my intention to give him three more injections of 0.35 gram, making a total of 2.0 grams, spread over six weeks. His sore healed rapidly. On April 30th it was a clear scar, and there was no inguinal gland enlargement.

Each injection involves forty-eight hours' absence from full duty, after which he carries on his ordinary work until the next one falls due. I wish to put this case on record as an undoubted second infection of syphilis. The records of all naval sick are carefully made and preserved, and it is from these, and in no instance from the patient's statements, that I have given such facts and dates as have not come under my own personal observation.

L. C. Dundas Irvine, B.A.Cantab., M.R.C.S.,
Surgeon R.N.V.R.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

DORSET AND WEST HANTS BRANCH.

The annual meeting of the Dorset and West Hants Branch was held at Blandford on May 16th.

The Diagnosis of Scarlet Fever.

Dr. T. Howard delivered the presidential address entitled "The diagnosis of scarlatina." He said that the textbooks dealt with the differential diagnosis of scarlet fever from a negative standpoint only. The feeling of disappointment, when the textbook was consulted, was mainly due to the exalted position which the rash occupied in the mind as a factor in diagnosis. Diagnosis was often decided by the knowledge that other cases exist in the neighbourhood, or the personal factor turns the scale. Dr. Howard pointed out the danger of removing to hospital cases which were improperly diagnosed. Peeling was accepted by the great majority of medical men as a sure proof of the disease being scarlet fever; but unless desquamation was defined, it was a great source of error. The scarlatinal rash was readily imitated, and desquamation was common to many conditions, which were mentioned; but a peeled scarlatinal tongue was practically pathognomonic. The mild unsuspected cases that originated some epidemics might be left out of consideration since they were on a par with the "carrier" cases of diphtheria. In the absence of bacteriological tests, it was the more necessary to have a clinical group of symptoms to use as a criterion. The differential diagnosis from rubella (more particularly that form in which the symptoms were pseudo-scarlatinal, and the desquamation sometimes pseudo-scarlatinal, as in "Duke's fourth disease") was discussed. The difficulty of the general practitioner in making a diagnosis, when called upon to do so in a doubtful case, was emphasized. It was argued that, before he committed himself to a diagnosis, he should wait twenty-four hours in order to find out whether the fur on the tongue was being shed. Where the "white strawberry" condition persisted, the danger of attributing the persistence of furring to the septic condition of the throat was a very real one.

Mr. W. H. L. Marriner proposed a hearty vote of thanks to the President for his paper. This was seconded by Dr. Weaver, of Yeovil, who drew attention to the value of Leede's sign in the diagnosis of scarlatina and described shortly the method of carrying it out.

Sea-water Plasma.

Dr. Mahomed then made some remarks on the value of sea-water plasma, which he said was brought into notoriety some years ago as a cure for summer diarrhoea in children. M. Quinton recommended the injection of sea-water diluted with sterilized water so as to make it of a valency he considered identical with that of the ocean from which the primordial protoplasm evolved the beginnings of animal life. Shortly afterwards, in 1911, Dr. Robert Simon described the technique and gave plates showing the great improvement effected in cases of very chronic skin disease, such as psoriasis nummulata, lichenoid eczema, etc., by this treatment. The sea-water used was obtained at a depth of about 50 ft. twenty miles from shore; it was diluted, sterilized by filtration, and retailed in sealed ampoules. Dr. Mahomed decided to try and sterilize water obtained in the neighbourhood. It was full of the bacteria of degeneration; but by packing a percolator with boiled cellulose wadding so that the water filtered through very slowly, the filtrate was sterile. To prevent shock it was best to warm the filtrate before putting it in the container. The latter should be of glass and graduated, tapering at the lower end to receive a rubber tube and stopcock. A platinum needle should be used, as steel needles rusted quickly when exposed to sea-water. Dr. Mahomed usually began with half an ounce, and went on to two ounces. He described three cases of neurasthenia treated with sea-water injections. The beneficial effect appeared to be different from and greater than that obtained by saline injections. There was no doubt that sea-water was slightly radio-active, presumably due to the washings from rocks, clays, and sludges from estuaries. Hence water collected near the coast should be more active than that obtained at a distance. Dr. Mahomed finally described his experiments with radio-active mud from Poole Harbour.

