

attack, it is on the characteristic appearance of the tumour alone that a provisional diagnosis can be made, and Lett's dictum is that the appearance of this lump during an attack of Henoch's purpura resembling an intussusception justifies exploration. The discovery of an intussusception after death is a disaster, but it must not be forgotten, in considering the question of exploratory operation during an attack of purpura, that it is not without its especial risks; the wound may show a tendency to slough, or uncontrollable oozing may occur from it, and ultimately prove fatal, as in the case mentioned by Fitzwilliams.⁵ The recognition of this liability to intussusception, the careful and frequent examination of the abdomen, and, if necessary, the administration of an anaesthetic if rigidity or distension of the abdomen make proper examination otherwise impossible, are the only means by which the condition will be recognized sufficiently early to render operation effectual.

I have to thank Mr. Gilbert Barling, into whose ward the patient was admitted, for permission to publish this case.

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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

HYSTERIA IN A LAD.

At 11 a.m. one day a lad, aged 17, cut a piece of flesh (the size of a threepenny-piece) out of the inner side of the terminal phalanx of his left index finger when cutting off the leaves of a mangold with his pocket knife. The daughter of his employer washed the wound and dressed it with boracic ointment. He went on with his work, and appeared in his normal health during the afternoon. At 5 o'clock his employer found him leaning against the wall of his yard in a "fainting" condition. He helped him indoors and laid him on a couch.

I saw him at 7.30 p.m., and found him unconscious and very restless; the pulse was rapid and very weak; his extremities were cold. I could not get a clear history, and, thinking that he was suffering from loss of blood, I gave him a hypodermic injection of strychnine ($\frac{1}{10}$ grain) and applied hot bricks to his feet and axillae. His restlessness soon increased, and there began some violent clonic movements of his arms and legs, and twice he got into a position of slight opisthotonos. I then gave him a hypodermic injection of morphine ($\frac{1}{8}$ grain) and atropine ($\frac{1}{100}$ grain). The rigor-like movements continued, sometimes in one limb, sometimes in all. He would twist his body from one side to the other, so that he had to be prevented from falling off the couch. At no time did he have any tonic spasms. The pupils were rather dilated and reacted readily. Breathing was normal. He had not vomited, nor passed urine nor faeces, nor bitten his tongue. The temperature was 98.2°; the knee-jerks appeared normal. There was no mark nor contusion on his head nor was there any history of his having fallen down. The extremities soon became warm and the pulse full and strong.

At 11.30 p.m. he seemed much better and asked for a glass of milk, which he drank. In answer to inquiries, he said he felt quite well; his finger did not pain him, and he remembered nothing of his attack. At 2 a.m. he relapsed again and was, I am told, more violent in his movements. At 6 a.m. he became quite normal for twenty minutes, after which he relapsed again. At 10 a.m. he again became normal and walked across the room to the night-stool, where he passed about one pint of high coloured urine.

When I saw him at 11 a.m. he was again unconscious, with occasional clonic movements of the limbs and restless movements of the body. He often clutched his injured finger with the other hand. The lungs, heart, and abdomen appeared normal; the temperature was

98° F. and pulse 64. I dressed his finger again. It was looking very healthy.

For the next four days he was, for the most part, in this unconscious state, but woke up from time to time to ask for food. His bowels were open after castor oil, and he passed his urine only once a day. After the first day he could be partially roused if shouted at. The temperature varied from the first between 98° F. and 98.4° F., and the pulse never quickened above 80. Each attack grew less severe. On the fourth day of his illness, when his attendant was asleep in a chair, he got up and went into the next room to the night-stool. In his lucid moments he talked rationally, complained of nothing, and remembered nothing of his attacks. His finger healed rapidly, and on the sixth day he walked outside to a van and was driven home.

In appearance he was a healthy looking fellow. He had had no previous severe illness. His younger brother, however, I am told, is very nervous and faints if he cuts or scratches his finger. His parents are healthy, but quick tempered.

From the second day I considered his attacks to be functional and treated him by suggestion. I think the family history of nervous instability, the history of the case, and the absence of signs of any organic disease confirm my diagnosis.

