

the growth invades the chest wall and appears in the skin as a nodular irregular mass which breaks down, I think the diagnosis must be very difficult, but it is worth thinking of when the sputum is purulent and there are no tubercle bacilli, whilst there is no evidence of an empyema.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

THE VALUE OF ANCHORED DRESSINGS IN SURGERY.

I AM much interested in Mr. Lynn Thomas's article in the issue of the BRITISH MEDICAL JOURNAL of February 3rd, under the above heading, in which he describes as a new feature a roll of gauze fixed to a wound by deep sutures.

I have been in the habit of using an exactly similar dressing to that he describes in nearly all my operation cases for more than six years. It first occurred to me to make use of a dressing fixed to the wound by sutures in cases in which there was difficulty in maintaining the ordinary dressings by means of bandages in accurate apposition to the wound, especially after operations in the submaxillary or cervical areas. By including a thick roll of gauze in a few deep sutures of salmon-gut, I found that I was able to keep my incisions accurately covered and that the dressings applied outside it did not tend to become displaced. Following this, I made use of the dressing in abdominal cases, when I found that there was no tendency for the external dressings or bandage to slip up upon the abdomen. From that time I have used it almost invariably after all abdominal operations, for inguinal and lumbar incisions, after cervical, and frequently after breast operations. In actual practice I use a firm roll of sterilized gauze about three inches longer than the incision it is desired to cover, passing my sutures through the skin and superficial fascia, and where possible picking up in the depth of the wound some of the deeper layers, the sutures at each end of the wound being placed a short distance from the actual end of the incision. The cutaneous margins are then sewn up with a continuous thread suture, covered by the roll of gauze and the salmon-gut sutures tied over it.

In many cases I made use of no other dressing for the wound outside this, but I found, especially in abdominal cases, that patients preferred the support and the feeling of reliance given by a firm bandage, so that now I cover the gauze with wool and bandage it on. This form of dressing is particularly useful in cases in which there is much adipose tissue, as it almost entirely prevents any oozing taking place between the superficial planes of the wound. If it is desirable, as in renal operations, to make use of a drainage tube, I bring the latter through an opening in the gauze, taking care to place a suture over the latter on each side of the tube.

The dressing is certainly most comfortable to the patient, who does not feel any drag upon the wound on any movement; there is no fear of the wound becoming uncovered by slipping of the bandage, and usually, when it is removed on the sixth or seventh day, it is hardly soiled, and not adherent to the incision. My successive house-surgeons in charge of my cases have been unanimously in favour of it.

I do not claim any priority of discovery of this form of dressing; probably it was used by others before I thought of it some six years ago, in the same way that it has recently occurred to Mr. Lynn Thomas.

London, W.

R. H. JOCELYN SWAN, M.S., F.R.C.S.

THE INTRAMUSCULAR INJECTION OF SALVARSAN.

IN September, 1911, a young gentleman, aged 28 years, came into my surgery armed with a note from a well-known consulting surgeon, advising that the bearer should be salivated forthwith, with the object of diagnosing between cancer or syphilis. The patient had been for some time suffering from an ulcerated tongue, with a profuse and foul-smelling discharge, and as he thought his local medical man's treatment was not benefiting him he

consulted a specialist and brought his letter to me. I did not quite like the idea of salivation, and from his history and a certain hesitation in his manner when answering my question, I believed him to be the victim of syphilis, and I suggested the intramuscular injection of salvarsan, and with his consent, and also the full consent of his father, I injected the salvarsan into both glutei. He bore it well, had not a bad symptom, and his temperature never went higher than 100°. In less than a week after injection all discharge had ceased, and the bad taste had also gone (he used a liberal quantity of formamint). The tongue then commenced to heal rapidly, and on the nineteenth day after the injection it was perfectly healed, and had completely regained its normal condition, and my patient since then has enjoyed most excellent health.

I think this case is very markedly in favour of the intramuscular injection of salvarsan in syphilis, and I cannot help thinking that the danger is more in the intravenous injection than in the intramuscular, but we shall know more by-and-by, when we are able to watch whether the benefits received will be permanent. I have injected a gentleman suffering from advanced locomotor ataxia; although not by any means cured, he is well satisfied, and says he has been greatly benefited by the injection.

