Memoranda:
MEDICAL, SURGICAL, OBSTETRICAL.

DIPHTHERIA ANTITOXIN BY THE MOUTH.

I HAVE read with much interest Dr. E. W. Goodall's paper published in the JOURNAL of February 11th. As Dr. Goodall, with his vast experience of the serum treatment of diphtheria, states that he has none of its use by mouth, the following notes of a case under my care last year may be of some interest.

G. O., a boy aged 6 years, had adenoids removed on February 12th, 1910, by a well-known London laryngologist. Every care was taken to sterilize the instruments and swabs. He was seen by the operator the following day, and by February 15th he was apparently quite well again. The next day I was sent for, as the child had sore throat, and seemed feverish. I found him with temperature 101° and some redness of the fauces. This resisted general and local treatment, and on February 18th his temperature was 105°, there was great swelling and redness of the tonsils, soft palate, and pharynx, and swelling and tenderness of the cervical glands. There was no false membrane present, and I assured the parents that the acuteness of the infection negatived diphtheria. I saw the child again that night, when his condition was unchanged, and the case appeared one of virulent septic sore throat.

The following morning (February 19th) I saw the child early. He looked worse; the temperature was still 105°, but there was definite false membrane visible on the soft palate and left tonsil. The child lived some three miles from my house, and I did not care to leave him, so I telephoned for a swab, antitoxin, and a second opinion, asking the consultant to bring with him a syringe.

Meanwhile I gave the boy 2,000 units Burroughs and Wellcome's antitoxin by the mouth, and sent along with the swab a note to Dr. Galt, Pathologist to the Stephen Ralli Memorial Laboratory, Sussex County Hospital, asking him to give an opinion, if possible, from direct examination of the smear. On the consultant's arrival he reassured the parents that the case was not diphtheria, and supported the original diagnosis. As the day went on the temperature fell, and at 2 p.m. was 102.6°. Dr. Galt reported that direct examination was highly suspicious of diphtheria. The temperature continued to fall, the child complained less of pain, swallowed more freely, and had some sleep, and at 10 p.m. the temperature was down to 98°. The result of culture was reported as pure Klebs-Loeffler bacillus, and accordingly, to "mak' siccar," another dose of 2,000 units was administered hypodermically into the back. The following day the patient coughed up the membrane but swallowed it before the nurse could secure it. There was no further pyrexia.

The bacteriological diagnosis received ample clinical support. There was for three weeks albuminuria, ocular and pharyngeal paralysis, and loss of knee-jerks, but by March 12th the throat was free from bacilli, and on March 19th I ceased to attend. On March 31st his mother telephoned to me to come out as he was "walking about like Henry Irving." I found him in the nursery with bent head and chin on breast in an attitude reminiscent of the famous tragedian, but this paresis of the posterior cervical muscles cleared up, and in the end he made a perfect recovery.

While every one will support Dr. Goodall in his advocacy of the hypodermic administration of antitoxin, there are occasions when such use may be inadvisable or impossible. In a vigorous child we have to deal with resistance from the patient, thereby taxing the heart, and in the case described above the injection was given under chloroform. A syringe may not be available for some time, or may be broken accidentally, and yet antitoxin be at hand and time saved by oral administration. Again, in mild and doubtful cases a dose of antitoxin given by the mouth may afford valuable information to the medical attendant and benefit to the patient, when hypodermic administration is considered unjustifiable or objected to by the patient or parents. The rapid improvement in this case within twelve hours of swallowing the antitoxin was preceded by three days of energetic treatment, during which the throat became worse instead of better, and to my mind the antitoxin given by the mouth had specific action.

I may add that, owing to the delay in the diagnosis, prophylactic doses of antitoxin were injected into the parents and nurses, to whom and to the patient calcium lactate was given by the mouth. There was no rash or other after-effect, but, after the very clear and able manner in which Dr. Goodall has pointed out the risk of "anaphylaxis," I for one shall be more careful in inquiring into the history before giving a prophylactic dose in future.

Brighton. DONALD HALL, M.D.Cantab.

POINTS CONNECTED WITH THE SERUM TREATMENT OF DIPHTHERIA.

DR. GOODALL'S paper published in the BRITISH MEDICAL JOURNAL of February 11th adds an important factor to and is a timely warning of the possible dangers of the treatment, but I hope, even in view of those cases, the prophylatic treatment will not be retarded, and that Dr. Goodall himself hardly intends to convey as strong an impression as his words, "I am quite averse from using antitoxin as a prophylactic," appear to imply. I have collected during the last twelve years many notes, but only give those directly bearing on the point in question. For example, Le Play, reporting from Marfan's clinic in Paris, records that 671 prophylactic injections were given to the brothers and sisters of those admitted into the hospital, and not a single one took diphtheria. The cases taken were consecutive, all were verified by bacteriological examination repeated several times, and they came from small and crowded houses. This is surely strong presumptive evidence of the value of antitoxin as a prophylactic agent. There is no record of untoward results from these injections.

