

water deposit a little tar acid on standing, so that it is important to employ its freshly-made dilutions or to shake thoroughly long-standing ones.

I desire to express my best thanks to Dr. C. J. Martin, F.R.S., for giving me the opportunity of conducting this investigation and also for help and advice in the course of the work, and to Messrs. Burt, Boulton, and Heywood for supplying samples of various tar acids.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE PAINLESS OPENING OF SMALL ABSCESSES.

ONE of the first lessons handed down to us from the days before anaesthesia is that an incision made from within outwards, after transfixion, is far less painful to the patient than an incision from without inwards, since the sensory nerve endings are not touched until their deeper connexions are divided. For the last two years, prompted by a personal experience, I have used this method so successfully in the case of small abscesses that it seems worth pointing out the small modification of the ordinary curved bistoury which experience very soon showed to be necessary for complete success. The ordinary bistoury carries too little curve, and is too broad in the blade, for the painless preliminary transfixion, which is an essential point. The accompanying sketch shows the shape of a



fully curved, narrow-bladed bistoury, which Messrs. Salt of Birmingham made for me in different sizes, which answers the purpose admirably. With this narrow sharp-pointed blade a small abscess can be transfixed practically without pain. As soon as the point reaches the abscess cavity pain ceases, and the point can be brought out through the skin at the required distance, and the incision completed by *slow* sawing movements with an absence of painful sensation which is often surprising. The incision, after transfixion, can of course be completed, if preferred, by one rapid stroke of the knife, but I have found practically that the procedure is less startling and more truly painless if the skin is divided quite slowly by short sawing movements.

H. CAMERON KIDD, F.R.C.S.

Bromsgrove, Worcestershire.

THREE OCCIPITO-POSTERIOR PRESENTATIONS IN THE SAME PATIENT.

DR. LOTT's note in the JOURNAL of June 1st, p. 1240, has suggested to me that the following case may be of interest. Two days ago I attended a woman, aged 26, in her fourth confinement. On arriving, I was told that she had been in labour for four hours, and the membranes had recently ruptured. I found the os fully dilated, the head low down, with the occiput behind. The pains were infrequent and feeble. I made her stand beside the bed for a few minutes until a stronger pain came on, when, with the nurse's help, she was placed on the bed, and the child was born during the same pain; the perineum was slightly torn. A partially adherent placenta led to rather severe haemorrhage till it was detached by hand.

I have attended her in each of her former confinements. The first was occipito-posterior, forceps being applied above the brim of the pelvis, and the extraction proving very difficult, the perineum being badly torn. The second child presented in the same way, and also required forceps. In the third labour the presentation was occipito-anterior, and forceps were used on account of primary uterine inertia; in this case also the placenta had to be removed by hand. The membranes had always ruptured before my arrival, so no attempt was ever made to turn the head round.

Banwell.

KENNETH ANDERSON, M.B.

SALVARSAN.

A PATIENT of mine, wishing to have salvarsan, was given 0.6 gram; he at the time had a very troublesome cough which had lasted some months, although there were no serious physical signs. The day after the injection he did not cough and has had none since, and when I gave him a second intravenous injection a few days ago, an interval of six weeks between the two injections, he remarked that he had never felt better.

I watched the last batch of a series of about 600 cases, which have not been reported, treated by salvarsan, and the operator showed me a record of each case, pointing out that there had not been a single fatal result, and that only two cases—nervous cases—had slight reaction.

It was also pointed out to me that after an injection these cases looked many years younger. Owing to the great prominence given to the cases that have been fatal, I think that what appears to be a very useful remedy runs a great risk of neglect. I use the Allenbury apparatus invented by Mr. McDonagh.

Gillingham, Kent.

IAN JEFFERISS.

ARTERIO-SCLEROSIS IN RELATION TO BLOOD PRESSURE.

