

and tracings were taken every two minutes for an hour. The first effect of the atropine appeared to be a slowing of the auricular rate, which fell from 72 to 64 (as measured in the tracings), and the ventricular missings were very frequent.

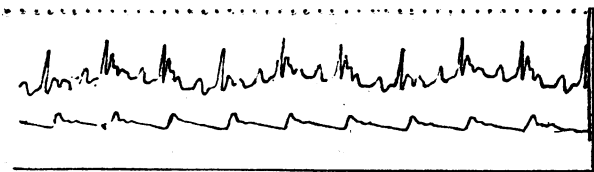


FIG. 4.—After fourteen minutes.

Tracing 3 shows the state of things twelve minutes after the administration of the drug. But at fourteen minutes, the auricular rate being only 60, the heart had become quite regular, although the *a-c* interval still remained much too long (Tracing 4). At twenty minutes the pulse was 68 and quite regular and the *a-c* interval was shortening, and at thirty minutes after the giving of the atropine, as seen in Tracing 5,

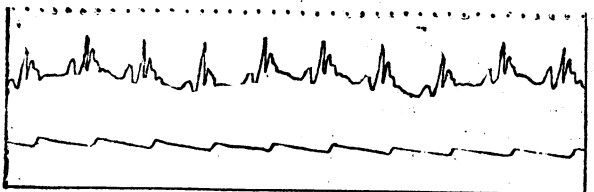


FIG. 5.—Thirty minutes after atropine.

the pulse was regular (76) and the *a-c* interval of quite normal length. The pulse was then taken by the sister for another three hours, and was always regular, and ran as follows:

12.50 p.m. ...	72	2 p.m. ...	72
1 " " " "	72	2.10 " " "	72
1.10 " " "	74	2.20 " " "	70
1.20 " " "	76	2.30 " " "	72
1.30 " " "	72	3 " " "	76
1.40 " " "	74	4 " " "	76

The general condition became rapidly worse, and he soon developed oedema and ascites. The pulse, however, remained absolutely regular. He was very anxious to get to England, so was permitted to travel there, as the outlook in any case seemed bad.

This case was, of course, not one of simple catarrhal jaundice, but was probably one of organic disease (probably malignant) of the liver. I have no evidence that the condition of heart-block did not exist before the jaundice, except that the patient assured us that he was very fit and quite up to all his work as an officer at the front. The fact that the block was partially relieved by gentle exercise and completely and, as far as we were able to watch the case, permanently, by a single dose of atropine, would all point to the probability of the delay in transmission of stimuli through the auriculo-ventricular bundle being due rather to vagal origin than to any organic disease there. The patient had not been taking digitalis for days before the tracings were taken.

REFERENCE.

¹BRITISH MEDICAL JOURNAL, January 22nd, 1916, p. 123.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

BRADYCARDIA ASSOCIATED WITH JAUNDICE.

DR. WINDLE's paper on the heart's action in jaundice, in the JOURNAL of January 22nd, 1916, prompts me to put on record the following case:

A male, aged 17, came to see me on September 7th, 1914, suffering from well-developed jaundice. This may have been of the epidemic type, as another younger member of the same family developed jaundice some weeks later. He had not been under observation at the onset of the illness, but the initial symptoms appear to have been slight, and he had not kept his bed. The pulse was slow (40 to 44) and irregular. Later in the day he was seen at home and a pulse curve taken. Unfortunately it was not possible to get a tracing of the jugular pulse, so simultaneous curves of the apex beat and radial pulse were taken. The rate was just under 39, and the cardiogram demonstrates that

there were no premature beats; the pulse and ventricular rates were the same. This was confirmed by auscultation of the heart.