I have never seen the serum fail as a protective agent, and have repeatedly injected many brothers and sisters and contacts of patients who were not isolated, and have never had a second case.

I had a recent instructive control test. The patient had a severe attack, with much membrane; four smaller children and the mother were injected, and allowed to sleep in the same room—in fact, two children in the same bed; none took diphtheria. The father was at work when I called, and was not injected; a few days later he developed a fairly severe attack. In all cases a bacteriological examination was made.

It would be of much value if in all records of untoward results from the injection of the serum it should, if possible, be stated—

1. The source of the serum.
2. The age.
3. The amount injected.
4. The method of standardization.
5. The conditions under which it has been stored.
6. The patient's general medical history.
7. The number of bacteriological examinations made of swabs from the throat.

The dosage I believe to be a most important factor 2,000 units as a prophylactic being apparently an efficient amount. It is highly probable that larger doses may in some cases give rise to undesirable results. In the United States, for example, I find that large doses are the rule; and untoward results, such as local and glandular swellings, rashes, joint manifestations, and general toxaemia, common. I also do not find the mortality low, but this I do not consider a reliable guide as to the value of the treatment. It is possible that divergent statistics as to mortality depend not chiefly on the severity of the epidemic, but are due to the main factors underlying the administration of the serum, varying in different hospitals.

To arrive at statistics of any value, the records should state (1) the conditions previously enumerated; (2) the day of the disease when injected. It is fairly well established that serum efficiency varies directly with the day of the disease. Previously statistics were misleading, as the mortality depended so much on the number of laryngeal cases and their treatment; now it depends chiefly on the anginal cases.

I believe it may be found that early in the disease not only is a small dose—2,000 units—more effectual, but a comparatively large dose may do harm; the later the day of disease the larger the dose necessary. The amount of membrane is probably not a reliable guide as to the dose necessary, nor its non-disappearance a positive indication for increasing the dose. It is probable that early in the infection there is a diminution in the antitropic content of the blood serum, and that a large dose may prolong this stage and do much harm.

It has been shown in other infections that in the ebb stage mentioned above there is a greatly increased susceptibility to infection, which might account for the undesired results following the injection of a large dose in such cases.

GEORGE HARDWICKE, M.R.C.S.Eng., L.R.C.P.Lond.
Snainton, Yorks.

ANAPHYLAXIS.

IN view of the deaths recorded in Dr. Goodall's most valuable paper in the JOURNAL of February 11th, the following case may be of interest. It occurred in the country, and I was the only available doctor. A second injection of antitoxin had been given in a case of diphtheria, the patient being a healthy man. Within eight hours he complained of intense itching, and when I saw him at 9 p.m. he was suffering from an intense urticaria which involved the greater part of the skin. About 11 p.m. he felt so ill that he lay on the bed (no bed clothes could be borne). Shortly after he complained of thoracic pain, apparently localized along the course of the oesophagus. At midnight he began vomiting, and until 4 a.m. he never had ten minutes' interval. At this time his pulse could only be felt at intervals, respirations were shallow and sighing, and his surface cold. Local remedies to the skin appeared useless, mustard to the epigastrium had no effect. I had never heard of a similar case, but it appeared to me to be an example of poisoning of the nerve centres, causing intense internal and external oedema. The one clear fact appeared to be that the patient would die shortly if the exhausting vomiting was not relieved. On theoretical grounds the proper drug appeared to be morphine, but I was afraid of the depressing effect on the heart. But I decided that if the drug was fatal it would be a less distressing death than the end which appeared inevitable. So I injected gr. $\frac{1}{6}$. In a few minutes the look of distress passed from the face and the thoracic pain lessened. In twenty minutes the patient was asleep. He slept four hours, and awoke weak but cured. The skin urticaria persisted slightly for some days.

Ombersley, Droitwich. MARY HAMILTON WILLIAMS.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

METROPOLITAN COUNTIES BRANCH: HAMPSTEAD DIVISION.

Friday, February 10th, 1911.

J. FORD ANDERSON, M.D., in the Chair.

Differential Diagnosis of the Commoner Causes of Chronic Jaundice.

DR. P. J. CAMMIDGE read a paper on this subject, which is published at p. 486. He demonstrated a number of lantern pictures illustrating various points of his discourse.

