

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF VERONAL POISONING.

THE following case may be of sufficient interest to merit publication, as the lethal dose of veronal is a disputed point.

At 11.30 p.m. on January 21st, 1913, I was called to see a case of supposed poisoning. I found the patient, a retired prize-fighter, aged 36 years, in bed, fully dressed except his boots. His wife said he had taken some drug to make him sleep, that he had been sleeping all day, and that they could not wake him. A lodger told me he thought veronal had been taken, and gave me a bottle containing ten tablets, each 0.5 gram. The patient was pallid, the hands cold and clammy, and the pulse 72, very soft and feeble, and difficult to count. The breathing was semistertorous. The pupils were not dilated, but did not react to light; this puzzled me until I found out that the patient had been for years an habitual chlorodyne drinker and had been taking it heavily for some weeks. I was told he was "just as you see him" for about twenty-seven hours.

All my efforts to wake him having failed, I gave at once a hypodermic injection of strychnine and digitalin and in a quarter of an hour one of strychnine alone. As the pulse and appearance of the patient were improving steadily, I used a small-sized siphon rubber stomach pump and washed out the stomach. I only passed the tube with considerable difficulty, after having well warmed and oiled it. Using a weak solution of sodium bicarbonate, I got away a lot of flocculent material and mucus. After passing in half a pint of strong black coffee and 2 oz. of brandy and finding it retained, I contented myself with occasional hypodermic injections of strychnine, strychnine and digitalin, and oleum camphorae. The latter, in 20-minim doses every quarter of an hour, I firmly believe in; it keeps the heart going, and an overdose is impossible.

About 1.30 a.m. on January 22nd (after over two hours' treatment) I fed the patient by nasal tube, giving bovril and brandy. In about an hour he opened his eyes, after a "shake and shout," and since then his recovery has been uneventful.

The interest in this case lies in the following facts, which I carefully verified:

1. He had taken chlorodyne for some years, and for one week preceding January 20th took 2 oz. of Collis Browne's preparation daily. Between 5 and 6 p.m. on that date he emptied the bottle, taking 150 drops, all that was left. Fearing he could or would not sleep, he remembered the veronal bottle. This, which had been in his possession about one year, had been given to him by a man who cleaned out the rooms of a poor fellow who died from veronal poisoning. The patient took three tablets every quarter of an hour between 7 p.m. and 8 p.m., and after taking the last lot he felt dizzy, and had just time to drop into bed as he was, dressed.

2. The chlorodyne was taken to relieve pain in his stomach, and also a feeling as if "his stomach was dropping out," which he had felt for years as the result of the heavy blows he had received in that region in the prize-fighting ring.

3. The remaining tablets weighed, on the average, $8\frac{1}{2}$ grains each. Allowing for excipient the amount of veronal present would be $7\frac{1}{2}$ grains. The dose on the label was 0.5 gram. This would mean that the patient took 5 grams, or just over $92\frac{1}{2}$ grains.

4. The bottle of tablets, which originally held twenty-five, had been opened one year previously and three taken out. Can veronal deteriorate in one year so that 92 grains of the "aged" drug cannot be reckoned as a poisonous dose? I have looked up all the literature I could find without satisfactory result. The poisonous dose appears doubtful, and its stability is not mentioned.

5. The patient's wife states that he had had no food for two days. I questioned her closely as regards this, and she stated "he would take nothing, only dose and sleep, wake and dose." Absence of food in the stomach confirms this.

6. Could the veronal and chlorodyne (150 drops one hour previously) have any counter-effect and thus save the man? The patient has more than once confirmed his statement as to how and when he took the drug. The splendid physique and stamina of the man no doubt stood him in good stead, and the fact that he had been a total abstainer all his life.

Hampstead, N.W.

ERNEST A. RONALD LAING.

Reports

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

MANCHESTER ROYAL INFIRMARY.

A CASE OF GASTRIC HAIR BALL.

(By S. B. RADLEY, M.B., B.S.Lond., M.B., Ch.B.Vict.)

