

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### PERSISTENT ASPHYXIA NEONATORUM: OPENING OF SKULL WITH TEMPORARY IMPROVEMENT

I WAS recently called to assist some nurses at a confinement case. The head was caught at the outlet. I applied forceps, and delivered the child quite easily. The cord was beating strongly, but the child could not be got to breathe. Artificial respiration according to Sylvester's method was tried without success. I then placed a towel over the child's face and inflated the lungs by the face-to-face method. This succeeded, and was kept up by one of the nurses and myself for fully an hour and a half; whenever it was stopped the child's colour became bad and the pulse weak. As the child was gradually becoming weaker I decided as a last resort to open the skull. An osteoplastic flap was turned down in the right parietal region. Within a minute of my doing so the child for the first time gave a spontaneous gasp. I hoped it was going to come round, but it only gasped three or four times a minute. Artificial respiration was continued for about another hour and then given up. The child was quite pulseless but it continued to breathe at long intervals, and lived for six hours after the opening of the skull. A *post-mortem* examination was unfortunately not obtained. The procedure is mentioned in Jardine's *Clinical Obstetrics*. It certainly seems worthy of a trial as a last resort in persistent cases.

P. HAMILTON ROBERTSON, M.B.,  
Assistant to Regius Professor of Surgery,  
Glasgow University.

#### IODINE IN ERYTHEMA IRIS.

ERYTHEMA iris is a self-limited disease, but its unsightly appearance makes one desire to limit it voluntarily. Quinine and sodium salicylate fail more often than they succeed, and external treatment is often only palliative. A severe case of typical appearance which had failed to respond to the usual treatment led me to experiment.

Miss M. O., aged 21, a university student, had her first attack in the early summer of 1911. The spots appeared with a crop of mosquito bites, and were first looked upon as the result of the mosquito poison. There were two or three on the hands. These disappeared in a month, but nine months later, in June of 1912, when run down from study, a second attack occurred, which lasted until August. Some thirty spots appeared in successive crops on her hands and forearms. She also had spots in her mouth. In the spring of 1913 a third attack occurred, which ran a regular course, lasting two months; and in the fall another attack followed, lasting until January.

It was during this last attack that tincture of iodine was used with apparent excellent results. Thinking, however, that the results might be a coincidence, it was decided to await another attack. The opportunity came in March. The spots were treated in all stages from the papular to the vesicular. The spot painted invariably disappeared in the course of two or three days. A ring painted around the spots in the earlier stages caused them to cease growing and dry up.

The attacks in this case occurred when the patient was run down from excessive study. The hands, forearms, and mucous membrane of the mouth were the only parts affected.

Saskatoon.

T. W. WALKER, M.B.

#### HELIO THERAPY.

AFTER reading the interesting page headed "A Place in the Sun," appearing in the *JOURNAL* of January 24th, p. 210, I thought it worth while to report a similar result obtained here about a year ago. I was acting as locum-tenent in a district where a large proportion of the population were Maoris, who are very susceptible to tuberculous diseases; they are very reluctant to submit to hospital treatment, being especially averse to any surgical interference.

The patient was an adolescent native, who, when first seen, showed signs of early phthisis. While under treatment for the mild pulmonary condition he developed tuberculous peritonitis, which progressed rapidly and necessitated his removal to a cottage hospital, where medical measures were adopted for a week or two, but with no improvement, for the abdominal swelling attained a huge size. The lad's relatives would not hear of tapping, laparotomy, or his removal to a city hospital, so he was "taken home to die."

Shortly after this I had occasion to visit the Maori settlement, and, seeing this young man again, I persuaded him to undergo the sun treatment, on the principle that strong light was inimical to tuberculous diseases (abdominal). The abdomen was bared to the sun's rays of summer for several hours each day, and within a few weeks all the ascites had disappeared and the abdominal condition had returned to normal. I saw the patient several times subsequently, and have known him to have ridden long journeys without being unduly fatigued. I am unable to give any further history *re* the lung trouble, as I left the district shortly after this satisfactory result of my experiment in heliotherapy.

Opotiki, New Zealand.