Dr. FORD ANDERSON said that it would have been difficult to find any one more competent to give an exposition of this important subject than Dr. Cammidge. He called to mind the gradual limitation of the field of guessing, and of operative exploration, during the past few years, which advance he attributed to the work of Cammidge and others. He then called on Mr. Cairns Forsyth to open the discussion.

Mr. FORSYTH, after expressing his agreement with all that Dr. Cammidge had said in regard to the diagnosis of the various forms of obstruction to the flow of bile, turned his attention to the difficulty of knowing when to operate after the pathological diagnosis had been made. This difficulty was greatest in the so-called borderland cases. He called attention to the fact that formerly surgeons feared to operate on cases of cancer of the pancreas. Nowadays, however, it was recognized that the diagnosis of cancer might be made in cases of advanced chronic pancreatitis and in other conditions. Great relief could be secured by operation in these cases, and in his own experience much good had resulted after operating in cases which would have been left untouched formerly. In some cases the size of the swelling led to the erroneous belief that it was malignant, while at the operation it was found that the condition was inflammatory. Even in cancer relief could at times be attained by operation. Cancer of the pancreas did not always kill rapidly. It used to be held that the fatal termination took place within a few months of the detection. He had seen cases in which the disease lasted for years. He spoke of one case in which the jaundice had disappeared after cholecystenterostomy, and had only reappeared three years later, when the growth nipped the cystic duct. It is a mistake to allow these cases of obstruction to go on too long. The idea formerly held that they yielded an operative mortality of 30 per cent. was entirely wrong. It must be borne in mind that carcinoma might develop on top of gall-stone cases. He cited cases which showed that if the operation had taken place for the removal of the gall stones the cancer could have been averted. He briefly referred to the examination of the urine, faeces, and blood, and pointed out that care, skill, and practice were required. It was an analysis which every one was not capable of doing properly. But, at the same time, he was absolutely certain of the benefit which followed when this was thoroughly done. Lastly he spoke of operation on diabetics. Diabetes following on disease of the pancreas called for care. He would be very guarded in expressing an opinion in general as to the advisability of operation in these cases. He agreed with Dr. Cammidge that the risk of failure on the part of the wound to heal was more serious than the risk of sepsis. Furthermore, relapses were not infrequent.

Dr. CLAUDE TAYLOR referred to the case of a small boy whose motions were said to be white and glistening. The symptoms were those of constipation and indigestion, and he asked Dr. Cammidge whether he would attribute the shining character to the presence of crystals.

Dr. PIDCOCK asked how long Dr. Cammidge would be content to wait before operating on a patient affected with jaundice. He also asked what he considered was the best intestinal antiseptic.

Dr. FORD ANDERSON mentioned cases which he had had where the gall bladder was enormously thickened, the patient jaundiced with high fever and tenderness over the region of the gall bladder. The gall bladder was removed in one of his cases, and was found to be full of stones. The calculi had not reached the cystic or common ducts, and yet there was jaundice present. Was it right to call these cases of haematogenous jaundice caused by an infected gall bladder? and would removal of the gall bladder be indicated? Referring to chlorosis with icteric tint of skin, was it the result of damage to red blood corpuscles by septic conditions of intestinal tract? He next mentioned hereditary chronic jaundice, and asked whether these cases were also haematogenous and whether there were any means of arresting the process. In connexion with the clay-coloured stools of obstructive jaundice, he referred to the clay-coloured stools of infantilism, and remarked that treatment was disappointing in his cases. Dealing with cases of gall stones without jaundice, he mentioned a case of complete obstruction of the bowel from a large gall stone, of which he showed a cast; on the surface of this was an impression which he interpreted as being that of a Peyer's patch. This stone was removed from the small intestine by the late Sir Thomas Smith, and had not produced any symptom at all until the obstruction occurred.

Mr. FORSYTH remarked that he had seen similar cases, and described one of obstruction of the stomach by a very large stone which had not produced any symptoms of colic.

In his reply, Dr. CAMMIDGE regretted that it was impossible to form an opinion with regard to Dr. Taylor's case on the available information. The motions would have to be analysed. To Dr. Pidcock he stated that he would not wait at all when the examination and clinical evidence told him that operation was needed. In catarrhal jaundice, if the pancreatic reaction persisted after rest and other treatment for six weeks, he would operate, although he recognized that some cases cleared up spontaneously after a much longer period. Kehr had suggested this time. With regard to intestinal antiseptics, it was stated that not a single one was known which would sterilize the intestinal tract without injuring the patient by its toxic action. He found calomel useful, and also salicylate, especially of bismuth. Urotropin and its derivatives were also valuable. This drug was excreted rapidly from all the mucous surfaces. He found it wise to start with small doses, for example, 2 grains three times a day, and gradually work up to 10 grains three times a day. In some cases an idiosyncrasy against the drug existed, and unpleasant symptoms might be produced by 5 grains. He also spoke

THE ORIGIN OF THE LONDON SCHOOL OF MEDICINE FOR WOMEN.