RICHARD C. C. CLAY, M.R.C.S., L.R.C.P.

Fovant, Salisbury.

A CASE OF PETROL INTOXICATION.

THE minor effects of petrol fumes are well known—headache, sickness, giddiness, etc. These pass off quickly, and no bad result follows, but the following case nearly proved fatal.

P. S., aged 16, apprentice to a firm of electrical and motor engineers, was sent to clean out the pit of a private garage, the car being outside. He was called for to do something, and, not answering, was found crouched up in an angle of the pit. He was lifted out and laid in the open air, and shortly afterwards vomited violently, staggered up, seized the brush he had been using to sweep the pit, and was with difficulty prevented from continuing his work. He then became unconscious again, and was taken home (about two miles) in the car.

When I saw him, immediately on arrival, he was unconscious with shallow breathing, a weak, thready pulse, marked inward strabismus, and contracted pupils. No light reflex was present. His lips were a bright red and his cheeks flushed. He was cold and his teeth chattered, but there was no distinct rigor. The knee-jerks and other reactions were absent, nor had he any sensory reactions. His clothing smelt very strongly of petrol and his general condition was bad. The respirations, though shallow, were regular, and, as it was noticed that his pulse was slowly improving, artificial respiration was not used.

Three hours after being found he answered questions if aroused; he complained of intense headache and of a pain in his stomach. The reflexes were still absent, but the strabismus was not quite so marked. He also began to turn over and to adopt a sleepy expression and attitude. Throughout the night he slept well and quietly.

Next morning he could not remember much. He said something made him cough badly directly he stooped down in the pit. Then he thought he slipped and fell. He remembered being sick. I do not doubt that very little more of "the gas" would have been fatal. The time which elapsed between his going into the pit and being found cannot be accurately fixed, but, so far as can be judged, it was not more than about three minutes and a half at the outside.

Durham.

SELBY W. PLUMMER.

THE late Dr. A. B. Duffin left net personalty £48,268.

MADAME DÉJERINE, Doctor of Medicine, has received the Cross of the Legion of Honour. This is, we understand, the first time the decoration has been given to a woman for distinction in science. Madame Déjerine is the wife of Professor Déjerine. She collaborated with her husband in the production of an important work on the anatomy of the nervous centres, and has pursued many independent researches in neurology.

His services gained him the distinction of a mention in dispatches.

He passed afterwards a sufficiently varied career, during which he visited the West Indies and the Cape, performed a second tour of Indian service, holding charge of the important military hospitals at Lucknow and Aldershot and the appointments of Principal Medical Officer of the North-Western District and of a district in India during a third tour in that country. In 1897 he became Principal Medical Officer in Egypt, where, although he did not accompany Lord Kitchener's expedition up the Nile, he was responsible for the medical organization and arrangements of the British troops engaged. After thirty-four years of service he was selected for the appointment of Deputy Director-General of the Army Medical Service at the War Office. He held this post during the strenuous times of the late war in South Africa, and, although he reached the age limit on October 4th, 1901, he was retained in his appointment until the end of that year, when he was succeeded by Sir Alfred Keogh. At that time he was also a member of the Central British Red Cross Committee, which rendered such valuable aid to the sick and wounded in the Boer war. In 1900 he was created a C.B.

Besides his military services Surgeon-General Skay Muir devoted much of his spare time to the study of a branch of science other than his immediate profession, and became a Fellow of the Zoological Society. Like many of his brother officers, he found relaxation by diverting his mental activities into another channel.

Thus was passed a long career of usefulness, which, though it did not culminate in the highest office open to the army medical officer, yet illustrates the varied experiences and responsibilities successfully carried out by a highly capable, courteous gentleman.

On March 8th the death occurred of Dr. JOSEPH BRADLEY, Medical Officer of Gortin Dispensary District of Omagh Union. While out on a sick call a short time ago Dr. Bradley became suddenly ill, and was found to be suffering from appendicitis. He was removed to the Tyrone County Hospital in his motor car and an operation was performed, but unfortunately complications set in which proved fatal. He was much respected in the district, and only a few months ago, on the occasion of his marriage, was presented with an illuminated address by the people of Gortin and Greencastle.