In the absence of a venous curve the presence of heart-block cannot be absolutely excluded, but it is improbable, for the following reasons: (1) In a later portion of the curve the rate is rather higher and there is marked (sinus) arrhythmia; (2) as the jaundice passed off the heart-rate

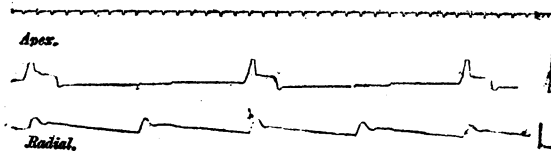


FIG. 1.—Simultaneous curves of the apex beat and radial pulse.

rose gradually. At visits to see me the rate was 43 on September 9th, 45 on September 11th, 55 on September 14th, and 56 on September 19th. It may be concluded, therefore, that, associated with the jaundice in this patient, there was a total bradycardia of high grade with a variable degree of sinus arrhythmia. His normal pulse-rate appears to be about 60. He belongs to a family several members of which have a rather slow heart-rate, his mother's being sometimes as low as 30.

Dr. Windle suggests that the arrhythmic bradycardia in these cases is not caused by the jaundice, but is the same as that which is commonly met with in young people after febrile illnesses. This may be so, and there is merely the apparent relation of the heart-rate to the degree of jaundice in my patient to suggest a causal connexion between the two. It is difficult to prove or disprove, but that the pulse-rate should not decline till the appearance of the jaundice is only what one would expect, since the latter is the outward sign of the entrance of bile into the blood circulation. Even if the jaundice appeared before the fever had subsided and the pulse had fallen, one might not be justified in concluding that bile salts do not lower the heart-rate. The fever, whatever its cause, is an opposing factor which may more than neutralize the supposed retarding influence of bile salts, just as it is difficult or impossible materially to alter the heart-rate in fever by means of digitalis.

Bradycardia is believed to be almost exclusively associated with the catarrhal type of jaundice. This is possibly due to the fact that this disease is much more common in young people, in whom apparently the retarding mechanism of the heart is very sensitive. The frequent occurrence of slow sinus arrhythmia in such patients after even slight febrile illnesses is evidence of this.

HULL.

E. E. LASLETT, M.D. B.Sc.

AMOEBAE IN URINE IN A CASE OF INFECTIOUS JAUNDICE.

WITH respect to the memorandum on the occurrence of amoebae in the urine of a case of infectious jaundice, recorded by Lieutenant-Colonel Ward, Dr. Coles, and Captain Friel in your issue of April 8th, on page 526, may I point out that an organism called *Amoeba urogenitalis* was described by Baelz in 1883? The species was found in masses in the sanguineous urine as well as in the vagina of a patient in Japan. The amoebae when quiescent had a diameter of about 50 μ , and exhibited granular cytoplasm and a vesicular nucleus.

Similar cases were also reported between 1892 and 1895 by Jürgens, Kartulis, Posner, and Wijnhoff. Jürgens found small mucous cysts, containing amoeboid bodies, in the bladder of an old woman suffering from chronic cystitis; they were also found in the vagina. Kartulis observed similar organisms in the sanguineous urine of a woman suffering from a tumour of the bladder; the organisms measured 12 μ to 20 μ , and exhibited slow pseudopodial movements, and a nucleus and vacuoles were seen after staining. Posner's case, a man, also passed blood-stained urine, in which amoeboid granular bodies, about 50 μ by 28 μ , were present. The amoebae exhibited change of shape, and contained one or more nuclei as well as red blood corpuscles. The patient was under observation for over a year, during which the attacks recurred, and Posner concluded that the amoebae had penetrated into the pelvis of the kidney. Wijnhoff observed four cases of amoeburia in Utrecht, and Jeffries (1904) found similar

cases in the United States. During the last two years, I learn from friends in the Anglo-Egyptian Sudan that a few cases with amoebae in the urine have occurred there. These amoebae might be considered, nowadays, to belong to the genus *Endamoeba*.

In view of the above facts, the provisional name *Amoeba urinae granulata* seems hardly necessary.

H. B. FANTHAM,

Lecturer in Parasitology, Liverpool School of Tropical Medicine.

