

is assumed that the current traverses the thorax on its way through the body.

Prognosis.

The prognosis in cases of severe electric shock has been very variously estimated. Cunningham (1899), for example, speaks of artificial respiration as "the only and almost invariably futile, method in vogue in electrical accidents at the present day," for the resuscitation of persons apparently killed by electric shock. The opposite view is held by Lauffer (1912), who says "there are few cases of electrical accident where the victim cannot be restored from the electrical shock, if appropriate immediate efforts at resuscitation are instituted" by performing artificial respiration with only a few seconds' delay. Jellinek (1905) is almost equally encouraging, stating that death by electric shock is in most cases only apparent death, and advocating immediate artificial respiration. This holds for cases of sudden death by electric currents; in the instances where death occurs many hours or days after the shock, it is caused by the burns or thromboses or other lesions due to the intensity of the current. There may be excellent general health after very extensive and severe electrical injuries; Weiss quotes the case of a man who was so badly burned by electricity that both legs and both forearms had to be amputated, yet he subsequently enjoyed good general health.

Treatment.

In spite of all the experimental work that has been done on the electrocution of the lower animals, the treatment of persons apparently killed by electric currents remains much where Priestley left it in 1767. He tried artificial respiration, and artificial respiration is still the most successful treatment available. It is best carried out by the prone pressure method of Schäfer, because it is the simplest and the least dangerous in the hands of the inexpert; by some authorities Sylvester's method, in which the victim is placed on his back and not on his stomach, is preferred (Brauchbar). The French generally recommend that rhythmical traction of the tongue should be performed at the same time, as was first recommended by Laborde (1894). This, however, could not be done easily with the patient in the prone position. Gibbons recommends the use of a special form of bellows. Atropine, recommended by Eggleston, has not proved of much service. The importance of getting to work with the artificial respiration without a moment's delay has often been emphasized by those who have had much experience of electrical accidents. No less important is the necessity for continuing artificial respiration until it is certain that death has occurred; nothing less than cooling of the body or the onset of rigor mortis should be considered to be evidence of death here.

Recovery after two hours of apparent death is mentioned by d'Arsonval (1910), who gives a first-rate account of the steps that should be taken in rescuing and resuscitating the victims of electric shocks. It must be remembered that the great majority of electrical accidents take place in workshops and other places where immediate skilled assistance is very rarely available, so that any but the simplest of treatments could not, practically speaking, be employed.

It is worth while to mention two other possible methods of treatment. It has been seen that in most cases death by electric shock is due to cardiac failure, the heart being thrown into fibrillary contraction. Prevost and Battelli, and others after them, have shown that the fibrillating hearts of the lower animals can be made to beat regularly and rhythmically once more by passing strong electric currents through them within a given time—a few minutes; so that the apparently dead animal is brought to life again. It is more than probable that the same treatment—a hair of the dog that bit them—could be applied with success to human beings apparently killed by electric currents, but there are two practical difficulties here. In the first place there is no experimental evidence, in the case of man, to show what voltage and what strength of current should best be employed in this method of resuscitation. In the second place, there would usually be great difficulty in providing the current at the required voltage for use on the spot and within a few minutes. Still, this method is well worth further investigation and

trial. The second mode of treatment I wish to mention is that tried, though without success, by Stanton and Krida. These authors started out from the work of Crilo and Dolly on the resuscitation of animals killed by chloroform and by asphyxia, which showed that recovery after apparent death was possible if the pressure in the coronary arteries could be raised sufficiently, by the arterial injection of salt-solution and adrenalin, to restore some sort of circulation through the substance of the heart. If this was done mechanical stimulation of the heart through the chest wall would then cause it to beat vigorously again, and the animal seemingly killed by chloroform or asphyxia, as the case might be, would be brought back to life. Stanton and Krida tried this method of resuscitation on dogs subjected to the ventricular fibrillation caused by electric currents of low voltage, but it did not prove successful.

NOTE.—A list of references to the literature will be given at the end of the third lecture.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SODIUM CARBONATE IN RINGWORM.

THE following method was shown me by a conscientious but rather ignorant woman who has had charge for many years of a home for waifs and strays. She said that she had never known more than two applications necessary. Take a piece of sodium carbonate (the household washing soda) about the size of a walnut, and hold it against red hot iron (I use the poker heated in the consulting-room fire); then rub the melted end freely into the ringworm, and particularly thoroughly if it is in the scalp, which must have had the hair round cut short. One application is sufficient on the body, but on the scalp it may be necessary to repeat it six or seven days later. Usually no dressing is necessary, though if sore boric acid ointment may be used. This apparently heroic treatment is practically painless, leaves no permanent mark, and, so far, has not failed me.