It is with feelings of deep regret that we record the sudden death of Dr. F. G. GRAVES on March 2nd. Dr. Graves received his medical training at the London Hospital, where he held the post of resident medical officer. In 1857 he took the diploma of M.R.C.S., in 1858 that of L.S.A., and in 1859 the degree of M.D. St. Andrews. For over fifty years Dr. Graves had practised in Paddington, where he was a well-known figure, and by his genial and kindly manner, together with his professional skill, had endeared himself to all with whom he came in contact. His sudden death will be keenly felt by his many friends and patients. He leaves his eldest son to carry on his practice.

THE late Dr. PETER ANDERSON, who died at Rose Villa, Stanley, Perthshire, on March 12th, was known amongst his friends as "Anderson of Formosa." He deserved the name, for he worked as a medical missionary for thirty-one years in that far-off island, for twenty-five years in the capital, Tainan, and for six in Takow. He was born more than sixty years ago in Perth. He began his medical studies in Edinburgh, under the aegis of the Edinburgh Medical Missionary Society, in 1874. He took the diploma of L.R.C.P. and L.R.C.S. Edin. in 1878, and sailed for Formosa as a missionary of the English Presbyterian Church in the same year. His chief work was done in Tainan before the Japanese occupation of the island; after that event Tainan so increased in size that, to use Dr. Anderson's own words (in a letter to a friend) he was glad when an opportunity came to exchange his responsibilities there for the smaller sphere at Takow. In 1906 Dr. Anderson brought his wife home to Scotland, but she was then suffering from a fatal affection, and died soon afterwards. He himself came home in 1910, and had lived since then in Stanley. He married a second time,

and leaves a widow and several children. He was buried in Redgorton Churchyard on March 15th. Always a modest man about his own achievements, Dr. Anderson has left his mark upon the natives of Formosa, and the Japanese were among the first to acknowledge the beneficial effects of the medical missionary work accomplished by him in Tainan.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Course for the Diploma in Ophthalmology.

THE annual course for the Diploma in Ophthalmology begins on April 21st. There will be a series of lectures on diseases of the eye and on medical ophthalmology, as well as clinical instruction at the Eye Hospital. Courses on bacteriology of the eye and pathology will also be held. Instruction in physiological optics is given at the Physiological Laboratory, and on the anatomy of the eye in the Anatomical Department at the Museum. For information apply to the Assistant Registrar, Oxford University, or to Mr. P. H. Adams, M.A., Margaret Ogilvie Reader in Ophthalmology, 53, Broad Street, Oxford.

UNIVERSITY OF GLASGOW.

INCLUSIVE FEES.

At the meeting of the Glasgow University Court on March 13th, a report was submitted by the committee recommending that the inclusive fee for the specified courses of instruction for the M.B. and Ch.B. degrees be 90 guineas payable in four annual instalments of 20 guineas and one instalment of 10 guineas. The inclusive fee would admit to thirty of the specified graduating courses. A candidate who had paid one or more of the annual statements of the inclusive fee at one Scottish university, and completed his curriculum in another, would pay the remainder of the annual instalments to the latter university, and would be entitled to attend such further graduating courses therein as with those already attended in the former university would make up the stated number. It would be necessary that the amount of at least two annual instalments should be paid to the university in which he completed his curriculum, and that before he received his degree therein he should present evidence that he had paid in all an amount equal to the inclusive fee. A candidate whose attendance elsewhere than at a Scottish university on courses of instruction in all the subjects of the first division of the professional examination had been accepted by the Senatus as qualifying for graduation would be entitled to a deduction of 25 guineas from the inclusive fee; and a candidate whose attendance on courses of instruction in all the subjects of the first and second divisions of the professional examination had been so accepted would be entitled to a deduction of 50 guineas from the inclusive fee.

Principal Sir Donald MacAlister explained that, owing to the clinical courses being under the control of other bodies than the university, it was impossible meantime to suggest a uniform clinical inclusive fee. The present aggregate was one of 27½ courses for 90 guineas, so that by giving 30 courses for this sum the university gave a bonus of 2½ courses, and the student stood to gain this. The extramural students were as free as the intramural students to take advantage of the educational bonus, and therefore nothing was done to interfere with the present freedom.