FOR courteous permission to report the following case I am indebted to Professor William Thorburn, under whose care the patient remained during her stay in hospital:

The patient, a female, aged 21, was admitted on December 21st, 1911, complaining of a "lump" in her abdomen, which she had noticed for some months, and with a history of diarrhoea of some months' duration. She had never vomited, though she had suffered a good deal from wind and distension. Her appetite was quite good, and there was no feeling of distaste for certain kinds of food. No history of pain after food could be obtained, and indeed she had not been troubled with pain at any time beyond the discomfort associated with the flatulence and distension after meals. There was no history of haematemesis or melaena. The patient stated that she had lost weight latterly, but this was not marked. No history of peculiar dietetic habits could be obtained.

Condition on Admission.

On examination the patient appeared undersized and poorly developed for her age. She presented a somewhat infantile character, mammary development being almost nil, and the axillary and pubic hairs scanty. The general skeletal development was less infantile than these remarks would suggest. The state of nutrition was quite average.

The abdomen showed some general fullness. A distinct swelling could be seen in the left epigastrium, moving from under the left costal margin on inspiration. The mass was quite hard and nodular, and in size rather larger than a hen's egg. It was not tender. It was movable to a limited degree in the abdomen. The liver, kidneys, and spleen were not palpable.

Operation.

A laparotomy was done by Mr. Thorburn. A median incision was made in the epigastrium, and on inserting the hand into the abdomen the swelling was found to be contained in and formed by the stomach. The stomach was drawn up to the wound, and the tumour was found to be inside the gastric cavity and to fill it completely. An incision about 3 in. long was made into the stomach in a horizontal direction and the hair ball was extracted. The stomach was then closed with Lembert sutures and the abdominal wall sewed up in layers.

The patient made an uneventful recovery. The sutures were removed on the tenth day, and the patient left the hospital in three weeks.

Shape of the Ball.

The accompanying illustration gives a good idea of the shape of the hair ball. It is a perfect replica of the shape of the stomach, the muscular wall of which was contracted down on to it. It is a really noteworthy example of the shape of the full or nearly full stomach. It shows quite well the incisura angularis, the pyloric vestibule (which sags rather low), and the well marked off pyloric canal. Its dimensions were as follows:

Lesser curvature	5½ inches
Greater curvature...	...	14 "
Longitudinal diameter	...	6½ "
Circumference of body (mid-point)	...	7½ "
Circumference of pyloric antrum	...	8½ "
(The weight in the dried condition was 11½ oz.)		

In appearance it was of a dull brownish-grey colour, composed of masses of hair fibres twisted and squeezed into a solid body, with a coating and admixture of mucus and food debris between the fibres of hair. It subsequently transpired that the hair composing this mass had been obtained indiscriminately from the hair-clad regions of the body, this accounting for the sparseness of hair noted above. The long hairs—the greater number—which held the mass together, were derived, of course, from the scalp, whilst the plentifully interlaced shorter ones were of axillary and pubic origin. When taxed with her evident habit she admitted its existence on and off for several years.

REMARKS.

The diagnosis of the condition presented, of course, many difficulties, particularly as the patient denied absolutely the possibility of the presence of a foreign

road to the shaft of No. 1 pit. Here they had to wait at a mid-landing for about an hour and a half, and a very strong current of air blew in on Brown and his fellow miners. After reaching the surface Brown complained of feeling cold, and ran part of the road home to try to recover warmth. The next morning Brown went down the pit, but he was unable to start work on account of illness, due to the chill incurred on the previous day. Pneumonia supervened, and he died on July 3rd, 1911. The Sheriff-Substitute found that Brown died from the effect of injuries by accident received by him on June 26th, and awarded compensation to the respondent.

The Divisional Court reversed this decision, deciding that Brown's death was not due to an accident arising out of or in the course of his employment. There was nothing abnormal, it was held, in the circumstances in which the deceased and the other men found themselves at the shaft No. 1, as it was the down-cast shaft, and the current of air was always blowing there. The case was entirely distinguished from the Drylie case, inasmuch as in that instance there was the abnormal condition in the presence of water, which had not been there before and in which the men had to stand. In the present case the conditions were entirely normal.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred :

M.D.—B. P. Campbell.
M.B.—J. W. Adams, W. B. G. Angus, A. C. Johnson.
B.C.—J. W. Adams, W. J. Carr.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMMITTEE was held on Thursday, January 30th, Sir Thomas Barlow, Bart., K.C.V.O., President, being in the chair.

