

females to 30 per cent. males. Thus as many non-tuberculosis women give positive results as tuberculous men.

The female liability to react supports the suggestion of delicacy of skin being a factor which cannot be ignored. I cannot agree with McNeil that a hard skin will explain some late reactions if the scarification was adequate; the abrasion should, of course, be regulated according to the quality of the skin. Bride regards the test as valuable in early pulmonary tuberculosis; the reverse is the attitude adopted by Roepke and Bandelier. Define obtained 50 per cent. of reactions in lupus; marked reactions in tuberculous skin lesions were obtained by Moro, Doganoff, Oppenheim, and Pfaundler. I had only one case of lupus which gave a good result. One would expect a skin already the site of tuberculous disease locally to react readily to inoculation with the same toxin. Kreibich and Bandler refer to severe reactions in skin lesions; they found 22 results out of 26 cases. Two out of my 3 cases of pleural effusion reacted; the failure exhibited definite signs of pulmonary tuberculosis. Impallomeni comments on good results obtained in osseous lesions, especially in cases cured or improving; he had the unique experience of never having seen a reaction in a case clinically free from the disease. Only about half of my osseous lesions responded. Curschmann notes 10 reactions out of 11 patients, the failure being in a cachectic case. Bandelier and Roepke note good results and severe reaction in surgical tuberculosis which my records do not bear out. They issue a warning that cases with tuberculous glands and simple effusion into a joint are apt to be misleading, as a good reaction may be obtained and tuberculous joint trouble as a consequence diagnosed. McNeil places reliance on the test in obscure traumatic joints. Among my series rheumatic cases gave good reactions; 8 out of 13 cases responded. Cases of chorea without exception failed. Among my cases cardiac lesions, plumbism, carcinoma, etc., gave results. Three syphilitic patients failed; these are of interest, as Favre and Nicholas claim as good results in such cases as in tuberculosis. Out of 12 cases of enteric fever 1 reacted. Von Pirquet affirms that enteric complicated with tuberculosis does not react. Any superimposed toxæmia, according to Holt, interferes with the reaction. In tuberculous peritonitis 3 out of my 5 cases failed. McNeil found good response in such lesions, but they proved unsatisfactory in the hands of Bandelier and Roepke, though Bride claims value for it in early diagnosis from enteric. Bandelier, Bride and Roepke report bad results in tuberculous meningitis. There is no doubt that the reaction is most marked in vigorous individuals, irrespective of the intensity of the infection, and no prognostic value can be applied to it. Early and late reactions have no significance, though Wolff-Eisner regards early reactions as indicative of an unfavourable termination, and delayed results as suggestive of healed or latent lesions. Some of my cases were tested with 25 per cent. solutions, but the results were very similar to those obtained with the undiluted tuberculin.

Conclusions.

From the preceding observations I have arrived at the following conclusions:

1. That the cutaneous reaction is of no prognostic or diagnostic value.
2. That results are more frequently obtained in women and children than in men.
3. That the older the individual the less likely is the reaction to be obtained; old-standing lesions, as distinguished from advanced cases, usually fail.
4. That cases of rheumatism give more positive results than tuberculous individuals.
5. That late and early reactions have no clinical significance.

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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE INTENSIVE METALLIC IODINE TREATMENT FOR CHRONIC ARTHRITIC AFFECTIONS.

Preliminary Note.

IODINE seems to be unique in combining relative harmlessness with a range of beneficent action, the extent of which had not been realized until the intensive method, for which it is well suited, had been successfully resorted to in phthisis and in tuberculosis by Boudreau and by Curle and Reeve, simultaneously with its universal adoption by surgeons as the best local antiseptic. It is to the iodine that the iodides owe their efficacy in pneumonia, in syphilis, in adenopathies, etc. They, too, are capable of intensive administration, as for instance in the special treatment of aortic aneurysm, which I instituted many years ago by long-continued heroic doses of potassium iodide, in association with the suppression of fluids in the dietary. But they lack some of its virtues; and they have toxic tendencies of their own (particularly potassium iodide) which depress the nervous system instead of stimulating it, that stimulation being a leading feature of iodine, and its only obvious effect upon the nervous structures and functions. For that reason, and for dread of their greater hydrating effect upon the mucous membrane, we have systematically shunned them in phthisis. Above all they lack its volatility, which explains so much.

