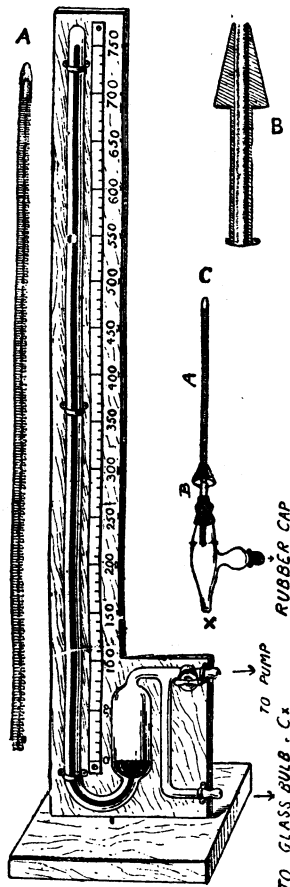


cases, and the results, I believe, justify further trial. It has been made for me by Messrs. Down Brothers. It consists of two parts—one, the bougie proper, A; and the other a tube or sheath-cone, B.

The bougie is a flexible tube made of wire wound spirally, the turns being in close contact. One end of the tube is closed by a metal tip, which is hollowed out for about $\frac{1}{4}$ in. from the end joining the wire. The wire is of such tension that although the bougie can be bent into a complete circle it readily returns to a straight line. The total length is 10 in., that of the tip being $\frac{1}{2}$ in. The sheath-cone is a metal tube about $2\frac{1}{2}$ in. long, enlarged at one end into a cone; the sketch shows the correct proportions. When the bougie is in the urethra the sheath-cone is slipped along it as far as the meatus, which it plugs automatically, preventing air from entering the urethra.



The manometer is a glass tube bent to form two limbs, and containing mercury. When at rest the column in the long limb registers the ordinary atmospheric pressure like a barometer. To the short limb is attached a glass T piece, the horizontal portion of which is fitted with a glass tap connected by tubing to an exhaust pump. The vertical portion descends to the base of the manometer, where it is bent at a right angle. To it is attached india-rubber tubing,

which leads to the glass and bulb C. The bulb is intended to catch urine, anaesthetic, etc., without removing the bougie. The glass tube is joined up to the sheath-cone by a short length of india-rubber tubing, so that the ends are in contact, the bore of the glass tube being large enough to admit the bougie. This is necessary in cases where the length of the bougie projecting from the meatus is more than 2 in., and also when it is used in the anterior urethra only. The india-rubber tubing used is $\frac{1}{2}$ in. thick with an internal diameter of about $\frac{3}{8}$ in.

Method of Employment.

The patient lies on a couch or table. If he has a small meatus, or has not previously had a bougie in the urethra, I syringe into the urethra a local anaesthetic (alypin 2 per cent.), and keep it in for five minutes. A No. 1 Lister's sound is now passed into the bougie as a stylet, the wire tube accommodating itself to the shape of the sound, the end of which fits in the hollow tip. I then lubricate the whole surface liberally with carbolyzed vaseline. It can now be passed into the urethra in the usual manner, just stopping short of the bladder. After withdrawing the sound, the sheath cone is fitted on to the bougie and pushed up to the meatus. The tap of the manometer being open, a few strokes of the pump will lower the atmospheric pressure in the urethra and suck the cone well into the meatus.

When the required pressure is reached by further use of the pump, the tap is closed. If all the joints are airtight, the mercury will only rise about 5 to 10 mm. in fifteen minutes. The pressure in the urethra is raised by disconnecting the pump and opening the tap slightly to admit more air.

I have obtained the best results with a height of about

100 to 200 mm. of mercury, maintained for fifteen to twenty minutes. If too low a pressure is used, it may cause bleeding. The bougie is withdrawn after disconnecting the pump and opening the manometer tap, and admitting air very slowly into the urethra. When the mercury is at rest, the sheath-cone is taken off, and the bougie withdrawn very carefully after giving it one or two twists. The patient then irrigates with 1 in 8,000 potassium permanganate, or protargol 1 in 4,000.

There is no pain or discomfort; if no anaesthetic is used the patient may be conscious of a slight sucking or drawing sensation.

The bougies are made in two sizes corresponding to No. 12 and No. 9 English. If the urethra will admit it the larger size produces a better result than the smaller.

On the bougie after removal may be seen small plugs of material which are found to consist of pus and epithelial cells, and very frequently gonococci. In some cases they are extremely numerous along the whole length of the instrument. They are caught in between the turns, and are more easily seen if the bougie is plunged into boiling water for a second. I regard them as a sign of successful action.