In the course of the subsequent discussion Dr. Weaver suggested that ordinary saline solution was equally useful, and that the improvement in neurasthenic cases was the result of a mental effect.

Reports of Societies.

HALLUCINATIONS IN THE SANE.

At a meeting of the Medico-Psychological Association of Great Britain and Ireland in London on May 15th, when the president, Lieutenant-Colonel David G. Thomson, M.D., R.A.M.C., was in the chair, Dr. Robert Hunter Steen, Medical Superintendent of the City of London Mental Hospital, read a paper on hallucinations in the sane. He made two main divisions of his subject: (*a*) Hallucinations the result of agencies operating upon the brain or nerves; (*b*) those of mental origin. Among the former were toxins, both exogenous and endogenous, disorders of brain circulation, disease of end-organs, after images, and brain diseases of obscure pathology, such as epilepsy and migraine. The second category consisted of cases in which, so far as present knowledge went, a physical agency was unknown. They included suggestion, hypnotism, crystal-gazing, clairvoyance, hysteria, somnambulism, multiple personality, hypnagogic visions, dreams, hallucinations in history, collective hallucinations, so-called telepathy, and hallucinations the result of a complex. De Quincey had described how the abuse of opium could produce hallucinations, and the late Sir Lauder Brunton had given a good example of sodium salicylate producing the same effect on a patient. The drugs which might produce this effect included alcohol, absinthe, ether, stramonium, belladonna, hyoscyamus, nitrous oxide, chloroform, mercury, lead, and santonin. A narrow escape from drowning might cause hallucinations, as in the case of a man who accidentally fell into the water and was almost drowned. After being rescued, he continued in a state of apparent death for twenty minutes, and after restoration described his sensations as most delightful and ecstatic, to the accompaniment of music. Apoplexy had sometimes been heralded by hallucinations. Instances from general and scientific literature and from experiences with patients were given of most of the varieties set out. The author's view was that hallucinations did occur in the sane, and cases met with in the sane should be intensively studied, as the subjects were of undimmed intelligence. This study was especially necessary in borderland or hysterical cases. There seemed no reason to think that hallucinations in the sane differed from those in the insane; and as in the sane hallucinations could be produced by toxins, probably these acted in the insane, too. They could also, however,

compound closely allied to acriflavine, which already appears to have identical or even superior properties, and if this be confirmed it will be easier to manufacture, and cheaper for the public. This substance will be officially known as "Proflavine." An early scientific publication will be made on this subject.

The degree of Government support which has been given from the beginning to the researches upon acriflavine and other antiseptics has not always been made a matter of public knowledge. It is proper that financial and scientific help given officially should not diminish in any way the credit due to individual scientific workers or scientific institutions.

BIRTHDAY HONOURS.

IN addition to the long list of nominations to, or promotions in, military orders, published at p. 780, the King on the occasion of his birthday conferred the following honours:

To be a Baronet.

Dr. Frederick Taylor, President of the Royal College of Physicians of London.

To be Knights Bachelor.

Thomas Kennedy Dalziel, Lecturer on Clinical Surgery in the University of Glasgow and Surgeon to the Western Infirmary, Glasgow.

Colonel Robert Jones, C.B., A.M.S., Inspector of Military Orthopaedics.

Herbert F. Waterhouse, F.R.C.S., Surgeon to Charing Cross Hospital and Dean of the Medical School.

Surgeon-General Eugène Fiset, M.D., C.M.G., D.S.O., Deputy Minister of Militia and Defence, Canada.

Dr. Edward Charles Stirling, C.M.G., Professor of Physiology in the University of Adelaide, for his services to science in Australia.

To be C.B.: Lieutenant-Colonel Charles Arthur Johnston, M.B., D.S.O., I.M.S.