Hitherto iodine had practically not been tried internally. Therefore, in spite of its extensive use as an inhalant, we had missed the greater opportunity of its continuous volatilization all the way down the alimentary tract, which seems to me to be the practical feature in Boudreau's "intensive iodine method" by means of the strong 10 per cent., iodide free, French tincture (the same as our Indian tincture). This I may now venture to identify more closely as the "metallic iodine method," as the iodine is almost entirely precipitated in the glass by the water or other beverages which have to be added to the dose. Whilst perusing the account, published only last January,¹ of his remarkably successful experience of ten years in phthisis and in tuberculosis, I concluded that it might apply at least equally well for my own ailment, as the iodides have been for so long, not shunned as in phthisis, but steadily trusted and prescribed in all arthritic affections—even for rheumatoid arthritis (which is the main objective of this note), although so like phthisis in its record of depression as a cause and a result. Not having been disappointed, I have no diffidence in inviting its wide trial in all of them, above all in the early rheumatoid stage, without needlessly delaying for many sufferers a probable benefit (allowing, of course, for exceptional idiosyncrasies) in the direction of a general or "hormonic" stimulation, whatever the arthritic advantage may ultimately amount to in individual cases.

Of upwards of three years' progress, my symptoms, which had been denied any thorough treatment beyond a long course of large doses of aspirin, or any rest, were those of a severe spastic coxalgia with marked vasomotor and blood pressure depression, and considerable muscular weakness, and eventual atrophy. Last September, at Dax, they had their first instalment of rest and of strenuous as well as effective treatment, under Dr. Delmas, whose diagnosis was early dry arthritis of the hip (although the x rays had recently given no structural evidence of it), and slightly too of the opposite shoulder. The winter brought back much of the trouble. Seven weeks ago, on reading Boudreau, I started a thorough course of his treatment, and I have now settled down, after taking more, to a daily total of 100 drops of the tincture, containing 10 grains of iodine, with no other treatment except, quite recently, a large morning dose of aspirin, which now seems to be more active, and to alleviate the symptoms slowest to yield and presumably nervous, those of recurring severe barometric reactions. The most rapid result was an initial and lasting constitutional rebound; and this has been followed by an arrest, as I hope, but at any rate by a steady improvement in all the coxalgic symptoms and in

¹ *Journ. de méd. de Bordeaux*, January 4th, 1914.

the atrophy. I am now able to run upstairs two stairs at a time, and sometimes even to span three stairs at a walk.

My only chronic rheumatoid case at present available for treatment is an old hospital patient of mine treated for ten years, but much crippled in the end. After five weeks of a milder and much more carefully graduated course, she is at last showing a definite though slow improvement, in the markedly increased mobility of her right shoulder, under exclusive iodine. After that history the improvement could only be slow, but it is the more significant.

WM. EWART, M.D.Cantab., F.R.C.P.,

Consulting Physician to St. George's Hospital and
the Belgrave Hospital for Children.
London, W.

DEGENERATIVE CHANGES IN OLD EMPYEMA, WITH NOTES OF A CASE.

ANCIENT collections of pus, it is known, may become encapsulated and comparatively harmless; fluid is absorbed, with inspissation of the débris of the previously active focal inflammation—sometimes a putty-like remainder is left; this may become harder and cretaceous, or it may become osseous in process of time.

In empyema thoracis particularly such changes are liable to follow long-continued suppuration, and in old cases extensive operations, after the manner of Estlander or Schedé, are required, with removal of the pleura, which may be thickened in condensed plates commonly made up of sheets of dense connective tissue, resulting from cicatricial changes in an extensively granulated area. Even the bones overlying become thickened by added increment on their inner sides, as described by Parise and Edington.¹ I have seen such cases, but none with changes so striking as in the following:

A male, aged 60, who had suffered from a chronic chest condition for six years, was seen with a view to operation for empyema, there being physical signs of that condition on the left side—wooden dullness on percussion, bulging of the intercostal spaces, a swinging temperature, a general septic look, and the report of pus obtained with some difficulty on aspiration of the pleural cavity. The left deltoid muscle was atrophied.

