

in part at any rate, lactic acid. Neither bread gave Uffelmann's or Hopkins's tests previous to the chewing. Both gave these tests markedly afterwards.

TABLE V.

Table showing Amount in C.cm. of N/10 NaHO required to Neutralize 5 Grams of Bread of well-known London Make after Chewing for Two Minutes.

Name.	Standard.	White.	White.	Standard	Order of Chewing.
B.	1.7	1.3	0.8	1.0	S. W. W. S.
H.	1.3	1.5	1.4	1.5	"
F.	0.8	0.9	1.2	1.0	"
M.	1.1	0.9	—	—	"
X.	1.5	1.8	1.9	1.3	"
A.	2.0	1.5	1.5	2.2	W. S. S. W.
J.	1.2	1.4	1.6	1.3	S. W. W. S.
Ba.	2.2	1.8	1.3	1.9	W. S. S. W.
Bo.	1.7	1.3	1.5	1.9	S. W. W. S.
L.	1.6	1.4	—	—	S. W.
C.	0.8	0.5	1.1	1.6	S. W. W. S.
P.	2.1	2.3	3.0	2.8	W. S. S. W.
S.	1.6	2.0	1.2	1.4	S. W. W. S.
Y.	1.5	1.9	1.1	1.0	W. S. S. W.
W.	1.8	1.4	1.3	1.8	"
V.	1.7	1.4	—	—	W. S.
Pr.	1.5	1.0	1.0	1.7	S. W. W. S.
M. F.	1.0	1.0	1.1	1.1	"

We draw attention to the fact that Reid Hunt⁴ has found mice more susceptible to poisoning by acetonitrile when fed on biscuit powder and water than when fed on oatmeal and water.

REFERENCES.

¹ BRITISH MEDICAL JOURNAL, May 13th. ² Ibid., May 6th. ³ United States Department of Agriculture Bulletin 156. ⁴ Treasury Department, U.S.A., Hygiene Bulletin No. 69, 1910.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

THE USE OF X RAYS AND THE ADMINISTRATION OF METALLIC SILVER IN THE TREATMENT OF CERTAIN DISEASES OF THE ALIMENTARY TRACT.

(Preliminary Note.)

THE undoubted effect which x rays have in stimulating the healing of chronic ulcers on the external surface of the body led me, some years ago, to employ them in the treatment of presumed ulceration of the alimentary tract. I used a hard tube with an aluminium filter, and irradiated the skin area over the supposed site of the lesion. Benefit seemed to accrue in some cases, but I was only too conscious of the weak points of the method. The rays used were of a kind not commonly believed to possess any great therapeutic activity, and it is probable that only a small fraction of the total dose was absorbed by the diseased surface. I had had one or two complete failures, and was beginning to lose interest in the subject, when the publication of Sir J. J. Thomson's address describing Professor Barkla's experiments on secondary radiation¹ caused me to take up the matter afresh. The central fact which struck me was that silver emitted a radiation similar in its properties to the beta rays of radium. I obtained some of the metal in a chemically pure precipitated form, and administered it to myself in doses of 30 grains t.d.s. for a fortnight. As no evil results occurred, I concluded that it might be taken with safety. My idea was this: That the irradiation of a hollow viscus containing metallic silver would result in a "reflection" of soft secondary rays; and that, provided the primary stream were directed successively at various angles to the part affected, a number

of these must of necessity "strike back" at any diseased area in the walls of the organ.

I have made use of this principle now for a period of six months with considerable success, at least temporary. My cases include ulceration of the caecum, gastric ulcer, and doubtful malignant obstruction of the pylorus. It is, of course, much too early to speak of ultimate results, but I may at least claim for my method that it is a reasonable attempt to make practical use of the newly-discovered facts enunciated in the address referred to.

FRANCIS HERNAMAN-JOHNSON, M.D. & ABERD.,
Ch.B., R.N. (ret.).

Radiographer to the Bishop Auckland District Hospital,
Durham; late Surgeon, Royal Naval Hospital,
Plymouth.

AN OVERDOSE OF PHENACETIN.

A GENTLEMAN of vigorous physique was ordered a cachet containing 9 grains of phenacetin and 1 of caffeine during influenzal pyrexia. He took in error eight cachets within the space of one hour, containing 72 grains of phenacetin.