G. M. H. OSBORNE.

#### THE CLINICAL USES OF COLLOIDAL METALS.

THOUGH the administration of the colloidal metals has been practised for some ten years, the extent of their usefulness appears to be but partly appreciated. In a large number of conditions they have given very satisfactory results, and many different metals have been employed. In this brief note I shall merely indicate the effects of the few preparations with which I am personally familiar, excluding those of colloidal silver.

Colloidal copper was introduced as a cure for cancer, but quickly found its place as a valuable palliative. I have used electrocuprol in a case of inoperable cancer of the cervix uteri, injecting 5 c.cm. daily into the muscles of each buttock on alternate days. After the fourth injection, the pain, which had previously been insufficiently relieved by *xxxviii* of liquor morphine daily, ceased, and ten days later all vaginal discharge stopped. There was no shivering or cyanosis after the injections until the twentieth, when the patient had one mild rigor. Her nutrition and colour greatly improved.

Colloidal selenium has a similar field. The preparation I used was erythroselenium beta, the patient being a woman who had undergone colostomy in February, 1912, for malignant growth of the bowel. When she came under my notice (September, 1913) there was a fungating mass surrounding the faecal fistula. Injections of 5 c.cm. were given subcutaneously on each side of the fistula daily, the first injection consisting of 2 c.cm. in an attempt to avoid reaction. No shivering appeared until after the fourth injection, and after the sixth pain vanished. She developed a ravenous appetite and stated that she preferred these injections to those of morphine, for which she had previously clamoured. The secondary deposit became much cleaner and its surface smooth instead of ulcerated.

Neither the copper nor the selenium appeared to lose its efficacy as time went on, though Loeb has found that copper does not relieve after the sixteenth injection.

Colloidal mercury is advocated for syphilis. I injected 5 c.cm. just outside the margin of a syphilitic ulcer of the leg in one case. Healing took place rapidly; in fact, the rapidity was so extreme that one hesitated to attribute it entirely to the power of the injection.

Colloidal iodine I have given, in capsules containing 2 minims, to six cases of pulmonary tuberculosis. In three advanced cases the condition became worse during the administration, in a fourth I could find no effect whatever. A fifth advanced case seemed to improve; the temperature dropped and remained about 99°, the voice became clearer, and the appetite improved. The sixth patient was very unmistakably improved in every respect.

These observations are admittedly scanty as well as incomplete, but I desire to put them on record that others may have the opportunity of testing them. So far as malignant disease is concerned, I am convinced that colloidal copper or selenium is a very useful aid in the treatment of the most distressing cases.

Isleworth Infirmary, Middlesex.

JAMES RAE, M.A., M.D.

at Charing Cross Hospital; he took great interest in the administration of the school and hospital. When occasion arose he was firm in his support of what he knew to be just and right in regard to the filling of appointments or redressing of wrongs. Dr. Abercrombie was a most cultured man, interested in the arts and music, of which he was a good judge and critic. In his beautiful home near Brough, where he spent the latter years of his life, he delighted to entertain his old friends and colleagues; and those who have enjoyed this privilege will always remember him as "Honest John" on account of his high ideals and honourable character. What higher tribute could a man have had?

DR. ALFRED EDGAR WIGG of South Australia died in London on May 1st quite unexpectedly and very suddenly, and we venture to give expression to the deep regret of those who had the pleasure of his acquaintance in this country and of a very large number of friends in Australia. Only some three months have elapsed since Dr. Wigg retired from practice and started on a long visit to Europe. It was not his first visit, for though Australian born he received his professional education as a student of University College Hospital. He took the diplomas of M.R.C.S. and L.R.C.P. Lond., and the degree of M.D. Brux. in 1880; he returned shortly afterwards to South Australia, and living in Norward, near Adelaide, practised both in that locality and in the city itself. His special abilities lay in the direction of pediatrics, and as surgeon to the Children's Hospital in Adelaide he did very excellent work. He became connected with that institution very soon after his return to Australia, and continued to devote much time to its service until quite recently. A quiet-mannered, level-headed man, of marked ability, he habitually won the esteem of those with whom he was brought into contact, and very much more than the esteem of those who were other than mere acquaintances. The general body of the profession in Australia will feel his loss as well as his private friends, for he was a very old member of the South Australian Branch of the British Medical Association, and had rendered it most valuable service as auditor of its accounts, and in other capacities. Had he so willed, he might long ago have been president of the South Australian Branch, but his retiring disposition led him to decline that high office on the occasions that it was offered him. Dr. Wigg, who was in his 58th year at the time of his death, was married, and is survived by his wife and by two daughters, with all of whom much sympathy will be felt. The funeral service, which took place at Golder's Green Crematorium on May 5th, was attended by several medical friends from Adelaide and Sydney, some of whom were his fellow students at University College Hospital. Dr. William Chisholm was with him at the time of his death.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

#### Degrees.

The following degrees have been conferred:

M.D.—L. B. C. Trotter.  
M.B., B.C.—J. P. H. Davies.

