

*Clinical Signs.*

On examination the tongue was normal, and there were no enlarged glands; a white membranous patch was visible between the pillars of the right fauces, and there was slight nasal discharge.

*Bacteriological Examination.*

A swab taken from the white patch of deposit was first rubbed on blood serum for incubation at 37° C., and then on a clean slide for immediate examination. After standing with Loeffler's methylene blue, the immediate examination revealed numerous fusiform bacilli and spirilla, the organisms described by Professor Vincent. These failed to grow on the inoculated serum, which after twenty-four hours' incubation at 37° C. revealed the presence of streptococci.

*Treatment.*

The treatment adopted was that which is recommended for *angine de Vincent*—namely, tincture of iodine locally, and potassium chlorate internally.

*Result.*

The organisms of Vincent disappeared rapidly, the streptococci more slowly, but recovery took place in a week.

The data in this and other cases mentioned are too meagre to permit any reliable conclusion to be drawn, but in each of my cases it seemed probable that street dust inhaled accounted for the sore throat and streptococci, and that Vincent's organisms were merely accidental, but in view of Vincent's own experience and descriptions further study of similar cases is required.

I am strongly of opinion that if more throat swabs were subjected to immediate examination than at present obtains, and Vincent's organisms looked for, it would be found that these organisms are not so rare as is thought.

The question of their pathogenicity also requires further investigation, and appears to be worth the attention of the clinical pathologist.

The point to be decided is this: Is Vincent's angina a sufficiently distinct disorder to deserve a specific designation? The symbiosis of spirilla and fusiform bacilli point in this direction, as also the fact that the particular spirilla are difficult of cultivation. They really seem to be more of the nature of spirochaetes.

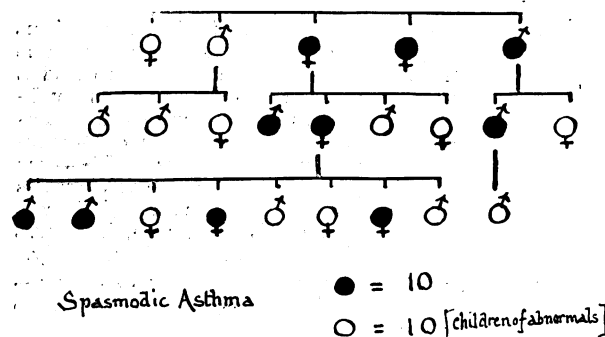
The above notes were written nearly two years ago. There appeared in the issue, November, 1908, of the *Journal of the Royal Institute of Public Health* a contribution by Dr. M. A. Arnold on Vincent's organisms which corroborates the views I have expressed. Dr. Arnold's contribution is well worth attention. The clinical appearance of the membrane seen on the fauces in the cases, in which I have examined for and found Vincent's organisms, is very suggestive of diphtheritic membrane. I am afraid my own opportunities of further study of these organisms are now likely to be few, but I venture to hope others will follow the matter up.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### MENDELIAN HEREDITY IN ASTHMA.

As I think the enclosed chart, showing, in black, the members of a family who have been afflicted with



spasmodic asthma, will be of interest to Mendelians, I shall be glad if you will publish it.

The numbers—10 normal and 10 abnormal descendants—are in accord with Mendel's theoretical 50 per cent. of each class in such cases, for there was almost certainly a heterozygous abnormal parent of those shown in the first line.

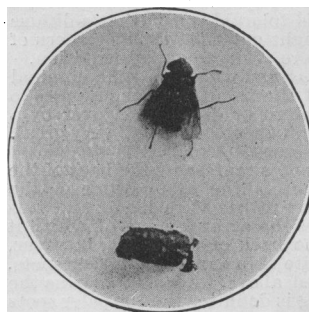
Wrexham.

H. DRINKWATER.

### DIPTEROUS LARVAE INFECTION.

It must be an uncommon experience to have two cases of infection by dipterous larvae under one's care at the same time. The method of infection in the one case and the consequence of the infection in the other may warrant their being reported.

CASE I.—Mrs. B., aged 55, an asthmatic, while sitting sewing, felt a fly under her right nostril. She at once tried to expel it by blowing the nose, but without success. An attack of asthma coming on at once, she had recourse to the fumes of a powder which she habitually used at such times. The fly, not quite dead, fell out, but could not be found. This was on a Wednesday afternoon. Severe attacks of sneezing troubled her the same night, and the next morning there was a bloody nasal discharge. The nose began to swell, and the discharge became more bloody and the sneezing more annoying. By Friday she could not leave her bed; by Saturday night the bleeding was sharp and the swelling had spread to the cheeks and eyelids. Such was her condition on my seeing her on Sunday morning. In addition there was a foul, sanious discharge, the lining membrane was much swollen and cracked, the pain and distress severe. The septum nasi showed an old-standing perforation centrally. The nose was washed out with a saturated solution of boric acid and an antiseptic inhalation given. By next day the patient's distress was so serious that Dr. Marry was asked to see her with me. The nose was douched several times a day with potassium permanganate, which kept down the fetid smell, but gave no other relief. By Wednesday morning the discharge of maggots began and kept up for about ten days. A perforation occurred through the right nostril just below the nasal bone. As the right ala became very much swollen and blocked the passage it was incised, and a small nest of maggots was revealed. They spread into the right cheek up to the lower eyelid; they burrowed into the gums and appeared in the mouth. In spite of douches of hydrogen peroxide, mercury perchloride, and per-



manganate, they kept on appearing up to the number of about a dozen and a half each day. Between 100 and 150 maggots must have been passed in all. They left the nasal cavity disorganized, and bone exposed in many directions. I secured one of the maggots, which were evidently too large for those of the house fly, and put it in a bottle. It hatched out a blue-bottle. The accompanying photograph shows the fly and its case.

CASE II.—While attending the last case I saw an elderly lady who had an epithelial tumour the size of a small hen's egg growing in front of the left ear. It had begun to bleed. On examining its base, which was about 1½ in. by ¾ in., I saw a few maggots. Evidently the bleeding was due to their destruction of the tissue where the vessels entered. In spite of strong applications for their destruction the maggots, which proved far more numerous than I thought, succeeded in riddling the tumour in twenty-four hours, causing pretty severe loss of blood. By next day the tumour was fetid, the bleeding continuous, and the face as far as the eye oedematous. Dr. Marry saw the case with me, and we decided to remove the growth with the cautery. The whole centre was a mass of maggots. When the tumour was removed down to the level of the skin a large nest of maggots was found in the cheek, and had to be destroyed with the cautery. They had evidently developed from ova of the housefly, being much smaller than those of the previous case. Promptly the bleeding stopped and the swelling disappeared, leaving only the scar resulting from the use of the cautery.—I am, etc.,

Trinidad, B.W.I.