Admission of Members.

The following gentlemen having passed the required examination were admitted Members of the College :

Anthony Feiling, M.B. Camb., L.R.C.P.; Nathan Mutch, M.B. Camb., L.R.C.P.; Robert Hunter Steen, M.D. Lond.; Francis Martin Rouse Walshe, M.D. Lond.

Licences Granted.

Licences to practise physic were granted to ninety-eight candidates who had passed the necessary examinations.

Diplomas in Public Health.

Diplomas in Public Health were granted jointly with the Royal College of Surgeons of England to the following :

F. J. Ayre, L.R.C.P., M.R.C.S., L.S.A., St. Mary's and Cardiff; H. Balme, F.R.C.S. Eng., L.R.C.P., M.R.C.S., King's College; Jamasp Cursetji Bharucha (Lieut. I.M.S.), L.R.C.P., M.R.C.S., L.M. and S. Bombay, Bombay and King's College; * Elsie M. Chubb, M.D., B.S. Lond., Royal Free and University College; W. E. Cooke, M.B., Ch.B. Lpool., Liverpool; A. Ferguson, M.B., B.S. Lond., L.R.C.P., M.R.C.S., St. Bartholomew's; C. A. Gill (Capt. I.M.S.), L.R.C.P., M.R.C.S., University College; H. Hilliard, L.R.C.P., M.R.C.S., St. George's and University College; J. E. Hodgson (Major R.A.M.C.), L.R.C.P., M.R.C.S., Manchester and R.A.M. College; H. M. H. Melhuish (Capt. I.M.S.), L.R.C.P., M.R.C.S., St. Bartholomew's and University College; A. L. Otway (Capt. R.A.M.C.), M.B., B.Ch., B.A.O. Dubl., Dublin and R.A.M. College; P. Rose, L.R.C.P. Lond., Guy's and University College.

* Under the Medical Act, 1876.

Communications.

The following communications were received: (1) From the Secretary of the Royal College of Surgeons of England, dated December 12th, 1912, and January 10th, 1913, reporting proceedings of the Council of that College on December 12th and January 9th respectively. (2) From the Clerk to the Privy Council, dated December 19th, 1912, enclosing a programme of the Fourth International Congress on Physio-Therapeutics to be held at Berlin from March 23th to March 30th next, and stating that should the College nominate a representative the Lord President of the Council would ask the Foreign Office to give him credentials as delegate of His Majesty's Government. Dr. A. E. Garrod was nominated as representative of the College. (3) From the Colonial Office, dated January 3rd, 1913, with enclosures, concerning the appointment of some distinguished medical man to represent His Majesty's Government at the tenth session of the Australasian Medical Congress, to be held at Auckland, N.Z., February 9th to February 14th, 1914. The matter was left in the hands of the officers of the College. (4) From the Home Office, dated December 20th, 1912, asking the opinion of the College on an application from the Liverpool Infirmary for Children for permission to use the prefix "Royal." A favourable reply was returned.

Appointment of Councillors.

Sir E. Cooper Perry, Dr. F. W. Andrewes, Dr. E. H. Starling, and Sir J. Rose Bradford were elected Councillors.

Representative on the Central Midwives Board.

Sir Francis Champneys was appointed the Representative of the College on the Central Midwives Board for one year from April 1st next.

Discussions on the Insurance Act.

Dr. F. J. Poynton brought before the College certain difficulties in the position of Fellows of the College who are hospital physicians due to the altered conditions that have arisen with the establishment of the medical panels. He said that these difficulties related to the hospitals and their honorary physicians, to the doctors on the panels and to the patients themselves. The main difficulty was the matter of determining which patients were suitable for hospital relief, and which for treatment by the doctors on the panel; there was some danger of patients being sent to and fro between the hospital and the doctor. It would often be onerous for the physician to out-patients to decide the question, and he was afraid the result would be that the hospital would be blamed whatever happened. He hoped the College would keep a sympathetic eye on the difficulties he had mentioned.

