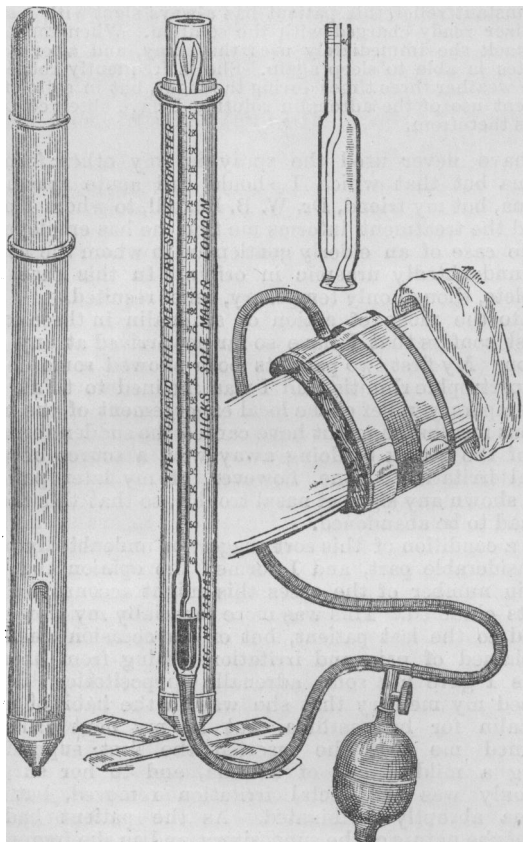


A NEW FORM OF MERCURY SPHYGMOMETER.

By LEONARD HILL, M.B., F.R.S.

LECTURER ON PHYSIOLOGY, LONDON HOSPITAL MEDICAL SCHOOL.

WHILE engaged recently in an investigation of the equality or difference of pressure in the arm and leg arteries—an investigation which showed a marked difference in all cases of aortic regurgitation—I contrived a new and convenient form of mercury sphygmometer. This mercury manometer consists of a single tube, the lower end of which is sealed into a small reservoir, and opens near the bottom of this, as is shown in the enlarged figure of this



part of the instrument. The armlet tube is attached to the end of the glass tube, which is also sealed into the reservoir, and opens into the upper part by a capillary opening. A small quantity of mercury is introduced into the reservoir. When the pressure is increased air is forced into the reservoir, and the mercury is driven up the manometer, and registers the pressure on a scale in millimetres of mercury. The slight fall of the mercury in the reservoir is taken count of in the graduation of the scale.

When in use the manometer is fastened to the wooden thermometer case in which it is carried by a rubber ring, and a simple little brass foot is screwed on the end of the case, and supports it in the vertical position. The brass foot folds up, and goes into the case beside the manometer.

The advantages of the instrument are:

1. A single tube; this halves the errors of reading the ordinary double-tube manometer.
2. Owing to the capillary opening, the mercury does not spill. No rubber caps are required to close the manometer, and it can be carried in its case in any position.
3. Portability. No box is required; the wooden case, armlet, and bulb can be thrown into a handbag, and thus carried conveniently.

Mr. Hicks, of 8, Hatton Garden, made the instrument for me.

REFERENCE.
1 *Heart*, No. 1, 1909.

THE Society of Laundry Engineers is arranging to hold an exhibition at the Royal Agricultural Hall, London, in April next, to illustrate the advances made in laundry machinery, and in the equipment of public baths and similar institutions.

Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

CARCINOMA IN THE MALE BREAST.

ON March 29th, 1906, a labourer, aged 57, consulted me as to a tumour, about the size of a marble, in the left breast. He complained of no pain, and the tumour caused him no discomfort, but, as he was then under treatment for a broken arm, and for that reason incapacitated from work, I removed the tumour under a local anaesthetic. It appeared to be an ordinary fibro-adenoma; no glands were to be felt. No microscopical examination was made, and I confess that the possibility of the growth being malignant never crossed my mind. In October, 1909, three and a half years or so after the operation, he consulted me again about the same breast. I found another tumour, about the size of a pigeon's egg. The skin over it was red, oedematous, acutely tender, and adherent. The patient attributed this to friction from his clothes, and under hot fomentations the redness and oedema rapidly disappeared. In the axilla one movable tender gland could be felt. The history was that for the first six months or so after the operation all went well, but he then noticed that the lump was recurring. He, however, continued his work for two and a half years, and it was not until the breast had become acutely painful that he consulted me again. During these intervening years he says he lost about 2 st. in weight, but only latterly had he felt really unfit for work. He was a big, powerful man, and there was not much obvious wasting. Bearing in mind the fact that the tumour had recurred, that it was adherent to the skin and immobile, that one gland could be felt in the axilla, and that the patient said he had lost 2 st. in weight, my suspicions were aroused that the tumour might be malignant. On the other hand, the rarity of carcinoma in the male breast, the length of time—two and a half years—that the tumour had been growing, its comparative smallness, and the fact that all the symptoms, with the possible exception of the loss of weight, might be due to an inflamed fibro-adenoma or other innocent growth, made the diagnosis, in my opinion, indefinite. I removed the tumour widely, and all its surroundings, but, in view of its doubtful nature, did not feel justified in doing more. The Clinical Research Association reported as follows:

This tumour is a carcinoma composed of epithelial masses in a fibrous stroma. Its general character is that of a scirrhus. It infiltrates all adjacent tissues, but does not actually invade the underlying muscle.

The wound soon healed, and I advised the patient to submit to what I trust will be the last operation, when both pectorals were removed and part of the serratus and rectus muscles, the supraclavicular fossa was explored, but no glands could be found, and the axilla (where was a large mass of glands) was cleared out. The report on specimens of the breast and gland was as follows:

Small Pieces.—Two hard fibrous masses connected by loose tissue. Sections cut of both pieces, and both show dense fibrous tissue with numerous collections of small round inflammatory cells. Also many connective tissue cells containing blood pigment. No new growth is to be seen.

Gland.—This shows typical carcinoma. The cells are contained in well-marked alveoli, and are spheroidal for the most part.

Caton, Lancaster.

F. M. BINGHAM, M.R.C.S., L.R.C.P.

TICK FEVER IN NYASALAND.

REFERRING to a memorandum by Dr. Hearsey on Tick Fever in Nyasaland (October 2nd, 1909, p. 986), I think it well to record its prevalence in the neighbouring district of North-Eastern Rhodesia.

In this small hospital, out of 120 in-patients for one year there were 35 cases of tick fever microscopically diagnosed. Many of these came from travelling caravans from all the surrounding districts. There were three fatal cases, one on the day of admission, which was the third day of the fever; one on the first day of the illness, without rise of temperature, though spirochaetes were very numerous and even in tangles; and one on the fourth day of fever in spite of all treatment.

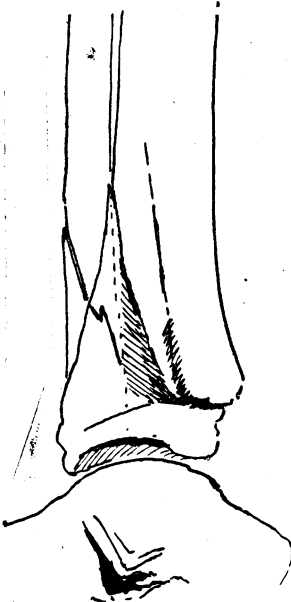
There were no cases of so-called Tanganyika blindness, to which Dr. Hearsey refers, but one case became totally deaf during a relapse and has not recovered. In the only case occurring during pregnancy abortion took place. Otherwise the symptoms were much as have been described already by others.

JAMES A. CHISHOLM, D.T.M. Liverpool.
Mwenzu Mission Hospital, Fife, N.E. Rhodesia.

FRACTURE OF TIBIA AND FIBULA BY DIRECT VIOLENCE.

THE following case—a fracture of the tibia and fibula—occurred in a young soldier as the result of direct violence through coming down flat on the foot while at physical training (voluntary exercise).

W. G. B., recruit, aged 17, was admitted on the evening of October 4th, 1909, with a history of having come down awkwardly on his feet while doing voluntary gymnastics, and having "sprained" the right ankle. The swelling was very great, and it was impossible to make out any fracture by manipulation. A skiagram was taken at once, but nothing very definite could be made out. Hot foot-baths and lead lotion was used locally. On October 8th another skiagram was taken, from which the accompanying diagram has been made. It showed that the epiphysis and a wedge-shaped piece of the tibia had been separated from the foremost part, and that there was a diagonal fracture of the fibula in the same direction. The force was evidently communicated direct through the astragalus to the posterior part of the articular surface of the tibia. With Croft's splint, massage, hot baths to the foot, and passive movement, a perfect result was obtained.



Tracing taken from skiagram plate.

As the accident seems to be somewhat peculiar, and the ill effect of landing flat on the foot while doing gymnastic exercises is well illustrated, I think the case worthy of publication.

D. McNABB,
Fleet Surgeon, R.N.
Royal Marine Infirmary, Deal.

LONG INCUBATION IN BERI-BERI.