Eccles.

ANDREW SPEARING.

Reports

ON

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

MACCLESFIELD INFIRMARY.

A CASE OF APPENDIX ABSCESS IN AN UMBILICAL HERNIA.
(By C. AVERILL, M.D., B.S.Durh., Honorary Surgeon to the Institution.)

THE patient in the following case, an adult and married woman, was admitted to the infirmary on July 3rd, with a history to the effect that on June 30th pain had commenced in an umbilical hernia of which she was the subject, coming on in spasms and lasting about an hour. On the following day she had vomited everything she took, and this had continued until admission; meantime the bowels had not been moved.

State on Admission.—The patient appeared very ill, her face very cyanosed, pulse 124, temperature 99.8°, and respirations 28. The hernia, measuring about six inches in diameter, was red and inflamed, with patches of ulceration on the skin. A hard lump could be felt in it, otherwise it was soft, and there was an impulse on coughing. The abdomen moved with respiration, and there was no pain on palpation.

Operation.—An operation was performed the same day. A vertical incision having been made over the sac to the left of the umbilicus, the former was opened, and it was found to contain gut and omentum adherent to the sac wall. On separating the adhesions a second sac was found to the right; this contained small intestine, the caecum, and the appendix, all very inflamed and matted together. On separating these adhesions an abscess containing about four drachms of foul-smelling pus was found, situated at the neck of the sac just outside the abdominal cavity, the walls being formed partly of sac and partly of intestine. The pus was carefully mopped up with dry gauze, and the abscess cavity wiped out with solution of hydrarg. biniodid. The appendix and some of the redundant omentum were removed, the adhesions separated, and the bowel returned to the abdomen; a rubber drainage tube was then inserted, extending down to the pelvis, and the wound closed. An injection of pituitary extract was given at the end of the operation. Rectal salines were ordered every two hours, and an injection of eserin gr. $\frac{1}{100}$ every eight hours.

Result.—The patient improved up to July 8th, when there was a rise of temperature and pulse-rate. On the 10th there was considerable discharge of pus from the upper part of the wound above the tube. She again improved until the 16th, when there was another rise of temperature. On the 19th, an area of redness was seen on the left side of the wound, from which a considerable amount of pus was evacuated. From this time onwards convalescence continued without further signs of pocketing, and in a few weeks the patient was discharged quite well.

Obituary.

SIR HENRY BUTLIN.

DR. HENRY BARNES (Carlisle) writes: What a loss Butlin will be, and what splendid service he rendered to the Association! If any effort is being made to perpetuate his memory I should be glad to help. By the way, there is a trifling error in date in your very excellent obituary notice. It is there stated that he was Treasurer from 1890 to 1895. His second term of office expired at the Carlisle meeting in 1896. He was re-elected for a second term at the Newcastle meeting in 1893. Up to that time no one, I believe, had ever been elected for a second term as Treasurer, and he was much gratified by the confidence thus shown in his re-election, which was quite unexpected. He had the happy faculty of making figures interesting, and the admirable quarterly statements made to the Council, and the lucid statements at the annual meetings were really models of their kind, and must be fresh in the minds of many of the members.

THE LATE DR. BISS.

DR. W. ESSEX WINTER (London) writes: The very brief notes which conclude the obituary notice of Cecil Yates Biss in your last issue convey an imperfect impression of his character, and it is only fair to his memory and in accord with his own strict regard for truth in the minutest detail to put this in its proper light. Dr. Biss was above all things unsectarian. His views were individual and unaffected by considerations of agreement or opposition to those of others. Though not a smoker from choice, he employed tobacco, on the advice of a friend, during his illness, till satisfied that he derived no benefit from it. In the use of alcohol also he was no prohibitionist, using it in strict moderation himself and employing it without hesitation in the treatment of patients, though he inveighed against the unnecessary and excessive use of stimulants, whether in health or disease. As in these matters, so in religion, he held his own views, and as a matter of conscience expounded them, but not in conscious agreement or opposition to any denomination. Nothing, however, could indicate the fortitude or serenity of his disposition better than the long unrepining vigil of his protracted illness, in the course of which he experienced the loss of his wife and the son who had adopted his own profession, in addition to his own compulsory retirement from the main pursuits of life just as success seemed to crown his efforts.

