

opinion the careful administration of tuberculin on scientific lines will do a great deal to limit the infection.

I venture to make the following suggestions regarding its use:

1. Tuberculin should be prepared from attenuated and non-virulent cultures of bacilli.
2. It should be freshly prepared and used within a week.
3. Given in graduated and increasing doses at intervals of seven days.
4. Acute reactions are not necessary.
5. Not less than twelve injections should be given at intervals of one week, but in some cases a great many more injections are required.
6. The most favourable cases for treatment are local lesions, but early cases of pulmonary tuberculosis may be limited and a further spread to other parts of the lung prevented.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PARAFFIN WAX FOR FIRST-AID TREATMENT IN BURNS.

THE use of paraffin No. 7 in the treatment of burns and various forms of ulceration is well known, but it has occurred to me that ordinary hard paraffin would be an ideal first dressing for a burn through the protection it would afford and the complete absence of pain on removal. Paraffin candles, found in most houses, afford the material necessary, and it is simplicity itself to light the candle and allow the wax to gutter on to the burn.

Attention must be given to several small points: The candle must be held at a fair distance—about 10 in.—so that the paraffin is not too hot when it falls upon the injured part, and it is well not to keep dropping on one place but to dodge about over the surface; a mass of melted wax in one place is painful. The dressing can be completed by putting a small piece of clean linen or cotton-wool over the wax and dropping some more upon it. The heat of the burning candle seems to be sufficient to sterilize the wax, and, in any case, I should suppose that paraffin is not a substance likely to afford much nourishment to micro-organisms.

I have tried this method in a number of cases and found no ill effects; perhaps the healing action is not quite so rapid as with paraffin No. 7, but the painlessness is equal.

Alconbury Hill, Hunts.

J. R. GARROD, M.D.

PARENTAL BLOOD IN HAEMORRHAGE OF THE NEWBORN.

I HAVE met with three cases of haemorrhage of the newborn during my twenty-one years of practice here. The first case died, the two last recovered.

The first case, a female infant, was treated on the usual old-fashioned lines of drug treatment, but died in spite of every effort. The necropsy revealed only the ordinary negative findings.

The two later cases were treated by the subcutaneous injection of the parent's blood, of the father in the first case and of the mother in the second. Magnesium sulphate solution, saturated, was employed to prevent clotting. The effect was immediate and successful.

The notes of the third case are these:

A female infant, full term, well nourished, was born after normal labour on March 8th, 1920. The mother's age was 40. Eight years had elapsed since the previous confinement.

At 1 a.m. on March 11th the child vomited blood and passed some eight or nine abundant stools of blood. I saw her at 1 p.m. and found her feeble and passive—in the condition, in fact, of a child who had lost a great quantity of blood.

I immediately gave the infant an injection of 6 c.cm. of the mother's blood in the right flank. To obtain this blood, some saturated solution of magnesium sulphate was placed in an egg-cup in a saucepan of boiling water, and the 5 c.cm. Record syringe was sterilized in the boiling water. Half a cubic centimetre of the magnesium sulphate solution was drawn into the syringe, and this was then filled with the mother's blood taken from the median basilic vein in the usual manner.

The next action of the bowels was at 7 p.m., and during the night there were four other stools. A stool was passed at 9 a.m. the next day, and again at 7 p.m. All these were black, but

contained no fresh blood. A stool passed at 10 p.m. was of the normal character and yellow colour. That at 7 p.m. was a mixture of black and yellow. The child, being too feeble to suck, had been fed by the spoon with mother's milk, drawn by the breast pump; as the quantity was scanty it was supplemented by diluted cow's milk. All the warm water possible was given also, between the feeds. The further progress to recovery was sure and uneventful.

It is extraordinary that since writing the above I have met with my fourth case. A male infant, born on March 31st, vomited blood on April 1st. In this case I was unable to obtain more than 1 c.cm. from the father, as he had a very serious convulsive seizure—due, I presume, to the cerebral ischaemia of a grave faint brought on by the operation—whilst I was drawing off the blood from his arm. I therefore supplemented this by a further 2 c.cm. from the mother, thus giving 3 c.cm. in all. The progress of the case was uneventfully successful.

