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READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria and Sugar; Light, Roentgen, Radium, X Rays; Status Lymphaticus and Thymus; Eye, Ophthalmia and Vision; Bicycle and Cycle; Motor and Automobile; Association, Institution, and Society; Paris, France; Berlin, Prussia, Germany; Vienna, Austria, etc. To still further assist the reader, subjects dealt with under the various main headings in the JOURNAL have been set out in alphabetical order under their respective headings—for example, "Act, Workmen's Compensation," "Correspondence," "Leading Articles," "Literary Notes," etc.; while under "Original Articles," will be found a list of those who have contributed papers on scientific and clinical subjects, with the title of their contributions.

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Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

OPEN ETHER ANAESTHESIA.

I HAVE read with interest the summary of Dr. P. T. Crymble's paper in the *BRITISH MEDICAL JOURNAL* for March 18th, page 624. His conclusions seem to me, however, to be discouraging, if not misleading, to those anaesthetists who do not yet adopt this system. I have used open ether exclusively, both in hospital and private practice, now for over three years, in all classes of patient, at all ages, and for every variety of surgical procedure. The apparatus employed is my own wire frame (described and illustrated in the *Dental Surgeon*, vol. vi, No. 279), covered in by a pad consisting of eight layers of gauze between two layers of lint. The ether is applied extremely slowly at first, but may be added freely when consciousness begins to disappear. The method is perfectly comfortable to the patient—struggling, cyanosis, and excessive mucous secretion, depending as they do upon asphyxia, caused either by oxygen deprivation direct or excess of moisture in the inspired air, are absent, and a quiet deep anaesthesia can be obtained in from three to ten minutes with from 3ss to ʒij of ether, according to the age, sex, and physique of the patient. Metal inhalers and rubber face-pieces limit air supply and are not applicable for true open administration. It is a mistake to group administrations by C.E. mixtures with open ether administrations. The dangerous stage with chloroform is the induction stage, and it is unlikely that the ether in the mixture does more than dilute, and so limit, the dose of chloroform.

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Newcastle-upon-Tyne.

AN EPIDEMIC OF INFECTIOUS JAUNDICE.

IN the *JOURNAL* of April 22nd there is an interesting note on this subject. Since December 27th, 1910, I have had 12 cases of jaundice under my care, and I know that other cases have occurred in the same locality which were not attended by any medical practitioner. All my cases except one were between the ages of 10 and 30, the majority being girls with an average age of 16. All were affected in a more or less similar manner. For a day or two before the jaundice appeared there was a sense of heaviness or pain in the epigastrium, loss of appetite, constipation, a feeling of cold, and general depression. The temperature was slightly raised and pulse quickened.

After a variable time, but generally two days, there was well-marked jaundice, bile in the urine, and in a few cases a small quantity of albumen. The stools were more or less clay-coloured. In most cases constipation was very marked, calomel, salines etc., being little use; enemata gave most relief. In no case was any definite splenic or hepatic enlargement detected. In some cases there was slight tenderness over the hepatic region. All cases recovered.

Of the 12 cases 11 occurred in the same locality. In one family three sisters were affected in three weeks. A school teacher had jaundice on February 10th, and in about fourteen days was quite well. A girl came to live in the house early in March, and in a few days she developed a severe attack of jaundice. The treatment was similar to that adopted by Dr. Vaisey, except that calomel, salines, and salicylates were used in all cases.

These are evidently cases of epidemic icterus, and, as Wilson says in *Medical Diagnosis*, "The disease commonly assumes the guise of ordinary catarrhal jaundice, and runs a benign course." Whether there is any relation between these two epidemics and Weil's disease is difficult to say, but from the textbook picture of the latter it does not seem probable. Weil's disease apparently has a sudden onset like influenza, the temperature is high, and the liver and spleen are enlarged. It occurs mostly in the summer months, and 90 per cent. of cases are males.

Crossdoney, Ireland.

K. R. COLLIS HALLOWES.

SECONDARY SYPHILITIC NEPHRITIS.

THE interesting case of syphilitic nephritis, reported by Messrs. Hall and Beattie in the *JOURNAL* of May 13th, leads me to remark that in a very well-marked case treated by me some years ago (1904), I found the albumen to be mainly in the form of albumose. This was very readily demonstrated in large quantity by Jacquemet's test (shaking with ordinary sulphuric ether) described in the *JOURNAL* October 8th, 1904, p. 924. The albumen proper was demonstrable after filtering off the gelatinous ether-albumose. If the test tube be corked, the specimens keep indefinitely, the albumose on the surface. This simple clinical test for albumose does not seem to have attracted much attention.

Edinburgh, May 16th.

JAMES CAMERON.

CHLOROFORM DURING SLEEP.