Penkridge, Staffs.

W. W. NOCK, M.R.C.S., L.R.C.P.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

COUNTESS OF DUFFERIN HOSPITAL, BARODA.

CONGENITAL ABSENCE OF RECTUM AND LARGE INTESTINE.

(By CLIFFORD MAYER, M.D., B.S.Lond., Chief
Medical Officer, Baroda State.)

B. D., a Hindu female infant aged 3 days, was admitted on November 23rd, 1912, for intestinal obstruction. The history was that the child, soon after birth, had passed some meconium, and since then only a little mucus and blood. Castor oil had been given and glycerine enemata tried by a local practitioner with no effect. There had been vomiting since the day before.

On admission, the temperature was subnormal and the pulse hardly perceptible. The anal canal admitted the tip of the little finger. The abdomen was very distended, and on palpation a doughy, sausage-like mass on the right side was imperfectly made out. Intussusception was diagnosed. The child was infused. The pulse improved, and two hours after admission the abdomen was opened by an incision in the right rectus close to the middle line. On incising the peritoneum a blind end of much distended gut projected for about six inches. The bowel was relieved of its contents, a Paul's tube tied in, and the gut securely fixed to the abdominal opening.

The operation was well borne, and for the first four days progress was very satisfactory, the child taking its feeds very well. On the fourth day the Paul's tube came out, and on the fifth day a pemphigoid rash broke out on the

terms "mild" and "trifling" usually applied to the highly modified and abortive form of the disease which so frequently occurs in vaccinated subjects are most unfortunate and misleading. These cases are only "mild" and "trifling" so far as the particular individuals attacked are concerned; but from the vastly more important point of view of the community they are most dangerous, and frequently spread the disease to unprotected persons in its most virulent and fatal form. In this respect they present a marked contrast with the behaviour of small-pox in the natural and unmodified form usually seen in unvaccinated subjects. If severe, or moderately severe, the cases are then (with the one exception of the very rare haemorrhagic type) easily recognizable, so that the necessary steps for the prevention of the disease can at once be taken; or, if very mild, such as might escape detection (and such cases do occasionally occur even in the unvaccinated), then they are, in my experience, really mild and spread a mild type of the disease. To put it in another way, infantile vaccination only masks the disease without affecting the type. The virulence is there all the same; and under modern conditions I suggest it is conceivable that infantile vaccination is hindering our efforts at stamping out the disease quite as much as it is helping us.

Lastly, let me assure Dr. Maude that I give place to no one as regards my belief in and advocacy of vaccination used as it is used in Leicester—that is, when it is really needed. I think I may claim without boasting that I have made as many converts to vaccination as any medical man in Leicester. Certainly I think I have persuaded more antivaccinists to submit to vaccination. I know their side of the case well, and I can sympathize with it; but a photograph of my wife and young family (recently vaccinated) sitting in the Leicester Small-pox Hospital at the bedside of a bad confluent case of the disease is a powerful pictorial argument which has given me a great advantage.—I am, etc.,

C. KILLICK MILLARD, M.D., D.Sc.,

Leicester, March 1st.

Medical Officer of Health.

SHIP SURGEONS.

SIR,—As a former ship surgeon the letter on that subject (p. 472) was indeed welcome. Surely now is the time for the British Medical Association to take up the cause of the ship surgeon, for unless the subject is taken up by the whole profession it is useless for individuals to strive for higher pay.

The difficulty lies in the differences of ships and in the class of the passengers. For example, I was three months with one line which paid me £12 a month, yet I was far better off with another which only paid me £8, owing to the fact that now and then I got some good private fees from the passengers.

My chief object in this letter is to draw attention to the conditions under which ship surgeons have to work on emigrant ships. Last December I took a boat from Glasgow to Canada, and for the paltry pay of £8 a month I had to look after about 300 passengers. As the majority were travelling steerage I had to examine each one for vaccination marks and, if necessary, vaccinate them. As the weather was very bad almost everybody was either seasick or had a bad cold; the result was I was working almost all day. On the return trip scabies, pediculi pubis, etc., broke out among the passengers and crew, and so added to my work. Another objectionable part of my duties was visiting the firemen in their cabin when ill, or supposed to be ill. They all lived and ate in a small dirty unventilated cabin where the air was thick with tobacco smoke, and a heavy foul odour seemed to overcome me when I entered.