In July last I was asked to see a Chinese labourer on a banana plantation in Fiji. On examination I found the knee-jerks absent, ataxic gait, muscular pain on movement of the legs, firm oedema round the ankles, hyperaesthesia of the calves, slight ankle drop; there was no anaesthesia; the arms were weak but not ataxic, and there was no tremor. The eyes were normal. There was no bladder trouble, and the urine, though slightly diminished in quantity and of high colour, contained no abnormal constituent and was of normal specific gravity. The heart was slightly dilated and the first sound was rather prolonged, but there was no definite murmur. There was epigastric, suprasternal, and carotid pulsation. The lungs were normal.

He had been two months in Fiji, and his trouble began three weeks before I saw him, with weakness of the legs. His voyage from China took one month. He had never suffered similarly before, but in Canton, where he had been previously working, many of his fellow labourers had similarly suffered. While he was in China he was in the habit of drinking the water in which the rice was boiled, but had not done so in Fiji.

Assuming as I did that this was a case of beri-beri, a disease which is not endemic in Fiji, and of which there were no other cases, the incubation period must have

been at least two months. He was under my care for one month, during which he improved slowly but steadily; but unfortunately his employers—also Chinese—against my advice sent him back to Canton as useless.

PAUL J. VERRALL, M.B., B.C. Cantab.
Late Medical Officer, Fiji Islands.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

CHRISTCHURCH HOSPITAL, NEW ZEALAND.

RUPTURED GASTRIC ULCER IN A WOMAN AGED 64.

(By P. CLENNELL FENWICK, F.R.C.S.E., F.R.G.S., Honorary Surgeon to the Hospital.)

M. C., aged 64 years, was admitted on November 19th, 1909. She had suffered from indigestion for several years, but had been in good health for some months previous to this attack.

On November 17th she was seized with a sudden pain in the "pit of the stomach," shooting into the chest and throat. She passed a black motion a few hours later, and vomited three times during the next twenty-four hours. No blood was seen in the motion or vomit.

On admission she was collapsed, the pulse being 102, very thin and thready, temperature 97°, face pale and clammy, expression anxious.

The abdomen was much distended, resonant in front, dull in the flanks; the resonance in the flanks altered on change of position. Great pain was complained of in both flanks, and on pressure on the epigastrium. Dr. Westenra, my colleague, saw the case in consultation with me, and we agreed that there was a perforation of the stomach, and advised immediate operation.

The patient was very stout, and about 2½ in. of fat had to be cut through before reaching the peritoneum. On incising the latter, a gush of foul-smelling liquid escaped. The liver was very large, reaching to the umbilicus, and was covered with thick adherent flakes of lymph. The incision was extended downwards, and the edge of the liver lifted, exposing the stomach, in the anterior wall of which was a perforation the size of a threepenny piece. The peritoneum was curiously oedematous, and hung in folds. All the intestines were covered with adherent flakes of lymph. The perforation was closed with three silk sutures, and a fold of peritoneum was stitched over the stomach wound. Three tubes were inserted into the abdominal wound, one pointing down to the perforation, one upwards in front of the liver, towards the diaphragm, and the third passed down into the right renal fossa. A fourth tube was placed in Douglas's pouch through a suprapubic incision. A great quantity of foul liquid was removed. Saline was given by the vein, as the patient was collapsed.

For the next four days the patient was given nutrient enemata and a few ounces of albumen water by the mouth. She complained greatly of faintness. The bowels moved daily, I supposed by the action of the nutrient. No vomiting occurred, and the pain was not severe.

The tubes were removed on the ninth day after operation, and the patient appeared well over the worst. There was a constant discharge of black liquid through the tubes. The amount of fluid by the mouth was increased daily, as the nutrient enemata caused irritation.

On December 5th, fifteen days after operation, the patient died suddenly in her sleep. Dr. Crooke made a *post-mortem* examination, and found the whole peritoneal cavity the seat of intense peritonitis; the stomach was watertight and the perforation wound healed.

I think this case unusual with regard to the age of the patient, and the great improvement which occurred after operation, despite the continued peritoneal inflammation. There was no intestinal paralysis or vomiting, and death was due apparently to heart failure.

been done during the last three years in England. A paper was, in fact, published in the *BRITISH MEDICAL JOURNAL* just two years ago, in which the results obtained up to that time in our study of the movements of the human alimentary canal by the *x* rays and other methods were fully described.

In all our observations, including a few in which hourly examinations were made throughout the day, we have invariably found that the faeces move very slowly along the colon at an almost uniform speed, except during meals, when the advance is considerably more rapid. We have never observed anything like the sudden forward movements described by Holzkecht, except in a case of obstruction due to cancer of the pelvic colon, where an exactly similar phenomenon was seen to occur with each spasm of pain.

