will be established there, when extraction of fluid will at once cease.

Another application of this principle is simply to embed the end of the aspirating tube deeply among the dressings. By either means extraction continues as long as any part of the absorbent dressing touches fluid; so that secretions, etc., percolating into a cavity, are at once absorbed by the material and then extracted and carried away to the receiver by the suction action. The receiver of which I have just spoken is a large bottle interposed between the pump and the suction tube. It catches and retains all the fluids withdrawn, and prevents the blocking of the apparatus.

This pump may also be used to irrigate a wound with any solution desired. One end of a small tube is attached to the outlet of the pump, the other to the short arm of a Woolf's bottle filled with the irrigating solution. A second tube—that which is to convey the fluid to the wound—is connected with the arm extending to the bottom of the bottle. The action, then, of the pump is to force air into the bottle and create a positive pressure, which in its turn drives the solution along the irrigating tube to the dressings in the wound. If a small and continuous supply of solution is wanted, the irrigating nozzle must be quite fine and the pressure regulated by adjusting the escape valve connected with the Woolf's bottle. Thus, a wound may be drained and irrigated at the same time without discomfort to the patient.

Suction has been employed in draining the chest, the kidneys, the gall bladder, the throat and nose, and I think with this more convenient and powerful apparatus a further trial should be given, not only in these cases, but also in all where it is important to remove secretions and discharges.

With regard to the removal of large quantities of water—for instance, when a cavity is being flushed during an operation—the calibre of the suction tube must be considerably increased and provided with a tap which can be turned off, so that the receiver can be partially exhausted before being used. In this way very large quantities of blood and fluid can be rapidly withdrawn in a short space of time.

Messrs. Maw and Sons, Messrs. Allen and Hanbury, and other instrument makers will lend the apparatus to any one who may care to give it a trial.

A FATAL CASE OF LEAD POISONING DUE TO DIACHYLON.

BY F. STRONG HEANEY, M.D.DUB., F.R.C.S.IREL.

THE series of cases of diachylon poisoning reported by Dr. Edmund Hay in the BRITISH MEDICAL JOURNAL for January 23rd, and the fatal case reported by Dr. Arthur T. Hall the following week, induce me to place on record a further case which proved fatal twenty-one days after taking diachylon. The case, which was under my care during the seven days preceding death, has not previously been reported. It is interesting as well for the train of symptoms presented and the *post-mortem* appearances as for its bearing on the efforts now being made to stop a widespread evil.

On January 21st, 1908, I was summoned to attend a married woman, aged 25, who was said to have suffered from gastritis for a long time, but to have become worse during the last fortnight. On entering the room I noticed an unusual sweetish sickly odour not to be described in words—a smell *sui generis;* and, on examining the mouth to find a possible cause in carious teeth, I observed a well-marked blue line on the gum margins. The patient was six weeks pregnant, and on being questioned admitted having taken diachylon a fortnight previously. I subsequently elicited the following history:

History.

She was the mother of two children, the younger being about 2 years old. Though in fairly comfortable circumstances, she had always been delicate and anaemic, and had a haunting dread of any further increase in family.

On January 8th, realizing that she was again pregnant, she bought, at the instigation of a friend, a quarter of an ounce of diachylon in mass. She rolled it into nine pills, which she took at short intervals in the course of forty-eight hours. Within a few hours of taking the last of the pills she began to have severe abdominal pains. Hot applications and hot drinks gave no relief, and after a day she began to vomit. Intermittent pain and vomiting continued for four days, then the vomiting ceased, but pain continued as before. During this time the bowels remained constipated. They were slightly relieved by enemata; no magnesium sulphate nor other purgative was given, the patient's stomach being considered "too weak" to stand purgation. On the other hand, morphine was administered to relieve the pains.

About a week after taking the diachylon mental symptoms first appeared. She became sleepless, and at intervals imagined she heard bells ringing, saw herself sitting in snow-drifts, imagined she was falling out of bed, etc. She had occasional attacks of faintness, especially on trying to sit up or turn suddenly in bed.

Condition when First Seen.

I first saw her a fortnight after she had taken the diachylon. She was then very anaemic and emaciated. She lay on her back prostrate, slipping down from the pillows. The skin felt cold (temperature 97°) but not unduly dry or moist. The tongue was dry and furred, and the lips covered with sordes. With the breath was exhaled the peculiar odour referred to above. The pulse was 138, soft and full. The bowels had not moved once since taking the diachylon save as the result of an enema. In spite of this, however, and in spite of a dilated stomach subsequently discovered the abdomen was retracted and flaccid. *Urine* was being passed frequently in small quantities, and accompanied by pain and burning. Seven ounces, saved the day after my first seeing her, yielded on analysis the equivalent of $\frac{1}{10}$ gr. of metallic lead. The specimen was otherwise normal.

Treatment and Subsequent Progress.

Magnesium sulphate was administered, and seemed at first to relieve two pressing symptoms—the constipation and the delusions. Digitalis and strychnine were given to combat the attacks of faintness. Under their influence the pulse-rate fell from 138 to 120 but gradually rose again to 140. Potassium iodide seemed to be contraindicated having regard to the large quantity of lead already in circulation and being excreted.

On January 26th, seventeen days after taking the diachylon, she complained of severe pain in the left shoulder and upper arm. Next day the pains had disappeared, leaving the muscles of the limb almost completely paralysed. Feeble flexion and extension at the phalangeal joints were the only movements left. Sensation was diminished but not completely lost. On January 28th the same condition appeared in the right arm, and passed through the same phases—first pain, then palsy and partial anaesthesia.