They have not always been obtained in cases which I expected would produce them. I believe now that it was due to the turns becoming clogged with vaseline, exudate, etc., and preventing suction.

It is essential that the bougie be kept scrupulously clean. Boiling is not sufficient. It must be soaked in petrol or syringed out, and occasionally a linen thread must be run between the turns.

To give one instance of its effect: a patient who contracted gonorrhoea three months previously had, on examination, only a slight muco purulent discharge. No gonococci were found in the discharge or urine. After one application of the bougie, numerous plugs were obtained in which were found gonococci. The discharge cleared up in a few days afterwards.

I hope shortly to be able to publish some further results.

I am much indebted to the friend who made the sketch for me, and to Lieutenant-Colonel L. W. Harrison, D.S.O., for affording me every facility for experiment with the bougies.

The manometer in the sketch was made by the Holborn Surgical Instrument Company.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TRENCH FOOT.

THE importance of this condition leads me to record the fact that in all the cases which have come under my observation in a small relief hospital here the men confessed to being the subjects of sweating feet.

Other factors are doubtless involved, but it is easy to conceive that the accumulation of this sweat, under conditions of warfare, would soon swarm with bacteria and become highly irritating to the skin and subcutaneous tissues. It would be interesting to observe whether "trench foot" selects the subjects of hyperidrosis.

To prevent or mitigate this localized hyperidrosis I have found the following treatment useful, in addition to the daily foot bath and change of socks:

1. Painting the feet with a solution of formalin.
2. A dusting powder composed of French chalk and zinc oxide, rubbed down with a few drops of formaldehyde and applied to the feet and inside of the socks.
3. A generous diet containing plenty of nitrogen.

Portsmouth.

J. G. BLACKMAN.

NEPHRITIS AND ADRENALIN POISONING.

SEEING the proximity of the adrenal gland to the kidney, and therefore the likelihood of this organ sharing the congestion of the kidney in nephritis, and bearing in mind that adrenalin can produce arterio sclerosis, arterial degenerations, and vascular hypertension, I would venture to make the tentative suggestion that hypertension and

arterial disease in nephritis are due to adrenalin auto-poisoning. As far as I am concerned, this suggestion is original.

Sydney, Australia. G. S. THOMPSON, F.R.C.S. Australia.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

STAFFORDSHIRE BRANCH.

At the third general meeting of the session, held at Wolverhampton on April 27th, the President, Dr. F. M. ROWLAND, was in the chair.

Splenectomy for Banti's Disease.

Mr. CHOLMELEY showed two cases of splenectomy for Banti's disease:

CASE I.—Boy, aged 6 years; ailing for three years; very pale and languid, getting thinner; has pain in epigastrium, cough, and occasional haematuria. The spleen was fairly large, also the liver; the boy was very pale, skin rather yellow, slight icteric tinge of the conjunctiva. On January 19th a blood count was taken: red cells, 1,800,000; white, 6,500. On January 21st the spleen was removed; it was not exceptionally large; the liver was very much enlarged. The next day the colour of the skin had changed; there was a healthy pink tinge in the lips, ears, and cheeks. On February 7th the blood count was: red cells, 2,700,000; white, 11,000. The boy was discharged from the hospital on February 14th very much improved. The improvement had not been maintained; he still looked very pale and weak. Blood count on March 9th showed: red cells, 2,425,000; white, 15,600; haemoglobin 70 per cent.

CASE II.—Boy, aged 12 years. Illness started suddenly after a fright a week before he was seen. The boy was very pale; no icterus, no haematuria; complained of pain in abdomen, back, and head. Spleen very large. Blood count, February 14th: Red cells, 1,330,000; white, 5,000; haemoglobin, 35 per cent. The spleen was removed on March 4th; it weighed 2½ lb. A blood count taken on March 15th showed red cells, 2,900,000; white, 10,000; haemoglobin, 70 per cent. The boy was discharged on March 19th, very much improved. The improvement in this case was much more marked and better maintained, the blood count on April 26th being: red, 2,800,000; white, 53,000; haemoglobin, 60 per cent. The great difference in the after progress of the two cases was due most likely to the difference in the length of previous illness.

Insurance Act Developments and Problems.