SIR,—May I correct an inaccuracy which occurs in the obituary notice of Dr. James Edmunds in the JOURNAL of February 25th? It is stated that the Female Medical Society, founded by Dr. Edmunds, "was merged afterwards in the London School of Medicine for Women, and that he retired from it because his own views were not favourable to carrying the medical education of women to the point of enabling them to become registered medical practitioners."

The London School of Medicine was opened in 1874, and had no connexion with the classes organized by Dr. Edmunds some eight to ten years previously, nor did Dr. Edmunds at any time take part in the foundation or management of the school.

My mother (Mrs. Isabel Thorne), Miss Jex-Blake, and Miss Chaplin attended a few of Dr. Edmunds's classes, but finding the teaching inadequate, went to Edinburgh to try and gain admittance to the university. This, after some five years, proving impossible, they returned to London, and, with the help of Mrs. Garrett Anderson, the late Sir William Broadbent, Dr. Cheadle, Dr. Thomas King Chambers, Professor Huxley, and many others, organized and opened the London School of Medicine for Women.—I am, etc.,

MARY THORNE,
Honorary Secretary, London (Royal Free Hospital) School of Medicine for Women.

London, W., Feb. 26th.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Conferment of Degrees.

The following degrees have been conferred:

M.D.—C. H. Gregory, W. V. Naish.
M.B.—L. M. Routh.

Proposed Establishment of a Diploma in Psychological Medicine.

The Special Board for Medicine have drawn up a report for communication to the Senate, in which they state their belief that an examination in Psychological Medicine and its cognate subjects could not fail to raise the present standard of efficiency in applicants for asylum posts, and that it would lead to the provision of appropriate courses for the training of those who wished to advance our knowledge of Psychiatry. They believe that the Legislature would quickly come to recognize the diploma as a qualification which must necessarily be held by all medical officers of public institutions for the insane, and is desirable in candidates for medical appointments connected with education, the Poor Law, and the Prisons.

The Board recommend that the examination consist of two parts, the subjects of examination in Part I being: (1) Anatomy and Physiology of the Nervous System, (2) Psychology; Part II, (1) Neurology, Clinical and Pathological; (2) Psychiatry, Lunacy Law, and Asylum Administration. Part I should be open to all who hold a registrable qualification in Medicine, Surgery, and Midwifery.

Before a candidate can present himself for Part II he shall have been a registered medical practitioner for not less than two years and have had one year's clinical experience in an institution for the insane which is recognized by the university

UNIVERSITY OF SHEFFIELD.

Appointments.

THE Council at its last meeting made the following appointments: Dr. Sinclair White, M.D., M.Ch., R.U.I., F.R.C.S., to the Professorship of Surgery in the University, in succession to Mr. R. J. Pye-Smith, resigned; Mr. George Stanfield, B.Eng. (Sheffield), to the post of Demonstrator in Engineering; Mr. Ll. Lloyd, B.Sc.Lond., to the post of Assistant Curator of the Zoological Museum.

SOCIETY OF APOTHECARIES OF LONDON.

AT the February examinations the following candidates passed in the various subjects indicated:

SURGERY.—W. J. Gibson (Sections I and II), London Hospital.
MEDICINE.—M. J. A. des Ligneris (Sections I and II), Berne; C. B. Hawthorne (Sections I and II), Cambridge and Birmingham; J. B. Holmes (Section I), Manchester; J. C. Johnson (Sections I and II), Middlesex Hospital; H. T. Roberts (Section II), St. Mary's Hospital.
FORENSIC MEDICINE.—M. J. A. des Ligneris, Berne; D. M. Hunt, London Hospital: H Rowntree, Middlesex.
MIDWIFERY.—H. H. Budd, St. Mary's Hospital; C. de C. W. Langdon, Manchester; J. G. Lewis, Durham; T. T. O'Callaghan, Guy's Hospital.

Diplomas Granted.

The diploma of the society was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery:

W. J. Gibson, J. C. Johnson, and M. J. A. des Ligneris.

The Services.

UNIVERSITY OF LONDON OFFICERS' TRAINING CORPS.