STEPHEN M. LAURENCE, M.B., C.M.

### OEDEMA OF THE EYELIDS WITH PYREXIA.

My attention has been drawn to an article in your issue of December 12th, 1908, by Dr. Spriggs, under the title of

### "An Epidemic of Influenza Characterized by Oedema of the Eyelids."

As several pyrexial cases in which this phenomenon of oedema of the eyelids was a prominent symptom occurred in this town during the latter half of last year, I am prompted to offer the following remarks. In all some 9 or 10 cases of this description have been brought to my notice, 3 of these occurring in my own practice and 5 in that of my neighbour, Dr. W. F. Lloyd, of Windsor. While the symptoms presented by these cases showed great similarity one to another, they were hardly such as to suggest an influenzal origin to either of us—though, considering the protean character of this malady at the present time and the diversity of opinion as to its real nature, it is of course impossible to assert that our cases could not have owed their origin to this cause.

The cases seen by us approximated more to a gastro-intestinal type—some disorder of the bowels, either diarrhoea or constipation with flatulent distension, being present in every instance. In 3 cases in which the fever was unusually prolonged a suspicion of enteric fever was aroused, but when the blood was tested for Widal's reaction the result was negative. The oedema of the lids was in every instance early and transient, disappearing mostly within forty-eight hours. It was, however, a very prominent symptom, sufficient always to attract the attention of the patient and his friends. In no case were the eyelids reddened, nor were the conjunctivae observed to be injected. The pyrexia was mostly greater than in the cases related by Dr. Spriggs. In two of my cases it reached 103° and in the other 102° F. In no case was the patient suddenly prostrated by the attack as so often occurs in influenza. All my cases were walking about in a febrile condition when first observed, and had to be sent to bed. Albuminuria was not present in any case. The duration of the fever varied; the shortest period of illness observed was ten days and the longest three weeks. No heart or lung symptoms were noticed, and the fauces were invariably healthy; in fact, in no case was any cause discovered sufficient to give rise to the pyrexia. Notwithstanding this these patients were decidedly ill, apparently more so than the cases already related in your columns, for in one or two instances, notably one case of Dr. Lloyd's which lasted three weeks, the condition was such as to give rise to a certain amount of anxiety.

We have thought it well to place a brief record of these cases before your readers, not with the idea of contrasting them with the cases related by Dr. Spriggs, but in the hope that others who may have met with this somewhat unusual symptom in conjunction with a pyrexial condition may be induced to relate their experiences, and so possibly be the means of enabling us to classify similar cases that may confront us in the future.

Windsor.

CHAS. R. ELGOOD.

### INAUGURAL SYMPTOMS (GASTRIC ULCER).

I READ Mr. Moynihan's address with very great interest, but I scarcely anticipated that I should have such an early opportunity of putting his advice to practical use or of verifying his statements as to the inaugural symptoms of ruptured gastric ulcer. His address was published on November 28th, and on the following day, about 5.20 p.m., I received a very urgent summons to see a young woman who lives only a few doors from my house. I returned with the messenger, and the history given me was that about seven or eight minutes previous to my arrival, as she was lying on the couch, she was seized with a sudden overwhelming pain in the region of the stomach, and felt sick and faint. She is said to have lost herself once or twice owing to the intensity of the pain, and to have become very pale.

I found her in a reclining posture on a couch, her expression extremely anxious, eyes turned up, lips bloodless, and with beads of perspiration on the brow. The skin of the face, chest, and abdomen was very pale. Her arms and hands (which were exposed, as she was wearing a short-sleeved blouse) were warm, as also were her legs and feet. She made one or two attempts to vomit, but only brought up a teaspoonful or two of glairy-looking fluid. Her pulse on my arrival was 86, regular and about normal in strength and volume, but after the attempts at vomiting it became 96, and remained so until I left her. Her respiration was 34, short, shallow, and moaning on expiration.

The temperature in the axilla was 98.6°. There was great tenderness over the region of the stomach about 2 in. below and to the inner side of the left costal margin. The abdominal muscles were very rigid, but it was noted that those of the left side were much more so than those on the right. There was no distension of the abdomen. The patient was a young woman aged 23 years, and I had treated her two years ago for an attack of haematemesis.

From the above symptoms I diagnosed that she had a ruptured gastric ulcer, and I recommended her immediate removal to the Leeds General Infirmary. This was done, and Mr. Moynihan operated as soon as she arrived, finding a perforation of an ulcer on the lesser curvature of the stomach, near the cardiac orifice.

I think this case may be of interest, coming immediately after the publication of Mr. Moynihan's address, and verifying in such a striking manner his description of the inaugural symptoms of this condition, as opposed to the usual textbook descriptions. I am doubtful also whether any case has been observed so early, and on that account may be thought worthy of record.

Leeds.

JOHN EXLEY, M.R.C.S.Eng., L.R.C.P.I.

### IONIZATION IN CHRONIC ENDOMETRITIS.

DR. HERMAN's instructive paper on the "Use and Abuse of the Curette," in the JOURNAL of December 5th, 1908, encourages me to advocate a method suggested by Dr. Samuel Sloan, of Glasgow, and others for the treatment of chronic endometritis by means of ionization. The details of the technique are of the simplest character, and can be carried out by any physician.

The vagina having been previously douched with an antiseptic solution, a sterilized copper sound, varying in calibre according to need and having an insulated stem connected with the positive pole of the continuous current of an electric battery, is introduced into the cavity of the uterus. A large pad of absorbent cotton or of several layers of lint 6 in. by 6 in., soaked in a saline solution, is laid on the hypogastrium and connected with the negative pole. The circuit is then closed and the current gradually increased until a record of 20 to 40 milliampères is reached, and this maximum is maintained for about fifteen minutes; afterwards the current is gradually reduced to zero, then the commutator is changed and 5 milliampères of a reverse current is allowed to pass for three to four minutes in order to loosen the copper sound, which otherwise will be found to be tightly grasped by the neck of the uterus. The current is now again reduced to zero and the sound gently withdrawn. By this means the internal surface of the uterus is thoroughly cauterized. As there is abundant discharge for a day or two after the operation, vaginal douching is recommended.

The advantages of this method are that the endometrium, while thoroughly dealt with, is not wounded, any abraded surface is encouraged to heal, there is no danger of sepsis or of septic absorption, the discomfort to the patient is but slight, no anaesthetic is required and the patient does not need to retire to bed after the operation.

In order to observe how the copper is carried into the tissue of the uterus, let the physician take a piece of raw beef and plunge a thick copper wire connected with the positive pole into one side, while a platinum electrode in connexion with the negative pole is introduced into another part of the beef at a distance of 5 to 6 inches. In a few minutes after the current has been turned on, the positive copper electrode will be found tightly fixed in the beef, while the negative platinum electrode will be only loosely held, and a streak of the green oxychloride of copper will be noticed starting from the copper electrode and diffusing gradually through the mass of beef towards the negative pole.