Rebuelus.

DISEASES OF THE NOSE AND THROAT.

WE said of the first edition of Sir STCLAIR THOMSON'S treatise on diseases of the nose and throat, which appeared in 1911, that it was at once the fullest and the clearest work on the subject in the English language. A second edition¹ has recently been issued, and we see no reason to modify the opinion expressed as to the first. The book in its present form bears on almost every page the marks of very careful revision, and a considerable amount of new matter has been added. An excellent account of suspension-laryngoscopy—the latest development in the methods of direct inspection of the larynx—is given. The procedure of nerve-blocking by the injection of novocain around the superior laryngeal nerves for the production of local anaesthesia is fully described. The method is said to be very useful in cases of great irritability of the larynx, and particularly as a means of preventing pain in that most distressing condition, the dysphagia of tuberculous laryngitis. Aspergillosis of the accessory sinuses receives more adequate treatment than it did in the previous edition, and the indications for the use of salvarsan are more fully set forth. The intranasal operation for drainage of the frontal sinus is described in detail. There are new sections on intranasal dacryocystostomy and on the nasal route to pituitary tumours. The chapter on removal of the tonsils has been entirely rewritten. There is considerable difference of opinion among laryngologists on the question whether only the projecting part of a diseased tonsil should be sliced off or the whole gland extirpated. British and American specialists are mostly in favour of the radical procedure. The subject is of greater importance than might seem at first sight, for disease of the tonsils is the cause of much immediate suffering and possible future detriment to the patient. It is also troublesome to the doctor, and we remember hearing a very distinguished surgeon of the mid-Victorian period declare that he would rather do three lithotomies than one tonsillotomy. To those who can recall the barbarous methods of that time the present manner of dealing with diseased tonsils represents a striking advance in surgery. Sir Stclair Thomson gives a lucid and impartial exposition of the relative advantages and disadvantages of the different methods now in use. But, indeed, he everywhere handles debatable matters in a judicial spirit that makes his book a trustworthy guide to practitioners and students. The illustrations, many of which are new, add materially to the value of the book.

CANCER OF THE STOMACH.

AN elaborate clinical and pathological study of carcinoma of the stomach has recently been published by Drs. SMITHIES and OCHSNER,² based on a series of 921 cases seen during the last decade and buttressed with numerous references to the recent literature of the subject. The authors break little or no new ground in their survey, but perform a most valuable service in bringing together the indications for diagnosis and treatment in this most serious affection and casting fresh light on other points of minor importance. Previous writers, for example, have found cancer of the stomach to be a little commoner in females than in males; in this series of American cases

however, the males were just over three times as many as the females. As regards age, 350 of the patients were aged from 50 to 59, and 85 per cent. were from 40 to 69 years old. The authors find that material prosperity, or the tendency to over-eating, promotes the occurrence of carcinoma of the stomach; trauma may have been a contributory cause in only 21 of their patients, and a family history of cancer was obtained in 8.5 per cent. In a series of 566 cases specially examined for the purpose, it appeared that there were good reasons for supposing that a gastric ulcer had preceded the cancer in no fewer than 60.5 per cent.; they do not attempt to estimate the percentage of the patients with ulcer of the stomach in whom the ulcer subsequently becomes carcinomatous. Very full accounts of the morbid anatomy, symptomatology, clinical manifestations, diagnosis, and x-ray appearances in cancer of the stomach are given. So far as treatment is concerned, the authors strongly urge laparotomy and excision of the ulcer or growth wherever possible in all cases in which there is reason to suppose that a carcinoma is present. Dr. Ochsner gives full descriptions of the operations advised for the complete or partial excisions, the curative or palliative surgical treatments, he has found most practical and efficacious. The book is full of interesting details, and is well illustrated; the authors write clearly and temperately. Their work may be warmly recommended to the attention of all surgeons and physicians; it ends with an excellent account of the non-surgical treatment of the disease.