On September 20th, 1912, three ribs were resected with considerable difficulty, owing to their thickness, in correspondence with the observations above quoted. A dense calcified sheet was exposed underneath, and this had to be channelled through with care, till a landmark in the interior could be reached. Altogether the pleural wall was thickened by a cuirasse of one inch in section. When the cavity was laid bare a little pus was evacuated, but no lung was seen or felt, having been destroyed or almost completely retracted towards its root.

In the space now seen a veritable grotto was exposed, with nodular stony masses bounding its limits. A periosteal elevator when struck against its walls rang with a clear tinkle, and, most remarkable of all, the parietal pericardium was seen crusted with calcified deposit, which with each beat of the heart gave out a sound as of footsteps crunching on gravel, clearly heard round the operating table.

Reaction after operation was not good, the heart, which had been feeble before, did not respond, and the patient died on the third day.

This case recalls a famous specimen in Edinburgh² which appears at examination times. It consists of a rib, apparently removed *post mortem*, with a transverse crack externally, while attached to its internal surface is a large flat plaque of bony material. It would seem to have been a case of old empyema with calcification proceeding to ossification of the pleura.

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Edmonton Infirmary, N.

F.R.C.S., F.R.S.Edin.

¹ Edington, *Glasg. Med. Journ.*, May, 1905.

² Museum of the Royal College of Surgeons, Edinburgh.

THE Dental Institute of Zurich has been incorporated in the Medical Faculty of the University. This will make it possible for students of dentistry to obtain a doctor's degree in their special province of surgery. It is believed that the other universities of Switzerland will shortly follow suit and offer to dental students the chance of obtaining the title "Dr. med. dent."

Reports

ON MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

WALSALL AND DISTRICT HOSPITAL.

RESPIRATORY PARALYSIS OF SIX HOURS' DURATION.

(Reported by A. T. TODD, M.B.Edin., Assistant House-Surgeon.)

A STURDY, strong-looking boy, aged 9 years, was admitted on March 27th, at 8.30 p.m. He complained of pain in the belly and vomiting. He had been ill for three days, and twice before had suffered from illnesses of the same nature, but of less severity.

On admission the temperature was 101.5° F., pulse 134, respirations 29. The abdominal wall was of board-like rigidity, and did not move with respiration. Pain was present in the lower abdominal hemisphere; tenderness was present all over the abdomen, but was most marked in the right lower abdominal quadrant. He was slightly constipated, and had a short suppressed cough, which caused pain to shoot towards the region of the appendix.

A diagnosis of acute recurrent appendicitis with peritonitis was made, and operation was commenced at 9.30 p.m. The diagnosis was proved to be correct at the operation, and the child was removed to the ward at 10 p.m. Ether was used as the anaesthetic, after a preliminary hypodermic injection of morphinae sulph. gr. $\frac{1}{4}$, atropine sulph. gr. $\frac{1}{80}$. He was easily anaesthetized, and did not require much ether. During the operation his pulse-rate remained good, and breathing was quite good, but he became a little pale towards the termination.

After he had been in the ward five minutes a message came that he was blue, and breathing badly. I found him deeply cyanosed and cold; the apex beat could not be felt, the radial pulse had disappeared, but a flicker of pulsation was found in the carotids. I immediately instituted artificial respiration, and instructed a nurse to inject strychnine and brandy hypodermically. Though frequent short intermissions were made in the artificial respiration, the child made no effort to breathe naturally for fifty minutes, although the colour, body temperature, and pulse improved. At the end of an hour faint respirations, of Cheyne-Stokes nature, commenced; these rapidly improved until he breathed deeply and well, but after a few minutes cyanosis reappeared, the pulse-rate and pressure receded and the body temperature fell, until after twenty-five minutes the boy was, if anything, in worse case than at first.

About midnight artificial respiration was begun again, and for an hour had practically no effect. The child was cold, although plenty of hot bottles were placed round him, and artificial respiration was performed through blankets; the carotid pulse was just palpable, and he was deeply cyanosed. Liq. strychninae \mathfrak{m} iv, spt. vini gallici \mathfrak{m} xvi was administered, this time into the external jugulars, which became prominent upon each artificial expiration. Shortly after this 1 c.cm. pituitrin was injected intramuscularly, and artificial respiration was continued without intermission. At 2 a.m. the colour improved and he became warmer; the palatal and corneal reflexes, which had disappeared, returned, and the pulse wave took on a bounding character. At 2.45 a.m. he began to make slight efforts at natural respiration—feeble single inspirations—and at 3.10 a.m. he began to breathe without help. Respirations were faint at first, and of the Cheyne-Stokes type; but the intermissions soon disappeared. After fifteen minutes cyanosis again appeared; the pulse became so weak and irregular that it was thought advisable to begin artificial respiration for the third time. After twenty minutes of this he began again to breathe without help, but for an hour he required frequent short spells of artificial respiration, the last being at 4 a.m., when he was of good colour, was warm, was breathing deeply, and was beginning to regain consciousness.