I have employed this method with gratifying results in several cases of endometritis accompanied by chronic discharge between the menstrual periods, and also in cases of menorrhagia, both with or without pain. The discharge is lessened or made to disappear and the amount of menorrhagia is reduced. I am convinced that this plan of treatment deserves an extended trial, and all the more that it offers in many instances an effective substitute for the process of curettage.

Glasgow.

W. F. SOMERVILLE, M.D.

wine; the beverages in use were beer and hydromel. Both these drinks were known to other peoples by other names from the most remote antiquity. In the year 365 after the foundation of Rome, according to Pliny, an enterprising Etruscan trader introduced wine which pleased the Gauls so much that they forthwith determined to raid the country from which the delicious drink was produced. This led to the invasion of that part of Italy which the Romans called Transpaduan Gaul. Before the Roman conquest the Gauls, like the Scythians, Scandinavians, and other savage peoples, drank out of human skulls. After the Roman conquest they became more civilized in their manners, and their diet became gradually modified.

We learn from the *British Esperantist* for January that between August 5th and November 5th, 1908, 18 new Esperanto societies were founded in America—17 in the United States and 1 in Mexico. On the latter date there were 39 Esperanto societies in thirty-nine American towns. In Europe 63 new societies were formed, the principal new additions being 22 in Germany and 5 in Italy. The total number of European societies was 295. The total recorded number of Esperanto societies throughout the world on November 5th was 1,130. The total number of Esperanto magazines was 69. Esperanto has received official recognition in various countries. Thus in Austria-Hungary the Minister for War has given permission to officers and military officials to join the Esperanto Union in Vienna. In France the Departmental Council of the Seine has voted a subvention to the Esperanto Group at Charenton, which also received two further subventions from the municipalities of Charenton and Saint-Maurice. In Cochin China the Colonial Council has voted a subvention of £20 to the Esperantist Group at Saigon. The use of Esperanto in telegrams was sanctioned in Russia in 1904.

## Medical News.

THE late Professor Sacharjin has left two millions of roubles for the erection of a hospital in Moscow.

THE annual dinner of the West London Medico-Chirurgical Society will take place at the Great Central Hotel, Marylebone, on Friday, February 12th.

A NUMBER of medical officers of the Turkish army have been sent by the Ottoman Government to go through courses of study in German and French universities.

A PAPER on the purification of water by ozone and other chemical substances will be read by Dr. S. Rideal at a meeting of the Royal Sanitary Institute, at the Parkes Museum, on Wednesday next at 8 p.m.

PROFESSOR ROBERT KOCH has been elected a President of the German Central Committee for the Prevention of Tuberculosis, in the room of its founder, the late Herr Friedrich Althoff, Ministerial Director of the Prussian Education Office.

THE usual course of lectures and demonstrations at the Hospital for Sick Children, Great Ormond Street, W.C., will commence on Thursday next, when Mr. Arbuthnot Lane will give a lecture on fractures in children, at 4 p.m. The lectures are free to qualified medical practitioners.

THE second lecture of the Hunterian Society is to be delivered by Mr. Bland-Sutton at the London Institution, Finsbury Circus, next Wednesday evening. He will deal with thrombosis and embolism after operations on the female pelvic organs. The lecture is free to all members of the medical profession.

THE second international course of legal psychology and psychiatry at the University of Giessen will be held from April 13th to 18th, 1909, under the direction of Professor Sommer, with the co-operation of Professors Mittermaier and Dannemann of Giessen and Professor Aschaffenburg of Cologne. Further information can be obtained from Dr. Sommer, Professor of Psychiatry, University of Giessen.

A PROVINCIAL sessional meeting of the Royal Sanitary Institute will be held at Manchester on Friday, January 22nd, when, at 2.30 p.m., a visit will be paid to the new Manchester Royal Infirmary. At 7 p.m. a discussion on the infirmary from the hygienic, sanitary, and aesthetic points of view will be opened by the architects, Mr. Edwin T. Hall and Mr. John Brooke.

THE Clinical Society of Newcastle-on-Tyne will entertain Sir Thomas Oliver at its annual dinner on January 14th, in order to congratulate him upon the honour of knighthood recently conferred upon him. On the afternoon of the same day Sir Thomas Oliver will give an address to the

society on the use of caissons in bridge building, with remarks upon the physiology and pathology of compressed-air illness.

THE constitution of the King Edward VII's Hospital for Officers, Grosvenor Gardens, S.W., has been altered. There is no longer an honorary medical staff, as the appointments were for five years only. Patients may now be treated by any member of the surgical staff of a London hospital, and, prior to admission, an officer should select his surgeon and arrange with him as to fees. The hospital is for surgical cases only, and will be maintained as a free nursing home.

THE German Urological Society will hold its second congress at Berlin, April 18th to 22nd, 1909. Among the subjects to be discussed are urology and gynaecology, suppurative non-tuberculous affections of the kidneys, and tumours of the bladder. An exhibition will be held in connexion with the congress. All communications relative to the congress should be addressed to Sanitätsrat Dr. Wossidlo, Victoriastrasse 19, Berlin, W.

DR. JAMES KERR, Chief Medical Officer of the London Education Committee, will deliver the first of a course of lectures and demonstrations on the medical inspection of school children at the rooms of the Society of Medical Officers of Health, 1, Upper Montague Street, London, W.C., on Monday next, when the chair will be taken by Dr. Charles Newman at 3 p.m. The lecture will deal with the general principles of medical inspection and with annual reports. An exhibition of appliances and material relating to medical inspection is being organized. Full particulars can be obtained from the secretary of the society at the address mentioned.

THE Lord Chancellor has placed on the Commission of the Peace for the County of London the name of Surgeon-General Sir Charles Cuffe, K.C.B., Army Medical Staff (retired). Sir Charles Cuffe is a member of the Naval and Military Committee of the British Medical Association, and Vice-Chairman of Council of the Kensington Division, Metropolitan Counties Branch, President for 1908-9 of the Irish Medical Schools' and Graduates' Association. He serves on various boards of management of industrial and other certified Poor-law schools, is a Poor-law guardian of Kensington, and a member of the Council of the Royal Borough of Kensington, which he has represented since November last on the Joint Subcommittee for Kensington and Westminster of the London County Council for investigating the claims under the Old Age Pensions Act, 1908.