In the diagrams, with which Holzkecht's original paper is illustrated, the ascending colon and descending colon are represented as being visible, but the transverse colon invisible, after the occurrence of the sudden peristaltic wave. But such an appearance is quite abnormal, a continuous shadow of the colon being almost always present, the only change from hour to hour being the gradual appearance of more and more of the peripheral part of the colon. Only after defaecation has occurred is the shadow occasionally separated into two parts, a faint caecal shadow being then sometimes visible simultaneously with a faint shadow in the neighbourhood of the splenic flexure. Holzkecht has only seen the movement in two out of a thousand individuals, yet he actually describes it as the "normal peristalsis of the colon." This corresponds to his equally unjustifiable assumption that the form of stomach which he considers is the one best adapted to perform its duties is alone normal, although he admits that it is very rarely seen in healthy individuals—a statement which our observations and those of many others entirely confirm.—I am, etc.,

London, W., Feb. 14th.

ARTHUR F. HERTZ.

The Services.

ROYAL NAVY MEDICAL SERVICE.

EXAMINATION FOR COMMISSIONS.

FIFTEEN commissions will be granted at the next examination of candidates for the Royal Navy Medical Services, which will be held at the Examination Hall, Thames Embankment, on May 2nd and the following days. The regulations for entry and the form to be filled up by candidates can be obtained on application to the Medical Director-General, Admiralty, 18, Victoria Street, S.W.

R.A.M.C. (TERRITORIAL).

FIRST WESTERN GENERAL HOSPITAL: WEST LANCASHIRE DIVISION.

THE annual dinner and concert of the personnel of the General Hospital took place in Liverpool on Thursday, February 10th, Lieutenant-Colonel Nathan Raw, M.D., Officer Commanding, in the chair. There were present: Colonel Richard Caton, Colonel Damer Harrison, Lieutenant-Colonels Rushton Parker and T. R. Glynn, Major Burns Gemmell (Registrar), Mr. Naldrett (Quartermaster), Lieutenant-Colonel Knowles, Officer Commanding 1st Field Ambulance, Lieutenant-Colonel Dawson, Officer Commanding 2nd Field Ambulance, Lieutenant-Colonel Jackson, Officer Commanding 3rd Field Ambulance, Major Barrow, R.A.M.C., Major Smart, Captain Evans, Major Stevenson, and many other officers in addition. Miss Glover, the principal matron, Miss Purves and Miss Oates (matrons), together with 81 sisters and nurses attached to the hospital, were present, the total company present being 176. After loyal toasts had been proposed, the Commanding Officer reported that the hospital was recruited in all departments up to full strength—namely, 31 physicians and surgeons, 120 nurses, and 47 non-commissioned officers and men.

The fact of so many nurses being present in uniform gave a great charm and grace to the proceedings, and it is worthy of note that it is the first occasion in which hospital nurses have taken part in an official military function in Liverpool.

PAY IN CAMP.

DR. REGINALD SLEMAN, Lieutenant-Colonel, R.A.M.C. (T) (London), writes: With reference to the statement contained on page 299 of the *JOURNAL* of January 29th, I should like to point out that the pay and allowances of a Major, R.A.M.C. (T.), are governed by the special Army Order, "Scheme for the Transfer," of March 18th, 1908, page 51. There is no increased rate or allowance after three years' service as Major. The rates given in the Royal Warrant for Pay and Promotion are for regulars, and would only apply to the Territorial Force on mobilization.

Universities and Colleges.

UNIVERSITY OF OXFORD.

NOTICE has been given that an examination for the diploma in Ophthalmology will commence on Tuesday, July 19th. Information concerning it can be obtained on application to the Assistant Registrar, University Registry, Old Clarendon Building.

The Faculty of Medicine.

The following have been elected to the Board of the Faculty of Medicine: J. R. Magrath, D.D., Provost of Queen's College; F. A. Dixey, D.M., Fellow of Wadham College; A. L. Ormerod, D.M., New College; A. P. Dodds Parker, B.M., Magdalen College; W. Bruce Clarke, B.M., Pembroke College.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on January 26th.

Board of the Faculty of Medicine.

