to stand in a sunny laboratory at room temperature in April, 1909, and the results were as follows:

	Pork to which 0.3 per Cent. Boric Acid added on April 18th.	Pork Unadulterated (Control).
April 17th ...	—	—
April 18th ...	No apparent change	No apparent change.
April 19th ...	„ „	Odour of putrefaction.
April 20th ...	Slight sour odour	Putrid.
April 22nd ...	Sour odour	Putrid.
May 6th ...	No putrefactive odour, but merely sourish and by no means offensive	Putrefaction advanced.
May 18th ...	Ditto; liquefaction commencing; numerous motile bacilli	Highly malodorous; liquefaction advanced.

Apparently, then, boric acid in this strength either inhibits putrefaction or disguises it. Though the specimen preserved with boric acid was comparatively inodorous, it does not follow that bacterial changes were entirely inhibited; in fact, from both specimens numerous bacteria were cultivated in an active condition—from the boric acid mixture motile, acid, and gas-forming bacilli; from the other, large, fat, non-motile bacilli, etc. The boric acid undoubtedly exerted a selective action on the different organisms.

Further experiments were carried out with a view of testing the effect of boric action on already decomposing meat, it being added in the same percentage at different stages of decomposition.

One pound of meat was quartered and minced, and to three of the parts 5 grains of boric acid was added at different dates as denoted by the following table:

½lb. Pork:	A.	B.	C.	D.
April 20 ...	5 gr. added	—	—	—
April 21 ...	No odour	No odour	No odour	No odour.
April 22 ...	No odour	Smelly, so added 5 gr. boric acid	Smelly	Smelly.
April 23 ...	No odour	Slight odour, certainly no worse, and possibly better, than on 22nd.	Putrid odour, so added 5 gr. boric acid	Putrid odour.
May 5 ...	Just high, but not objectionable. [Motile, Gram-negative, gas and acid-producing bacilli.]	Gamey	Foul	Highly putrid and sulphurous.

In "A" (which had received the boric acid immediately), after fifteen days the changes produced, as far as could be deduced by smell, were only such as could be readily disguised by the flavouring and seasoning agents used in the manufacture of sausages.

In "B," after decomposition became evident by the odour, the addition of boric acid inhibited this process, and I certainly think that twenty-four hours later the odour was much less—and, indeed, it never became very bad, and so could have been disguised in manufacture, as in "A," though undoubtedly at this time putrefractive products must have been accumulated.

"C," which had a putrid odour before being treated with boric acid, was at the end of fifteen days by no means as offensive as "D," which remained untreated, showing that the boric acid inhibited the process even when advanced.

Similar experiments were carried out with well-mixed meat and bread passed through a mincing machine, with very similar results, confirming the view that boric acid had a marked effect on those organisms of decomposition which produce smell.

It then became necessary to work out the effects of boric acid on individual bacteria. Four specimens were prepared on May 11th, 1909, as follows:

1. Meat alone.
2. Meat *plus* 0.3 per cent. boric acid.
3. Meat *plus* bread.
4. Meat *plus* bread *plus* 0.3 per cent. boric acid.

On May 12th equal minute quantities of each were inoculated into various culture media—namely, gelatine plates, bouillon broth, agar, etc.—and incubated.

The gelatine plates of (1) and (3)—that is, the untreated specimens—were rapidly liquefied, and gave off a putrid odour, whilst only slight liquefaction and a very slight odour was present in the plates of (2) and (4)—the treated specimens—in forty-eight hours. Motile bacilli were obtained from all these cultures.

In another experiment on the cultures of fresh pork yeasts almost entirely preponderated, while in a similar culture from a boric acid admixture a prolific growth of the bacilli at once appeared; this latter, however, in a few days was entirely overgrown by yeasts, from which it may be deduced that the yeasts had been inhibited by the boric acid, allowing the bacilli to preponderate; but, on removing the influence of the boric acid, the yeasts again got the upper hand. Frequently, from the various preparations cultures were made at intervals, and prolific growth of the motile, Gram-negative, gas forming, acid-producing bacillus obtained, so that it seems that boric acid did not inhibit these coliform organisms.