#### Examinations.

The following candidates have been approved at the examination indicated:

SECOND M.B., PART II (*Pharmacology and General Pathology*).—J. C. Andrews, G. L. Attwater, S. L. Bhatia, A. L. Bodley, G. A. G. Bonser, E. D. Broster, M. Chadwick, G. D. Compston, E. V. de Souza, A. W. R. Don, E. Donaldson, J. R. Harris, A. G. Irving, L. W. Jones, J. B. Leather, F. G. Lescher, W. H. Marshall, C. G. T. Mosse, D. F. A. Neilson, J. H. Parry, C. F. Pedley, F. S. L. Piggott, J. S. Pooley, R. A. W. Procter, W. Raffle, C. M. Ryley, T. S. H. Schäfer, W. G. A. Schüddekopf, C. G. -churr, H. W. Scott, B. H. Swift, E. P. W. Wedd, H. A. Whyte-Venables, S. M. Wilcox, A. T. Woolward.

D.P.H. (*Both Parts*).—C. H. A. Alderton, \*J. H. Baldwin, H. W. Barnes, \*E. H. Black, D. S. Brough, \*Muriel C. Bywaters, \*J. Cairns, M. Carrasco, J. M. H. Conway, Lucy D. Cripps, G. da Silva, \*H. L. Grabham, W. C. Gunn, J. S. Hall, H. D. Khote, W. M. McKie, H. McLearn, \*M. Manson, F. O. N. Mell, J. Morison, J. C. Noronha, J. H. Peek, A. E. Rayner, W. B. Reid, E. H. Shaw, J. J. Sinclair, \*E. C. A. Smith, N. W. Steinberg, A. M. Thomson, E. A. Walker.

\* Passed with distinction in one or more subjects.

### UNIVERSITY OF LONDON.

#### UNIVERSITY COLLEGE.

THE Page-May lectures will be delivered by Mr. Keith Lucas, M.A., Sc.D., F.R.S., on Fridays, at 5 p.m., beginning on May 15th. They will deal with the conduction of the nervous impulse, and are open without fee to all internal students of the university and to such other persons who apply to the Secretary, University College, Gower Street, W.C.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

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

#### Admission of Members.

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

Richard Robins Armstrong, M.B. Camb., L.R.C.P., George Ernest Beaumont, M.B. Oxf., L.R.C.P., Harold Black, M.B. Queen's Univ., Belfast (Birmingham), Arthur Neville Cox, M.D. Lond. (Brighton), Trevor Braby Heaton, M.B. Oxf., Geoffrey Hoffmann, M.B. Camb., L.R.C.P., William James O'Donovan, M.D. Lond., L.R.C.P., Frederick Paine, L.R.C.P. (Woodford Bridge, Essex), John George Porter Phillips, M.D. Lond., L.R.C.P., Arthur John Scott Pinchin, M.D. Lond., L.R.C.P., Thomas Henry Gostwyck Shore, M.B. Camb., L.R.C.P., Atul Krishna Sinha, M.B. Cal., L.R.C.P., Kenneth Douglas Wilkinson, M.D. Birm. (Birmingham).

#### Licences Granted.

Licences to practise physic were granted to 105 gentlemen who had passed the necessary examinations.

#### Election of Fellows.

The following Members were elected Fellows of the College:

Cuthbert Henry Jones Lockyer, M.D. Lond.; William Mitchell Stevens, M.D. Lond. (Cardiff); Arthur Stanley Barnes, M.D. Lond. (Birmingham); James George Taylor, M.D. Camb. (Chester); Dudley William Carmalt-Jones, M.D. Oxf.; Samuel Alexander Kinnier Wilson, M.D. Edin.; Hector Charles Cameron, M.D. Camb.; John Foster Gaskell, M.B. Camb. (Cambridge); Gordon Morgan Holmes, M.D. Dub.; Robert McCarrison, M.D. Roy. Univ. Irel. (Bombay); Frederick Gowland Hopkins, M.B. Lond. (Cambridge); Sir Alfred Henry Keogh, M.D. Queen's Univ. Irel.

