

the method already described, except that tap-water was employed in making up the dilutions. Control experiments with distilled water were carried out at the same time.

The results are tabulated below:—

TABLE XV.

Disinfectant.	Organism.	Dilutions made with distilled water.		Dilutions made with tap-water.	
		Carbolic acid co-efficient.	Concentration killing in 15 mins.	Carbolic acid co-efficient.	Concentration killing in 15 mins.
Phenol	Staphylococcus	—	9.5 in 1000	—	12.0 in 1000
W. Fraction VIII.— Emulsified with Castor-oil Soap	"	8.6	1.1 in 1000	9.2	1.3 in 1000
Y. Fraction X.— E. unisified with Castor-oil Soap	B. Typhosus ..	13.0	58 in 1000	14.6	65 in 1000
Phenol	"	—	7.5 in 1000	—	9.5 in 1000
Y. Fraction XI.— Emulsified with Castor-oil Soap	Staphylococcus	12.8	78 in 1000	12	1.0 in 1000
Phenol	"	—	10 in 1000	—	12 in 1000
V. Fraction VII.— Emulsified with Castor-oil Soap	Staphylococcus	5.7	1.4 in 1000	6.1	1.8 in 1000
Phenol	"	—	8 in 1000	—	11 in 1000
X. Fraction IX.— Emulsified with Castor-oil Soap	Staphylococcus	11.6	82 in 1000	9.6	1.1 in 1000
Phenol	"	—	9.5 in 1000	—	11.4 in 1000

The presence of tap-water, therefore, appears to decrease by 15 to 30% the germicidal power of the higher tar acids. Depreciation to nearly the same extent was observed with phenol. This does not seem to be experimental error, as the results are consistent (see Table XV.) The explanation is not obvious.

(ii.) *The effect of tap-water upon the stability of the emulsions.*

As disinfectants will in practice be diluted with tap-water, it is important that the emulsion shall be stable when so diluted. Many emulsified disinfectants on the market show considerable deposition when diluted with tap-water, the deposition varying in extent according to the hardness of the water.

The sample of tap-water used in the experiments came from the Thames Valley.

In the experiments carried out to determine the influence upon stability of the emulsions dilutions of various disinfectants were made with distilled and tap-water and their

TABLE XVI.

Disinfectant	W. Fraction VIII. emulsified with castor-oil soap.	Y. Fraction X. emulsified with castor-oil soap.	V. Fraction VII. emulsified with castor-oil soap.
Organism ..	Staphylococcus.	B. Typhosus.	Staphylococcus.
Carbolic Acid co-efficient determined with distilled water and before standing	8.6	12.6	5.7
Carbolic Acid co-efficient determined with distilled water and after standing	9.2	10.0	6
Time of standing ..	48 hrs.	96 hrs.	48 hrs.
Carbolic Acid co-efficient determined with tap water and before standing	9.2	14.6	5.04
Carbolic Acid co-efficient determined with tap water and after standing	6.5	12.0	5.4
Time of standing ..	48 hrs.	96 hrs.	48 hrs.

germicidal power was immediately determined. The dilutions were then allowed to stand several days. After that time there was usually a little separation of tar acid from emulsions made with both distilled and tap-water and the germicidal powers of the supernatant liquids were determined, shaking up being carefully avoided.

The results of these experiments are set forth in Table XVI.

The emulsions of the higher pheno's in some cases, therefore, tended to fall in germicidal power on standing a few days and the depreciation was generally greater in the case of the emulsions made with tap water than of those made with distilled-water.

These facts point to the advisability of either employing in disinfection freshly made emulsions of the higher phenols or shaking up the emulsions before use when they have been made for some time.

(To be continued.)

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

FUNGATING ULCER TREATED WITH DECOCTION OF COMFREY ROOT.

History of Case.—W. C., a cab proprietor, aged 83, when I first saw him on October 23rd, 1911, had been suffering for some months from shortness of breath and swelling of the legs. He was removed at once to a nursing home.

His condition was very grave. He had very marked

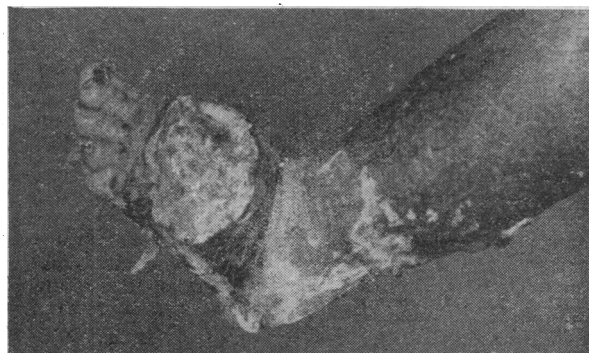


Fig. 1.—January 29th, 1912.

arterio-sclerosis, a loud aortic systolic murmur, with a feeble pulse and low temperature. The urine contained blood, albumen, and casts, but no sugar. There was marked oedema of both legs and some ulceration from neglect. He was treated with cardiac tonics and diuretics.

During December, 1911, a fungating ulcer appeared on the dorsum of the left foot. It rapidly encroached on the foot, eventually exposing the metatarsal bones. It was treated unsuccessfully with boracic fomentations and baths, iodoform, red lotion, calamine lotion, and lead and opium.

In January, 1912, the patient's condition appeared hopeless, he became at times delirious, and was removed home to die.

The first photograph was taken on January 29th, 1912, and needs no description. I then advised four-hourly fomentations made with decoction of comfrey root. The ulcer began to fill up rapidly. The patient's condition at the same time improved.