WE regret to announce the death, after a long illness, of DR. AROON CHUNDER DUTT, of Everest Lodge, Newington, Hull, which took place on January 29th. Dr. Dutt belonged to a Calcutta family, well known for its legal and literary abilities, being himself the grandson of Sir Rajah R. Deb, K.C.S.I., first county court judge of Calcutta, and cousin of the late Romesh Dutt, C.I.E., Prime Minister of Baroda. Dr. Dutt graduated at Cambridge, taking the degree of B.A. in the Natural Science Tripos with honours, proceeding to the M.B., and later to the M.D. degree. He was also Associate of King's College, London, and was a member of the East Yorkshire Division of the British Medical Association. After holding various hospital appointments at Morpeth, Salford, and Scarborough hospitals, Dr. Dutt practised in Whitby, Yorks, for a few years, and then in Hull for fifteen years up to the time of his death. He was the author of "Health Notes for the Seaside," and "The Causes and Treatment of Some Forms of Vertigo," also "Case of Brain Tumour" (BRITISH MEDICAL JOURNAL). He married the only daughter of Mr. F. W. Booty, of Scarborough, and his widow and only daughter survive him.

WE regret to have to announce the death of MR. J. M. COMLEY, M.R.C.S.Eng., Calcutta, on December 30th. He was one of the oldest residents of Calcutta, and probably the oldest medical practitioner in the city. Educated at Guy's Hospital Dr. Comley became M.R.C.S. in 1859. He went to Calcutta about fifty years ago, and, except for a short period he spent at Kursong practising amongst the planters in the district, he had practised in Calcutta ever

since. When he first went there it was a very different place to the Calcutta of to-day, and in the intervening years he had in a quiet and unobtrusive way done a good deal to improve sanitary conditions and make it a healthier city. During this time he built up a large practice amongst all classes of people. He was of a charitable disposition, and many poor people of Calcutta have reason to remember him for many good deeds done unostentatiously. Mrs. Comley has been well known in Calcutta for many years for her extensive charities among the poorer classes of the domiciled community. She was the foundress of St. Mary's Home for the Poor, which is one of the best known institutions of its kind, and provides a home for many poor persons, both European and Eurasian. Dr. Comley was for many years medical adviser to the home. He had been ill for two and a half months when he died at the advanced age of 74.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession who have recently died are: Dr. José Ribera y Sans, Professor in the Medical Faculty of Madrid and a member of the Spanish Royal Academy of Medicine; Dr. J. Albarán, Clinical Professor of Diseases of the Urinary Passages in the University of Paris, aged 50; Dr. Karl Horstmann, Extraordinary Professor of Ophthalmology in the University of Berlin, aged 65; Dr. Herman Versluyse of Antwerp, Vice-President of the Belgian Stomatological Society, aged 48; and Dr. Max Salomon, a prominent physician of Berlin, one of the founders of the establishments for children on the German seacoast, and author of numerous writings on the history of medicine.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Degrees.

THE following degrees have been conferred:

M.D.—Francis P. Young.

B.C.—Bernard Haigh, W. D. Coplestone.

Graphic Records of Heart's Action.

Dr. James Mackenzie will give a demonstration on graphic methods of recording and interpreting the functions of the heart on Monday, February 19th, at 5 p.m., at the Medical Schools.

John Lucas Walker Studentship.

Applications for this studentship, the holder of which shall devote himself to original research in pathology, are invited, and should be sent, accompanied by copies of papers containing published work and references, before February 19th, 1912, to Professor Sims Woodhead, Medical Schools, Cambridge, who will also give further particulars. The studentship is of the annual value of £200, and tenable under certain conditions for three years.

Research Studentship in Physiology.

Dr. Jamison B. Hurry, of St. John's College and Reading, has offered to endow a research studentship in physiology to be called the Michael Foster Research Studentship.

A CORRECTION.