In the first, third, and fourth cases here recorded the child was the second of the family. In the second case I am unable to trace the parents, and do not recollect what place in the family the child took, and I cannot find any note on the point.

MELTON MOWBRAY. MONTAGUE DIXON, M.D., B.Sc.Lond.,
M.R.C.S., L.R.C.P.

Reports of Societies.

MODES OF ANAESTHESIA.

AT a meeting of the Sheffield Medico-Chirurgical Society on April 1st a discussion was held on anaesthetics.

Mr. HERBERT HALLAM, after comparing the merits of ether and chloroform, said that the only two safeguards against overdose of the latter were a knowledge of its physiological action and the maintenance of a free airway. He enunciated his theory of the cause of chloroform overdose as follows:

Air containing chloroform enters the lung alveoli and the vapour is absorbed by the blood, such absorption depending on (1) the percentage of chloroform in the inhaled air, (2) the air pressure in the alveoli. Thus a current of air containing chloroform goes in and out of the lung alveoli, and as more vapour is absorbed the characteristic signs of anaesthesia develop. If this exchange occurs with freedom all is well, but if any interference with respiration occurs through obstruction the situation becomes one of extreme danger. Nature's remedy for obstruction is expiratory effort, and the combination of expiratory effort and obstruction raises the alveolar pressure and alters the composition of the residual air; consequently rapid absorption of chloroform occurs leading to an overdose. The patient is poisoned not from the chloroform on the mask, but from that in his alveoli.

Illustrations in support of this theory were: (1) In the operation for tonsils and adenoids a patient "lightly under" might through lingual obstruction or the manipulations of the surgeon become suddenly poisoned. (2) The absence of poisoning where intratracheal administration by catheter was employed and there was free airway. (3) The rapid recovery from poisoning when by removing obstruction and performing artificial respiration intralveolar pressure was rectified. Mr. Hallam also referred to the question of idiosyncrasy to chloroform and the value of suggestion before operation.

Dr. W. DAKIN MART demonstrated Boyle's gas and oxygen apparatus, laying stress on the importance of systematic preliminary arrangement of the accessory appliances. He advocated preliminary medication with morphine $\frac{1}{4}$ grain and atropine $\frac{1}{15}$ grain, twenty minutes before the start of the operation. In abdominal operations the abdominal wall should be anaesthetized (after the patient was under) by means of $\frac{1}{2}$ per cent. novocain and $\frac{1}{2}$ per cent. potassium sulphate given independently and injected layer by layer. This prevented the occurrence of pain after coming round, and so enabled the patient to breathe more deeply, and clear the lungs more quickly. It was desirable to start the induction with a pressure of one "hole" of oxygen and three of nitrous oxide. The patient first breathed air until the bag was three-quarters full of this mixture, when the valves were turned on and he breathed from the bag and into the air. Then rebreathing in and out of the bag began. The colour of the ears should be watched; if they became dusky more oxygen should be given.

weight, as is proposed in regard to utility motor vehicles. That would encourage more economical motoring, lighter motor vehicles, and would not prejudice the method of design in any way.

FOREIGN MINERAL WATER RESORTS.

THE fact that we are now enjoying the blessings of peace—if indeed it be a fact—is turning the thoughts of the British, who are inveterate wanderers, towards the possibility of visiting foreign countries. Among these are a certain number of persons who wish to combine a holiday with spa treatment. We have recently received two communications, one from Dr. D. W. Samways, of Mentone, about Brides-les-Bains—sometimes called the French Carlsbad—and the other from Dr. T. Gerald Garry, of Cairo, about Pistany, called before its incorporation in the Czecho-Slovak Republic "Pöstyén."

BRIDES-LES-BAINS.

