reading has registered as much as 90° and the wet bulb over 80° F. It will therefore be seen that in a considerable number of mines in this country the men are working at very high temperatures, and it cannot be denied that these temperatures are not only injurious to the health of the worker, but without doubt they have a considerable effect upon their working capacity. From the experiments of Dr. Fraser Harris at Birmingham University upon the human subject it appears that high temperatures with a high degree of moisture increase the pulse-rate and the body temperature and cause a considerable loss of body weight; the respiration-rate is not changed out of proportion to the increased pulse-rate. Professor Langlois of Paris has shown that in an atmosphere at a temperature exceeding 77° F. (wet bulb) ventilation exercised a considerable influence. At 86° F. (wet bulb) the subject, even when resting, was very uncomfortable, if not inconvenienced; in a non-ventilated atmosphere exceeding 77° (wet bulb), the body temperature rose 1.8° to 2.7° F., and the blood pressure was increased by 18 to 25 c.cm. of mercury. The quantity of water evaporated varied according to the temperature and to the hygrometrical state of the atmosphere.

Haldane, as a result of experiments which he has made upon the effect of working at high wet-bulb temperatures, summarizes the results of his experiments as follows: "It is clear that in still and warm air what matters to the persons present is neither the temperature of the air nor its relative saturation, nor the absolute percentage of aqueous vapour present, but the temperature shown by the wet-bulb thermometer. If this exceeds a certain point, about 78° F., continuous hard work becomes impracticable, and beyond 88° it becomes impracticable for ordinary persons even to stay for long periods in such air, although practice may increase to some extent the limit which can be tolerated. In moving air, on the other hand, the limit is extended upwards by several degrees. Men working a rock drill in a hot end or rise in a mine, for instance, have the great advantage that the air is kept in constant motion by the exhaust air from the drill, and that as this exhaust air is very dry, the wet-bulb thermometer at the working place is considerably reduced, even if the rock be wet or damped by a jet or spray of water to prevent dust." And when giving evidence before a Departmental Committee on the humidity and ventilation in cotton-weaving sheds, Dr. Haldane said that he should propose that 75° F. (wet bulb) be taken as a maximum, and below this temperature there should always be a difference of 2° between the two thermometers; 70° (wet bulb) is the temperature which the Home Office specify as the maximum for a factory, but he considered that in the special conditions in Lancashire weaving sheds, and limiting the 75° to the summer heat—the warmer part of the year—there should be no objection to going to 75°.

Dr. Pembrey, as the result of observations upon himself and medical students and soldiers, was of opinion that 70° F. by the wet bulb should be the maximum, and he pointed out that at lower temperatures work could be done at a faster rate more efficiently and with less fatigue and injury to health, and that the effect of work in a warm moist atmosphere is to increase the temperature, pulse-rate, and loss of moisture out of proportion to the work done.

The question of wet-bulb temperatures in coal mines has become all the more important on account of the spraying by water of coal seams and roadways for the purpose of preventing explosions, and it can be easily understood that in mines of high temperature with an atmosphere saturated with moisture, while the risk of explosions is diminished the working conditions are less favourable both to the health of the miner and to his efficiency as a workman apart from the consideration of explosions.

According to the French mining law any temperature exceeding 77° F. on the wet-bulb thermometer must be considered high.

Another important point in connexion with the watering of mines where the temperature exceeds 70° is that favourable conditions are being created for the development of ankylostomiasis should the disease be introduced into the pit. Up to the present English coal mines have not, as far as we know, been infected with this disease, but when it is remembered that the disease is frequent in the tropics and in the mines of South Africa, India, and South America, and that a large number of men return home to resume work in the mines of this country, we cannot shut our eyes to the possibility of infection of the mines of this country.

In addition to these possible sources of infection, a large number of Poles work both in the coal mines of Scotland and also in South Wales, and these workers may also be carriers of the disease. On the opening up of the Kentish coalfield, where the seams are of great depth and the temperature correspondingly high, there may be an inrush of French and Belgian or even Polish miners, and I think it behoves the management of these pits to keep a keen look-out for the possibility of ankylostomiasis being found among them.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

AIDS IN RECTAL AND VESICO-VAGINAL SURGERY.