MR. C. F. P. CAVE has reported to the Royal Meteorological Society the results of a number of experiments with kites and balloons arranged by the International Commission for Scientific Aeronautics, with the object of determining the state of the atmosphere as regards temperature and wind velocity at great elevations. The average height reached by the balloons was 10.2 miles, the greatest 14.2 miles. Some of the resulting thermographs showed considerable differences between the up and down tracings, and this was deemed to indicate that fairly rapid fluctuations of temperature may occur in the upper air. Other tentative conclusions put forward were that after a certain height is reached there is no longer a fall of temperature with increase of height. Above a certain altitude there may even be an increase of temperature which cannot be explained by solar radiation, for some of the balloons recording such rise reached their highest point after sunset. At the lower limit of the isothermal layer it would appear that there is a well-marked diminution of wind velocity.

THE distribution meeting of the Hospital Saturday Fund for London was held on January 2nd, £25,000 being divided among the various applicants. The ordinary receipts for the year amounted, it was shown, to £22,659, an increase of some £1,600 as compared with the previous twelve months. It was reported that during the year 1,556 letters of recommendation for convalescent homes had been issued, rather more than two-thirds of these being for admission on the part-payment system. During the previous three months 61 patients had been admitted to the beds endowed by the Fund in various consumption hospitals and sanatoriums, while 41 patients had been admitted to the Brompton Consumption Hospital on the recommendation of the Fund during the year. In the surgical appliance department the attendances of patients reached 8,026, the payments made by them exceeding £1,173. In its report the Distribution Committee drew attention to the fact that the waiting list at various institutions intended for the consumptive continued to be most unfortunately long, and put forward a suggestion that the Fund should endow a greater number of beds in those on which the demands were greatest.

### THE RELATION OF MEDICAL PRACTITIONERS TO ADVERTISING INSTITUTIONS.

Z. asks: What is the exact medico-ethical position of: (1) A practitioner who holds the post of consulting physician to an institution which advertises cures by light or radiant heat? (2) The consultant to establishments for the cure of obesity, intemperance, morphinism, etc.? (3) To those employed as medical advisers by patent medicine vendors?

\*.\* No general rule can be laid down with regard to the first and second queries except that the advertising should be confined to the medical press or to circulars in prospectuses sent to the medical profession. With regard to the third question, in our opinion a medical practitioner who accepts such a position must be indifferent to any consideration of medical ethics.

### MEDICAL ADVERTISING.

A CORRESPONDENT sends us a handbill and a small poster advertising a smoking concert to be held by the "Victoria Cross Tradesmen's Society," which is apparently a provident institution to provide medical attendance, sick pay, and life insurance "for the small cost of 4s., or less than a penny a week," and the medical adviser's name is printed on both.

\*.\* This is on all-fours with a case brought before the General Medical Council in November, 1900 (Minutes of the General Medical Council, vol. xxxvii, p. 119), which ended by the defendant severing his connexion with the institution. It ought to be generally known that such advertisements of clubs and benefit societies are not permitted.

### CANVASSING.

QUAERO writes: "A. B. having taken a house in an outlying part of a town where resident doctors are scarce and the population poor, has employed a man to canvass for him to get members of a weekly payment medical club. The canvasser has instructions not to canvass persons who are in a similar club belonging to X. Y. who lives at a distance, but keeps a resident assistant in the neighbourhood where A. B. lives. Is A. B. acting in any way unprofessionally, or so as to exclude him from membership of the British Medical Association?"

\*.\* Canvassing is distinctly contrary to the resolution of the General Medical Council dated December 1st, 1905, by which the profession were warned that canvassing renders the practitioner resorting to it liable to be charged with infamous conduct in a professional respect, and we think that it would be a bar to membership of the British Medical Association if the facts were brought to the notice of the body asked to elect.

### PROFESSIONAL SECRECY.

H. A. L. writes: "A. is consulted by B., a nurse who has acquired the morphine habit. B. is a member of a nursing organization but is not at present on duty. She is anxious to break off the habit, but will not consent to the secret being divulged. What is A.'s duty—(1) respecting the secret; (2) respecting the treatment; (3) respecting B.'s work?"

\*.\* (1) It does not appear in any way to be A.'s duty to violate the established rule of professional secrecy. (2) He should carry out the treatment to the best of his ability. (3) He should advise B. to give up her work while under treatment as it is difficult to believe that it would be successful unless she were under control.

### GRATUITOUS ATTENDANCE ON DOCTORS.

H. C. M. (Jersey) writes: Perhaps you may be willing to allow me a few lines in relation to the matter under the above heading in the BRITISH MEDICAL JOURNAL of December 26th, 1908. I have, indeed, no desire or intention to discuss the principles involved, especially having regard to the fact that the views expressed editorially in the JOURNAL upon so many occasions, in response to appeals, have been, I think, we should all consider eminently reasonable, as well as fair and just to all concerned. Also because, with some knowledge of our profession to guide me, I venture to hold that, among our many failings, want of generosity towards each other in sickness or accident is not one that can with justice be brought against us. I think, however, it may not be without interest to recall how a celebrated physician of the past—I believe Dr. William Abercrombie—acted upon an occasion in which, as he considered, no doubt or difficulty arose upon the question of fee. The little incident was one which that good man and excellent practitioner of the old school, the late Dr. William Dumbreck, of Edinburgh, was fond of narrating to his pupils. It appeared that Dr. Dumbreck, early in his career, had occasion to consult Dr. Abercrombie about himself, and at the conclusion of the consultation ventured, though with some diffidence, to suggest a fee. Said the great man, turning upon his young confrère with kindly indignation, "What, sir! What, sir! offer me a fee! Do you think me a cannibal, preying upon my own flesh and blood! Do you think me a cannibal?"

### THE ARMS OF THE UNIVERSITY OF EDINBURGH.

M. I.—Stationery bearing the arms of the university is commonly sold in Edinburgh for the use of students, and by no means implies that the user is a graduate. There is, however, a distinction between the use of it in Edinburgh and elsewhere, especially in the case of a non-graduate, but it is possible that in this case the individual is merely using what is left of a supply purchased in Scotland.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

THE following degrees have been conferred in Medicine and Science:

D.M.—H. W. Kaye, Magdalen.  
D.Sc.—H. L. Bowman, New.  
B.M., B.Ch.—M. Davidson, Trinity; H. E. Gibson, Queen's; G. D. H. Carpenter, non-collegiate; J. F. Hornsey, Wadham; H. M. C. Green, Wadham; O. L. V. S. de Wesselow, Corpus Christi.  
B.Sc.—M. Sopote, non-collegiate; H. E. Cocksedge, Keble.

### UNIVERSITY OF LONDON.

#### MEETING OF THE SENATE.

A MEETING of the Senate was held on December 16th, 1908.