The second photograph was taken on April 29th, 1912, and requires no comment.

I am indebted to Mr. Horace Coulson, chemist, for his aid in taking the photographs and preparing the decoction. The decoction was made by simmering 1 oz.



Fig. 2.—April 29th, 1912.

of the roots in a pint of distilled water for twenty minutes and occasionally adding a little boiled water to make up for evaporation.

Cambridge.

CHARLES SEARLE, M.B., B.C.

WARMTH IN BED.

It is obvious to the observant layman that whilst many doctors preach, few practise, the principle of open windows. Their houses are often in busy thoroughfares, and the need of quietude may be a special reason in their case, but the fact remains. Perhaps it is from their want of practical experience that their advice—"Sleep with your windows wide open"—does not meet with general response. It is not uncommon to find that patients have abandoned the system because of such affections as stiff-neck, pains in the shoulders and arms, etc.

A likely cause for such troubles is to be found in the difference of clothing afforded to the back of the neck and the shoulder girdle by day and by night. This is particularly noticeable in the case of men who wear during the day a closely embracing collar and a coat often fortified with some accessory deltoid in the form of padding, all of which, beside waistcoat, shirt and vest, are discarded at night for a thin pyjama jacket or nightshirt. However closely one may "snuggle," it is hardly possible to keep the shoulders as warm as the body, and any restlessness immediately exposes them. Such restlessness is apt to happen when open windows are first adopted.

In all but fat subjects the cervical vertebrae and the nerves issuing through them have but scanty covering. Some creaking of the joints in connexion with the atlas, axis, and occipital bones is not infrequently found in cases of rheumatic pains in the shoulders, and so-called neuritis of the arm. Modern treatment of these conditions, which is largely directed to the cervical spine, is so successful that it would seem reasonable to adopt some preventive measures to guard this area against prolonged exposure to the cold of night. Rheumatic pains in the shoulders are so prevalent that some common cause must exist, and, without wishing to too strongly urge the point, is it not possible that this area, whose sensibility to cold and warmth is so blunt, may be adversely affected by vicissitudes of temperature without our being aware of it?

This is not a favourable time of the year to advocate the wearing of additional clothing at night, but I would suggest that when the advice of opening windows is given it should be accompanied by a recommendation to wear a short knitted woollen cape with armholes but without sleeves. This conduces to sleep, and helps to ward off rheumatic pains.

OLIVER BEDDARD, M.R.C.S., L.R.C.P. Lond.

London, E.C.

WIRING SAME FRACTURED PATELLA TWICE.

I OBSERVE in the JOURNAL of May 25th, p. 1181, notes on wiring of the same patella twice in eight months. As that case is stated to be the first recorded, the following brief notes of a case which I was called upon to attend may perhaps be considered worthy of publication.

On July 15th, 1910, W. H., a farmer's labourer, aged about 35, small, but very muscular, tripped over a stone in the dark, and in trying to save a fall fractured his left patella by muscular action. He would not consent to operation at first, and considerable effusion and some inflammation occurred in the joint.

Ten days later he consented to be removed to the infirmary, where the patella was carefully wired by the surgeon. He made an excellent recovery, and returned to his work for several weeks.

On December 13th, 1910, five months later, he tripped over a pail in the dark, and in attempting to recover his balance the left patella was felt to give way. On examination, I found a space of about 1 in. between the upper and lower fragments, with absence of crepitus. He was sent next day to the infirmary, and the patella was again wired together, it being found that the original wire prevented the fragments from separating as widely as on the first occasion.

Recovery was uneventful and complete, and the man returned to his usual work with no lengthened convalescence.

A. H. H. HOWARD, M.R.C.S., L.R.C.P.,

Late House-Surgeon, Charing Cross Hospital.

Little Hadham, Herts.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

DORSET AND WEST HANTS BRANCH.

Bournemouth, Wednesday, May 22nd, 1912.

Mr. F. WINSON RAMSAY in the Chair.

Prolapse of the Uterus.

THE PRESIDENT (Mr. Winsor Ramsay) gave his presidential address on prolapse of the uterus. He chose his subject from its importance to the general practitioner and the general difficulty in the treatment of the condition. He traced the history of its early recognition, and described some of the strange methods employed in its treatment, referring to the early use of mechanical support. He then described the anatomy of prolapse, discussing the relative importance of the serous, ligamentous, and muscular structures closing the outlet of the pelvis, the principal support being given by the levator ani, the parametria being sufficient to support the organ during temporary relaxation of the muscle, but giving way if exposed to prolonged strain. Injury to both connective tissue and muscle was the most frequent cause of prolapse, the first stage of which was retroversion of the uterus. The symptoms having been related, the President passed to the diagnosis, and laid stress on the importance of examining the patient in the erect posture, by which alone the slighter displacements could be recognized. The treatment of prolapse was palliative or operative; the former included the use of pessaries, now usually the ring or Hodge, or, in procidentia, the cup and stem pessary. Operations on the broad or round ligaments had been rightly discarded; he advised ventrisuspension in young women, ventrifixation in women over 40, or in some cases vaginal hysterectomy; in procidentia no operation had been permanently successful. The President described a new operation he had devised, bringing up the pelvic fascia to the rectus fascia, the uterus being removed at the level of the internal os; a strip of tendon from each external oblique was passed through the stump and fixed to the rectus fascia. He had only performed the operation seven times during the past year; the lapse of time had been too short to allow judgement of the permanent utility of the operation.

Hernia of Uterus and Ovaries.