To determine the action of boric acid on the various organisms, experiments have been carried out in nutrient media to which has been added boric acid in amounts of 0.2 to 0.6 per cent. The result of the preliminary experiments tends to show that whilst boric acid does inhibit to some extent all the organisms used, there is a marked inhibition of the organisms of the *proteus* group, but a much less effect on the organisms of the *coli* group. With the *Proteus vulgaris* and *Proteus zenkeri* very slight growths were obtained after some days in 0.3 per cent., and practically none in 0.4 per cent., whilst *B. typhosus* grew in diminishing amount up to 0.5 per cent.; but several strains of *B. gaertneri* grew readily in all percentages, though with diminishing prolixity as the percentage increased.

Further experiments are in progress to verify these results, and these will include feeding experiments and the effects of boric acid in milk. Meanwhile, as a hypothesis on which to base this work, I am induced to draw the following conclusions:

Boric acid to the extent of 0.3 per cent. (20 grains to the pound) prevents objective decomposition, such as is detectable by smell. If objective putrefaction has commenced, it inhibits further changes of this kind, possibly leading to diminution in the smell. It has a marked selective activity on the various organisms, inhibiting the growth of yeasts and organisms of the *proteus* group, and possibly other harmless saprophytes, though not the organisms of the *coli* group. Hence it seems obvious that with the aid of boric acid stale meat can be used for the making of sausages, and even meat that has already started decomposing. If, then, to such meats Gaertner's bacillus has obtained access, it will have had several days at least in which to grow, and, what is important, unhindered by the prolific saprophytes.

I have to thank Mr. F. R. Chopping, of the Westminster Hospital Laboratory, for much assistance in the carrying out of these experiments.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

MINER'S NYSTAGMUS.

NYSTAGMUS "against the rule"—that is, elicited when the eyes are turned downwards instead of upwards—does not seem to have been noticed hitherto. I have at present a patient who has been unfit for work as a miner for two months, suffering from lateral oscillations with giddiness. Nystagmus is not present when the usual tests are applied, but if the patient is made to bend downwards and move his head from side to side a very marked oscillation is produced, which persists for a short time after the head is raised. There is a history of a similar condition seven years ago, immediately succeeding an attack of influenza. The patient was then off work for six months, and for three years he did not resume mining. The present recurrence is not associated with any definite illness, although the man was obviously below par and very nervous when he consulted me first.

The visual acuity is normal, no matter in what position the chart is placed relative to the eye level. Both fundi are normal. Hemeralopia is pronounced and giddiness is very troublesome at night.

During one of his visits to me I asked him to assume his usual working position and simulate his ordinary movements when at work. He knelt on the floor, moved his arms and body as if using the pick, and immediately a very marked nystagmus was present. The colliery at which he is employed is very damp, and most of the men work on their knees, instead of on their sides. This fact doubtless explains the unusual nature of the nystagmus. In this case influenza seems to have acted as an exciting cause in the first attack, just as accident is said to do by the authorities quoted by Dr. Harrison Butler on March 5th.

Sanquhar. T. Ritchie Rodger, M.D., F.R.C.S.Edin.

INSPECTION OF SCHOOL CHILDREN.

METHOD OF FINDING THE CORRECT AVERAGE HEIGHT AND WEIGHT FOR SMALL NUMBERS.

The method commonly adopted is to take together all the children of one sex aged so many years at last birthday. This method gives roughly the average at an age half a year older than the specified age, granting that large enough numbers have been considered; further, as each child's age is always stated in its schedule as so many years and months, it appears that the average age as found is short of the true average by an additional half month. These facts will be borne in mind by those who appreciate accuracy of comparison. Accordingly, dealing with a large enough group of children, aged, say, 13 years last birthday, it must be remembered that the age really under notice is 13 years 6.5 months; and when comparing a child exactly 13 years of age with this standard we must allow to this child, for the 6.5 months, a proper handicap of height and weight, say an inch in figure and six or seven pounds. With small numbers of children the true average age may lie very near the limits of the ages included in the group and afford an additional ground of misconception. These considerations have led to the following plan:

The children are grouped (in sexes) between the half years, as between, say, 13 years 7 months, and 14 years 6 months. The average age, height, and weight of the group are then ascertained; thus, a particular group of 120 girls so selected is found to have an average age of 13 years 9.5 months, an average height of 4 ft. 9.5 in., and an average weight of 5 st. 13.3 lb. This differs from the apparent central age of the group (14 years approximately) by 2.5 months, and an addition of height and weight equivalent to that length of time at that particular period of life is made. The basis adopted for the addition in the present absence of a more satisfactory one are the rates at which girls gain height and weight between the ages of 13 and 14, according to the report of the Anthropometric Committee, 1883, using the tables for the "general population"; these rates are 2.03 in. and 9.5 lb. Gaining this much in twelve months, the gain in 2.5 months would appear to be 0.4 in. and 1.9 lb. At the foot of the column, then, of these 120 girls, there appears the following:

	yrs.	mos.	ft.	in.	st.	lb.
	13	9.5	4	9.9	5	13.3
Add	0	2.5	0	0.4	0	1.9
	14	0.0	4	10.3	6	1.2

This appears to be a fair estimate, not far from the truth, of the average height and weight of these girls at the age of 14 years. Should the average age prove to be something more than the central age a corresponding deduction must be made. The necessary corrections can be made very rapidly, and the plan appears to offer no difficulty. Any child's age will, of course, on the average, be half a month more than has been put down in its schedule.

G. C. Barnes, M.B., M.R.C.S., D.P.H.,
School Medical Officer, Southport.

BONE IMPACTED IN THE OESOPHAGUS.

A woman, aged 29, at luncheon at 1 p.m. on February 15th, swallowed a piece of bone. She felt it stick in the throat, and as it continued to cause her discomfort she came to the Cheltenham Eye, Ear, and Throat Hospital at 3 p.m. She was then examined by Dr. Oswald, who observed a wound of the epiglottis, which was bleeding a little. My colleague then telephoned to me to ask whether I would pass a Bruning's tube and examine the oesophagus, as she still felt something there. As she had eaten a meal only two hours before, I thought it advisable to wait till 6 p.m. before administering an anaesthetic. At about 6.30, when I went to the hospital, she informed us that she was much easier, and the opinion was expressed that the bone had probably passed down. However, I thought it wise to explore the oesophagus through a Bruning's tube. I found a large quantity of food, and below this a piece of bone with one end impacted in the posterior oesophageal wall; it was about 4 in. down the oesophagus, was 1¼ in. long, very sharply pointed at each end, and had one sharp edge.

This case brings out well the advantages of seeing what one is doing over the older method of using the umbrella probang, which would most certainly have caused considerable laceration of the oesophageal wall, and might possibly have led to a rupture of the oesophagus. I may add that the patient went home next morning feeling perfectly well.

John A. Bower, M.B., C.M.,
Honorary Surgeon, Cheltenham Eye, Ear, and Throat Free Hospital.

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

MACCLESFIELD INFIRMARY.

PERFORATED GASTRIC ULCER IN A WOMAN AGED 71: OPERATION: RECOVERY.

(By James William Littlejohn, Senior House-Surgeon.)

D. N., aged 71 years, was admitted at 5.45 p.m. on January 11th with the following history. She had been troubled with constipation and dyspepsia for some years, but otherwise was of good health. At 3 a.m. on January 11th she was seized with violent abdominal pain and sickness. Her friends gave her an ounce of castor oil with no effect. The abdomen gradually became distended, and the patient soon showed symptoms of collapse. At about 4 p.m. she was seen by Mr. Marsh, honorary surgeon to this institution, who ordered her immediate removal to the infirmary.