We regret that, in giving the list of candidates upon whom degrees had been conferred in the University of Cambridge (BRITISH MEDICAL JOURNAL, January 27th, p. 222), Mr. G. V. Fiddian's name was printed "G. V. Fiddison." The line should read as follows: "M.B., B.C.—G. V. Fiddian."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on February 1st, Mr. Rickman J. Godlee, President, in the chair.

The late Sir Henry Trentham Butlin, Bart.

The following resolution was passed by the Council:

That the Council hereby record their deep regret at the death of their colleague Sir Henry Trentham Butlin, Bart., for whom they entertained the warmest feelings of personal friendship, and they desire to express their very sincere sympathy with Lady Butlin and the other members of the family in their bereavement.

That the Council do also record their appreciation of the distinction and ability with which Sir Henry Butlin fulfilled the duties of President of the College and Member of the Council, and their grateful sense of the many services rendered by him to the College and the medical profession. The Council believe that no member of the profession more fully enjoyed the confidence and esteem of his colleagues, and his devotion to duty in failing health and increasing infirmity will be treasured by them as a priceless example of courage and unselfishness. For these reasons, as well as for his admirable skill in practice, they are assured that his name will always be held in honour and kindly remembrance.

The President reported that the vacancy in the Council occasioned by the death of Sir Henry Butlin would be filled up at the annual meeting of Fellows in July.

Issue of Diplomas.

Diplomas were granted to ninety-one candidates found qualified for the Membership of the College.

Diplomas in Public Health were granted jointly with the Royal College of Physicians to eighteen candidates found qualified.

Court of Examiners.

Mr. James Ernest Lane was re-elected a member of the Court.

National Insurance Act.

A letter of January 24th was read from the Assistant Secretary of the Joint Committee for National Health Insurance, stating that the National Health Insurance Joint Committee and the Insurance Commissions for England, Scotland, and Wales respectively propose to hold a conference on Friday, February 2nd, with representatives of the medical profession, and inviting the College to appoint two members to attend the conference.

The following reply was sent to the National Health Insurance Commissioners:

"The Council regret they are not prepared to send representatives to the meeting suggested by the National Health Insurance Commissioners."

It was further decided to inform the Commissioners that the Council are of opinion that the administration of the medical benefits cannot be carried out under the Act with due regard to the interests of the public and the welfare of the medical profession, and that no satisfactory arrangement can be arrived at without an Amending Act; and that the Council would, however, be prepared to render any assistance in their power in the drafting of an Amending Act for the provision of such amendments as are necessary to secure the co-operation of the medical profession.

The Standing Committee of the College was instructed to take steps to communicate with the Medical Corporations, with the view of united action with regard to the Insurance Act.

Royal Commission on University Education in London.

Mr. R. J. Godlee, President, and Sir Alfred Pearce Gould were nominated as witnesses to represent the College before the Royal Commission in regard to dental education.

Central Midwives Board.

Mr. Golding-Bird was re-appointed representative on the above board.

Bradshaw Lecturer.

The President reported that he had chosen Mr. C. Mansell Moullin as Bradshaw Lecturer for the ensuing collegiate year.

Report by the General Medical Council on Dental Education.

A letter was read of December 22nd, 1911, from the Registrar of the General Medical Council, enclosing a copy of the report of the Dental Education and Examination Committee of that Council on the inspector's reports on the final examinations of the Dental Licensing Bodies, in which all these examinations are reported as "sufficient."

The Secretary stated that in the report of the Dental Education and Examination Committee the proportion of marks which candidates at the examinations for the licence of this college must obtain in order to pass is given as two-fifths, whereas three-fifths is the proportion required, and reported the steps which had been taken to correct this error.

Primary Fellowship Examiners.

Attention was called to the large percentage of rejections in the primary examination for the Fellowship, and in accordance with Section xiv, paragraph b, of the standing rules, the Nomination Committee was requested to arrange to visit the primary examination for the Fellowship in May next, and to report to the Council.