It was resolved that the following scheme for the constitution of a Board of the Faculty of Medicine be approved:

I. The Board shall consist of:

- (a) The Dean of the Faculty, who shall be *ex officio* Chairman of the Board.
- (b) The Secretary of the Faculty, being a member of the Faculty.
- (c) All members of the Faculty who are also members of the Senate.
- (d) The Chairman, being a member of the Faculty, of the Board of Studies, in each of the following subjects: Preliminary medical studies, intermediate medical studies, advanced medical studies, dentistry, pharmacy (when constituted), hygiene and public health, physiology and experimental psychology, human anatomy and morphology.
- (e) Representatives, to the number indicated in each, of the following Boards of Studies, to be appointed from the members of the Faculty by the Faculty on the nomination of the appropriate board: Preliminary medical studies, 2; intermediate medical studies, 2; advanced medical studies, 4.
- (f) Any other member or members of the Faculty (not exceeding six in all) whom the Faculty may appoint, in each case after nomination by at least two members of the Faculty.

II. The Board shall be appointed annually by the Faculty as soon as possible after receiving the reports of the Board of Studies made at their first meeting in each year.

III. No quorum shall be required for a meeting of the Board.

IV. The Board may appoint an honorary secretary.

V. The Board shall report to the Faculty.

Personnel of the Senate.

In accordance with the terms of the statutes made by the King's College, London (Transfer) Commissioners, Dr. Thomas Buzzard, F.R.C.P., has been co-opted to be the representative of the college on the Senate for the remainder of the period 1907-11.

Appointment of Representatives.

Professor H. R. Kenwood has been appointed, in respect of University College, the representative of the university at the Royal Sanitary Institute Congress at Brighton in September, 1910, and at the International Congress on School Hygiene at Paris in August, 1910. Professor W. J. R. Simpson, C.M.G., has also been appointed a representative of the university at the Royal Sanitary Institute Congress.

Chadwick Lecturers.

Dr. E. C. Seaton and Mr. W. H. Maxwell, A.M.I.C.E., have been appointed Chadwick Lecturers in Hygiene and Municipal Engineering for the session 1909-10.

THE UNIVERSITY LIBRARY.

The library at the Central Building of the University of London, South Kensington, S.W., contains 86,500 volumes and pamphlets. The nucleus of the general library was the library of the old University of London, which had been gradually accumulating since about 1839; it was transferred at the reconstitution of the University in 1900 from Burlington Gardens to South Kensington. It includes the very valuable special collections of Augustus de Morgan, George Grote, Shaw-Lefevre, and others as well as a large number of standard books of reference on various subjects. It is especially strong in mathematics, Greek and Latin classics, physiology and history, and includes important sets such as the *Calendars of State Papers*, *Chronicles and Memorials of Great Britain and Ireland*, *Scottish and Irish Records*, *Historical Manuscripts Commission*, *English Historical Review*, *Corpus Scriptorum Historiae Byzantinae*, *Documents inédits sur l'histoire de France*, and the publications of the *Royal Historical Society*, *Early English Text Society*, *Hakluyt Society*, *Royal Geographical Society*, and a number of valuable philosophical journals and other periodical publications. The Goldsmiths' Library of Economic Literature is intended to serve as a basis for the study of the industrial, commercial and

financial history of the United Kingdom, as well as the development of economic science generally. It is admittedly the finest economic library in the world. The Physiological Laboratory Department Library is a collection of recently published reference books and periodicals on physiology, especially in connexion with the Physiological Laboratory of the University. In view of the many large public and semi-public libraries in London, the Senate wisely decided that the University library should be developed more particularly in the direction of certain subjects which were considered to require further representation, and to the needs of post-graduate students in particular. The subjects in which the University library proposes to specialize are economics and ancillary branches of study, history, bibliography, education, and physiology. It will provide students with the fullest direction and instruction as to what books exist and where they can be found, and in this connexion it has been determined to establish a central catalogue of the books in the various libraries belonging to, and connected with, the University. Since the opening of the library in 1906, considerable advance has been made towards its reorganization, and a steady increase has been made in the number of persons availing themselves of its facilities, both as a reference library where they can read, and as a lending library from which they can borrow books for home study. To house the books adequately, and to provide suitable accommodation in the way of reading rooms, the University has, during the past few years, spent a considerable sum of money, and many munificent benefactions have been received from the Worshipful Company of Goldsmiths. This, of course, leaves little for the purchase of books, or for the upkeep of sets of periodicals; the Library Committee estimate that the minimum requirements are a sum of £250 per annum for the Economic Library, and a sum of £170 per annum for the General Library, in addition to the present annual grant of £180. The University is providing these sums for the current year, but the provision which the University is at present able to make for its library is insufficient if new books are to be added which can be borrowed by those resident in the provinces where the supply of the literature they require is difficult to obtain. In the present straitened financial circumstances of the University the Senate is not in a position to carry out the scheme, and the Library Committee therefore appeal to Members of Convocation to subscribe or to make a small donation towards the upkeep of the University library. Even small sums would materially help towards this end. The General Library is open gratuitously to members of the Senate, members of Convocation, examiners, teachers, graduates and undergraduates of the University; also to persons specially recommended. A large number of books can be borrowed for home use on making personal application or by letter; this privilege is largely confined to members of Convocation and persons nominated by them.