It would be difficult to give the exact cause of the respiratory paralysis in this case; in all probability it was due to toxic absorption from the peritoneum, and the

as a new and important departure in medical literature. One of the distinctive features of the work was the method in which it was to be kept up to date, this method being fully described and illustrated in the various prospectuses which were issued to the profession, and which formed the basis of agreement between the publishers and the original subscribers.

The first volume appeared in 1899, and the last in 1903. About the year 1905, in the course of conversation with the publishers as to the issue of a supplementary volume which was then recognized as necessary, it appeared to me that the publishers were in favour of a modification of the agreement between them and the subscribers, and as I did not feel in sympathy with the change, and considered that the subscribers might look upon it unfavourably, as Dr. Martin has done, I ceased to be associated with the work.

In the course of the past few years several authors, who contributed to the original work, have commented to me adversely on the form which the new departure had taken, and I could only say that I fully shared their view. In view of the public disclaimer by Dr. Jellett with regard to articles purporting to be written by him in the 1914 edition now advertised, I feel it only right to indicate what my own position in the matter has been.—I am, etc.,

Edinburgh, May 10th.

CHALMERS WATSON.

SIR,—Dr. Jellett's letter in your issue of May 9th has been written under a misapprehension, and had he communicated with us direct we could easily have satisfied him on this point.

There has been no new edition of the *Encyclopaedia Medica* since he wrote his articles, and with regard to the proposed new edition the prospectus clearly states that "So far as possible the original authors will revise their contributions," and that a list of some of the authors of articles is enclosed.

I personally wrote the prospectus, and in saying what I did, meant to convey the idea that every author of an article which appeared in the first edition would be asked to revise, or, if necessary, entirely rewrite his contribution, subject, of course, to any slight alterations in the grouping of articles which the editors might think necessary. In any case, this could not have affected the articles which Dr. Jellett kindly contributed, and which he would have been asked completely to revise. Had he found it inconvenient to do this, some other authority would have been asked to write an entirely new article. As one of the contributors to the original edition, however, his name was included in the list referred to.

I can only express my regret that there should have been any ambiguity in the way the matter was put, and in future prospectuses shall see that the point is put quite clearly. The present one, however, is already printed off.

With regard to Dr. Martin's letter about the supplements: In proposing to bring out a new edition altogether, we felt that we were following the wisest course in view of the reception which the first supplement got, and looking to the fact that nothing definite had been said regarding their number or time of publication. Only one or two of the original subscribers have referred to the matter of the supplements at all, and the curious fact is that the strongest letter which we have received was from a subscriber who had actually forgotten that when the supplement was published he sent it back with an almost equally indignant letter.—I am, etc.,

Edinburgh, May 11th.

C. E. GREEN.

DEATHS AFTER SALVARSAN.

WITH regard to the word *Hirnschwellung* used by Professor Ehrlich in his letter published last week, as to the translation of which some doubt was felt, Professor Ehrlich has been good enough to inform us that he used the term as identical with encephalitis haemorrhagica. The swelling is conditioned by the oedema which is produced by exudation from the damaged vessels.

In the translation of the extract from Meirowsky and Kretzmer's book on salvarsan appended to Professor Ehrlich's letter, p. 1045, there was an error. The first unfavourable influence mentioned by those authors is the defect in the purity of the water used for making the solution.

The Services.

TERRITORIAL FORCE.

ROYAL ARMY MEDICAL CORPS.

THE King has conferred the Territorial Decoration upon the following officers: Lieutenant-Colonel Thomas Stevenson, M.D., attached to the 2nd West Lancashire Field Ambulance; Major David M. Greig, M.D., attached to the 2nd Highland Brigade, Royal Field Artillery; Major Samuel Lodge, attached to the 6th Battalion, Prince of Wales's Own (West Yorkshire Regiment); Major Thomas Forrest, M.B., attached to the 7th Battalion, Cameronians (Scottish Rifles); and Major James D. Farquharson (unposted).