*CONJOINT BOARD IN ENGLAND.**Diplomas of L.R.C.P. and M.R.C.S.*

At a meeting of Comitia of the Royal College of Physicians on January 25th, and of the Council of the Royal College of Surgeons on February 1st, diplomas of L.R.C.P. and M.R.C.S. were respectively conferred upon the undermentioned candidates who have passed the Final Examination of the Conjoint Examining Board and have complied with the necessary by-laws:

T. S. Allen, S. Azmy, G. V. Bakewell, *G. Barratt, D. Bird, C. H. B. Booth, A. V. Boyall, T. C. Butler, C. G. H. Campbell, A. B. Cardew, E. E. Chipp, T. Clarke, H. G. Crawford, C. W. De Morgan, G. de Swietochowski, E. P. Drabble, C. R. Dugdeon, N. Duggan, P. V. Early, M. C. F. Easmon, W. M. Ecclestone, O. E. D. Ellis, A. Evans, A. G. Evans, D. B. Evans, G. A. Ewart, I. Fahmy-Elminyawi, M. A. Parr, A. Ferguson, C. M. Forster, A. A. Fyffe, A. L. Gardner, G. H. Garlick, J. T. S. Gibson, C. E. A. Goddard, T. C. Graves, J. C. Hallinan, E. R. Hart, S. M. Hattersley, G. V. Hobbs, R. H. Hodges, B. W. Howell, F. J. Humphrey, R. L. Hurst, C. M. Ingolby, H. G. G. Jeffreys, *Nagubai Morehswar Joshi, Bhagat Ram Khanna, L. Levene, R. H. Liscoube, *E. M. Livesey, A. C. McAlister, M. Mackenzie, A. F. C. Martyn, P. H. Mitchiner, Kavasji Cursetji Mulla-Feroze, F. L. Nash-Wortham, P. A. Newton, B. N. Norman, W. D. Owen, D. B. Pascall, W. B. Peacock, G. H. Pearson, J. H. Pendered, W. S. Perrin, R. A. Pittard, J. McF. W. Pollard, H. B. Pope, G. L. Preston, A. J. Rae, P. W. Ransom, R. B. N. Readie, E. D. Richards, E. U. Russell, R. Sherman, F. B. Smith, P. Smith, H. K. V. Soltau, G. Sparrow, J. L. Stewart, C. W. H. R. G. Van der Beken, V. Vesselovsky, R. H. Vicary, V. D. C. Wakeford, L. C. Watkins-Baker, A. J. Waugh, E. White, C. G. Worlow, J. B. A. Wigmore, R. W. Willcock, J. Winterbotham, P. A. With.

* M.R.C.S. Diploma previously granted.

Public Health

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Inverness.—The annual report of the Medical Officer of Health for Inverness (Dr. John Macdonald) has just been issued. Based on an estimated population of 24,000, the birth-rate works out at 20.875 per 1,000 persons, and the death-rate at 16.958. The water supply of the burgh has been engaging the attention of the local authority for the last ten years, and steps are now being taken to improve it. The annual return of the registrar shows that the number of statutory declarations of conscientious objection under the Vaccination Act (Scotland), 1907, are increasing; 137 declarations were lodged during the year, as compared with 96 in the previous year. This represents more than a quarter of the total births registered—infant diseases for the most part are treated in the isolation wards of the Northern Infirmary, but there are also small-pox and cholera hospitals. The number of cases of infectious disease notified during the year was 127, of these over 67 per cent. were removed to the hospital. The number of cases of diphtheria, 57, was unusually severe. The medical officer of health is satisfied that this disease did not spread by means of school attendance, nor is he convinced that bad drainage plays such a great part in the causation of diphtheria as has been assigned to it in the past. Possibly "carriers" were of more importance. During the year 24 cases of phthisis were voluntarily notified; since the beginning of this year compulsory notification of this disease has been adopted.