The President observed that the difficulties should be settled locally at the various hospitals. Two committees had already been appointed to consider the circumstances of the Insurance Act.

The Treasurer (Sir Dyce Duckworth) placed reliance on the lay management of the hospitals, and referred to the plan adopted at St. Bartholomew's Hospital.

Some further discussion took place, but no resolution was proposed.

Dr. H. Sainsbury, in accordance with notice, called attention to the medical working of the Insurance Act to the resolutions passed at a meeting of the Joint Committee on November 13th, 1912, and urged upon the College the necessity for a further consideration of the present situation with a view to further action. (These resolutions were published in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of November 16th, 1912, p. 551.) Dr. Sainsbury urged that the majority of doctors were working the Act under compulsion, and labouring under a strong sense of injury; that the conditions were temporary and could be adjusted; and that in three months some further decision would have to be reached. He hoped that the resolutions passed by the College would not remain as mere pious opinions, but that they would be acted upon. The general practitioners were the backbone of the profession, and they had never stood in greater need of guidance than at present. On grounds of freedom of action and development of character, and on the grounds of the interest of the insured, he urged that the College should give the matter its continued attention. He moved the following resolution :

That this College do summon a meeting of the Conjoint Committee at the earliest possible day to further consider the resolution passed on November 13th, 1912, and to report to the College.

This was seconded by Dr. F. J. Smith, who referred to the methods which had been adopted to force doctors to go on the panel, and trusted that the College would be roused to a sense of its responsibilities to the Licentiates. The resolution was carried.

Reports.

A report from the Committee of Management dated December 3rd, 1912, recommended that Radley College and King Edward VII School, Lytham, which had been visited by members of the Committee and reported on as fulfilling the requirements of the Board, be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry and physics, and that the course of laboratory instruction in public health at the University of Cambridge be added to the laboratory courses recognized by the Royal Colleges for their diploma in public health.

The report was adopted.

After some further formal business the President dissolved the Comitia.

CONJOINT BOARD IN SCOTLAND.

THE following candidates passed the quarterly examinations held in Edinburgh which concluded on January 25th :

FIRST EXAMINATION.—Umanath Rao Hattiangadi, I. Davies, L. H. Peries, J. T. W. Gale; and four passed in Physics, three in Biology, and one in Chemistry.

SECOND EXAMINATION.—A. G. McKee, J. L. Hendry, P. Chisholm, A. G. Bee, C. E. S. Runciman, F. H. A. Stegmann, R. V. Clarke, H. A. G. Dykes, J. Fitzpatrick, Elfrida H. B. Coghill, J. P. Fairley, J. H. Blackburn, H. R. Fisher; and three passed in Anatomy and one in Physiology.

THIRD EXAMINATION.—Florence W. Heyworth, S. A. Faulkner, J. Corcoran, Krishnarao Abbaji Deodhar, J. R. Fleming, E. C. Brooks, W. S. O'Loughlin, C. Popham, A. W. Cochran; and two passed in Pathology, and five in Materia Medica.

FINAL EXAMINATION.—E. W. Ingle, W. Laird, Baljapet Seshachalam, J. Williamson, P. Giuliani, Isabel Quanzbrough, W. A. S. George, E. Clubbmi-Beckley, T. Sheehan, J. E. Rees, H. W. Ward; and six passed in Medicine, two in Surgery, thirteen in Midwifery, and nine in Medical Jurisprudence and Public Health.

THE Royal Academy of Medicine, Turin, offers for competition the thirteenth Riberi prize, of the value of 20,000 francs. All who desire to submit scientific researches in medical science for competition are requested to announce their intention before December 31st, 1916. For information and forms of application competitors should apply to the Secretary of the Royal Academy of Medicine, 18 Via Po, Turin, Italy.

encouraged to participate in outdoor athletic games, and the effect was very marked. Dr. Bayley himself was interested in all forms of sport. He used to run his own pack of harriers at Northampton, and he also went in for coursing, owning some fine greyhounds. He was also a cricketer in his younger days. His interests, however, apart from athletics and sport, were mostly confined to the development of St. Andrew's Hospital.