Sir William Borg Leishman, M.B. Glasg., F.R.S., was also elected a Fellow under By-law LXXI (b), which authorizes the Council to nominate registered medical practitioners who, not being members of the College, have in its opinion distinguished themselves in any branch of the science of practice of medicine.

#### Communications.

The following communication was received: From the secretary of the Charity Commission informing the college that the commissioners have at present under consideration proposals for a scheme of consolidating the British Lying-in Hospital, Endell Street, and the Home for Mothers and Babies, Woolwich, and constituting a managing committee for the administration of the "Maternity Hospital and School for the Higher Training of Midwives," to the establishment and maintenance of which at Woolwich it is desired that the funds of the consolidated charities should be made applicable. The commissioners inquired whether the college would be prepared to nominate a representative on the managing committee. It was resolved to consent to the proposition.

## Public Health

AND

## POOR LAW MEDICAL SERVICES.

### DROITWICH UNION INADEQUATE SALARIES.

THE difficulty between the Droitwich Board of Guardians and the local medical men with regard to the appointment of a medical officer for the Droitwich district was again brought up at the last meeting of the board, when a letter was read declining to insert an advertisement for the post in the **BRITISH MEDICAL JOURNAL**. The board decided originally to offer £90 for the post, but a letter was received from Dr. Foulds, on behalf of the local doctors, giving reasons stating why none of them would accept the position. He said the salary, together with the reduced fees for vaccination and midwifery cases, would not bring the total emoluments to more than £110 per year, as compared with £150 (£120 permanent and £30 fees) paid to the late medical officer. Thereupon the board offered £100, but Dr. Foulds had stated that the medical men regard the salary of £100 as inadequate. The Rev. Blackwood Price, in moving to rescind the resolution offering £100, said that it was impossible to go on without a medical officer, and evidently the guardians would not get one from the district or from outside at that salary. In reply to a question by a member, the Chairman, Sir Harry Vernon, said that they had to pay a salary to be approved by the Local Government Board. The resolution was lost by 8 votes to 3. Mr. Evans proposed that the Clerk should put the whole matter before the Local Government Board, asking for information and instruction as to what they ought to do. The resolution was carried, and it was decided to ask Dr. Cuthbertson, acting medical officer, to continue his services until June 21st.

## GUARDIANS AND DOCTORS.

*The Dispute at Burnley.*

FOR more than fifteen months there has been a deadlock between the local profession and the guardians of the Burnley Union. In previous issues of the JOURNAL have appeared articles dealing with this dispute, which began in 1912 with the resignation of all the district medical officers of the union. The guardians then divided the whole area into fifteen districts and advertised for candidates. Owing to the opposition of the profession only three applied, and eventually these three were appointed to attempt to carry out all the outdoor or medical work of the union. In 1913 the Local Government Board came upon the scene, and an endeavour was made to bring about a compromise by a conference between representatives of the local profession and the guardians, one of the Local Government Board inspectors presiding as chairman. There were several sittings of this conference, and it is possible that success might have been attained if the guardians had been willing to dispense with the services of the three practitioners who had accepted office against the wishes of the local profession. The representatives of the latter refused to budge in this matter, and it proved impossible to come to any satisfactory agreement. The guardians are apparently willing to reappoint all the old officers with a slightly increased salary, taking into consideration the diminution in the work in some instances, through new districts being formed out of the old for the existing medical officers. This is probably a concession on the part of the guardians, compared with what they were originally prepared to do. It is an increase from £365 in 1911 to £505 in 1914 in the total salaries of all the district medical officers in the union. But the pecuniary benefit to the old officers is largely neutralized by the fact that three outsiders are brought in to share with them. It must further be pointed out that even with the above concession the Burnley Union is far from being brought into line with the adjoining Blackburn Union. The latter, with an area of 45,853 acres and a population of 235,834, pays to its district medical officers £760 per annum, and the acreage of the Burnley Union is much larger and its population very little more. Dr. Bird accuses the Burnley Guardians of being "dominated by a spirit of hostility to their district medical officers," and so far as the earlier action of the guardians is concerned, he has abundant evidence to prove his charge. But considering the later phase of the dispute, it must be recognized that the guardians have shown some signs of an honest desire to come to terms. We do not say that their terms are generous or liberal by any means, but it must be admitted that the guardians are in a difficult position when required to dismiss men who had come to them when they were in difficulties. It might be better if the local profession were to waive the point as to the dismissal of the present medical officers, and to insist rather on securing for their nine districts the whole of the £505 now offered by the guardians, leaving it to the latter to provide additional salaries for the men whose services they desire to retain. The Burnley Union would then be paying no more for its outdoor medical work than is now being paid by the Blackburn Union.

