

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SUDDEN DEATH FROM APOPLEXY.

Sudden deaths are not so often attributed to a "stroke" as they were a few years ago. Heart failure figures now much more frequently, and in the overwhelming majority of cases it is the truth. When one meets with quite a sudden death from a cerebral lesion it seems worth while recording.

A female, aged 62, had had a trace of albumin in the urine for several years. In 1908 she suddenly lost power in the right arm and hand, almost if not complete at first. The speech was only affected in as far as it was an effort to explain anything. In January, 1917, she had been entertaining friends in conversation all the afternoon, and just after tea became suddenly unconscious. Arriving a few minutes later I put her flat on the floor and found the heart sounds present. They improved with artificial respiration, but no air entered the lungs. There was no pulse at the wrist, and the heart sounds disappeared in half an hour from the attack. Some colour at first returned to the face; the pupils were moderately dilated. I imagine the immediate cause of death was cerebral haemorrhage involving the respiratory centre. The patient had homoeopathic tendencies, and had not consulted me about her general health for some years, hence the paucity of the account I can give of signs and symptoms. She had lost flesh, and always looked more or less pale and unhealthy. No *post mortem* examination was allowed.

I have never before known a case of apoplexy prove fatal until after many hours had elapsed.

HENRY WALDO, M.D., M.R.C.P.,

Consulting Physician, Bristol Royal Infirmary.

Clifton, Bristol.

A NOTE ON ACIDOSIS.

THE recent communications on acidosis in children by Dr. Campbell Stark and Dr. Pinson induce me to put on record some observations of my own on this subject.

When I was resident medical officer at the Children's Infirmary, Liverpool during 1915, many children, including babies, were admitted suffering from burns and scalds. The majority died even under the best local treatment, and some of those who succumbed had been only slightly burned or scalded in perhaps one limb.

Those who died presented the following symptoms: Within twenty-four hours of the accident, even when the child appeared fairly well on admission, there was a rise of temperature to 100° or 101° F.; the patient then became listless, with persistent vomiting, gradually becoming more and more drowsy, and usually within three days died from exhaustion.

In some of the cases I noticed the odour of acetone in the breath, and the urine by examination was found to be very acid and to contain a large quantity of acetone. After this, in every case of burns or scalds, in addition to the local treatment, I prescribed twenty grains of sodium bicarbonate and one drachm of syrup of glucose in one ounce of water every four hours, also small quantities of brandy when there was great prostration. The acetone disappeared from the urine in a few days. The mortality-rate greatly diminished.

There was one very striking case which has been impressed on my memory. A child, not quite a year old, was admitted to hospital almost immediately after being severely scalded; a catheter specimen of the urine was at once obtained and it was found to contain a large amount of acetone. It appears to me that this acidosis has much to do with the fatal issue, and this is borne out by the alkaline treatment reducing the mortality. The cause of the acidosis in these cases is evidently not dietetic, but it may be probably due to the nervous shock, and possibly, to some extent, to the suppression of the excretory function of the skin.

Liverpool.

R. J. MINNITT, M.B., Ch.B.

LIEUTENANT-COLONEL ARTHUR NIMMO WALKER, of Liverpool, who was killed in action on September 24th, 1916, left £8,905.

Reports of Societies.

TOXIC JAUNDICE IN MUNITION WORKERS AND TROOPS.

At a combined meeting of the Sections of Medicine, Pathology, and Epidemiology of the Royal Society of Medicine on January 23rd, when Surgeon-General H. D. ROLLESTON, R.N., was in the chair, a discussion on the origin, symptoms, pathology, treatment, and prophylaxis of toxic jaundice observed in munition workers and troops was opened by Dr. T. M. LEGGE, H.M. Inspector of Factories.

Incidence and Prevention.