After a brief reference to the various medical interests served by the British Medical Association and of the accusations levelled at it by discontented groups of practitioners, Dr. MACTIER took up the subject of the recent developments in National Insurance, and also gave a few examples of problems which had come under his notice. Dealing first with the subject of certification, he said that the profession in many cases had either failed to understand Memorandum 211/L.C. or had not read it; the approved societies were also to blame in that their agents, especially those of the collecting societies, had not been instructed in the rules, and the fact that they still insisted on certificates being given on certain days of the week led to trouble, and proved annoying to those practitioners who were conscientiously carrying out the rules. The question of certificates for patients at hospitals was next dealt with, and it was pointed out that any officer, not necessarily a medical officer, could give a certificate to the effect that so-and-so was an in-patient of the institution. But with regard to out-patients, the view was expressed that the practitioner on whose list the patient was was bound to furnish the necessary certificates, whereas there was no obligation to do so on the hospital staff. Practitioners were warned that certificates should be given with care and dated on the day on which the patient was examined, since failure to comply with this rule had given rise to more complaints for investigation by the Medical Service Subcommittee than any other cause. In discussing the drug tariff, he gave a short description of the work of the West Midland Pricing Bureau at Birmingham, which is responsible for the pricing of the prescriptions payable by eighteen Insurance Committees and employs a staff of some twenty persons. The insertion without notice in the 1916 agreements of the clause as to the use of "Rep. mist." and the use of indelible ink for certificates was mentioned; Dr. Mactier said the Bureau looked on "Rep. mist." with great favour, provided the original script was attached and it did not go outside the

calendar month. He concluded by stating a few problems which had come before him as Chairman of the Wolverhampton Insurance Committee, and agreed with an expression of opinion by the meeting that knowledge which was obtained as referee should not be used in the capacity of chairman when considering the question of adequate service being given by panel practitioners.

Coolidge Tube.

Dr. J. A. CODD described and demonstrated the "Coolidge tube," which, he said, he had had for about ten months, and found that for purposes of treatment it was far superior to the best type of ordinary tube. It was a machine of precision. If a result with a given series of factors was once obtained, it was possible to reproduce it by repeating the factors, which were completely under control. The main facts of construction and manipulation were then described. The factors of the working equation were: (1) Distance of diseased area from target, (2) hardness or penetration of tube, (3) current through heating circuit of cathode, (4) coil current through tube, (5) ohmic resistance in primary current, (6) filter, (7) time, (8) dosage shown by colouring pastille or other form of measurement. If (1) to (7) were reproduced, (8) would always be the same. A series of observations showing this was handed round. He pointed out that in (5) he mentioned "ohmic resistance in primary" instead of "current in primary," as the latter was no guide, because as less and less ohmic resistance was included the hardness of the tube increased and the resultant inductance in the primary increased so much as almost to neutralize the decreased ohmic resistance. Thus, in throwing off the resistance from the ninth stud to the fifteenth, decreasing the ohmic resistance from 86 ohms to zero, the primary current only increased from 6 to 6.5 amperes. So in factor (5) he used the expression "stud *n*," the ohmic resistance of which was known, and could be recorded in all publications, so as to compare with the work of other workers. His recent practice had been the following:—For deep structures: (1) 15 cm., (2) 19 cm spark-gap, (3) 4.2 amperes in heating circuit, (4) sixth stud (15.5 ohms), (5) 5 milliampères, (6) 3 mm. Al, (7) 10 min.; this gave 14 Hampson at half distance, covered with filter. For superficial lesions, 0.2 mm. Al was used, and for ringworm no filter, and four minutes gave 14 Hampson, which was all that was needed for epilation, and no more should be given. Probably less was enough. The use of the Coolidge was very comforting in ringworm cases, as there was no dread of sudden variation in the tube and too rapid colouring of the pastille, as had happened in other tubes. By using the same dosage as in ordinary tungsten-target tubes, even though he had increased the filter from 2 to 3 mm. Al, he had had the misfortune to burn three of his cases. He did not think it safe to give more than 14 Hampson a week, and probably less frequently than this would be found to be necessary. For radiography he had not found his tube to be of much service, though for the screening of opaque meals it was useful. At first he found it self-rectifying, but recently had had to use valve tubes.

Diaphragmatic Hernia.

Mr. CHOLMELEY showed the left half of the diaphragm from an infant three hours old who died suddenly. The infant was a very healthy-looking baby and was left quite well by the midwife about two hours after birth. It died quite suddenly an hour later. At the *post-mortem* examination nearly all the small intestine, the spleen, and nearly the whole of the stomach were found in the left chest, having escaped from the abdomen through a congenital defect in the left half of the diaphragm. The opening was in the back of the diaphragm, oval in shape 2 in. in its long diameter.