Dr. T. H. SANDERSON WELLS read notes of a case of hernia of the uterus and ovaries in an infant of 3 months. The patient was a little girl of healthy appearance, suffering from a swelling in the right groin, rightly diagnosed as femoral hernia. No impulse was felt, the swelling was painful on pressure, otherwise the child did not seem to suffer any pain. The swelling got larger and was operated on. At the operation the right ovary was found to be in a state of gangrene. The child had been perfectly well since.

Dr. WHITTINGDALE said he had been present at the operation on the first recorded case of ovarian hernia.

The PRESIDENT remarked that it would be interesting to follow the girl's life.

Obstinate Hiccough.

Dr. W. JOHNSON SMYTH gave a brief account of a case of obstinate hiccough in a man of 45. The hiccough occurred every ten seconds. The patient's condition was very serious; sleep was prevented, and he lost his appetite. All the usual remedies were tried, including morphine, which relieved the condition for about an hour, but caused severe vomiting. Dr. Smyth noticed that the pharynx was slightly congested and prescribed a spray of 10 per cent. cocaine, which effected an instantaneous cure of the hiccough.

Dr. F. C. BOTTOMLEY had found a mixture of belladonna successful in two cases.

Dr. ALEXANDER reported a case which lasted fourteen days and was cured by 2 grains of zinc oxide.

Mr. MAHOMED mentioned a case in a patient dying of cancer of the liver.

This may be correct now, but it was not so some years ago when I visited Fair Isle. At that time the inhabitants there had to rely "for medical advice on the occasional doctor on holiday bent," and I then drew attention in your columns to a case where a woman in childbed had her life saved by the natives flying signals to a steamer off the island and obtaining therefrom a "doctor on holiday bent." Fair Isle, I believe, has a population of over 100, and there are two lighthouses worked by Government employees. It is possible there is now a resident doctor, although his name does not appear in this year's *Medical Directory*. I remember Mr. Bruce, the owner of the island, whose hospitality I enjoyed at Sumburgh, told me that the whole of the rent roll from Fair Isle would not pay for the services of a resident doctor. I then contended that it was the duty of the Government to provide medical attendance for its employees there. As it is to be presumed that some of the inhabitants of Fair Isle will come under the provisions of the National Insurance Act, it is an interesting question how "medical benefit" can be afforded them in the absence of a resident doctor. A capitation fee of 6s. will certainly not provide it, and the furnishing of "medical benefit" to the inhabitants of some of the islands off the coast of Scotland will be a problem that will tax somewhat the ingenuity of the Scottish Insurance Commissioners.—I am, etc.,

London, June 1st.

MAJOR GREENWOOD.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following degree has been conferred:

D.M.—E. A. Cockayne, Balliol.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—F. P. Franken-Evans.

M.B.—A. W. Bourne, E. A. Dyson, W. H. F. Eales, F. H. Watson.

B.C.—E. A. Dyson.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on May 15th.

Brown Animal Sanatory Institution.

The annual report for 1911 of the Superintendent of the Brown Animal Sanatory Institution, which was presented, stated that during the year 5,292 animals had been treated in the hospital as out-patients, and 634 as in-patients. The five lectures required under the will of the late Mr. Brown had been delivered by the superintendent, Mr. F. W. Twort, the subject selected being John's disease of cattle and the lepra bacilli of man and rats. A considerable number of bacteriological and pathological examinations had been carried out in the laboratory on material obtained from the hospital, the most important being the diagnosis of tumours and of various micro-organisms obtained from inflammatory processes. The report also gave a list of experiments at investigations carried out in the laboratories by different investigators.

Appointment of Representative.

The Vice-Chancellor announced that he had appointed Professor G. D. Thane, to represent the university, in respect of University College, at the bicentenary festival of the Medical School of Trinity College, Dublin, to be held in July, 1912, and Professor H. R. Kenwood as one of the representatives of the university in respect of University College at the annual conference of the Child Study Society held from May 9th to 11th, 1912.

Physiological Laboratory.

Dr. A. D. Waller, F.R.S., and Dr. Mears have been elected respectively Director and Treasurer of the Physiological Laboratory for the year 1912.

The report of the Physiological Committee for the year 1911 gave particulars of the various investigations which had been carried out during the year, and also a list of papers published, the outcome of work conducted in the laboratory during the year.

Report of Professor of Protozoology.

Professor Minchin's report for the year ending June 30th, 1911, contained particulars of investigations carried on and a list of works published from the University Department of Protozoology during the period. It also announced that Miss Muriel Robertson, who had been one of the assistants to the Department since the beginning of 1909, had resigned her appointment in May, 1912, in order to proceed to Uganda and undertake special researches upon the etiology of sleeping sickness and kindred problems.

Studentships and Prize.

The Lindley studentship of £100 will be awarded to a student qualified to undertake research in physiology, and will be held in the Physiological Laboratory. It will be awarded in every third year provided that a candidate of sufficient merit shall present himself.

A university studentship of the value of £50 for one year will be awarded to a student qualified to undertake research in physiology, and will be tenable in a physiological laboratory of the university or of a school of the university.

The regulations for the Paul Philip Reitlinger prize founded by Mr. Albert Reitlinger in memory of his son, who was a student at St. George's Hospital Medical School, and who died on December 3rd, 1911, were approved. The prize, which is of the value of £30, will be awarded in 1912 and every second year thereafter for the best essay embodying the result of some research work on a medical subject. In the alternate years the prize will be awarded for the best essay on a literary, historical, or philosophical subject.

Examinations.