Medical News.

AN International Cremation Congress will be held at Malmo in Sweden on August 31st and September 1st, 1914.

THE summer term of lectures at the Brompton Hospital for Consumption and Diseases of the Chest will commence on Wednesday, May 20th, at 4 p.m., when Dr. Wall will give a demonstration of cases.

THE President of the French Republic has conferred the honour of Chevalier of the Legion of Honour on Dr. Simon Flexner, of the Rockefeller Institute, in recognition of his services to science.

THE annual meeting of the British Medical Temperance Association will be held on Monday, May 25th, at 5.30 p.m. (tea and coffee at 5.15 p.m.), at 124, Harley Street, W. The chair will be taken by the President, Professor G. Sims Woodhead, M.D., F.R.S.

THE American Museum of Safety has awarded Surgeon-General Gorgas a gold medal in recognition of his achievement in freeing the Panama Canal zone of the fever and pestilences which had previously made engineering work almost impossible.

AT a meeting of the Royal Statistical Society at the Surveyors' Institution, 12, Great George Street, S.W., on Tuesday next, at 5 p.m., Mr. Walter Hazell will read a paper containing suggestions for recording the life-history and family connexions of every individual.

HERR FRANK, a tailor of Vienna, has given £120,000 for the erection of a children's hospital. As there is already a fully equipped children's hospital in Vienna, the money will be applied to the provision of opportunities of pure air and good food for children discharged from the hospital convalescent.

SURGEON-GENERAL P. H. BENSON will preside at the annual dinner of the Indian Medical Service to be held at the Hotel Cecil on June 8th. Officers desirous of attending are requested to notify Lieutenant-Colonel J. J. Pratt, 63, Addison Road, Kensington, W., joint honorary secretary.

THE Board of Control has appointed Mr. Robert Welsh Branthwaite, M.D., Mr. Albert Edward Evans, M.B., and Mr. Samuel Ernest Gill, M.D., to be inspectors under the Board, the second named to fill the post of Welsh-speaking inspector.

THE International Urological Society will hold its third congress at Berlin in June (1st to 5th), under the presidency of Professor J. Israel. The subjects proposed for discussion are anaesthesia in urology, nephrectomy in disease of both kidneys, bacteriuria, and cancer of the prostate.

ALL the sections of the Royal Society of Medicine holding meetings next week will precede their ordinary business by elections of officers. The Section of Psychiatry will hold a special meeting for this purpose on Tuesday, at 5.30 p.m., and the Section of Anaesthetics at the same hour on Friday.

A DEPARTMENTAL Committee has been appointed by the President of the Local Government Board "to consider the present state of the law with regard to the pollution of the air by smoke and other noxious vapours, and its administration, and to advise what steps are desirable and practicable with a view to diminishing the evils still arising from such pollution."

THE annual general meeting of the Asylum Workers' Association will be held on Wednesday next at the house of the Medical Society, Chandos Street, W., when the chair will be taken at 3 p.m. by Sir John Jardine, K.C.I.E., M.P. The annual report will be submitted and medals for long and meritorious nursing service presented.

THE National Conference on Infant Mortality will be held at Liverpool on July 2nd and 3rd. Mr. Herbert Samuel, President of the Local Government Board, will

give the inaugural address. Among the subjects proposed for discussion are milk sterilization, ante-natal hygiene, the teaching of infant hygiene to the elder girls in elementary schools, the scope and functions of schools for mothers, and the special responsibilities of sanitary authorities in regard to infant welfare. A large number of local authorities and voluntary associations for infant welfare have already appointed delegates.

ON May 9th, at the Royal Academy of Music, the amateur orchestra organized by Dr. and Mrs. Dundas Grant, which numbers upwards of ninety members, twenty of whom are doctors, conveyed their thanks to their hostess, and presented to their conductor a floral tribute and a Japanese dwarf tree as a symbol of their appreciation. There are orchestras in Paris, Bordeaux, and Vienna wholly composed of members of the medical profession. All give occasional performances of high artistic merit.