THERE has been a great deal of discussion of late on the question of the relation of arterio-sclerosis and arterial atheroma to increased blood pressure. One school has maintained that the arterial pressure is independent of local changes in the artery wall; another has held, and sought to prove by many experiments, that thickening of the vessel wall will give a high reading when tested with the mercury manometer, quite irrespective of the true arterial pressure, which may, in fact, be below normal. I have for some years been uncertain as to which school was right, and I have sought to arrive at some definite conclusion as to which was the correct view. If a local arterial thickening will affect the reading of the pressure as given by the mercury manometer, then the latter instrument becomes practically useless to the clinician, for how is he to tell in a case giving a high reading whether it is due to a general increase of blood pressure or to local thickening or rigidity of the brachial artery? For several years I have sought an answer by taking a sphygmographic pulse tracing in all cases of high or low arterial pressure, but after prolonged trial and comparison of numberless cases, I have been forced to the conclusion that a sphygmographic pulse tracing is absolutely useless as a guide to arterial pressure. I have tracings of cases of only 90 mm. Hg pressure giving an exactly similar tracing to those of 200 or more. The old teaching that a marked tidal wave, with absent or diminished diastolic wave, indicates a high arterial pressure is a myth, as is also the theory that an increased diastolic wave, with an absence of the tidal wave, signifies a low blood pressure.

I have recently, however, had a case under my observation which conclusively proves that the mercury manometer does give a true reading of the arterial blood pressure, quite apart from any local thickening of the brachial artery. A man of 73 has given a pressure reading of 200 mm. Hg or more when tested by the mercury manometer for some years. His arteries are generally thickened, and his pulse feels poor and of low pressure to the finger, in addition a pulse tracing has always shown an absence of the tidal wave, and a high percussion stroke. I therefore naturally concluded that this was a case of low blood pressure, but giving a high blood pressure reading when tested with the manometer, owing to the thickening of the arterial wall. About a month ago, however, owing to increasing circulatory trouble, I advised my patient to undergo a course of Nauheim baths at home. The result has been that the systolic blood pressure has fallen from 220 mm. Hg to 120 in three weeks, while the pulse has increased in volume, and the tracing has become more normal.

I think this case conclusively proves that the high arterial pressure was due to arterial spasm, and not to the atheroma and sclerosis of the arterial walls. In future I shall therefore know that a high reading given by the sphygmomanometer means high arterial pressure, and not the presence of local arterial thickening, with low blood pressure.

Woking

R. THORNE THORNE.

BREECH PRESENTATIONS.

IN connexion with Dr. H. J. Hott's case of three successive breech presentations in a married woman, aged 32, the following instance of four successive breech presentations may be worth recording: Mrs. H., married at the age of 20, had five children, all of whom, with the exception of the eldest, a boy, were breech presentations—two girls and two boys. All the children were born alive, and lived healthy lives for several years. The mother is a small woman, and the pelvis somewhat contracted.

Hove.

W. AINSLIE HOLLIS.

Reports

ON

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

MACCLESFIELD GENERAL INFIRMARY.

A CASE OF RETROPERITONEAL HERNIA.

(By J. HEDLEY MARSH, Honorary Surgeon to the Infirmary.)

THE patient in the following case, a man aged 34, was recently admitted under my care. He had previously been treated for "indigestion and duodenal ulcers," and was suddenly seized with violent abdominal pain, vomiting, and collapse.

State on Admission.—He was admitted within four hours of the onset, and was then vomiting incessantly, had much pain all over the abdomen, and the right rectus was markedly rigid. He had subnormal temperature and pulse 140 a minute. He was obviously suffering a serious abdominal catastrophe, probably in the right half of the abdomen.

Operation.—I operated at once, and opened the upper half of the abdomen by a right paramedian incision, displacing the rectus outwardly. The stomach and duodenum were carefully examined for perforation and found normal; the stomach was much distended, and a large quantity of clear, odourless, serous fluid escaped from the abdomen. The incision was extended downwards and the appendix sought for, but it could not be readily found. On tracing down the anterior longitudinal band and making firm traction upwards on the caecum, the appendix suddenly escaped from a pouch lying behind the caecum, and a mass was then seen projecting behind the caecum and pushing the ascending colon outwards and lifting up the mesentery of the lower ileum at its insertion into the iliac fossa, where it passes to the postero-internal aspect of the caecum and colon. Several feet of small intestine, probably jejunum or upper part of ileum, were slowly withdrawn in a collapsed state from a sort of peritoneal tube which extended upwards to the right kidney.