#### Recognition of Teachers.

The following were among those recognized as teachers of the university in the subjects and schools indicated:

King's College.—Dr. St. Clair Thomson\* (Laryngology).  
Middlesex Hospital.—Dr. Victor Bonney (Midwifery and Diseases of Women); Dr. John Cameron (Anatomy).  
London School of Medicine for Women.—Dr. E. F. Buzzard (Pathology); Miss Mabel E. Gates (Anaesthetics); Dr. T. B. Hyslop (Mental Diseases); Mrs. Florence E. Willey (Midwifery and Diseases of Women).  
St. George's Hospital.—Mr. Thomas S. Kerr (Tropical Medicine).  
London Hospital.—Dr. Wilfred J. Hadley\* (Medicine); Mr. Jonathan Hutchinson\* (Surgery); Dr. Wm. Wright (Anatomy).  
St. Mary's Hospital.—Mr. C. Irving Graham (Laryngology); Dr. G. William Hill (Laryngology).  
National Hospital for the Paralyzed and Epileptic.—Mr. T. Grainger Stewart (Clinical Medicine).

#### Registration of Internal Students.

It was resolved that the following be added to the end of the note on page 3 of the Red Book, September, 1908:

Students whose names have been returned by the authorities of a school or institution as having discontinued attendance at an approved course of study and whose names have consequently been removed from the register of internal students may be re-registered, after notification by the authorities of a school or institution that they have resumed an approved course of study. Fees payable in respect of late applications for re-registration will be on the same scale as those payable in respect of late applications for registration.

#### Regulations as to Approved Courses of Study.

It was resolved that Section 12 of the General Regulations as to approved courses of study (Red Book, September, 1908, p. 7) be amended to read as follows:

A student's attendance at an instruction course as prescribed under Regulation 6 may be exceptionally relaxed with the approval of the Academic Council and of the school or institution to which he is attached, provided that (a) his attendance for the whole course of study does not fall below the minimum prescribed in the schedule to these regulations, if any, and (b) his attendance at the instruction course, though not satisfying the requirements contained in Regulation 6, is in the opinion of the certifying authority sufficient for the student in question. *Applications for exemption under this regulation must be made not later than the end of the first term of the session in respect of which such exemption is desired.*

(The amendment consists in the words printed in italics.)

Regulation for the B.Sc. (Honours) Degree for Internal Students.  
It was resolved that the following be inserted in the regulations for internal students after the fifth paragraph under the heading "B.Sc. (Honours) Degree" (Red Book, September, 1908, p. 198), and after the second paragraph on page 64:

Students who have taken the B.A. (Honours) degree in mathematics as internal students, and have passed the Intermediate Examination in Science for internal students, will not be required to pursue any further approved course of study before being admitted to the B.Sc. (Honours) Examination in mathematics as internal students.

#### Regulations for the Matriculation Examination.

It was resolved that the regulations for the Matriculation Examination be amended in the following particulars (Calendar, 1908-9):

- Page 241, line 1, omit the words "from the list."
- Page 241, omit the starred languages.

\*Application made in view of change of status of applicant.

(c) Page 241, after the words "elementary biology-zoology" insert the following:

A candidate desirous of offering any language or languages other than those named above should submit his proposal for the consideration of the Matriculation Board. The normal notice of such proposal is six months before the beginning of the matriculation examination for which he enters. Candidates giving less than six months' notice are advised that it may not be possible to make arrangements for papers to be set at the next matriculation examination even though the language be approved.

Proposals to take a particular language, other than those mentioned above, must be accompanied by a special fee, additional to the regular matriculation fee of £2. This fee will be returned should the proposed language not be accepted by the Matriculation Board, but in no other case. The amount of this additional fee varies with the language selected, and can be ascertained on application to the External Registrar.

(d) Pages 243-4 omit the syllabuses of the examination in Spanish, Portuguese, Italian, Modern Dutch, Arabic, Hebrew, Sanskrit, and Chinese.

#### *Military Education Committee.*

A committee was appointed to control, under the direction of the Senate and in accordance with the War Office Regulations, the university contingent of the Officers' Training Corps.

#### *Appointments.*

Sir William Collins, M.D., M.S., M.P., was appointed a member of the University College Committee for the remainder of the period 1908-9, vice Dr. S. Russell Wells, resigned.

Dr. Frederick Taylor was appointed a member of the council for external students for the remainder of the period 1908-9, vice Mr. Mackinder, M.A., resigned.

Sir William H. Allchin was reappointed a governor of the Maidstone Grammar School.

The Senate have, at the request of the Kent Education Committee, nominated Dr. W. B. Warde (Tunbridge Wells and Southborough) a member of the local Higher Education Subcommittee.

#### *Gilchrist Studentship for Women.*

The Gilchrist studentship of £100, tenable for one year by a graduate of the university who is prepared to take a course of study in an approved institution in preparation for some profession, will shortly be awarded. Applications must reach the Principal not later than February 28th, 1909.

#### *Advanced Lectures in Physiology.*

The following courses of advanced lectures in physiology will be delivered during the second term:

1. Eight lectures on the chemistry of food by S. B. Schryver, D.Sc., Ph.D., at University College on Fridays at 5 p.m., commencing on January 22nd.

2. Four lectures on some practical methods employed in physiological chemistry by R. H. A. Plimmer, D.Sc., at University College on Wednesdays at 5 p.m., beginning on February 3rd.

3. Two lectures on the evolution of function in the human brain in relation to structure by Dr. F. W. Mott, F.R.S., at King's College on Mondays at 4.30 p.m., beginning on February 8th.

4. Eight lectures on the regulation of body temperature by Dr. M. S. Pembrey, M.A., at Guy's Hospital Medical School on Thursdays at 4 p.m., beginning on January 14th.

5. Eight lectures on prophylaxis against infection by Dr. W. Bulloch at the London Hospital Medical College on Fridays at 4.30 p.m., beginning on January 15th.

Courses 1, 4, and 5 have been recognized by the Senate as courses of advanced lectures which a candidate at the B.Sc. (Honours) examination in physiology may name for part of his practical examination.

The course of four lectures on the secretion of urine by Professor T. G. Brodie, M.D., F.R.S., originally announced for the second term, has been postponed to the third term, and will be given at King's College on Mondays at 4 p.m., beginning on June 7th.

#### *Advanced Lectures in Zoology.*

The following courses of advanced lectures in zoology have been arranged for the second term:

1. Three lectures on the anatomy and zoological relation of the anthropoid apes, by Dr. Arthur Keith, to be given in the theatre of the Royal College of Surgeons, Lincoln's Inn Fields, on January 15th, 21st, and 29th, at 5 p.m.

2. Two lectures on problems of lake fauna, with special reference to the lakes of Africa, by Dr. W. A. Cunningham, B.A., Ph.D.; details of time and place to be announced later.

The lectures are addressed to advanced students of the university and others interested in the subjects dealt with; admission free without tickets.

#### *Chadwick Lectures on Hygiene and Municipal Engineering.*

Dr. Louis C. Parkes will deliver at University College the courses of three Chadwick lectures on the medical aspects of recent advances in hygiene as connected with sewerage on Tuesdays at 4 p.m., beginning on February 2nd.