IN the BRITISH MEDICAL JOURNAL of January 31st there are some remarks on cancer of the rectum in relation to Mr. Cripps's figures, which naturally, with the trend of modern advance, lean towards the more radical abdomino-perineal operation, but with unusual fairness, on account of the supposed comparative immunity it affords. Having watched a large number of the "radical" operations in different cities, I never came away with the impression that they were completed with the primary object in view carried out—namely, an efficient removal of the lymphatic tissues related to the excised portion of bowel. Any surgeon who has an easy has a callous conscience.

Considering all things, it behoves some, for a time at least, to be satisfied with safer and less mutilating procedures, and I suppose it is justifiable to suggest anything likely to render these more efficient or more easy. Next to that, sphincter control should be the chief aim.

Having excised the rectum some months ago by Kocher's mode, I found the suturing of the proximal to the distal end of the gut remarkably easy by the following method: I procured a smooth, stout stick, some inches long, and made a circular groove at one end. This end I introduced into the proximal part of the bowel by way of the anal canal for a short distance. I then tied a tape by a slip knot round the bowel so as to fix it a little distance from its cut edge into the groove. It was then easy to invaginate the upper end of the bowel into the lower by partially withdrawing the stick and easy also to apply sutures. The tape was then removed.

The other procedure was adopted for vesico-vaginal fistula. In the case under operation the bladder was so contracted and the parts so difficult of access for suturing that it was no easy matter to succeed. In this difficulty the following simple means was carried out: I introduced a child's air balloon, drawn over an endoscopic tube, into the bladder and inflated it by a cycle pump. This, of course, distended the bladder and greatly facilitated the further steps.

London, N.W. JAMES MACMUNN.

PREGNANCY WITH IMPERFORATE HYMEN.

A PRIMIPARA, aged 24, engaged me to attend her at her confinement, and in due course I received notice from the nurse that the patient was in labour, and that there was something the nurse could not understand. On my arrival the pains were strong, and the head was obviously bulging the perineum; but in front of the head there was stretched tightly over it the hymen, with a small hole in it, situated just posteriorly to the urethral orifice. I was able to insert one blade of a pair of scissors through the opening, and divided the membrane, labour being then quite natural. Later I ascertained from the husband that coitus had always been difficult, and he thought that the act had never been complete. One can imagine that when the hymen was not on the stretch by the pressure of the head the orifice must have been exceptionally small, which makes conception the more remarkable.

Northwich. R. MANWARING-WHITE, M.D.Edin.

favour of amalgamation of the sanitary and bacteriological departments, though interchange of men would be of benefit.

Lieutenant-Colonel T. J. Macnamara, I.M.S., Inspector-General of Prisons, said that in Madras most superintendents of central gaols were not medical men. The system of appointing Indian Medical Service men as superintendents was best, both for economy and efficiency, as a separate medical officer was not required. The system of appointing non-medical superintendents had been given up in the other provinces. Men who entered as deputy gaolers were not likely to be successful as superintendents; nor was the appointment of police officers desirable. Indian Medical Service officers should join the department in their first four years' service and undergo training in a central gaol. Specially selected civil assistant surgeons might make satisfactory superintendents.

Dr. M. Vijiaraghavalu, private practitioner, admitted the necessity of maintaining a medical service, but thought that the question of a war reserve should be left to the military authorities. He was in favour of appointing qualified private practitioners as honorary physicians and surgeons in Government hospitals. He thought that more special hospitals for women should be established by Government. He would advertise in England and India for men to fill posts as professors.

Dr. C. B. Rama Rao, civil surgeon, Tellicherry, said that he represented the civil assistant surgeons. He had thirty-two years' service, and had been a civil surgeon nearly two years. He thought that his service should be called the "civil medical service." He would abolish departmental promotion examinations and give study leave. He advocated an increase of salary for his service; they got little private practice, had to work on Sundays and holidays, and often could not get the leave they had earned, owing to difficulty in relieving them. Assistant surgeons were not given sufficient opportunity of acquiring experience by the performance of major surgical operations. Some of the best men in his service had resigned, because they were dissatisfied with their condition and prospects. He would advertise for men to fill posts as professors. Some of these posts should be filled by Indians. He had himself been an assistant professor for twenty years. Others had held these posts for twenty-four, nineteen, and fifteen years, and were qualified to be professors. Only a few civil surgeoncies were open to assistant surgeons. He thought the military reserve unnecessarily large. He would hand over a few wards in all hospitals to private practitioners.