Dr. Bayley was an actor in amateur theatricals in his youth, and many admirable performances were given by members of the staff and patients, even operas of the calibre of *Il Trovatore* being undertaken.

His work—and the continual development going on over a long period of years—proves him to have been a shrewd, capable, far-seeing man, possessing exceptional grasp and well-directed outlook, a man of large organizing power and practical enterprise, and a good judge of other men. Clear of perception and of ready decision, he may have seemed sometimes a little quick-tempered; but at heart he was one of the best of men, and friends and officials who survive him can alike testify gratefully to many acts of kindness and consideration.

An old friend and professional colleague writes: Now that Dr. Bayley's lamented death has terminated a long and much-valued friendship, I cannot refrain from giving expression to the feelings of admiration which I have always entertained for his attainments as a physician and his skill in that branch of the profession which he had adopted and for so long practised. In the ranks of the alienists his death creates a distinct loss which it will be difficult to fill, for it was to the eminent position he occupied and which was so widely recognized, that the success of St. Andrew's as a hospital for the care and treatment of the mentally afflicted was due more even than to the unusual talent for organization which he undoubtedly possessed, and to the watchful care which he gave to the working of the institution which he may be said to have created. St. Andrew's before his time was a struggling institution with scarcely any but local connexion. It is now the favoured resort to which patients from all parts of the kingdom, of all degrees, are sent—a tribute indeed to the skill of the superintendent and to the widespread nature of his reputation. It has happily been Dr. Bayley's lot to complete the work to which he had devoted his lifetime, and to put the hospital into so finished a state that it may reasonably be expected to maintain in the future the position it has now long held as one of the best and most useful institutions of its kind in the United Kingdom. As a man and as a physician his kindness of heart was at all times manifested, and his anxious care for the well-being, and if possible the cure, of those committed to his charge was a marked feature in his relations with their relatives and friends, and added no little to the favour with which the hospital is regarded. Dr. Bayley was a man of great determination, and having once made up his mind as to the right course to pursue, was not to be turned aside from his purpose. In his early days at St. Andrew's he had to meet many difficulties, but he did not give way, but by tact and firmness overcame them.

This is scarcely the place to speak of Dr. Bayley in his private relations—they were most happy; he made many friends, who now feel how great is their loss, and no enemies; while the former live his many amiable qualities will not be forgotten.

THE LATE DR. GIBSON.—The University Court of the University of St. Andrews, at a meeting on February 1st, adopted the following minute:

The University Court deeply regret the death of their former colleague, George Alexander Gibson, M.D., LL.D., etc., Edinburgh. They desire to put on record their sense of the great loss caused thereby to science, medicine, and Scottish culture. They recognize how great was his distinction as a physician, an original investigator, and a learned and accomplished writer on many branches of medicine.

They recall with thankfulness his valuable services as member of University Court, and the constant kindness, courage, and courtesy which he showed in all the relations of life. They grieve over the bereavement of his widow and family, and direct that a copy of this minute be sent to them as an expression of sympathy.

DR. JAMES WATERSTON, J.P., of Sunderland, died on the morning of January 22nd, having reached the advanced age of 85. He was a man of remarkably strong physique and followed his profession up to within a few weeks of his death, although he had been ailing for some time. A native of Edinburgh, he was educated at Heriot's Hospital, and took the diploma of L.R.C.S. in 1848. He commenced his professional career as medical officer to a vessel on a voyage to the Arctic region; it was shipwrecked, and he was with difficulty rescued. He practised for a time in Haltwhistle, and was later on in Gateshead during the period of the great cholera epidemic. Then he settled at Sunderland and practised there for more than half a century. He was connected with the Royal Infirmary for many years. Dr. Waterston was Chairman of the Sunderland Division of the British Medical Association in 1905. Twenty years ago he was appointed a Justice of the Peace, and attended most assiduously to work on the Bench. He always declined to become a candidate for municipal honours. He was a staunch Liberal in politics and a member of the committee of the Liberal Club. Dr. Waterston was twice married, and leaves one son and two daughters.