As I have only crossed the Atlantic once, other ships may not be so bad, but I am sure if all the members of our profession and the ship owners themselves knew the conditions under which medical men at sea have to work, they would soon raise the pay. Hoping that some former ship surgeons who now, perhaps, are high up in the profession will take the matter up, and let the true facts of the case be widely known.—I am, etc.,

ARTHUR D. CLANCHY.

Liverpool, March 2nd.

NATIONAL MEDICAL UNION.

SIR,—It has come to the knowledge of the Executive Committee of the National Medical Union that misleading statements as to the methods and objects of this association have appeared in many newspapers during the last few weeks throughout the country. These statements must have been founded on a mistake, the authors having confused the aim of two separate societies, the names of which are somewhat similar.

The National Medical Union has been in existence for nearly fifteen months, and is well known. The National Medical Guild is a new body which has been lately originated in London, and which is now making application for recognition as a trades union.

The National Medical Union as constituted at present is a society composed exclusively of medical men who do not intend to take service of any kind under the National Insurance Act as it now stands after April 14th, 1913. The Union exists primarily for the interests of these men. It has no intention of working on trades union lines. It aims at uniting "non-panel" men all over the country, at furthering their interests, and at defending their rights; it seeks to preserve the honour, independence, and efficiency of the profession, and it hopes to form a "rallying ground" for doctors who, having accepted service on panels and found out the impossibility of doing sound work thereon, are desirous of retiring therefrom.

The Union will work for the provision of adequate medical attendance for the industrial classes at reasonable remuneration on the lines of general practice, and it will seek for such amendment of the National Insurance Act as will secure this and safeguard the interests of both patients and doctor.

The National Medical Union, whilst sympathizing with the general attitude of the National Medical Guild, is not at the present time in favour of the promotion of their common aims by trades union methods.—We are, etc.,

G. A. WRIGHT,
President.

WILLIAM COATES,
Chairman.

J. WEBSTER WATTS,
Secretary.

E. M. FLOYD,
J. SKARDON PROWSE,

Honorary Secretaries.

Manchester, Feb. 27th.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degree has been conferred:

M.D.—W. R. Honeyburne.

UNIVERSITY OF SHEFFIELD.

THE Council at its last meeting appointed Miss Sophia M. V. Wits, M.D.Lond., to the newly instituted post of Lady Tutor in Anatomy.

UNIVERSITY OF GLASGOW.

Students' Council.

At a special meeting of the Glasgow University Students' Representative Council called to consider the motions from the Inter-Universities Conference recently held at Aberdeen, the following among other resolutions were passed:

That the President of the Students' Representative Council attend Senate meetings when Students' Representative Council motions are under discussion.

That an inter-university committee, composed of members of the Senatus of the different Faculties of the four Scottish universities, be appointed to obtain information with regard to vacancies in Government and other services, and to publish a list of any such vacancies at the four universities for the benefit of students.

That this conference approves of the action of the Scottish universities in resisting the application of the inclusive fee in the Faculty of Medicine, and particularly desires that the extra-mural schools be not injured.

That there be three final professional examinations per annum in the Faculty of Medicine.

That the University Courts be urged to give a grant to the athletic club of each university, the sum, if necessary, to be obtained from an increase in the matriculation fee.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—*W. H. Broughton, *G. M. Cordingley, *H. Cox, *W. H. Edmunds, *A. M. L. Green, *E. M. Morris.

MEDICINE.—*†W. H. Edmunds, *T. H. W. Idris, †C. W. Jenner,
*†A. Lowndes, †E. M. Morris, *S. Zarchi.
FORENSIC MEDICINE.—W. H. Edmunds, J. T. E. Evans, A. Lowndes.
MIDWIFERY.—J. T. E. Evans, H. C. C. Hackney, J. W. Harrison,
A. Lowndes.

* Section I.

† Section II.

The diploma of the Society has been granted to G. M. Cordingley, H. Cox, A. M. L. Greaves, J. W. Harrison, and C. W. Jenner.

Public Health

AND

POOR LAW MEDICAL SERVICES.

"POOR LAW DOCTORS' STRIKE."