WITHIN the last few months I have on two occasions given chloroform to children without awakening them. Both cases were prepared for operation, and on my arrival were in a sound sleep. The anaesthetic was given on a modified Skinner's mask, which until the breathing showed signs of the patient being under the influence of the chloroform was held slightly away from the face. Before the corneal reflex disappeared the child allowed the mask to be laid on the face, and, although some slight movement of the head was made, there was no disturbance. The pupil, of course, could not be examined from the beginning of the anaesthetic, but when first examined was moderately contracted and responsive to light. Both children were about 6 years of age.

Considering the amount of disturbance and nervousness displayed by children as a rule when anaesthetized, the above cases, I think, are noteworthy.

Gillingham.

IAN JEFFERISS.

SUBCUTANEOUS EMPHYSEMA ASSOCIATED WITH ACUTE BRONCHITIS IN AN INFANT.

A MALE infant, aged 6 months, during an ordinary attack of bronchitis, on April 22nd developed in the course of two hours a swelling which completely obliterated the outline of the neck, and spread rapidly to the chest wall as far down as the third rib. All the physical signs of surgical emphysema were recognizable.

Disseminated over the swelling were small nodules, the size of a split pea, which, when taken between finger and thumb, dispersed, and gave rise to a distinct crepitus. There was no unusual dyspnoea, and the condition has progressively subsided as the bronchitis improved, and has now practically disappeared.

W. L. RENÉ WOOD.

CLIFFORD C. PICKLES.

Ossett.

Reports

ON

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

ROYAL INFIRMARY, HULL.

TETANUS: SUBDURAL INJECTIONS OF ANTITETANIC SERUM: RECOVERY.

(Under the care of Dr. FRANK NICHOLSON, Senior Physician to the Hospital.)

[Reported by G. H. WATSON, M.R.C.S., L.R.C.P., House-Physician.]

THE patient, a boy aged 9, was admitted on January 17th, 1911, with the following history: His illness began two weeks previously with pain and stiffness in his jaw; he gradually got worse, until nearly all his muscles were painful and stiff. Almost every hour he had sharp attacks of pain and increased rigidity, lasting about five minutes. He had had no sleep for eight days before admission, and for two or three days had had difficulty in swallowing.

State on Admission.

There was well-marked risus sardonicus and rigidity of the muscles of the arms, leg, back, abdomen, and jaws. The hands

The Services.

THE INDIAN MEDICAL SERVICE.

THE annual London dinner of the Indian Medical Service took place at the Hotel Cecil on June 14th, under the chairmanship of Surgeon-General W. R. Browne, C.I.E. The guests were General Sir Beauchamp Duff, K.C.B., K.C.S.I., K.C.V.O.; Sir Henry Morris, Bart., President of the Royal Society of Medicine; Mr. Austin Low; and the editors of the *Lancet* and the *BRITISH MEDICAL JOURNAL*. The following is a list of those present: Surgeon-Generals G. Bainbridge, A. M. Branfoot, C.I.E., W. R. Browne, C.I.E., J. P. Greany, G. Hay, Sir L. D. Spencer, K.C.B.; Colonels C. W. Carr-Calthorp, Sir R. Havelock Charles, K.C.V.O., H. N. V. Harrington, W. Hume Henderson, D. E. Hughes, C. H. Joubert de la Ferté, C. Colhoun Little, R. D. Murray, C. H. L. Palk, F. C. Reeves, J. Shearer, C.B., D.S.O., C. F. Willis; Lieutenant-Colonels J. Anderson, D. G. Crawford, H. P. Dimmock, F. J. Orury, A. Duncan, P. J. Freyer, G. H. D. Gimlette, C.I.E., R. A. K. Holmes, E. R. Johnson, D. F. Keegan, C. G. W. Lowdell, D. P. Macdonald, R. C. MacWatt, J. Moorhead, T. R. Mulroney, A. H. Nott, A. Stephens, W. H. Thorahill, D. Warliker, H. G. L. Wortabet, F. W. Wright, D.S.O., A. C. Younan; Majors R. Bryson, S. H. Burnett, T. H. Foukes, E. D. W. Greig, A. Hooton, S. Hunt, J. C. H. Leicester, R. H. Maddox, A. H. Moorhead, L. Rogers, R. G. Turner; Captains W. H. Boalch, E. W. C. Bradfield, G. Franklin, J. Good, E. T. Harris, D. Heron, W. H. Leonard, W. C. Long, J. C. S. Oxley, F. B. Shettle, W. H. Tucker. No speeches were made, and the only toast was that of the King.

THE AFRICA GENERAL SERVICE MEDAL.

AN Army Order just issued announces that the King has been pleased to approve of the Africa General Service Medal (as instituted by His late Majesty King Edward VII), with clasp inscribed "West Africa, 1909-10," being granted to all officers and men who took part in the fighting in the Ogowashi-Oku country between November 2nd and December 18th, 1909, and between January 6th and April 24th, 1910, under the command of Captain (Honorary Major) G. N. Sheffield, 3rd Battalion, Essex Regiment, and between May 4th and 27th, 1910, under the command of Major G. E. Bruce, Norfolk Regiment, all dates inclusive. Those already in possession of the Africa General Service Medal will receive the clasp only.