The following candidates have been approved at the examinations indicated:

THIRD M.B., B.S.—Honours.—(a) E. P. Evans, University College, Cardiff, and London Hospital; (b, c) Maud F. Forrester-Brown, London (R.F.H.) School of Medicine for Women; (c) T. C. Graves, University College Hospital; (a, *University Medal*) P. H. Mitchiner, St. Thomas's Hospital; (a) D. B. Pascall, St. Bartholomew's Hospital; (a) H. Rowntree, Middlesex Hospital; (a) Catherine V. Turner, London (R.F.H.) School of Medicine for Women.

(a) Distinguished in medicine. (b) Distinguished in pathology. (c) Distinguished in forensic medicine.

Pass.—J. W. Adams, M. M. Adams, F. J. Anderson, Winifred Austin, G. Barratt, B. Blackwood, J. H. Campaign, G. C. Chubb, W. C. Dale, J. L. Davies, A. F. W. Denning, J. B. B. Dobson, M. C. F. Easmon, A. Ferguson, N. F. Graham, A. S. Hahn, A. K. Hamilton, R. S. Harvey, F. J. Humphrys, E. L. Hunt, C. E. S. Jackson, W. H. Kauntze, H. G. Kilner, W. B. Laird, A. B. Lindsay, M. W. Littlewood, J. N. Mehta, E. S. Miller, H. A. Moody, R. N. O. Moynan, A. E. Newth, E. L. R. Norton, E. R. Parnier, R. D. Passey, E. H. Roberts, K. Robinson, S. P. Rowlands, E. A. Seymour, B. S. Simmonds, A. H. Thomas, T. A. F. Tyrrell, F. S. Williams.

THIRD M.B., B.S. (*Group I only*).—Helen P. Barnes, F. C. W. Clifford, H. St. C. Colson, Grace M. Cordingley, Gertrude Dearnley, C. A. Hewavitarne, H. W. Hills, A. H. Hudson, G. W. B. James, M. M. Khan, W. Matthews, P. T. Patel, Sara L. Penny, H. R. Prentice, G. F. Rigden, F. Sanders, W. W. Wood, (*Group II only*).—C. Aldis, C. H. Attenborough, H. W. Batchelor, Florence H. Bousfield, B. W. Brown, B. I. Cohen, T. P. Cole, W. H. Eggar, F. W. Hamilton, A. W. Hansell, A. W. Havard, R. G. Hill, B. W. Howell, R. H. Liscombe, G. H. Pearson, J. Potter, W. F. V. Simpson, H. K. V. Soltan, J. Tattersall, T. D. Williams, E. A. Wilson.

UNIVERSITY COLLEGE.

Guild of Graduates.

The University College Guild of Graduates came into existence at the beginning of this year. Its general policy is to act as a binding force in the university, but as the membership must be scattered it is proposed to issue a *Bulletin* whenever the various activities of the university present special interests to its graduates, and though information with regard to noteworthy academic controversy will be embodied in this publication, the Guild will carefully avoid taking any active part in controversial matters. All those who have graduated at the University of London from University College are eligible for membership, but it is not the intention of the Guild to make any invidious distinction between the internal and external departments of the university. Membership is therefore open to graduates who have worked for their degree wholly or in any considerable part at University College. The Guild, as soon as funds are available, proposes to form a register of old students sufficiently full to give graduates an idea of what their fellows are doing and what interests they are pursuing. The Master of the Guild is Sir Victor Horsley, Miss E. N. Thomas is the Science warden, Dr. H. Frank Heath the Arts warden, and Mr. Raymond Johnson the Medical warden. To the first number of the *Bulletin* the Medical warden contributes a note on medical graduates and the Guild. He expresses the hope that his fellow medical graduates who received a part or the whole of their training in University College will not be behindhand in giving all the support in their power to the Guild, thus taking their share in making the University of London a living reality.

Entrance Scholarship and Exhibitions.

The examination for the Bucknill Entrance Scholarship of the value of 135 guineas and for the two Exhibitions of the value of 55 guineas each, tenable in the Faculty of Medical Sciences at University College, will be held this year and till further order in July, and not, as in previous years, in September. The subjects of the examination are chemistry, physics, botany, and zoology. Notice of intention to compete must reach the Secretary of the College not later than Tuesday, July 9th.

UNIVERSITY OF EDINBURGH.

Degrees in Veterinary Science.

UNDER an Ordinance, which has now received the approval of His Majesty in Council, students may obtain the degrees of Bachelor of Science and Doctor of Science in Veterinary Science. It is provided that attendance at the Royal (Dick) Veterinary

College, Edinburgh, shall qualify *pro tanto* for admission to the university examinations for the degrees. The founder of the college, Mr. William Dick, bequeathed the college buildings for the use of the public, while his sister left her fortune to endow a chair of physiology in the college, and also a chair of comparative anatomy in the University of Edinburgh. In 1905 these endowments were supplemented by a donation of £15,000 from Mr. MacCullum, M.R.C.V.S. Edin., for the purpose of founding a chair of pathology, and lately he gave £10,000 towards the building of the new college. The college buildings in Clyde Street have outgrown the needs of the institution, and it is hoped that before long a commencement will be made with the erection of an up-to-date college at the east end of the Meadows. The sum of £4,000 is urgently required to secure the £25,000 promised by the Government.

NATIONAL UNIVERSITY OF IRELAND.

UNIVERSITY COLLEGE, DUBLIN.