To be C.S.I.: Colonel Hormasjee Eduljee Banatvala, I.M.S., Inspector-General of Civil Hospitals, Assam.

To be C.I.E.: Lieutenant-Colonel John Anderson, M.B., I.M.S.(ret.), member of Medical Board, India Office; Lieutenant-Colonel David Waters Sutherland, M.D., M.R.C.P., F.R.S., I.M.S., Principal, Medical College and School, Lahore, Punjab; Captain Harold Hay Thorburn, I.M.S., serving with the South Persia Rifles, Shiraz.

To be C.M.G.: Mr. Thomas Hood, Director of the Medical and Sanitary Service, Nigeria; Dr. Frederick Truby King, Medical Superintendent, Seacliff Mental Hospital, New Zealand.

To be C.V.O.—Mr. Richard Robert Cruise, F.R.C.S., Ophthalmic Surgeon to King Edward VII Hospital for Officers.

The Kaisar-i-Hind Gold Medal has been awarded to Dr. Behari Lal Dhingra, Chief Medical Officer, Jind State; Lieutenant-Colonel Kanta Prasad, I.M.S.(retired), of Rangoon; and Captain Robert Henry Bott, M.B., F.R.C.S., I.M.S., Professor of Surgery, Medical College, Lahore.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

THE annual report presented to the Society for the Relief of Widows and Orphans of Medical Men on May 18th showed that the invested capital of the society amounted to £140,000, and that £4,223 was distributed among forty-eight widows and nine orphans in receipt of grants. The fund provides on an average grants of £50 per annum for widows who also receive from the Brickwell Fund £25 and £10 per annum, if over or under 65 years of age, respectively; orphans receive £15 per annum from the same fund. The Copeland Fund further allowed a grant of £30 per annum to orphans over 16 years of age if suffering from any disability that prevented them earning a livelihood. The Brickwell Fund furnished further special grants to enable orphans to remain longer at school or to enter the medical profession or start in some other career. The working expenses amounted to about 4½ per cent. of the income. While nearly 7,000 medical men were eligible, the membership of the society was barely 300. The President, Sir Alfred Pearce Gould, in his address, urged young medical practitioners to join the society, the annual subscription to which was two guineas, and thus feel that, whatever happened, their widows would not be left penniless. As an example of the great advantages of the society, the report cited the case of the widow and five children of a member, who had paid subscriptions amounting to £16 16s., receiving grants amounting to £200 per annum. Certain alterations in the by-laws were adopted, including one by which the annual subscription will be increased in the case of medical men who join the society after reaching the age of 40. Particulars regarding membership, which is limited to medical men residing at the time of election within a twenty miles radius of Charing Cross, can be obtained from the Secretary, 11, Chandos Street, London, W.1.

ROYAL MEDICAL BENEVOLENT FUND.

AT a meeting of the Committee on May 8th twenty-five cases were considered, and £213 granted to twenty-one of the applicants. The following is a summary of a few of the cases relieved:

Wife, aged 56, of M.R.C.S.Eng. Applicant's husband has been paralysed for twenty-eight years, and the little income he has is insufficient to support them. The wife prior to the war was able to earn as a teacher of music and languages, but cannot obtain pupils at present. Voted £15, and referred to the Guild.

M.R.C.S.Eng., aged 74. Owing to ill health and insufficient means, and the increased cost of living, unable to pay his way. His wife has recently broken her leg. Only income about £100 a year from son and friends. Rent £25. Voted £18 in twelve instalments.

Widow, aged 67, of M.R.C.S.Eng. who died in 1904. Applicant lost the small capital she had through fraudulent executors. Only income now 11s. per week provided by relatives. Pays 5s. 6d. per week rent, and high price of food makes it impossible for her to manage. Voted £12 in twelve instalments.

Widow, aged 46, of M.R.C.S.Eng. who was an annuitant of the Fund. Applicant left without means, and health very much impaired by constant nursing of her husband for eight years. She hopes after a rest to find suitable employment. Voted £5.