THE second annual report by the Military Education Committee on the administration and work of the London University Contingent of the Officers' Training Corps was presented to the Senate on February 22nd. This committee was, in accordance with the War Office regulations, entrusted with the general administration of the contingent by the Senate, and was enlarged on December 14th last. The contingent itself has during the past year been increased by the formation of two new units—namely, one section of Field Artillery armed with two 18-pounder field guns, and a Transport and Supply section of the Army Service Corps. A fourth section formed by cadets at Middlesex Hospital, where its head quarters are established, has also been added to the Field Ambulance. The strength of the contingent as at December 31st, 1910, was 953, an increase of 170. Of this total the Field Ambulance supplies 321, 77 being in A Section at St. Bartholomew's Hospital, 95 in B Section at Guy's, 74 in C Section at the University College Hospital, and 75 in the new D Section above mentioned. There are nine medical officers—two majors, three captains, and four lieutenants. For the A certificate examination held in November, 1909, 202 candidates entered. Of these 105 were medical and 56 passed. Twenty-six medical candidates entered for the May, 1910, examination, and 15 passed. For the B certificate 2 medical candidates entered at the May examination, 1 of whom passed; 11 entered at the November, 1910, examination, and 10 passed.

That the training corps has already begun to fulfil its recognized objects is evident even during its second year, as 11 of its members received commissions in the Regular or Territorial Forces—5 in the former and 6 in the latter. One passed to the R.A.M.C., and 3 received commissions in the contingent itself. This is considered most encouraging, as the full advantages of the training in the corps do not accrue until cadets have taken the B certificate, for which at least two years' service in the Officers' Training Corps are required.

The criticism of the inspecting officer on the inadequacy of the general head quarters of the contingent has resulted in the promotion of a scheme for a considerable increase in the available accommodation, which the committee hope to have completed before the next annual inspection falls due.

TERRITORIAL FORCE.

FIRST SOUTH MIDLAND FIELD AMBULANCE.

THE annual supper in connexion with the 1st South Midland Field Ambulance of Territorials was held at the Old Royal Hotel, Birmingham, on February 25th. Lieutenant-Colonel Cyril Howkins was in the chair. Proposing the toast of "The First Field Ambulance," Colonel W. P. Whitcombe, A.M.O., South Midland Division, said the success of the unit had been remarkable. A few months ago it had attained its full establishment, but now possessed 96 per cent., and with recruits coming in fast the full 100 per cent. was assured. In a few months many of the men would come to the end of their term of enlistment, but he hoped they would earnestly consider the position of the Territorial Force, and sign on for another period of service. Four years was not a sufficient time in which to learn their work, but by remaining in the unit they would be doing something for their country, helping to relieve suffering, and bringing many advantages to themselves. Lieutenant-Colonel Howkins, responding, appealed to the men whose time was nearly up to remain in the ambulance till it got into a more settled condition. There was not the slightest doubt, though War Office sanction had not yet been received, that their head quarters would soon be at the Great Brook Street Barracks. There was room there for a riding school and outdoor drilling, and plenty of accommodation for the holding of lectures.

THE (American) National Association for the Study and Prevention of Tuberculosis will hold its seventh annual meeting this year at Denver, Colorado, on June 20th and 21st, under the presidency of Dr. William H. Welch, of Baltimore.

THE New York State Legislature has been asked to appoint a commission to investigate the prevalence of tuberculosis in the State, and to suggest whatever legislative measures may seem necessary to remedy the condition favouring such prevalence. It is suggested that the commission consist of three assemblymen, two senators, the State Commissioner of Health, and one physician to be selected by the Governor. Another resolution contains a proposal for an amendment to the Constitution authorizing the Legislature to set aside an area of a thousand acres or less in the Adirondack State Park, on which may be erected a State hospital for the treatment of tuberculosis. According to the *Medical Record*, the supporters of this resolution urge in its favour that a proposal to erect a country hospital for the treatment of the disease nearly always meets with opposition from the people of the neighbourhood, whereas a State institution in the State park would meet with no objection.

three days, and in the other case the patient died. He himself had never examined a knee of this kind with an anaesthetic. Asked if he saw any impropriety in giving gas for an examination, the witness answered that he would not give it himself. He would use chloroform. The witness agreed that gas was the least dangerous anaesthetic.

Cross-examined by Sir E. Clarke, he said he had frequently had to examine tuberculous joints. It took a considerable time. He had always been able to make an examination without an anaesthetic. He would use chloroform if he used one at all, because one had longer time for examination, and the joint was relaxed. Gas caused rigidity, and defeated the purpose of the examiner. He had never heard of the examination of a tuberculous joint in forty seconds. When he saw the knee it had been in formalin for nine months.

Sir Edward Clarke then put to the witness the report signed by Mr. Waterhouse, Drs. Bunn, Carruthers, and Anderson, saying that all the muscles were oedematous, that the pyogenic organisms had gained access to the joints through the sinus, and that the condition was one of septic arthritis supervening on tuberculosis, and asked him if he agreed with that report. The witness replied in the affirmative. Re-examined, he said the arthritis was caused by microbes going up the sinus into the joint.