UNDER this heading the *Burnley Express and Advertiser* publishes a report of a recent meeting of the Burnley Guardians. Some months ago all the district medical officers of the Burnley Union resigned their offices on account of the inadequacy of the remuneration, after repeatedly endeavouring to get redress from the guardians; and in so doing acted on the advice of the Burnley Division of the British Medical Association. The local profession has loyally supported the Poor Law medical officers, and the guardians, fearing there would be little chance of locally filling up their posts, have promoted various schemes of redistribution of the area of the respective districts, all more or less unsatisfactory in the opinion of the local profession. The following letter of protest to the Local Government Board from the Poor Law Medical Officers' Association of England and Wales, a copy of which was sent to the Burnley Guardians, shows pretty clearly the matter in dispute:

Right Hon. John Burns, M.P.

Sir,

I am directed by my Council to bring to the notice of your honourable Board the faulty arrangements for medical relief in the Burnley Union. For a long time past the district medical officers have been paid at a rate much below the average in adjoining unions, and after repeatedly petitioning the guardians for redress to no purpose, have, as a last resort, resigned their offices. The matter has attracted the notice of the Burnley Division of the British Medical Association, and that body has also approached the guardians on behalf of the medical officers of the union. The sympathy of the local profession is altogether with the medical officers, and it is likely the guardians will have considerable difficulty in filling up the vacant posts. In the meantime the guardians have decided to divide the union into twelve districts, paying £40 a year for the medical work in each, and making each medical officer public vaccinator in his own district.

My Council specially desire me to draw your attention to the following points:

1. Although by this arrangement the sum paid by the guardians for medical attendance on the sick poor of the union will be some increase as compared with the present scale of payment, it will still remain far behind the average of that paid in adjoining unions, where the same local conditions obtain as in Burnley.

2. The alteration in the vaccination districts is specially to be deplored. It has always been the policy of your honourable Board to encourage the formation of vaccination districts distinct from Poor Law districts, and to forbid the use of fees for public vaccination to eke out the payments of Poor Law medical officers. My Council is of opinion that the object of the Burnley Guardians in making each district medical officer a public vaccinator is to induce the applicants to undertake the Poor Law work at a lower salary than such work might fairly demand. They consider that such an arrangement does not tend to efficiency of public vaccination generally, and is detrimental to the welfare of the Poor Law medical service and the sick poor in their care.

I am, yours truly,

MAJOR GREENWOOD, Hon. Sec.

The comments of the guardians on this letter do not appear to have much cogency. They admit that they pay their medical officers less than adjoining unions, but are of opinion the latter should take a lesson from them, and similarly underpay their medical officers. They complain that no mention was made of some increases in the salaries of their medical officers last June. This only brings into prominence the terribly low rate of payment previous to last June. The suggestion that some of the resignations were brought about by professional pressure outside is an old story. Wherever united action is taken by the profession, those who consider themselves aggrieved invariably raise the cry of coercion. The figure £40 a year is also challenged as being incorrect, as also the proposal that the medical officer should be appointed public vaccinator. It is to be hoped that both these statements are incorrect, but they were taken from reports of

meetings of the Burnley Guardians, published in the local press. A special committee has been appointed to consider the whole matter again, and it is to be hoped wiser counsels will prevail, and that the Burnley Guardians will come to an agreement with the local profession. In the meanwhile the profession at Burnley is to be congratulated on its united action, and we trust no practitioners from outside will be so wanting in professional spirit as to undersell their brethren at Burnley.

UNUSUAL ILLNESS AMONG WEAVERS OF COTTON CLOTH.*

MUCH interest attaches to the investigation of the causation of illnesses in industrial centres contracted by employed persons in the course of their employment and arising directly therefrom. In 1910, 1911, and 1912 an unusual illness was prevalent among weavers of cotton cloth at Colne and Burnley. The symptoms were constriction of the chest beneath the sternum followed by rapid breathing and a persistent irritating cough, expectoration of a thick yellow or yellowish green sputum, and a sweetish taste in the mouth. Later the symptoms assumed an asthma-like form, preventing sleep. Food might be rejected, and epistaxis was observed. There was general malaise, aching limbs and back, severe headache (usually frontal), and the temperature might rise to 102° in the evening. There was loss of weight, and in pronounced cases other symptoms were observed, such as herpetic eruptions, palpitation, smarting and running of the eyes.