Public Health

AND

POOR LAW MEDICAL SERVICES.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Wallasey.—The third annual report of Dr. Naylor Barlow, M.O.H. for the new Borough of Wallasey, has just been issued. Scattered over the north-west of the Wirral peninsula between the sea and the rivers Mersey and Dee, Wallasey has a high sandstone backbone, and consequently for the most part has good natural drainage. Most of the inhabitants are occupied in Liverpool, but there are also labourers at the Birkenhead lairages and a small proportion of casuals and undesirables who pick up a living on the New Brighton sands in the tripper season. The report shows how a worker community in this country may compare with such favoured populations as those of New Zealand and Australia, and how superior modern conditions render life in contrast with the conditions inherited from previous ages in the older towns. The population of the borough is about 75,000 and the death-rate 11·8 per 1,000, being in the Seacombe division, which is the industrial part, 13·2 per 1,000, while in the residential part, Wallasey proper, it is only 8·1 per 1,000. The infant mortality-rate is 86. Dr. Barlow states that the birth-rate is the lowest recorded, and, like the birth-rate of the country in general, is steadily declining, probably owing to artificial restrictions of the family. The adoption of the Notification of Births Act is recommended for the next year, as it is found that births and deaths are in some cases notified together, so that it is impossible for the lady sanitary inspector to call and give advice in such cases before it is too late. Another recommendation is made that charitably disposed persons should institute the provision of a least one substantial free meal per day to any poor mother who shall be willing to eat it at the dépôt where it is provided. Attention is called to the fact that although six times more children are breast-fed than are bottle-fed, there are actually double the number of deaths of bottle-fed children. A special inquiry into the effect on infants of the mothers going to work showed that among women industrially employed a larger proportion were able to feed their children naturally in the first month, probably because this class of mother was physically more capable than the non-worker class, but after the first month the percentage of breast feeding rapidly declined among the mothers industrially employed and with this came a corresponding increase in the mortality of the infants.

Seven cases of small-pox were notified during the year, in two separate outbreaks. The first started in a worker in a grain warehouse, and the second in a worker in a flour mill adjoining. One of the cases was the 3-year-old daughter of one of the disinfecting staff who assisted in removing a patient twelve days after this patient was absent from work, and he was certified as suffering from pleurisy, though he had vomiting and some spots on his forehead, which disappeared in a few hours; he had been revaccinated at least twice. The child's attack was unmistakable; it began sixteen days after the commencement of the father's illness. The child was unvaccinated, and only just escaped death. Dr. Barlow draws attention to the danger of the large and growing numbers who are now susceptible to small-pox either from their being unvaccinated or only ineffectively vaccinated with one or two marks; he suggests that this undervaccination would not be so serious if revaccination were compulsory at the age of ten years. The facts relating to the working of the Midwives Act show that 53 per cent. of the births are attended by midwives—a large proportion when the prosperity of the district is considered. Of the 4 cases of puerperal sepsis notified, 2 occurred in the 53 per cent. of cases attended by the midwives.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.D.—A. S. M. Palmer.
M.B.—G. Holmes, M. H. Whiting.

UNIVERSITY OF LONDON.

The following candidates have been approved at the examinations indicated:

THIRD M.B.—A. G. H. Lovell, Mary H. Atherton, A. D. E. Bayliss, T. Beaton, T. K. Boney, N. Booth, Barbara Broster, G. S. Candy, H. W. Catto, A. E. D. Clark, A. C. S. Courts, E. G. H. Cowen, Hazel H. Cuthbert, Gertrude M. Dobrashian, Florence M. Edmonds, R. B. Edwards, W. M. Feldman, W. E. Fox, Helen M. Franklin, Katherine A. Gill, Edith C. Goodison, Ethel R. Griffiths, G. R. Hind, Harrie M. Hood-Barrs, Charlotte L. Houlton, C. D. Kerr, F. N. H. Maidment, R. K. Mallow, Mabel Muncey, W. J. O'Donovan, J. Paulley, E. A. Penny, Morna L. Rawlins, H. D. Rollinson, N. G. H. Salmon, G. F. R. Smith, H. Thwaitte, A. H. Todd, P. Sc., H. A. Treadgold, J. Tremble, J. W. Trevan, B.Sc., G. R. Ward, H. P. Warner, Elsie Warren, H. O. Williams.
B.S.—J. W. Little.

* University Medal and distinguished in Medicine, Surgery, Midwifery and Diseases of Women.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary council was held on June 8th, Mr. H. T. Butlin, President, in the chair.

Diplomas.

Diplomas of Fellowship were granted to thirty-one candidates found qualified at the recent examination.

Diplomas were granted to forty-four candidates found qualified for the Licence in Dental Surgery.

Elections.

Mr. Robert Lawford Knaggs and Mr. Jonathan Hutchinson were elected on the Court of Examiners, in the vacancies occasioned by the retirement of Mr. C. T. Dent and Sir Frederic Eve.