Result.—The opening was dealt with and the abdomen closed. The man made an uninterrupted recovery and is now in robust health.

The drawing on page 116 of Mr. Moynihan's book—*Retroperitoneal Hernia*, second edition—exactly illustrates the condition found excepting that the appendix in this case was tucked away in the pouch. I am well aware that genuine cases of pericaecal hernia into this particular pouch are considered to be rare.

The history and onset misled me into opening the abdomen high up, but the paramedian incision, which I frequently find excellent, permitted rapid, safe, and efficient extension downwards with no risk of subsequent yielding of the abdominal wall.

Although a considerable number of cases of intestinal obstruction and "acute abdomens" are annually dealt with in our infirmary I have been unable to find any previous record of what I believe to have been a hernia into the retrocolic fossa.

Sir William Macewen, quoted by Moynihan, describes three pericaecal fossae—ileo-colic, ileo-caecal, and sub-caecal or retrocolic. Moynihan points out that if the posterior surfaces of the caecum and ascending colon are covered by peritoneum and are free, these secondary retrocolic fossae are absent.

AN International Congress on Eugenics is to be held in London in July next (24th to 30th). The work of the Congress will be distributed among four sections as follows: (1) Biology; (2) sociology and history; (3) legislation and demography; (4) practical applications.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.

Cardiff, December 14th, 1911.

Dr. BIDDLE, President, in the Chair.

Tuberculosis Among the Poor.

DR. CAMAC WILKINSON, who read a paper on this subject, said he wished to appeal primarily to those in general practice, who had too many opportunities of observing the misery and suffering this disease brought in its train. Hitherto the medical practitioner had allowed himself to become obsessed with the idea that little or nothing could be done for these victims of consumption except in sanatoriums. A very large number of cases could be successfully dealt with by himself providing he had made himself master of the use of tuberculin in diagnosis and treatment. This system of treatment greatly benefited the patient and should also benefit the medical man. Not very long ago hundreds of thousands of pounds were spent upon the exploitation of the opsonic index in the treatment of tuberculosis—too often spent without any result commensurate with the cost of the system. Again, millions of pounds had been spent upon sanatorium treatment, too often with very partial success. Fortunes had been wasted on quack remedies. If large sums of money had been spent in the past upon these systems which had been absolute or relative failures, it was certain that money would be freely spent upon any system which proved to be superior to those that had virtually failed. Here in Wales, through the energy and generosity of Mr. David Davis, M.P., a large amount of money, nearly £200,000, had been collected for the special purpose of dealing with this problem in Wales—an object so meritorious that the scheme had been chosen as the means for perpetuating the memory of King Edward VII, the Peacemaker. It was to be hoped that this splendid amount of money would be spent so as to bring the greatest good to the greatest number. If this were the main object of the scheme it was certain that the money should not be devoted to sanatoriums. Let them suppose that Wales was ready to devote £250,000 to the problem of dealing with tuberculosis. The local colouring of their illustration would help the argument. In Wales there were about 5,000 deaths each year from tuberculosis, and there were probably at least 20,000 persons needing help under the Insurance Act. From the Insurance Act Wales would be entitled to £80,000 for buildings and about £50,000 a year for maintenance. Thus about 400 beds would be provided which could deal with about 800 cases—800 cases out of 20,000 needing treatment! Thus provision was made for less than 10 per cent. of the sufferers, and the money, being spent, nothing could be done for the 90 per cent. of sufferers outside the pale of grace. Let them consider, too, the share that thus fell to the doctor, upon whose work must depend the success or failure of treatment. Certainly not more than ten doctors would be required to look after 400 beds. Suppose each doctor received £250 a year—£2,500 was the doctors' share by this scheme; £50,000 was provided each year for maintenance, out of which the doctors, who did all the work, received no more than £2,500. Now let them consider the cost of tuberculin dispensaries, the number of patients that could be properly treated at the dispensaries, and the share that the doctors received for applying the treatment. He had calculated that it was quite easy to treat 250 cases a year at a tuberculin dispensary at a cost of £750 a year, of which £400 or £500 a year was paid to the doctors for medical services. Accordingly, 20,000 cases could be treated for about £60,000 a year, of which £40,000 would be the doctors' share for special medical services. By this scheme, not 10 per cent., but every man, woman, and child in Wales could be treated for about the sum which was allowed in the Insurance Act for the treatment of tuberculosis, and the individual results would be better. It was, therefore, reasonable to expect that the authorities with whom the decision rested would choose the scheme of tuberculin dispensaries, which could treat all persons suffering from consumption in Wales at no greater cost than that

The well-known and beautiful lines from *In Memoriam* will ever be recalled by those who knew him well and loved him:

I climb the hill; from end to end
Of all the landscape underneath,
And no place that does not breathe
Some gracious memory of my friend.