On January 30th the pulse became very rapid and irregular, and on the 31st she died in one of her attacks of faintness. This last phase of "heart delirium" was evidently brought about by implication of the vagi, but up to the end there was no indication of interference with the innervation of respiration.

Necropsy.

The chief features of the *post-mortem* examination, made by Dr. Raw at the coroner's request, were (1) acute inflammation of the mucous lining of the stomach and intestine, extending in some places to actual ulceration, (2) acute fatty changes in liver and heart.

From the evidence at the inquest it would appear that the practice of taking diachylon to produce abortion is prevalent in both Lancashire and Cheshire. It was stated, moreover, that nowadays when a diachylon plaster is required as such it is almost always called for "ready-made"—that is, spread on calico, etc.; in other words, whenever diachylon is demanded in mass the inference is that it is required for an illegal purpose. Even apart from the ethical aspect of the matter, it is regrettable that the class of people who resort to the drug are unaware of its poisonous effects.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ALCOHOL AS A SURGICAL DRESSING.

FOR some years it has been the custom in many surgical clinics to use methylated spirit as an agent for cleansing the skin previous to operation, and also for removing the inspissated débris from around the wound at the subsequent dressing. An antiseptic wash of some kind is usually applied to the wound itself. For some time now I have gradually found myself abandoning the use of any antiseptic wash at the dressings, and confining myself entirely to spirit, whatever the nature of the wound. It may temporarily smart, but it is only for the moment. But what I wish to state more especially is that spirit forms a most excellent dressing for wounds. For months I have used it alone in all freshly-incised wounds for whatever purpose—in many cases of radical cure for

hernia, in breast cases, in excision of veins, in three cases of displaced semilunar cartilage of the knee-joint, in abdominal sections, etc., and I find that I have had a larger series of continuous good results than from any other dressing. It is now my custom before closing the wound to bathe the tissues with the ordinary "industrial" methylated spirit, and, after closure of the wound, to apply plain white sterile gauze wrung out of spirit.

The benefit of this dressing is, I believe, due not so much to the antiseptic properties of the spirit as to the powerful affinity that alcohol has for water, thus removing, perhaps, the most essential factor of bacterial growth—moisture. It also lessens in many cases the necessity for drainage, and by its styptic properties shortens the time necessary for securing the smaller bleeding points. When the wound is looked at for the first time after the operation, the small quantity of blood which has oozed from each stitch hole will be found caked and clotted and quite hard.

I should very much like to hear if others have used spirit in this manner, and if they have obtained the same results.

It is well known that whisky and rum were used occasionally as a dressing for wounds before antiseptics were introduced.

JAMES GRANT ANDREW,
Surgeon, Victoria Infirmary.
Glasgow.

TREATMENT OF DYSMENORRHOEA.

IN Dr. Herman's paper (p. 937) on the above subject, he sets a definite limit to the meaning of the word "dysmenorrhoea." It would seem to me that he holds the view that I have for a long time past entertained, and have only seen set forth in one work on gynaecology (American)—namely, that *all* dysmenorrhoeas are really due to spasm—and hence, I think, a more expressive word would be "menorrhspasm."

I believe that true dysmenorrhoea, or menorrhspasm—whether in virgins or married women—arises through nerve causes: that from the consequences of some illness, from anaemia, from overwork, worry, or, perhaps, from a condition of the general nervous system, normally prone to over-excitability or want of balance, the nervous mechanism of the patient is functionally upset, and the generative organs are among the first to feel the strain, and a tropho-neurosis is set up, giving rise to a spasm of the uterine muscular fibre at the time of the period. What is required, therefore, for a rational plan of treatment is to co-ordinate these irregular spasmodic uterine contractions, and, accepting Dr. Herman's theory of imperfect development of the spinal or sympathetic centre, to adopt some method that will stimulate this centre to full function.

I know that to many gynaecologists the mere mention of electricity is "anathema"; but I can assure Dr. Herman or any other practitioner who has to deal with cases of true dysmenorrhoea that if they will try the constant current in conjunction, if possible, with the static wave current in the manner that I will describe, they will find that they will often obtain the most gratifying results. I am certainly not going so far as to say that *all* cases will yield to this treatment any more than to any other, but (especially in the case of unmarried girls) there is a natural and proper repugnance to any direct uterine manipulations, and it is well worth trying to relieve the intense pains that so many girls suffer at the times of the menses, when the attempt can be made without outrage to their feelings.

The method that has given me such satisfactory results on the whole that I think it worth bringing before the profession is as follows:

I first apply the wave current from the negative side of a static machine by means of a long metal electrode inserted into the rectum and pushed well forward in apposition with the posterior wall of the uterus. This procedure is perfectly painless—indeed, it is hardly uncomfortable—and treatment lasts for from ten to twenty minutes. I next apply the constant current, and here the method varies according as one is treating a virgin or a married woman.

In the former case two large copper electrodes (8 by 5 in.) are placed one over the abdomen and the other over the lower lumbar region, with four thicknesses of moist Gamgee tissue between them and the skin, and a current of from 20 to 60 milliampères passed for ten to fifteen minutes. Three treatments a week for one or two intermenstrual periods will often entirely relieve the pain for many months, and, should there be any return, one or two treatments just before a period will be sufficient. In the case of a married woman, after employing the static wave, I apply the constant current by means of the same two abdomino-dorsal electrodes, only that now both are connected to the same pole of the source of current—usually the positive—while the negative pole is attached to a suitable electrode, which is passed into the uterine cavity. In these cases a current of 10 to 30 milliampères for ten minutes three times a week will in nearly all cases give relief.

I trust that a fair measure of success in my own practice in relieving this most common cause of suffering will be considered a sufficient reason for advocating a form of treatment, not usually favoured by gynaecologists, to supplement those suggested by Dr. Herman.