(To be continued.)

TERRITORIAL FORCE, R.A.M.C.

SCOTTISH HOSPITALS.

THE annual "at home" of the Third and Fourth Scottish General Hospitals staffs was held at the head quarters, Yorkhill Parade, Glasgow. Colonel Napier, who presided, said that the hospital units were at full strength, and a good class of recruits had replaced the time-expired men. During the past year the training at the Victoria Infirmary had been successfully carried through, and this would be very serviceable to the men when they went to their annual camp, which would be at Cosham this summer instead of Shorncliffe. During the evening Sergeant-Major Thomson showed an excellent set of lantern slides illustrating camp life and active service with the Royal Army Medical Corps.

At the annual meeting of the Highland Division Nursing Service Guild held at Aberdeen on March 4th, with Lord Provost Maitland in the chair, Colonel Stockwell, D.S.O., explained that the buildings had all been allotted, and found suitable for the accommodation of the Highland base hospital, but where these buildings were he was not at liberty to say.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—P. H. Bahr, R. M. Courtauld.
M.B.—W. A. Anderson, M. Avent, E. J. Bradley, A. C. Clifford, G. D. East, J. M. Jarvie, G. N. Stathers, E. S. Taylor, R. W. Willcocks.
B.C.—W. A. Anderson, E. J. Bradley, A. C. Clifford, G. D. East, G. N. Stathers, R. W. Willcocks.

UNIVERSITY OF BRISTOL.

Appointments.

DR. NIERENSTEIN, Lecturer in Bio-Chemistry, has been appointed to deliver a short course of lectures in immuno-chemistry during the month of May. Dr. Rendle Short has been appointed a Lecturer in Physiology.

LIVERPOOL SCHOOL OF TROPICAL MEDICINE.

AT the meeting of the Committee of the School, held on March 9th, it was decided to appoint Dr. B. Blacklock to the Directorship of the Runcorn Research Laboratory.

This laboratory was established in 1905 for the purpose of working up the material brought back by the various scientific expeditions which have been dispatched by the school from time to time to the tropics. The rapid accumulation of material and the large number of valuable scientific papers published by workers in the laboratory soon made it an important centre for research in tropical medicine. The collection of living trypanosomes and other parasites causing fatal disease in man and domestic stock in the tropics maintained at Runcorn for teaching and research purposes is one of the largest in the world.

Dr. Blacklock, who has had great experience of tropical diseases both in Africa, where he has spent three years, and in this country, is the fifth director of the laboratory. His predecessors were Dr. Wolferstan Thomas, now studying yellow fever in Manaos, Brazil; Dr. J. L. Todd, now Professor of Parasitology at the McGill University, Montreal; Dr. Anton Breinl, now Director of the Australian Institute of Tropical Medicine; and Dr. Warrington Yorke, now Professor of Parasitology at the University of Liverpool.

Obituary.

J. E. O'SULLIVAN, L.R.C.P. AND S.EDIN., J.P.,

FORMERLY REPRESENTATIVE OF THE LIVERPOOL DIVISION OF THE BRITISH MEDICAL ASSOCIATION.

DR. O'SULLIVAN died at his residence, 37, Shaw Street, Liverpool, on the morning of March 6th. He had been in precarious health for the last six months or more, suffering from disorder of the heart and high blood pressure. It would appear that while suffering from a heart attack he intended to take a dose of sal volatile to relieve his sufferings and inadvertently took a solution of morphine instead.