THE LATE DR. O'LOUGHLIN.—The Royal College of Physicians of Ireland has adopted the following resolution on the death of Dr. F. W. N. O'Loughlin, L.R.C.P.I., late Senior Surgeon White Star S.S. Company:

The President and Fellows of the Royal College of Physicians of Ireland desire to place on record their deep sorrow at the tragic death of Doctor Francis William Norman O'Loughlin, a Licentiate of the College, who, with so many others, lost his life at the sinking of the ss. *Titanic* on the morning of April 15th, 1912.

Dr. Loughlin's long professional life was spent in the service of the White Star Company, and by a faithful and conscientious discharge of his duties he had won for himself a high place among its officers. As his life was spent so he met his death, ministering to the wants of others in the last dread moments that preceded the sinking of the ship.

The President and Fellows feel that Dr. O'Loughlin, by his conduct both during his life and at his death, has maintained the highest traditions of the profession and of his College, and they tender to his relatives the most sincere sympathy of the College in their sad bereavement.

Universities and Colleges.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

THE post of Senior Assistant in the Department of Zoology and Comparative Anatomy has been filled by the appointment thereto of Mr. W. J. Dakin, D.Sc., at present Assistant Lecturer and Demonstrator in Zoology in the University of Liverpool.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

Prize Distribution.

The prizes for the year were distributed on June 7th by Sir William Collins, M.D., Vice-Chancellor of the University of London.

Mrs. Garrett Anderson, M.D., the President of the school, who was in the chair, said that in the twelve months under review there were 147 students in attendance. Seventeen took the M.B. and B.S. degrees of the University of London, and nine former students the M.D. degree, while four secured degrees at Durham. Miss Davies-Colley, M.D., a former student, was also the first woman to become a Fellow of the Royal College of Surgeons.

Sir William Collins, in an address, said that the University of London was the first body to recognize that women should be accorded the same opportunities as men in respect of higher education and should be allowed to proceed to degrees under the same conditions. It was in 1878 that it first put this principle into practice and threw open its doors to women. The extent to which the latter had taken advantage of this circumstance was shown by the number of women graduates on the rolls of the various faculties of the university. Bachelors of arts numbering over 2,000 headed the list, then came 600 bachelors of science, 180 masters of arts, 170 bachelors of medicine, 80 doctors of medicine, 25 doctors of science, 6 masters of surgery, 4 bachelors of law, 4 bachelors of divinity, 3 doctors of literature, 3 bachelors of music, and 2 doctors of law. In addition two members of the Senate were ladies. The higher education of women was therefore now an accomplished fact. Their advent in medicine would, he thought, operate in the direction of importing into practice high ideals and aspirations which would remove from it a certain commercialism and materialism apt nowadays to beset it.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The Election of Councillors.

THERE are seven candidates for the four vacancies on the Council of the College to be elected on Thursday, July 4th. All three retiring members have offered themselves for re-election, and there is a vacancy caused by the decease of Sir Henry Butlin; the substitute member will hold office till 1919. The retiring members of Council are Sir Frederic S. Eve (Fellow, December, 1878; Member, August, 1876); Sir Anthony A. Bowlby, C.M.G. (Fellow, June, 1881; Member, July, 1879); Mr. Gilbert Barling (Fellow, December, 1881; Member, July, 1879). The new candidates are, in order of seniority as Fellows: Mr. James Ernest Lane (Fellow, December, 1882; Member, May, 1880), Senior Surgeon to St. Mary's Hospital; Mr. D'Arcy Power (Fellow, December, 1883; Member, January, 1882), Surgeon to St. Bartholomew's Hospital; Mr. L. A. Dunn (Fellow, June,

1884; Member, April, 1882), Surgeon to Guy's Hospital; and Mr. B. G. A. Moynihan (Fellow, October, 1890; Member, November, 1887), Surgeon to the Leeds General Infirmary, and Professor of Clinical Surgery in the University of Leeds.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE annual election of the President, Vice-President, Secretary, and Council for the ensuing year was held on June 3rd, and the following were elected:

President, Mr. Richard D. Purefoy.