The following were among the degrees conferred on May 25th:

M.B., Ch.B., B.A.O.—H. F. Moore, M. D. Staunton, T. J. Kilbride, A. J. Dempsey, J. C. Denvir, D. J. Foley, M. J. Gallagher, L. J. E. M'Hugh, T. J. R. Maguire, D. Murphy, T. G. Rothwell, J. M. Rowe.

In connexion with the opening examinations in the Faculty of Medicine first class exhibitions of £20 each and first honours have been awarded to H. F. Moore, J. G. J. Green, and P. J. Smyth; and second class exhibitions of £10 and second honours to M. J. Staunton and Mary C. McKenna; and a corresponding exhibition and first class honours to E. H. Coyne.

Medico-Legal.

VERBAL REPORTS TO POLICE (SCOTLAND).

MORVEN, ABERDEENSHIRE.—Our correspondent's position is perfectly clear; he should absolutely refuse to give a verbal report to the police; he is under no legal obligation to do so. He would have great difficulty in extracting a fee from the police for verbal reports. If a report is required, let the Procurator Fiscal ask for a written one, the fee for which is one guinea. This report, as our correspondent may already know, should be given "on soul and conscience."

Public Health

AND

POOR LAW MEDICAL SERVICES.

POOR LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

A COUNCIL meeting of this association was held at 34, Copthall Avenue, E.C., on May 30th. Dr. Balding, J.P.; was in the chair, and the President of the association (Surgeon-General Evatt, C.B.) was also present.

District Secretaries.—With regard to the appointment of district secretaries in different parts of the country, the Honorary Secretary reported that Dr. Allen, of Liverpool, had consented to act, and that Dr. Ellis, of Salisbury, had promised to do his best to recruit members in his district. The council resolved that a list of district secretaries should be drawn up, and published in the *Poor Law Medical Officer*, to improve the organization of the association.

Poor Law Officers' Association.—A letter was read from Mr. Shirley Fussell reporting that the case of Dr. Todd and the Winchester guardians had been before the executive of the National Poor Law Officers' Association, and was to be further considered at its next meeting in June. He desired to be informed of any further particulars. The Honorary Secretary said the British Medical Association had the matter still in hand. Mr. Shirley Fussell had sent also six copies of the report of his council on the recommendations of the conjoint conference of Poor Law officers on the recent report of the Royal Commission on the Poor Laws. It was pointed out that, beyond condemning the medical recommendations of the Commissioners, the council of the National Poor Law Officers' Association had passed over all the suggested reforms in the Poor Law medical service that had been recommended by the conjoint conference. After some discussion, it was resolved that a letter be written to the Secretary of the Poor Law Officers' Association expressing regret that the recommendations of the conference had not been adopted in its report.

Special Fees for Fractures.—A letter was read from a member, asking for advice under the following circumstances: He had attended to two cases of compound fracture in Poor Law patients. Under Art. 177 of the Gen. Ord., July, 1847, he was entitled to £5 for each of these cases if he had treated them throughout their whole course, but they had been taken out of his hands after being under his care for a week, and he had been offered by his guardians a fee of £1 in each case. Was he compelled to accept such payment? The council unanimously condemned this offer as being mean in the extreme. Art. 177 specially ordered that half the fee should be paid in cases of operations coming under that Order where the patient had died

within thirty-six hours. At least half the fee should be paid in such cases. It was resolved that the member be advised to ask the guardians to pay him half the regular fees, and, in event of refusal, to go to the Local Government Board. Failing satisfaction, the propriety of taking the case into the county court ought to be considered. It was not certain that the whole fee might not be claimed, as the cases had been taken out of the medical officer's hands.

Treatment of School Children.—Letters were read from two other members, complaining of attempts made by the guardians to include among their duties the attendance on school children found defective on examination with regard to the removal of adenoids, etc. In the case of one, however, it seemed likely that the guardians would pay extra for such treatment. It was resolved that all Poor Law medical officers be advised to resist in every way the imposition of such duties without special payment for the same.

Bristol Meeting.—The council finally took into consideration the special arrangements for the Bristol meeting.

LOCAL GOVERNMENT BOARD REPORTS.

Willington Urban District.—Dr. Carnwath's report to the Local Government Board (New Series, No. 59) is concerned more particularly with an outbreak of typhoid fever which occurred in 1909 and the first half of 1910 in Oakenshaw, a colliery village situated in the urban district of Willington, co. Durham. The population of the village is about 1,280; altogether 74 cases occurred and 7 terminated fatally. Dr. Carnwath found that nearly all the cases were in houses supplied with milk from one farm. The wife and son of the farmer alone had anything to do directly or indirectly with the handling of the milk. In 1908 the son had an illness described as a bad cold which had "struck in," causing inflammation of the lungs and bowels. In August, 1910, the urine and faeces of the wife and son were examined for typhoid bacilli, with negative results as regards the son and positive with respect to the wife. At a later date typhoid bacilli were found to be still present in her faeces. No history of sickness could be obtained from her beyond a "bad bilious attack about four years ago." The outbreak subsided before its obvious cause was discovered and before the farmer's wife had been forbidden to have anything to do with the milk or milk vessels.