Dr. Phillip said he had been in practice twenty-two years. For twelve years he had been practising as operating surgeon in Belfast. He now practised in London. He saw the plaintiff at Dr. Bunn's on January 18th. The plaintiff said he felt no pain after the gas, but that he did not remember much about it. When he examined the limb after the amputation, the joint was in a very advanced state of tuberculous disease. He should say the limb was doomed to amputation in November, 1909. There was no effective encapsulation as a rule. Great violence would be required to break it down. In a very short time—within twenty-four hours—the plaintiff would have been in exquisite pain. There would have been signs of fracture and tearing of the tissues about the joints had violence been used. There were no such signs in the case of the plaintiff. He would never have been able to walk again had violence been used.

Cross-examined by Sir E. Clarke, he said he had never heard of an intentional case of wrenching a tuberculous knee. He did not think the fact that the plaintiff was able to use his leg indicated a quiescent state of the disease. The fact that he had some pain would show that it was active. The tissues were actually destroyed. Asked whether he agreed with the report of Mr. Waterhouse and the other doctors, the witness said he believed the joint was disorganized before the amputation. Answering other questions as to the report, the witness said there would not have been, under proper antiseptic treatment, any pyogenic organisms.

Mr. Justice Darling said: But there was not proper antiseptic treatment here. There was a sore, and it burst, and that sore had existed for months.

Mr. Walter Whitehead, one time Professor of Clinical Surgery at Manchester, examined by Mr. Holman Gregory, said he agreed with the evidence of the previous witnesses called by the defendant. He had recently seen the amputated leg, and formed the opinion the knee must have been in a hopeless condition in November, 1909, when it was examined by defendant.

Sir E. Carson, in addressing the jury, said the defendant had been able to secure three of the most eminent surgeons in the profession to give evidence on his behalf. They were asked to find negligence. Let them be sure there were adequate grounds and not be satisfied with such slender ground as that of the theory of encapsulation. The defendant's letters no doubt were unfortunate in wording, but the main fact remained the same, that everything in April, 1910, could be deduced from the facts admitted and the notes the defendant had actually made upon the case. If the note in the casebook was written at the time it purported to be written, all the prejudice imported in the case from the letters the defendant had written went by the board. Sir E. Clarke had not, when he read the entries in the appointment book, read the entry of the 16th, which ran, "Moved joint under gas gently — undoubtedly diseased," and Sir Edward had made use of the entries in the appointment book, and then, when it suited his purpose, had suggested by his cross-examination that they were made up for the purposes of the action. Counsel commented upon the absence of Messrs. Boyd and Clogg, of Charing Cross Hospital, who had examined the limb and taken tests. There was not a single witness who could give any evidence that there was encapsulation in November and December, 1909, and if that theory went, there was no case against the defendant. There was no calling in question the skill of the defendant in diagnosing the case; and if he had diagnosed the case accurately what need was there of any force? With regard to the evidence of Mr. Axham, Counsel said there was absolutely no reason why he should take the trouble to come to the court and give untrue evidence. If they believed the defendant, he had told the plaintiff every time he saw him that he must see a surgeon; and the plaintiff admitted having been so advised on two occasions. Yet, notwithstanding that, Sir E. Clarke was suggesting that so anxious was the defendant to snatch a few guineas from a young man that he grasped at the case at all costs.

Sir E. Clarke, addressing the jury, said the case practically resolved itself into one thing: Did they believe the plaintiff's account of what took place, or did they believe the defendant? Mr. Barker's evidence was not such as they could rely upon. Writing on April 15th, he had referred to what he calls his notes of the case. There were no such notes as were indicated, and defendant admitted he had elaborated what were there. If, knowing the plaintiff's leg to be in the last stage of tuberculosis, the defendant made any statement to the plaintiff or to the plaintiff's sisters to the effect that he would effect a cure, then surely that was an end of the case. Sir Edward Clarke then referred to the evidence of Dr. Garrard, who had said that he had made many examinations of tuberculosis, but would never have dreamt of making such examinations under gas. Alluding to the report signed by Mr. Waterhouse and Drs. Bunn, Carruthers, and Anderson, as to the condition of the limb when it was amputated, he said that that condition was exactly what one might have expected if the bacilli were set free by some such wrench or other violence as was alleged. He asked them to say that on the defendant's own evidence alone he had been guilty of gross negligence.

Mr. Justice Darling, summing up, said there was no doubt the defendant was a man of great skill in his business. But, though he had no degrees, he could not rely upon that to excuse any want of knowledge. The greater his skill in the manipulation of joints, the greater was the degree of care the plaintiff was entitled to expect of him.