ACCORDING to statistics recently published by Dr. Shibasahuro Kitasato, the death-rate from tuberculosis for the whole of Japan is 17 per 10,000. It is considerably higher in certain occupations, notably among school teachers. Among factory girls, of whom there are some 500,000 in the country, there is an average of 9,000 deaths a year, of which 6,300 are caused by tuberculosis. Most of the girls live in overcrowded and ill-ventilated dormitories. The prevalence of tuberculosis in Japan is ascribed to the number of houses in low areas into which the sunlight rarely penetrates and the traditional custom of tightly closing all windows during the night.

electrical treatment of obesity and what he calls "obese heart."⁶ Details are supplied of the way in which the interrupted induced current is applied, and a few pages are given to the association of obesity with diminished functional activity of the thyroid gland. The author prescribes for patients receiving the electrical treatment a diet containing little fat or carbohydrate. He adds that obese people should reduce the total consumption of fluids to a low level, particularly at meals. A number of weight charts reproduced in the book show that satisfactory reductions of weight may be obtained by the methods advocated.

⁶ *The Cure of Obesity and Obese Heart*. By J. S. Kellett Smith, F.R.C.S. Eng. London: J. and A. Churchill. 1916. (Cr. 8vo, pp. 101; 12 figures. 3s. 6d. net.)

MEDICAL AND SURGICAL APPLIANCES.

Silver-wire Drainage Tube.

CAPTAIN VELLACOTT, R.A.M.C., has devised a silver-wire drainage tube which resembles a test tube in shape, for which the following advantages are claimed:

1. The tube allows air or oxygen to reach the tissues more freely than other tubes.
2. Irrigating lotions also reach the tissues in the same manner.
3. Discharges pass freely into the tube along its whole length.
4. The tube is non-compressible and unbreakable. It is especially useful in the septic wounds of war.

The tubes are made by Messrs. Down Bros. in various sizes from 2 inches to 8 inches in length.



SUPPLY OF PETROL.

THE Petrol Control Committee of the Board of Trade has issued a memorandum in the course of which it is stated that a subcommittee, consisting of representatives of the chief distributing organizations, has undertaken to regulate the supply of petrol according to the classification shown below.

Users of motor spirit have been placed in three classes:

Class "A" includes cars used by medical practitioners, veterinary surgeons, cars used by recognized organizations for the transfer of sick and wounded, for the transport of munitions of war, by the police and local government authorities, by lord lieutenants and high sheriffs, or for any service certified by a Government department.

Class "B" includes requirements for agricultural machinery, industrial processes, and the conveyance of goods, for air craft, for motor cabs, for motor cars used by commercial travellers, for boats and omnibuses used for other than pleasure services, for railway purposes, and for stationary engines, including lighting sets.

Class "C" comprises all other requirements, including private motor cars and motor cycles in ordinary use.

It is not anticipated that there need be any curtailment at present of reasonable demands in Classes "A" and "B."

The same memorandum calls attention to the regulations limiting the amount of motor spirits which may be stored without a licence, and states that it is the intention of the Committee shortly to take a census of all motor vehicles and of petrol consumption and requirements.

It is stated on what seems to be good authority that the military services now need nearly, if not quite, as much petrol as was consumed in the United Kingdom for all purposes before the war. At the same time the amount used by commercial vehicles is believed to have increased. If these statements be correct the Petrol Committee's expectation that it will be possible to keep up the supply for Classes "A" and "B" would seem to be, in part at least, founded on the reply made to a question in the House of Commons on May 31st by the Parliamentary Secretary to the Board of Trade, to the effect that a recommendation had been received from the Committee with regard to the release of certain tank steamers to facilitate the importation of additional supplies. It is said that at the present time, owing to lack of adequate storage on shore, tank steamers are kept in port, where they are gradually emptied to meet the demand.

The Automobile Association and Motor Union has produced evidence to the Petrol Control Committee on two points. One is that, from a special inquiry addressed to their members, it would appear that 58 per cent. of mileage is entirely for business or professional work, and 16 per cent. for voluntary work; the remaining 26 per cent. is for shopping, station work, and otherwise in the private interests of the owner; it is added that a recent census of traffic on main roads showed that the number of pleasure cars on the road was a negligible quantity. The other point is with regard to the ten million gallons of duty-free petrol delivered last year for industrial purposes. It is suggested that while petrol is a necessity for motor vehicles, it may not be indispensable in certain industries where a substitute or a heavier grade of spirit could be used. It is suggested that the Petrol Committee should obtain an independent technical opinion on the utilization of substitutes for industrial purposes, and it is pointed out that every gallon of petrol so released for private business would produce 6d. for the Treasury. The hope is also expressed that if the restriction of supply is imperative in the national interest, the Petrol Committee will take steps to protect private users against unreasonable increases in price.