One hour after taking the phenacetin he felt nauseated and much depressed; the headache had gone, and he complained of giddiness. On rising from his bed he could scarcely stand, and had to be helped back. There was profuse perspiration. He vomited after a cup of tea, but no trace of the phenacetin was observed in the vomit.

Two hours after the phenacetin had been taken the temperature was subnormal, surface cold, countenance ashy-grey and drawn. There was marked cyanosis, the breathing was slow and laboured, the pulse irregular, slow, and weak. The patient complained of feeling very weak and of nausea. I gave him 2 oz. of whisky, which he was able to swallow without vomiting, and a hypodermic injection of $\frac{3}{16}$ grain of strychnine. Oxygen was administered freely, with marked effect upon the cyanosis and respirations.

The urgent symptoms passed within three hours. The next day the patient felt depressed, and cyanosis was still in evidence; on the following day he had completely recovered.

Rome.

A. G. WELSFORD, M.D., F.R.C.S.

LIVING CHILD AND DEAD FETUS.

THE following case may prove of interest alongside the one recorded in the BRITISH MEDICAL JOURNAL of February 4th, p. 252: On July 14th, 1900, I attended Mrs. C., 7 para; she informed me that she did not expect her confinement for fully a month, that she had not been in good health for about two or three months, that she felt "queer," being easily tired, unable for her work, very restless and sleepless at nights, and that she had not had similar feelings in her previous pregnancies. She had been in town in the afternoon for two hours and returned so exhausted that she went to bed. An hour later labour commenced. She gave no history of abortion or miscarriage. She was seen about five hours after labour began, the pains being fairly strong; the os uteri was found to be almost fully dilated. There was no protrusion of the membranes during the pains, nor did they get much tenser, but they felt thickened, and lying within them a number of small loose bones were made out. As the patient felt tired an anaesthetic was given, when it was clearly made out to be a dead fetus. The thickened membranes were ruptured and fully 6 oz. of a dark, non-offensive fluid, resembling thickened brown soup, came away. The dead fetus was easily removed. Enclosed in a separate sac, lying well up in the uterus, was a living child; the membranes were ruptured, a foot seized, and delivery was easily effected. There was one placenta of large size, which appeared quite healthy, but two sacs of membranes.

The dead fetus was slightly macerated; it was 4 to 5 in. long, the skull bones lying loose inside the scalp. The epidermis was gone, the cutis of a dark red colour, the umbilical cord shrivelled. The fetus had the appearance of having died about the fifth month of pregnancy.

The living child was a female of small size, fully formed, but evidently three to four weeks premature, judging by the finger-nails. Artificial respiration was required for a few minutes after delivery. On the following day there was lividity of both legs, more pronounced in the left, which disappeared in a week. The child remained rather

weakly for about ten days. The mother made an excellent recovery.

The family removed from the district at the end of 1900, but returned five years later (1905), when the mother consulted me with regard to the child. She informed me that it had never been of robust health, but had not suffered from any serious illness; it was likewise very irritable; it was 3 years old before walking, and then with difficulty. The child was well nourished. The gait was very unsteady, there being a spastic condition of the legs, but no wasting of muscles; no impairment of sensations; the knee-jerks were increased, ankle clonus was absent; there was great difficulty in turning round and in balancing. The condition was evidently one of cerebral diplegia.

The interest attaching to this case is the presence of a living child and dead fetus. Arising from this it may be asked: (1) If the presence of the dead fetus caused the impairment of the mother's health complained of? (2) If the presence of the dead fetus caused labour to take place before full term? (3) If the presence of the dead fetus in any manner affected the after-history of the live child?

Cults, Aberdeen.

ROBERT BRUCE, M.A., M.D.

EXCISION OF SCAPULA IN ADVERSE CIRCUMSTANCES.

I DESIRE to report this case to exemplify the endurance of Persian patients and the success which attends operations done under the most adverse conditions.

In July, 1910, a Bokhari girl aged 8 years was brought to me with the following history: Four weeks before she had fallen from the roof and sustained some injury, probably fracture in the region of the elbow-joint. A native hakim put the arm in splints, and in spite of the incessant cries of the child they were not taken off for about a fortnight, till one morning the whole arm from the shoulder-joint dropped off.