EYES FOR THE LAYMAN.

THE eyesight is by common consent the most precious of the senses. During infancy and childhood much can be done by carelessness and ignorance to injure or even destroy the sight, and it is only in the last few decades that public attention has been at all adequately directed to the proper protection and conservation of the vision of children. Much still remains to be done; the British public still has a great deal to learn about the elementary physiology of the eyes and the precautions that should be taken in every school and every home to prevent the young from misusing their eyes. An ophthalmic surgeon of special experience in this matter, Mr. N. BISHOP HARMAN, has quite recently published an admirable account³ of the dangers and disasters threatening the eyes of children; the book is one that should be very widely read. It is written in simple language that any layman should be able to understand, and in spite of its simplicity succeeds in giving a clear and complete presentation of the subject. Its successive chapters deal with topics familiar to all of us, such as sore eyes, pink eye, eye-strain, astigmatism, short sight, squint, and the great question of spectacles; later chapters deal with the lighting of rooms, the best arrangements for illumination when reading, writing, and work have to be done, and other like subjects. We can strongly recommend this book to the attention of the general public. It fills a long-felt want, and fills it to perfection, for it leaves out none of the essentials of the subject and is written in a style that is both convincing and attractive.

MEDICAL JURISPRUDENCE.

IN reviewing the first edition of Dr. W. G. AITCHISON ROBERTSON'S work on *Medical Jurisprudence, Toxicology, and Public Health*,⁴ we referred to it as the most remarkable case of condensation within our experience. This was in 1908, and now in 1916 the third edition is before us with two new chapters (Medical Inspection of School Children and Diseases of Occupation). We then expressed a fear that such a concentrated diet might produce mental indigestion in students, but the fact that three editions have been called for in eight years proves our fears groundless. Is it advancing years bringing a wider survey of students' educational needs, or is it the reviewer's increasing experience as an examiner that has brought him in the interval to a more appreciative frame of mind as regards the merit of the book? We do not know, but

¹ *Diseases of the Nose and Throat, comprising Affections of the Trachea and Oesophagus: A Textbook for Students and Practitioners.* By Sir Stclair Thomson, M.D., F.R.C.P. Lond., F.R.C.S. Eng. Second edition. London, New York, Toronto, and Melbourne: Cassell and Co., Ltd. 1916. (Med. 8vo, with 22 plates and 337 figures in the text. 25s. net.)

² *Cancer of the Stomach.* By F. Smithies, M.D., with a chapter on the Surgical Treatment of Gastric Cancer, by A. J. Ochsner, M.D., LL.D., F.R.C.S. Philadelphia and London: W. B. Saunders and Co. 1916. Roy. 8vo, pp. 522; 106 figures. 24s. net.)

³ *The Eyes of our Children.* By N. Bishop Harman, M.A., M.B. Cantab., F.R.C.S. London: Methuen and Co., Ltd. 1916. (Fcap. 8vo, pp. 129. 1s. net.)

⁴ *Manual of Medical Jurisprudence, Toxicology, and Public Health.* By W. G. Aitchison Robertson, M.D., D.Sc., F.R.C.P.E., F.R.S.E. Third edition. London: A. and C. Black, Ltd. 1916. (Cr. 8vo, pp. 658; 51 figures, 1 plate. 10s. 6d. net.)

be differentiated, and that the word "typhoid" be restricted to cases of infection by the Eberth-Gaffky bacillus.—I am, etc.,

Homerton, N.E., April 10th.

E. W. GOODALL.

JEJUNOSTOMY AND JEJUNO-COLOSTOMY.

SIR,—Mr. Sampson Handley, in his paper in the JOURNAL last week (p. 519) refers to a paper of mine published six years ago in the *Archives of the Middlesex Hospital*, wherein I advised jejunostomy in cases of post-operative paralytic obstruction. He thinks it would probably fail. He opines wrongly; it is most successful.