Brides-les-Bains, in Savoy, lies at an elevation of 1,800 ft., amidst, as Dr. Samways says, magnificent mountain scenery. Brides-Salins is two miles away. At Brides-les-Bains, where most visitors reside, the daily yield is about 100,000 gallons of water at 95° F. It is closely analogous to the Sprudel source at Carlsbad, there being about the same total mineralization, very similar constituents, and the same quantity of free carbonic acid gas. The output of medicinal water at Brides-Salins is very abundant—about one and a half million gallons daily. The temperature is 96° to 97° F. The principal source at Nauheim (the Frederic Wilhelm) has the same temperature, and, except that it is somewhat stronger, essentially the same composition as that at Salins, though as weaker waters are commonly employed in the earlier stages of treatment, the Salins waters are suitable for these stages, and, by concentration, for the later stages also. The concentration of carbonic acid gas at Nauheim is about half as much again as at Salins, but the superabundance of water at Salins is a great asset, and the private as well as the swimming baths are commonly taken in running water. Dr. Samways continues:

Persons suffering from disorders affecting the abdominal organs, liver, stomach, intestines, or kidneys, will generally profit considerably by a course of waters at Brides. Gout, diabetes, and obesity are likewise treated. The waters at Salins are suitable for young people with enlarged glands, anaemia, chlorosis, and debility, and great numbers of French children are sent there, as also are convalescents generally. Cardiac cases are treated as at Nauheim. Women suffering from disorders peculiar to their sex were specially recommended to visit Brides by Professor Buchanan of Glasgow, who was much impressed by the value of the waters for these cases (*Glasgow Medical Journal*, December, 1889).

It is many years since I practised at this wonderful little spa, but I have never seen in England or in France any spa which can compare with it for range of possibilities or inherent merit. It has, moreover, the additional advantage of being situated in the middle of one of the most beautiful districts in France.

Brides-les-Bains is reached by passing through Aix-les-Bains to the terminus of Moutiers, sixty miles beyond Aix and three miles from Brides. The best and usual season for English visitors is from the middle of May till the middle of July, after which it is almost impossible to find accommodation, while for English visitors it is too hot.

PISTANY.

Dr. Garry writes in praise of the therapeutic properties of the thermal water and mud available at Pistany in Czecho-Slovakia. They were praised in this JOURNAL as long ago as 1888 by the late Sir T. Spencer Wells, who spoke of the benefit derived by patients crippled through gout or rheumatism and by chronic diseases of the joint. Inveterate cases of sciatica, he said, had been cured, and also chronic periostitis and catarrhs of certain internal organs. Sir Spencer Wells added that "after the [then] last war a great many men who had suffered from simple and compound fractures of bones, or chronic exudations after other injuries, or neuralgia after amputation or resections, recovered rapidly at" Pistany. Dr. Garry suggests that at the present time, when so many are crippled or suffer intractable pain of a rheumatic or neuralgic character due to hardship or exposure in the recent war, the experiences of so eminent an authority at Pistany cannot be too widely circulated. Both the

water and the mud have a natural temperature of 140° F., and both, but especially the mud, possess a high degree of radio-activity, the mud retaining this property while in use.

The "cure" consists in drinking the water and taking baths: (a) the basin bath of pure mineral water (mirror bath); (b) the basin bath with natural mud residuum; (c) private baths of pure mineral water; (d) private mud baths; (e) localized mud baths and poultices.

The treatment, Dr. Garry says, is efficacious in the following conditions:

In inveterate cases of arthritis (often completely cured), chronic gout and rheumatism accompanied by pain, stiffness or thickening in the muscles and joints, after injuries to bones, tendons, or the joints, especially in the painful conditions so frequently noticed as a result of defective or imperfect union of fractures, chronic sciatica, lumbago, neuralgia, and neuritis.

Chronic pelvic troubles are relieved, also the painful conditions following appendicitis or peritonitis.

Pistany has obtained a reputation in the treatment of chronic spinal affections; the cases, however, which are speedily and permanently cured are that large class comprised under the various forms of paralysis of functional origin, generally associated with peripheral neuritis, and due either to toxæmia after infectious fevers, or to gout, alcohol, or metallic poisoning.