The following were appointed examiners for the Diploma in Tropical Medicine:

Bacteriology.—(1) Dr. John William Henry Eyre.
Diseases and Hygiene of the Tropics.—(2) Dr. Charles Wilberforce Daniels.

And in the subjoined subjects the appointments were as follows:

Elementary Biology.—(1) James P. Hill. (2) Thomas William Shore.
Anatomy.—(1) William Henry Clayton Greene. (2) Arthur Robinson.
(3) William Wright.
Physiology.—(1) Benjamin Moore. (2) Ernest Henry Starling.
Anatomy (for the Fellowship).—(1) Charles Herbert Fagge. (2) Frederick Gymer Parsons. (3) James Sherran. (4) Arthur Thomson.
Physiology (for the Fellowship).—(1) George Alfred Buckmaster. (2) Edmund William Wace Carlier. (3) Herbert Willoughby Lyle. (4) Charles Frederick Myers-Ward.
Midwifery.—(1) William Blair Bell. (2) George Francis Blacker.
(3) Hugh James Moore Playfair. (4) James Henry Targett.
Public Health.—PART I.—Richard Tanner Hewlett. Part II.—Richard Deane Sweeting.

The Otological Collection in the College.

A letter was read from Mr. Arthur H. Cheate, who was recently appointed by the council to rearrange the ear specimens in the museum, advising that the Toynbee collection in the museum should be left undisturbed, and offering to present to the college several hundred specimens of his own, demonstrating the surgical anatomy of the temporal bone throughout life and the pathology of ear disease, to form the basis of a new collection. Mr. Cheate's offer was accepted with thanks.

The Dental Department of the London Hospital Medical College.

The Board of Examiners in Dental Surgery reported to the council that they had considered the application from the Dean of the London Hospital Medical College asking that the proposed dental department of that college might be recognized for the curriculum in dental surgery, and they recommended that provisional recognition should be granted, subject to the conditions mentioned in the dean's letter being fulfilled, and to syllabuses of the courses of lectures being satisfactory to the board at the conclusion of the Winter Session 1911-12. The recommendation was adopted by the council.

Election of Council.

The President reported that a meeting of the Fellows would be held at the college on Thursday, July 6th, for the election of two Fellows into the council of the college in the vacancies occasioned by the retirement in rotation of Mr. Clinton Thomas Dent and Mr. George Henry Makins, C.B.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The Fellowship.

At a meeting of the College on May 16th the following were admitted to the Fellowship:

W. Gilbert, E. S. Chapman, F. H. Dommissie, F. B. Elwood, W. T. Gardiner, A. B. Gordon, C. Hibbert, E. B. Hinde, J. G. W. Johnson, G. A. Jolly, Captain I.M.S.; G. McPherson, Major I.M.S.; E. C. G. Maddock, Captain I.M.S.; E. L. Marchant, A. T. Paterson, S. R. Rao, S. A. Smith, and A. P. Watson.

Awards.

The Bathgate Bronze Medal (with a microscope) for materia medica was awarded to Mr. G. F. B. Page, and the Ivison Macadam Memorial Prize in chemistry to Mr. J. W. Irvine.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At a meeting on June 12th Mr. R. H. Woods was elected president, Mr. R. D. Purefoy vice-president, and Sir C. A. Cameron secretary. The following were elected members of Council: Sir H. R. Swanzy, W. Stoker, Sir C. A. Cameron, J. B. Story, Sir C. B. Ball, Sir T. Myles, Sir J. Lentaigne, Sir A. Chance, Sir L. Ormsby, H. G. Sherlock, R. Bolton McCausland, F. Conyer Dwyer, R. Lane Joynt, W. Taylor, E. H. Taylor, C. B. Maunsell, W. I. Wheeler, T. E. Gordon, and A. Blayney.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved at the examinations indicated:

SURGERY.—H. H. Budd, J. M. E. R. Le Dentu, H. Rowntree.

MEDICINE.—J. M. E. R. Le Dentu, H. Rowntree.

FORENSIC MEDICINE.—R. A. Robinson, G. H. Varley.

MIDWIFERY.—J. M. E. R. Le Dentu.

Section I.

Sections I and II.

The diploma of the society has been granted to Mr. H. Rowntree.

Obituary.

THE death is announced of another Crimean veteran, Deputy Surgeon-General ARTHUR GUY ELKINGTON, who died at Farnborough Park, Hampshire, on May 31st, in his 79th year. He was appointed assistant surgeon, Scots Fusilier Guards, in 1853, but in 1868 he was transferred to the Grenadier Guards, and served with that regiment till his retirement from the service in 1887. During the Crimean war in 1854-5 he was present at the battles of Inkerman (where he was wounded) and Balaclava, and at the siege and fall of Sebastopol. He was mentioned in dispatches, granted a medal with three clasps, the Turkish medal; and the 5th Class of the Order of the Medjidie.

DR. WILBERFORCE JOHN J. ARNOLD (Colonial Surgeon) has been appointed a Member of the Executive Council of the island of St. Helena.