At 8 p.m. the abdomen was opened by Mr. Marsh, and was found to contain a small quantity of darkly-stained fluid. The anterior surface of the stomach was congested, red, and covered with flaky lymph. On its posterior surface, just above and behind the pylorus, in the line of the lesser curvature, and behind the small omentum, a small punched-out perforation was found. This was immediately seized and held up by means of a through-and-through stitch, and the ulcer buried by two rows of Lembert sutures. The post-operative treatment was the same as usually adopted in gastric cases. The patient made an uninterrupted recovery, and is now convalescent and taking her usual diet. It should be added that she had an adherent pericarditis of old standing. She was anaesthetized by Dr. Rae MacRae, who, after putting her under with chloroform, kept her fully anaesthetized with A.C.E. mixture by the open method.

The unusual points about the case are the age of the patient and the position of the perforation, which made its discovery somewhat difficult.

The committee which administers Lady Dudley's Irish Nursing Scheme is anxious to extend the work over a larger number of districts. Unfortunately not only is this impossible owing to want of funds, but the committee may be compelled to curtail the sphere of work. With the object of benefiting the fund, Lord Shaftesbury lately organized three concerts, to take place in Dublin, Belfast, and Cork respectively. That in Dublin was given last week, and proved most successful, both from the point of view of attendance and of the quality of the music.

Universities and Colleges.

QUEEN'S UNIVERSITY OF BELFAST.

THE following candidates have been approved at the examinations indicated:

FIRST M.B. (*Botany*).—A. E. M. Carleton, V. Magee, V. C. Montgomery. (*Zoology*).—R. G. Blair, F. J. Devlin, E. Doherty, J. Duffin, A. Fullerton, T. Grimson, W. H. Hardy, W. S. B. Hay, B. Lyons, W. T. McCurry, A. G. McKee, T. B. McKee, F. McKibbin, R. N. McKinstry, T. P. McQuaid, V. Magee, R. J. Maguire, E. A. Mallon, V. C. Montgomery, W. N. Montgomery, J. J. Murray, G. W. Rea, J. C. Robb, J. S. Savage, A. F. L. Shields, F. A. E. Silcock, F. G. Smyth, J. Tate, R. F. Walker, P. P. Wright, Margaret Gorman, Sylvia Marsh, Miss E. M. Robb. (*Experimental Physics*).—R. G. Blair, W. McN. Chesney, W. W. Dickson, E. Doherty, J. Duffin, A. Fullerton, D. Gaston, W. S. Gibson, T. Grimson, W. H. Hardy, C. C. Humphreys, F. Lamont, B. Lyons, W. T. McCurry, J. McKay, F. McKibbin, R. N. McKinstry, H. F. McNally, T. P. McQuaid, R. J. Maguire, E. A. Mallon, G. R. B. Purce, G. W. Rea, J. C. Robb, W. Russell, J. S. Savage, A. F. L. Shields, F. A. E. Silcock, F. G. Smyth, A. C. Taggart, J. Tate, D. B. L. Walker, R. F. Walker, D. K. Watterson, R. H. Wilson, W. R. E. Wilson, P. P. Wright. (*Chemistry*).—A. W. Bourke, A. E. M. Carleton, W. J. Carson, H. T. Chatfield, W. M'N. Chesney, R. Condy, W. W. Dickson, S. J. W. Donald, D. Gaston, M. Gilligan, G. Gordon, C. C. Humphreys, J. F. D. Hunter, D. Jamison, L. Jefferson, W. J. Lascelles, J. McKay, H. F. McNally, V. Magee, V. C. Montgomery, M. G. Paul, G. R. B. Purce, F. R. Sinclair, J. M. Smith, J. Smyth, J. K. Stewart, J. C. Wilson, R. H. Wilson, W. R. E. Wilson, F. N. Woods, R. Woodside, D. B. L. Walker.

SECOND M.B. (*Practical Chemistry, Old Regulations*).—A. M. Berman, H. Buchanan, J. E. Finlay, Wm. Gault, H. D. Graves, S. A. Montgomery, D. K. Patterson, D. Stevenson.

SECOND M.B. (*New Regulations*).—S. Acheson, *S. R. Armstrong, *S. H. Davison, J. McI. Gibson, F. Jefferson, J. McFadden, M. McGing, E. McSorley, I. W. Magill, H. H. Mulholland, *W. McN. Walker, H. V. Walsh, J. R. Henry, J. Porter.