Blaenavon Urban District.—The report (New Series No. 62) which Dr. Morgan Rees has made to the Local Government Board on the urban district of Blaenavon, in the county of Monmouth, is not the first which has been made to the Board on this district. In 1895 the late Mr. T. W. Thompson reported upon the unsatisfactory conditions he found with respect to sewerage and house drainage, sewage disposal, excrement and refuse disposal, and water supply. Little appears to have been done in the interval to remedy those conditions, and Dr. Rees expresses the opinion that the urban district lacks those essentials of good sanitary provision and management which when combined do so much to make the life of a community happy and contented. The report bears testimony on almost every page to the neglect of the sanitary authority to carry out its duties. By-laws and regulations have been adopted for various purposes, but little or no attempt has been made to enforce their provisions, with the result that Dr. Rees has to tell of filthy slaughter-houses, a dark, ill-ventilated and dirty common lodging-house, badly paved, dirty, ill-lighted and unventilated cowsheds, and housing conditions such as might be expected to be found within the area of administration of so neglectful an authority. The recommendations which are made in the report are all well considered and do not err on the side of extravagance.

The Services.

UNIVERSITY OF LONDON OFFICERS' TRAINING CORPS.

THE third annual report of the Military Education Committee shows that the Officers' Training Corps has taken firm hold in the University of London. The total strength of officers, N.C.O.'s, and cadets is 926, made up of artillery, engineer, infantry, Army Service Corps, and medical units.

The medical unit, which is organized in four field ambulance sections, has 9 officers and 270 cadets drawn from the London medical schools. Looking down the table giving the number of cadets from the different schools, one cannot help being struck by the fact that some of them have not contributed their quota to the contingent, and we hope that by the time the next report is published this will have been rectified.

Among the events of the year the inspection by His Majesty the King at Windsor takes the first place, and the contingent is proud to have received special commendation from His Majesty. The report of General Sir John French after inspecting the contingent is also very satisfactory.

Other events to be recorded are the annual dinner, at which Lord Haldane was present and proposed the toast of the contingent, and the opening of more commodious head quarters at South Kensington by Colonel Seely.

The *Handbook of the University of London Officers' Training Corps* for the year 1911-12 gives a detailed list of the officers, N.C.O.'s, and cadets of the various units and also a summary of the important regulations of the Officers' Training Corps. In

addition, numerous hints are given to cadets on details which are likely to be overlooked. The *Handbook* forms a most useful guide to all those connected with the Officers' Training Corps.

THE HOME COUNTIES DIVISION (T.F.).

THE officers of the R.A.M.C.(T.), the Home Counties Division, dined together at the Grand Hotel on May 15th under the chairmanship of Colonel C. Pye Oliver, who was recently in command of the 1st Home Counties Field Ambulance, and is now Assistant Director of Medical Services. The guests of the evening were Colonel J. Turton, V.D., late Administrative Medical Officer, Home Counties Division, and Lieutenant-Colonel J. J. de Zouche Marshall, V.D., late Officer in Command, 3rd Home Counties Field Ambulance.

OPENING OF R.A.M.C. DRILL HALL, CARDIFF.

THE new drill hall of the 2nd Welsh Field Ambulance, commanded by Lieutenant-Colonel William Sheen, was formally opened on June 1st by Sir Launcelot Gubbins, K.C.B., M.V.O., Director-General of the Army Medical Service. A successful smoking concert, at which the Director-General was present, was held in the evening.

INDIAN MEDICAL SERVICE.

The Equipment of Indian Field Ambulances.

A COMMITTEE consisting of Colonel Cobbe, V.C., Major Muscroft (Supply and Transport Corps), Colonel Robinson (Principal Medical Officer, First Division), Major Jay Gould, I.M.S., and Major Gunter, R.A.M.C., assembled at Simla in May to revise the equipment of Indian Field Ambulances in accordance with the experience of recent wars. Surgeon-General Sloggett, C.B., C.M.G., was in the chair, and Lieutenant-Colonel Bruce Seton, I.M.S., acted as Secretary of the Committee.

The Medical Branch of Indian Army Head Quarters.

In conformity with the recent decision of the Army Council the Government of India has sanctioned the following changes in the designation of the medical officers of the Army Head Quarter staff.

The Principal Medical Officer, His Majesty's Forces in India, becomes the Director of Medical Services, Army Head Quarters, India.

The Deputy Principal Medical Officer, His Majesty's Forces in India, becomes the Deputy Director of Medical Services, Army Head Quarters, India.

The Secretary to the Indian Medical Service becomes the Assistant Director of Medical Services (India Service).

The Secretary to the Royal Army Medical Corps becomes the Assistant Director of Medical Services (British Service).

The Sanitary Officer becomes the Assistant Director of Medical Services (Sanitary).

The Sanitary Commissioner with the Government.

The Government of India has appointed Major J. C. Robertson, I.M.S., Sanitary Commissioner, Lucknow, to be Sanitary Commissioner with the Government of India. He will be administratively subordinate to the Director-General, Indian Medical Service.

He leaves a widow and large family, with whom much sympathy is felt; the six sons have all risen to distinction in law or medicine.

His numerous friends in India, as well as elsewhere learnt with deep regret of the death, immediately after his arrival home on eight months' leave, of Surgeon-General M. W. KERIN, C.B., P.M.O. of the 8th (Lucknow) Division. The late Surgeon-General was born in 1856, and received his medical education in Dublin. He entered the Army Medical Service in 1880, and first saw active service with the Burmese expedition of 1885-6. A long period of peace service ensued, until the outbreak of the South African war found him with the troops in Northern Natal. He took part in the energetic operations conducted by Sir George White, and was present at the action of Telana, finally being one of the gallant garrison which was invested in Ladysmith. His services were twice mentioned in dispatches by Sir George White. In 1903 Surgeon-General Kerin was on the North-West Frontier of India, and accompanied the Zakka Khel expedition, again winning distinction of mention in dispatches. Only two years ago his long and valued services were rewarded with the bestowal of Companionship of the Bath. He was promoted Surgeon-General in March last.

Medical News.