Jerome Eugene O'Sullivan was a native of Cork, and was educated at Queen's College in that city and at Edinburgh; he took the diplomas of L.R.C.P. and S.Edin. in 1879 and had long practised in Liverpool. He settled in the district in which he afterwards practised at the time of his marriage about twenty years ago, and was a well known figure in the city, of which he became a magistrate in 1907. During the strike in 1911 he responded to the call upon him as a magistrate and took his full share of the responsibility when the Riot Act was read. By way of revenge bricks were thrown at the windows of his house, but Dr. O'Sullivan continued to discharge his duties fearlessly. Dr. O'Sullivan took a prominent part in the controversy with regard to the Insurance Act, of which he was a strong opponent. He was the Representative of the Liverpool Division for several years, and frequently spoke at Representative Meetings during discussions on the Insurance Act. He steadfastly refused to join the panel. Recently he was elected president of the local branch of the non-panel organization. Though many of his professional brethren disagreed with him on matters of medical politics, every one admitted his sincerity and consistency throughout the struggle, and admired the courage and ability with which he stated his views.

He was a staunch Roman Catholic, acted as physician to St. Francis Xavier's clergy, was honorary treasurer to the Catholic Blind Asylum, the Cripples' Home, Shaw Street, and a visiting justice at Walton Gaol. He was of studious habits and an omnivorous reader, but history was his favourite form of literature, and by his friends he was regarded as an authority on certain periods of French history.

SIR JAMES BARR sends us the following appreciation:

The medical profession is much the poorer by the death of Dr. J. E. O'Sullivan, as he belonged to a distinctive type which is not too common in the present day. He was always characteristically professional in his attitude and proud of his calling, though he much deplored many of the modern business tendencies. He was a man of considerable culture and wide reading, who could always, both in speaking and writing, express himself clearly and fluently in good polished English. He was also a good Latin scholar. He belonged to a medical family, there being three brothers in the profession, one of whom became a Jesuit priest, and the other, Dr. D. A. O'Sullivan, for some time a member of the Council of the British Medical Association, now of West Kensington, survives him.

He was a fiery and warm-hearted Celt, who held strong opinions and was never afraid of expressing them, but those who knew him intimately, as was my pleasure and privilege, always found in him a staunch and loyal friend.

Public Health AND POOR LAW MEDICAL SERVICES.

OPHTHALMIA NEONATORUM.

THE Local Government Board has issued an order making ophthalmia neonatorum everywhere notifiable throughout England and Wales. Hitherto it has been notifiable only in areas whose sanitary authorities have obtained special permission to include it in the schedule of notifiable diseases. The order defines ophthalmia neonatorum as a purulent discharge from the eyes of an infant commencing within twenty-one days of its birth. Every case is notifiable by a medical man unless previously notified by a certified midwife in attendance. The fee for notification by a medical man is 2s. 6d. when the case occurs in his private practice, and 1s. when it occurs in his practice as medical officer of any public body or institution. The fee to a midwife is also 1s. The notification must include precise information as to the date of the child's birth and of the onset of the disease, and the name and address of its parent or other person having charge of it. The order comes into force on April 1st.

Medico-Legal.

WORKMEN'S COMPENSATION CASES.

THE RISKS OF THE ONE EYED.

IN a case which came before the First Division of the Court of Session in Edinburgh on appeal from the Sheriff Substitute at Dumbarton on March 6th, the point was whether a miner who had lost the sight of one eye owing to an accident could refuse to resume his former occupation on the ground that the risk involved in the work was such as to entitle him to refuse.

The Lord President said that the appellant's incapacity due to the injury had ceased, and his wage-earning capacity was unimpaired. If another accident took place the result would be serious—complete loss of sight, but the risk of another accident had not been increased by the appellant's loss of one eye. The consequences of another accident could not be attributed directly or indirectly to the accident which befell the appellant in April last. To decide otherwise would be to decide that for a one-eyed man employment at the working face as a miner was always an unsuitable employment.

OBESITY.

In another case which came before the same Division on the same day the claimant, a miner, who had been injured by a fall of coal in 1910, claimed that his incapacity from work arose from the fact that he had been doing no hard work during three years, and that his age, 63, coupled with a natural tendency to obesity, had rendered him less fit for labour of any kind, so that he could only now engage in a sedentary occupation, such as that of watchman.