The Medical Secretary of the British Medical Association has received a letter from the Petrol Control Committee, dated June 2nd, stating that the Committee has made arrangements with the principal petrol supply companies whereby the requirements of medical practitioners are to be met in priority to the requirements of the majority of other users, and that it is hoped that the full operation of this arrangement will remove the difficulties which have been experienced by medical men.

The following communication has been received by the Local Government Board (Ireland) from the Major-General in Charge of Administration, Irish Command, with regard to the regulations now in force as to the sale of motor spirit in Ireland:

DUBLIN CITY.—All restrictions regarding the sale of motor spirit have been removed.

OTHER PLACES IN IRELAND.—There are no restrictions excepting that persons can only obtain petrol through the local police authority; therefore, any difficulties experienced by would-be purchasers should be referred by them to the Inspector-General, Royal Irish Constabulary, as there is no limit to quantities which vendors may remove by authority from Dublin.

BIRTHDAY HONOURS.

THE list of honours published in the *London Gazette* in connexion with the King's birthday include the following civil members of the medical profession in addition to naval and military members whose names are published at another page:

Dr. Addison, M.P., Parliamentary Secretary to the Ministry of Munitions, has been created a privy councillor.

The honour of knighthood has been conferred upon Mr. Francis Mark Farmer, dental surgeon to the London Hospital; Dr. M. Armand Ruffer, C.M.G., president of the International Quarantine Board, Egypt; and Professor Nestor Tirard, secretary of the Pharmaceutical Committee of the General Medical Council.

Dr. Frederick Montizambert, I.S.O., Director-General of Public Health, Canada, receives the distinction of C.M.G.

Dr. Noel Bardswell, medical superintendent, King Edward VII Sanatorium, Midhurst, and Dr. Frederick S. Hewett, Surgeon Apothecary to His Majesty the King, have been appointed members of the fourth class of the Royal Victorian Order.

The Kaiser-i-Hind gold medal is bestowed upon Mr. H. M. Newton, F.R.C.S., Church of Scotland Mission, Jalalpur Jatan; Dr. M. G. Robertson, chairman of the Municipal Committee of Ajmer; and the Rev. Peter Cullen, M.D., Brigade Surgeon, I.M.S. (retired).

AT Whitsuntide a new naval ambulance train, lately completed at the L. and N.W. Railway Works to the specification of the Admiralty, will be on view at Addison Road Railway Station, near Olympia. Cots can be shipped aboard it in such a manner that the seamen will be transferred undisturbed in them from the ship to the hospital. A charge of one shilling will be made for admission, and the proceeds will be handed over to the Dreadnought Hospital for Seamen, Greenwich.

It was no longer possible for him to continue to let lodgings at his house, and he also claimed the value of the furniture in the rooms which Mr. Miller had occupied. He made Miss Miller, Mr. Miller's executor, and Dr. Harbord all defendants to his action, which he based on breach of warranty, fraudulent misrepresentation, and conspiracy.

In addition to the above Miss Miller stated that she had seen lepers in India, and had suspected that her father was suffering from leprosy although she had no definite knowledge on the point, and a body of evidence was called on either side as to the nature of the disease in question. For the plaintiff, on the one hand, Dr. George Pernet, who was formerly the English editor of *Lepra*, stated that the general view was that leprosy was communicated from one person to another, but in what way was not known. Dr. H. P. G. Bayon, late bacteriologist at Robben Island to the Government of the Union of South Africa, said that he had studied the disease in many countries, and had examined about 2,000 cases, and that in his belief leprosy was contagious, though not highly so. For the defendants, Dr. Harbord said that the danger of infection or contagion from leprosy was practically nil, and that there was no risk whatever if the patient's effects were properly fumigated. Dr. Abrahams, consulting dermatologist to the West London Hospital, stated that the overwhelming body of opinion was that leprosy was only slightly contagious, and that some other condition must be present to make it so. Sir Malcolm Morris, a member of the International Leprosy Commission, said that he had never known a case of one person catching the disease from another.

