

they are engaged. They may require a rest for six months, but should not return to their old employment.

3. Those who suffer badly from oscillations, headaches, giddiness, and the other symptoms mentioned previously. These should give up underground work entirely, and never return to it.

When the large proportion of underground workers in whom nystagmic movements of the eye can be observed is remembered it cannot be doubted that the disease may cause little inconvenience, but cases of a severe and distressing nature cause total incapacity for work for a considerable period of time. In some instances patients have been unable to do any kind of work, even light work on the surface of the mine, for several years.

It is most important that firemen and deputies who have suffered from this disease should be able to detect the blue cap which appears over the flame of the safety lamp before they are allowed to return to their own employment, and it has been suggested that, considering the great responsibility that rests upon them for the safety of the pit, if they have once had the disease and been incapacitated on account of it, they should have their eyes tested once in every three months.

Complete incapacity for work undoubtedly may occur in cases in which nystagmus is absent or has disappeared, but in which clonic spasm and other subjective symptoms of miners' nystagmus are complained of.

Giddiness is the most troublesome subjective symptom from the point of view of capacity for work, and even when the other symptoms, whether they be subjective or objective, are only slight, if attacks of giddiness are at all frequent and come on without any warning, then the patient must be regarded as totally incapable of work, and it is not safe to give him light work, even on the surface of the mine.

I have shown the frequent association of ocular defects with miners' nystagmus, and the capacity for work after a proper course of treatment will undoubtedly depend upon the actual condition of the eye, and one-eyed men who suffer to any pronounced extent from this disease must be regarded as totally and permanently incapacitated for work underground.

Cases of miners' nystagmus in which neurasthenia is a prominent symptom must be regarded as of a severe type, and although the eye symptoms may be not of a pronounced character, the nervous symptoms are such as to cause total disability for work. Like all other neurasthenic conditions, this may last for years, unless the patient undergoes a suitable course of treatment, such as prescribed by Weir Mitchell.

Malingering.

In considering the question of malingering we must not lose sight of the fact that the disease is not merely localized to the eye, but may affect the general nervous system.

All observers are agreed that it is impossible to imitate the nystagmic movements of the eye, so that there can be no malingering with regard to this the most prominent objective symptom. There is a difference of opinion as to whether clonic spasm of the eyelids can be simulated or not, but careful observation in any given case will easily detect malingering, as it is impossible for the patient to sustain, for more than a minute or so, the twitching of the eyelids, and further, a skilled observer will perceive that the voluntary movements induced by a malingerer are altogether different from those seen in true cases of clonic spasm of the eyelids. Dr. Moody has pointed out that the movements in the latter case are quicker and finer, and if a miner attempts voluntarily to blink his eyelids quickly he must bring other muscles into play, apart from those which actually blink the eyes, and, in Dr. Moody's opinion, the man would be easily found out. It should be clearly and widely known among all miners who may have imagined that the simulation of this symptom is an easy matter, that they are entirely mistaken, and that if they try to do so before a skilled observer they will be almost immediately found out.

We may therefore say that the two principal objective symptoms cannot be simulated, and if a man is known to have attacks of giddiness and to fall about, to be suffering from night blindness, and when tested by Cridland's method, from a diminished field of vision, there can be no question as to the genuineness of the case. Difficulty may arise in mild cases where patients are capable of following

some kind of employment, such as light work on the surface or in an occupation independent of coal-mining. In many cases miners with a definite oscillation of the eye-balls are able to do their work without any complaint for years in the absence of headache, dizziness, and other subjective symptoms; but if a miner suffering from such a mild degree of the disease suddenly becomes aware of the presence of nystagmus, should he, for the purpose of claiming compensation under the Workmen's Compensation Act, desire to make complaints of headache, giddiness, feelings of sickness, and other symptoms for the existence of which we have to trust to his honesty, it would be most difficult to disprove the statements. The examining doctor would have to take into consideration the man's record for work and his demeanour while under observation, and assistance might be given by friends and neighbours who could testify one way or another as to the man's general state of health.

In dealing with such cases it is absolutely necessary to make a complete examination of the man and a special examination of his eyes, and I believe that a great deal of help would be obtained by paying special attention to the extent to which the field of vision is limited.