Dr. T. M. LEGGE said that, in the early stages of the war, it looked as though poisoning by dope, which contained 12 per cent. of tetrachlorethane, was going to be formidable; 19 cases were detected in one factory in quick succession. That the tetrachlorethane was the culpable ingredient of dope had been shown experimentally by Dr. W. H. Willcox; the plenum system of ventilation then in vogue in the workshops was unsuitable. The danger had been combated by periodical medical examinations, installation of exhaust ventilation, and frequent changes of employment. The tetrachlorethane had now been replaced by a substitute which was safe. From first to last about 70 cases had been heard of, with 12 deaths. Concurrently two or three cases of toxic jaundice due to T.N.T. occurred, and this form of jaundice was made notifiable. At first only a few cases occurred, then with an intensification of the work, which coincided with the hot weather, there were more; later, in the last two months, there were fewer cases again. The incidence had been at places where the material was used rather than where it was made. The skin was the main channel of absorption, as shown by the occupations of those affected. A method of exhaust ventilation could do little to reduce the danger from skin absorption. Mechanical aids to diminish the need for handling the material had been employed. Other safeguards used were alternation of employment, periodical medical examination, and cleaner working; and these, with suitable ventilation, were the chief methods of control.

VISCOUNT CHETWYND (managing director of a large factory) wrote saying that it was in the interest of a factory that sickness should be kept down, in view of the reduction of labour. That poisoning was due to fumes rather than to dust was, in his opinion, shown by the fact that in a group of men who worked covered with dust but with easy access to the air no cases arose; while in another group who worked where the circulation of air was poor and fumes were more evident the incidence was 9.3 per cent. With better ventilation this percentage dropped, a similar reduction being noticeable also after a gale. There were more gastric cases among women than among men, who fed themselves better. A part of the wages of the women was withheld, and they were efficiently fed; a reduction of cases from 11.6 to 1 or 2 per cent. followed. Although the amount of wages withheld did not cover half the expense of feeding, the improvement in health made the transaction financially successful.

Professor BENJAMIN MOORE said that the minor illnesses arising from T.N.T. were of very great importance. The number of absentees from this cause at one factory was high. Animals kept in dense fumes for considerable periods had remained well. He then noticed that in a very clean factory, where workers had oily hands, cases occurred. Next he provoked poisoning symptoms in himself by rubbing an oily preparation of T.N.T. into his palms. In a factory he had breathed fumes and dust very systematically, but had not induced any poisoning. Most poisoning occurred among the workers who rubbed off the spilt material about the shells, which should never have been there. There was an attitude of false security about the handling of T.N.T. because it was so little explosive. There should be as clean working with T.N.T. as with black powder or petrol. As preventive measures, cleanliness came first, then alternation of employment. During the periods of cessation of work with T.N.T. there must

A TEMPORARY CLUB FOR TEMPORARY R.A.M.C. OFFICERS IN LONDON.

SIR,—Is it not possible to organize a club or meeting place where temporary R.A.M.C. officers passing through London could meet and know each other? They must have most interesting experiences to exchange as to war work.

If a committee could be formed and a small subscription asked for, it should be possible to hire some convenient house or make an appeal in the press for the use of a house, or some medical man or sympathetic outsider might loan a house to the committee suggested, say, for six months or so.

At such a centre a few emergency bedrooms might be provided, but lists of lodgings could be collected, and perhaps some friends might even give hospitality for a few days to such medical officers—most interesting guests!

Everything should be done on the quietest scale, and only light refreshments provided at first, to see if the place caught on. Letters, etc., could be received and kept for officers, and perhaps some ladies might attend in the afternoon and give help.

In my opinion experiences the most unique and valuable will be lost unless some such place is started.—I am, etc.,

GEORGE J. H. EVATT,
Surg on-General (Ret.).

J.U.S. Club, London, S.W., Jan. 23rd.

Universities and Colleges.

UNIVERSITY OF LONDON. UNIVERSITY COLLEGE.

THE abridged University College Calendar for 1916-1917¹ contains all necessary information. The Faculty of Medical Sciences occupies some three dozen of its pages.

UNIVERSITY OF EDINBURGH.

UNIVERSITY COURT.

At a meeting of the University Court on January 22nd letters were read from the University Courts of Glasgow and Aberdeen agreeing to send representatives to a joint conference on the subject of the compulsory retirement of Principals and Professors of the Scottish Universities on the attainment of a definite age limit or after a definite period of office.