A BILL was introduced into the United States House of Representatives on May 12th providing for the establishment in the District of Columbia of a laboratory for the study of the criminal, pauper, and defective classes. The work is to include, not only laboratory investigations, but also the collection of sociological and pathological data, especially such as may be found in institutions for the criminal, pauper, and defective classes. The director is to receive a salary of £600 a year, and to make an annual report to the Commissioners of the District of Columbia, which with their approval will be published.

Medico-Legal.

A MANCHESTER EYE SPECIALIST.

In the Manchester County Court, on April 10th, William Hodson, a signalman, claimed £100 damages from William Mellor, who was described as an eye specialist, practising in Oxford Road, Manchester. The plaintiff alleged that by representations as to treatment he was put to a cost of £16 13s. 6d., and had suffered great pain and loss of health; that the defendant was not a registered medical practitioner, and did not hold any medical or surgical qualification; and that defendant was not possessed of any special skill, knowledge, or treatment, and was not able to cure the cataract in the plaintiff's eye. Alternatively the damages were claimed for alleged negligence. It was stated that eight years ago the plaintiff had his left eye cured of cataract by an operation performed by Dr. Parker in the Bolton Infirmary. In 1908 his right eye became similarly affected, but the cataract had not developed to the stage when an operation could be performed. Seeing a newspaper advertisement, he wrote for the defendant's booklet, a passage in which ran as follows: "Mr. William Mellor, the famous eye specialist, rightly claims to have been the recipient of more unsolicited praise from people he has cured than any other man in the country. Twenty-five years ago, in spite of the strongest criticism from narrow-minded members of the faculty, he entered practice, with a firm determination to cure diseases of the eye without resource to the knife, being confident that if only the right principles were adopted every disease and defect of the eye was capable of improvement, and, in most instances, of being permanently cured. The 'William Mellor' system of eye treatment is based upon irrefutable scientific principles which have long been justified by their astounding success, the experience of thousands of people proving that there is now no room for scepticism or doubt," and continued, "In no case undertaken is a guarantee, verbal or otherwise, to cure given or implied." The plaintiff saw the defendant, who examined his eye, and said he could cure it without an operation, and guaranteed that he would do so. All he did, however, was to give him drops for the eye and some medicines and pills. Once a month for two years the plaintiff attended at the defendant's place of business, but no improvement was effected, and at last the defendant said he would have to go to the surgeon who had operated on his other eye.

The plaintiff, in cross-examination, said that after about six months' treatment, to please the defendant, he wrote him a recommendation to the effect that he had suffered from cataract and had now been cured, thanks to the defendant's skill, but that, he said, was because the defendant assured him that he was progressing splendidly, and would certainly be cured.

Dr. Parker, of the Bolton Infirmary, stated that he had operated on the plaintiff's left eye in 1903. In his opinion there was no known remedy in medical science for cataract except an operation.

Cross-examined, he did not know what was in the "drops" supplied by the defendant for the plaintiff's eye, but he stated that the effect of them on the eye was to inflame it, and at the end of the two years' treatment the eye was worse. There were some books in which remedies other than those by operation were suggested, but there had never been any proof of them.

Dr. Alexander Hill Griffith, surgeon to the Royal Eye Hospital, Manchester, gave evidence similar to that of Dr. Parker. There had been no accredited records of cataract having been cured without operation. It might be removed by absorption, but that was not a cure.

Dr. Gray Clegg, honorary surgeon to the Royal Eye Hospital, Manchester, said that he found the plaintiff to be suffering from cataract not ready for operation. It was not possible to cure cataract without an operation, although experiments were being made to this end.

The defendant in his evidence said he had been in practice as an oculist in Manchester for sixteen or seventeen years. The plaintiff came to consult him in September, 1908, and as the result of examination the witness found a fully-developed cataract on the right eye, and on the left eye there was a sort of secondary film, which had formed after an operation. At the end of nine months the witness succeeded in removing that film from the left eye. He did not undertake to cure the plaintiff's right eye, nor did he guarantee that it should be cured. He never asked for a testimonial. The "stuff" or drops used for the left eye was not a secret remedy, being manufactured by a London firm. The witness said that he told the plaintiff afterwards that he could do nothing for him, but the plaintiff wanted to keep on with the drops and continue the visits, and the witness reduced his fees. The contents of the booklet referred to were true.

In cross-examination the witness admitted that he had been in Perth, Australia, but denied that he had ever been a door-keeper at the eye hospital in that town, or that his sole scientific experience had been obtained in that capacity. He had never asked a patient for a testimonial, and all such testimonials were absolutely unsolicited. The drops consisted of "oil of anemone." The witness did not guarantee to cure cataracts without operation when they were fully developed, but he believed the oil would cure some sorts of cataracts. He believed that he could cure the plaintiff with the oil, but he did not tell him so. The plaintiff had paid him nine guineas during the nine months, and then twelve half guineas.