There are undoubtedly many cases of miners who know that they are suffering from miners' nystagmus, but who go on working in spite of the complaint, and it is only when they give up work, either on account of bad trade or a strike, or because of some quarrel with an official or their employer, that they make a claim for compensation. During the coal strike of 1912 many such cases were recorded in the different coal districts of this country.

In all disputed cases I would suggest that the medical referee under the Workmen's Compensation Act should rely not only upon his own examination and the reports submitted to him by the medical advisers of the workmen and the employers, but that he should also take into consideration either verbal or written statements of work-people or other persons who can speak as to the man's previous history and his general condition of health.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

DEFICIENCY OF LEFT HALF OF DIAPHRAGM WITH DISPLACEMENT OF STOMACH AND OTHER ABDOMINAL ORGANS.

A MAN aged 43 years, working in a coal mine, was hurt last year by a stone falling on his head. He apparently recovered from this injury; he died recently. I was instructed by the coroner to make a *post-mortem* examination to ascertain whether the injury received had anything to do with the cause of death. I was also informed that this man had had other injuries previously, among them a fractured femur.

At the *post-mortem* examination I found the following anomalies:

On opening the chest and examining the left half I found it occupied by the whole of the stomach, which was distended and as large as a Rugby football; with it was the transverse colon, the left lobe of the liver, and the omentum. The left lung was lying compressed against the vertebral column, and weighed only 9½ oz. The heart was pushed over to the right side, resting upon the left lobe of the liver, upon which it had made a distinct depression. In the left half of the diaphragm was a large opening, through which the stomach and other organs mentioned had passed. Through this hole I was able to pass my fist with ease; the edges of the opening were smooth, and did not show any signs of recent tearing. The right lung occupied the whole of the right half of the chest and was in a state of red hepatization. The cause of death I gave as pneumonia.

The interesting points in this case are: The abnormal position of the abdominal organs had not been diagnosed during life. The man had been anaesthetized without any ill effects.

I notice in the Paris Letter in the BRITISH MEDICAL JOURNAL of January 24th, 1914, mention of a case of diaphragmatic hernia, where the *x* rays revealed the greater part of the intestines in the left chest.

Lawrence mentions a case of deficiency of the left half of the diaphragm with displacement of the stomach. The patient died of double pneumonia.¹ Other cases are recorded in the same book. Drs. Brady, Readman, and Gibson were present at the autopsy, and agreed that the conditions found in this man were due to congenital deficiency of the left half of the diaphragm.

E. HODKINSON MONKS,

Honorary Surgeon, Royal Albert Edward Infirmary,
Wigan; Police Surgeon.

A CASE OF LUPUS VULGARIS CURED BY TINCTURE OF IODINE.

IN June, 1913, I was asked to see a case of "sores" of the neck. The patient was a Hindu woman aged about 21 years. She gave a history of having suffered from ulceration of the face and neck for the past six years.

On examination I found on each cheek a large ulcerated patch extending from the lobe of the ear to within about 1 in. of the chin, and following the line of the lower jaw. These patches were irregular in outline, and were healing in a few places, as indicated by cicatrices, but were everywhere else clearly spreading. A third patch similar to the other two was found directly below the left clavicle, reaching from the centre of the sternum almost to the point of the shoulder.

All these patches of ulceration presented the typical appearance of lupus vulgaris, with the "apple jelly" appearance at the spreading margins and the crusts of dried discharge over the ulcerated portion. The diagnosis was confirmed by observing the ulceration invading a portion of cicatrix where it had healed up before. The cervical glands on both sides of the neck were enlarged and hard from septic absorption. No other signs of tuberculosis in the lungs or other organs could be detected; the patient was of poor physique, and was very anaemic and weakly.

I put her on an iron and arsenic mixture internally and recommended a more plentiful diet than she had been accustomed to. Locally I ordered the whole diseased area to be freed from crusts and dried discharges by sodium bicarbonate poultices and to be painted with tincture of iodine daily. Improvement daily set in under this treatment, and the whole area became paler in colour and less inflamed looking. I now destroyed one or two of the largest nodules by applying pure carbolic acid to them and increased the tincture of iodine to double strength. Steady improvement resulted and the ulcers began to heal up; the discharge was also greatly lessened. The only dressings used were strips of gauze held in position over the raw surface by sticking plaster, so that the gauze was not actually in contact with the ulcer, the object being to prevent flies settling on the wounds.