When brought to me the child was in a very weak and exhausted condition. The whole of the left arm was missing; the necrosed and blackened coracoid process could be seen in the midst of a mass of purulent and gangrenous exudation. After using antiseptic dressings and stimulants for two days, I anaesthetized the child (chloroform) and removed the scapula. The body of the bone was unaffected except for the lower angle, which was necrosed. I was rather doubtful as to whether the acromial end of the clavicle was affected or not, but as I was entirely single-handed, both as to giving the anaesthetic and performing the operation, I did not remove any part of it. The large cavity left was packed with iodoform gauze, and gradually granulated up, and new skin formed. It was dressed daily for about a month.

Six days after the operation I had to shift my camp twenty-five miles, and the patient accompanied the caravan, riding on a donkey.

E. N. MACBRAIN ROSS, M.B., Ch.B.Glas.,
L.M.Rotunda.

Charmahal, Persia.

POISONING AFTER SMALL DOSES OF ASPIRIN.
DR. CONWY MORGAN'S interesting case of aspirin idiosyncrasy, recorded in the JOURNAL of February 11th, p. 307, recalls to my mind a similar unpleasant experience which happened to myself early in November, 1909.

Some rheumatic pains in the right shoulder had been inconveniencing me in the use of the right arm, and a medical friend strongly advised me to try aspirin. This I did, taking in all 15 grains, over a period of between four and five hours, in three doses of 5 grains each. About 8 p.m., and within twenty minutes of taking the third dose, marked oedema of the eyelids, forehead, and cheeks suddenly developed, and in a few minutes the swelling was so great that my eyeglasses would not remain on my nose, and I was unable to see unless I separated the puffy eyelids with my fingers. There were no symptoms other than the mechanical discomfort from the swelling. My throat was not affected in any way. The oedema was much less next morning, but it did not entirely disappear until the end of the third day. I felt perfectly well in every respect, and the rheumatic pains disappeared within twenty-four hours of taking the drug.

Strange to say, next day a lady patient told me that she was similarly affected by aspirin, and that 5 grains were sufficient to cause puffiness of her eyelids.

London, W.

PETER H. ABERCROMBIE.

Reports

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

ROYAL NAVAL HOSPITAL, PLYMOUTH.

A CASE OF FRACTURE OF THE SPINE DUE TO MUSCULAR ACTION.

(By VIDAL G. THORPE, M.R.C.S., L.S.A.,
Fleet Surgeon, R.N.)

IN the BRITISH MEDICAL JOURNAL of October 15th, 1910, are reported two cases of fracture of the transverse processes of the vertebrae due to muscular violence. Apparently, this accident is more common than is generally supposed, and may possibly account for some obscure instances of so-called chronic lumbago following injuries. Lange¹ published two cases, both detected during life by skiagraphy; and he gives a short epitome of the literature of the subject, the injury previously having been noted eight times during life and three times *post mortem*.

Fracture of the lamina by muscular action is a much rarer injury; indeed, Rose and Carless (sixth edition) state that, though this accident is not uncommon, it always results from direct violence. The following case, however, seems to be a striking exception to this rule.

A splendidly developed bluejacket, aged 26, was playing in a Rugby football match near Plymouth on September 11th, 1909. The ball was passed out of a scrum, and was seized by this man, who was playing at stand-off half, and he started to run towards the opposing side's goal. At the same moment he was tackled by an opponent around the hips, and held firmly. The seaman threw the ball to a comrade who was slightly behind him, and, in doing so, gave the upper part of his body a sudden sharp twist towards the left, and immediately fell to the ground with a cry, his opponent falling with him.

State on Admission.—An hour and a half after the accident he was admitted into the Royal Naval Hospital, Plymouth, and was then found to be completely paralysed, both as regards motion and sensation, below the nipple line, the symptoms pointing to an injury at the level of the third or fourth dorsal vertebra. He was perfectly conscious, and able to give a clear account of the accident. Marked priapism was present, and incontinence of faeces. The patellar reflex was lost; the lower limbs were warm, and there was little or no shock.

Operation.—Laminectomy was performed the same evening, after a consultation of the surgical staff of the hospital. The spinous process of the third dorsal vertebra was found to be mobile, and examination showed that the left lamina had been fractured at its junction with the transverse process. The spinous process was nipped through with cutting pliers, and a small trephine applied to its base, the fractured bone, as well as one or two loose sharp spicules, being then removed. No injury to the cord could be detected, and the first effect of the operation was the disappearance of the priapism. The nares were united with catgut, and the skin with silkworm gut without drainage.