The Sheriff Substitute found that the incapacity from work had ceased, but the Division, Lord Johnston dissenting, recalled the judgement, and remitted the case to Sheriff Substitute to fix compensation.

The Lord President said that the injury incapacitated the workman for active work; and the result of his enforced abstention was to increase his natural tendency to obesity; so that when the immediate effect of the accident had come to an end, he was unfit to resume his former employment. However remote, however indirect, however improbable, however unnatural the result might be, nevertheless, if it was the result of the accident which befell him, he was entitled to have compensation. Here the chain of causation appeared to be complete.

Lord Johnston held that there was no true connexion between the workman's present state and the original accident, which left him in partial incapacity in the sense of the statute.

Medical News.

THE meeting of the Royal Society on Thursday next will be a "meeting for discussion." The topic for discussion will be the constitution of the atom, and the subject will be introduced by Sir E. Rutherford.

A DISCUSSION on the need for research in antenatal pathology is to be introduced by Dr. Amand Routh at a meeting of the Obstetrical and Gynaecological Section of the Royal Society of Medicine on April 2nd.

A LECTURE on climate as tested by fossil plants will be delivered by Professor A. T. Seward, F.R.S., of Cambridge, at a meeting of the Royal Meteorological Society at the Institute of Civil Engineers, Great George Street, Westminster, on Wednesday next, at 7.30 p.m.

THE annual dinner of the British Oto-Laryngological Society will take place on the evening of Wednesday, March 18th, at the Trocadero Restaurant, Piccadilly Circus, W. Mr. Charles J. Heath, F.R.C.S., will take the chair at 7.30 p.m.

A SERIES of post-graduate courses will be given in Dusseldorf during this year. The first course, addressed to railway and mining practitioners, will begin on May 4th. Particulars can be obtained from Professor Dr. Hoffmann at the Akademie für praktische Medizin, Moorenstrasse, Dusseldorf.

MEDICAL INSPECTOR WILLIAM C. BRAISTED has been appointed Surgeon-General of the United States Navy, in succession to Surgeon-General Stokes, whose term of service expired on February 6th. In making the appointment Secretary Daniels paid a warm tribute to the work done by the retiring surgeon-general, saying that never before had the standing and reputation of the medical corps of the navy been so high.

EXTENSIONS in several departments of the hot mineral baths of Bath have been opened this week, in readiness for the spring season. The demand for douche-massage treatment, the electric hot-air baths, and Plombières douches has been so great during the past few years that the corporation has been compelled to make facilities for these methods of treatment available until the larger scheme in contemplation for the development of the bathing establishment is carried out.

THE principal tables published in the annual summary issued by the Registrar-General for England and Wales will in future be issued with the quarterly return for December in each year, and the issue of the summary as a separate publication will be discontinued. In the issue for December, 1913, which has just appeared, the summary relating to the year 1913 occupies 28 pages, the tables being numbered XVI–XXVII. The price of this issue of the quarterly return is 1s.

THE British Fire Prevention Committee has appointed two subcommittees to test the relative efficiency of various liquids and chemicals (proprietary and non-proprietary) which are alleged to be of utility in dealing with outbreaks of fire. In accordance with its usual practice, the committee is asking a number of public offices, institutions, and factories to put at its disposal for testing purposes the materials or appliances habitually kept by them for the purpose indicated.

DR. J. N. PRING, as the result of an investigation of the occurrence of ozone in the atmosphere at various altitudes ranging up to 20 kilometres finds that in the Alps, at an altitude of 2,100 metres, the mean concentration of ozone is about 2.5 parts, and at an altitude of 3,600 metres about 5 parts by volume in 1 million of air. In this country the mean quantity found between ground level and an altitude of 20 kilometres was about 2 parts by volume in 1 million. No trace either of hydrogen peroxide or nitrogen peroxide could be detected in these cases.