Referring to the evidence in detail, His Lordship said that if at the first examination (assuming it were an examination) the defendant had really told plaintiff the case was such a hopeless one that he must go to a doctor, and that there was no chance of saving his leg, then why put the plaintiff to the expense of another 5 guineas for a second examination? What need was there for a second examination at all? Did they believe that only an examination took place on each occasion? If they could not make up their minds upon that, the plaintiff's case was gone. Referring to Mr. Joye's evidence, His Lordship said if they believed that evidence it certainly pointed to something having been done very much otherwise than a gentle movement such as the defendant had described in his letters and evidence. The crux of the case was what was done on the two days in question, and the evidence of the defendant upon that was absolutely irreconcilable with what the plaintiff's witnesses said.

The jury returned a verdict for the plaintiff for £21, having been away for one hour.

Judgement and costs accordingly.

WORKMEN'S COMPENSATION ACT, 1906.

THE Home Office has published a list of the names, addresses, and districts of certifying factory surgeons in England and Wales. The duties of the certifying surgeon have since 1907 been extended to industries outside the Factory Act by the provisions in the Workmen's Compensation Act with respect to compensation for industrial disease, under which a worker in those industries before he can claim compensation for disease has to obtain a certificate from the certifying surgeon; and this list has been prepared as a ready means of reference for workers and their representatives desiring to ascertain the name and address of the certifying surgeon to whom application must be made in any particular case. (Persons employed in factories or workshops can always ascertain the name and address of the certifying surgeon by reference to the abstract posted up in the works.) The list is published at 1s., and can be obtained, either directly or through any bookseller, from Messrs. Wyman and Sons, Limited, Fetter Lane, London, E.C. Similar lists for Scotland and Ireland will be published in due course.

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.

PROFESSIONAL CHARGES.

F. C.—The fees mentioned seem to be extremely reasonable, and under the circumstances it is quite fair to expect the estate to pay.

Medical News.

AT the meeting of the Pharmaceutical Society of Great Britain at 17, Bloomsbury Square, W.C., on Tuesday next, at 8 p.m., a paper on the therapeutic uses of radium, illustrated by an emanatorium and other exhibits, will be read by Messrs. H. C. T. Gardner and O. A. Elias.

PROFESSOR KITASATO has been commissioned by the Japanese Government to proceed to Manchuria with an official from the Colonization Office to report on the measures to be adopted to prevent the diffusion of the plague. The Government has asked for a subsidy of £200,000 to meet the expenses caused by the epidemic.

A CONFERENCE on the medical inspection and treatment of school children, promoted by the Fabian Education Group, will be held on Thursday, March 16th, at Clifford's Inn Hall, Fleet Street. The chair will be taken at 8 p.m.

by Sir Victor Horsley, and Mr. Reginald Bray, L.C.C., will read a paper on what has been done by the County Council. Miss Marian Phillips, D.Sc., will follow with a criticism, and Miss Margaret McMillan will speak on what might be done. Questions and debate will follow.

THE annual general meeting of the British Medical Benevolent Fund will be held at the house of the Medical Society of London, 11, Chandos Street, W., on Monday next, at 5 p.m. The meeting will be addressed by the Presidents of the Royal Colleges of Physicians and Surgeons, and the Master of Downing College, Cambridge (Professor Howard Marsh).

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on February 17th, 1911, Dr. de Havilland-Hall in the chair. The accounts presented showed that the business of the society during the early part of this year has been exceptionally good. The number of new entrants has been greater than in any similar period since the commencement of the society's operations, and although at this season of the year a number of sickness claims considerably in excess of the average is looked for, the experience so far has been even under the average. The annual general meeting of the society will be held in May, and the accounts for 1910, which will then be presented to the members, will show a very successful year's working. The total sum disbursed as sick pay is well under the amount expected and provided for in the tables of contributions, and a large increase has been made in the reserves, which now amount to over £240,000. The society is purely mutual, and its reserves have been produced by economy of management, cautious investments of funds, and careful superintendence of its ever-increasing operations. No agents are employed, and no commission or payment of any kind is allowed for the introduction of new business, yet the rate of management expenses is little more than half what was thought to be necessary and accordingly provided for when the society started in 1884. Prospectuses and all further particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