In one instance at Burnley the weavers suffered so severely that the shed had eventually to be closed. Dr. Edgar L. Collis, H.M. Inspector of Factories, has issued a report on the subject, in which he traces the cause to mildew developing on the cotton threads following the process technically known as "taping" or "tape-sizing" with a preparation principally composed of flour (derived from wheat, sago, or potatoes), fallow, China clay, and water. In the class of manufacture on which the stricken weavers were engaged it appears antiseptics are omitted, as the dyers specify that no chlorides shall be present in the goods they buy. The practical result of Dr. Collis's observations is to confirm the advantage of the use of formaldehyde, which had already been suggested as an antiseptic where chlorides were forbidden.

The report is by no means conclusive. Visible moulds which are bluish-grey in colour are frequently observed on warp threads, and no such illness has been associated with their presence. Dr. Collis mentions that no "visible" signs of mildew were present in the warps at Colne and Burnley. He suggests that "possibly some unusual mildew, of which the growth is similar in colour to the cotton threads, was present on these warps and was the cause of the illness." Such growth could have been demonstrated by microscopic examination if it had been possible for the suspected material to be examined in this way. No such examination is mentioned in the report. Various forms of mildew were found (in the flour used) by the experts called in. Dr. Collis suggests that one of these moulds may have been pathogenic and caused the symptoms, although Dr. Markham at Burnley failed to find any unusual mildew present in the sputum examined. The unusual illness described is fortunately of rare occurrence. As the occupation is exceedingly common, obviously the cause is some obscure variation the exact nature of which is still in doubt.

POOR LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

A COUNCIL meeting of this association was held at 34, Copthall Avenue, E.C., on February 13th, when Dr. D. B. Balding, J.P., was in the chair.

What Constitutes a Legal Order?

A communication was read from a country member asking what constituted a legal order. He had received from his relieving officer a portion of a postcard on which was written a name and an address, with the word "lunatic" inscribed below and the initials of the officer. He visited this case, and payment was offered him. Could he properly have accepted it? The honorary secretary had written that if the case had been referred to him by his relieving officer, any attendance on it must be reckoned as forming part of his official duties, and no payment could be taken. This was approved by the Council, and the unanimous opinion was that a Poor Law medical officer

* Reports of Unusual Illness among Weavers of Cotton Cloth. By Edgar L. Collis, H.M. Medical Inspector of Factories. Printed for His Majesty's Stationery Office by Darling and Son, Ltd., Bacon Street, London, E. 1913.

depressed state of health, which had been further lowered by a severe cold. He was educated at Dollar Academy, and was a student at the School of the Royal College of Surgeons of Edinburgh. He obtained the diplomas of L.R.C.P. and L.R.C.S. Edin., and L.F.P.S. Glas., in 1901. In February, 1902, he became assistant to Dr. Bernard, of Silksworth, and shortly afterwards joined him in partnership. Dr. Beeks joined the Territorial Force and attained the rank of Captain, R.A.M.C.(T.F.). He was attached to the Northumbrian (County of Durham) Brigade, and in this capacity and as honorary surgeon to the St. John Ambulance Brigade he won the respect and friendship of all with whom he served. He was a member of the British Medical Association and took a keen interest in its work. He was buried with military honours, and the funeral was very largely attended by residents in Silksworth and by representatives of the profession in the district.

The Services.

MEDICAL BENEFIT FOR CIVILIAN SUBORDINATES.

INSTRUCTIONS relative to the administration of medical benefit to civilian subordinates (including pensioners) who are insured under the Insurance Act are published in Scottish Command orders: All insured civilian subordinates are entitled to receive medical benefit under the Act. Medical attendance will therefore no longer be given to insured pensioners who do not reside within the precincts of barracks (including schools, colleges, hospitals, magazines, Government quarters, etc.). They will be attended by the panel doctors. In the case of insured civilian subordinates living in barracks, etc., for whom medical treatment has hitherto been provided by medical officers of the War Department (military medical officers or civil medical practitioners under agreement), it is desirable, both on grounds of general convenience and in the interests of discipline, and with a view to the avoidance of all possible sources of friction, that the present practice should be continued, medical attendance, drugs, etc., being provided from army funds in return for capitation fees to be paid by the Local Insurance Committees and credited to Army Appropriations in Aid.

TERRITORIAL NURSING SERVICE.

THE annual meeting of the 1st Southern General Hospital Territorial Nursing Service was held in the Council House, Birmingham, on February 24th, Lady Fairfax Lucy presiding. The principal matron of the hospital, Miss M. A. Buckingham, reported that the nursing staff consisted of 10 matrons of hospitals, 11 district nurses, 46 hospital ward sisters, 48 private nurses, and 5 trained nurses of no occupation at present, a total strength of 120. Miss F. Clarke, one of the matrons of the hospital, took a course of training in August last at Shorncliffe Military Hospital, at the same time as the R.A.M.C.(T.) of the 1st Southern General Hospital were doing their annual training.