The following additional Examiners were appointed: Professor W. D. Halliburton, M.A., F.R.S., King's College, London (Physiology); Professor Robert Howden, M.A., M.B., D.Sc., University of Durham (Anatomy and Anthropology); and Dr. Claude E. Ker (Medicine in its bearings on Public Health). Dr. John Mackie Whyte, University of St. Andrews, was reappointed additional Examiner in Practice of Medicine.

The Court finally adjusted the draft ordinance (Foundation of Chair of Tuberculosis), and directed that it should be duly signed and sealed, and forwarded in accordance with Section 21 of the Universities (Scotland) Act, 1889.

Dr. Alexander James and Dr. Claude B. Ker were reappointed Lecturers on Infective Fevers, and Dr. Graham Brown Lecturer on Neurology.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMMITTEE was held on January 25th, when Dr. Frederick Taylor, the President, was in the chair.

Admission of Member.

Vivian Bartley Green-Armytage, M.D. Bristol, L.R.C.P., having passed the necessary examination was admitted a Member of the College.

Licences.

Licences to practise physic were granted to eighty-three candidates who had passed the requisite examinations.

Diplomas in Public Health.

Diplomas in Public Health were granted, conjointly with the Royal College of Surgeons, to the following candidates: G. E. Beaumont, M.B. Oxon., M.R.C.P. Lond., M.R.C.S.; Vynne Borland, M.B., Ch.B. Glasg.; Seemampillai Francis Chellappah, L.M.S. Ceylon, L.R.C.P., M.R.C.S.; Una Griffin, M.B., B.S. Lond.; Sachchidananda Hoshen Paul, L.R.C.P., M.R.C.S.; Mary A. van Ingen, M.B., B.S. Lond.

Election of Councillors.

Dr. Michell Clark, Dr. W. E. Wynter, Dr. James Tayler, and Dr. Herbert Spencer were elected councillors.

University of Bristol.

Dr. Newton Pitt was elected a Representative Governor of the University of Bristol in place of Sir William Church, resigned.

¹ University of London: University College Abridged Calendar. Session 1916-17. London: Taylor and Francis. 1916. (Demy 8vo, pp. 422.)

Treatment of Venereal Disease by Quacks.

The President stated that at the invitation of the Association of Municipal Corporations he had taken part in a deputation to the President of the Local Government Board, urging that unqualified practitioners should be prevented from undertaking the treatment of venereal diseases.

Lectures.

The President also announced that he had appointed Dr. Saundby to be Harveian Orator, and Dr. E. S. Reynolds to be Bradshaw Lecturer for this year, and that the Council had appointed Dr. T. M. Legge to be Milroy Lecturer for 1918.

Reports.

A report was received and adopted from the Committee of Management recommending that Rugby School, which is already recognized for instruction in chemistry and physics, should also be recognized for instruction in biology.

After some further formal business the President dissolved the comitia.

The Services.

EXCHANGES.

CAPTAIN R.A.M.C. in charge of troops in Egypt desires exchange with M.O. on home station, hospital, or sanitary. Cardiff or London district preferred.—Address No. 250, BRITISH MEDICAL JOURNAL Office, 429, Strand.

Captain R.A.M.C.(T.F.), M.O. to Territorial battalion in Eastern Command, desires exchange with M.O. on Recruiting Medical Board, in or near London.—Address No. 450, BRITISH MEDICAL JOURNAL Office, 429, Strand

Obituary.

WILLIAM OLDRIGHT, M.D.,

PROFESSOR OF HYGIENE, TORONTO UNIVERSITY.