After a discussion during which Sir David M'Vail objected to the principle of a medical inclusive fee, a motion was carried instructing the committee to confer with the authorities of the extramural schools in Glasgow on the scheme now laid before the court, and to report.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B. (Part I, Inorganic Chemistry and Physics).—

F. H. Anderson, Mercy D. Barber, W. T. G. Boul, C. F. J. Carruthers, C. G. Carson, Ruth E. Conway, G. E. Hayward, N. Kletz, F. N. P. Martland, A. B. Platt, J. Shlosberg, H. Taylor, H. Tomlinson, F. White. (Part II, Biology).—J. H. Albinson, R. J. Allison, F. H. Anderson, Mercy D. Barber, W. T. G. Boul, C. F. J. Carruthers, C. G. Carson, B. W. Conway, Ruth E. Conway, G. E. Hayward, N. Kletz, E. N. P. Martland, F. H. Moor, K. S. Paterson, A. B. Platt, J. Shlosberg, D. M. Sutherland, H. Taylor, H. Tomlinson, F. White.

SECOND M.B., CH.B.—M. C. Paterson.

THIRD M.B., CH.B. (General Pathology and Morbid Anatomy).—

W. S. Booth, J. E. Brooks, * F. Chadwick, F. S. Charnock, J. W. Craw, N. H. Davison, J. Fielding, W. Halliwell, E. A. Linell, * Clara A. Lomas.

* Passed with distinction.

D.P.H.—P. Benington, D. I. Connolly, W. G. Evans, N. Gebbie, G. Jessel, R. C. Hutchinson, R. Proudfoot.

Ashby Memorial Scholarship.

The Ashby Memorial research scholarship in the diseases of children has been awarded to Mr. John Morley, M.B., Ch.M., F.R.C.S., who will carry out researches with regard to certain congenital abnormalities and their clinical significance. Mr. Morley, who received a scholarship when he graduated in 1908,

afterwards held the Professor Tom Jones memorial surgical scholarship.

Appointments.

Dr. E. B. Leech has been appointed assistant lecturer and demonstrator in materia medica and therapeutics, and Mr. T. Graham Brown, M.B., B.S., a Carnegie Fellow who has recently been working under Professor Sherrington at the University of Liverpool, has been appointed lecturer in experimental physiology.

UNIVERSITY OF LIVERPOOL.

A CHAIR of Regional Surgery has been established, and Mr. W. Thelwall Thomas has been appointed professor.

UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examination indicated:

M.B., CH.B. (*Second Examination*).—Hilda Kate Ewins, William George McKenzie, Cedric Norman Vaisey, Guy Richard Penny Wooley.

UNIVERSITY OF BIRMINGHAM.

DR. ALFRED H. CARTER has resigned his Professorship of Medicine after being connected with the Birmingham Medical School for about thirty-five years.

Dr. Henry Whitehead, M.D., D.P.H., Medical Superintendent of the City Hospital, Lodge Road, has been appointed Clinical Teacher in Fevers and in Hospital Administration.

Dr. John T. Hewetson, M.D., Ch.M., F.R.C.S., has been appointed Assistant to the Chair of Midwifery and Diseases of Women.

In connexion with the meeting of the British Association in Birmingham in September next, the council will hold a reception and degree congregation in the Great Hall of the Edgbaston buildings on Thursday, September 11th.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—†E. C. Banks, *†A. C. Dickson, *†R. G. Maglione, †H. Rimington.

MEDICINE.—†E. C. Banks, †O. W. D. Steel, †S. Zarchi.

FORENSIC MEDICINE.—F. C. M. Gabites, G. F. Malden, C. E. Reckitt.

MIDWIFERY.—S. H. Andrews, L. B. Clarke, T. H. Cresswell, P. R. Cross, H. Dudley, T. B. Paul.

* Section I. † Section II.

The diploma of the Society has been granted to Messrs. E. C. Banks, R. G. Maglione, H. Rimington, and O. W. D. Steel.

Public Health

AND

POOR LAW MEDICAL SERVICES.