AN Educational Inquiry Committee, of which Mr. A. G. Brackenbury, 8, John Street, Adelphi, W.C., is the secretary, proposes to establish in London a central office for recording efforts now being made to carry out educational researches. It is also proposed to provide funds for research grants. The subjects regarded as immediately calling for investigation are: The evolutionary development of the human mind and its practical bearing upon education; and the means of distinguishing between, and the methods of treating, the slow and the quickly maturing types of intellect. The annual subscription is: For members of committees, 10s.; for ordinary members, 5s.; for associates, 2s. 6d.

WE are asked to state that hospitals in the County of London, or within nine miles of Charing Cross, desiring to participate in the grants made by King Edward's Hospital Fund for London for the year 1914 must make application before March 31st to the Honorary Secretaries, 7, Walbrook, E.C. Applications will also be considered from convalescent homes situated within the above boundaries, or which, being situated outside, take a large proportion of patients from London. Applications will also be considered from sanatoriums for consumption which take patients from London, or are prepared to place beds at the disposal of the fund for the use of patients from London hospitals.

THE National League for Physical Education and Improvement informs us that in the North of England there have already been two or three successful prosecutions for vending as uninflammable a flannelette which did not deserve that description. The prosecutions were made possible by the Fabrics (Misdescription) Act, which was promoted by the league and came into force at the beginning of this year. Attention has frequently been drawn in these columns to the great loss of life, more particularly

among young children, brought about by the wearing of inflammable dress material, especially flannelette. Over a hundred fatalities due to the use of inflammable flannelette were recorded in various newspapers even during the last sixteen weeks or so of last year, despite the fact that for several years past endeavours have been made to draw attention to the risks involved.

AT the request of the Dominion Government General Sir Ian Hamilton, Inspector-General of the Oversea Forces of the British Empire, made an official inspection of the Canadian forces last summer. His Report on the Military Institutions of Canada, recently issued, is most comprehensive and takes up the whole subject of national defence and the method of ensuring it. The purport of the inspection was to ascertain whether in sufficiency and efficiency the units of the Canadian army serve their intended purpose, and whether the organization, administration, and training gives in return the full value for the money expended. The inspector prefaces his report by the statement that nothing less is expected of him than the whole naked truth, and he proceeds to show wherein the various services are deficient for their purposes in numbers, organization, and training. With regard to the medical department of the Active Militia, with which we are more immediately concerned, he states that "in Canada, as elsewhere, the Medical Corps keeps well ahead of every other branch of the service in the completeness of its preparations for war—a state of affairs due largely to the whole-hearted support it receives from the medical profession in all its grades. A militia is, or rather ought to be, the expression for purposes of war of every form of national activity, and other departments of national life, such as the railways, the telegraph companies, etc., might well take a leaf out of the doctors' book, and set to work to organize themselves for the defence of their country." The units yet to be formed in order to complete the war organization are given in a special appendix, and we note that among "the most serious deficiencies" are seven field ambulances, including one cavalry ambulance. Reference is made to the voluntary aid detachment system which has been undertaken by the Order of St. John, which has already formed fifteen ambulance divisions and three nursing divisions. The inspector considers that "the units produced by this voluntary aid system are hardly yet in a position to render effective assistance on active service." It is but fair to state that the system had not then been two years in existence.

AT the March afternoon meeting of the Eugenics Education Society, on March 5th, when Major Darwin presided, an interesting paper on education and eugenics was read by Mr. M. W. Keatinge, Reader in Education in the University of Oxford, who said that if it were the case that the aims of eugenics could most easily be attained through education those aims should in the main be dictated by the educationist rather than by the biologist. As a rule, however, the modern biologist virtually asserted disbelief in education as a factor in biology. But in spite of all that had been said to the contrary, education of the right kind was the chief instrument by which the aims of the eugenists might best be carried out. The science of education sought answers to two questions: Who should be educated, and what kind of education should be given to those selected for the privilege? In neither case could an answer be given except in terms of heredity and selection, for if education were to be effective there must be some inborn qualities in the child to render him capable of profiting by it. If the State wanted leaders with driving power, it must educate the offspring of the class in which the principle of selection had acted most directly and with the greatest force, for education could not turn a feeble character into a forcible one. Education had merely a directive power, but vigour was produced by selection. As regards the class in which selection in marriage was most markedly found, Mr. Keatinge said that in the lower as in the higher grades of society there was practically no selection as far as the man was concerned; ornamental qualities and superficial good looks were the determining factors in his choice. It was amongst the professional classes that selection in marriage was most likely to be found; but here the higher standard of living and the increased demand for comforts and luxuries had caused a tendency to deferred marriage and smaller families that should be combated at all costs. The introduction to modern society of truer and saner standards was the work of education; and once that work was done the pressure would be relieved and large families would once more be seen amongst the professional classes. It was by bringing about this salutary reform in modern ideals that education could further the aims of the eugenists in an effectual and satisfactory manner.