The judge, after summing up the evidence, left eight questions for the jury to answer. The questions, with the jury's answers, were as follows:

1. Was Mr. Miller, when he took the rooms, liable to infect persons or the furniture with leprosy, and did Mr. Miller or Miss Miller know this?—Yes.
2. Is leprosy infectious or contagious so as to be, in England, communicable from the leper to another?—Yes.
3. Did Miss Miller and Dr. Harbord fraudulently misrepresent that Mr. Miller was a fit and proper person to occupy the plaintiff's rooms?—Yes.
4. Did Miss Miller and Dr. Harbord conceal from the plaintiff that Mr. Miller was a leper which made him unfit to occupy the lodgings?—Yes.
5. Did Dr. Harbord, acting as agent for Miss Miller and Mr. Miller, state to Mrs. Humphreys that Mr. Miller was not suffering from any infectious or contagious disease?—Yes.
6. Were these statements untrue to the knowledge of Mr. Miller, Miss Miller, and Dr. Harbord?—Yes.
7. Did Mr. Miller, Miss Miller, and Dr. Harbord conspire to conceal the state of Mr. Miller from the plaintiff, and make false statements to him for that purpose?—Yes.
8. Damages?—£250.

Upon these findings of fact Mr. McCall, K.C., who appeared for Dr. Harbord upon the instructions of the London and Counties Medical Protection Society, submitted that judgement should be entered for his client. He pointed out that the charges against him consisted of conspiracy and fraudulent representation; that with regard to the former charge there could be no actionable conspiracy unless it was a conspiracy to infringe a legal right of the plaintiff, and that there was no legal duty upon Dr. Harbord to disclose to the plaintiff the nature of the disease from which Mr. Miller was suffering or legal right vested in Mr. Humphreys to have such disclosure. With regard to the charge of fraud, counsel submitted that it must be shown that Dr. Harbord had made a statement without belief in its truth or recklessly as to whether it were true or false, and that there was no evidence that Dr. Harbord did not entertain the scientific belief which he had expressed—namely, that in this country leprosy was neither infectious or contagious. Mr. Gordon Hewart, K.C., for the other defendants, adopted the same argument.

Mr. Justice Darling, in giving judgement, said that there was no authority in law to support the proposition that there was a term implied in every contract to take furnished lodgings that the lodger was fit to occupy them, nor was there authority for saying that doctors who took patients to houses must make a full disclosure of the patient's state; such a rule would be difficult to enforce and difficult to define within reasonable limits. He held that there was no evidence to support the jury's finding that Miss Miller knew that her father was suffering from leprosy; that as regards Dr. Harbord's statement that Mr. Miller was not suffering from an infectious disease, the evidence was that he believed the risk to be "practically nil." In effect Dr. Harbord's opinion was that leprosy was not infectious in England. It could not therefore be said that Dr. Harbord's statement was fraudulent.

Upon these grounds judgement was entered for the defendants.

The Services.

EXCHANGES.

M.O. to R.F.A. Brigade attached to a naval division forming for service in France desires exchange with M.O. in 50th Division abroad.—Address No. 1950, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.
Captain R.A.M.C.(T.), home service, wishes immediate exchange with officer in France in field ambulance, base hospital, or casualty clearing station.—Address 2200, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following degree has been conferred:

M.D.—John Howell Evans.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—*†L. G. Phillips, *††S. Bitson (University medal), L. A. Celestin, W. M. Crombie, C. I. de Silva, J. A. W. Ebdon, D. S. Graves, I. H. Pearce, L. D. Phillips, Emma C. Pillman, A. L. Punch, L. N. Reece, D. G. C. Tasker, J. W. T. Thomas, A. H. Turner, Sibyl I. Welsh, A. Wai-tak Woo.

* Honours. † Distinguished in Medicine and Surgery.

† Distinguished in Midwifery and Diseases of Women.

The following have passed in one of the two groups of subjects:

Group I: Grace M. Griffith, C. E. Petley, B. Sampson, A. G. Simmins, E. C. Spaar. Group II: A. W. Adams, F. V. Bevan-Brown, R. M. Dannatt, W. H. Lloyd, Violet I. Russell.

Obituary.