J. CURTIS WEBB, M.B., B.C.Cantab.,
M.R.C.S., L.R.C.P.
London, S W.

HIGH-FREQUENCY CURRENTS FOR INSOMNIA.

IN the papers and correspondence on the subject of Insomnia which have lately appeared in the JOURNAL, and especially those dealing with the treatment of this troublesome complaint, I note that no reference has been made to the very beneficial influence of high-frequency currents in producing sleep.

The value of high-frequency currents in the treatment of various functional and other diseases is, perhaps, not sufficiently recognized by the profession. Unfortunately, when this method of treatment was introduced several years ago, it was unwisely boomed. It was thought that these currents would be of service in all kinds of disease, and installations were introduced into hydropathic establishments and chemists' shops, where they were under the control of ignorant bath men and bath women, and shop assistants without any medical supervision. It was natural, therefore, that not only was no benefit derived by the patient when treated by those unskilled operators, but in many cases actual harm resulted. Consequently, the pendulum has swung the other way, and it is now common for many medical men to assert that high-frequency currents are of little or no use.

After years of experience and careful study by physicians who devote themselves specially to electrical treatment, it has now been determined in what forms of diseased and abnormal conditions high-frequency currents are found to give rise to good results. Among these varied conditions insomnia stands pre-eminent. We have no difficulty in producing sleep by the ordinary methods of drugs, but their results are not permanent; and they are frequently a source of danger to the *moral* of the patient. Further, while they promote sleep, they usually occasion unpleasant sensations on the day following the administration of the drug.

In happy contrast to the influence of medicinal treatment, the high-frequency currents, when administered carefully by a qualified medical man, induce a sleep that is pleasant in character and has no evil consequences. Further, not only is sleep produced, but the patient derives general benefit from the influence of high-frequency currents. There is a feeling of well-being and of exhilaration produced, which is permanent in character. From personal experience I may state that very few patients who have come under treatment on account of insomnia have not derived great benefit from the treatment. Sometimes the result is immediate, at other times a more prolonged course of treatment is required. I may add, however, that I find it necessary to administer a large amount of milliampèrage, reaching 700 to 800 m.a. This maximum is not attained at once, but, commencing with a small dose, one gradually increases the amount till the maximum is reached.

While undergoing this high-frequency treatment, not only is insomnia overcome and the patient placed in a better condition, which is easily recognized by himself, but from chemical analyses of the urine we have learnt that these currents produce an improved metabolism within

the human economy, and that a normal condition of bodily function is attained.

W. F. SOMERVILLE, M.D.,
Medical Electrician, Western Infirmary, Glasgow.

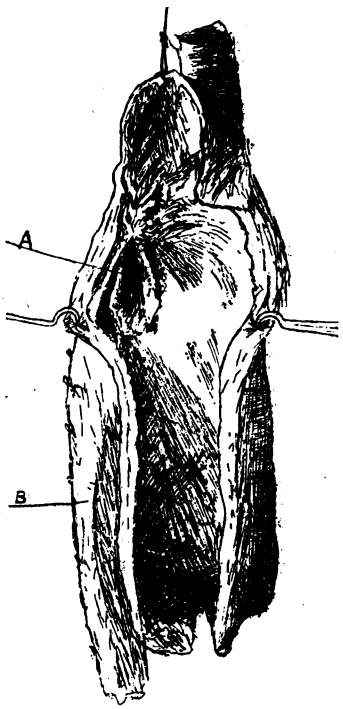
ULCERATION INTO AORTA DUE TO FOREIGN BODY IN OESOPHAGUS: FATAL HAEMORRHAGE.

ABOUT 10 a.m. on April 5th, 1908, I was called to see a boy of 8 years old who was vomiting blood and passing blood by the bowel. When I saw him he was sitting on his mother's knee. He looked extremely blanched, the lips were bloodless, and he complained of great thirst and pain in the epigastrium. Percussion and auscultation revealed no tenderness or anything abnormal in the thorax or abdomen. The temperature was 100°; pulse 146.

History.

Until the evening of April 3rd he was apparently perfectly well. At 7.30 p.m. on that date, while sitting in a chair, he commenced to vomit and brought up a small quantity of clear frothy fluid. He slept well that night, and got up apparently well the next morning. During the day he played about in the street, and his mother noticed nothing amiss, except that he did not take his food with his accustomed relish.

At about 7.30 p.m. on April 4th he expressed a wish to go to stool, but on the way he suddenly turned faint, and became very pallid. He was at once put to bed, and for the next few hours complained of great thirst. At 9 p.m. the bowels acted, and the motions were quite black. About 11.30 p.m. he vomited "more than a pint" of blood, the first that came being black, and the rest "bright red." The vomiting lasted a few minutes. After that he rested until 2 a.m. on April 5th, when he vomited two lumps of clotted blood, and had a slight action of the bowels, the stools in this instance being also black. At 6 a.m. he vomited a little "phlegm," but no blood. Four years ago, his mother told me, he swallowed a halfpenny, which had never been recovered.



Posterior view of trachea, aorta, and oesophagus, the latter laid open from behind. A is the pocket in which the coin was lodged. The clear spot indicates the aperture into the aorta. B, Aorta.

Condition on Admission.

During the forenoon of April 5th he was admitted into the Batley and District Hospital. His condition on admission was one of great prostration. Pallor was very marked. He complained of great thirst and a slight pain in the epigastrium. He had a short dry spasmodic cough. The temperature was 100° F., and the pulse, feeble and thready, was about 150, but difficult to count. An *x*-ray examination showed a round opaque body in the upper part of the thorax in the middle line.

The diagnosis arrived at was that the haemorrhage was due to ulceration into the aorta, and that the case was inoperable.