Vice-President, Mr. F. Conway Dwyer.

Secretary, Sir Charles A. Cameron, C.B.

Council, Mr. R. H. Woods, Sir John Lentaigne, Sir Henry R. Swanzy, Sir Arthur Chance, Sir Charles B. Ball, Bart., Sir Thomas Myles, Mr. R. Lane Joynt, Mr. E. H. Taylor, Mr. W. I. Wheeler, Mr. W. Stoker, Mr. H. G. Sherlock, Mr. A. Blayney, Mr. F. T. Porter Newell, Mr. R. C. B. Maunsell, Sir Lambert Ormsby, Mr. Wm. Taylor, Mr. Trevor M. Smith, Mr. R. Bolton McCausland.

The Services.

GLASGOW R.A.M.C. TERRITORIAL UNITS.

THE Glasgow units of the Royal Army Medical Corps (Territorial Force) held a combined field day at Blackhill Farm, near Maryhill, on June 8th. The programme was arranged by Lieutenant-Colonel A. Dryden Moffat, M.D., commanding the units. The Lowland Mounted Brigade Field Ambulance formed collecting and dressing stations, while the 2nd Lowland Field Ambulance acted as a bearer company, and transferred its wounded to a dressing station formed by the 1st Lowland Field Ambulance. The Mounted Brigade Field Ambulance was under the command of Lieutenant-Colonel H. Wright Thomson, M.D., the 1st Field Ambulance under Lieutenant-Colonel G. H. Edington, M.D., and the 2nd under Major P. F. Shaw. Lieutenant-Colonel A. D. Moffat, M.D. (T.F.) was in command of the combined units, and during the afternoon the operations were inspected by Colonel D. J. Mackintosh, M.V.O., the Assistant Director of Medical Services for the Lowland Division.

The church parade of the combined units, including the 3rd and 4th Scottish General Hospitals, took place in the Bute Hall of Glasgow University on the afternoon of June 9th. The Rev. Dr. Thomas Adamson, chaplain, officiated, and the lessons were read by Lieutenant-Colonels Moffat and Edington.

The field units, which are at full strength, hold a combined camp at Lanark during the last fortnight of July.

Public Health

AND

POOR LAW MEDICAL SERVICES.

POOR LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

THE annual meeting of this Association will be held at the Council House, Bristol, by invitation of the Lord Mayor, on Tuesday, June 25th, at 2 p.m. A paper entitled *The Poor Law Service as affected by the National Insurance Act* will be read by J. J. Simpson, Esq., Clerk to the Bristol Guardians. Another by Dr. C. E. S. Flemming, of Bradford-on-Avon, is entitled *Difficulties in the practice of the Poor Law medical officer*. Dr. C. H. W. Parkinson, Medical Officer of Health for the Wimborne Minster Urban District Council, will open a discussion on the necessity of union among all medical officers holding part-time appointments. It is hoped that many part-time medical officers will attend, and a cordial invitation is issued to all who care to be present.

The usual dinner will take place in the evening at the Royal Hotel, College Green, Bristol, at 7.30 p.m., when the Lord Mayor and Lady Mayoress, the High Sheriff of Bristol, and the Right Revs. the Lord Bishop of Bristol and Bishop of Clifton are expected to be the guests of the association. Tickets 7s. 6d., not including wine. Application for tickets should be made to Dr. William Brown, Park View, Fishponds, Bristol. Members are invited to bring ladies with them.

ATTENDANCE ON BOARDED-OUT CHILDREN.

A CORRESPONDENT who is one of the district medical officers of a union was requested to attend two children in cottage homes by the boarding-out committee. He declined, and after some discussion at the next board meeting, the relieving officers were instructed to issue medical orders for all such children requiring attendance. He asks whether this is within the power of a board of guardians.