By the death of Dr. Oldright the profession of Canada loses one of its oldest and best known members. He was the son of Major Oldright of the 81st Regiment, and was born at St. Kitts in 1842. He was educated at the University of Toronto, graduating B.A. in 1863 and M.B. in 1865. When the writer entered the Toronto School of Medicine in 1868 he came in contact with young Oldright, who had begun practice, and was keenly interested in medical literature. He was a good linguist, and our teacher in physiology, Dr. Bovell, used his brains in the translations from German and Italian works. Many hours we spent together over Teichmann's monograph on the absorbent system, the beautiful plates of which served as texts for many lectures of our dear old teacher. To the stimulus of his example the writer owes his reading knowledge of medical German. Early in his career Dr. Oldright became interested in public health, and served for years as chairman of the Provincial Board. He was the first lecturer on the subject in the Toronto School of Medicine, and when the Medical Faculty of the University was organized he became professor of hygiene. His life-work may be said to have been the promotion of wise sanitation throughout the Dominion, and that the organization of the Provincial Boards has reached its present high standard is due in no small measure to his persistent advocacy of the needs of sanitation. Dr. Oldright had in high degree the sense of professional responsibility, and was an active supporter of the Canada Medical Association and of the local societies. There was in his character a fine fibre of earnestness, and a large circle of friends and patients appreciated the devotion with which he served their interests. Through men of his stamp is transmitted the Hippocratic tradition—in lives lived *caute, caste et probe*.—W. O.

HENRY HUMPHREYS, M.A., M.D. CANTAB., M.R.C.P.

DR. HENRY HUMPHREYS, who died at his house at Richmond on January 16th, at the age of 72, was a man of brilliant talents, who, had it not been for his weak health, might well have attained great distinction. He was the son of Mr. Charles Humphreys, an architect in the City of London, where he was born. Educated at the City of London School, he proceeded to St. John's College, Cambridge, where he graduated as fifth wrangler, proceeded to the M.A. degree in 1870, and became a Fellow of his college. He studied medicine at University College, London, took the diplomas of M.R.C.S. and L.S.A. in 1872, the degree of M.D. in 1875, and the M.R.C.P. in 1877. In

1873 he joined the Middlesex Hospital, where, after holding the posts of house-physician and obstetric house-physician, he was appointed medical registrar, and prepared the interesting and carefully compiled reports for 1875 and 1876. In 1877 he married a daughter of Dr. E. Duncan of Leadenhall Street, and in the same year went to reside at Manchester, having been appointed physician to the Pendlebury Hospital for Sick Children.

He threw himself into his new duties, and had already given promise of good scientific work, when, under unforeseen trials, his health broke down, and he was compelled to resign office, after three years' tenure, and abandon a career for which he was eminently fitted. For the next ten years he practised as a physician at St. Leonards, where he was attached to the hospital, and after that for five years at Fleet, and finally at Torquay, whither he removed in 1893. Here for another decade he spent a quiet and industrious life, not overburdened with practice, and taking much interest in the Natural History Society and Museum, of which he was president. His last work was to prepare an elaborate study of mosses for a meeting at Launceston, where the first symptoms of another breakdown occurred, which necessitated his retirement from active work. He never entirely recovered. For nine years he was devotedly tended by his wife. He died after a few days' illness from heart failure.

Dr. Humphreys was a man of fine character, modest and retiring, and thoroughly unselfish. During his hospital life he proved to be a shrewd observer, keen and enthusiastic in the pursuit of clinical medicine. It was a disappointment to his London friends, as it must have been to himself, that his career at Manchester was so abruptly cut short, from no fault of his own.

THE medical profession has lost one of its oldest members by the death of WILLIAM HENRY FREEMAN, M.R.C.S., L.S.A., which occurred at his residence at Hove on December 15th, 1916, in his 94th year. He was the second son of Joseph and Mary Bell Freeman and was born in 1823 at 20, Spring Gardens, London, where his father was a well-known medical practitioner. William Henry Freeman was educated at King's College School and at King's College, St. Thomas's, and St. George's Hospitals. He was apprenticed to his uncle, Joseph Henry Green, who was twice President of the Royal College of Surgeons and in after life the friend and literary executor of the poet Coleridge. W. H. Freeman became M.R.C.S. in 1845 and L.S.A. in 1846. He began in 1847 to assist his father, whom he ultimately succeeded, in his practice in Spring Gardens, then a residential neighbourhood, and they had to do with many interesting and important people. When Spring Gardens and New Street were given up to Government offices he moved to St. George's Square, and on retirement left London for Hove, where he passed the last eighteen years of his life, deriving fresh vigour from its sunshine and bracing air. He was a member of the British Medical Association and Governor of the Royal Medical Benevolent College, as it used to be styled, and had been a director of the Society for the Relief of the Widows and Orphans of Medical Men. He was fond of talking of old times, and of telling how the students used to sit outside the dissecting room at King's, which then opened on to the river, smoking their pipes and watching the boats pass by; of old St. Thomas's Hospital in the Borough, which in those days had three residents only—the apothecary and two house-surgeons, and how beefsteaks and porter were sent in for the delectation of the latter from the adjacent public-house—the forerunner of the Students' Club of our own day. He talked of the horrors of mercurial treatment in those remote days, when the efficiency of the drug was estimated by the amount of salivation it caused in the unfortunate patient. He had seen Sir Astley Cooper as a boy, and in later life he knew all the consultants of the period of Sir William Gull and thereabouts. He married in 1856 Emily, daughter of the late John Carrick of Southgate, and his widow and five children survive him. His eldest brother died a surgeon in the service of the Honourable East India Company, and his eldest son joined the R.A.M.C. as soon as he had qualified.