DEPUTY INSPECTOR-GENERAL ANTHONY GORHAM, R.N., died at his residence, Glen Ierne, Clifden, Ireland, on January 26th. He took the degree of M.D. of the Queen's University, Ireland, in 1866, and entered the navy in the following year. He received a decoration and special promotion to the rank of Staff Surgeon for his services in Perak in 1876, and after serving in nearly all quarters of the empire, including China, India, Mediterranean, and the various home stations, he retired in 1900 with the rank of Deputy Inspector-General of Hospitals and Fleets, having declined the offer of further promotion in the service. The deceased officer, who was not married, was one of a numerous family of doctors, two of whom, Dr. P. C. Gorham, of Clifden, and Dr. J. J. Gorham, J.P., of London, attended his funeral on January 30th. A younger brother, Dr. John Gorham, died a short time ago in South Africa.

A GLOOM was cast over the Edinburgh School of Medicine for Women at the close of the past week by the sudden death of Miss AGNES ROTHE, a young Danish lady who had taken some of her medical classes in Glasgow, and was completing her course in Edinburgh. The death occurred with startling suddenness at an early hour on Saturday morning. Miss Rothe had been quite well on the previous day; indeed, she had been present at the meeting of the Women Students' Medical Society on Friday evening, and had been in good health and spirits then; about 5 o'clock on Saturday morning she awoke with severe hæmatemesis, and in a few minutes thereafter she passed away. She was living in the Muir Hall of Residence in George Square, and she was able to summon one of her comrades to her assistance; but, as has been said, the fatal issue was almost immediate.

Medical News.

THE anniversary dinner of the Medical Society of London will be held at the Whitehall Rooms, Hotel Metropole, on Wednesday, March 5th, at 7.30 p.m.

THE annual meeting of subscribers to the Royal Medical Benevolent Fund will be held at 15, Wimpole Street, W., on Tuesday, February 18th, at 4.30 p.m.

WE are asked to state that any old student of Charing Cross Hospital who wishes to attend the annual dance at the Royal Palace Hotel, Kensington, on February 13th, should communicate with the honorary secretaries at the hospital.

A "MASQUE of Learning, Mediaeval and Modern, being a Pageant of Education through the Ages," devised by Professor Patrick Geddes, will be presented in the Great Hall of the University of London on March 11th and the following evenings of that week, as well as on Saturday afternoon, March 15th.

SIR SQUIRE BANCROFT will give a farewell "reading" of Dickens's *Christmas Carol* on the afternoon of Tuesday, March 11th, at the St. James's Theatre. Sir Squire Bancroft's first public reading was in aid of the Middlesex

Hospital, and the final reading will be given for the same great charity, on the weekly board of which he has served for twenty-five years.

A COURSE of lectures and demonstrations arranged by the Child Study Society will be held during February, March, April, and May at the house of the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. The first lecture will be given on Thursday, February 13th, at 7.30 p.m., when Dr. James Kerr will speak on brain mechanisms and handwriting. The chair on this occasion will be taken by Sir James Crichton-Browne.

A TABLET with the following inscription has been fixed over the "Coronation Aerial Post Bed" in the King Edward VII Hospital, Windsor: "This bed was endowed by a donation from the fund realized in aid of charities by the 'Coronation First United Kingdom Aerial Post, A.D. 1911,' organized by Mr. D. Lewis-Poole and Captain Windham, by sanction of His Majesty's Postmaster-General, for the conveyance of mails by aeroplane from London to Windsor, and from Windsor to London, in September, 1911, to commemorate the Coronation of Their Majesties King George V and Queen Mary."

THE next Special Post-graduate Course on the diagnosis and treatment of pulmonary tuberculosis at the Brompton Hospital will commence on March 3rd, and will continue for a fortnight. Each morning there will be demonstrations and practical work in the laboratory, and each afternoon there will be clinical demonstrations in the general and special out-patient departments, and in the wards. In connexion with the course a series of public lectures will be given at 4.30 p.m., and on Friday, March 14th, there will be an expedition to the Frimley Sanatorium. The syllabus of the course, the list of lecturers, and other particulars may be obtained on application to the Dean at the hospital.