## UNIVERSITY OF EDINBURGH.

### ANNUAL REPORT FOR 1908.

#### *Number of Students.*

DURING the past year the total number of matriculated students (including 595 women) was 3,328, being 48 more than the number for last year, and the highest number reached for seventeen years. Of these 1,156 (including 505 women) were enrolled in the Faculty of Arts, 295 (including 16 women) in the Faculty of Science, and 1,490 (including 59 women) in the Faculty of Medicine. Of the students of medicine, 667, or nearly 45 per cent., belonged to Scotland; 281, or 19 per cent., were from England and Wales; 132 from Ireland; 76 from India; 306, or about 20½ per cent., from British colonies; and 28 from foreign countries. These figures show that the proportion of non-Scottish students of medicine is well maintained; and it is worthy of note that the number of Colonial students exceeds by 34 the highest number reached at any time during the last twenty years.

#### *Degrees Conferred.*

The following degrees were conferred during 1908: Master of Arts (M.A.), 182 (including 92 women); Bachelor of Science (B.Sc.), 47 (including 4 women); Doctor of Science (D.Sc.), 4; Bachelor of Medicine and Master in Surgery (M.B., C.M.), 4; Bachelor of Medicine and Bachelor of Surgery (M.B., Ch.B.), 184 (including 19 women); Doctor of Medicine (M.D.), 76 (including 3 women).

The General Council of the University now numbers 10,579.

#### *Fellowships, etc.*

The total annual value of the University Fellowships, scholarships, bursaries, and prizes now amounts to about £18,650—namely, in the Faculty of Arts, £11,045; in the Faculty of Science, £1,545; and in the Faculty of Medicine, £3,730. A number of bursaries are in the gift of private patrons, but the great majority of the university bursaries, prizes, etc., are awarded by the Senate after competitive examination. In addition to the above, a sum of upwards of £660, being the income of the Earl of Moray Endowment Fund, is annually available for the encouragement of original research.

#### *Lectureships, New Courses, etc.*

New lectureships have been instituted by the University Court as follows: Mr. R. Stewart MacDougall has been appointed Lecturer in Botany, to give courses of instruction in that subject to men and women students of arts and science. Mr. J. E. Mackenzie, D.Sc., has been appointed to deliver a course of lectures on chemistry to women students in the faculties of arts and science; while Mr. A. C. Cumming, D.Sc., has also become a lecturer in the department of chemistry. The University Court has instituted a lectureship in the history of medicine, and Mr. J. D. Comrie, M.A., B.Sc., M.D., who has been appointed lecturer, is expected to deliver part of the first course before the end of the present winter session, and the remainder in the summer session. Dr. G. M. Robertson has been appointed joint lecturer with Dr. T. S. Clouston in mental diseases. Lastly, Messrs. J. M. Cotterill, M.B., C.M., F.R.C.S.E., and J. W. B. Hodsdon, M.D., F.R.C.S.E., have been appointed Lecturers on Clinical Surgery.

Early in the year several special short courses of lectures were given—one on Sugars; another on The Synthetic Dye Stuffs, by Dr. J. E. Mackenzie; Heredity, by Dr. F. H. A. Marshall; Protein Metabolism, by Dr. W. Cramer; Chemistry of Colloids, by Dr. W. W. Taylor; Physiological Aspects of Immunity Problems, by Dr. James Ritchie; Sensory Conduction in Cord, by Dr. Sutherland Simpson.

#### *Personal Changes.*

The vacancy caused by the death of Professor Annandale in December, 1907, was filled in June by the appointment of Mr. Francis M. Caird, M.B., C.M., as Regius Professor of Clinical Surgery. At the close of the summer session Professor Crum Brown, then the senior member of the professoriate, resigned the Chair of Chemistry, and was succeeded by Mr. James Walker, D.Sc., Ph.D., formerly Professor of Chemistry in University College, Dundee. Numerous changes in the staff of lecturers, in addition to those already noted, have occurred. Mr. J. W. Bews, M.A., B.Sc., has been appointed lecturer on plant physiology, in room of Dr. A. W. Borthwick. Dr. Harold Pringle succeeds Dr. P. T. Herring, and Mr. W. A. Jolly, M.B., Dr. Sutherland Simpson, as lecturers on histology and experimental physiology respectively. Dr. G. H. Melville Dunlop is successor to Dr. T. M. Burn Murdoch in the lectureship on diseases of children; Major D. G. Marshall, M.B., I.M.S., succeeds Brigade-Surgeon Lieutenant-Colonel James Arnott as lecturer on diseases of tropical climates; and Dr. Alexander James, Dr. J. O. Affleck, as lecturer on infective fevers.

#### *Structural Changes.*

Further progress has been made in adapting to other purposes the rooms in the old buildings vacated by the Natural Philosophy and Engineering Departments on their removal to the new laboratories in Infirmary Street. The upper floor of the old Natural Philosophy Department has, by the elevation of the roof, afforded three good class-rooms, and a women students' reading-room, for the joint use of the Mathematics and Geography Department, and also for teaching military subjects. A handsome room, long used in connexion with the Zoology Department, has been adapted so as to meet a much-felt want by providing a second examination room. An additional room in the new Natural Philosophy building has also



been obtained for the practical training of teachers in Physics. The Dunlop Scholarship Fund has increased so as to permit of the institution of an additional scholarship in the faculty of medicine. There are now twenty-four scholarships in all on this foundation, each of the annual value of about £100.

#### *Additions to the Library.*

Additions to the University library for 1908 numbered 6,182.

#### *Benefactions, etc.*

By the scheme of allocation lately intimated by the Carnegie Trust for the second quinquennial period provision is made towards certain of the needs of the university, especially in regard to the endowment of lectureships, the purchase of books for the library, buildings, permanent equipment, and apparatus. The Right Hon. William M'Ewan, LL.D., has given a sum of £5,450 as an endowment for the expenses of upkeep of the M'Ewan Hall. A grant of £400 has been made by the Combe Trustees, in addition to sums already given, for the purchase of apparatus in connexion with the George Combe Lectureship in General and Experimental Psychology.

#### *Faculty of Medicine.*

Several important changes have been made in connexion with the new regulations for graduation in medicine and surgery, which were passed in 1907. The classes in the Faculty of Medicine now open at the beginning of October, instead of, as formerly, about the middle of that month; degree examinations in all the subjects now take place in December; and a graduation ceremonial will be held before Christmas. Accommodation was again given in September, for a scheme of post-graduate courses in medicine, held under the joint auspices of the university and the Royal College of Physicians and Surgeons, and both of these schemes proved highly successful.