The members of the profession in Burnley have shown an admirable union, have fought a strenuous fight, and are to be congratulated on their courage and determination. But though their demands may be just and reasonable, it may be impossible to get them all at the present time. As the difficulty at Burnley is of a serious nature and likely gravely to embarrass the public, it is highly desirable that some compromise should be brought about. Half a victory is better than defeat, and it might be wise to accept for the time any terms which would put the old medical officers at least in a distinctly better position than before the dispute arose.

**Medical News.**

DR. JAMIESON B. HURRY and Mrs. Hurry have presented a gymnasium to University College, Reading.

THE annual dinner in London of the officers of the Indian Medical Service will be held at the Hotel Cecil on Monday, June 8th. Further information can be obtained from Lieutenant-Colonel J. J. Pratt, I.M.S., 63, Addison Road, W.

THE Duke of Devonshire will take the chair at a meeting of the National Health Society at Grosvenor House on Tuesday, May 19th, at 3 p.m., when Lady Crichton-Browne will present the diplomas, medals, and certificates of the society.

OWING to the death of the Duke of Argyll, the ceremony of opening the Chelsea Tuberculin Dispensary is postponed until Friday, June 5th. H.R.H. Princess Christian of Schleswig-Holstein will perform the opening ceremony at noon. The dispensary will be open for inspection on Saturday, June 6th, from 2 to 6 p.m.

THE annual dinner of the Electro-Therapeutic Section of the Royal Society of Medicine is to be held at the Restaurant Jules, 86, Jermyn Street, on Friday, May 15th. Mr. Thurstan Holland, President, in the chair. Application for tickets should be addressed to Mr. S. Gilbert Scott, 6, Bentinck Street, W.

A COURSE of lectures on tuberculosis from the medical and surgical points of view will be given at the London Hospital Medical College during the summer session, beginning on Monday next. Particulars will be found in our advertisement columns.

THE statute for establishing in the University of Oxford three Dr. Lee's professorships in anatomy, chemistry, and experimental philosophy, in place of readerships, was approved by congregation on May 5th. Some particulars of the scheme were published in the JOURNAL recently.

AMONG those upon whom the honorary degree of LL.D. of the University of Glasgow will shortly be conferred is Sir William B. Leishman, F.R.S., expert on tropical diseases on the Army Medical Advisory Board, and formerly Professor of Pathology in the Royal Army Medical College.

THE annual oration before the Medical Society of London will be delivered by Mr. Robert Jones, of Liverpool, on Monday evening, May 18th. A reception will be held by the President at 8.30 p.m. The oration will be given at 9 p.m., and subsequently the Fothergillian Medal will be presented to Professor J. George Adami, M.D., F.R.S., of Montreal. The evening will conclude with a conversation.

AT the quarterly general meeting of the Medico-Psychological Association of Great Britain and Ireland, to be held at 11, Chandos Street, W., on Tuesday, May 19th, after the transaction of formal business, Dr. Helen Boyle will read a paper on early nervous and mental cases, with suggestions for improvement in the methods of dealing with them.

A SESSIONAL meeting of the Royal Sanitary Institute will be opened at St. Helens on Friday, May 22nd, when Dr. Joseph Cates, M.O.H. St. Helens, will introduce a discussion on the hygiene of the preparation, storage, and distribution of food. On the following day visits will be paid to the works of the United Alkali Company, to Eccleston Hall Sanatorium, the tuberculosis dispensary and the school clinic, as well as to the water softening works, the public abattoir, and an ice-cream factory.