It has been decided to hold the meeting of the Section of Surgery of the Royal Society of Medicine on Tuesday, June 9th, in Liverpool. The morning will be occupied in a visit, conducted by Mr. Robert Jones, to the Children's Hospital at Heswall, and in attending operations at the Royal Infirmary. In the afternoon there will be a demonstration at the Medical Institution of surgical cases, radiograms, and pathological specimens, followed by a series of short papers. Members are invited to luncheon and dinner at the Adelphi Hotel, and those proposing to be present are requested to notify the local secretary, Mr. R. C. Kelly.

THE *Morning Post* for April 25th publishes an interesting letter, signed "Junior," dealing with the present position of clinical research. The writer eloquently describes the disadvantages which confront the clinical research worker, and makes certain suggestions for reform. While we are in thorough sympathy with "Junior's" desire to multiply the existing facilities for research, his suggested means seem to us open to criticism. He writes: "If research is to have its chance, wards must be set apart for research at teaching hospitals or the research work must be conducted in distinct institutes." For reasons given at length in our columns recently, we hold that the segregation of research workers is an entirely vicious system, and we believe that all the evils which "Junior" deplors could be removed while retaining a close connexion between research work and ordinary teaching.

THE forty-sixth banquet of the French Hospital in London took place on May 9th at the Hotel Cecil. The French Ambassador was unfortunately unable to preside, and the chair was taken by M. de Fleurian, Councillor to the Embassy. There were present representatives from all the other embassies, also the Lord Mayor and the two sheriffs. The medical and surgical staff were fully represented. There were about 250 present, and subscriptions amounting to the large sum of £4,500 were announced. The French Hospital contains 75 beds, and there are 60 beds at the Convalescent Home at Brighton. Thirty of these, however, are for aged pensioners; the remaining 30 are for convalescents. The hospital in London is for all French-speaking people, but there are to be found in the wards patients of almost every nationality. Last year a very well-appointed new operating theatre was opened. This year a pathological laboratory has been added, so that the hospital is now up to date in every particular.

THE bill to amend and extend the Truck Acts introduced into Parliament last session proposed to enact that an employer shall not make any deduction from the wages of a workman or require any payment *inter alia* of "any subscription or payment to any hospital, or any other society, club, or benefit society, or for medical attendance." The British Hospitals Association, anticipating that the bill will be reintroduced during the present year, has presented a petition to the House of Commons against it. The petitioners represent that the system of allowing employers to deduct from their employees' wages small weekly contributions towards local hospitals, provident dispensaries, and other institutions for the relief of sickness, injuries, and infirmity, has been approved by the employees, and has worked satisfactorily. The total contributions from this source amount to large sums, and form an important item of the income of many institutions, so that the prohibition proposed in the bill would be a serious loss to the institutions as well as a discouragement of thrift.

THE President of the Local Government Board has appointed a Departmental Committee to consider the present condition of the blind in the United Kingdom, and the means available for their industrial or professional

training and their assistance, and to make recommendations. The members of the committee are: The Right Hon. W. Hayes Fisher, M.P., chairman; Mr. A. A. Allen, M.P.; Mr. H. W. T. Bowyear, Secretary to the Charity Commissioners; Mr. W. R. Davies, C.B., an Assistant Secretary of the Board of Education; Sir A. H. Downes, M.D., Senior Medical Inspector for Poor Law, Local Government Board; Mr. H. B. Grimsdale, M.B., F.R.C.S., Ophthalmic Surgeon to St. George's Hospital; Mr. R. S. Meiklejohn, C.B., Principal Clerk in the Treasury; Sir T. J. Stafford, C.B., F.R.C.S., Medical Commissioner of the Local Government Board in Ireland; Mr. T. Stoddart, Superintendent of the Royal Glasgow Asylum for the Blind; Mr. G. J. Wardle, M.P.; Mrs. Alice Westlake; and Mr. H. J. Wilson, Secretary to Gardner's Trust for the Blind, with Mr. R. B. Cross, of the Local Government Board, as secretary.