#### DEGREES.

THE following degrees were conferred on December 19th, 1908:

M.B., Ch.B.—Girdhari Lal Batra, H. Blyth, J. Brander, J. A. Browne, B.A.; H. Burns, E. Cansfield, J. A. R. Cargill, G. H. Lart, Margaret E. Davidson, J. T. Dickson, W. J. Duncan, W. G. Evans, Helen Forbes, P. J. F. Garvey, H. R. B. Gibson, A. B. Gordon, W. B. Grant, G. R. Gray, R. D. L. Greene, J. A. W. Hackett, J. K. Hamilton, M.A.; St. G. M. L. Homan, H. Hutson, W. P. S. Johnson, E. W. Kirk, F. R. Laing, J. Langwill, C. L. Laurent, J. S. Leavack, N. F. Lloyd, C. L. Louw, Margaret M'Cahon, J. V. MacDonald, R. MacDonald, G. D. M'iver, W. J. M'Keand, D. L. M'Kenna, Ada J. Macmillan, H. D. M'Phail, M.A.; W. J. F. Mayne, A. F. Miller, J. Montgomery, K. Nehru, N. S. Neil, C. T. H. Newton, J. G. Nicholson, M.A.; E. F. W. Nixey, P. G. Palmer, M. D. Rees, D. Ross, Marguerite Ross, D. H. Russell, E. W. Smerdon, H. M. Spoor, L. D. Stephen, W. Stobie, E. A. Strachan, Alice M. Thompson, N. G. Thornley, M'G. Wakefield, W. H. de Water, A. White, R. C. Wuppermann.

#### UNIVERSITIES OF MANCHESTER, LEEDS, AND SHEFFIELD.

##### JOINT MATRICULATION BOARD.

THE Joint Matriculation Board of the four universities of Manchester, Liverpool, Leeds, and Sheffield has just issued its report for the year 1908. The board conducts the matriculation examination on behalf of the four universities, and in the past year for the first time the examination has been held under the supervision of education authorities at eight local centres, at which 127 candidates presented themselves. The examination was also taken as a form examination at 28 schools. The total number of candidates at the July examination was 1,695, against 1,294 in the previous July, while in September the number was 519, against 438 in the previous year. As many candidates take the examination a year before they leave school, those who hold the certificates are now allowed to present themselves in a few subjects at the higher standard for supplementary certificates. On behalf of the education committees of Lancashire and Cheshire, the Board has conducted examinations for the award of senior exhibitions and intermediate scholarships offered by these committees. It has also formulated a scheme, which has been accepted by the four universities, for the inspection and examination of schools. The offices of the board have now been removed from Owens College to premises in Dover Street, which is close to the college.

## Obituary.

### CHARLES COPPINGER, M.D., F.R.C.S.I.,

EMERITUS PROFESSOR IN THE CATHOLIC UNIVERSITY MEDICAL SCHOOL, DUBLIN.

WE have to record with very much regret the death of Mr. Charles Coppinger, which occurred in Dublin last week, after a very long period of defective health.

Mr. Coppinger was Surgeon to the Mater Misericordiae Hospital until a few years ago, when he retired from that position. He was also Professor of Physiology in the Catholic University Medical School, and on retiring from his work there he was appointed Emeritus Professor of the Institutes of Medicine. For some years he was a Fellow of the Royal University, and an Examiner in Physiology in that institution. In the Mater Hospital

Mr. Coppinger was for many years a most successful operator, and an energetic and popular clinical teacher. He was one of the few men who have successfully tied the innominate artery. He also did a great deal of very successful joint surgery. In earlier days he was a well-known microscopist. He was a thorough and devoted worker, but for some time he had practically retired owing to continued ill-health. He was naturally of gentle and retiring disposition, but his work was sound and advanced, and he merited greater prominence in his profession than he attained. His pupils and the other friends whom he attached by his kindness and professional knowledge and skill will learn of his death with extreme regret.

Mr. Coppinger, who was unmarried, qualified in 1869. He subsequently became a Fellow of the Royal College of Surgeons and M.D. of the Royal University.

### CHARLES KNOTT, M.R.C.P. EDIN., PORTSMOUTH.

ON December 29th, 1908, Dr. Charles Knott, of Portsmouth, passed peacefully away. On Christmas Eve he had an apoplectic seizure, and in the intervening days did not recover consciousness. He had been out of health and even ill for some time past, so that his death was not entirely unexpected; nevertheless, its occurrence has been a shock to a locality in which he was as well known as he was highly esteemed, and will be the cause of deep and lasting regret to many in Portsmouth and elsewhere. He received his medical education at Guy's Hospital, becoming M.R.C.S. Eng. and L.R.C.P. Edin. in 1872, being admitted later on to the membership of the latter college. He settled in Portsmouth immediately after receiving his first diploma, and remained steadily at work in the district until late last year, or, in all, for a period of thirty-six years. During the whole of this time he was closely connected with the Poor-law work of Portsmouth, first as a Parish Medical Officer, and for the last twenty years as Medical Superintendent of the workhouse and its infirmary. When he first took over the latter institution it was a workhouse infirmary of the ordinary type of the time, and by no means realized Dr. Knott's conception of what an infirmary should be. He therefore set to work to bring about reforms, and long before he died had been rewarded by a great measure of success, the nursing school which he organized and controlled at the infirmary being of great advantage to the inmates of the infirmary and a credit to Poor-law nursing in general. Poor-law work, however, was by no means his only occupation; he also carried on a large and successful general practice, and held many appointments.

Among other things, he was Chairman of the Portsmouth Centre of the St. John Ambulance Association, a Lecturer to the same body, Medical Referee of Her Majesty's Customs Fund, Medical Officer of Health for Langport and to the Portsea Union House and Schools, and also held until last year a commission in the 3rd Volunteer Battalion of the Hampshire Regiment. He joined this force in 1882, raised and trained an excellent-bearer company, received the Volunteer Decoration, and eventually became Surgeon-Colonel, retiring on the transformation of the battalion into the 6th Hampshire Territorials. His connexion with the St. John Ambulance Association was also long, and his services to it so marked that a few years ago he was honoured by being appointed a Knight of Grace.

For several years he held a seat on the Portsmouth School Board, and throughout his career exhibited a constant interest in children. His sympathy with young people may, indeed, be regarded as one of his strongest characteristics, and it was, perhaps, as much for their sake as in honour of Charles Dickens—whose birthplace was Portsmouth—that he set himself to work on a task the achievement of which he regarded with great satisfaction—namely, the raising of a fund for the maintenance of the "Tiny Tim" bed at his old hospital, Guy's.

Popular as was Dr. Charles Knott with the general public, he was equally esteemed by his professional brethren, and some eight years ago, when the British Medical Association held its annual meeting in Portsmouth, he was President of the Southern Branch. He was, indeed, one of the original members of this Branch, and maintained his interest in the affairs of the Association right up to the end.