OUTBREAK OF TYPHOID FEVER AT RINGWOOD.

IN the BRITISH MEDICAL JOURNAL for March 15th reference was made to the report to the Local Government Board by Dr. Hugh A. Macewen, upon an outbreak of typhoid fever which occurred in the town of Ringwood in the autumn of last year, in which seventy-seven persons were attacked and five died. We have received a communication from Mr. Howard Tozer, vice-chairman of the Ringwood Rural District Council, in the area of which the town of Ringwood is situated, enclosing a long report from the medical officer of health, Dr. Charles E. Blackstone. In both of these documents certain statements made by Dr. Macewen are traversed, and objection is taken to the conclusions he has drawn. The main points at issue appear to be as to the cause of the outbreak, as to the attitude of the district council with regard to it, and as to the sanitary administration of the district generally. Dr. Macewen stated in his report that it was suggested that locally manufactured ice-cream might have been the infective agent, and that there was a certain amount of evidence to give colour to the suggestion. He seems to have made careful investigations into the possibility of this being the case, but eventually came to the conclusion that ice-cream was not so likely a cause as the drinking of water from the Cockstone stream which courses through the town. Dr. Blackstone, on the other hand, gives some very good reasons for concluding that a particular supply of ice-cream was the main factor in causing the outbreak. On the question of sanitary administration of the district, Dr. Macewen stated he had been informed on good authority that privy buckets had been washed by the district council's men in Cockstone stream on August 1st, and that the contents were on at least one occasion thrown into the stream instead of being taken to the cart and removed in a proper manner. He referred also to the absence of any hospital accommodation for infectious diseases, though Dr. Blackstone is able to show that a temporary hospital was opened in a disused

farmhouse within a fortnight of the receipt by him of the first notification of any case. In this connexion, Mr. Tozer states that very considerable efforts had been made in the past by the district council to provide an isolation hospital. Plans had been drawn and a site selected, but the residents near the site protested so strongly that another site had to be sought, only with a like result. The council, he says, then undoubtedly weakened in its purpose because of local opposition, and allowed the matter to stand over for a time. We are glad to learn from Mr. Tozer that Dr. Macewen was mistaken in his impression that the members of the district council were reluctant to realize the gravity of the outbreak. He assures us that from the very first moment it was reported to the district council they took a serious view of it and neglected no step recommended by their advisers.

Medical News.

A MEETING of the newly-formed British Oto-Laryngological Society will be held at the rooms of the Medical Society of London, Chandos Street, W., on Thursday next, at 5 p.m.

THE Harveian Society of London has arranged for its annual Harveian lecture to be delivered on April 10th, at 8.30 p.m., by Dr. A. P. Luff, who will deal with the various forms of fibrositis and their treatment. All members of the medical profession interested in the subject are invited to be present. The society's home is at the Stafford Rooms, Titchborne Street, Edgware Road, W.

By an Order in Council dated March 14th the term "sulphonal" in Part II of the Schedule to the Poisons and Pharmacy Act has been replaced by "sulphonol" and its homologies whether described as trional, tetronal, or by any other trade name, mark, or designation." In the same order diethyl-barbituric acid and allied bodies whether described as veronal, propional, medinal, or by any other trade name or designation, and all poisonous urethanes and ureides, are added to the schedule.

ON March 22nd Dr. Church, who has been in practice in Minchinhampton for nineteen years, and is shortly leaving for British Columbia, was presented with two silver entrées bearing the inscription, "Presented to Dr. B. E. Church by the people of Minchinhampton, Gloucestershire, in remembrance of their affection for him, March 22nd, 1913." The gift was accompanied by an illuminated album containing the names of the subscribers.

THE sixth and last of the Galton Laboratory lectures on national eugenics was delivered by Professor Karl Pearson at University College, London, on March 18th. He gave an interesting account of some recent studies of heredity in dogs, which, he said, proved once more the fallacy of Mendelian theories. Experiments in breeding and interbreeding different types of dogs showed that no hard and fast rules could as yet be laid down to account for the laws of heredity. The fact was that the study of eugenics was still in its infancy; eugenists at present could only echo the words of the soothsayer in *Antony and Cleopatra*, "In Nature's infinite book of secrecy a little I can read."