AT a meeting of the Eugenics Education Society, on May 7th, Dr. J. Cowper read a paper upon "Eugenics as the Basis of Hope," in the course of which he said that the science of eugenics could have no definite and lasting effects until the principles of heredity were more generally known. It had to be recognized that natural selection had practically ceased to operate, and for this reason the eugenic ideal had to serve as a guide to man. The ideal of the eugenists was a general improvement of type in place of a general falling away. Their aim was not to produce a superman excelling in some one direction, but a generally satisfactory type. While people appreciated the value of physical qualities, they did not realize that they had to be correlated with mental qualities. The less efficient were often fairly well developed physically, but lacked those mental qualities necessary to enable them to make use of them in a satisfactory manner. It was sometimes said that eugenics would never gain ground so long as it was believed that the free choice of the individual in the matter of marriage was threatened. He declared emphatically that eugenists had no wish to interfere with personal liberty. It was agreed by all that the ideal marriage was a marriage based upon affection, but affection should be based upon ideals, and the duty of the eugenist was to teach the public what these ideals should be. Once such ideals were generally accepted the race might be safely left to work out its own salvation. Major Darwin, who proposed a vote of thanks to the speaker, said that he agreed with Dr. Cowper in thinking that it was the development of the mental rather than the physical qualities of the race which now demanded attention. Hitherto their efforts for the most part had been directed towards physical improvement, but personally he felt more anxiety concerning the mental equipment of the nation.

A JOINT meeting of the Child Study Society and the Parents' National Education Union was held at the Royal Sanitary Institute on May 7th to discuss the question of education before school age. Miss Ellen A. Parish, who opened the debate, said that the child's education should be consistent throughout, and that from the first whatever the child learnt to do he should learn to do in the right way, so that when he left the nursery for the school it would only be the instrument, not the method, of education that was changed. The busiest mother could teach her child to be obedient, truthful, and unselfish. To neglect to teach children discipline was to deny them part of their birthright; if a child was once taught to obey he would be able to acquire by himself the difficult but necessary habit of self-control. Moreover, the formation of habits was the duty of the mother, not of the teacher. Dr. W. F. Sheppard, who said that he spoke from the point of view of the parent, expressed the opinion that the one thing of supreme importance in early childhood was the physical health. The mother had neither the time nor could she be expected to deal with her child from an educational standpoint, for she was not only a mother but a wife, and had other and equally important duties to claim her attention. The influences brought to bear upon children in the home were mainly influences of repression; they had to learn to accommodate themselves to their environment. It was not known how far the influence of a child's early education was permanent; and he had come to the conclusion that the less done towards the development of the intellectual powers in early childhood the better it was for the child. The checking or stimulation of his activity might prove definitely harmful even though at the time it might appear necessary or advisable, for the vital energy which was thus turned back upon itself might possibly do serious injury. The child's general health and activity might be taken as the safest and most reliable guide for his education during the years which preceded the commencement of his school career.

from the effects of an accident. The death of this son was the severest blow of all to Dr. Cribbes, and he never seemed to get over it. It cast a cloud over his life from which he was unable to emerge. He was a staunch Conservative in politics. He was buried in Larbert churchyard in the presence of a large concourse of his friends.

SURGEON-MAJOR JAMES REID, Bengal Medical Service (retired), died in a nursing home at Glasgow on April 25th, 1914. He was born on July 26th, 1844, and educated at Glasgow University, where he qualified as M.B. and C.M. in 1868. He entered the Indian Medical Service as assistant surgeon on April 1st, 1870; became surgeon on July 1st, 1873; and surgeon-major on April 1st, 1882, retiring on April 7th, 1894. The Army List does not credit him with any war service. After serving for some years as senior medical officer of the Andaman Islands, he was, in April, 1884, appointed medical storekeeper in Calcutta, a post which he held till he retired. In September, 1900, he succeeded the late Lieutenant-Colonel C. J. H. Warden as Examiner of Medical Stores to the India Office, and held that appointment for eleven years, resigning it in September, 1911.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Ernst Börner, extraordinary professor of obstetrics in the University of Graz; Dr. Joseph Decatur Bryant, professor of the principles and practice of surgery and operative and clinical surgery in united University and Bellevue Hospital Medical College, New York, President of the New York Academy of Medicine in 1895, and of the American Medical Association 1907-8, author of a well-known treatise on operative surgery, and senior editor of *Bryant and Buck's American System of Surgery*, aged 69; Dr. Dubuisson, member of the French Chamber of Deputies for the Finistère; Dr. Egbert Le Fèvre, Dean of the New York University and Bellevue Hospital Medical College, professor of therapeutics and clinical medicine since the union of the Colleges, and author of a work entitled *Physical Diagnosis*, aged 56; Dr. Kambouroglou, physician to the hospitals of Constantinople; and Dr. Langlais, Mayor of Pontivy, and formerly a member of the French Chamber of Deputies, aged 67.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—E. G. Fearnside.
M.B., B.C.—M. J. Petty, R. Sherman.
M.B.—R. S. Marshhead.