Mr. J. Ernest Parry, analytical and consulting chemist, London, said the "anemone" drops consisted of 98 per cent. of olive oil and 2 per cent. of the extractive matter of pulsatilla. There was no irritating matter in the drops, nor was there any harmful or hurtful matter in them.

Mr. Claude A. Worth, surgeon to the London Ophthalmic Hospital, said he had never used pulsatilla, but, judging from the report of the analyst, he thought it could not produce any effect one way or the other. In reply to the judge the witness said there was no cure for cataract except by operation, but there was nothing in the drug which would cause pain.

It was stated on behalf of the defendant that twenty witnesses were anxious to say that they had considerable reason to be grateful to Mr. Mellor, and that their testimonials were volunteered by them and were truthful. The judge ruled them out, on the ground that they had nothing to do with the case. If there was a bona fide case of cataract which the defendant had cured he would be glad to see it.

In announcing his decision the judge said it was one of those cases in which a person held himself out to possess skill which he did not possess, and by means of some very hopeful and optimistic advertisements trusted to get people to come and consult him. In this particular case he did not believe the evidence of the defendant, and he accepted the story told by the plaintiff. There would be a verdict for the plaintiff for £30, and costs on the C (highest) scale.

INQUEST FEES.

C. W. G. B.—As B. was served with a coroner's order to make a post-mortem examination and attend the inquest after his engagement with A. had ceased, and he consequently had to perform these duties at a time when he was receiving no remuneration from A., we consider his claim for half the fees in question to be quite reasonable.

WORKMEN'S COMPENSATION ACT.

Heart Disease.

JUDGEMENT was given by the Recorder of Dublin in a case last week in which compensation was claimed under the above Act by the widow of a deceased workman. Deceased was employed on May 9th loading a wagon, and had just carried a bag weighing 16 st., and thrown it into the wagon, when he fell dead. The post-mortem examination showed the existence of advanced valvular disease of the heart. The Recorder held that the work in which deceased had been engaged contributed to his death and awarded £150 compensation.

Medical News.

THE King has been graciously pleased to sanction the enrolment of Dr. W. E. St. Lawrence Finny, J.P., Alderman, and Deputy Mayor of Kingston-upon-Thames, as an Honorary Associate of the Order of St. John of Jerusalem in England.

THE twenty-fifth anniversary of Dr. William Merck's connexion with the firm of E. Merck, Darmstadt, was celebrated on June 1st, when the grand medal for art and science was presented to him, in the name of the Grand Duke of Hesse, in recognition of his services in promoting the advance of chemical research, and the development of this branch of German industry, and also as a distinguished patron of art.

THE late Frau Josefa Mittermayer has bequeathed a million crowns to the Imperial Royal Society for the Study and Suppression of Cancer for the foundation of a hospital for patients suffering from that disease. She also left half a million crowns to the Franz-Josef Children's Hospital for the erection of a pavilion for scarlet fever, and the same amount for various other humanitarian purposes.

AT a meeting of the New York Academy of Medicine, held on May 4th, the Section of Obstetrics and Gynaecology presented the following resolution, which was adopted: "Whereas, It is estimated that about 50 per cent. of the births in the large cities of this country are attended by midwives (in New York City, approximately 50,000 births are reported annually by midwives); and Whereas, The profession of midwifery in this country is followed, in most instances, by ignorant, untrained, incompetent women; and Whereas, Some of the results of obstetrical malpractice are unnecessary blindness, mental and physical degeneracy, and death of infants, and unnecessary suffering, invalidism, and death of others; and Whereas,

Although both doctors and nurses in this country are given instruction in the treatment and care of child-bearing women and new-born infants, there is no existing provision for the adequate training of women who take into their keeping the lives and future well-being of this large number of both mothers and infants, be it Resolved, That the New York Academy of Medicine recommends that measures be taken in the State to secure State legislation which shall provide for the training, registration, licensure, supervision, regulation, and control of women engaged in the practice of midwifery."

THE Seventh International Congress of Criminal Anthropology will be held at Cologne in October next. The official languages of the congress are German, French, English, and Italian, but it is requested that, if possible, only German or French should be used in the discussions. Among the subjects proposed for discussion are the influence of tendency and environment on crime; the morphology and psychology of the primitive races of man; the present state of criminal psychology; morphological abnormalities, especially of the skull, in relation to the legal view of responsibility; the treatment of so called diminished responsibility; the prison system; accommodation for dangerous lunatics. A number of papers will also be read. In connexion with the congress there will be an exhibition of objects relating to criminal psychology, such as models and plans of institutes, safety appliances, apparatus for the examination of patients, literary and other works of patients, weapons and instruments for breaking loose. All information as to the congress will be supplied by Professor Aschaffenburg, 130, Stadwaldgürtel, Cologne Lindenthal. Communications as to the exhibition should be addressed to Staff Surgeon Dr. Partenheimer, Psychiatrische Klinik, Cologne. Those who intend to take part in the congress are requested to send their names to Dr. Brüggemann, Psychiatrische Klinik, Cologne.