DR. JAMES GOWANS, who died at his residence at Broughtly Ferry, Forfarshire, on January 15th, was the

son of the Rev. James Gowans of Brechin, and was in his 67th year. He received his medical education at the University of Glasgow, where he graduated M.B., C.M. in 1876. He subsequently filled the offices of visiting surgeon to the Newcastle-upon-Tyne Dispensary and resident physician to the Glasgow Western Infirmary. He settled in Broughtly Ferry in 1879, where his skill and genial manner won for him a large practice and many friends. Dr. Gowans, who was a warm advocate of outdoor recreation, was an enthusiastic golfer.

DR. CHARLES MATTHEW BRADY died on January 19th while proceeding on a train car to the Royal Albert Edward Infirmary, Wigan, to which institution he was consulting surgeon. After receiving his education at the Ledwich School of Medicine, Dublin, he took the diplomas of L.R.C.S.I. in 1879 and those of L.A.H.Dub. and L.M. of Coombe Hospital, Dublin, in the following year. He subsequently held the post of resident surgeon at the Jervis Street Hospital, Dublin. He went to Wigan between thirty and forty years ago. He was a member of the British Medical Association and an ex-president of Wigan Medical Society. For many years he had been a member of the old Wigan School Board, and was a member of the Wigan County Borough Insurance Committee. He was one of the founders of the Wigan Golf Club, of which he was a vice-president. He leaves a widow and three children.

Medical News.

THE Central Committee of the German Red Cross has undertaken to make a collection of pictures dealing with the activities of the Red Cross, including portraits of officials.

COLONEL CUTHBERT WALLACE, C.M.G., A.M.S., Assistant Surgeon to St. Thomas's Hospital and at present Consulting Surgeon with the British Expeditionary Force in France, has chosen gunshot injuries of the abdomen as the subject of the course of three Lettsomian lectures which he will deliver before the Medical Society of London next March.

MAJOR JOHN BRUCE, R.A.M.C., will give a short lecture and demonstration on the treatment of scabies with sulphur vapour at the meeting of the Dermatological Section of the Royal Society of Medicine, at 5 p.m., on Thursday, February 15th.

THE Ashby-de-la-Zouch Guardians have adopted a resolution urging the Government to promote legislation to ensure that a medical man shall not be liable to action for libel if he warns the responsible members of a family of a patient suffering from venereal disease of the nature of the disease and the danger of infection.

A NEW Italian periodical, dealing as its title, *Le Malattie del Cuore*, imports, with diseases of the heart, made its first appearance on January 1st. It is published monthly at Genoa (Via Frugoni, 13) under the direction of Professor F. Mariani. The issue of February 1st is entirely devoted to the cardiology of the soldier.

THE French Minister of the Interior has appointed a committee to investigate all questions relating to prostitution and the prophylaxis of venereal diseases. The chairman is Dr. Peyrot, senator and member of the Academy of Medicine. Among the other members of the committee are Dr. Chautemps, senator; Drs. Doizy and Delom-Sorbé, deputies; Dr. Faivre, inspector-general of administrative services; M. de Casabianca, deputy procurator-general at the Paris Court of Justice; M. Paoli, general secretary of the prefecture of police, with various officials of the departments of public assistance and hygiene in the Ministry of the Interior, and Drs. Chantemesse and Renault as technical advisers.