UNIVERSITY COLLEGE.

Proposed New Chemical Laboratories.

An appeal signed by Sir Henry Roscoe, chairman of a special committee, has been issued for a sum of £70,000 to erect new chemical laboratories at University College, London. The existing laboratories were built under the direction of the late Professor Williamson in 1871, but, owing to the increase in the number of students, and in the complexity of the subject itself, these buildings have now become entirely inadequate. In Gower Place, on the north side of the present buildings of the college, a site has been found, with a frontage of about 316 ft., and an average depth of 66 ft., which is considered to be suitable in every way for the erection of chemical laboratories. Sir William Ramsay, the university professor of general and inorganic chemistry, has recently completed twenty-one years' work at the college, and it is the wish of friends and old students to see his desire for adequate and well-equipped laboratories realized as soon as possible. Subscriptions or donations, which may be paid in instalments, may be sent to the chairman or the treasurer of the new Chemical Laboratories Fund, University College, London.

ABERDEEN UNIVERSITY.

Honorary Degrees.

At a meeting of the Senatus of Aberdeen University, held on February 9th, it was resolved to confer the degree of Doctor of Laws on the following:

Hans Driesch, Ph.D., Heidelberg.
Sir John George Fraser, Member of the Legislative Council of the Orange River Colony, Bloemfontein.
James Mackenzie, M.D., London.
James Niven, M.A., M.B., Medical Officer of Health, Manchester.
Alexander Ogston, M.D., C.M., Emeritus Professor of Surgery in the University of Aberdeen.
Hon. Sir Thomas Gordon Walker, K.C.I.E., C.S.I., Acting Lieutenant-Governor of the Punjab.
William John Watson, M.A., Rector of the Royal High School, Edinburgh.

These degrees will be conferred at the spring graduation ceremony, which takes place early in April.

UNIVERSITY OF GLASGOW.

The John Reid Prize.

THE John Reid Prize, competition for which is open to senior medical students and qualified medical men of not more than two years' standing who are still attached as students to one of

the medical schools, has been awarded to Mr. John Cruickshank, M.B., Ch.B., of the Pathology Department of Glasgow University. The prize, of the annual value of £25, is for the best original research work conducted in a Glasgow laboratory. Mr. Cruickshank's thesis was entitled, *The Histological Appearances occurring in Organs undergoing Autolysis*. The prize, which may be awarded for one, two, or three years, has been granted to Mr. Cruickshank for two years, but a prize will be offered next year as usual in addition.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on February 10th, Mr. Butlin, President, in the chair.

Diplomas.

Diplomas of Membership were granted to 59 candidates found qualified at the recent examination. Diplomas of the Licence in Dental Surgery were issued to two candidates, and in Public Health to twelve candidates.

Committee on Anaesthetics.

The Council approved the report of the Committee on Anaesthetics, which recommended the adoption of the conclusions of the General Medical Council, with the exception of the last five words in Clause 5. The clause in question runs thus:

5. That having regard to existing conditions it is also desirable in the public interest that duly qualified dental practitioners should be authorised to administer certain specified anaesthetics, such as nitrous oxide gas, for the purpose of inducing unconsciousness or insensibility to pain during dental operations, or procedures.

The reason for recommending the omission of the last five words was that, having regard to the fact that the services of a medical practitioner with special experience in the administration of anaesthetics, and equipped with the necessary appliances, are often not available, the Committee believed that it is not to the advantage of the public, or of the medical profession, that dentists should be debarred from administering nitrous oxide gas, and the other anaesthetics to be specified as employable by them, for operations performed by duly qualified medical practitioners. The Committee further recommended the Council to inform the Lord President of the Privy Council that they concur with the conclusions of the General Medical Council with the omission of the last five words of Clause 5.

Court of Examiners.

Mr. Bilton Pollard was re-elected a member of the Court, and was elected a member of the Board of Examiners in Dental Surgery, in the vacancy occasioned by the retirement of Mr. Bernard Pitts.

Central Midwives Board.