Many cutaneous affections are greatly benefited. Obesity is also favourably influenced as well as the trophic disturbances associated with varicose veins. A British physician practises at Pistany during the summer months, and at the present time living for English-speaking people, owing to the rates of exchange, is very cheap and food is plentiful and good.

Pistany is three hours from Vienna, three and a half from Budapest, and one from Pressburg. The surrounding country is beautiful and of historical interest. Hale persons accompanying invalids will find facilities for fishing, boating, golf, and tennis. Persons who may think of trying Pistany this year will be well advised to obtain reliable recent information about the journey.

HONOURS.

A SPECIAL Supplement to the *London Gazette*, dated March 30th, contains the following promotions in and appointments to the civil division of the Order of the British Empire for services in connexion with the war:

M.B.E.

Tom Bland Abbott, L.S.A., Medical Services, Lotherford Hall Auxiliary Hospital, Aberford, West Yorkshire. George Reinhart Anderson, F.R.C.S., L.R.C.P., Surgeon, Southport Infirmary. James Edwin Anderton, M.R.C.S., L.R.C.P., Medical Officer, New Mills Auxiliary Hospital, Derbyshire. Bennett Harvey Andrew, M.D., Medical Officer, Thame Auxiliary Hospital, Oxfordshire. Henry Edward Annett, M.D., Medical Officer, Joint Committee Hospital, The Vicarage, Run-corn, Cheshire. Frederic Fairbairn Armytage, L.R.C.P., L.R.C.S., Medical Officer, Askam Grange, Clifford Street and Nunthorpe Hall Auxiliary Hospitals, Yorkshire. John Parkinson Atkinson, M.R.C.S., L.R.C.P., Senior Medical Officer, Walden Place Hospital, Saffron Walden.

Edwin Baily, M.D., Medical Services, British Red Cross Convalescent Home for Officers, Hotel Californie, Cannes. Lieut.-Colonel Frederick Rowland Barker, M.B., Secretary, Worthing Branch, British Red Cross Society. Ernest James G. Berkly, F.R.C.S., Divisional Inspector, Southwark, British Red Cross Society; Medical Officer, Divisional Hospital. William Henry Bishop, M.B., B.S., Medical Officer, 14th Northumberland V.A.D. Hospital, Holeyn Hall, Wylam-on-Tyne. Richard Oxley Bowman, M.D., Medical Officer in charge, Fairview Auxiliary Hospital, Ulverston. Frederick Augustus L'Estrange Burges, M.R.C.S., L.R.C.P., Member of Medical War Committee, Sheffield, Ministry of National Service. Ernest Joseph Burnett, M.B., Commandant and Medical Officer of Skelton Red Cross Auxiliary Hospital. Henry Ambrose Burrows, M.D., J.P., Medical Officer and Officer in charge, Lynn Auxiliary Hospital, Cheshire. Henry Branson Butler, F.R.C.S., Surgeon, Auxiliary Hospitals, Guildford.

William Edmund Cant, M.D., F.R.C.S., Medical Officer, Woodhouse and Great Horkesley and Gostwycke Auxiliary Hospitals, Colchester. Arthur Ernest Clarke, M.D., Medical Officer, St. Augustine's Hospital, Rickmansworth, Hertfordshire. George Cran, M.D., V.D., J.P., County Director, Kincardine Branch, British Red Cross Society; Medical Officer, Weil Auxiliary Hospital.