He was fairly comfortable until 9 p.m., when he suddenly collapsed, and died in a few minutes, the collapse in this instance being accompanied by oozing of bright-red blood from the mouth and nose.

Necropsy.

A *post-mortem* examination was made two days later, and the following facts noted. The whole skin was markedly pale, and there was no *post-mortem* staining. All the organs were healthy, but almost entirely bloodless, the heart and large arteries were nearly empty. The stomach and intestines were filled with dark blood.

The heart, aorta, trachea, and oesophagus were removed *en masse*, and a careful dissection made after hardening in formalin. A halfpenny was fixed transversely in the oesophagus. The neighbouring parts of the oesophagus, trachea, and aorta were matted together by fibrous tissue. The wall of the oesophagus at this part was about ¼ in. thick, and of almost cartilaginous consistence. The edges of the coin were securely lodged in two deep pockets in the oesophageal wall, and the edges of these pockets were drawn out into fringe-like projections (see drawing). At the bottom of the left pocket there was a small aperture not much bigger than a pin's head, with attenuated edges, communicating with the aorta, through which the fatal haemorrhage occurred.

The halfpenny was quite black. An attempt was made to polish it to find the date, but the figures 18— were all that could be deciphered.

With reference to the length of time the coin had lain in the oesophagus, the account of the mother was checked by that of the medical man who attended the patient at the time the coin was swallowed, and the period certainly fixed at about four years. During all that time the mother stated that the child complained of no inconvenience whatever.

THOMAS LOVETT, M.B., Ch.B.

A CASE OF ACUTE THYROIDITIS.

IN April, 1908, at Hong Kong, a male Chinese, about 25 years of age, was brought to me for treatment. He complained of general malaise, of some stiffness and soreness of the neck, and of dysphagia.

He did not appear to be very ill; the temperature was 99.5° F. There was considerable chronic congestion of the pharynx, and many small granulomata on the surface of the mucous membrane. I ordered an alum gargle and some diaphoretic mixture.

He returned in three days, in accordance with instructions. He stated that he felt much worse, found great difficulty in swallowing, and his throat had suddenly swollen. The considerable increase in the circumference of the neck which had taken place was found, on examination, to be due to a general symmetrical enlargement of the thyroid gland. The tumour thus formed was smooth and tense, it did not fluctuate, nor was it pulsatile; there was no pain on pressure, and it was not freely movable under the skin. The symptoms were almost entirely dysphagic, but he complained also of loss of appetite, and his temperature was 100.5° F. I ordered the swelling in the neck to be painted with iodine liniment thrice daily, and potassium iodide in half-drachm doses, combined with a little aromatic spirits of ammonia, three times a day.

In the course of three days the swelling had greatly diminished, and the dysphagia was much relieved. At the end of a week all swelling had disappeared and the patient was feeling a little weak, but otherwise well.

This case is remarkable from its rarity and also from the rapidity with which resolution took place under the influence of potassium iodide, especially in view of the recently reported cases in which the exhibition of this and other iodides in large doses has caused sudden enlargement of the thyroid gland. It is also of interest to note that I had known this patient for some three years, during about half of which time he was in personal attendance upon me, and therefore I am certain he did not possess a small chronic goître, such as sometimes gives rise to a sudden enlargement of the gland. I know also that he did not come from a goîtrous locality. The man, who was very intelligent, assured me that no similar case had occurred in his family, nor were any of them afflicted with chronic goître.

I would venture to suggest some temporary lesion of the vasomotor nerves which control the blood supply of the gland as the possible cause of such a sudden enlargement.

KENNETH H. JONES, M.B.,
Staff Surgeon, R.N.
Portsmouth.

THE TREATMENT OF GONORRHOEA BY IRRIGATIONS.

IN the BRITISH MEDICAL JOURNAL of February 27th, 1909, page 531, Mr. J. J. Moore writes "a plea for more active treatment of acute gonorrhoea." He has treated, he states, "19 cases of acute gonorrhoea within the last four years," and the treatment adopted in these cases was the "daily repeated irrigation (potass. permang. gr. 1 to 10 oz. of boiled water heated to 99° to 100° F.) of the anterior portion of the penile urethra without the administration of any specific internally." Mr. Moore, writing from Sierra Leone, states that this treatment in his hands "has been rewarded with invariable success, the discharge disappearing even in the severest cases within ten to seventeen days, and no complications have arisen in the whole series of cases treated by this method." In large British military hospitals in recent years the irrigation treatment of gonorrhoea has been extensively carried out, and, speaking from a personal experience at Woolwich of 1,203 in-patients so treated in the past four years on the general lines (by no means new) advocated by Mr. Moore, I must confess to a certain amount of surprise at the duration of the disease in the cases cited by him. Were they Europeans? I conclusively showed in an article on the treatment of gonorrhoea, in the *Journal of the Royal Army Medical Corps* of November, 1908, in dealing with acute purulent gonorrhoea, that although the discharge may temporarily stop it commonly returns, and that six to seven weeks is about the average duration of urethral discharge even under the most favourable auspices with in-patient hospital treatment. In some cases gleet persists for months. The prolonged nature of the discharge is corroborated by independent military records in England and in India for fifty years past. Finger, of Vienna, is also of opinion that urethral discharge in gonorrhoea lasts six weeks despite all forms of treatment. The evidence of the Advisory Board Reports on venereal disease in the army, 1904, 1905, and the further valuable testimony of Major Blenkinsop, R.A.M.C., in an official report dated Simla, August, 1908, who visited sixty-four military stations to test these matters, amply endorses the prolonged nature of urethral discharge in many cases.