A COURSE of lectures on medical hydrology will be delivered at the Post-Graduate Medical College and Polyclinic, Chancery Street, London, W.C., next week, by Dr. Fortescue Fox. The first (May 11th) will deal with the principles of hydrotherapy, the second (May 12th) with bathing procedures, the third (May 13th) with medicinal springs and baths and the choice of health resorts, and the fourth (May 14th) with indications for hydrological treatment. The lectures will be given at 5.15 p.m. on each day.

THE annual meeting of the Invalid Children's Aid Association will be held, by kind permission of Lord and Lady Howard de Walden, at Scaford House, 37, Belgrave Square, S.W., on Tuesday, May 19th, at 3 p.m. Field-Marshal Lord Methuen will preside, and the Bishop of London, the President of the Royal College of Physicians, Sir George Alexander, and Miss Beeton will be among the speakers. Tickets can be obtained from the Secretary, 69, Denison House, Vauxhall Bridge Road, Westminster, S.W.

THE Committee of Livingstone College has appointed Dr. Loftus E. Wigram to succeed Dr. Charles F. Harford as Principal of Livingstone College when the latter resigns his post at the end of July. Dr. Wigram, who is the youngest son of the late Prebendary Wigram, formerly honorary secretary of the Church Missionary Society, is a graduate in medicine and arts of the University of Cambridge, and was formerly a medical missionary at Peshawar, on the North-West Frontier of India, under the Church Missionary Society. He has been for five years on the staff of Livingstone College, first as resident tutor and then as vice-principal.

MR. HARCOURT, Secretary of State for the Colonies, will unveil a tablet commemorating the work of Mr. Joseph Chamberlain and Mr. Austen Chamberlain in connexion with the London School of Tropical Medicine, at the Albert Dock Hospital, to which the school is attached, on Tuesday, June 23rd, at 4 p.m. To Mr. Joseph Chamberlain, acting under the inspiration of Sir Patrick Manson, the foundation of the school is due, and Mr. Austen Chamberlain has taken a leading part in the movement for its endowment. The greater part of the fund, which amounts to £73,400, has been placed in investments that will yield a permanent income, while the remainder has been spent on the new buildings. A certain sum has been set aside for the endowment of "tropical beds," that is, beds reserved for the treatment of patients of limited means sent home from the tropics. The school will be in session at the time of the unveiling ceremony, and the occasion will afford an excellent opportunity to those interested to see the work both of the hospital and the school as it goes on from day to day.

THE Historical Medical Museum, which was founded by Mr. H. S. Wellcome last year in connexion with the Seventeenth International Congress of Medicine, will be reopened on May 23rd as a permanent institution in London. It will be known in future as the Wellcome Historical Medical Museum, and will be open daily from 10 a.m. to 6 p.m., closing at 1 p.m. on Saturday. The entrance is at 54A, Wigmore Street, Cavendish Square, W. Members of the medical and kindred professions will be admitted on presenting their visiting cards. Since it was closed last October the museum, which is international in character, has been considerably augmented and entirely rearranged. Many objects of interest and importance have been added to the collections, which it is hoped will increase the usefulness of the museum to those interested in the history of medicine.

WE note that a settlement still has to be reached in regard to the questions at issue between the medical profession at Blackpool and the governing body of the Victoria Hospital in that town. This is a matter for deep regret, for it is impossible to believe that the interests of the classes from which the institution draws its patients are not suffering from the failure of the ruling spirits among the governors to rise to the situation that they have created for themselves. Their lack of tact in dealing with the professional members of the staff became early apparent, and from correspondence in local papers it would seem that even from the standpoint of ordinary business men their administration of the affairs of the hospital is open to just criticism. As for medical opinion in the neighbourhood of Blackpool, this is so solid that it seems inevitable that the board of the hospital will eventually have to give way, and this being the case the sooner it does so the better. The public is likely to resent certain disclosures that have recently been made, and the longer the controversy continues the more the hospital must suffer. Apart from co-operation of individual medical men being essential to fulfilment of the institution's aims, the governors, if they went the right way to work, could turn every medical man in the town into an active advocate of its claims on public support. We understand that the Blackpool Corporation has selected to act as mediators to meet members of the profession three ex-mayors of the borough.