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.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Aitiology, 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.

QUANDARY asks where a lady could be put quickly through a course of instruction in dispensing, so as to avoid the usual two days a week course which involves needless expense in lodgings.

COUNTRYMAN would be glad to know of any home that would take in free, or for a very small weekly sum, a girl of 16 who suffers from continual side-to-side movement of the head. Industrial and rescue homes have refused her because of the habit. She is intelligent and able to work, and needs probably only the discipline of a home to be cured, as the habit was completely cured by suggestion for three months.

THE WRITINGS OF DR. JOHN STEDMAN.

DR. BOSWALL WATSON (9, York Mansions, Battersea Park, S.W.) is anxious to obtain copies of the following books by Dr. John Stedman of Edinburgh: *Laelius and Hortensia*, published 1782; *Physiological Essays and Observations*, published 1769; *Moral Tales*, published 1784.

ANSWERS.

S. W.—*Diseases of the Stomach, including Dietetics and Medicinal Treatment*, by George Roe Lockwood, M.D., (H. K. Lewis, London, 1913, 25s. net) will, we think, be found to fulfil our correspondent's requirements.

OXALURIA.

G. F. O. writes in reply to "R.A.M.C.": A patient of mine was operated upon for renal calculus and two oxalate stones removed; he was then quite well for two months, when an attack of renal colic occurred, followed a week later by vesical colic, which terminated in the passage of a third calculus. All this time there was a considerable quantity of oxalates in the urine, and no attempt at treatment by diet. Two weeks later another attack of renal colic occurred, and the patient was put upon the following diet. He passed two more stones a few days later, and has since been free from trouble and working hard for five months. He was allowed to take meats, fowl, game, fish, bread, rice and other farinaceous foods, potatoes, peas, beans, coffee, and apples (sparingly); he was forbidden milk, tea, cocoa, green and root vegetables, fruits, eggs, jellies, and rhubarb. The apple is, unfortunately, the only oxalate-free fruit, and the patient was, of course, forced to drink large quantities of water.

DR. REGINALD POLLARD (London) writes: My advice to "R.A.M.C." is: (1) Be efficiently skiagraphed; (2) try to avoid any wrong that may be causing dyspepsia; (3) go to Vittel or Contrexéville (not before the end of May); if he cannot do that, drink the waters at home, taking, say, a bottle every morning fasting for three weeks: First day, two ¾ tumblers; second day, three ¾ tumblers; third day, three tumblers full, at intervals of fifteen minutes, and stopping three-quarters of an hour before breakfast; more at 4 p.m. in place of afternoon tea (say one or two tumblers). Avoid rhubarb, spinach, sorrel, asparagus, strong tea and coffee, pepper, tomatoes, cocoa. Avoid food causing fermentation in the intestines—port wine (bottled), sweet champagne, etc. At other times drink a glass of water at bedtime and on rising, and eat sparingly of rich food.

LETTERS, NOTES, ETC.

ADVICE TO SHIP SURGEONS.

SURGEON-GENERAL GEORGE J. H. EVATT, C.B. (A.M.S. retired) (London), writes: For thirty years I have unceasingly sympathized with "ship surgeons." They seem to be nobody's children, and their grievances are rarely, if ever, studied. This neglect acts on the status of the medical profession, and calls for study and eventual reform. I offer the following suggestions:

1. *Responsibility of the Marine Department of the Board of Trade.*—Just as this subdepartment is responsible for the deck officers of the Mercantile Marine, so it should be responsible for the medical officers of ships at sea.