DR. RIVERS-WILLSON, of Oxford, died at his residence in that city on May 19th, aged 63. He began life as a dispenser to the Radcliffe Infirmary, where he was able to study medicine, and, after working at the London Hospital, he took the diploma of L.S.A. in 1889. He set up in practice in Oxford and held for many years the appointment of district surgeon to the Oxford Medical Dispensary and Lying-in Charity. In 1912 he took an active part in opposing the original Government terms of the Insurance Act. Dr. Rivers-Willson prepared several educational works for the use of students, the best known being *Materia Medica and Pharmacy*; *Chemical Physics* and *Chemistry* were also useful compilations. All three were avowedly published for the benefit of candidates for the qualifications of the Conjoint Boards and the other diploma-giving corporations in the United Kingdom. Dr. Rivers-Willson was a Ph.D., a member of the British Medical Association, and a Fellow of the Royal Society of Medicine. He was an active member of the Oxford City Insurance Committee, and his health failed mainly in consequence of his exertions two years ago; yet he recovered and was able to discharge his medical duties almost to the date of his death. He leaves a widow and one son. The funeral took place at Wolvercote cemetery on May 25th.

DR. ALFRED GRACE, an elder brother of Dr. William Gilbert Grace, who died on October 23rd last year, has survived him just seven months, dying last week at Chipping Sodbury, Gloucestershire. Dr. Alfred was the second son of Mr. Henry M. Grace of Downend, Gloucestershire, where he was born on May 17th, 1840, being over eight years older than Dr. William Grace. He received his medical education at Bristol, and took the diplomas of M.R.C.S. in 1863 and L.S.A. in 1864. He was a member of the British Medical Association and Surgeon Lieutenant-Colonel, Royal Gloucestershire Hussars Yeomanry Cavalry. Dr. Alfred Grace was the last of five brothers, three of whom—W. G., E. M., and Frederick Grace—were famous cricketers. Alfred did not attain so much renown, though he played the game fairly. He was better known as a hunting man, being a superb rider.

THE death took place, on May 29th, of Dr. LÉON BLANC, the well-known consultant, at Aix-les-Bains (Savoie). Dr. Blanc was 75 years of age, and was well known in medical circles in London, where he usually spent the winter. He was the author of numerous communications bearing on "arthritis," and his persuasive eloquence did much to popularize the Aix treatment. He was the regular medical attendant of the late Mr. Pierpoint Morgan, who presented the town with a magnificent hospital, known as the Léon Blanc Hospital, to perpetuate the memory of his friend and medical adviser. A Savoyard of the old school and a past mayor of Aix, he died universally respected and regretted. He was Officier de la Légion d'Honneur.

Medical News.

THE name of George Cowie Grant, M.B., C.M., Dufftown, appears in the list of new justices of the peace for Banffshire.

WE regret to see the announcement of the death on May 27th of Dr. C. E. Fitzgerald, the well-known ophthalmic surgeon of Dublin.

DR. ROBERT ROBERTSON, J.P., Honorary Physician and Chairman of the Visiting Committee of the Royal National Hospital for Consumption, Ventnor, has been unanimously elected vice-president of the institution.

One of the most touching features of the funeral procession of General Gallieni on June 1st was a group of representatives of "Aide et Protection," the National Society of Mutual Aid for Mutilated Soldiers, in whose welfare the deceased general had shown a very active interest. The society, which already has a large membership of wounded men, was established by Ministerial decree, and is under the patronage of the President of the Republic.

THE national munition factories number seventy-five, and canteens have been established in all except a few small establishments the workers in which live close by. It has been found possible to provide a dinner of meat, vegetables, and a sweet for 8d. or 9d. The number of controlled works is about 3,500, and the provision of canteens for them is making good progress; firms which erect suitable buildings may set off their cost against excess profits. As was mentioned some time ago, the Health of Munition Workers Committee has issued a memorandum containing plans for temporary buildings for canteens.

WE learn from the *Journal of the American Medical Association* that the National Association for the Study and Prevention of Tuberculosis has received £20,000 from the Metropolitan Life Insurance Company to carry out a community experiment for three years with the object of demonstrating that tuberculosis can be controlled like any other infectious disease if right methods are adopted and adequate resources are available. It is proposed to choose a town or city of about 5,000 inhabitants, probably in New York or Massachusetts, and to apply there all the knowledge as to the treatment of tuberculosis available.