Widow, aged 58, of L.R.C.P.Edin. who died in 1902. Applicant was left unprovided for with a young daughter, now aged 19. Both have recently obtained work through the Manchester branch of the Guild, and the prospects are brighter, but they still require a little help to straighten their affairs. Relieved four times, £40. Voted £5.

Widow, aged 41, of M.D.Glasg. who died in 1910. Left entirely without means, and has defective eyesight. In the summer she earns 15s. a week as an attendant. In the winter months has casual employment only. Health very indifferent lately. Relieved twice, £20. Voted £10 in two instalments.

Daughter, aged 62, of L.S.A.Lond. who died in 1874. Owing to ill health and advancing years unable to undertake permanent work. Friends allow her £25 a year. She earns about £5 by sewing. Relieved eleven times, £100. Voted £15 in twelve instalments.

Widow, aged 45, of L.S.A.Lond. who died in 1915. Was left entirely without means with three children. The daughter, now aged 17, is being educated by the Guild. Applicant had post as working housekeeper, but has recently had to give this up. Relieved once, two years ago. Voted £10 in two instalments.

Widow, aged 63, of L.R.F.P.S.Glas. who died in 1899. Applicant left without means, and suffers from chronic rheumatism and sciatica. Manages to earn a little by letting rooms, but not sufficient to live on. Relieved three times, £36. Voted £12 in twelve instalments.

Daughter, aged 58, of L.S.A.Lond. Applicant has to look after invalid father, who is an annuitant of the Fund, and owing to the high price of food finds it difficult to manage. Relieved once, £10. Voted £10 in two instalments.

Daughter, aged 41, of L.S.A.Lond. who died in 1887. Applicant's mother, who has just died, had recently been helped by the Fund. The Guild proposes training applicant as a shorthand-typist, and placing her in a position to earn her own living. Voted £5.

Daughter, aged 51, of F.R.C.S.Eng. who died in 1890. Applicant is a chronic invalid, and unable to undertake any permanent work. Relieved eighteen times, £165. Voted £12 in twelve instalments.

Daughter, aged 51, of M.R.C.S.Eng. who died in 1885. Applicant suffers from neuritis and defective eyesight, and was only able to earn £2 last year. Only other income £20 from sister. Relieved nineteen times, £221. Voted £15 in twelve instalments.

Subscriptions may be sent to the Acting Honorary Treasurer, Dr. Samuel West, at 11, Chandos Street, Cavendish Square, London, W.1.

The Royal Medical Benevolent Fund Guild is now called upon, as a result of the war, to deal with many widows and children who, in happier times, would not have thought of asking for assistance. It is glad to receive secondhand clothing and household linen. The class of clothes most wanted is that suitable for boys and girls working in offices, for women, and for old men. The gifts should be sent to the secretary of the Guild, 43, Bolsover Street, W.

Having been for a few years an assistant at Chesham, he settled in Birmingham, married in 1890, and soon afterwards moved to Chew Magna, where he was in practice for twenty-three years. It has been written of him in a local journal that "he took a deep and lasting interest in the social welfare of the village," and the large concourse which met at his funeral on May 20th surely spoke of the love which every one of every class had for him.

Of manly physique, the picture of health and vigour, his bodily presence was the outward sign of the fine, strong spirit within. The writer had known him for the last eleven years—since his own retirement into the West Country—and as brother, sometime patient, and friend, had come to hold him, from his sterling worth of heart and head, and his sound professional knowledge, in the highest esteem. Gifted in no ordinary degree with the power of intuition, which is really the result of deep-laid and thoughtful experience, he went quickly and surely to the root of every malady, and seemed to have a right judgement in all things. Prompt in decision, fearless in opinion, without hesitation or ambiguity in speech, he straightway inspired confidence; and take him for all in all, he was to my mind one of the best doctors I have ever known. Then, alas, in the full tide of his work and prosperity, he was smitten down in the spring of 1915 by an obscure illness, due, it was thought, to some bacillary infection. He was at death's door, but rallied, recovered—it was thought permanently—and had been at work again for nearly a year, when there was a relapse in severer form. Nor can it be doubted that stress of work, the grave anxieties of this disastrous time, and, above all, the loss of Cyril, his much-loved younger son—a charming, gallant boy, who held a commission in the Irish Guards and who died somewhere near Ypres after terrible wounds last October—undermined his natural strength and lowered his resisting powers.