Result.—The patient appeared to be doing well till the afternoon of the following day (12th), though there was no return of sensation or movement in the paralysed parts. Then the gravest symptoms supervened, the paralysis extending upwards, with loss of power in the arms; very embarrassed breathing, and difficulty in swallowing; the pulse became small and rapid, and the patient drowsy. The temperature rose to 105.4°, and death took place at 11 p.m., about thirty-two hours after the accident.

Autopsy.—The *post-mortem* examination showed the operation wound to be perfectly healthy. Besides the signs of fracture already discovered, extradural haemorrhage was found opposite the fifth dorsal vertebra, but the spinal cord itself was not crushed. The lungs were engorged and oedematous, and the left lung bound down to the chest wall by old pleuritic adhesions. The remaining organs of the body were healthy.

I think there can be no doubt that this fracture was caused by the action of the muscles of the spine, particularly the multifidus spinae and rotatores dorsi. These would be highly developed in a splendid specimen of manhood such as this bluejacket, accustomed to boatwork and pulling an oar; and when the origin and insertion of these muscles are taken into consideration, it is conceivable that their leverage would be increased if, as in this case, the lower part of the body be held as in a vice, and they were suddenly put into action, and that a fracture would be the possible result.

The details as to how the accident occurred were confirmed by several players in the game, who gave their evidence at the subsequent coroner's inquest, when a verdict of accidental death was returned.

¹ Medical Review, January, 1910, p. 44.

almost always produces such definite and characteristic symptoms that, with the rare exception of certain hæmorrhagic or malignant cases, it is difficult to mistake it. I say without fear of contradiction that the vast majority of mistakes in diagnosis occur with vaccinated subjects. The child, Annie Levy, who was the innocent cause of the outbreak at the Mile End Infirmary, had been vaccinated. Mr. Burns might very well have mentioned this in his reply to Dr. Hillier. Moreover—and this is my point—I submit that if she had not been vaccinated it is unlikely that the mistake in diagnosis which caused the outbreak, with its eight deaths, would ever have been made. Did space permit I would have elaborated this view further, but I trust I have said sufficient to show that there is still some room for debate even amongst those who believe in vaccination.

The experience of Leicester is worth studying. For a quarter of a century infantile vaccination has virtually been abandoned. The most confident predictions have been repeatedly made as to the fate which would overtake the town, and, according to orthodox teaching, those predictions, made in perfect good faith, were fully justified. Yet the event has shown that the predictions were wrong. It was positively asserted that Leicester could not pass through the fire (of an epidemic) without being burnt up. She has passed through the fire, and she has not been burnt up. Surely, then, it is reasonable to submit that the theories upon which those predictions were based require revising.—I am, etc.,

C. KILICK MILLARD,
Medical Officer of Health for Leicester.

Leicester, May 1st.

SIR EDWARD HANNES AND SIR WILLIAM READ.

SIR.—It has always seemed to me very unfair to bracket Sir Edward Hannes and Sir William Read as is done in the rhymes quoted in the very interesting paper on Quackery in the JOURNAL of May 27th. These two men had something in common, but much in which they differed.

Although Hannes was the son of a basket maker (a fact Radcliffe thought fit to remind him of when he and Hannes quarrelled over the treatment of Queen Anne's son), yet he was well educated, having been at Westminster and afterwards at Oxford (Christ Church), where he graduated both M.A. and M.D. Unfortunately, in order to get practice, he stooped to most deplorable tricks, such as employing men to go into coffee taverns and to stop carriages and inquire "whether Dr. Hannes were within." Probably, for conduct of this sort he was never admitted a member of the College of Physicians.

Read, on the other hand, was simply an uneducated humbug, as the following advertisement, which I take from the *London Gazette*, August 21st, 1714, seems to prove:

Sir William Read, Oculist in Ordinary to Her late Majesty, Queen Anne, of Blessed Memory, his Occasions requiring his Attendance on some Persons of Distinction in Distempers relating to the Eyes, is now at home, so that he will be constantly to be advised with at his House in Durham Yard in the Strand, where himself, or the Lady Read, Couches the Poor of Cataracts gratis, which Operation she duly performs, and cures other Distempers incident to the Eyes with good Effect and great Success, having been well instructed by Sir William for the Service of the Public.