This treatment was continued till November, 1913, when the whole area had completely healed over, and no trace of the disease remained except the cicatrices. These were supple and freely movable upon the subjacent tissues. There was no puckering due to cicatricial contraction. The surrounding skin appeared normal. The cervical glands were no longer palpable. The patient's whole appearance was altered; she appeared in good health and stated that she felt well and strong.

In view of the good results obtained by this treatment in five months in a case of six years' standing I am anxious to try it again in other cases, and perhaps the matter may prove of interest to those practitioners who have to aim at curing this disease with the minimum of unsightly cicatrices and subsequent deformity.

E. G. KENNEDY, M.B.,

Captain, I.M.S.

Ferozepore.

¹ *Anomalies and Curiosities of Medicine.* By Gould and Pyle.

THE Society of Medical Heads of the Laboratories of Radiology and Electro-radiotherapy of the Paris Hospitals has arranged a series of theoretical and practical lectures to be given twice a year, in May and November, on electrolgy, radiology, and radium-therapy. Each course will extend over a month. The next series will begin on Monday, May 4th, at 4.30 p.m., in the theatre of the Hôpital de la Pitié, when the inaugural lecture will be given by Professor d'Arsonval. The course is free. Particulars may be obtained on application to Dr. Delherm, of the Hôpital de la Pitié, Boulevard de l'Hôpital 83, Paris (XIII^e); or Dr. Aubourg, of the Hôpital Boucicaut, rue de la Convention 62, Paris (XV^e).

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BIRMINGHAM BRANCH.

At a meeting of the Pathological and Clinical Section of the Branch on March 6th, Dr. PURSLOW in the chair, the following were among the exhibits:—Mr. BILLINGTON: A case of *Von Recklinghausen's disease* in a man aged 37, who had pain in the left leg and left groin of one year's duration. Numerous superficial tumours had been present since childhood all over his body; they had increased in number recently, and were soft but not tender to touch. The family history was interesting, the mother having one tumour on her right arm; two sisters had many tumours under the skin, while one sister, who had died of "cancer," had growths all over her body. Until recently the patient had suffered no inconvenience from his tumours, and in early life had been a professional gymnast. Mr. SEYMOUR BARLING: A case of *Cervical rib* in a woman, aged 31, who complained of pain in the inner side of the left arm. It had been present on and off for six months, and became worse after working; it passed down to the inner three fingers; there was no muscular wasting; a skiagram showed a small bony projection on either side of the seventh cervical vertebra. Mr. BEATSON HIRD: A case of *Diplopia* in an unmarried woman, aged 24, who had recently been confined. On January 12th she had attended at the Eye Hospital complaining of diplopia, when she stated that she had seen double for one week, and had headache. She had bilateral paralysis of the sixth cranial nerve, complete on the right side. The hearing on the left side was impaired (nerve deafness), and she had bilateral optic neuritis. The Wassermann test was positive. Since then she had been an in-patient at the General Hospital under Dr. Stacey Wilson, where she had antisyphilitic treatment and a course of hectine. She had now practically recovered; there being diplopia only on looking to the extreme right, while the optic neuritis had almost gone. Dr. PURSLOW: A specimen of *Uterine fibroid showing advanced calcareous degeneration*. It was removed by abdominal hysterectomy from a married nullipara, 48 years of age, who had suffered from dysmenorrhoea and at times during the past eight years from retention of urine necessitating the use of a catheter. The tumour, which was the size of a four months pregnancy, had undergone such marked calcification in its centre that a saw had to be used to divide it. Dr. STANLEY: A patient with an obscure form of lung consolidation. Dr. KAUFFMANN: A patient with an aneurysm of the heart. Mr. L. GAMGEE: Two specimens of *Hypernephroma of the kidney*.

NORTH WALES BRANCH: DENBIGH AND FLINT DIVISION.