AN inquest was held at Paddington on January 27th with regard to the death of Lieutenant-Colonel C. W. F. Gorrell, C.A.M.C., aged 45. Dr. Spilsbury gave evidence that death was due to prussic acid poisoning. Lieutenant-Colonel M. Alexander, Assistant Judge-Advocate-General to the Canadian Force, said that an inquiry had been held last September into the administration of the Canadian Hospital at Cliveden, of which the deceased was commanding officer. Certain irregularities were discovered, and a general court-martial was held, but only slight breaches of discipline were established. At the request of the Red Cross Society instructions were given that

Lieutenant-Colonel Gorrell should not leave England, though as he had been relieved of his commission, having been asked to resign, he was anxious to return to Canada. It was stated in evidence that about a month ago he had a stroke, had suffered from sleeplessness, and was neurotic. A verdict of suicide during temporary insanity was returned.

Letters, Notes, and Answers.

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.

THE telegraphic addresses of the *BRITISH MEDICAL ASSOCIATION* and *JOURNAL* are: (1) **EDITOR** of the *BRITISH MEDICAL JOURNAL*, *Attilough, Westrand, London*; telephone, 2631, Gerrard. (2) **FINANCIAL SECRETARY** and **BUSINESS MANAGER** (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard. (3) **MEDICAL SECRETARY**, *Mediscera, 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.

LETTERS, NOTES, ETC.

DR. J. H. L. CUMPTON, Director of Quarantine, Federal Quarantine Bureau, Spring Street, Melbourne, desires to complete a set of the annual reports of the Medical Officer to the Privy Council, issued prior to 1874. Through the courtesy of the Local Government Board he has obtained a number of the volumes, but the Board is unable to obtain the first report, and the third to the ninth inclusive. The Director is anxious to hear of the existence of copies of the missing reports.

APPENDICITIS AND ENAMELLED WARE.

DR. JOSIAH OLDFIELD (Bromley, Kent) writes: Your correspondents who draw attention to the possible relation between the modern use of enamelled ware and the great increase in appendicitis assume, I think rather unfairly, that any great amount of broken enamel gets into the food that is actually eaten. Owing to their weight, bits of enamel would fall to the bottom of the vessel, and generally be cast away with the dregs or be removed with the straining which takes place so extensively in cooking. None the less, the actual danger of swallowing for any length of time spicules of broken enamel can be adduced from one of the methods of poisoning in bygone ages, when powdered glass was administered with the food with fatal results. Those who have had to do with the management of horses in camp have learned during the last two years also the great danger of their picking up sharp sand with their oats and hay. While the danger of enamel ware would be real if carried to any excess, it seems hardly likely that an occasional spicule here and there would cause any serious injury, unless the intestine were filled with pathogenic material at the time when the actual scarification takes place. The moral, therefore, is to keep the intestinal contents physiologic by a correct dietary rather than give up the use of enamel ware.

INFLUENCE OF ABSOLUTE REST IN THE TREATMENT OF SYPHILIS.

DR. J. LEWIS THOMAS (Newport, Mon.) writes: As the treatment of syphilis is attracting much attention these days, it is highly desirable to have simple facts in place of Continental hypothesis and dangerous complicated procedures, so the history of two cases may be of interest.

Some years ago a soldier, K., was discharged from the army with advanced and extensive tertiary syphilis. He was told that if the thorough treatment of the army surgeons had not been successful there was not much hope of a better result at the hands of the private practitioner. He was ordered a solution of mercuric chloride and potassium iodide with aromatic spirits of ammonia and tincture of nux vomica, and was told to lead an open air life and take a generous diet. His condition got steadily worse, and at last he took to his bed apparently to die. The usual "change of doctor" took place with no better result. Being called in again I put him once more on the same mixture, with the astonishing result that within three months the man was working in the mine with all his wounds healed. Within twelve months he rashly married and his wife gave birth to an apparently healthy child.