County Borough of Blackpool.—The population of Blackpool at the last census was 58,376, but the statistics in the annual report of the medical officer of health, Dr. E. W. Rees-Jones, are based upon an estimated population at the middle of 1910 of 60,113, a number which has been arrived at by multiplying the known number of inhabited houses by 4.5, the estimated average number of persons per house. The very low birth-rate of 16.7 per 1,000 was recorded. An instructive table in the report shows that since 1878 the Blackpool birth-rate has decreased by 57 per cent., though in England and Wales during the same period the birth-rate has fallen only 30 per cent. The illegitimate birth-rate is given as 4.61 per 1,000 females at conceptional ages, those ages being stated as from 20 to 45 years. This is not a usual or very satisfactory method of indicating the amount of illegitimacy. It is better to state the number of illegitimate children as a proportion of the number of unmarried and widowed women at conceptional ages, which are generally considered to be from 15 to 45 years. The corrected death-rate from all causes was 12.5 per 1,000, and varied from 9.6 per 1,000 in one part of the town to 14.6 in another. The infantile mortality-rate was 106 per 1,000 births, a very distinct improvement on that of former years, for in the ten-year period 1900-1909 it was 132 per 1,000. The phthisis death-rate was 0.72 per 1,000. A scheme of voluntary notification of this disease is in force in the borough, but during 1910 there were notified only 37 cases, although the deaths numbered 43. Dr. Rees-Jones considers that the sanitary authority should have compulsory power to disinfect thoroughly all premises which have been occupied by consumptive persons, and that it should be a penal offence to allow such premises to be occupied by others without previous disinfection.

SEWERING OF NON-ADOPTED STREETS.

W. R. S.—Section 152 of the Public Health Act, 1875, appears to throw the responsibility for seweraging streets which have not been "adopted" upon the owners of the property abutting on such streets. The owners would be the actual owners for the time being of the buildings, and not the persons from whom the land on which the buildings are erected had been leased.

YARDS AND CISTERNS.

A. W. B.—Section 25 of the Public Health Acts Amendment Act, 1907, which is an adoptive Act, empowers a sanitary authority to require a yard in connexion with and exclusively belonging to a dwelling-house to be paved. Section 35 of the same Act enacts that a nuisance which may be dealt with under the Public Health Act, 1875, includes "any cistern used for the supply of water for domestic purposes so placed, constructed, or kept as to render the water therein liable to contamination, causing or likely to cause risk to health."

THE German Society of Experimental Physiology will hold its next meeting in April (16th to 19th).

THE Selborne Society, which is arranging a Gilbert White exhibition at the offices of the Civil Service Commission, Burlington Gardens, on Friday and Saturday next, February 16th and 17th, are anxious to obtain the loan of copies of the *Naturalist's Journal*, a skeleton diary devised by Daines Barrington first published in 1767, and the first edition of Aikin's *Calendar of Nature*, and a copy of Stillingfleet's *Calendar of Flora*. They also wish to know the origin of the foresters' custom of making arbours on St. Barnabas's Day, and as to the nature of the genteel corded stuff called barragons made by Quakers at Alton.

Medical News.

ON the occasion of his recent visit to Gibraltar the King conferred the honour of Membership of the Victorian Order upon Dr. William Turner, Surgeon to the Colonial Hospital, Gibraltar.

THE annual oration of the Hunterian Society will be given at the London Institution, E.C., by Dr. Glover Lyon on Wednesday evening, February 14th, at 9 p.m. The subject of the address is the cure of consumptives: a review and a forecast.

THE Oxford Ophthalmological Congress will assemble at Keble College, Oxford, on Wednesday, July 17th next, and the meeting will be held on Thursday, the 18th, and Friday, July 19th. Any member who has cases or specimens to show or would be willing to give a demonstration or exhibition is asked to communicate with Mr. Sydney Stephenson, Honorary Secretary, 33, Welbeck Street, London, W.

IT is announced that a committee has been formed at Dôle, Louis Pasteur's town on the slopes of the Jura, for the purchase of the house in which he was born. The French Minister for Foreign Affairs, M. Poincaré, has now received, through the French Ambassador in Washington, an offer from Mr. Rockefeller to subscribe the remaining £2,200 required for the purchase of the house. M. Poincaré transmitted to the committee at Dôle Mr. Rockefeller's generous offer, which was gratefully accepted.

DR. F. C. DAVIES, Medical Officer of the Battersea Tuberculosis Dispensary, will open a discussion before the Institute of Civil Engineers on February 12th by reading a paper on the history of the infectivity idea in relation to tuberculosis and its influence on public health authorities, and Mr. A. Alban H. Scott will discuss the question of the planning and designing of private and national sanatoriums at a suitable cost. The meeting will be held at the Royal United Service Institution, and the chair will be taken at 8 p.m. by Mr. Edward White, chairman of the London County Council.