NEW HEAD QUARTERS OF THE FIRST LONDON DIVISION R.A.M.C.(T.F.).

THE new head quarters of the First London Division (Territorial Force) Royal Army Medical Corps, in the Duke of York's School, Chelsea, were opened by Major-General W. Fry, C.B., C.V.O., commanding the First London Division (Territorial Force), on March 1st. Major-General Fry said that some people had objected that so many units should be brought together in the Duke of York's School, but he did not share those fears, and had always found the medical corps very popular. One reason was that in the medical unit there was a close bond between the officer and the man. Where the officer was the instructor of the man the discipline was miles ahead of that of corps in which the actual technical instructors were the only people to teach the rank and file.

As was mentioned last week, the Committee of Management of the Mount Vernon Hospital for Consumption and Diseases of the Chest at Hampstead and Northwood will ask the governors at the annual meeting on Wednesday next to sanction the sale of the hospital at Hampstead. At this meeting the Chairman of the Medical Board (Dr. F. W. Tunnicliffe) will move the following amendment: "Considering that the entire medical and surgical staff has expressed the considered opinion that on medical grounds it is not practicable to conduct a chest hospital in the true sense of the term at Northwood, this meeting directs that the further consideration of the Chairman's resolution be deferred until March, 1914, and that the Committee of Management be called upon to exercise, if necessary, the powers conferred upon them at the last meeting of governors to separate the two institutions, with a view to a further and better perpetuation of the hospitals at Hampstead and Northwood."

Medical News.

THE annual general meeting of the Medical Graduates' College and Polyclinic will be held at 22, Chenies Street, W.C., on March 14th, when Sir William J. Collins will take the chair at 5.15 p.m.

THE late Dr. William Howship Dickinson bequeathed £1,000 in memory of his son to the Samaritan Fund of St. George's Hospital, to be known as the Lee-Dickinson Memorial Fund. The total estate was £39,790 gross.

THE Arris and Gale Lectures before the Royal College of Surgeons of England by Dr. Blair Bell, on the genital functions of the ductless glands, will be given on Monday and Wednesday next, at 5 p.m. on each day. The lectures will be illustrated by lantern slides.

DR. S. N. GALBRAITH, D.P.H., acting resident medical officer at Brompton Hospital, has been appointed assistant tuberculosis officer under the Lambeth Borough Council, at a commencing salary of £300 a year. There were fifteen applications for the appointment.

SIR FREDERIC EVE commenced a course of two lectures on malignant tumours of the long bones, their pathology, symptoms, and treatment, at the London Hospital on Tuesday last. The second lecture will be given next Tuesday at 1 p.m. The attendance of members of the profession and students is invited.

THE International Congress of Physical Education, which has been organized by the Faculty of Medicine of Paris, with Professor Gilbert as President, is placed under the patronage of no less than three Presidents of the French Republic—M. Fallières, M. Loubet, and M. Poincaré. It is to be held in Paris from March 17th to 20th. As many as twenty-five nations are sending representatives to take part in this congress, at which the methods of physical education now in vogue in different countries will be discussed and criticized, in the hope that the free interchange of opinions and experiences will make it possible to place the present system of physical culture on a more rational and scientific basis. There will be two sections. The first section will comprise discussions on the whole range of athletics, from military gymnastics to feminine sports; whilst the second will consist of a series of demonstrations by expert gymnasts from almost every country in Europe. An interesting exhibition of physical education and sports has been organized by Dr. Albert Weil in connexion with the congress, and is to be on view from March 17th to 26th. Reduced fares have been granted by the French railway companies to all members travelling to Paris, and a fee of 20 francs (in the case of members' relatives, 10 francs) will admit each member to the various fêtes and demonstrations, besides entitling him to all publications issued by the congress. Subscriptions and inquiries should be addressed to the Secretary, Dr. Henri Dausset, 41, Avenue Montaigne, or to the Treasurer, Dr. Lagarde, 9, rue de Bassano, Paris.