MR. WILLIAM BROWN, M.A., D.Sc., lecturer on psychology in the King's College of the University of London, will during next term give a course of lectures on psychology for medical students and practitioners adapted to the syllabus of the examination for the Cambridge diploma on psychological medicine. The fee for the course, which includes twenty lectures each followed by practical work, is five guineas, and those who intend to join are requested to send their names to Dr. Brown or the Secretary at King's College. An introductory lecture will be given on Wednesday, April 23rd, at 4 p.m., to which admission will be free.

IT must be confessed that, of the thousands who die in the prime of life, most are roughly and prematurely wrenched from the tree of life, before coming, "like as a shock of corn cometh in his season," to that fruition when they would have been gathered full of years if not of honours. Doctors aim at prolonging life by entrenching mankind behind the defences of remedial measures during the fight with the arch destroyer, but also by spreading the principles of right living. The time to prepare for war is during peace. The time to ward off disease and death is during health. Every doctor is an evangelist of the gospel of preventive medicine. One of the latest is Dr. Lachlan Grant, who in a brightly written, optimistic contribution to the *Caledonian Medical Journal*, points out the conditions of health. Dr. Grant's suggestions on the subjects of sleep, food, work, exercise, recreation, social intercourse, and worry, will be endorsed by his fellow practitioners, although it is disconcerting to be told that tea and coffee as frequently made are "deadly poisons."

THE advantages of gas as a domestic fuel have lately been made the subject of two Cantor lectures, delivered at the house of the Royal Society of Arts by Mr. F. W. Goodenough, who claimed that the undoubted diminution of fog in London was due to the fact that during the last twenty years the number of gas-heated cooking and hot-water appliances sold, hired, or loaned in the metropolis had increased from a few thousands to nearly a million and a half, with a consequent reduction in the number of kitchen fires. He also pointed to the physical and moral value of the gas-cooker to the working-classes. It had a physical value because it insured for the working man a well-cooked and nourishing breakfast, and prevented the necessity which often arose with a slow and refractory kitchen grate, of beginning hard work without hot food. It had a moral value, for it gave to the working man the certain prospect of a hot and punctual supper, and thus conduced to evening sobriety. Although houses were still erected on the supposition that gas was at best only a second string to the kitchen bow, yet this cleanly and ideal domestic fuel had established itself, Mr. Goodenough claimed, from end to end of the social scale—from Mayfair kitchens with their multiple ovens and special roasting chambers, to the single all-round stove of the artisan's scullery. As to its economy compared with coal, he thought that the answer was forthcoming from the 750,000 housewives in London who used gas-cookers although compelled to prudence by means so scanty that they had to buy gas a penny a time through automatic meters. The complaint of the wastefulness of gas in larger houses was rarely heard when the mistress of the house did her own cooking, and never when she had learnt how to use her stove. Some small prejudice still existed against gas-cooked food, but Mr. Goodenough maintained that the juices of the meat were retained, while the excess of fat was eliminated. It was proved that meat while being cooked in the gas-oven was emissive and not absorptive. Mr. Goodenough showed some forms of distillers and porous water sterilizers for purifying drinking water by a gas-heating arrangement. The purpose of the sterilizer was to bring the water just to the boiling point without entailing the insipidity which was characteristic of water boiled for a long time.