THE spring meeting of the South-Eastern Division of the Medico-Psychological Association was held at Chiswick House on April 30th, the President, Dr. James Chambers, in the chair. The meeting elected Drs. Edwyn Beresford, Brander, Steen, and Seymour Tuke to be representatives for 1914-15 on the General Council of the Association. Dr. Tuke read a communication giving interesting records of clinical observations at Chiswick House since the transfer thereto in 1893 of the licence granted in 1846 to the late Dr. Harrington Tuke. He gave a summary of the impressions made on his own mind during this period of twenty-one years after a general review of modern methods of dealing with the insane. He considered the results disappointing. Some seventy years ago a great step in advance was made when Dr. Conolly and others succeeded in convincing the public that insanity was a physical disease. Then came a period of eagerness on the part of pathologists to attain accurate knowledge of the morbid changes produced by the disease. As a result there had been a steadily increasing number of observations made in the post-mortem room and with the microscope. He gave several reasons why in his view successful treatment of insanity had not made a greater advance. Foremost among these he placed the increasing selfishness of the age, and the greater frequency with which the word "uncertifiable" was used in reference to cases which undoubtedly had passed the "border-line." There was also an increasing dilatoriness in signing medical certificates, although there might be no doubt as to the case being one that should be "under care and control." The prime object to be aimed at was the welfare of the patient. There might be some risk to the patient and to others in waiting for the results of laboratory examinations. These adjuncts to means of diagnosis had an undoubted value, but the time they required would often be more profitably employed in adopting therapeutic measures of acknowledged value in the early stages of the disease. Good air, favourable surroundings, wisely regulated exercise free from unnecessary control—however well-intentioned—formed the sheet anchor of early treatment, and if not delayed too long might prevent the necessity for the use of drugs in which there was a tendency in these latter times to place too much dependence. A vote of thanks to Dr. Tuke, following a short discussion, in which Sir George Savage, Drs. Sergeant, Turner, Stewart, and others took part, brought the meeting to a conclusion.

## Letters, Notes, and Answers.

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

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

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

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 *Aitology, 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.

M.O.H. desires information as to the value of Webb's ventilating lamps for removing offensive gases from sewers; he would particularly value the results of personal experience.

A TUBERCULOSIS MEDICAL OFFICER, who is making a card index of notes and references on tuberculosis, asks for hints for a scheme of headings which will be moderately comprehensive, and will render it easy to find any particular entry.

### ANSWERS.

DR. W. E. HENDERSON (Kendal), writes: In reply to "L." that the condition may be due to incipient myxoedema, and considers the cautious use of thyroid extract indicated.

L. M. writes in reply to "H. D. J." that the disorder of taste sensation *plus* excessive salivation are important symptoms in chronic pancreatitis, and suggests that the urine should be carefully analysed at different periods during the day, and particularly after a heavy carbohydrate meal for the presence of sugar and also to test the glucose tolerance. A sample of faeces, preferably after a test diet, should be analysed to test efficiency of pancreatic digestion. He thinks that apart from the symptom mentioned it is likely that chronic pancreatitis is present seeing that there is a definite history of gall stone trouble.

F. N. states, in reply to "H. D. J.," that such symptoms might be due to irritation produced by new artificial teeth.

### ADRENALIN IN ASTHMA.

DR. E. ARTHUR DANDO, M.R.C.S. (Dudley), writes: I think Dr. Hertz is fortunate in obtaining almost instantaneous relief from his attacks of asthma with such small doses as 2 or 3 minims of a 1 in 1,000 solution of adrenalin chloride injected subcutaneously. Personally, I have always found it necessary to inject a sufficiently large dose to cause acceleration of the pulse before obtaining any prolonged relief; in my own case I do not get any benefit from a lower dose than 5 minims. The treatment of asthma is very unsatisfactory. I should like to know if the asthmatic attacks of Dr. Hertz are followed by bronchitis.

### LETTERS, NOTES, ETC.

#### A DISCLAIMER.

DR. EDWIN L. ASH (London) writes: The reference to the London Nerve Clinic contained in a letter in the early editions of the *Pall Mall Gazette* to-day (May 5th) has been published entirely without my knowledge or consent. On its being brought to my notice I have immediately made suitable protests to the writer of the letter, and endeavoured to prevent its further publication.

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