A MEETING of the Denbigh and Flint Division, held at Wrexham on March 12th, Dr. J. E. H. DAVIES of that town presiding, was mainly devoted to the discussion of cases of clinical interest. The proceedings included a paper by Dr. E. L. MIDDLETON on the subject of *Myasthenia gravis*, his remarks being illustrated by an instance of this disease in a young woman. He also showed a case of neuro-muscular atrophy in a young man in whom the muscles permanently affected were the peronei. Dr. J. C. DAVIES brought forward several cases, three of them being instances of *Exophthalmos*. One of these patients was a typical example of Graves's disease; the second exhibited double exophthalmos, but no other allied phenomena; while in the third case the exophthalmos was limited to one eye, and was evidently due to a local cause, the patient having sustained some years previously a fracture of the outer wall of the orbit. Dr. Davies also showed a patient who had been under his treatment for compound comminuted fracture of the upper third of the femur; the injury occurred while the patient was shot-firing in a coal mine, and a few days later it was found that embedded in the muscles was a piece of stone measuring 3 in. in one diameter and 1½ in. in the other. This was removed and the patient then made an uninterrupted recovery. A fifth case was shown

latter leucoderma was present in 42.5 per cent. of the cases, and in a few as late a skin lesion as rupia. The second point I should like to deal with is regarding the doses of salvarsan administered. These were smaller than those given at Rochester Row, 0.6 gram of neo-salvarsan (corresponding to 0.4 gram of salvarsan) was never exceeded in any of the Lock Hospital cases. It may be said that these doses given to women correspond with the larger doses given to men, when the difference in weight between the sexes is considered; this, of course, would be true if weight were the only item to be considered. As, however, it is the number of spirochaetes in a case that counts, it seems only fair to infer that a minimum course of treatment which will produce a negative Wassermann in an early male secondary case will almost certainly fail to do so in an advanced female secondary case when only a "proportional" amount of treatment has been given to the latter though, according to the more advanced stage, there must be more spirochaetes to be dealt with.

One has also to consider the question whether 0.6 gram neo-salvarsan is as potent therapeutically as 0.4 gram salvarsan. Many observers, including Gennerich, E. Hoffmann, and others, maintain that it is not.

My series of cases were not intended to compare statistically with those of the Rochester Row Hospital, though it may appear so from Mr. Abraham's remarks, but only to watch the effect of a somewhat similar form of treatment on more advanced cases with a view of finding, if possible, a course of treatment for this particular class of case.—I am, etc.,

W. V. CORBETT,
Lieutenant, R.A.M.C.

London, S.W., March 18th.

ERYTHEMA AFTER MINE EXPLOSIONS.

SIR,—In the report of my second Milroy Lecture which appears in the *BRITISH MEDICAL JOURNAL* of March 7th, in connexion with my observations on the Senghenydd explosion, I have omitted to refer to the article by your special correspondent in Wales which appeared in the *JOURNAL* of November 1st, 1913. In this article the writer describes for the first time the erythematous patches shown in most of the cases rescued on the day following the explosion, and reference is also made to peripheral neuritis, from which many of the rescued men suffered.

To Dr. Ivor Davies of Cardiff, who observed these patches, I am indebted for much assistance; he gave me every facility for examining the rescued men when I visited Senghenydd for the purpose of collecting information in view of the Milroy Lectures.—I am, etc.,

Newcastle-under-Lyme, March 13th. F. SHUFFLEBOTHAM.

THE MILWARD FUND.

SIR,—Will you allow me through your paper to express a little of the gratitude I feel to all those who have so generously helped me and my boys in our need?

Of the practical sympathy shown us you have just published some of the material results; and only those with children to equip for their work in life can realize the load of responsibility of which I have been relieved by the assurance of good educations for my boys, and of the means to meet their expenses during their apprenticeships.

I cannot hope adequately to express my appreciation of this, and even less can I do so of the constant reminders of sympathy and encouragement that so many have given us since our loss. I can only trust that our gratitude may meet with the same understanding that our many friends have shown us in our sorrow.—I am, etc.,

Cardiff, March 23rd.