THIRD M.B. (*Old Regulations*).—W. F. Allgeo, W. W. Allison, †J. H. Beverland, D. Calwell, Miss S. E. Calwell, C. L. Gaussen, N. C. Graham, J. J. Hanratty, J. Hill, J. T. Kyle, J. Lyons, A. L. McCreery, R. McCulloch, ‡R. Marshall, W. Megaw, A. E. H. Reid, S. I. Turkington, S. J. Yeates.

* Passed with Honours and Prize awarded.
† Passed with Honours and gained First Scholarship.
‡ Passed with Honours and gained Second Scholarship.

CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved in the subjects indicated:

FIRST COLLEGE (*Part I and Part II*).—*P. W. L. Andrew, A. W. C. Bennett, W. M. Binning, M. C. Breese, *E. V. Briscoe, *P. R. Chevreau, H. F. Chillingworth, G. E. Chissell, W. L. Cockcroft, S. W. Coffin, E. I. Davies, †C. T. J. Drobig, †H. C. Duggan, *D. T. Evans, P. C. C. Fenwick, *H. P. Gabb, G. C. Gell, †J. A. Gregory, *D. V. Halstead, †A. G. P. Hardwick, D. H. Hargrave, O. R. Horwood, *C. O. Hudson, C. G. G. Keane, F. E. R. Laborda, *A. T. Madin, *N. H. S. Maelzar, L. A. Malik, G. S. Marshall, W. E. Masters, †H. Millett, *G. S. Mitchell, †A. R. Muir, †K. M. Nelson, W. J. Paramore, A. B. Preston, J. W. Rammell, C. A. Robinson, A. F. Rook, *E. S. Rowbotham, *N. H. W. Saw, M. D. B. Tonks, E. M. Townsend, *W. E. Wade, N. J. Willans, E. J. Wright.

FIRST COLLEGE (*Part III*).—W. H. Alderton, W. G. E. Allen, E. Atkinson, C. Bluett, M. C. Breese, N. Briggs, E. Catford, P. Cheal, H. F. Chillingworth, G. E. Chissell, E. S. Cuthbert, G. R. Craig, J. Crétin, G. S. Deane, R. E. B. Denny, J. A. Durante, S. E. Y. Elliott, D. T. Evans, S. W. Fisk, L. H. Garcés, C. de W. Gibb, E. R. G. Greville, H. J. Grimshaw, D. N. Hardcastle, A. H. Harkness, W. L. A. Harrison, N. Hoffmeister, R. A. Holmes, I. S. James, E. G. Jones, G. P. Kidd, T. C. Kidner, H. A. H. Kleberg, F. E. R. Laborda, A. G. Lennon-Brown, J. S. Leslie, J. A. Liley, N. H. Linzee, Louisa Margaret Lister, H. G. Ludolf, H. W. Maltby, G. S. Marshall, G. W. Maw, A. L. Miller, D. S. E. Milligan, G. S. Mitchell, H. G. Moser, W. G. S. Neely, W. J. Paramore, J. M. Parry, E. N. Perham, H. Peters, A. B. Preston, R. Quesada-Jiménez, W. E. P. Rafter, J. W. Rammell, C. R. Reckitt, L. C. S. Roche, G. F. Rowcroft, N. H. W. Saw, H. H. Silley, S. F. Simpson, P. de S. Smith, C. S. Staddon, R. C. W. Staley, J. A. Tippet, M. D. B. Tonks, A. H. Warde, N. J. Willans, T. M. Wood-Robinson.

* Passed in Part I only. † Passed in Part II only.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following candidates were approved at the examination held at the thirty-second sessional examination of the School:

*P. Harper, *J. C. McPherson, *G. D. H. Carpenter, *W. Morrison, E. D. Shroff, R. Blue, T. B. Adam, A. Onsy, B. R. Vickers, C. G. Kurian, G. Wilson, E. A. S. Carrington, W. Kelly.

* Passed with distinction.

The first four candidates and Messrs. T. B. Adam and G. Wilson are officers in the Colonial Medical Service.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

PRIMARY EXAMINATION (PART I).—*Biology:* R. W. L. Oke. *Chemistry:* A. U. L. Bennet. *Materia Medica and Pharmacy:* H. H. Gunnell, A. R. Jennings, L. E. Lewis, O. Marshall.