When a medical student, some twenty years ago, I heard (but never saw) of cases of gonorrhoea cured in three days. I did once, however, later see a case in which the discharge stopped within this period. The patient was an officer under orders for active service, who being naturally anxious to get rapidly well, and contrary to advice, underwent treatment at the hands of a prescribing chemist. The discharge stopped in three days, as the result of orchitis, and he travelled with me to South Africa nursing two enlarged testicles. He was left at the base, and is presumably impotent for life. It is cases such as these where a rapid cure is reported to have been effected that not infrequently develop gonorrhoeal arthritis or systemic infections at a later date. I commonly see a urethral discharge stop within less than seventeen days, and as commonly see it return, and this is the general experience of the medical profession. Microscopic examination of the centrifugalized deposit in the urine will very soon demonstrate to the close observer that the case is not really cured, as the gonococcus in uncomplicated cases can be recovered up to six weeks or longer, and pus and epithelial cells for a longer period. If pus cells are present, relapse commonly occurs, although there may not have been any obvious urethral discharge for a period of fourteen days to one month, and marriage is contra-indicated. In cases of posterior urethritis and orchitis, however, the gonococcus can be recovered up to three months or longer from the urine, and the micro-organism lies latent and recrudesces; such cases might be described as ambulant gonorrhoea or gonorrhoea carriers, and in civil life the danger to women is very great. In the army such cases are kept in hospital, and at Woolwich under observation on discharge from hospital, with benefit to themselves and the civil population.

H. C. FRENCH,
Major R.A.M.C.
Royal Herbert Hospital, Woolwich.

A society for the prevention of venereal disease has been founded at Warsaw.

UNDER the will of the late Colonel Arthur Saltmarshe, of Sevenoaks, Kent, Guy's Hospital and the Gravesend Hospital each receives a legacy of £500.

Reports of Societies.

LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY.

Friday, April 2nd, 1909.

Dr. W. H. CHEETHAM in the Chair.

Compensation for Accidents.

IN a paper on this subject, Dr. T. CHURTON held that in a disputed case each of the medical witnesses should be required to state in writing the reasons for his opinion as to (*a*) the exact *site* of the lesion causing the symptoms; (*b*) its *nature*, considered as a distinct and separate problem; (*c*) its complete *causation*, with an estimate of the share taken therein by the injury, either directly or by its effects acting in their turn as causes. If, for example, one man asserted that there was in some defined part of the nervous system a chronic inflammation of traumatic origin, and another maintained that there was no inflammation but only (so-called) functional disorder, or no lesion of any kind, each should give his reasons in such a form that they could be submitted to a selected neurologist of judicial position and rank. In respect of the causation of accidents, he drew a distinction between essential, determining, and contributory causes. If in a mass of interdependent organs like the body a lesion produced by mechanical or other force gave rise to a succession of alternating effects and causes, the injury must be held responsible for all of them. As for the meaning of the word "accident," it was variously interpreted in their own interest by different contending parties, and the author doubted whether any condition or event which might be expected to occur in, and as a part of, the ordinary day's work, anything foreseen and certain to happen often or even occasionally, could properly be called an accident. Hence special terms and agreements should be made for hazardous occupations.

Bronchoscopy.

Dr. A. D. SHARP, in a paper on modern methods of examining the larynx, trachea, bronchi, and oesophagus, pointed out that unnecessarily strong solutions of cocaine were generally recommended, and that a perfect anaesthesia could be obtained by using a 5 per cent. spray for the pharynx, 10 per cent. application for the posterior surface of the epiglottis, and 10 to 15 per cent. for the trachea and bronchi. He attributed cases of temporary aphonia following bronchoscopy to faulty anaesthesia and indifferent manipulation. In order to get an extensive view within the trachea the distal end of the bronchoscope must be controlled so as to keep it in the centre of and parallel with the trachea, as there was a tendency for the end of the tube to direct itself against the anterior wall. Care must be exercised in withdrawing the tube as slowly as it was introduced, to prevent the end tilting against the trachea or against the cricoid and arytenoids.

MEDICAL SOCIETY OF LONDON.

Exhibition of Cases.

AT a clinical meeting on April 26th, Mr. C. B. LOCKWOOD, President, in the chair, the following were among the cases shown:—Dr. F. J. POYNTON and Dr. W. L. SCOTT: Three cases of *Recurrent familial jaundice* in which the predominance of anaemia was striking, and jaundice, though at times marked, occurred only in definite attacks. Mr. V. WARREN LOW: A case of *Congenital dislocation of the hip-joint* treated by manipulation in 1905, resulting in the child walking without a limp, and being able to run and skip. Mr. T. H. KELLOCK: A case of *Traumatic meningo-encephalocele* cured after lumbar puncture; slight pressure was also applied to the tumour. The child was now shown, more than two years after the treatment. Dr. F. PARKES WEBER: A case of symmetrical *Atrophy of hand muscles* with cervical ribs; skiagrams were exhibited showing cervical ribs in a younger brother and a sister of the patient without atrophy in the hand muscles. Dr. WILLIAM HILL demonstrated direct vision laryngoscopy on a female from whom a growth on one vocal cord had been recently removed by endoscopic surgery; also tracheoscopy on a female with laryngitis and tracheitis; tracheo-bronchoscopy on a

idle throughout the day; even at meals he was busy with a book or with his correspondence. So great was his eagerness for knowledge that when the opportunity of investigating human bodies was lacking he studied the lower animals, his observations on which he frequently communicated to his professional brethren.

Medical News.

A SPECIAL meeting of the Dermatological Section of the Royal Society of Medicine will be held at 20, Hanover Square, on May 20th, at 5 p.m., when Dr. Louis Wickham, of the Radium Institute, Paris, will give a lecture-demonstration on the therapeutics of radium.