E. S. DOROTHY MILWARD.

The Services.

ROYAL NAVAL MEDICAL SERVICE.

A GREENWICH Hospital pension of £50 a year has been awarded to Deputy Inspector-General George B. Murray, R.N., in the vacancy caused by the death of Deputy Inspector-General George Moore, R.N., on February 27th.

Universities and Colleges.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examination indicated:

D.P.H. (Both Parts).—R. D. B. Frew, J. Gibson, G. B. Pemberton, W. W. Stacey.

UNIVERSITY OF SHEFFIELD.

THE following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B. (All Parts).—*F. Gamm, †G. K. E. Inman, R. H. Rae, W. Sharrard. (Anatomy and Physiology only).—F. G. E. Hill, Florence E. Millard. (Materia Medica and Pharmacy only).—Mary Andrews.

* Awarded the Kaye Scholarship in Anatomy and Physiology.

† Passed with distinction in Materia Medica and Pharmacy.

UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., B.S. (Elementary Anatomy and Biology).—A. Angus, T. L. Barkas, D. G. P. Bell, J. A. Berry, T. H. Blench, J. A. G. Brewis, N. Briggs, E. D. Charles, H. C. Clifford-Smith, W. A. Freedman, G. A. M. Hall, A. T. Harrison, Mary K. Henegan, D. F. Hocken, G. E. Hyden, W. A. Jaques, R. T. Naismith, L. W. Studdy. (Chemistry and Physics).—E. G. Anderson, T. Kirsopp, W. Laing, Freda Newman.

SECOND M.B., B.S. (Anatomy and Physiology).—R. V. Brew, Dorothy E. Butcher, Stephanie P. L. H. T. Daniel, H. J. Dingle, C. T. Helsham, D. Henegan, P. Hickey, Phyllis Marriott, C. D. Newman, R. R. Scott, K. Ibrahim Shalaby, S. Abdel Shehid, Iskander Soliman.

Medico-Legal.

DROITWICH BRINE BATHS.

In the King's Bench Division, on March 18th, it was decided that the clauses of the Merchandise Marks Act apply to the provision of baths if the water used for these be not of the nature and character suggested by the title used in their description. The action commenced last December at Bow Street Police Court, the defendants being the Savoy Turkish Baths Company, Limited, who at that time were issuing a pamphlet suggesting that it was no longer necessary to journey to Droitwich to obtain the health benefits of a brine bath, since the company was now supplying Droitwich brine baths in London itself. It ended in the imposition of a nominal penalty on the defendants withdrawing their plea of not guilty and indicating that the practice to which objection had been taken would no longer be pursued by them. The evidence, given in support of the successful contention of the prosecutors that a water presenting the physical, chemical, and therapeutic properties of Droitwich brine could not be artificially prepared, was to the following effect.

Mr. Ballantyne, F.I.C., said he had visited the Savoy Baths where he had been given a pamphlet, had a "Savoy Brine (Droitwich) Bath," and had taken samples of the water and of the surrounding air. The water was very turbid and its buoyancy was not sensibly different from that of ordinary London water. He was unable to discover any evidence of the presence of radio-activity either in the bath itself or in the air above the water. He had also been supplied by the defendants with a tin of "Droitwich brine crystals" such as were used, he was informed, in making the bath that he had had, and was unable to discover in them any radium or radio-activity. He would not expect to find any evidence of radio-activity in crystals derived from radio-active water if such radio-activity were due to radium emanation, for it would disappear during the evaporation process. The witness then described his investigation of a brine bath at Droitwich itself. The water was clear and colourless and tasted very salt. It was so buoyant that in order to keep him immersed boards had to be fastened across him. The extreme buoyancy of the water was due to the great quantity of solids in solution. The specific gravity was 1.20. The water was pumped up from the earth and in addition to being radio-active it contained radium, while the air of the bath room was radio-active likewise.

Sir James Dewar, F.R.S., said that he had received a sample of Droitwich brine, and on testing it by the liquid hydrogen method found that it contained gases which must be due to radium. He did not believe that by evaporating a water to dryness and then treating the residuum with distilled water the practical equivalent of the original water could be produced. There were too many chemical decompositions and rearrangements.