ON June 8th Mr. W. Bateson delivered the Guthrie Lecture before the Medical Society of Westminster Hospital. He dealt in a very lucid manner with the main principles of hereditary transmission as gathered from experimental investigation on the lines laid down by Mendel, and explained the significance of the terms "dominant" and "recessive." He mentioned as a point of interest to medical jurists the observation that a brown-eyed child can come only from parents one of whom at least possesses this characteristic. On the screen were shown numerous pedigrees illustrating Mendelian transmission for such diseases as presenile cataract, tylosis, Huntington's chorea, diabetes insipidus, etc. An interesting series of reproductions of portraits of members of the Hapsburg Royal Family for many generations were shown, exhibiting the well-marked hereditary characteristic of prognathism. Passing on to repulsion, the lecturer illustrated his remarks with photographs of the blue and hooded peas, and expressed the opinion that repulsion explained transmission in sex-limited conditions, such as Daltonism, where maleness and the abnormality repelled one another, so that a father did not hand on the condition to his son, but to his grandson through his unaffected daughter. Dealing lastly with the eugenics of Mendelism, Mr. Bateson warned his audience to be very cautious in forbidding marriage in any case except where feeble-mindedness or some such defect was so marked as to render the individual certain to produce children of his own type.

IN 1905 and 1907 International Congresses for the study of questions relating to infantile mortality and the protection of infant life were held in Paris and in Brussels. The third will be held at Berlin next September (11th to 15th) under the patronage of Her Majesty the German Empress. In addition to scientific discussions the programme will include an inspection of the measures taken in Berlin for the reduction of infantile mortality as well as a visit to the International Hygiene Exhibition in Dresden, where a special department is being devoted to infant hygiene. The Executive Committee of the British National Congress on Infantile Mortality, 1908, has been invited to form itself into a committee of organization for this country. The British Government will be officially represented at the congress. The President of the British Committee is the Right Hon. John Burns, M.P. The Hon. Joint-Secretaries are Mr. Alderman Broadbent, Ex-Mayor of Huddersfield, and Councillor W. Fleming Anderson, Ex-Chairman of the Health Committee, Glasgow. The Hon. Joint-Treasurers are Dr. A. K. Chalmers, Medical Officer of Health, Glasgow, and Dr. S. G. H. Moore, Medical Officer of Health, Huddersfield. Among the members of the

Executive Committee are Dr. Richard Caton, Ex-Lord Mayor of Liverpool; Dr. J. Spottiswoode Cameron, Medical Officer of Health, Leeds; Dr. Henry Handford, County Medical Officer of Health, Nottingham; Dr. E. W. Hope, Medical Officer of Health, Liverpool; Dr. J. Robert Kaye, Medical Officer of Health, West Riding of Yorkshire; Dr. G. F. M'Cleary, Medical Officer of Health, Hampstead; Dr. James Niven, Medical Officer of Health, Manchester; Dr. George Reid, County Medical Officer of Health, Stafford; Dr. J. Robertson, Medical Officer of Health, Birmingham; and Dr. H. Scurfield, Medical Officer of Health, Sheffield. The Secretary is Mr. William Jones, Sanitary Chambers, Glasgow, to whom all communications should be addressed.

THE brief and formal character of the sixth annual meeting of the Convalescent Homes Association, which took place at 32, Sackville Street on May 30th, under the presidency of Sir William Church, failed to reveal the excellent though modest work of this organization. Dr. S. H. Habershon, one of the honorary secretaries, reported that the outcome of the year's labour was greatly to advance the association's position. A medical and a lay member of the committee had inspected certain homes which had not previously received a grant from King Edward's and other Funds, and in all save two cases the visitors were able to report favourably, and a testimonial to that effect was forwarded to each institution. The association was careful to disavow any desire to trench on the work of the Convalescent Homes Committee of King Edward's Fund. As a result of the association's advice, twelve homes had received grants from the executors and trustees of the "Julia, Lady Goldsmid Fund," the amounts ranging from £250 to £750. The statement of accounts showed a cash balance of over £200 and a permanent fund of two sums of £1,000 each, the interest in the case of one of these to be applied for the benefit of convalescent homes, and in the case of the other for the support of the association. The honorary secretaries, Mr. M. O. Fitzgerald and Dr. Habershon, and the treasurer, Lieutenant-Colonel Montefiore, were re-elected on the motion of Mr. D'Arcy Power, and there were some re-elections to the Executive Committee. Votes of thanks were accorded to the honorary officers, and a special honorarium of £25 was granted to Mr. A. Hayes, the secretary of the Metropolitan Convalescent Institution, for his services to the association. Appreciative reference was made to Sir William Church's constant work on the association's behalf, and Sir William, in leaving the chair, made a passing reference to the fact that convalescent homes, like hospitals, though not to the same extent, would be affected by the Government's Insurance Bill. The association has four hospitals and twenty convalescent institutions on its roll of membership.