In a future issue of your JOURNAL I hope to publish another paper on the subject supported by six successful cases.

Mr. Handley suggests jejunocolostomy and caecostomy, which is in effect a jejunostomy, with the difference that the drainage from the jejunum takes a course through a segment of the large intestine instead of reaching the exterior direct.—I am, etc.,

London, W., April 11th.

VICTOR BONNEY.

MANY NAMES FOR THE SAME THING.

WE have received from Messrs. Burroughs, Wellcome, and Co. a letter, the following passages from which seem fully to state their position:

With regard to the editorial article in your issue of the 8th inst., relative to the use of the word "Tolamine" as a short title for para-toluene-sodium-sulphochloramide, we suggested the use of this word to the authors of the research in place of chloramine or chloramine-T, the names they gave to the substance, because the word chloramine has been used by John Wyeth and Brother, Philadelphia, for at least twenty-five years to denote a compound chloride of ammonium pastille manufactured by them.

We made our position in the matter perfectly clear to the investigators, and gave them the option of adopting "Tolamine" as a common word for the substance, but as they did not agree to this suggestion, we then explained that it was impracticable for us, in the circumstances we had mentioned, to use the word chloramine or chloramine-T (the latter title still containing the word chloramine), and we should therefore issue the preparation under the word "Tolamine," and register it as our trade mark.

In our opinion the use of the word chloramine involves the danger of using one name for many substances, as, quite apart from the confusion which will arise with the existing proprietary preparation, chloramin and chloramine are applied to the simple compound NH_2Cl , and further, there is additional risk of confusion with the *Codex* preparation chloramide.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following degree has been conferred:

M.D.—A. L. Pearce Gould.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on March 22nd.

Recognition of Teacher.—Mr. H. S. Souttar was recognized as a teacher in surgery at the London Hospital Medical College.

M.B., B.S. Examination.—A revised syllabus in forensic medicine for the M.B., B.S. examination for internal and external students was adopted for examinations to be held in and after the session 1917-18.

Presentation Day.—The presentation of students to the Chancellor will take place on May 10th at 3 p.m., and a service for members of the University will be held at Westminster Abbey at 6 p.m.

Dixon Fund.—Applications for grants from the Dixon Fund, which is allocated annually for the purpose of assisting scientific investigations, must be received by May 15th. Particulars can be obtained on application to the Academic Registrar.

UNIVERSITY OF GLASGOW.

GRADUATION CEREMONY.

At the graduation ceremony held in the Bute Hall on April 8th, the degree of M.B., Ch.B. was conferred by the vice-chancellor, Sir Donald MacAlister, upon fifty-two graduates, ten of whom were ladies. Practically all the male recipients have, it is understood, signified their intention of entering the military or naval medical services. Professor Bryce, Dean of the Faculty of Medicine, presented the graduates in medicine. At the conclusion of the capping ceremony the Vice-Chancellor, addressing the graduates, said: "You have now been admitted

into the ranks of a profession which expects, and expects with confidence, that you will do your duty to your fellow men. That duty demands that you shall exercise all your skill and knowledge on their behalf, and, still more, that you show yourselves humane, unselfish, upright, and devoted. Whether you work at home or abroad, whether your practice be civil or military, you are put on your honour to render your highest service to your country and your King. A great example has been set you by the Glasgow men and women who have made famous throughout the world the name of its schools of medicine. You are now deemed fit to take your place beside them. Our earnest prayer is that you will equal or surpass them in all that is worthy and of good report. In the name of the university I give you its benediction, and commend you, in war and peace, to God's care and keeping."