THE annual general meeting of the Medical Defence Union, Limited, will be held at the Medical Library, University College, Bristol, on Thursday, May 27th, at 4.30 p.m., when the annual report will be presented and the usual statutory business carried out.

WE are asked by Captain Montgomery Smith, the Honorary Secretary, to state that the annual meeting of the Volunteer Medical Association will be held at 20, Hanover Square, on Wednesday, May 5th, at 4 p.m., for general business and the election of officers.

A SPECIAL meeting of the Irish Medical Schools' and Graduates' Association will be held at Harrogate on Saturday, May 22nd. Arrangements have been made with the Majestic Hotel to allow of members remaining until Monday to visit places of interest in the neighbourhood. Full particulars may be obtained from the Honorary Secretary, 30, Myddelton Square, E.C.

THE summer post-graduate session at the Hospital for Sick Children, Great Ormond Street, W.C., will commence on Thursday next, May 6th, when Dr. Batten will give a demonstration on cases of cerebral tumour in children. On May 13th Mr. Corner will deal with selected surgical cases. The lectures are at 4 p.m. on each Thursday, and are free to all qualified medical practitioners.

DR. LEONARD HILL, F.R.S., Lecturer on Physiology in the London Hospital Medical School, is one of the wise hard workers who rides a hobby, and to such good purpose that a collection of his paintings in oil and water colour form an interesting little one-man show which will be open until May 11th at the Corner Gallery, so called because it is in the house at the corner of Old Bond Street and Piccadilly. Dr. Hill belongs to the impressionist school, and the most striking quality of his work is an appreciation of colour values well shown in what is probably the best piece in the collection, a black cock retiring vanquished from combat. There are several other brilliant animal paintings and a number of near landscapes, most of which show a love of sunlight, particularly a finished sketch of a woodland garden with daffodils. Altogether the show leaves the impression that Dr. Hill might have made another career for himself had he so chosen.

THE tenth meeting of the Departmental Committee appointed by the Lord President of the Council to consider the working of the Midwives Act was held at the Privy Council Office on April 28th, Mr. Almeric W. FitzRoy, the Clerk of the Council, presiding. The following witnesses attended and gave evidence:—Miss K. Stephenson, Honorary Secretary of the Wiltshire County Nursing Association; Miss Lilian Trendell, certified midwife, lately Inspector of Midwives for the County Council, and County Superintendent of the County Nursing Association in Herefordshire; Mrs. Elizabeth Miles, certified midwife, Hertford; Miss Alice Gregory, certified midwife, Honorary Secretary and District Superintendent of the Home for Mothers and Babies and Training School for District Midwives, Woolwich, Vice-Chairman of the London County Council Midwives Act Committee; Mrs. Messenger, certified midwife, Matron of the St. Margaret's Nursing Home, 30, Surrey Square, S.E.

THE first report has recently been received of an undertaking of some interest—namely, an institution for the training of children who are not only blind but mentally too defective to be able to profit by the tuition afforded in ordinary schools for the blind. It was established by Miss Meiklejon a few years ago on the suggestion of Dr. Campbell, of the Royal Normal College, Upper Norwood, and last year was reorganized so as to be recognizable by the Board of Education as a registered special school. Its object is to endeavour to improve the mental condition of the children sufficiently to enable them to pass on to ordinary schools for the blind, and, failing this, to teach them to become decent and possibly useful members of an ordinary household. Children of both sexes are admitted, and the school is permitted to receive not only children sent by public education authorities but also private cases. There are vacancies now for blind and defective girls belonging to middle-class families, but the managers of the school are specially anxious to have placed in their charge quite young children, as they offer the best chance of success. Children from any part of the country can be received, as, though the title of the school is the Hastings and St. Leonards Special School for the Blind, the connexion is merely one of locality. As far as we are aware, this school stands by itself among such institutions, for, though the London County Council makes special provision for defective blind boys, there is no school which caters specially for blind and defective girls. By the regulations of the Board of Education its accounts have to be audited and published in a prescribed form, and the children must be instructed by a qualified teacher and housed in accordance with the regulations of the Board of Education, to whose inspection it is at all times open. These are points of interest, for it can never be made entirely self-supporting, and, in default of assistance from charitable sources, it may prove impossible to keep it open for long. It has its habitation at 48, Kenilworth Road, St. Leonards-on-Sea.

A QUARTERLY court of the directors of the Society for Relief of Widows and Orphans of Medical Men was held on April 14th, Dr. Blandford, President, in the chair. Eleven directors were present. It was reported that since the last meeting three members of the court had died—Mr. T. Laurence Read, Vice-President, and Dr. Eastes and Dr. Chas. Baker, directors. Votes of condolence with the families of these gentlemen were passed. Two medical men were duly elected members of the society. One of the annuitants, an orphan, had died. Her mother, up to the time of her death, had also been in receipt of grants. The father had paid in subscriptions £14 14s., and his widow and orphan had received from the funds of the society £960. Five letters asking for relief had been received from widows of medical men, but had to be refused, as their husbands were not members of the society. Membership is open to any registered medical practitioner who at the time of his election is resident within a twenty-mile radius of Charing Cross. The subscription is two guineas per annum, and relief is only granted to the widows and orphans of deceased members. Full particulars may be obtained from the Secretary at the offices of the society, 11, Chandos Street, Cavendish Square, W. The invested funds of the society now amount to over £100,000. Thursday, May 20th, was fixed for the annual general meeting, due notice of which will be posted to the members on May 1st.