PRIMARY EXAMINATION (PART II).—*Anatomy:* R. B. F. Frazer, A. Griffith-Williams, K. L. Hart-Davis, D. Havard, L. M. Ladell, G. A. Walker. *Physiology:* F. S. Charnock, P. R. Cross, G. E. Cuttle, R. B. F. Frazer, A. Griffith-Williams, K. L. Hart-Davis, D. Havard, L. M. Ladell, G. A. Walker.

Medico-Legal.

WORKMEN'S COMPENSATION CASES.

Refusal of Operation.

THE case of a workman, who sustained an injury in February, 1909, owing to a ladder on which he was at work being overturned, came before the Recorder of Dublin recently. One of the results of the fall was the development of a hernia, for which operation was refused. The Guardians of the North Dublin Union, his employers, admitted liability for the accident, but submitted that the applicant was acting unreasonably in refusing an operation. The Recorder, in giving judgement, said that he could not hold that the applicant had acted unreasonably in refusing to undergo an operation which would be fraught with danger to his life. He awarded compensation at the rate of 10s. a week till further order, with costs of the application.

Epistaxis and Arterio-sclerosis.

At the Salford County Court a miner claimed compensation from October 19th to December 31st in respect of an accident in July last in the Clifton Hall Colliery. The applicant was injured about the back by a fall of metal while engaged in coal getting. He was off work till October 19th, and received compensation of 16s. 7d. a week. He then thought he could do some work, and it was arranged that he should commence on October 19th. On that date, however, he was seized with bleeding from the nose, and one question to be decided was how far that was due to the state of health to which he had been reduced. When the bleeding came on he went to see Dr. Herbert, who gave him a certificate to the effect that he was fit for light work only. He afterwards went to the Manchester Infirmary, where he was an in-patient for about a fortnight. Dr. Owen said he examined the applicant on behalf of the respondents on November 29th, and there were then no signs of the injuries caused by the accident in July, but there were signs of gout, and he thought the haemorrhage was due to arterio-sclerosis. He agreed that the man was not fit for heavy work, but the incapacity was not on account of the accident, but through the constitutional condition. Dr. Smith, as medical referee, then examined the applicant, and on his return to court stated that he agreed with Dr. Owen that the accident had nothing to do with the bleeding. The judge said that the evidence showed that the applicant was only fit for light work in October, and was therefore partially incapacitated and was entitled to something, and he made an award of 7s. a week for a month from October, liability then to cease.

VALUE OF DEATH VACANCY.

YELLOWSTONE asks the following questions: (1) What are the terms on which a death vacancy is purchased? (2) Would it be considered against the price if a former assistant or partner had been allowed to practise in the neighbourhood, and had regularly taken it as locumtenent, on any absence of the principal?

*** (1) A death vacancy is usually purchased on the same terms as another practice, but a reduction is made on account of the greater difficulty in transferring it to the vendor. The amount of the reduction will vary according to circumstances. (2) Such a state of things would certainly tend to lower the value of the practice to a purchaser.

SALE OF SHARE.

VENDOR asks: (1) When a junior partner (one-third share) sells his share in a middle and working-class practice doing £1,200, nearly all of which is "booked," what is the usual term of introduction given to the incoming partner? (2) During this period of introduction how are the "bookings" divided between the vendor and purchaser?

*** (1) Six months is a very usual period, but it varies according to agreement. (2) It is usual to share the profits equally between the vendor and purchaser during the period of introduction, and this would include all book debts subsequently realized.

Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee, except when so stated.

RESTRICTIVE EFFECT OF NEGOTIATIONS FOR PURCHASE.

"CAVEAT EMPTOR" appears to disagree with the opinion expressed under this heading on p. 731 of the BRITISH MEDICAL JOURNAL of March 19th, and considers that all negotiators for the purchase of a practice are ethically bound not to practise in competition with any subsequent purchaser of the same. The sale of a practice is a matter entirely between the vendor and purchaser, the latter can exact no special duties, whether, ethical or legal, from any but the vendor.