UNIVERSITY OF EDINBURGH.

General Council.

THE statutory meeting of the General Council of the University of Edinburgh was held on May 6th in the University, Principal Sir William Turner presiding. The Finance Committee reported a small decrease in the total number of matriculated students, the falling off in art students having continued. There were 1,319 students of medicine for 1913-14 as against 1,326 for 1911-12. With regard to the working of the Carnegie Trust for the Universities of Scotland, reference was made to the gratifying reports received upon the results of the Research Scheme during its second quinquennial period, and other matters dealt with in the JOURNAL for September 6th, 1913 (pp. 598-600), were touched upon. It was resolved, on the motion of Mr. J. B. Clarke, M.A., seconded by Principal Laurie, to accept the invitation of the Aberdeen General Council to take part in a conference of representatives of the four general councils on the question of the propriety of the Carnegie Trust paying part fees to all applicants irrespective of their necessities. Principal Laurie thought that if the funds were short it would be better for the Carnegie Trust to pay the whole of the fees of the really deserving students than to pay half the fees of a larger number. It was decided, however, that the representatives to the conference should not have power to commit the Council to any definite line of action. The other matters discussed had no special medical bearing.

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.

AN EXPATRIATED MEMBER writes: Can any member recommend a phrase-book giving conversation on medical subjects in French and English? There are two or three such manuals of medical conversation in German and English. Also can any member recommend a similar manual in Italian and English, or, failing this, a dictionary of English and Italian medical terms?

W. H. H. (Bradford) asks for suggestions as to the treatment and prognosis of the following case; the patient refuses operation: Male, 63. Two years' history of "indigestion," flatulence, and distension, with considerable free intervals; no biliary colic; no calculi passed; six weeks ago sudden onset of jaundice after a long walk; very little pain; no tenderness; no palpable tumour; gall bladder not dilated; no bile in stools; some wasting. Podophyllin, salines, calomel, and bismuth salicylate have been tried.

DAMP HOUSES.

OMEGA.—It is obviously impossible to say in precise terms exactly what degree of dampness in a house may be looked upon as prejudicial to health, as so many factors have to be taken into consideration, such as the aspect of the house and the amount of air space which surrounds it. Evidences of dampness include the falling off of paper from the inside walls, mouldy conditions, the rusting of steel articles, and the readings of a wet and dry bulb thermometer.

INCOME TAX.

N. S. T. has recently been appointed medical officer of health and public vaccinator, and inquires as to the nature of the disadvantages attaching to the separate assessment of fees from such appointments.

* * The disadvantages are, briefly, the complication caused by the preparation of separate statements of receipt and expenditure for each appointment and separate payment of the tax—not infrequently to different collectors; the danger that if the declaration of total income is not made for each return some of the assessments may be made at the higher rate of duty, involving a certain amount of correspondence at least before the matter is adjusted; and the risk that sooner or later one or more of the separate assessments may be overlooked when the general return or assessment is made, and thus give rise to a double charge on the fees. The authorities are entitled in strictness to assess these fees separately, but there appears to be a disposition to admit the reasonableness of the other method of assessment. We should advise our correspondent to endeavour to ascertain from the clerk or from the surveyor of taxes the amount of the corresponding fees for the three previous years, and to base his return for Schedule D on the full average receipts of the practice *plus* the previous year's fees. As regards the form received by him for Schedule E, he should then return it with an intimation to the effect that his Schedule D return includes the average fees from the appointments held by him.

H. D. G. has been employed until recently as an assistant on the terms that his principal should pay him £122 per annum and defray the cost (£78) of his board and lodging. He inquires whether his income tax return should have been £122 or £200, and whether in his return for the current year he may deduct the cost of a motor car which he has purchased on entering into partnership with another practitioner.

* * *Board and Lodging.*—In the leading case of Tennant and Smith the House of Lords laid down the broad principle that