This case was vividly recalled by that of Mrs. T., who was sent to me as a case of advanced pulmonary and osseous tuberculosis. As the ulceration looked very much like tertiary syphilis the woman was put on the same mixture, which she took, there is every reason to believe, quite faithfully. Her case went from bad to worse, but at the request of her medical attendant she was taken into hospital to die as a tuberculosis case, although examination of the sputum for the tubercle bacillus was negative. The same mixture was prescribed and faithfully taken. In less than four months she was once more in the bosom of her family, having gained over 2 st. in weight and "looking the picture of health," as her surprised friends put it. Eighteen months have passed, and she still "enjoys very good health."

SUPERNUMERARY NIPPLES.

SURGEON-MAJOR NOBLE, V.D. (Kendal) reports that during his examination of over 5,000 recruits he met with two cases, within a few weeks of one another, of supernumerary nipples; both were on the right side, exactly 2 in. below the normal nipple, and each had a very faintly marked areola. This experience would seem to confirm the opinion expressed by certain authorities that supernumerary nipples are not so uncommon as is supposed. If serving no other useful purpose, they are, at any rate, valuable as identification marks for recruits!

THE TITLE OF "DOCTOR" AND THE "PERSONALITY."

DR. G. T. CREGAN writes: It cannot but strike one how often, when reports are given of medical evidence in newspapers, etc.; or of lectures given or statements made by medical men, that the paragraph begins by "A doctor said . . ."; or "The medical officer certified . . ."; or "The doctor in attendance was of the opinion that . . .". We are all agreed that the medical profession is the silent profession, but this reticence is apt to become deteriorating instead of uplifting if carried too far. It is surely much more dignified to read that Dr. X., who was in attendance, said . . .; or that Lieutenant, Captain, or Major X., when asked his opinion, said . . . than to have nothing to represent one's personality than the mere trade-mark of the profession, which, after all, holds good in the case of a candlestickmaker or any other of the small callings which demand but little of one's initial brain capacity. Let every medical practitioner insist or instruct in inquiries or similar cases that his evidence is not to be dismissed by a mere professional nomenclature, but that he is as much entitled—and, as all of us feel certain, a great deal more—to the insertion of his own name and surname in the report and so obviate the impression on reading that some one who is a three-named hall-porter has priority to the name of his christening before the medical man, who, when the case is sifted out, has always contributed to the crux of the issue.

THE PRICE OF SKILL.

DR. J. R. S. ROBERTSON (Hayling Island, Hants) writes: Your small article on the "Price of Skill" in your issue of January 27th reminds me of an answer given by the late Professor McHardy which bears out fully the purport of your article. The professor had just removed the eyeball of the relative (a wealthy woman) of a gentleman who had asked him the amount of his fee. He replied, "Five pounds." "Dear me," said the gentleman, "that is very little." The professor added, "Five pounds for doing the operation, one hundred pounds for knowing how to do it—one hundred guineas." This was paid without a murmur.

A PROLIFIC FRENCHWOMAN.

NAPOLÉON, when asked by Madame de Staël whom he considered the greatest woman that ever lived, replied, to the discomfiture of the conceited lady, "The one who had the most children." The great captain, who used to go round among the women of his court with the exhortation *Faites-moi des soldats*, would have approved of the patriotic fecundity of a woman living in a small village of the Somme. Her story is told by Dr. Henri Raymond in *Paris médical* of December 16th, 1916. Marie Dehen was born at Monsieux in 1847 and bore her first child at the age of 18 and her last at 49. The sum of her contribution to the population of France was thirty-two, of whom eighteen were boys and fourteen girls. Eight of the former and seven of the latter are still alive. The others died in childhood. She had three miscarriages. As her periods did not cease till she was 60, she might have continued her good work still further but for the death of her second husband. Only at the birth of her first child did she have the assistance of a doctor; his ministrations taught her all she wanted to know, and in all her subsequent confinements she managed for herself. She got up on the day after the happy event and carried the baby in her apron to church for baptism. Her experience has led to her employment as the local midwife, an occupation which she varies with that of tender of cows. Her surviving offspring, though quite healthy, have given no proof of remarkable fecundity, with one exception. A daughter who married at 25 and is now 35 has had ten children in ten years and now awaits the arrival of the eleventh. Marie Dehen is known among her own people as "the woman with thirty-five children." The facts may be accepted without question, as they are recorded in the registers of the *Mairie* and the parish.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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