The following is a list of the recipients of the degree of M.B., B.Ch.:

*W. D. Allan, J. Alston, W. Baird, Christina B. Buchanan, D. Cameron, *J. Chalmers, D. H. Coats, W. K. Council, A. F. Cook, A. S. Cook, †W. G. Cook, J. N. Cruickshank, A. Davidson, Jane B. Davidson, *J. Dunbar, J. B. Fisher, M. M. Frew, T. R. Fulton, W. H. Gibson, Jessie C. Gilchrist, J. Glaister, J. S. Kinross, *G. Kirkhope, W. J. B. Lavery, R. Lindsay, Dorothy M' Cubbin, J. W. Macfarlane, J. MacInnes, K. S. Macky, D. McLaren, Elizabeth S. Martin, F. R. Martin, J. M'D. Matheson, W. W. Morrison, A. Morton, W. O'Brien, J. A. Paterson, T. S. Paterson, J. H. Paul, W. J. Poole, T. J. D. Quigley, J. Richardson, A. W. Ritchie, G. W. Ronaldson, *Mary H. Routledge, Mary I. Sinclair, *Jane Stalker, W. M. Stewart, J. L. Torley, R. S. Weir, *C. A. Whittingham, *Marion B. D. Wilson.

* With distinction. † Also graduated as M.A.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—T. A. du Toit, R. B. Forgan, W. H. Kerr, R. F. Kerr, Lizzie R. Clark, M. H. Carleton, J. B. Singh, G. C. Field. *Passed in Biology*: P. E. Malloch. *Passed in Chemistry*: J. Murray, A. W. Smith.

SECOND COLLEGE.—A. E. Hempleman, R. E. Hopton, A. S. Hughes, E. L. Adendorff, Rebecca Goodman, J. K. Steel, W. Gibb. *Passed in Anatomy*: H. W. Howatson. *Passed in Physiology*: J. J. van Nickirk, G. S. Woodhead, J. F. Cook.

THIRD COLLEGE.—C. V. Samwel, E. E. Bronstorph, G. P. de Silva, H. Shaw, A. I. Meek, C. R. C. Moon. *Passed in Pathology*: M. A. K. Mofreh, Eliza J. Stuart, P. M. Fernando, D. Stewart. *Passed in Materia Medica*: D. C. Howard.

FINAL.—Z. A. Green, J. E. Ainsley, J. C. Badwell, H. C. A. Haynes, B. C. Haller, J. Byrne, J. V. R. Rohan, S. J. Abrahams, J. Blackburn, C. Harris, A. Caston, R. C. W. Spence. *Passed in Medicine*: S. W. Hoyland. *Passed in Surgery*: J. J. Curtin. *Passed in Midwifery*: J. Adami, J. J. Curtin. *Passed in Medical Jurisprudence*: J. H. Blackburn, R. V. Clarke, C. G. Book, W. McElroy, M. A. White.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

THE following have been admitted as Licentiates:

J. F. Coffey, K. Elmes, H. Gerrard, J. Magner, C. A. R. McCay, D. McCormack, J. A. McKinnon, A. J. Neillan, J. P. Pegum, G. C. L. Woodroffe.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

PRIMARY EXAMINATION. — *Part I. Biology*: K. J. H. Davies, H. T. M. Price. *Chemistry*: K. J. H. Davies. *Materia Medica and Pharmacy*: L. E. A. B. Farr, T. F. Reason. *Part II. Anatomy*: W. M. Anthony, G. R. Aspinwall, W. A. Bibby, T. L. Bonar, J. Brodetsky, K. R. Chapple, E. S. Davies, D. A. Dyer, J. Gordon, J. Gorsky, W. R. G. Harris, R. A. Hickley, A. R. Hill, O. S. Hillman, C. Holmes, R. E. Jenkins, E. F. J. Jones, R. M. Jones, F. W. Kemp, N. H. Kettlewell, W. Kilroe, P. Lloyd-Williams, L. Lyne, J. J. M. MacDonnell, J. S. Moore, G. E. Morgan, H. S. Morris, W. R. Ranson, G. V. Richards, S. Robinson, A. H. Shelswell, H. W. Southgate, E. A. Sparks, J. Stephen, A. C. Teuton, C. de B. Thomson, A. E. Young. *Physiology*: W. M. Anthony, G. R. Aspinwall, J. Brodetsky, E. S. Davies, J. Gorsky, W. R. G. Harris, A. R. Hill, O. S. Hillman, C. Holmes, R. E. Jenkins, E. F. J. Jones, F. W. Kemp, J. S. Lewis, P. Lloyd-Williams, L. Lyne, J. J. M. MacDonnell, J. S. Moore, G. E. Morgan, H. S. Morris, W. R. Ranson, G. V. Richards, A. H. Shelswell, H. W. Southgate, E. A. Sparks, A. C. Teuton, A. E. Young.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following were approved at the examination held at the termination of the fiftieth session of the school:

*W. N. Leak, †H. Bayon, Miss V. G. Field, E. A. Blok, J. A. Beels.

*Dr. Leak gains the "Duncan" Medal, this being awarded to the student who obtains the highest aggregate of marks.

† With distinction.

The Services.

EXCHANGE.

LIEUTENANT R.A.M.C., Regt. M.O., desires to change with officer holding a position in base hospital, casualty clearing station, or ambulance train, the latter preferred. Address, No. 1500, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Professor CHARLES GIRARD of Geneva, one of the leading surgeons of Switzerland, died on March 4th in his 67th year. He was born at Renan in the Val de Travers, and studied medicine at Berne, Tübingen, and Freiburg-im-Breisgau. He took his degree at Berne in 1872. He served during the Franco-Prussian war under Professor Lücke, then professor of clinical surgery at Berne. In 1872 Lücke was appointed head of the surgical clinic at Strassburg and Girard became his chief assistant. That position he held till 1875, when he returned to Berne; he became *privat-docent* in surgery, and in 1904 he was invited to succeed G. Julliard in the chair of clinical surgery at Geneva. He was the author of numerous papers on surgical subjects, and had been elected president of the Société Suisse de Chirurgie on the very day of his death.

Medical News.

THE offices of the BRITISH MEDICAL JOURNAL and of the Association, including the library, will be closed from Thursday evening, April 20th, to 10 a.m. on Tuesday, April 25th. The library and offices of the Royal Society of Medicine will be closed from Thursday, April 20th, to Tuesday, April 25th, both days inclusive.

SIR ALMROTH WRIGHT has been elected a foreign associate of the Paris Académie de Médecine.

AT the meeting of the Royal Microscopical Society at 20, Hanover Square, W., at 8 p.m., on Wednesday next, Professor Benjamin Moore will read a paper on early stages in the evolution of life.

DR. GIUSEPPE SERGI, Professor of Anthropology in the University of Rome, has just completed his seventy-fifth year. In honour of the occasion the Roman Anthropological Society has decided to publish a volume of original memoirs.

THOUGH a large number of soldier patients are receiving free treatment at the brine baths at Droitwich, the arrangements for dealing with ordinary cases are in no wise affected. We are asked to make this statement because it is said that some medical men are under the mistaken impression that the Droitwich baths have been given over entirely to military patients.

A MEETING of representatives of public hospitals in London and the provinces and of matrons and nurses was held on April 7th at St. Thomas's Hospital to consider the proposal to found a college of nurses. The Hon. Arthur Stanley, M.P., who was in the chair, said that the answers received from the governors of hospitals and nurses' training schools, and matrons, had convinced the promoters that they were working on the right lines. Several conferences had been held with representatives of societies which advocated State registration, and there was practical agreement that three fundamental principles must be adopted—State registration, a uniform curriculum, and a one-portal examination. It was proposed that the college should have a council of thirty members and a consultative board. The main object of the meeting was to ask those present to ensure that the board was representative of all branches of the nursing profession in Great Britain and Ireland. It was hoped to establish boards in Scotland and Ireland at once. A second meeting will be held next month.