* * If the cottage home where the children are boarded out is within the district of the medical officer he is bound to attend any requiring medical services on receiving a lawful order from the relieving officer. Such a practice is not unusual.

a man who was suffering from cancer. There was nothing in his statistics to show that the consumption of alcohol had any effect upon cancer. There was little evidence that flesh-eating people suffered from cancer more than others. He did not agree that the cancer was caused by an external parasite. The court then adjourned till the following day.

PENAL SERVITUDE FOR PROCURING ABORTION.

In the High Court of Justice, Edinburgh, on June 4th, Dr. George Bell Todd, of Glasgow, was charged on an indictment in which there were eighteen charges of procuring abortion and one of murder. He had pleaded not guilty in the Glasgow Sheriff's Court on May 24th, but on this occasion he pleaded guilty to four charges. His counsel, who addressed the court in mitigation, pointed out that in all four charges, to which the accused pleaded guilty, the women were married, and at least three of them had gone to Dr. Todd with their husbands entreating him to perform the operation. Dr. Todd had held a good position in Glasgow, and as the result of this case his name would be removed from the *Medical Register*, and he would no longer be in a position to earn his living by practising his profession. The presiding judge, Lord Guthrie, said that though he had listened with great attention to what had been well put by counsel, he had great difficulty, although he had been anxious to find them, in hearing any circumstances which could properly be called palliative. He could not accept the contention that because the women were married and accompanied by their husbands that was palliation. In ordinary cases of this nature the sentence had been from three to five years, and in one very exceptional case it was only eighteen months. This case was not an ordinary case. He had difficulty in not going beyond a sentence that had been pronounced in the case of a poor woman unskilled and in the case of a man also unskilled. So far as was known, this was the first case, he was glad to say, of a medical man being sentenced for this offence in Scotland. He thought he would be doing his duty in the interests of the State, in the interests of such wretched women as had been concerned in this case, and in the interests of the noble profession which the prisoner had dishonoured, if he imposed a sentence of seven years' penal servitude.

WORKMEN'S COMPENSATION CASES.

Small-pox from Corpse.

At Folkestone County Court, on May 21st, the judge gave his decision in the case in which the widow of an undertaker's employee claimed compensation for the loss of her husband, who was alleged to have contracted small-pox from a corpse which he assisted to place in a coffin, there being no knowledge that the deceased had died from small-pox.

It was alleged by the defence that there was no proof that the claimant's husband contracted the disease from the corpse. Three men who, it was stated, assisted at the burial developed small-pox.

His Honour found that the applicant was entitled to compensation, the amount to be arrived at in the usual way.

A Claim in respect of Anthrax.

In a case at Durham, on May 21st, it was alleged that deceased had contracted anthrax through coming into contact with the carcasses of animals which had contracted that disease. In July last a horse belonging to the respondent died suddenly, and was found to have died from anthrax. The deceased had cut up the horse for the purpose of feeding some sporting dogs, and it was alleged that he had then contracted the disease.

His Honour said that, having regard to the facts, he was unable to say how or when or under what circumstances the deceased contracted the disease, and therefore, in his opinion, he had not died from an accident which arose out of and in the course of his employment. He therefore gave judgement for the respondents.

Medical News.

THE fifth annual dinner of the Medico-Legal Society is to take place at the Holborn Restaurant next Thursday, June 20th. The chair will be taken by the President of the Society, Sir John Tweedy.

UNDER the will of the late Mrs. Catherine Wilkin, Sidmouth Cottage Hospital, the Royal Hospital for Incurables, Putney, and the Hayes Cottage Hospital, Middlesex, each receives a bequest of £500.

WE commend to the notice of readers a movement for the establishment of a memorial to the late Dr. Charles James Allan, of whose useful and unselfish life some account appeared in our issue of June 1st. It includes two objects: the placing of a fitting memorial over his grave in Lasswade Churchyard, and the provision of an annuity for his widow. Subscriptions may be sent to the honorary treasurer of the fund, Mr. Archibald Gilchrist, Thornhill, Lasswade, N.B.