Medical News.

THE annual general meeting of the London and Counties Medical Protection Society, Limited, will be held at 31, Craven Street, Strand, W.C., on April 27th, at 4 p.m.

DR. C. C. FINLATOR, D.P.H.(Manch.), has been appointed Medical Inspector of School Children for the County of Clackmannan, at a salary of £325 per annum.

THE late Mr. John William Taylor, F.R.C.S., Professor of Gynaecology in the University of Birmingham, who died on February 26th, aged 59, left estate valued at £25,294 gross, with net personalty £23,457.

A LECTURE on the public health aspect of food supply in the colonies will be given at the Royal Sanitary Institute, Buckingham Palace Road, S.W., by the Hon. Sir John A. Cockburn, K.C.M.G., M.D., on Wednesday next, at 5.15 p.m.

Dr. F. W. MOTT'S first Oliver-Sharpey lecture at the Royal College of Physicians of London, on the cerebro-spinal fluid, will be given on Friday next, at 5 p.m.; the second lecture will be given on the following Friday at the same hour.

THE chief fire officers of Sheffield and Dundee report favourably upon the use of motor propulsion for fire work. In Dundee the cost for the first fifteen months was about equal to that of the upkeep of one horse. The motors were supplied in both cases by the Argyll Company.

THE dinner of the Edinburgh University Club in London will take place on May 28th, when the Right Hon. Sir Robert Finlay, K.C., M.P., will take the chair. Further particulars can be obtained from Mr. J. W. Thomson Walker, F.R.C.S., 30, Queen Anne Street, W., or Dr. Purves Stewart, 94, Harley Street, W.

A NEW departure in the work of the Brighton Municipal Technical College was made on April 5th, when Dr. F. G. Bushnell, D.P.H., commenced a course of lectures on bacteriology. The course is primarily intended for students of Public Health, but has been arranged so as to be a suitable adjunct to the study of Dental Surgery, Veterinary Medicine, Agriculture, and Pharmacy also. The course will be illustrated with lantern slides and demonstrations.

OUR attention has been drawn by the management of the Aix-la-Chapelle (Aachen) spa to a very prevalent belief that this spa is only used for the cure of syphilis. It is stated that, although a very large number of syphilitics undergo a course of treatment at the spa each year, and derive much benefit therefrom, the number of patients suffering from other diseases is many times greater.

THE International (American) Commission for the Control of Tuberculosis among Domestic Animals recently met in Detroit, Michigan. It is composed of fourteen members, representing the Governments of the United States and Canada, and the large breeders and packing houses of both countries. Its chairman is Dr. J. C. Rutherford, Veterinary Director-General and Livestock Commissioner of Canada.

THE eighth International Physiological Congress will be held this year at Vienna, under the presidency of Professor Siegmund Exner. The date has been changed from Whitsuntide to September (27th to 30th). The official languages of the Congress are German, English, French, and Italian. The General Secretary is Professor Otto von Fürth (Physiologisches Institut, Wien IX, Währingerstrasse 13), to whom the titles of communications to be presented should be sent. Notice of demonstrations, with a list of the apparatus required, should be sent to Professor A. Kreidl at the same address. An exhibition of physiological apparatus will be open from September 26th to October 1st. Applications for leave to exhibit should be addressed to Herr Hofrat H. H. Meyer, Pharmakologisches Institut, Wien IX, Währingerstrasse 13.

THIS is an age of "crusades." The latest—up to date—is one against the common house-fly. My Uncle Toby carefully set free the one that got into his eye, saying, "Go, poor devil, why should I hurt thee? This world surely is wide enough to hold thee and me." This is not the opinion of Dr. D. D. Jackson, of New York, who in an address before a meeting of the American Civic Association, held recently at Washington, described the house-fly as the most dangerous animal on earth. A special committee of the association has been appointed to institute a national campaign of destruction against the fly. Among the members of this committee are Dr. D. D. Jackson and Dr. Woods Hutchinson, of New York; Mr. Harlan P. Kelsey, of Salem, Mass.; Dr. Albert Vander Veer, of Albany, N.Y.; and Mrs. Robert S. Bradley, of Boston.