James Henry C. Dalton, M.D., J.P., Member of Cambridge Borough Local War Pensions Committee. George Day, F.R.C.S., Medical Officer to H.M. Cylinder Depot, Bucknall, Ministry of Munitions. William Thomas Dempster, M.R.C.S., L.R.C.P., Commandant and Honorary Medical Officer, South Croydon Red Cross Hospital. Major Herbert Crowley Dent, Medical Officer, V.A.D. Hospital, Colne House, Cromer. John Henry Dewhurst, M.D., M.R.C.S., Medical Officer, Norton Hall Auxiliary Hospital, Gloucestershire. Alexander Dey, M.B.,

C.M., Medical Officer, 12th Northumberland V.A.D. Hospital, Fowberry Hetton, and 13th Northumberland V.A.D. Hospital, Etal Manor, Cornhill-on-Tweed. Eustace James Carey Dicks, M.D., B.S., Medical Officer, Eastor Park Hospital, Suffolk. - Herbert Dobie, M.D., Principal Medical Officer, Eaton Hall Auxiliary Hospital; Medical Officer, Oakfields Auxiliary Hospital, Upton, Cheshire. Herbert Leopold Dowling, M.R.C.S., L.R.C.P., Medical Services, St. John Voluntary Aid Hospital, Hull. Thomas Lambert Drapes, M.B., B.C., Medical Officer, Portskewett and Gwy House Auxiliary Hospital, Chepstow, Monmouthshire. Motherwell Duggan, M.R.C.S., L.R.C.P., Medical Officer, Rayner Croft and Haigh Lawn Auxiliary Hospitals, Bowdon, Cheshire, and John Leigh Officers' Hospital, Altrincham. Robert Harold W. Dunderdale, M.R.C.S., L.R.C.P., Medical Officer, Blackpool Hospital, and Secretary to Medical Board. William James Durant, M.D., Medical Officer, United Alkali Company, Limited. John Richard Haigh Dyson, L.R.C.P., L.R.C.S., Medical Officer, Honley Auxiliary Hospital, Huddersfield.

Flavell Edmunds, M.R.C.S., L.R.C.P., Medical Officer, Chesterfield Auxiliary Hospital, Derbyshire. Bogdan Edward J. Edwards, M.B., C.M., Commandant and Medical Officer, Boothroyde Auxiliary Hospital, Brighstone, West Yorkshire. Roger Bellis Edwards, M.B., B.S., Medical Officer, Leeswood Hall Auxiliary Hospital, Mold, Flintshire. Arthur Campbell Elliott, M.B., C.M., Medical Officer in Charge, Chaseside Auxiliary Hospital, St. Anne's-on-Sea. Harry Loft Evans, M.R.C.S., L.R.C.P., Member of Hull Medical War Committee, Ministry of National Service. William Owen Evans, L.R.C.P., L.R.C.S., Voluntary Medical Services to sailors and soldiers and their dependants in the Swansea Valley.

Frank Fawcett, M.B., B.S., Medical Officer, East Chilton Hospital and St. Ann's Auxiliary Hospital, Lewes, Sussex. Edgar Hall Felton, M.R.C.S., L.R.C.P., Medical Officer, Cleethorpes Auxiliary Hospital, Lincolnshire. Bernard Gilpin Forman, M.B., Ch.B., Commandant and Medical Officer, Cober Hill Hospital, Scarborough. Alfred Wightman Forrest, M.B., C.M., Member of Sheffield Medical War Committee, Ministry of National Service. Miss Sarah Louise Fraser, M.D., B.S., Medical Officer, Nunthorpe Hall Auxiliary Hospital, York.

Henry Willoughby Gardiner, M.D., F.R.C.P., Medical Services, Quarry Place Auxiliary Hospital, Shrewsbury. Thomas Gerald Garry, M.D., Cairo Representative, St. John Ambulance Association. Captain James Albert Gibson, M.D., Medical Officer, Galcombe Auxiliary Hospital, Isle of Wight. John Cecil M. Given, M.D., Medical Officer, Holt Auxiliary Hospital. Hope Wilkes Gosse, M.R.C.S., L.R.C.P., Medical Officer, Eccleshall Auxiliary Hospital, Staffordshire. Lieut.-Colonel Robert Balfour Graham, V.D., F.R.C.S., J.P., County Director, Fifehire Branch, British Red Cross Society. George Gunn, M.D., F.R.C.S., Medical Officer, Parkgate Auxiliary Hospital, Cheshire.