DR. G. P. M. WOODWARD, who died recently at Sydney, was the son of the late Mr. Wm. Woodward, of Clough Prior Castle, co. Tipperary. He obtained the diploma of L.R.C.S.I. in 1850, and that of L.R.C.P.I. in the following year, taking the Fellowship of the Royal College of Surgeons in Ireland in 1879. He joined the Ordnance Department of the army in 1851, and in December, 1853, was promoted surgeon from the Royal Artillery, with which regiment he had served in the Crimea, including the siege and fall of Sebastopol, receiving a medal with clasp, and the Turkish medal. Dr. Woodward again saw active service, this time with the Royal Horse Artillery, during the Indian Mutiny in pursuit of Tantia Topee in Central India in 1858-9, for which he received a medal; he also held the medal for service throughout the Abyssinian campaign of 1867-8 as a staff surgeon in charge of the hospital ship *Mauritius*. He retired with the honorary rank of Deputy Surgeon-General in 1877. Dr. Woodward went to Australia, and about 1882 joined the medical staff of the railways, with which he retained connexion until his death. The railway department was well represented at the funeral on October 6th.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. M. N. Popoff, Professor of Neurology and Psychiatry in the University of Tomsk; Dr. D. J. Kurajeff, Professor of Medical Chemistry in the University of Charkoff; Dr. Epiphano Marques, Emeritus Professor in the Medical Faculty of the University of Coimbra, Portugal, administrator of the hospitals of the university, and author of some works on medical subjects; Dr. E. Delbet, Member of the Chamber of Deputies for the Seine-et-Marne; and Dr. René Blache, Member of the Académie de Médecine, General Treasurer of the French Medical Association.

## Public Health

AND

### POOR-LAW MEDICAL SERVICES.

#### SANITATION IN THE COUNTY OF DURHAM.

ALTHOUGH county councils possess very little active power over defaulting sanitary authorities, they are armed with means for putting into action the powers of the Local Government Board. Complaint may be made by a county council under Sec. 299 of the Public Health Act, 1875, if in the opinion of the council an authority is not providing its district with sufficient sewers, is not maintaining those which do exist, is not providing a sufficient water supply, or in other ways is not enforcing the provisions of the Act of 1875. Very few county councils have taken advantage of this section, and some of those who have seem to have met in some instances with only scanty support from the central authority.

The county council of Durham was among the first to use the section for the purpose of hastening public health reforms within the county, and, in spite of rebuffs, is continuing this course of action. The recently issued report to the Local Government Board of Dr. R. J. Reece gives an account of the circumstances which induced the county council to make complaint in July, 1906, of the default of the Hebburn Urban District Council. During the two years which had elapsed between the date of the complaint and the inspection of the district by Dr. Reece, a certain amount of activity had been displayed by the district council, so that he had principally to inquire into the default of the council in not putting into force its powers with respect to insanitary houses and out-offices. In 1901 there were 2,784 houses in Hebburn, and of these nearly 700 are owned by the Hebburn Colliery Company. It is with these last, of which about 150 are said to be in an insanitary condition, that the greatest difficulties have arisen. The cost of working the collieries is very great, on account of the large amount of pumping necessary, and the thicker seams of coal are getting exhausted. No dividends have been paid to the ordinary shareholders, and at any time the directors may consider the desirability of closing the colliery. The company's houses are occupied by the colliers rent free, and if they are turned out of the worst houses the company would be required to pay a rent allowance, amounting in the aggregate to £1,000 per annum, in accordance with the custom in the Durham coalfields. The question of improved dwellings is thus complicated in a manner not to be found except in the coalfields of Durham and Northumberland; but there can be no doubt that the inspection which has been made by Dr. Reece and the report which has resulted from that inspection will go some way towards creating improved conditions, for it is written in a most reasonable and judicial spirit, which cannot fail to be appreciated by those who are most intimately concerned in the welfare of the district.

## Letters, Notes, and Answers.

### BRITISH MEDICAL ASSOCIATION AND BRITISH MEDICAL JOURNAL CHANGE OF ADDRESS.

THE offices of the British Medical Association and of the BRITISH MEDICAL JOURNAL have been removed to 429, Strand.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, London, W.C.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Attitology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National):—

EDITOR,

2631, Gerrard.

GENERAL SECRETARY AND MANAGER,

2630, Gerrard.

MEDICAL SECRETARY, 2634, Gerrard.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

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

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

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.

We would request correspondents who desire to ask questions in this column not to make use of such signatures as "A Member," "A Member B.M.A.," "Enquirer," and so on. By attention to this request much confusion would be avoided. Correspondents are asked to write upon one side of the paper only.

W. B. would be glad of references to papers giving most up-to-date information as to the treatment of phthisis by tuberculin, by cinnamate of sodium, by serums, and by graduated exercise, as at the sanatorium in connexion with Brompton.

#### DIRTY HEADS AND FOOD FACTORIES.

TRANSFORTHANA writes: As a medical inspector of public schools I have, in common with others, had an eye-opener regarding the prevalence of lice and nits in girls' heads. I am a M.O.H. and an inspector of factories. In one, where food products are made, many "young persons" are employed. Is it my duty to examine these girls' heads; and if lice and nits are found, ought I to reject the candidates? The factor does not consider himself "responsible for the health of the girls in his employ," but expects the M.O.H. to do what is "right and necessary under the Act."

#### TYPHOID FEVER AND INTESTINAL INFECTIONS.

DR. C. L. FRASER, F.R.C.P., F.R.C.S. Edin. (Berwick-on-Tweed), writes: During the past year it has been my fortune to meet with several cases which presented all or nearly all of the characteristic symptoms of enteric fever. The clinical picture in each instance was as nearly perfect as it is possible to portray the disease, and speaking clinically no doctor of average observation would doubt that he was dealing with it. The roseolous rash was present in two. Yet, on the blood of these patients being submitted for examination at various periods in their course the result was given negative to my very great surprise, because the disease was most manifestly a bacterial infection of the intestinal tract. Does this test hold good only for infection by *Klebs bacillus*? Are there not other infections of the tract equally dangerous? I am strongly inclined to this belief and since having had my faith in the test thus rudely shaken have read with much profit a work by Professor Hester entitled, *The Common Bacterial Infections of the Intestinal Tract and the Intoxications arising from them*. I think the full scope and limitations of this test should if possible be laid before the profession by some eminent authority. I lately had the opportunity of discussing this matter with a medical officer of health of a large Indian city in which enteric fever is ever present. He informed me that quite a number of cases were reported which also would not react to Widal's test, but those who reported them entertained no doubt as to the character of the disease. In my own cases both typhoid and paratyphoid were set aside, and yet a dangerous infection was present from which one patient died. I am seeking for information and would ask any practitioner who has had similar experience to express himself.