THE seventieth annual meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at the house of the Royal College of Physicians of Ireland on July 13th and 14th under the presidency of Dr. W. R. Dawson. On the previous day the committees will meet, and members will have the opportunity of being shown over the Richmond Asylum, St. Patrick's Hospital, and the Stewart Institution. The formal business—the election of committees, etc.—will be conducted on the morning of July 13th, in the afternoon the President will deliver his address, and papers will be read by Dr. G. M. Robertson (Morningside) on the treatment of general paralysis; Dr. W. Graham (Belfast), on psychotherapy in mental disorders; by Dr. M. J. Collins (Ewell Colony), upon sudden death in epilepsy and the treatment of the disease; and by Dr. R. R. Leeper (St. Patrick's Hospital), on hereditary insanity. The annual dinner will take place in the evening at the Royal College of Surgeons. On Friday morning the following papers will be read: Dr. T. Drapes (Enniscorthy), on the personal equation in alienism; Professor A. C. O'Sullivan, F.T.C.D. (Dublin University), on degeneration of the spinal cord following infection by *B. pyocyaneus*, illustrated by lantern slides; Dr. J. Shaw Bolton (Wakefield), on the morbid histology of general paralysis; Drs. Colin McDowall (Cheddleton) and W. T. Sewell (Newcastle), on the toxic nature of insanity. In the afternoon the following papers will be read: Professor W. H. Thompson (Dublin University), on the chemical regulation of neuronic function; Dr. E. Mapother (Long Grove), on mental symptoms in association with choreiform disorders; Dr. J. J. Fitzgerald (Cork), trephining in mental diseases; and Dr. Ivy McKenzie (Glasgow), on salvarsan in syphilitic and parasymphilitic conditions. On Saturday there will be various excursions. The Archbishop of Armagh has invited members to lunch or tea at Armagh Palace on Saturday, July 15th, or Monday, July 17th.

Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Attitology, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2630, Gerrard, BRITISH MEDICAL ASSOCIATION.

2634, Gerrard, MEDICAL SECRETARY.

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.

F. asks for experience in the use of fibrolysin for the treatment of obesity.

PEPSIN desires to hear of a children's home or hospital where an orphan boy, aged 7, suffering from pulmonary tuberculosis and chronic middle-ear disease could be received for a small sum weekly.

ANSWERS.

PROMINENCE OF UPPER INCISORS.

MAJOR, I.M.S.—Prominence of the upper incisors still needs treatment by mechanical means. In the few cases which are due to such mechanical causes as thumb-sucking, mechanical means suffice; in the large majority of cases in which the deformity is an accompaniment of adenoids or nasal obstruction, these latter conditions must first be dealt with, otherwise recurrence on removal of apparatus is certain. In some of these latter cases extraction may be combined with mechanical treatment, but a more perfect result is obtained by expanding the arch of the teeth and retracting the prominent ones. Both upper and lower arches may need to be treated. It is worth noting that the upper teeth may appear prominent because the lower jaw recedes, and that this condition is far commoner than a true protrusion of the upper teeth; in these cases the arch of the upper teeth should be expanded till it is wide enough to receive the arch of the lower teeth in the more forward normal position; thus, by means of mechanical devices, the habit of biting with the lower jaw more forward must be fixed.

LETTERS, NOTES, ETC.

A WARNING.

A MEDICAL CORRESPONDENT in Richmond, Surrey, writes: A plausible, gentlemanly man, 5 ft. 6 in. or 5 ft. 7 in. in height, about 25 years of age, of slender build and dark complexion, foreign in appearance, speaking English well, with a foreign accent, called on me on June 8th under the pretext of introducing a Viennese lady as a patient. During a moment or two when I had left the room he removed a carriage clock of some value, concealing it under a light coat he carried loosely over his left shoulder, and deposited it with a neighbouring pawnbroker. The police here will be glad to learn of the whereabouts of this member of the light-fingered fraternity.

CYCLE BAG.

DR. W. LLOYD EDWARDS, School Medical Officer, Barry, writes to recommend to medical men who use a bicycle or a motor cycle a leather case made by Lycett and Co., Birmingham, which fits in between the carrier and the rear mudguard. The case, which can be fitted with a lock, contains a drawer large enough for a few instruments or dressings, or a drawer can be fitted to contain the usual sized cards, 5 in. by 8 in., used by school medical officers. The cost of the appliance is about 6s. or 7s.

EVIDENCE OF RECENT SEVERE ILLNESS AFFORDED BY THE NAILS.

DR. P. C. SMITH (Tanbridge Wells) writes: With reference to the recent correspondence on this subject, may I point out that transverse furrows on the nails are not necessarily a mark of illness at all, though doubtless they show malnutrition? I have seen them after grief, I have seen them after worries, and I have seen them when the patient could suggest no definite cause. It is probable that some persons have

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SUPPLEMENT

CONTAINING

PROCEEDINGS OF COUNCIL

REPORTS OF STANDING COMMITTEES

MEETINGS OF BRANCHES AND DIVISIONS

PROGRAMME OF ANNUAL MEETING

MEDICAL BILLS IN PARLIAMENT

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