Dr. A. P. Luff said he had long been in the habit of sending patients to Droitwich for the purpose of securing the treatment there given, and it had never been his practice to order the water of any spa to be used for bathing purposes except at the spa itself. He had seen a copy of Mr. Ballantyne's report on the water used by the defendant company and was able to say from a medical point of view that the benefit to be derived from it could not be compared with the benefit to be derived from the brine baths at Droitwich. The density of Droitwich

on February 3rd, 1890, and surgeon-lieutenant-colonel on February 3rd, 1898, retiring on February 23rd of the same year. He was given the rank of colonel, after his retirement, on October 18th, 1902, for services in England in connexion with the South African war. The Army List assigns him no war service. His first spell of foreign service was in the West Indies; he was sent to Barbados in 1881 to take the place of one of the officers of the Royal Army Medical Corps, who had died during the epidemic of yellow fever then raging in the island. Colonel Parker was the last survivor of four brothers, all of whom entered the medical profession. The eldest, Charles Robert George Parker, took the M.R.C.S. in 1859, entered the Madras Medical Service on January 20th, 1860, retired as a surgeon-major on July 3rd, 1886, and died at Torquay on July 1st, 1900. Colonel Parker was the second. The third, Alfred Henry Parker, went through the London Hospital, took the L.R.C.P. and L.S.A. in 1870, served as assistant colonial surgeon in South Australia, was resident surgeon of Port Lincoln Hospital for five years and of Mount Gambier Hospital for three years, afterwards practised at Bow, London, and died there on August 11th, 1903. The youngest, William Turnour Parker, after some years in the Home Civil Service, went through the medical classes at St. Mary's and St. Thomas's Hospitals, took the L.S.A. in 1884 and the M.R.C.S. in 1887, and practised for twenty years in Fulham. He died on July 7th, 1905. Colonel Parker's son, Major L. E. L. Parker, was also an officer of the Royal Army Medical Corps; he died at Poona on March 25th, 1912.

Medical News.

DR. BARTY KING has been elected a Corresponding Member of the International Congress of the Antituberculosis Association, Berlin.

AT a meeting of the donors and subscribers of the Blackpool Victoria Hospital, on March 20th, it was decided to invite the medical men to appoint a committee to confer with the Board of Management at an early date.

THE authorities of the Chelsea Hospital for Women inform us that the recent charity *matinée* at the Palladium Theatre, which was attended by Their Majesties the King and Queen, resulted in the rebuilding fund of the hospital benefiting to the extent of £2,000.

AT a meeting of the Royal Society of Medicine on Wednesday, April 8th, at 5 p.m., two demonstrations on colloidal metals will be given; the first by Dr. Paul Ferreyrolles with the cinematograph, and the second by Mr. Henry Crookes with the ultramicroscope.

A MEETING of the State Medical Service Association will be held at Essex Hall, Strand, on Wednesday next, to discuss the responsibility of the State for the national health. Sir George Kekewich will take the chair at 8 p.m.

DR. CARL H. BROWNING, Director of the Laboratory and Clinical Pathologist to the Western Infirmary, Glasgow, has been appointed Director of the new Institute of Pathology at the Middlesex Hospital, the erection of which was made possible by Sir John Bland-Sutton's gift of £15,000.

WE understand that those Fellows who have intimated their intention of seeking election to the Council of the Royal College of Surgeons of England next July are as follows: Mr. Ballance (for re-election), Mr. Stanley Boyd, Mr. F. F. Burghard, Mr. McAdam Eccles, Mr. Raymond Johnson, Mr. J. B. Lawford, Mr. H. S. Pendlebury, Mr. W. G. Spencer, Mr. Wm. Thorburn, Mr. P. Macleod Yearsley. The period for nominating candidates extends from May 26th to July 5th.

A SERIES of popular lectures on hygiene will be delivered on Tuesdays at 7 p.m. at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., commencing on March 31st, when Professor Kenwood will deal with the home; on April 21st Dr. G. S. Graham-Smith will lecture on house-flies and disease; on April 28th Dr. James Kerr will deal with the health of the school child; Dr. M. S. Pembrey will conclude the series with a lecture on physical games *versus* set exercises, on May 5th.