The end came somewhat suddenly after ten months of weary suffering, the diagnosis being still obscure. Only a country practitioner, but withal a man of noble, stainless character, of true humility and "gentleness untired," a keen sportsman both by river and on moor, ever ready to befriend the poor, and implicitly trusted in every walk of life. He will be long remembered and sadly mourned. May he rest in peace.

H. W. P.

DR. ARTHUR FREDERICK GAMBLE CODD died on May 24th. He was the son of Mr. Arthur Gamble Codd, barrister of the Inner Temple, and received his medical education at St. George's Hospital, where he was a good football player, being twice included in the team during the three years when St. George's held the challenge cup. He was second in the Henry Charles Johnson anatomy competition, assistant demonstrator of anatomy, and won the Brackenbury prize in medicine and the William Brown £40 exhibition. He became house-physician in his fifth year, and afterwards resident obstetric physician. He took the diplomas of M.R.C.S. in 1882 and L.R.C.P.Lond. in 1883, graduated M.D.Durh. in 1886, and became F.R.C.S.Eng. in 1888. After two years in the P. and O. service he settled in practice at Bromley, where he continued his work up to the time of his fatal illness. He was M.O.H. for Bromley, certifying factory surgeon and honorary medical officer to the Bromley Cottage Hospital. In 1905 he married Ada Margaret Cooper, and leaves three sons and one daughter. A friend of thirty-seven years' standing writes: "So simple was his nature, so unassuming and modest, that publicity was to him nothing short of pain, and he would be the first to deprecate any 'appreciation' even by so old a friend as myself. He had a strong personality and firm convictions, combined with a gentleness and a kindness that were remarkable. Hundreds will testify to his many deeds of kindness, monetary and otherwise. The profession has lost a most zealous and keen member in him, whilst his patients have lost a true friend and physician. The sympathy of friends and patients will go out towards his widow and the four children, all under 10 years of age. Though only 60 years of age, his working life (as medical lives go) has been long; during that time he first helped to support his mother and sister. He died as he would have wished, in harness; the shortness of his illness (pleuropneumonia) was in accordance with his desire."

DR. GEORGE GARDNER, who died at a nursing home in Glasgow on May 27th, aged 40, was the son of the late Mr. Robert Gardner, of Craigton, Milngavie. He graduated M.B., Ch.B.Glasg. in 1899, and M.D. in 1902. He had held the post of house-physician to the Royal Hospital for Sick Children, Glasgow. He settled in practice in Falkirk about thirteen years ago. He had held the office of secretary to the Stirling Branch of the British Medical Association, was secretary to the Panel Committee, and one of the medical members of the Burgh Insurance Committee. When the demand for doctors for the army was made Dr. Gardner joined in May, 1915, and served for a year on the staff of a general hospital at Etaples, where his work was so appreciated that his colonel sent in his name for mention in dispatches. He subsequently returned to his practice in Falkirk, but had applied for a commission in the R.A.M.C., and was expecting to return to military service at an early date when his illness supervened. He is survived by his widow and one son. The funeral took place at New Kilpatrick Cemetery, Bearsden, on May 30th, and was of a private character, only relatives and one or two intimate friends being present.