The Heralds objected to the Knighthoods conferred by the Sovereign on these men, but for very different reasons. Hannes because he had not registered his coat of arms at Heralds' College; Read, because he was illiterate, or, as they put it, the use of the word "Read" was limited to his name, as he could neither read nor write.—I am, etc.,

May 29th.

S. D. CLIPPINGDALE, M.D.

THE next course of vacation lectures of the Berliner Dozenten-Vereinigung will begin on October 2nd, and conclude on October 28th. Further particulars can be obtained from Herr Melzer, Ziegel-strasse 10-11 (Langenbeck Haus), Berlin.

THE first International Congress on Diseases of Children will be held at Brussels in August next (12th to 18th) under the honorary presidency of Dr. V. Desguin, of Antwerp, and the actual presidency of Dr. Deerdly, of Brussels. The general secretary is Madame Ioteyko, M.D., 35, Avenue Paul de Jaer, Brussels.

Universities and Colleges.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.
AN extraordinary comitia was held at the college on Thursday, May 25th, the President (Sir Thomas Barlow) in the chair.

Licence.

The Licence of the College was granted to James Owen David Wade.

Patent Medicines.

A report was received from the Censors' Board on the letter from the Home Office, dated March 2nd, 1911, concerning the labelling of patent medicines, recommending that—

In reply to the communication from the Home Office, the Royal College of Physicians is of opinion that it would be greatly to the benefit of the public if the manufacturers and vendors of patent medicines were compelled to print on the labels of the bottle or other vessel the exact composition of all such medicine, and the amount of each constituent.

The College, however, recommends that the manufacturers and vendors shall not be allowed to print on the label the names of the diseases or symptoms which the patent medicine purports to cure, as the College is of opinion that such printing of the names furthers the erroneous idea that particular diseases and symptoms can always be cured by particular drugs.

National Insurance Bill.

The College then proceeded to consider the National Insurance Bill. (See SUPPLEMENT, p. 340).

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE Council is at present constituted as follows:

President.

Mr. H. T. Butlin; C, (1) 1895, (2) 1903.

Vice-Presidents.

Mr. R. Clement Lucas; C, (1) 1901, (2) 1909.

Mr. C. W. Mansell Moullin; C, (1) 1902 (substitute), (2) 1907.

Other Members of Council.

Sir Henry Morris, Bart.; C, (1) 1893 (substitute), (2) 1898, (3) 1906.

Mr. Edmund Owen; C, (1) 1897, (2) 1905.

Mr. Rickman Godlee; C, (1) 1897, (2) 1905.

Sir W. Watson Cheyne, Bart.; C, (1) 1897 (substitute), (2) 1901, (3) 1909.

Mr. F. Richardson Cross; C, (1) 1898, (2) 1906.

Sir A. Pearce Gould; C, (1) 1900, (2) 1908.

Mr. Clinton T. Dent; C, 1903.

Mr. G. H. Makins, C.B.; C, 1903.

Sir Frederick S. Eve; C, (1) 1904 (substitute), (2) 1907, (substitute for Sir J. Tweedy till 1912).

Mr. Anthony A. Bowlby, C.M.G.; C, 1904.

Mr. Gilbert Barling; C, 1904.

Mr. C. H. Golding-Bird; C, 1905.

Mr. W. Bruce Clarke; C, 1907.

Mr. Charters J. Symonds; C, 1907.

Mr. W. F. Haslam; C, 1908.

Mr. C. B. Lockwood; C, (1) 1908 (substitute), (2) 1910.

Mr. W. Arbuthnot Lane; C, 1908.

Mr. W. Harrison Cripps; C, (1) 1905 (substitute till 1908), (2) 1909.

Mr. Bilton Pollard; C, 1910.

Mr. C. A. Ballance, M.V.O.; C, 1910 (substitute for Mr. G. A. Wright until 1914).

Mr. J. Bland-Sutton; C, 1910.