WE have received the new number for April of the *Craigleith Hospital Chronicle*. It has, unfortunately, to record the death of Miss Annie Paulin, who had been intimately associated with the hospital since August, 1914, and who was also the first editor of the *Chronicle*. Dr. J. A. MacDougall continues his story of some Scottish regiments, the present instalment dealing with the Cameronians. There are some jokes, but not so many as usual, and a set of excellent verses, "Sworn Brothers All," by Henry Johnstone. We are indebted to Miss M. Anderson of Edinburgh for the gift through the editor of the *Chronicle* of the first two numbers. By this gift the file in the Library of the British Medical Association is completed to date. The *Gazette of the 3rd London General Hospital*, Wandsworth, celebrates the attainment of the age of six months in its number for April. Corporal Irving displays his versatility by imitating Mr. Nevinson, who contributes another excellent futurist drawing, this time "the driver of the ambulance." There are a good many other caricatures and some photographs. The *Norfolk War Hospital Magazine* has made its first appearance this month. The hospital has just celebrated its first birthday, but it occupies a building which has celebrated its centenary, and of this there is a photograph, among other illustrations.

Letters, Notes, and Answers.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Atiology, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish office of the British Medical Association is 16, South Frederick Street, Dublin.

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. writes: In a munitions factory the employees have to dip their hands in hot water and also in 25 per cent. sulphuric acid, with the effect that the skin becomes cracked in places and red and inflamed in others, while the clothes in contact become ragged and tear readily. Can any treatment for the hands be suggested, and any particular clothing which might be useful?

LETTERS, NOTES, ETC.

METRIC PRESCRIBING.

DR. W. W. HARDWICKE (London, S.W.) informs us that the manager of a panel pharmacy recently refused to dispense a metric prescription on the ground that it was "written in French," whereupon Dr. Hardwicke wrote to the Secretary of the London Insurance Committee, who informed him that "a chemist on the panel is required to dispense prescriptions written in metric as well as those in which imperial weights and measures are used." This is, of course, the case. In the *British Pharmacopoeia* for 1914 the metric system is employed for all pharmaceutical and analytical computations, and it is stated in the preface that "the metric system has also been employed for the specification of doses, in the expectation that in the near future the system will be generally adopted by British prescribers. . . . As a transitional provision doses have also been expressed in terms of the imperial system."

FASTING TREATMENT FOR DIABETES.

DR. F. S. ARNOLD (Berkhamsted) writes with reference to the fasting treatment for diabetes discussed in the JOURNAL of March 25th: The fasting treatment in diabetes is not new, nor was it introduced by Dr. F. M. Allen. It has been practised and ably advocated by Guelpa of Paris for a good many years past. His work, *Autointoxication et Désintoxication*, in which the method is described, appeared in 1910, and my translation of it, bearing the actual title, *Fasting in Diabetes*, was published in 1912, and is now out of print. The "Guelpa method" in the treatment of diabetes has been the subject of many discussions of great interest at the meetings of the great French medical societies; it is fairly widely known, even to the lay public, in this country and in America; and, unless I am mistaken, it has been described and discussed in your columns a good deal further back than two years ago, when, according to the statement in your leading article, the fasting treatment was "introduced" by Dr. F. M. Allen.

INCREASED FEES.

M.D. writes: Would it not be well if a general notice were issued by the medical profession that medical fees have had to be increased? The reason for the increase is obvious, but the difficulty of the practitioner having to explain to his old patients the enhanced rates would be avoided.

PAIN AT ROOT OF NECK AND CARDIAC IRREGULARITY.

DR. D. OWEN WILLIAMS (Glandovey) has noted this condition in a woman aged 59. The stethoscope detected marked local pulsation and coupled beats corresponding to the heart sounds. Under appropriate cardiac treatment the pain passed away within four days, the heart sounds becoming normal. The patient had recently been subject to worry, and suffered a few years ago from albuminuria, which had entirely disappeared.

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