THE second International Congress on Industrial Accidents will be held at Rome from May 23rd to 27th, under the patronage of the Italian Government. Its programme of work was indicated in the BRITISH MEDICAL JOURNAL of March 20th, p. 736. For the benefit of any readers who may wish to take part in the proceedings, it may be repeated here. The subjects to be dealt with are: (1) The organization of a medical and surgical service for the treatment and observation of the consequences of industrial accidents. (2) Forensic medicine in relation to industrial accidents, and the principles which should guide doctors who have to give expert evidence on the subject. (3) The diagnosis and prognosis of neuroses caused by industrial accidents. (4) The estimation of working capacity before and after the accident; this includes: (*a*) Methods of examination for that purpose; (*b*) the importance of the state of health before the accident (predisposition, previous illnesses, etc.); (*c*) anthropological and sociological factors (race, age, sex, criminality, etc.); (*d*) the influence of phases in the legal procedure, inquiries by magistrates, medical examinations, etc.). (5) The influence of the mode of compensation on the development of post-traumatic nervous affections. (6) Statistical observations from the medical point of view as to the consequences of the application of the compensation law. (7) Functional adaptation of injured limbs. Communications relative to the congress should be addressed to the general secretary, Via Borgognona 38, Rome; the subscription (Fr.20) should be sent to the treasurer, Professor A. Ascarelli, at the same address. Reports introductory to discussions should not exceed sixteen and papers should not exceed eight printed pages in length. The honorary presidents of the executive committee are Professor Baccelli, Deputy to the Italian Parliament, and Professor Durante, Senator of the Kingdom. A committee formed for the purpose is arranging a programme of festivities and excursions. Ladies belonging to the families of congressists are admitted to membership at a subscription of Fr.10.

other hand, Dr. Kempster, of Battersea, who, on behalf of the defendants, investigated the matter likewise in January, held that it had suffered from gastro-enteritis and that it was due to "a combination of circumstances," and not to boracic acid poisoning.

In dealing with the question of damages, Judge Harrington said that, though it was important that milk supplies should be pure, it was well recognized that boracic acid was commonly used for the preservation of milk, and in small quantities was not deleterious; nevertheless, it was expressly agreed in this case that the milk should be free from preservatives, boracic acid being specifically mentioned. The plaintiff could not recover damages for the great anxiety which had been caused him, but he was entitled to the expenses entailed upon him. The child, who appeared in the case as joint plaintiff with its father, was entitled to something for the pain and suffering endured; but suffering endured by a child could not be considered in the same way as that of a person of mature years. Moreover, it had now completely recovered, and Dr. Bentley did not ask for substantial damages. Hence a sum of £5 5s. would be held to meet the case, the judgement being for this sum, in addition to £5 16s. 6d. (the expenses entailed on the senior plaintiff) and costs on B scale.

BONDS NOT TO PRACTISE WITHIN AN AREA.

BETA writes that he is under a bond not to practise within two miles of "A.'s" surgery. He is now desirous of purchasing a partnership with "B.," whose surgery is nearly three miles from "A." Is he debarred from visiting patients living within two miles of "A.'s" surgery?

*** If our correspondent has signed a bond not to practise within two miles of "A.'s" surgery, how can he legitimately visit patients within that radius? Such a proceeding would be a violation of his engagement, and subject him to the usual penalties.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following M.B. candidates have been approved in the subjects indicated:

PRELIMINARY EXAMINATIONS: *Mathematics.*—Sir W. E. T. Avery, Bart., University; E. L. Collins, non-collegiate; D. M. Ely, Exeter; C. G. Fannin, Exeter; E. H. Kennard, Exeter; W. R. Scott, New.

Mechanics and Physics.—L. H. D. Acland, Magdalen; Sir W. E. T. Avery, Bart., University; W. G. V. Blogg, Keble; R. B. Bourdillon, Balliol; B. A. Bull, Jesus; C. R. Bury, Trinity; C. H. Carlton, St. John's; F. B. Chavasse, Balliol; W. T. Collier, Balliol; W. J. Hart, Queen's; E. F. A. Hay, Corpus Christi; J. W. Horan, Brasenose; J. A. Liddell, Balliol; J. M. D. Olmsted, Queen's; A. L. Parker, non-collegiate; N. M. Parsons, New; S. K. Ray, Exeter; G. T. Selby, New; R. G. W. Stark, non-collegiate; R. H. Sutch, Merton; A. E. Swinton, New; H. A. Tozer, Jesus.

Physics.—H. E. A. Boldero, Trinity: R. W. J. A. Cushing, Marcon's Hall; R. A. Fawcus, Oriel; L. Gameson, Queen's; F. C. Gladstone, Pembroke; J. J. S. Hill, Jesus; R. J. Inman, University; S. Jalland, Lincoln; E. R. Speyer, New; H. A. B. Whitelocke, Christ Church.

UNIVERSITY OF CAMBRIDGE.

C. L. BOULENGER, B.A., King's College, has been appointed Assistant to the Superintendent of the Museum of Zoology.

Application to occupy the University's Table in the Zoological Station at Naples should be made to Professor Langley before Thursday, May 20th.

Examination Results.

The following candidates have been approved at the examination indicated:

D.P.H. (*Parts I and II*).—J. H. Aikman, A. Bremner, H. J. Cates, H. S. Chate, T. A. Dowse, F. E. Field, J. F. Gaskell (Cai.), H. Gordon-Smith (Trin.), L. W. Hignett, W. Kirkby, W. J. Lambert-Down, S. F. Linton, C. H. W. McCullagh, L. MacLachlan, Margaret S. Maclean, S. M'Naughton, Bona S. Matthews, J. H. Maund, J. Mitchell, B. R. Naidu, G. E. Oates, A. B. Olsen, A. W. Reid, J. R. Robertson, C. Rolleston, P. L. Stallard, S. Subba Rao.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B. (*Anatomy and Physiology*).—H. el Arculli, F. Dallimore, T. B. Evans, H. V. Forster, Elsie C. Hanson, H. W. Jones, R. Kennon, R. H. Knowles, T. H. Martin, H. Neild, A. L. Oluwole, W. H. Parry, H. Pierce, J. P. Rafter, H. G. Roberts, A. Seddon, S. N. Wright.