THE annual athletic meeting of the United Hospitals Athletic Club will take place on Tuesday, June 11th, at the Stamford Bridge Athletic Ground.

A DISTRICT CENTRE of the St. John Ambulance Association has been formed at Maymyo under the presidency of the Lieutenant-Governor of Burma. Colonel Hehir, P.M.O. Burma Division, is honorary secretary.

THE Cavendish Lecture before the West London Medico-Chirurgical Society will be delivered by Professor Karl Pearson, F.R.S., on Friday, June 21st, at 8.15 p.m. in the Town Hall, Kensington. The subject is Darwinism, medical progress, and eugenics.

The following prizes are offered for open competition by the International Tuberculosis Society: £20, £4, and £2, besides gold and silver medals. Manuscripts must be sent before December 1st, 1912, to the General Secretary, Dr. Georges Petit, 45, rue du Rocher, Paris.

WE have received from Messrs. W. and G. Foyle, of 135, Charing Cross Road, W.C., a copy of their nineteenth book catalogue, its special feature being that all the books described therein are new copies which they have for sale at unusually low prices. The books cover topics of almost every kind.

THE latest catalogue issued by the De Dion Bouton firm relates to its output of vehicles for commercial purposes. These include taxicabs, omnibuses, fire engines, watering wagons, and sweeping machines. The catalogue, which is freely illustrated, can be obtained on application. Also shown are the searchlight, commissariat, and gun-carrying wagons made by the firm for the French army.

THE annual dinner of the Royal Army Medical Corps will take place on Monday, June 17th, at the Trocadero Restaurant, Piccadilly Circus, W., at 8 p.m., under the chairmanship of the Director-General. Officers intending to be present are requested to communicate with Major E. T. F. Birrell, R.A.M.C., Honorary Secretary of the Dinner Committee, 12, Sutherland House, Cheniston Gardens, Kensington, W.

DR. ALEXANDER MORISON will give a course of lectures on the nature and treatment of sensory and motor diseases of the heart, at the Great Northern Hospital, Holloway Road, on Tuesday, June 11th; Friday, June 14th; and Tuesday, June 18th, at 5 p.m. on each day. The course will be illustrated by lantern slides and microscopic sections, and the attendance of medical practitioners interested is invited. The hospital can be reached by tube railways to Highgate or Holloway Road stations.

UNDER the auspices of the National Bureau for Promoting the General Welfare of the Deaf, Dr. James Kerr Love, of Glasgow, is to deliver two lectures at the Royal Sanitary Institute, the first dealing with the nature and consequences of deafness, and the second with the classification of deafness and the prevention of acquired deafness. The date of the first lecture is Tuesday, June 11th, at 5.30 p.m., when Sir Frederick Milner, P.C., will preside. The date of the second lecture has not yet been fixed.

Obituary.

HENRY WHITAKER, M.D., M.R.C.S., D.P.H., R.C.S.I.,
LATE MEDICAL SUPERINTENDENT OFFICER OF HEALTH, BELFAST.

WE regret to announce the death of this well-known and highly respected member of the profession. Dr. Whitaker had a long and varied career. He was born in 1833 in Belfast, and entered the old Queen's College in 1854, having as class-mates the late Sir William MacCormac and Dr. McCrea. He served his apprenticeship also with Mr. John Grattan as a chemist, and became a licentiate apothecary in 1856, and entered into partnership with the late Mr. W. J. Wheeler. Subsequently he graduated as M.D. in the Queen's University, and obtained other degrees. He became a member of the City Corporation in 1869, first as Councillor, and three years later as Alderman for St. George's Ward. He devoted much time to public health work, and after twenty years' service was, in 1890, appointed Medical Superintendent Officer of Health, and discharged the duties of this office for sixteen years. During this time the population of the city grew from 230,000 to 360,000, and many sanitary difficulties had to be contended with. He was always most courteous, helpful, and ever ready to visit where dangers were greatest. He enjoyed the respect and affection both of his staff and of the profession. He was an ex-President of the Ulster Medical Society, and Lecturer on Sanitary Science in the Queen's College.

DR. LOUIS L. WILLIAMS, of Boston, U.S.A., has published (*Boston Med. and Surg. Journ.*, May 16th, 1912, p. 738) a report of a case in which he gave an intravenous injection of 0.6 gram of salvarsan to a mulatto aged 22, subject to syphilitic orchitis, with other secondary lesions. Considerable constitutional disturbance followed, vomiting, high temperature and coryza being marked. On the third day, when the temperature had fallen within forty-eight hours from 50° to 38°, a typical measles eruption developed. Koplik spots were seen on the buccal mucosa, and the conjunctivae were injected. The temperature fell to normal within two days. Dr. Williams observes that the injection was given a few hours before the unexpected onset of measles, and the result, in his opinion, implied that salvarsan does not affect the development and course of that disease. In the view of the antagonism of salvarsan to some of the pathogenic protozoa, the coincidence observed in this case may have some bearing on the question of the nature of the organism concerned in the causation of measles.