Edward Marrack Hainworth, F.R.C.S., Medical Services, St. John V.A.D. Hospital, Hull. John Halliwell, M.R.C.S., L.R.C.P., Medical Officer, Winchcombe Auxiliary Hospital, Gloucestershire. Andrew Harris, F.R.C.S., L.R.C.P., Medical Officer, Red Cross Hospital, Keyford, Frome. Louis Brightwell Hayne, M.D., Medical Officer, Grove House Hospital, Harrogate. John Edridge Healey, M.B., Ch.B., Medical Officer, Moor Park Auxiliary Hospital, Preston. Captain George Brown Hillman, Medical Officer, Ledston Hall Auxiliary Hospital, Cast'ford, Yorkshire. Arthur Henry William Hunt, L.R.C.P., M.R.C.S., Medical Officer, Tettenhall Auxiliary Hospital, Staffordshire.

Joe Iredale, L.R.C.P., M.R.C.S., Medical Officer, Mablethorpe Auxiliary Hospital, Lincolnshire.

Daniel Noel Jackson, M.B., B.S., Medical Officer, 4th Northumberland V.A.D. Hospital, Dilston Hall, Corbridge-on-Tyne. Edward Siddall Jackson, M.D., C.M., Consulting Surgeon, Wray House Auxiliary Hospital, Wray, and Medical Officer, Bleasdale Auxiliary Hospital, Silverdale, Carnforth. Charles Saint Johnston, M.R.C.S., Medical Officer, Gloucester Red Cross Auxiliary Hospital. John Jones, L.R.C.P., D.L., J.P., Chairman, Dolgelly Sub-area War Pensions Committee; Member, North Wales (Joint) Disablement Committee. Owen Thomas Jones, L.R.C.P., M.R.C.S., Medical Officer, Barry Dock Hospital, Glamorganshire.

Charles Scott Kilner, M.B., C.M., J.P., Medical Officer, West Suffolk General Hospital and Red Cross Hospital, Northgate Street, Bury St. Edmunds. Thomas Ramsay King-Edwards, M.D., Medical Officer, Swyncombe House Auxiliary Hospital, Oxfordshire.

Major Frederic Charles Langford, M.D., M.R.C.S., Divisional Inspector, Camberwell Division, British Red Cross Society. George Johnson Langley, M.D., Medical Officer, Loversal Hall Auxiliary Hospital, Doncaster. Alexander Ledingham, M.D., County Director, Banffshire Branch, British Red Cross Society. Lieut.-Colonel John Daniel Lloyd, T.D., L.R.C.P., M.R.C.S., J.P., Medical Officer, Brynkinnalt Auxiliary Hospital, Chirk.

William Neil Macall, M.D., C.M., Secretary and Medical Officer, Meols Hall Auxiliary Hospital, Churchtown, Southport. John Macdonald, M.B., C.M., J.P., Acting County Director, Fifehire Branch, British Red Cross Society. Duncan McFadyen, M.B., J.P., County Director, Inverness-shire Branch, British Red Cross Society. Kenneth Child Mackenzie, M.D., Medical Officer, Red Cross Hospital, Caerphilly, Glamorganshire. Harold Hay Brodie MacLeod, F.R.C.S., L.R.C.P., medical services, Quarry Place Auxiliary Hospital, Shrewsbury. Henry Carter Mactier, M.B., B.Ch., Member of Wolver-

hampton Medical Board, Ministry of National Service. John Ogden March, M.R.C.S., L.R.C.P., Medical Officer, Bulford Manor Hospital, Wiltshire. Herbert Harrison Marsden, M.R.C.S., L.R.C.P., Surgeon, The Cottage Hospital, Ormskirck, Lancashire. William Martin, M.B., Ch.B., J.P., Honorary Medical Superintendent, King's Road Convalescent Hospital and Railway Rest Home, Whitehead, co. Antrim. John Wright Mason, M.B., C.M., Medical Officer of Health, Hull. Walter Byron Maurice, M.R.C.S., L.R.C.P., J.P., Medical Officer, Marlborough Auxiliary Hospital, Wiltshire. Robert Mitchell, M.D., C.M., Medical Officer, Hooton Pagnell Hall Auxiliary Hospital, Doncaster. Alexander Patrick Mooney, M.D., J.P., Surgeon, St. Joseph's Auxiliary Hospital, Mount Street, Preston, Lancashire. James Murphy, F.R.C.S., Assistant County Director, Middlewich Division, Cheshire Branch, British Red Cross Society; Medical Officer, Middlewich Auxiliary Hospital and Annexe.