DR. OSWALDO CRUZ, who recently died at Rio de Janeiro, at the age of 46, was one of the foremost hygienists and bacteriologists of Brazil. As Director of Public Health he laboured with absolute singleness of purpose and utter disregard of political influences for the improvement of the sanitation of Rio de Janeiro. So drastic were his reforms that he once almost caused a revolution against the Government. He rigorously isolated all cases of infectious disease, and insisted on the thorough disinfection of the excretions of patients and of their dwellings. He pulled down unhealthy houses on so extensive a scale that whole quarters of the city were wiped out. He organized campaigns against mosquitos, and was untiring in devising measures for the safeguarding of human life. In this way he succeeded in three years in freeing the capital from yellow fever and plague. In 1908 he began a war against malaria and small-pox in Rio, which he carried on with great success. After much opposition he gained the confidence of his fellow countrymen to such a degree that he was accepted almost as a hygienic dictator throughout Brazil, to all parts of which he was called on the outbreak of epidemics. In 1900 he founded an institute of bacteriology and serum-therapy in Rio de Janeiro, to which in 1908 the grateful citizens gave his name. Thanks to the energy of Cruz and the enlightened liberality of the Brazilian Government, it has grown into one of the finest institutes of parasitology in the world. There Cario Chagas discovered the cause of chronic infective thyroiditis, and much other valuable research work has been done. The proceedings of the institute are issued in a beautifully illustrated volume; it was formerly published in Portuguese and German, but since Germany has put herself outside the pale of civilization French has been substituted for the latter language.

DR. JOSÉ M. ALVAREZ, professor of hygiene in the University of Cordoba (Argentine), died on December 22nd, 1916. He was the author of a work, *La Lucha por la Salud* (The Struggle for Health), which won for him a great reputation in his native country. He played a leading part in public life, being a member of the provincial senate, deputy to the National Congress, and Governor of the Province.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE Theodore Williams scholarship of the value of £100 for medicine at Pembroke College, Oxford, has been awarded to Frederic M. Wright, of Marlborough College and Bournemouth Technical School.

UNIVERSITY OF CAMBRIDGE.

DR. A. E. SHIPLEY, Master of Christ's College, has been elected Vice-Chancellor for the ensuing academical year, which commences October 1st.

The following medical degree has been conferred:

M.B.—J. H. Rees, King's.

Medical News.

THE Minister of Munitions has issued an order requiring persons engaged in the manufacture, purchase, or sale of artificial human eyes to make a return of stocks and materials within seven days to the Director of Optical Munitions, 117, Piccadilly, W.1.

DR. H. B. BRACKENBURY, Chairman of the Insurance Acts Committee of the British Medical Association, has been appointed a member of the Departmental Committee set up by the President of the Board of Education to inquire into the salaries of elementary school teachers.

THE Rev. J. W. Hayes, of West Thurrock Vicarage, Grays, Essex, has prepared a leaflet (price 2d.), giving a number of recipes for using barley, rye, oatmeal, rice, and maize flour for making bread, biscuits, and potato substitutes. He also gives two other leaflets (1d. each) giving additional maize recipes.

OWING to the spread of small-pox in Berlin the authorities have warned medical men to take precautions by vaccination, by revaccination of all persons over 40 not vaccinated since the age of 12, and by bearing in mind the risk of small-pox "carriers." At the end of February there were about 50 cases of small-pox in the Berlin hospitals; most of the patients were tramps and beggars, and nearly all were over 40.

ACCORDING to an official statment by Mr. Pike Pease, the number of British prisoners interned abroad at the end of our financial year was: Officers, 1,898; men, 36,583; civilians, 4,350, making a total of 42,831. The Postmaster-General had previously stated that this compared with 30,710 last year. The increase does not appear to have taken place recently, for Lord Newton stated in the House of Lords on February 22nd that the total number of British prisoners in Germany was something under 40,000. The total number of German civilians interned in this country and in the Overseas Dominions is about 36,000. We have no note of the total number of German military prisoners in our hands, but the number taken on the Western Front from April 9th to the end of May was 19,736, including 393 officers.