LAST year the King conferred on the British Medical Benevolent Fund the title of Royal, and to celebrate the first year of the Royal Medical Benevolent Fund a dinner of those interested in the fund and its guild, both ladies and gentlemen, will be held under the chairmanship of H.R.H. Prince Arthur of Connaught on Wednesday, April 30th, at the Hotel Cecil, London. A large number of members of the profession have already consented to act as stewards, among whom are Sir Clifford Allbutt, K.C.B., Mr. Gilbert Barling, Sir Thomas Barlow, Adeline, Duchess of Bedford, Sir J. Rose Bradford, the Dowager Lady Broadbent, Lady Willoughby de Broke, Dr. H. Langley Browne, Dr. J. Mitchell Bruce, Sir Lauder Brunton, Dr. C. Buttar, Dr. Wm. Collier, Sir Anderson Critchett, Sir Dyce Duckworth, Mr. J. Swinford Edwards, Mr. E. Hurry Fenwick, Sir David Ferrier, Sir J. Kingston Fowler, Sir Alfred Fripp, Sir Rickman Godlee, Sir James Goodhart, Sir Alfred Pearce Gould, Dr. Walter Griffith, Dr. de Havilland Hall, Mr. Arbutnot Lane, Sir Trevor Lawrence, Mr. C. B. Lockwood, Sir Donald MacAlister, K.C.B., Mr. G. H. Makins, Professor Howard Marsh, Mr. J. H. Morgan, Sir Malcolm Morris, Dr. F. Needham, Lady Northcote, Dr. J. A. Ormerod, Sir Wm. Osler, Mr. Herbert Page, Sir R. Douglas Powell, Sir James Reid, Dr. H. D. Rolleston, Sir Ronald Ross, Sir George Savage, Mrs. Scharlieb, Lady Shaftesbury, Sir R. M. Simon, Mr. H. J. Stiles, Mr. Charters Symonds, Sir StClair Thomson, Dr. W. Thornburn, Dr. Nestor Tirard, Dr. D. F. Todd, Sir William Turner, Sir John Tweedy, Dr. J. C. Uthoff, Katherine, Duchess of Westminster, Dr. Hale White, Sir John Williams, Dr. I. Burney Yeo, and Mr. Parker Young. Communications relating to the dinner may be addressed to Mr. G. Bethell, 11, Chandos Street, Cavendish Square, W.

and subscriptions sent to the Treasurer, Dr. Samuel West, 15, Wimpole Street, London, W.

THE third of the series of Galton laboratory lectures on "National Eugenics," delivered by Miss Ethel Elderton at University College, London, dealt with the relation of fertility in man to "social value" in the parent, the term being used to designate fitness of one human being to become the parent of another. Her own observations amongst the working classes in the North tended to prove that the greater the social value the less the fertility; and the truth of this statement was confirmed by statistics dealing with the decline in the birth-rate amongst the population north of the Humber between the years 1851 and 1906. This fall, which had taken place throughout the whole of the North, was most marked in the residential and industrial districts, particularly those engaged in the textile industries. Miss Elderton contended that though the Malthusian school had shown that limitation of the family was possible, their views would not have spread unless the wish to have children had diminished owing to some social or economic factor. It had been suggested that the restriction of child labour, possibly combined since 1891 with the restrictions on the mother's labour after childbirth, had caused the fall in the birth-rate in the textile districts. Unfortunately it was the thrifty, hard-working section of the community who limited their families, and this could not fail to have a disastrous effect upon future generations. In considering suggestions that the half-time system should be abolished, that the age of school attendance should be raised to 16, and that the mother's work should be curtailed, it should be borne in mind that many parents would find it impossible to keep their children during these additional years, and some of them, in consequence, would be obliged to restrict their families still further. Such a change would have little effect upon the thriftless and careless; but it might make a considerable difference to the intelligent and careful, unless it could be accompanied by some endowment of healthy, thrifty, and intelligent parents. Legislation on these points would have to proceed with caution, for in striving to better the condition of the individual it might only be adding another burden to the class whose children were one of the most valuable assets of the State.