Mr. C. H. Golding-Bird was re-elected as representative of the College on the above Board.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen, having been approved at the final examination in medicine, surgery, and midwifery of the Examining Board in England, have had the diplomas L.R.C.P. and M.R.C.S. conferred upon them by the Royal College of Physicians of London and the Royal College of Surgeons of England respectively:

F. S. Adams, F. C. Alton, W. B. G. Angus, C. H. F. Atkinson, A. D. E. Bayliss, H. W. Catto, I. G. Cobb, R. Cock, R. F. P. Cory, F. J. Craddock, A. K. Dalal, J. P. H. Davies, A. Dewar, F. H. Diggle, R. B. Edwards, E. L. Elliott, G. J. French, R. F. Guevara, G. Gushue Taylor, C. Hall, P. K. Hill, G. Hoffmann, J. S. Jobson, N. T. K. Jordan, T. J. Killard-Leavey, S. H. Kingston, J. M. Land, J. A. R. Lee, T. Legge, J. Macoun, E. MacEwan, A. C. Magerey, R. T. Martin, M. C. Mason, J. H. Meers, S. F. Moore, C. W. Morris, J. F. O'Malley, W. L. Pink, B. A. Playne, E. E. A. T. Rigg, A. L. Robinson, A. C. H. Rothera, B. C. Roy, B. S. Simmonds, E. G. Stanley, E. L. Sturdee, F. S. Tamplin, L. H. Taylor, G. O. Teichmann, K. S. Thakur, A. H. L. Thomas, W. P. Tindal-Atkinson, J. M. Todesco, V. T. P. Webster, C. Weller, C. U. Whitney, J. P. Williams, J. W. Williams, N. S. Williams.
* M.R.C.S. only.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST PROFESSIONAL.—S. Brown, J. C. Cunningham, D. Hearne, J. J. Keyms, D. C. Kelleher, O. J. M. Kerrigan, E. C. Loughrey, F. P. B. McTavish, P. J. Murphy, J. C. Reynolds.
SECOND PROFESSIONAL.—H. J. Burke, T. Dillon, F. E. Fitzmaurice, J. P. Fitzpatrick, R. M. Gordon, R. J. Hennessey, J. M. Horan, W. J. Moloney, M. J. McCormack, H. E. O'Brien, A. A. O'Connor, A. J. Patterson.
THIRD PROFESSIONAL.—P. V. Crowe, J. B. Barry, H. E. Clarke, J. Fitzgerald, H. D. Gasteen, M. Garry, N. T. Kelly, D. McDevitt, C. McCormack, C. McDonnell, W. Mulcahy, J. Nally, T. N. Neale, T. J. Nunan, J. K. O'Byrne, W. O'Brien, C. H. Oliver, F. Phelan, C. Roche, H. K. Sparrow, V. White, V. Wallace, F. Webster, P. I. Wigoder.
FINAL.—P. N. Allman, A. E. Browne, R. J. Barlee, F. J. Colgan, J. C. L. Day, T. Duncan, J. F. Gibbons, S. W. Hudson, F. R. Jones, J. H. O. Martin, T. Murray, A. F. Nash, W. P. H. Parker, P. M. J. Power, W. F. Russell, M. J. Saunders, R. H. F. Taaffe, T. J. Williams.
* With Honours.

Medical News.

WE are asked to state that Dr. Hugh Ker and Dr. Crosse, of Balham, have resigned their appointments as chief medical officers to the South-West London Tradesmen's Provident Society.

DR. JAMES J. THOMSON, Edinburgh, who graduated with first-class honours, gained the Beane Prize, and acted in the Royal Infirmary as assistant to Professor Greenfield, has been appointed superintendent of the Tuberculosis Institution at Tranquille, Victoria, British Columbia.

THE Mary Kingsley Medal of the Liverpool School of Tropical Medicine, which is presented from time to time to some person distinguished in research in tropical medicine and allied subjects, has been awarded to Professor G. H. F. Nuttall, F.R.S., Quick Professor of Biology in the University of Cambridge.

A LECTURE on the aesthetics of anaesthetics will be delivered in the clinical theatre of the London Hospital by Dr. Frederic W. Hewitt, M.V.O., consulting anaesthetist to the hospital, on Friday next, at 2 p.m. The lecture is free to students of the University of London, and to medical men on presentation of their cards.

THE Local Government Board has issued circulars to clerks to parish councils and chairmen of parish meetings for the election of parish councillors, calling attention to the fact that the term of office of parish councillors being three years, the existing councillors will go out of office on April 15th next. Directions are giving for the due holding of parish meetings for the election of councillors.