THE Scottish Red Cross unit, which was stationed at Uskub during its period of service, returned to Glasgow on January 28th, after an absence of eleven weeks. The unit consisted of eighteen members, under the command of Major H. E. M. Douglas, V.C., D.S.O., R.A.M.C. On arrival at Uskub the Welsh unit was joined with it, and they were given a disused Turkish hospital; 137 beds were made, and 637 patients were treated, many being enteric cases. One member of the Welsh unit died of enteric fever, but the Scottish unit was fortunate in having no casualties. The medical officers with the Scottish unit were Dr. H. C. R. Rankin and Dr. C. Stewart Black. Several medical students were among the orderlies.

THE Obstetrical and Gynaecological Section of the Royal Society of Medicine has arranged to hold a discussion on "ventrifixation" of the uterus on Thursday, March 6th, at the Society's rooms, 1, Wimpole Street. The subject will be divided into three parts: (a) Indications for the operation, to be opened by Dr. W. S. A. Griffith; (b) varying technique of the operation, to be opened by Dr. Henry Briggs, Liverpool; and (c) clinical results of the operation, to be opened by Dr. A. E. Giles. It is requested that any one desiring to take part in the discussion will communicate with the honorary secretaries, Dr. Walter Tate, 32, Queen Anne Street, W., or Dr. T. Watts Eden, 26, Queen Anne Street, W., not later than Saturday, March 1st.

A SERIES of reports on blackwater fever in the Tropical African Dependencies, recently presented to Parliament, gives a general idea of the prevalence of the disease. It is interesting to note that in Northern Nigeria, out of eight cases in which details were obtained, all, with one exception, had been living in native-built houses. Of four other cases in which details were not supplied, three lived in native houses and one died in a canoe on the Gongola river. Native houses for Europeans, it is stated, have mud walls, but the floors are usually cemented; the wood used in building is the ordinary forest timber, unseasoned; the roofs are made with bamboo or the midribs of the palm, and roofed with the usual grass thatch. There is no reason to suppose that the usual blood-sucking flies are more attracted to these houses than to the ordinary bungalow, but they are more liable to the ravages of the white ant, common throughout the country. This question of the native house seems an important one and should be further inquired into. The idea now seems to be gaining ground that those who do not take the daily dose of 5 grains of quinine are more liable to blackwater fever than those who do, the conclusion being that blackwater fever is a manifestation of malarial toxicity. Recently much work has been done as to the etiology of this interesting disease, and Colonial reports such as the above should prove valuable, especially from the epidemiological point of view.

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.

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.

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

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

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

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

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

COUNTRY DOCTOR asks for advice in the treatment other than operative of a case of enlarged thyroid in a girl aged 18. The enlargement is increasing in spite of thyroid extract and external remedies; there are no other symptoms.

HORN SCAR.

M. desires suggestions for the treatment of a large scar of upper arm, contracted after a burn in infancy, which has for a few years taken on a horny character. Patient is a female over 40 years old, and her arm is contracted into a flexed position. The horn is heaped up at one part to a thickness of $\frac{1}{2}$ in., and a certain amount might be removed mechanically. Other parts are divided up, showing tender cracks in the skin. In other places the scar is studded with small horns as the sole of a boot is with nails.

ANSWERS.

PORTABLE TYPEWRITERS.

A SURGICAL correspondent writes in reply to a recent question on the subject to recommend the Corona, made by the Folding Standard Company, U.S.A. The price is ten guineas. In its case (which looks like a small dressing case) it measures 11 by 9 $\frac{1}{2}$ by 4 $\frac{1}{2}$ in. and weighs 8 $\frac{1}{2}$ lb. Its working is delightfully easy. It is truly portable, for it can be used without removing it from the case; when that is open, and the paper carrier turned back, it is ready for work. I frequently write with it when sitting in an armchair with the machine on my knees. After this eulogy I had better add I know nothing of either makers or sellers of the machine.

LETTERS, NOTES, ETC.

CORRECTIONS.

In the paragraph on foul breath, in the JOURNAL of February 1st (p. 264, line 13 of paragraph), the words "offensive breathing" should read "oppressive breathing."

A misprint occurred also in Dr. Clippingdale's note on a royal hoax, which appeared in the same issue of the JOURNAL (p. 264, col. 2). The authority on which the note is based was Lady Llanover.

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