PRINCESS CHRISTIAN OF SCHLESWIG-HOLSTEIN presided over the ninth annual meeting of the Association for Promoting the Training and Supply of Midwives, which was held in Central Buildings, Westminster, on March 14th. The annual report for the year 1912 stated that twenty women had been entered for training, and the standard of general efficiency had been well maintained, so that the association might rest assured that its primary object of promoting the supply of midwives and furthering the purposes of the Midwives Act was being steadily carried out. This Act, however, was but feebly administered in some districts, and there was still a tendency in many places to ignore the fact that untrained women are at work, so that in this direction the association had still abundant work lying to its hand. The work at the East Ham Home continued to increase from year to year. The number of midwifery cases received there during the past year amounted to 843, and the monthly cases to 243, making a total of 1,086 confinements. The average number of deliveries by each pupil was 42, that is, 22 more than the minimum number required by the Act. The care exercised by the Committee in the selection of candidates for training at the Home could be judged from the fact that out of the 390 women who applied for training in 1912 only 18 were accepted. The balance sheet for 1912 showed a decrease in subscriptions, and a slight increase in donations. The raising of further funds would therefore soon be necessary if the work of the association was to be properly carried out. As it was, the future, even apart from money matters, was far from reassuring. The Insurance Act had created an entirely new and most difficult situation in the medical and midwifery world; and though the association was not an employing body, and had, therefore, no direct responsibility laid upon it by the Act, the position demanded the most careful thought and action if the future of the midwifery profession was to be assured. The report and balance sheet having been adopted, a short address was delivered by Dr. Christopher Addison, M.P., on "Midwifery and the Maternity Benefit," in the course of which he pointed out that a woman was entitled to the benefit even when attended only by a midwife and a pupil. At his suggestion it was unanimously decided that a deputation should be sent from the association to the Insurance Commissioners to point out the numerous difficulties which at present arise in connexion with the payment of the maternity benefit under the Act.

Letters, Notes, and Answers.

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

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

MAJOR C. B. LAWSON, R.A.M.C., asks for references to literature relating to the treatment of goitre by iodine cataphoresis.

SOUTH WALIAN asks to be recommended a suitable portable battery for cautery work in general practice. He has found a dry cell battery unsatisfactory, inasmuch as after being left unused for a couple of months, it failed to give a sufficient current. A wet battery is inconvenient, as it must be filled with fluid every time it is used, and may then not give a sufficient current.

H. E. J. would be glad to hear of comparative results obtained in the treatment of rheumatoid arthritis with (a) continuous counter-irritation, and (b) oral administration of radioactive drinking water.

** With regard to the internal administration of radioactive (emanation) water, our correspondent might consult the report of the Radium Institute (BRITISH MEDICAL JOURNAL, January 25th, 1913).

CARIES OF THE MILK TEETH.

A. M. W. writes: As a school inspector I find in the course of my examination of a very large number of children during the year that a high percentage are suffering from decayed teeth. In the district in which I work there is no dentist employed to attend to these children, and so all I can do is advise all parents to obtain treatment, and I usually advocate it on these grounds: (1) In order to prevent dyspepsia and other troubles connected with the digestive organs, and consequent malnutrition due to the swallowing of septic organisms from the bad teeth. (2) To avoid the absorption into the system by the lymphatics of the septic material in the cavities, and also the possible entrance of tubercle bacilli. (3) To prevent the imperfect development of the jaw caused by deficient mastication owing to the tenderness of the gums consequent on the inflamed condition of the sockets. One may also mention the occurrence of alveolar abscess and the loss of good looks later in life due to absence of teeth, etc.

In spite of my efforts I find that a great many parents will not take the trouble to have anything done; they usually do not realize the necessity, and sometimes cannot pay for treatment, but those who do take their children to a doctor or dentist are often told (and this is the point of my letter) that they had better leave the teeth alone, especially if they are first teeth. Now this is very unfortunate, and puts me in rather an awkward position with the parents, school teachers, and school nurses, and I cannot understand the reason, unless it be that doctors and dentists do not like the trouble of treating children's teeth, or else that they think by extracting a carious primary tooth they will interfere with the growth of a secondary one. There may be some ground for this latter opinion, and it is in order to find out if such be the case that I am writing to you.

ANSWERS.

MAJOR R. MCCARRISON, I.M.S. (Kasauli, Punjab) writes: In answer to "Country Doctor," who asks for advice on the treatment of a case of goitre in a girl of 18 (BRITISH MEDICAL JOURNAL, February 8th, p. 320). I would suggest the use of a *coli* vaccine made from the patient's own strain of *coli* (from the faeces). Inoculations should be made at intervals of seven to ten days—an initial dose of 75 million gradually increased to 150 million. For particulars of this treatment "Country Doctor" might refer to my Milroy Lectures on the Etiology of Endemic Goitre for this year.

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