At a meeting of the Isle of Wight County Council on June 5th, the post of county medical officer and schools medical officer, vacated by Dr. Barford, was filled by Dr.

James Pixton Walker, assistant county medical officer for Hampshire. There were said to be several other candidates, but the names of only two were mentioned, these being Dr. Gordon Evans, of Evesham, medical officer to the 'Pebworth' Rural District Council, and Dr. F. G. Bushnell, of Worthing.

THE report of the Nightingale Fund for 1911 shows that after the payment of grants towards the cost of the training school at St. Mary's Infirmary, to the Metropolitan Nursing Association for District Nursing, and to Queen Victoria's Jubilee Institute, the year's working ended with a balance in hand of over £200. The list of those who have received their training at the school now includes 64 matrons, 8 assistant matrons, 5 superintendents of district nursing, 1 sister and 2 nurses in the Indian Nursing Service, 3 sisters and 6 nurses in Queen Alexandra's Army Nursing Service, and 3 sisters and 1 nurse in the Naval Nursing Service.

THE twelfth excursion of the V.E.M. (Voyages d'Etudes Médicales) is fixed this year for the first fortnight of September. It will visit the health resorts of the centre of France and Auvergne. The starting place will be the sanatorium at Lamotte-Beuvron (Orleans line), and among the places visited will be Mont Dore, La Bourboule, Royat, Chatel-Guyon, Vichy, and Bourbon l'Archambault. The excursion is under the scientific direction of Professor Landouzy, Dean of the Medical Faculty of Paris. The organizer is Dr. Carron de la Carrière, 2, rue Lincoln, Paris (8^e). Those who wish to take part in the excursion should notify him of their intention before August 20th. The subscription (230 francs) should be sent to Dr. Jouast, 4, rue Frédéric-Bastial, Paris (8^e). A reduction of 50 per cent. on the ordinary fares will be given by all the French railway companies on application.

THE first of the three special cinematographic demonstrations which we recently announced to be in prospect, took place on June 5th before a large gathering of medical men and medical students. With one exception, all the films shown were supplied by Messrs. Pathé Frères, the subjects being the movements of the stomach, the mosquito in relation to campaigns for its destruction, the amoeboid movements of leucocytes, the phenomenon of agglutination, the organisms of spirochaetosis gallinarum, syphilis, Vincent's symbiosis and relapsing fever, and the trypanosomes of Lewis and Bruce. The object of these demonstrations, which have been organized by our contemporary *The Bioscope*, is to show what has already been done in the way of obtaining permanent records of the movements of living organisms as seen under the microscope and ultramicroscope, and to prove how great are the possibilities of cinematography both as an aid in scientific research and as a force in ordinary and special education. On this point Mr. C. H. Heydemann, Ph.D., who introduced the proceedings on the occasion in question, rightly suggested, we think, that the future of motion pictures largely rested on their educational value.

THE spring dinner of the Glasgow University Club, London, took place at the Trocadero Restaurant on June 6th. Mr. William Lorimer, LL.D., Chancellor's Assessor on the University Court, was in the chair, and the gathering included many representatives of medicine. In proposing the toast of the University and the Club, Mr. Lorimer said that as a man engaged in industrial and commercial work for many years past, he would at once declare himself as having no sympathy with those who would abolish or diminish classical education. Such limited training therein as he had himself received had left him with an abiding conviction that classical training provided the finest instrument for expression of thought the world had ever known. In regard to the future of the university, the problem of the application of scientific knowledge to construction work had been fairly well met and solved by it, but there still remained the problem of how best to distribute the results of manufacturing enterprise. In commerce there could be no peace, the struggle was unending; and in this warfare the university could be helpful both to engineers, manufacturers, and merchants. He was in favour, therefore, of the establishment of a faculty of commerce, a project which was already being considered by a special committee. If and when the qualifications necessary for a commercial degree came to be considered, he would urge as indispensable the inclusion of mental philosophy in the curriculum. A great merchant should not only have wide knowledge of the world, but a capacity for lucid thinking and succinct statements, and nothing could better assist him in these directions than a training in the subject in question. The toast to the guests was acknowledged by Professor G. C. Ramsay. The evening ended after the chairman's health had been drunk, on the proposal of Sir Donald MacAlister.