WE have had occasion previously to refer to the Holophane "Lumeter," which is a small photometric instrument intended for the measurement of the brightness of a surface as distinct from that of a source of illumination; Messrs. R. and J. Beck, Ltd. (68, Cornhill, E.C.), now send particulars of an improved model having an increased range of adaptability. With the new instrument the brightness of any surface from one-hundredth of a candle-foot to two thousand candle-feet can be measured. The procedure consists in graduating an illuminated disc until it corresponds in intensity with the portion of the surface under examination, which is visible through an aperture in the centre of the disc itself. The matching having been obtained, the degree of brightness is read off on a scale. A new and useful accessory is a polar curve apparatus, enabling the intensity of light from a given source to be rapidly determined in every direction and at all angles. It seems to have a special application to the lighting of school rooms.

THE usual monthly meeting of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on Friday, January 19th, Dr. de Havilland Hall in the chair. The accounts presented showed that the business of the society during the last month of 1911 continued to be good. As the winter advances the claim list grows, but the amount of the sick claims paid away in December compared favourably with the amount usually paid in this month, and did not exceed the net monthly expectation provided for in the table of rates of contribution. Every year since the society started in 1884 the number of members has grown, and the amount paid away in sickness benefit has also increased. But the amount of sickness provided for when the business was founded has not been exceeded, and every year the sickness business shows a margin in favour of the society. The funds, which now amount to over a quarter of a million sterling, have always earned a much higher rate of interest than that assumed when the business of the society is valued, and as in addition (through the economy with which the business is worked) the management expenses amount to much less than the 10 per cent. allowed in the rules, the whole operation of the society produces a substantial surplus. The time of the committee was mainly occupied in examining special reports on the condition of chronic cases. A large portion of the surplus made by the society is earmarked on behalf of these cases. Prospectuses and all further particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

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

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Office, 429, Strand, London, W.C.

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

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.
2630, Gerrard, BRITISH MEDICAL ASSOCIATION.
2634, Gerrard, MEDICAL SECRETARY.

■ 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.

M.D. asks as to the maker and cost of a hot air cabinet heated by electricity.

R. S. M. asks for advice in the treatment of a man troubled with redness of the nose, especially in cold weather, but otherwise healthy.

BRITISH asks for advice in the selection of a locality in England for a permanent residence for a patient who had an attack of tubercle, but has apparently made a complete recovery.

ANSWERS.

DR. ANDREW S. MCNEIL (Liverpool) writes: In reply to "Quaestor," I think it is quite likely that if he examine the left inferior turbinate bone of his patient he may find it enlarged and projecting into the naso-pharynx. Where such is the case, the pressure exercised through the soft palate upon the inflamed and hypertrophied mucous membrane of the turbinate bone in the act of swallowing food is capable in some cases of producing hypersecretion, and in others—perhaps later stages—of primary crusts on the turbinate bone affected. If the condition is present, nasal douching with glyco-thymoline, 1 to 2 of warm water, might be tried; and later, if necessary, partial turbinectomy. If this is not successful, resection of the nasal nerve might be undertaken.

LETTERS, NOTES, ETC.

SYMPHYTUM AND BORAGO.

DR. WM. HARDMAN (Blackpool) writes: I have been much interested in the observations recently published on *Symphytum officinale*, or the common comfrey. There are two varieties of this, *S. officinale* and *S. tuberosum*. There is a considerable difference in the appearance of these two plants, though also a strong family likeness. Probably both would have the same properties. I should like to know if this is so. A very nearly allied plant is the common borage, *Borago officinalis*. The common comfrey, according to my experience, is decidedly not common in the fylde, though occasional specimens are met with; but borage, where once it becomes established, is a very persistent and prolific weed. It has a much handsomer flower than either of the others: it is, in fact, a beautiful plant. The properties of borage seem almost identical with those of comfrey, and I should be surprised if it did not turn out to be utilizable as a source of an allantoin-containing infusion equally with the two comfreys.

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