THE annual meeting of the Asylum Workers' Association was held on May 17th at 11, Chandos Street, W., the chair being occupied by the president, Sir John Jardine, Bt., K.C.I.E., M.P., who moved the adoption of the report, which was presented by the honorary secretary, Dr. Farquharson Powell. He drew attention to the war services of asylum workers, a very large percentage of male officers and attendants having joined the colours, while numerous nurses held Red Cross posts, or were employed in military nursing in the dozen or more asylums which had been converted into war hospitals. All, indeed, whether still remaining in asylum service or not, had felt the strain of the war, for asylum staffs had been seriously depleted, while the wards had become overcrowded in consequence of transfers of patients from asylums vacated for War Office purposes. The Executive Committee had continued their efforts to safeguard the interests of those serving as regards superannuation, etc., and it was hoped that they would be rendered secure by the recently passed Local Government Emergency Act. Private legislation was for the time suspended, but desirable amendments to the Superannuation Act of 1909 would be proceeded with as soon as opportunity permitted. The adoption of the report was seconded by Lieutenant-Colonel D. G. Thomson, R.A.M.C., president of the Medico-Psychological Association, and supported by Mr. Alfred Goodrich, late chairman of the London County Council Asylums Committee. Sir James Crichton-Browne proposed, in an interesting speech (in which he criticized adversely asylum treatment in Germany), the re-election as president of Sir John Jardine; this was seconded by Dr. G. E. Shuttleworth, and carried by acclamation. The election of the vice-presidents, Executive Committee, and officers was proposed by Dr. R. Armstrong-Jones of Claybury, and seconded by Dr. W. J. Seward, formerly of Colney Hatch Asylum, and, after other speeches by Dr. Fletcher Beach and the Rev. John Peck, the proceedings terminated. The balance sheet, made up to December 31st, 1915, showed £152 10s. to the credit of the association, the depletion of funds owing to diminution in annual subscriptions consequent on the war and other causes having been compensated by many generous contributions.

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, *Medisera, 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.

LOTHIAN desires to hear of a book giving hints as to exercises games, and occupations suitable for use in neurasthenic cases.

ATTENDANCE ON SOLDIERS BY CIVIL MEDICAL PRACTITIONERS.

X. Y. Z. writes: During April I attended a private in a regiment. At the end of the month I sent in my account to the officer commanding on Army Form O. 1667. Up to date I have neither received the money due nor any acknowledgement of my letter. May I ask what experience other members have had in similar case?

LETTERS, NOTES, ETC.

COLD FEET AND STUFFY HEADS.

DR. E. LLOYD-OWEN (Criccieth) writes: I find that through omission on my part of three words in my letter (May 13th, p. 708) under the above heading some of my medical friends have been puzzled. The sentence should have read: "Is there not during sleep a certain amount of anaemia of the brain (in spite of the horizontal attitude) resulting from determination of blood to the feet, and indeed to every part of the body covered by the bedclothes?"

MEDICINE AND THE NATIONAL VOLUNTEERS.

DR. H. J. HILDIGE (Pinner, Middlesex) writes: Now that the Compulsion Act has passed and it has become probable that most doctors under 41 may have to go, I am anxious to know whether there is a corps that we doctors who are over the age limit could join to get instruction in ambulance work. If a certain number of men in each Division could be persuaded to join, instruction classes might be arranged in a central district and the ordinary duties of camp work imparted. I think before long the Government will be making more use of the volunteers and it would be as well if we men over 41 knew something of the duties of field work, of which I must plead ignorance.

VALUE OF TUBERCULIN TREATMENT.

MEDICUS writes: In an article on "Results of Sanatorium Treatment" in your issue of May 27th, p. 763, I see that tuberculin administration has been discontinued at the Midhurst Sanatorium. Is this the case generally?

My own experience may be interesting. Five years ago tubercle bacilli were found in my sputum (my age was 54). I went at once to one of the high altitude places in the Engadine, where tuberculin was given me for three months by an expert authority on the administration of tuberculin. At the end of that time my larynx was badly affected, and my voice had gone to a whisper; pain and dysphagia were marked. I returned to England and continued tuberculin for another four months with every precaution. Laryngeal symptoms continued and got steadily worse. On the advice of an eminent throat specialist, who had been through my trouble himself, I gave up tuberculin, kept absolute silence, and went to Madeira, never expecting to return. In six weeks my laryngeal symptoms were gone; at the end of four months I returned a different being. I have had no recurrence, thank God, up to date of laryngeal troubles; my voice, though not a Caruso one, has become audible once more, and my weight is normal.

Was the disappearance of laryngeal trouble due to the discontinuance of the tuberculin or to the silence treatment aided by the climate of Madeira? (after stopping the tuberculin I had three injections of antistreptococcus vaccine). My personal opinion is that if I had continued tuberculin I would not now be penning these lines.

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