THE annual dinner of the West London Medico-Chirurgical Society was held on February 22nd at the Hotel Great Central, London. Dr. Phineas Abraham, the President, was in the chair, and a large muster of members and guests were present. The musical programme was excellent; Mr. John Ivimey, whose talents as a pianist and accompanist have secured him a high reputation, was supported by Messrs. J. Davis, Edgar Coyle, Charles Collette, and Stuart Debnam. Mr. McAdam Eccles proposed the toast of "The Imperial Forces." Sir James Porter, K.C.B., Medical Director-General, R.N., in reply, referred to Mr. Haldane's scheme of National defence, and expressed the opinion, much as he disliked the word conscription, that if this scheme did not succeed, it would be necessary to call on each man to serve in the forces. In dealing with the navy, he spoke of the recent statements made in Berlin that the estimates of the Prime Minister and of the First Lord as to the strength of the German fleet and the number of ships laid down were erroneous. Construction would continue, he stated, in both countries, and the building of larger, stronger, and swifter ships by our friends across the North Sea was of course only intended to be for defensive purposes. We, however, must continue to pay our national life insurance premiums year by year cheerfully. The toast of "The West London Medico-Chirurgical Society" was ably proposed by Mr. Charters Symonds. In the course of his remarks, he paid a tribute to the Cavendish Lecturers and to the social side of the society's work. Dr. Abraham returned thanks for the toast, referring in sympathetic terms to the work of the late Mr. Keetley, to whom the society owed its existence. After touching on the scientific work of the society, he congratulated the members on the fact that several of the original members were present at the dinner; out of the total number of 115 original members, 34 were still active, including several of the past presidents. For the kindred societies, Dr. Barry Ball spoke of the amicable relations existing between a number of these and the West London Medico-Chirurgical Society. Mr. Ernest Lane responded, as President of the Harveian Society. The remaining toasts, namely, "The Guests" and "The Chairman," were ably proposed and replied to, Mr. T. Mostyn Pigott, as a lay guest, entertaining the assembly with a charming and witty speech. A graceful compliment was paid to the Honorary Secretary, Dr. Page, by the Chairman in his response.

Letters, Notes, and Answers.

☞ *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.

D. S. HY. asks for references to accessible literature on the present methods of control and prevention of scarlet fever, the defects and the necessary remedies or modifications of these methods.

NORTH asks for suggestions as to the treatment of a case of "burning heat" and pains in the legs and feet, which come on immediately on patient getting into bed at night and prevent all sleep for many hours. Otherwise the patient enjoys good health, though leading a sedentary life, and there is nothing to be seen wrong with the legs except slight swelling occasionally; no varicose veins.

PEDESTRIAN asks for a remedy for tender feet. He has suffered very much of late years even after a short walk. Boric acid and talc, naphthol and spirit, boric ointment, etc., do not give relief, and knitted socks seem to make matters worse. After a long walk the feet are moist, but perspiration is not excessive. He inquires if a preparation of formalin would be useful and safe.

INHABITED HOUSE DUTY.

A. C. R. inquires whether a house used partly for professional purposes is chargeable at a reduced rate of house duty, and, if not, whether the case would be altered if he were to live away and use the house as a surgery.

*** No relief from house duty is allowed in the circumstances first named; if the surgery were not dwelt in at all, and were not within the curtilage of the house occupied by the practitioner, no house duty would be chargeable.

ANSWERS.

GENERAL PSORIASIS.

DR. J. O'DONOVAN (Kingstown) writes: If "Senex" will try 10-minim doses of Donovan's solution in 1 oz. compound decoction of sarsaparilla three times a day for one month, *after food*, he may see some good results.

TREATMENT OF GLOSSITIS.

DR. H. J. THORP (Ipswich) writes: For the treatment of glossitis I recommend the following mouth wash:

℞	Mercuric chloride	gr. ij
	Ac. hydrochlor. fort.	♏viij
	Glycerine	ʒss
	Aquam... ... ... ad	ʒviij

Fiat garg.

A NEUROLOGICAL CONUNDRUM.

F. W. M. P. writes: In answer to "Justinian," I should like to suggest that the patient was allowed to get up and move about on crutches, and that the head of his crutch pressed on the musculo-spiral nerve, and caused crutch palsy, one of the symptoms of which is drop wrist.

LETTERS, NOTES, ETC.

THYROID EXTRACT IN CARCINOMA.

DR. FRANK B. SKERRETT (Forest Gate, E.) writes: It appears to me that Dr. Hughes Jones, in his article on thyroid cancer in the issue of February 25th, p. 432, is not free from criticism in placing so great a stress on the fact that cancerous tumours sometimes undergo a degenerative change beginning at the centre and spreading towards the periphery, and assuming, as he evidently does, that this shows a definite natural life-cycle for the cancer cell. I may be wrong, but I was always under the impression that this change was not due to an inherent tendency on the part of the cancer cell to degenerate, but that it was simply due primarily to mechanical causes—namely, self-strangulation—cutting off the blood stream, and thereby stopping the nutrient supply to the central cells and the elimination of the products of their metabolism. It is true, probably, that the centrally placed cells are the oldest, but still they are also the furthest removed from a gradually diminishing blood supply, so that it is a point worth settling before any hopes are based upon it.