A MEETING in support of the Women's Guild of the Royal Medical Benevolent Fund was held on February 25th at 49, Upper Brook Street, by permission of Mr. and Mrs. Makins. Dr. Acland, who presided, said that the object of the Guild was not only to seek out cases of distress amongst the families of medical men and report them to the Fund, but to see that they obtained the relief they deserved. A short account of the foundation of the Guild was then given by Mrs. Scharlieb, who reminded her audience that it had begun in a very small way, but, thanks to the energy of Lady Tweedy, had since been able to establish branches in most of the large towns in the kingdom. These provincial branches had soon outstripped London; and the latter, in consequence, had been divided into districts, which at the present moment were in a very flourishing condition. The Guild had a special fund for the orphan children of doctors. The children were sent to good schools and afterwards were put in the way of earning their own living, and these were the cases that constituted the best investments of the Guild. The whole of England had been thrilled by the heroism of Captain Scott and his companions, but it should not be forgotten that there were other heroes in our midst who faced death daily just as bravely as those who died amidst the Antarctic snows, and oftentimes with the knowledge that they were leaving those dependent on them totally unprovided for. Sir Ronald Ross, in commending the work of the Guild, said he could imagine no more terrible plight than that of a widow left with a young and helpless family, and unfortunately this was too often the case when a doctor died suddenly. He instanced the case of one of the greatest medical heroes of modern times—Dr. Walter Reed—who, with his helpers, found out how yellow fever, the pest of Central America, was carried. Shortly after making this important discovery, Reed broke down and died, leaving a widow and some little children. It was only with the greatest difficulty that the scientific and medical men of America were able to persuade the Government of that rich country to give a pension to the widow of the man who had conferred so great a benefit upon humanity. He was quite certain that there were many cases of a similar nature in this country; they had the strongest possible claim upon the help and sympathy of the whole profession. A short speech by Dr. Ettie Sayer followed, and the meeting closed with a vote of thanks to Mr. and Mrs. Makins.

Letters, Notes, and Answers.

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.

HAMPSHIRE PHYSICIAN will be glad to hear of a desirable holiday resort in the North of France; country preferred, or small town or suburb.

ALOPECIA UNIVERSALIS.

J. A. R. asks for advice in the treatment of a middle-aged man who, four months after a severe mental and physical strain, began to lose his hair; after a few weeks not a hair was left on his body. Treatment with nerve tonics has been tried without success.

WHEN WAS POTASSIUM IODIDE FIRST USED?

DR. J. F. KEENAN (Ballinalee, Edgeworthstown) writes: In the Literary Notes in the JOURNAL of February 15th, p. 353, it is said that "to Dr. Wallace of Dublin belongs the honour of first using potassium iodide in syphilis." In the JOURNAL of January 26th, 1907, Dr. J. McNamara wrote that "the introduction of iodide of potassium in the treatment of tertiary syphilis . . . was due to a humble Irish practitioner named Welch." What was the true form of the name of our humble Irish predecessor, who conferred such a boon on Britain and civilization? Dr. McNamara went on to say that "the name of Dr. Welch, instead of being forgotten, as it is, should stand high on the roll of fame." Alas! it seems that we do not even know how to spell it. Was Welch Wallace, or Wallace Welch, or both of them Walshe?

ANSWERS.

W. C. S.—We have no knowledge of an "International Congress on Nose and Throat" to be held in London next August. In connexion with the Seventeenth International Congress of Medicine, to be held in London on August 6th to 12th of this year, Section XV will be devoted to rhinology and laryngology. Possibly our correspondent refers to this. If so, the better way would be for him to communicate with the General Secretary, at the Central Office, 13, Hinde Street, London, W.

TESTS FOR DEATH.

L. A. P.—(1) Icard's test for death is performed by injecting under the skin a solution of fluorescin and sodium bicarbonate. Life is proved by the rapid development of a greenish-yellow discoloration of the general surface of the body and mucous membranes (Hawthorne, *For. Med.*, p. 42). We are unable to express any opinion as to its reliability, but there seems no inherent improbability; whether it could ever be of use is another matter. (2) We have no information as to Icard's lead acetate test.

LETTERS, NOTES, ETC.

THE LATIN FOR "BEER."

DR. R. CARMICHAEL WORSLEY (Coventry) sends us the following, which he seems to wish us to believe a true story. New Casualty Dresser (referring to entry in register): "Porter, what does this entry mean—C₂H₅O?" Porter (with superior smile): "That, sir, is the Latin for beer, sir."

A DISCLAIMER.

WE have received the following:

Sir,

We regret that our names have appeared in an article on the treatment of consumption which was published in the *Daily Telegraph* on the 1st inst., and wish to state that the article in question was written and published without our knowledge and consent.

Yours truly,

J. CAMPBELL McCLEURE.
F. MEHNARTO.
J. HORNE WILSON.
KENNETH ECKENSTEIN.
R. TANNER HEWLETT.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Eight lines and under	0 4 0
Each additional line	0 0 3
A whole column	2 13 4
A page	8 0 0

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 restantes* letters addressed either in initials or numbers.