AT an inquest held recently by Dr. Waldo on a case of death from tetanus which occurred at St. Bartholomew's Hospital a medical witness stated that the patient had been treated with antitetanus serum, but that the treatment was not continued as long as would have been desired owing to the fact that the supply available was insufficient; death was attributed to heart failure due to blood poisoning secondary to fracture of the skull, the system having been weakened by exhaustion from an attack of tetanus. A juryman commented unfavourably upon the fact that a great hospital should depend for its supply of serum upon commercial enterprise. We have made some inquiries, and find that there was no deficiency in the supply of antitetanus serum prepared by the Lister Institute of Preventive Medicine, and that in fact the stock in the hands either of the institute or of its wholesale agents, Messrs. Allen and Hanburys, Ltd., amounted to upwards of 3,000 bottles. The institute, we may add, resolved to supply serum through a commercial firm after full consideration, believing that that method was the most convenient, and would most certainly ensure prompt delivery at any time. Messrs. Parke, Davis and Co. also inform us that they had on hand at the time stated, and always keep, ample supplies of antitoxin serum.

THE fact that Dr. A. C. Farquharson headed the poll by a large majority at the recent election of the Bishop Auckland Urban District Council is a matter of some significance and general interest, because it would seem that in placing him in that position the ratepayers desired to express their approval of the action he had taken with regard to the Lady Eden Hospital. This hospital, which contains twenty-six beds, is mainly supported by contributions from miners in the neighbourhood, and its benefits are more or less restricted to these regular subscribers. When it was built, some years ago, it was practically situated in a field, but owing to the rapid development of the neighbourhood it is now completely built round, and the question of making a new street running the whole length of the grounds of the hospital arose; the surveyor scheduled the hospital to pay part of the cost, the sum required being £160. Dr. Farquharson, who is governor and surgeon to the hospital, conceived the idea of inducing the District Council to make the street and charge the cost to the general district rate. This was at first resisted, largely owing to the restriction mentioned above as to the persons admitted to the hospital, but partly on the ground that the council had no legal power to act in the manner suggested. Dr. Farquharson, however, was able to point out that Section 15 of the Private Street Works Act vested sufficient authority in the local council, and, as similar circumstances may arise elsewhere, this fact seems worthy of note. At the first meeting of the new council Dr. Farquharson brought forward his resolution, and the council agreed, with one dissentient, to make the road without expense to the hospital.

THE Postmaster-General has appointed a Departmental Committee to inquire into the prevalence, causes, and means of prevention of telegraphists' cramp. The committee consists of Sir John N. Barran, Bart., M.P. (Chairman); Dr. Harold Theodore Thompson, assistant physician to the London Hospital; Mr. A. G. Leonard, of the secretary's office, General Post Office; Dr. J. Sinclair, second medical officer of the Post Office; Mr. A. W. Martin, engineer-in-chief's department; and Mr. R. H. Davis, ex-president of the Postal Telegraph Clerks' Association. Mr. S. A. Paterson, of the secretary's office, will act as secretary to the committee. The disorder was one of those brought under the notice of the Departmental Committee on compensation for industrial diseases, which reported in 1908. Evidence on the subject was given by Dr. Sinclair, who described it as an occupation neurosis, dating from the introduction of the Morse instrument. This instrument is mainly operated by the first and second fingers, a correct transmission of messages by its means depending largely on the accuracy of the spacing between letters and groups of letters. In default of such accuracy, the message may become unintelligible or its meaning altered. The subjects of telegraphists' spasm or cramp cannot be depended on to exhibit this accuracy, for, though most of the words they transmit may be perfect, a sudden jerk of their fingers at one place may alter or confuse the meaning of some important word. Dr. Sinclair stated in his evidence that he regarded the disease as incurable once it was established. The nature of a developed case was quite obvious, but a commencing one was more difficult of recognition. He calculated that as many as 2.75 per cent. of all the 18,000 telegraphists employed by Government were subject to the disease.