THE annual meeting of the Society for Training Teachers of the Deaf on the Pure Oral System was held on May 29th at 33, Cavendish Square, by kind invitation of Mrs. and Dr. H. E. Symes Thompson. Mr. B. St. John Ackers presided, and the adoption of the report (presented by the Rev. A. S. Thompson, B.D.) was moved by the Vicar of St. Mark's, North Audley Street, and seconded by Dr. G. E. Shuttleworth. The report expressed the hope that the working alliance in contemplation between the Ealing and Fitzroy Square Colleges would be carried into effect before long. Reference was made to the lectures on anatomy and physiology given by Mr. Macleod Yearsley to the students of both colleges, and to the certificates of teaching qualifications issued by the joint examination body. It was stated that the supply of trained teachers for the deaf was still insufficient to meet the demand, and a hope was expressed that more liberal Government aid might be granted towards the necessarily heavy expense of complete training. Lip-reading lessons had been given not only to children but to adults with advancing deafness, and had proved of signal benefit. The balance sheet showed some improvement on preceding years, but there was still need for more generous financial support to carry out fully the objects of the society, which had recently included the free training of teachers for service in India under the Church Missionary Society. After an eloquent address by Mrs. Rose, who proposed the reappointment of the committee, on the pitiable condition of the uninstructed deaf and the invaluable benefits they received from oral training, the meeting concluded with votes of thanks, in which emphatic reference was made to the immense services rendered to the society by the late Dr. E. Symes Thompson.

THE Insurance Commissioners are issuing with rapidity a number of official explanatory leaflets, some of them brief statements in popular language of the provisions of the Act, others in the form of questions and answers. The object of the series is said to be to express in a simple way, for the benefit of persons eligible to become insured, the chief provisions of the Act with regard to various subjects; attention is confined to such main points as can be dealt with in short leaflets, and the various legal limitations, exceptions, etc., that would properly be found in a complete statement of the provisions of the Act are not set out in full. The reader is warned that it must be clearly understood that nothing in any of the leaflets is to be regarded as determining any of the questions still to be decided under the Act, whether by the Commissioners or others. Of these leaflets, the majority are concerned with general questions with regard to the approval of friendly societies, dividing societies, trade unions, and slate clubs, and the advantages of joining an approved society; two are specially devoted to the position of women, and one to domestic servants. In the leaflet on voluntary contributors it is clearly stated that any person who has once become a voluntary contributor, and has completed five years of insurance, may continue to be a voluntary contributor, whatever his income, and whether earning his own living or not. It is pointed out that it will be of considerable advantage to the insured person to become a voluntary contributor through an approved society before January 15th, 1913; if under 45 he will pay only 7d. per week (women 6d.), if over 45, rather more, but not so much as if he joined after January 15th, 1913. It is added that a voluntary contributor will cease to pay contributions after the age of 70, but he will remain entitled to medical benefit. In another leaflet it is stated that medical benefit includes medical treatment and medicine for the insured person, and certain kinds of surgical appliances.

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.

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.

E. R. C. asks for reference to any literature or statistics showing the relation (if any) between the presence of goitre and premature birth.

SCHOOL MEDICAL OFFICER asks for information as to elementary schools constructed on the pavilion system, that is, each class room with its cloak-room, etc., forming a separate building.

W. asks whether it is worth while suturing a complete rupture of the perineum, first seen fourteen days after delivery, or whether it would be better to wait, and do a flap-splitting operation later.

No. 205 would like to know the best way of preventing or combating thiosinamin poisoning. He means the symptoms—rigor, fever, chill, etc.—which sometimes follow the administration of this drug.

PUZZLED has a lady patient, aged 20, who is unable to take a cold bath on account of the intolerable itching which comes on about ten minutes afterwards and lasts for about one hour. She is able to take a hot bath, using water from the same source, without any unpleasant results. The water used for the bath is hard and alkalis have been tried to soften it, but without any effect. He would be glad of suggestions in the way of treatment.

MR. ADAIR-DIGHTON, F.R.C.S. (Liverpool), writes in reply to "Eustachius": The prognosis of the case of tinnitus aurium reported depends entirely on the curability, or otherwise, of the chronic posterior nasal catarrh. This point can only be settled by naso-pharyngoscopic examination. There may be bands, or adhesions, causing obstruction or undue patency of the Eustachian tube, or else there may be a chronic hyperplasia dependent on the gouty diathesis. Chronic post-nasal catarrh includes so many pathological pictures that the only certain method of diagnosis, and so of prognosis, is by means of the naso-pharyngoscope. With this instrument a detailed examination and a positive diagnosis can be made and a definite prognosis given, none of which are possible by any other method.

LETTERS, NOTES, ETC.

"ST. KILDA."

IN the article entitled "St. Kilda," which was published in the BRITISH MEDICAL JOURNAL of June 1st, there is a misprint at p. 1250, line 15 from the top of the left-hand column. It should read "forty-one males," giving a majority of one to the male population of the island.

PUERPERAL ECLAMPSIA.

DR. D. N. COOPER (London) writes: In puerperal eclampsia one vital point in the treatment is the elimination of the toxin. Free purgation is an aid. The second aid is to keep the patient in a bath of perspiration. This can be done easily by rigging up an apparatus to carry hot air or steam tubes under the blankets, and the temperature regulated by thermometer by the nurse, who should be in constant attendance. Patients should be freely given, if not by the mouth by rectal injection. The great point is to keep up a Turkish bath till the kidneys secrete the normal quantity of water.

ORGANIZATION OF POST-GRADUATE INSTRUCTION.

DR. R. LUCIUS WOOD (Huyton) writes: Would it be possible for the British Medical Association to organize a scheme whereby each member would be enabled to attend at least one month's post-graduate tuition each year? Such a scheme would, no doubt, be a complicated one to arrange and carry out, and would involve an extra subscription; but it would, on the other hand, raise the standard of medical practice in this country and, incidentally, enhance the value of the medical practitioner in the eyes of the public.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Eight lines and under	0 4 0
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An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *postes restante* letters addressed either in initials or numbers.