Materia Medica.—G. S. A. Bishop, F. G. F. Browne, D. H. Clarke, P. Le F. Nortje, T. O. Williams.

FINAL M.B., CH.B. (*Part A*).—A. Adams, T. C. Clarke.

Part B.—J. A. Donnellan, A. A. Rees, S. P. Sykes, *S. V. Tinsley.

* Second class honours.

The Diploma in Public Health has been conferred on C. S. Brewer, H. M. Cargin, Katharine R. Drinkwater, B. T. J. Glover, C. O. Stallybrass, J. Teare.

The Diploma in Tropical Medicine has been conferred on R. G. Abercrombie, J. R. P. Allin, H. P. W. Barrow, P. Carr-White, W. S. Clark, R. Cope, W. D. Hayward, W. P. Meldrum, J. C. Murphy, M. G. Samuel, M. H. Thornely, W. S. Webb.

THE ROYAL UNIVERSITY OF IRELAND.

THE following candidates have been approved at the examinations indicated:

M.D.—D. Gillespie, W. R. Hayden, R. Johnston, W. I. Leighton, A. Leitch, R. McCarrison, J. H. Stewart.

M.B., B.CH., B.A.O. *Upper Pass.*—*E. Forbes, *P. Keelan, *A. Kidd, *J. M. O'Connor, B.A., T. Taylor, *V. Wiley, *J. M. Williams.

Pass.—*T. P. Carroll, J. A. Clarke, B.A., E. M. Condy, W. T. Henderson, W. F. Hooper, Caroline V. Lowe, S. W. McComb, J. P. Moore, H. Newman, *P. H. O'Connell, *J. J. O'Kelly, B.A., E. O'Reilly, R. H. Robinson, W. H. Sheffield, M. Shipsey, W. S. R. Steven, S. J. Watson, B. A. West.

* Qualified to sit for honours in one or more subjects of the examination.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved at the examinations indicated:

SURGERY.—*H. A. Hancock.

MEDICINE.—*†B. A. Keats.

FORENSIC MEDICINE.—B. A. Keats, S. H. Scott.

MIDWIFERY.—L. Ettinger, J. A. Koch, R. Lamort, B. W. Loewenberg, S. H. Scott, T. A. F. Tyrrell.

* Section I. † Section II.

UNIVERSITY OF DUBLIN.

THE following were among the degrees conferred at a meeting of the Senate on April 22nd:

M.D.—G. B. M'Hutchison, G. S. Thacker.

M.B., CH.B., B.A.O.—A. K. Cosgrave, D. Drew, R. D. FitzGerald, H. R Kenny, A. H. Laird, W. D. Mitchell, G. H. L. M'Carthy, G. B. M'Hutchison, D. M. Moffatt, H. H. Ormsby, E. H. Sheehan, A. J. Stals.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST EXAMINATION.—S. Wright, C. A. Slaughter, J. H. Appoo, H. A. Topalia, J. Muller, W. Lessey, B. F. Limji, J. G. Lessey, H. G. Anderson, V. D. Nimbkar, S. A. Anthoni, R. B. Galt, E. I. Parry, and W. Bird.

SECOND EXAMINATION.—R. H. Thomson, S. D. Large, A. E. MacKenzie, F. R. Lucas, J. R. Smith, A. Butterfield, O. W. Bateman, W. F. Gibb, T. R. C. Melrose, F. D. Johnson, K. Nath, V. T. W. Eagles, J. A. Frost, J. Ross, E. P. Ghose, H. Buksh, P. C. Banerjee, and W. W. W. Watt.

THIRD EXAMINATION.—J. Muller, C. G. Timms, R. M. McC. Wilson, B. G. Shiroadkar, C. L. Ievers, R. Parry, J. K. Sharma.

FINAL EXAMINATION.—J. R. Le Teuzel, C. L. Stewart, H. L. Batra, B. Nath, C. W. Gee, T. Mohan, H. W. Garcelon, W. R. Waddell, C. E. Watts, F. R. Watson, S. W. Hogg, J. McKelvey, H. H. Jackson, A. McMurray, A. E. Herat, W. Whitfield, R. G. Sherlock, J. McTurk, A. J. Brown, J. M. Mehta, J. M. Mody, T. C. Shand, R. H. Gray, K. N. Khory, M. L. Burke, T. J. George, J. E. Spencer.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

SECOND PROFESSIONAL.—J. C. Attridge, J. Barrett, W. R. Beeston, U. L. Bourke, F. C. Fisher, J. Good, A. F. C. Hogg, B. Malaher, F. P. MacDermott, B. Murphy, L. J. O'Donovan, C. Petit, P. O'C. White, G. Wilson, G. Young.

Obituary.

THE LATE MR. SIMEON SNELL.—From the list of persons representing the British Medical Association at the funeral of the late President the name of Mr. Smith Whitaker, Medical Secretary, was accidentally omitted.

THE International Milk Trade Congress will hold its fourth meeting, under the patronage of His Royal Highness the Grand Duke Joseph, at Buda-Pesth in June next (6th to 11th). The questions to be discussed are divided into three groups—legislative and administrative, hygienic and veterinary, and industrial. About 600 persons have already intimated their intention to take part in the congress, and some sixty communications are in the hands of the secretary.