THE recent report of the public analyst for the borough of Paddington states that of fifteen samples of rice examined ten contained small quantities of talc, which, with the addition of a little oil, is used to give a pearly shine to the grain. The inadvisability of removing the minute amount of digestive material—vitamine—which

lines each rice grain is pointed out. Of ten samples of pearl barley three proved to be faced with talc in small quantities.

THE Honorary Secretary of the Association of Assistant Medical Officers of Asylums in England and Wales, Dr. F. J. Stuart (Berry Wood, Northampton), informs us that the first annual general meeting was held on March 14th at the Westminster Palace Hotel. The report of the executive committee stated that at an interview with it the Board of Control had discussed in a sympathetic spirit the claims of assistant medical officers with respect to medical work, marriage, quarters, and study leave. The membership of the association is now 130.

THE Board of Agriculture and Fisheries has issued a leaflet on tuberculosis in farm stock, which will be supplied free by the Secretary of the Board (4, Whitehall Place, London, S.W.). The leaflet deals in language as little technical as possible with the nature of the virus, and the method of infection of cattle and swine; it is stated that other domesticated mammals—horses, cats, and dogs—are susceptible to tuberculosis, but that very few cases have been recorded in sheep and goats. The leaflet describes the treatment and preventive measures, and gives an outline of the provisions of the Tuberculosis Order, 1913.

WE are asked to state that members of the profession who may think of applying for appointments as assistant whole-time medical officers are invited to communicate with Dr. A. Ashkenny, 38, George Road, Edgbaston, Birmingham, the secretary of the School Medical Service Group of the Society of Medical Officers of Health. The minimum conditions considered necessary by the Group are that whole-time assistant school medical officers, whose duties include school medical work, should receive a salary of not less than £350 per annum, rising by annual increments of £25 to not less than £500 per annum; that any additional duties outside usual school hours should receive extra remuneration, and that all officers should be entitled to superannuation and security of tenure.

THE usual monthly meeting of the executive committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on March 20th. Dr. F. J. Allan was in the chair. The accounts showed that, although the expected sickness had increased, the amount paid in claims was actually less than that for the same month in the preceding year. It is almost unprecedented for the first two months of the year to show a profit on the expected sickness, but this has been the case this year. It was decided to subscribe to the British Dental Association Benevolent Fund. The thirty-first annual general meeting of the society will be held at 11, Chandos Street, W., on Thursday, April 2nd, at 4.30 p.m. Full prospectus and particulars can be obtained on application to Mr. Bertram Sutton, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

DR. A. W. FORTESCUE SAYRES, Tuberculosis Officer, Devon County Council, in a paper read before the Plymouth Medical Society recently stated that during the year that he had been acting as tuberculosis officer he had been impressed by the number of houses in which it was easy for susceptible members of a family to contract pulmonary tuberculosis from a member of the same household, and had observed that the infection had in many cases thus been directly communicated. He recommended that a uniform method of disinfection of sputum should be instituted in every county, and advised that on the representation of the tuberculosis officer, or a medical man, or after a visit of the medical officer of health, every tuberculous patient with sputum should be provided with: (1) An enamel sputum cup with lid for indoor use; (2) a pocket sputum flask for outdoor use; (3) disinfectant certified as efficient by the medical officer of health and tuberculosis officer. To each patient should be given with these articles printed instructions clearly stating: (a) The manner of diluting the disinfectant; (b) the amount of the diluted fluid to place in the cup; (c) how frequently it should be emptied; (d) where it should be emptied (instructions varying as to whether it were a town or country house). The disinfectant used should, he considered, be one of the high coefficient proprietary disinfectants, such as kerol, cyllin, M.O.H. fluid, Cook's cofectant, and izal, which were all known to have a rapid lethal action on the tubercle bacillus, and to be more effective, cheaper, and less poisonous than carbolic. In towns the sputum, after proper disinfection, could safely be discharged into the drainage system, in country districts it should be buried deeply in the garden or burned, if not too large in quantity. The full text of the paper is, we understand, about to be published in the *Medical Officer*.