THE lectures at the Royal College of Surgeons of England for the year 1910 began on Monday last, when Professor A. Keith gave the first of four lectures on the anatomy and relationships of the negro and negroid races. On Wednesday and Friday next Mr. W. Sampson Handley will give two lectures on the surgery of the lymphatic system; on February 28th and March 2nd Dr. Peter Thompson will discuss some embryological problems in relation to medicine. On March 4th and 7th Mr. R. H. Paramore will lecture on the functions of the pelvic floor musculature, and its relation to, and co-ordination with, the other musculatures enclosing the visceral mass; on March 9th and 11th Dr. C. Bolton will lecture on the pathology of gastric ulcer; and on March 14th and 16th Mr. George Coats on congenital abnormalities of the eye. On March 18th Mr. Sydney Scott will give a lecture on the physiology of the human labyrinth. All the lectures begin at 5 p.m.

THE annual dinner of the West London Medico-Chirurgical Society was held on February 16th at the Wharnclyffe Rooms, Hotel Great Central, London, with Dr. Neville Wood in the chair. The toast of "The Imperial Forces" was proposed by Mr. Swinford Edwards, and was responded to by Inspector-General Porter, the Medical Director-General of the Navy, who said that the medical service must be ready to expand sufficiently in time of war, and the civilian members of the medical profession would be looked to for help in that direction. He concluded by appealing to those present to join the medical branch of the Navy League. Sir William Church submitted the toast of "The West London Medico-Chirurgical Society," and congratulated those present on the fact that the number of members exceeded 600. There had been a feeling that the Royal Society of Medicine was hostile to such societies, but that was an entire mistake. After a reference to the post-graduate studies introduced into the metropolis at the West London Hospital, he ended with a sympathetic reference to the lamented death of Mr. Keetley, but for whom the society would probably never have come into existence, or would not have been founded so early. This toast was replied to by the Chairman, and his speech was followed by the interesting ceremony of a presentation to Dr. Leonard Dobson, late editor of the journal of the society, and to Mr. J. Pardoe, the late editorial secretary, of silver candelabra and salvers. These gentlemen rendered their thanks in suitable and short speeches. The duties of editorship had been carried out since the resignation of Dr. Dobson by Mr. Herbert Chambers. Mr. W. McAdam Eccles was entrusted with the toast of "Kindred Societies and Guests," which was replied to by Mr. L. A. Bidwell, President of the Chelsea Clinical Society, who finished his speech by proposing the health of the Chairman. After that gentleman had acknowledged the toast, the Hon. Secretary, Dr. W. E. Fry, was congratulated warmly on the success of the dinner.

Letters, Notes, and Answers.

BRITISH MEDICAL ASSOCIATION AND BRITISH MEDICAL JOURNAL.

THE offices of the British Medical Association and of the BRITISH MEDICAL JOURNAL are at 429, Strand, London.

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 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 BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2630, Gerrard, BRITISH MEDICAL ASSOCIATION.

2634, Gerrard, MEDICAL SECRETARY.

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 Office, 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.

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.

H. W. desires to hear of a home in the southern counties where a lady of 69, late governess, can spend the rest of her days. She has only a small annuity, and cannot afford more than 2ls. per week.

EWING asks for suggestions in the treatment of a white covering on the mucous membrane of the cheek, extending on to the gums and lips, and due to an oidium. Izal, mercury perchloride, silver nitrate, sulphurous acid, and rectified spirit, etc., have been tried without benefit. Hydrogen peroxide gives temporary feeling of relief.

TATTOOING.

A. B. asks for information as to the correct pigment for tattooing a white scar on a patient's cheek; the uninjured part is high-coloured. Any details as to method would be acceptable.

MALTHUSIANISM AND ITS PHYSICAL RISKS.

A MEMBER writes: In the JOURNAL of February 5th, commenting on the lowered birth-rate and its causes, you suggest that "the doctor could do much by his private teaching to impress the evils of Malthusianism from the point of view of the community as well as the individual whenever the opportunity presents itself." While this is doubtless quite reasonable, yet it is obvious that the subject is a somewhat delicate one to approach unless questions arise on the part of the patient, and, even when this is the case, it is not easy to convince people that the physical, moral, and spiritual dangers of artificial sterility are beyond question from the point of view of the individual. I shall be glad if any of your readers will be good enough to indicate where one can find reliable medical evidence that preventives of conception are attended with physical risks and of what these mainly consist.

ANSWERS.

THE STANDARDIZATION OF A TYPHOID VACCINE.

EASTERN.—In order to prepare an emulsion of typhoid bacilli in physiological saline fluid containing three billions of bacilli per c.cm. it would be necessary to centrifuge the first emulsion made from the agar-agar tube and to pipette off as much of the fluid as possible, in order to leave a thick cream behind. Unless this is done the emulsion may prove too weak. Wright's method is to mix the emulsion with normal blood and to count the ratio between the bacteria and blood cells, assuming that five million blood cells are present in each c.mm. of blood. A measured quantity of the emulsion of