The following list shows the proportional representation of metropolitan medical schools and the provinces:

St. Bartholomew's	...	...	5
Guy's	...	...	4
King's College	...	...	1
London	...	...	2
Middlesex	...	...	3
St. George's	...	...	1
St. Mary's	...	...	1
St. Thomas's	...	...	2
University College	...	...	2
Total number attached to London schools	...	...	21
Provincial members (Birmingham 2, Bristol 1)	...	...	3
Total	...	...	24

On this occasion only two members—Mr. Clinton Dent and Mr. Makins—retire, having served eight years. Mr. Butlin was likewise elected in 1903, but being President he does not retire. No substitute members retire this year.

At the annual meeting of the Society for the State Registration of Nurses, on May 25th, it was stated that its objects were now supported by medical societies and nursing bodies representing a united membership of 30,000 individuals.

effect that the man was a liar, and the other believed what he said. Under the Act of Parliament he sent as many of those cases as he could to the medical referee, and the case before him showed the usefulness of such an official. He believed the man's story, and allowed him compensation.

Medical News.

THE Lord Chancellor has added the name of Dr. Arthur D. Hughes to the Commission of the Peace for the borough of Deal.

ON the occasion of the anniversary of the Queen's birthday, May 26th, the flag presented to the Royal Dental Hospital by the Students' Club was hoisted for the first time by Mr. John Hampton Hale, Chairman of the Committee of Management.

WE are informed that at the Royal College of Physicians there are still a few seats, not yet allotted, to view the Royal Progress on Friday, June 23rd, and that these seats will be allotted to Licentiates of the College in the order of their application. The price of each seat is the same as to Fellows and Members—namely, one guinea and a half, to include refreshments; and applications should be sent to the College, Pall Mall East.

A BILL was introduced into the National House of Representatives (United States) on May 6th, providing "a stamp tax of one-eighth of a cent on every five cents' worth of proprietary medicines, perfumes, cosmetics, and similar articles prepared under secret or privately owned formulae." The bill has been referred to the Ways and Means Committee.

AT the annual meeting, on May 24th, of the Queen's Hospital for Children, Hackney Road, London, two ladies were elected on the committee of twenty governors for the ensuing year. The hospital has 134 beds in London, and will shortly have 30 beds at the seaside branch at Bexhill, which is to be opened on July 13th, by H.R.H. Princess Louise, Duchess of Argyll.

PROFESSOR WILSON recently contributed an interesting paper, on the inheritance of milk yield in cattle, to the Royal Dublin Society. His main conclusion was that milk yield is a Mendelian character, and in consequence he thought that if proper steps were taken the milk yield of a breed of cattle could be nearly doubled within a short time. His conclusions are based on an extensive investigation of the subject.

AT the recent examination for sanitary inspectors under the Public Health (London) Act, 1891, held by the Sanitary Inspectors' Examination Board, 20 candidates passed, of whom 7 were trained at the Royal Sanitary Institute, 4 at the National Health Society, 3 at King's College, 2 at the Battersea Polytechnic, and 1 at the Hackney Institute; the 3 other candidates were in office. Of the successful candidates, 9 were women.

PREPARATIONS for the Congress of the Royal Institute of Public Health, which is to be held this summer in Dublin, are well advanced, and a preliminary programme of subjects for discussion at the different sections has been drawn up. The list of selected subjects includes the following: (1) Vaccination; (2) aerial convection of disease; (3) typhoid carriers; (4) diseases transmissible from animals to man; (5) the vital statistics in Dublin; (6) medical inspection of schools.

THE *Boston Medical and Surgical Journal* states that it is reported that on May 4th the Governor of New Jersey signed the "Sterilization Bill" recently passed by the Legislature of that State, providing for the asexualization of criminals and defectives. A board of examiners is to be appointed to carry out the law. New Jersey is said to be the fourth State in the Union to enact such a measure, similar laws being already operative in Indiana, Connecticut, and California.

A BANQUET of the Brussels Medical Graduates' Association will be held at the Garden Club of the Coronation Exhibition, on Thursday, June 8th, at 8 p.m. All graduates of the University of Brussels are welcome, and members are invited to bring ladies. Tickets, 7s. 6d. each (not including wine) may be obtained from the Honorary Secretary, Dr. Arthur Haydon, 23, Henrietta Street, Cavendish Square, W.