THE National Conference of Friendly Societies has forwarded to the Prime Minister a memorial in relation to the proposed Ministry of Health. This states that the friendly society organizations welcome further recognition of the need for preserving the nation's health, and strongly endorse the efforts now being made to secure national provision for maternity and child welfare, better housing, and the treatment of tuberculosis. The friendly societies are anxious that, in the formation of a Health Ministry, due weight should be given to the extension of the National Insurance Act benefits to the dependants of insured persons, including the establishment of child clinics and the institution of a national nursing scheme. They urge the Prime Minister, before any decision is reached, to appoint an impartial committee to investigate the whole matter.

WE have received copies of reports prepared in anticipation of a discussion on the relation of the glands of internal secretion to gynaecology and obstetrics at the forty-second annual meeting of the American Gynaecological Society, which was to take place early this month. The relations, real or asserted, of the female generative organs to the pituitary, pineal, parathyroid, thyroid, and thymus glands are considered from physiological, pathological, and clinical points of view in several monographs by experts. Papers are included which treat of the endocrine function of the pancreas and its relation to the sex life of women, the influence of the adrenal bodies on the genital system, the relation of the ovary to the uterus and mammary gland, and the placenta regarded as a gland of internal secretion; there are memoirs also on transplantation of ovarian tissue after hysterectomy, and the preparation and standardization of ovarian tissue.

THE annual report of the chief inspector of factories and workshops for the year 1916 (Cd. 8570, price 2d.) has been published by the Home Office. In the absence of Sir Arthur Whitelegge through illness, the report of the work of the department is supplied by Dr. H. M. Robinson, deputy chief inspector of factories. Miss A. M. Anderson, H.M. principal lady inspector of factories, contributes an interesting account of the effect of the third year of war on the industrial employment of women and girls. Dr. Robinson points out that beyond the ordinary range of duties the most important work done by his department during the year was in connexion with the substitution of women in manufacturing industries. He notes that it is fairly well recognized that continuous and excessive overtime very soon produces lassitude and slackness among the workers, injuriously affecting efficiency both in quality and quantity of work.

ON the occasion of the opening, on May 31st, at Sidmouth of a hospital for the treatment of officers suffering from stiff joints caused by wounds Dr. W. Gordon of Exeter delivered an address in which, after congratulating Sidmouth upon the establishment of a centre for treating the war disabilities of officers by combined physical methods, such as radiant heat, massage, whirlpool, and aëration baths, and medical appliances, he traced the progress of this line of treatment, giving a description of the methods now in general use and their value in the treatment of war disablement. One central fact proved beyond question was the immense advantage of the preparatory use of heat in the treatment of crippled limbs by massage and manipulation. Another point he insisted on is that treatment must be undertaken at the earliest possible moment after the wounds have healed if the greatest benefit is to be obtained. In respect of appliances Sidmouth now had all the advantages possessed by Paris and London for applying the new system of treatment, in addition to which it had its own arrangements for sea-water baths to widen the scope of its usefulness. Dr. Gordon concluded his address with the hope that there would be no delay in generalizing this method of treatment throughout the country.

Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, Westrand London;* telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand London;* telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecra, Westrand London;* telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.

The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 8, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

☞ *Queries, answers, and communications relating to subjects to which special departments of the* BRITISH MEDICAL JOURNAL *are devoted will be found under their respective headings.*

QUERIES.

F.R.C.S. asks what are the quickest recorded results, after nerve grafting, as regards recovery in respect of (*a*) anaesthesia, (*b*) muscular action.

R. asks for the name of a maker of an inguinal truss consisting of an elastic band (about three inches broad) fitting round the hips, with a pad in front to keep the inguinal canal closed.

INCOME TAX.

UNCERTAIN owns his residence and uses it partly for professional purposes. He inquires how the deduction for professional use should be made.

*** Using the figures supplied, the net rental value of the house, £48, should appear on the statement of total income as in effect rent received; but in calculating the professional profit a deduction should be made of £16 as being rent paid for the professional portion of the house. Our correspondent pays income tax under Schedule A as if he received a net rent of £48, and out of that expends £16 for professional purposes; the £48 being already assessed to tax in full, he is entitled to deduct a proportion of this sum as if it were an actual out-of-pocket payment for professional accommodation.