THE fourteenth annual meeting of the Medical Library Association was held on May 9th and 10th, at Atlantic City. After an address by the President, Dr. J. H. Musser of Philadelphia, papers were read by Mrs. Grace W. Myers

(Boston) on hospital records in relation to the hospital librarian, by Dr. Carl Black (Jacksonville, Illinois) on the establishment of medical libraries in county medical societies, and by Mr. C. Perry Fisher (Philadelphia) on the changes in medical periodical literature since January, 1909.

FROM the annual report of the Homes for Inebriates Association we gather that Dr. F. S. D. Hogg, Medical Superintendent of Dalrymple House, is of opinion that when an alcoholic is under medical observation he can be, and best is, deprived of all alcohol forthwith; in a morphinomanic, on the contrary, the drug should be withdrawn only little by little. He would like to see all patients signing under the Act for the maximum period of two years; he would not detain them, however, for that period as a rule, but would allow them out on leave of absence granted on the condition that should a relapse occur the patient would be liable to return to the retreat. He has endeavoured to ascertain the after-history of 978 patients who have left the institution during his tenure of office—twelve years—and concludes that about 67.8 per cent. are doing well, 16.1 per cent. improved, and 16.1 per cent. not improved.

AT the last Italian Congress on Cremation, held in Milan, it was reported that since the federation for promoting that method of disposal of the dead was founded three years ago twenty societies have joined; in addition to these there are twenty-two independent societies. The membership of the federated societies is now about 6,000. Leghorn heads the list with 1,000 members; next come in order the societies of Milan, Bologna, Turin, Florence, Genoa, Brescia, and Novara. There are "cremation temples" at Arezzo, Asti, Bergamo, Brescia, Bologna, Codogno, Florence, Genoa, Leghorn, Milan, Piacenza, Pistoia, Siena, Turin, and Varese. Besides these, there are crematories at the disposal of communes at Brà, Como, Cremona, Lodi, Modena, Novara, Pallanza, Perugia, Pisa, Rome, San Remo, Spezia, Udine, Venice, and Verona. The following are the total numbers of cremations in the chief cities up to the end of 1907: Bologna, 374; Florence, 469; Leghorn, 456; Milan, 2,213; Rome, 1,345; Turin, 425; Cremona, 140; Venice, 101; Genoa, 100. To appreciate the relative value of these figures account must be taken of the population in each place and the date at which cremation was instituted. Thus, at Milan, where it was started in 1876, there were 2 cremations in the first year and 465 in 1907. In Rome cremation was instituted in 1883, in Turin in 1887, in Genoa in 1905. The crematories are of the Gorini type, except at Milan, where a gas oven is used. The cost of cremation ranges from a minimum of 15 francs to a maximum of 40 francs; the urn costs 10 francs extra. In some cities, like Turin, Perugia, Udine, and Verona, cremation is gratuitous to the poor.

AT the annual meeting of the Asylum Workers' Association, held at the rooms of the Medical Society of London on May 24th, Sir William Collins, M.D., President, in the chair, there was a large attendance, including many representatives of the medical profession and of the staffs of asylums. The annual report showed a satisfactory increase in membership, which now amounted to 5,276. The financial statement was satisfactory. The largest item of expenditure was that for *Asylum News*—£250 net. The association was indebted to Dr. James Nicoll for his able services as editor. The Homes of Rest Fund has not been so well supported as previously, but it had done good service, having provided needed rest and change to twenty-one convalescent attendants and nurses. In conjunction with the Medico-Psychological Association, a joint advisory committee had dealt with a number of cases of alleged grievances arising in the administration of the Asylum Workers' Superannuation Act, and in some cases satisfactory redress had been obtained; in others it had been necessary to obtain counsel's opinion, and in some cases of dispute appeal had been made to the Home Secretary, who was still awaiting the advice of the law officers of the Crown as to his powers under Section 15. The Executive Committee had spent much time in considering the best method of obtaining superannuation allowances for workers in registered hospitals and private asylums, either through the Royal National Pension Fund for Nurses or an insurance society, and had had under discussion Lord Wolmer's bill for limiting the hours of employment in the wards of asylums and certain amendments which he proposed in the Act of 1909. Evidence would be tendered to the Select Committee on behalf of the association. The presentation of two gold, two silver, and twenty-six bronze medals for long and meritorious nursing in asylums followed. The President was re-elected.