Arthur Edward Normington, M.B., Ch.B., Honorary Medical Officer, Reedyford Hospital, Nelson, East Lancashire.

Hugh Falconer Oldham, M.D., B.Ch., J.P., Founder and Medical Officer, St. John Auxiliary Hospital, Morecambe. John Orford, M.R.C.S., L.R.C.P., Medical Officer, Stapleton and Swillington Auxiliary Hospitals, Yorkshire. Mrs. Marie Orme, L.R.C.P., Commandant, Voluntary Aid Detachment No. 22, Derbyshire. William Fletcher Oyston, M.B., Ch.B., Medical Officer, Flounder's College Auxiliary Hospital, Ackworth, Pontefract, West Riding.

Charles O'Connor Parsons, L.R.C.P., L.R.C.S., Joint Honorary Medical Officer, Dore Auxiliary Hospital, Sheffield. John Edward Hocking Parsons, M.R.C.S., L.R.C.P., Medical Officer, Chipping Norton Auxiliary Hospital, Oxfordshire. Wallace Petherick, M.R.C.S., L.R.C.P., Medical Officer, V.A.D. Hospital, Garboldisham, Thetford, Norfolk. Joseph Henry Philpot, M.D., M.R.C.P., voluntary services in connexion with war refugees. Cecil Westland Pilcher, M.R.C.S., L.R.C.P., Medical Officer, Holden House Red Cross Hospital, Boston, Lincolnshire. James Damer Priest, M.R.C.S., Medical Officer, Royal Gunpowder Factory, Ministry of Munitions. John Skardon Prowse, M.B., B.C., Medical Officer, Bastford House Auxiliary Hospital, Old Trafford.

Reginald Maurice Henry Randell, M.D., M.R.C.S., Medical Officer, Balgowan, V.A.D. Hospital, Beckenham.

Frank Reginald Sawdon, M.B., Commandant and Medical Officer, Auxiliary Hospital, Buxton, Derby. Leonard Edmund Scanlon, M.R.C.S., L.R.C.P., Medical Officer, Willow Bank Hospital, Manchester. George Edward Scholefield, M.D., C.M., Founder and Medical Officer, Aughton Auxiliary Hospital, Lancashire. Frank Scorer, M.R.C.S., L.R.C.P., Medical Officer, Crag Head Hospital, Bournemouth. Alexander Thomas Scott, M.R.C.S., L.S.A., Assistant Commander, Metropolitan Special Constabulary. Thomas James Selby, M.B., Senior Medical Officer, Auxiliary Hospital, Frodham, Cheshire. Richard Holgate Shaw, M.R.C.S., L.R.C.P., Medical Officer, Auxiliary Military Hospital, Hampstead Garden Suburb. Thomas Frank Southam, M.D., Medical Officer, Cecil Road Auxiliary Hospital, Hale, Cheshire. Duncan Stewart, V.D., L.R.C.P., L.R.C.S., Medical Officer, Hexham V.A.D. Hospital, Northumberland. Walter Grahame Stewart, M.B., B.S., Medical Officer and Commandant, Priory Auxiliary Hospital, Ware. Robert Day Stokes, L.R.C.P., L.R.C.S., Commandant, Sidmouth Auxiliary Hospital, Devon. Charles Henry Sykes, M.R.C.S., L.R.C.P., medical services, Lotherton Hall Auxiliary Hospital, Aberford, Leeds.

William Henry Thorman, M.R.C.S., L.R.C.P., Medical Officer, Kirkburton Auxiliary Hospital, Huddersfield. Charles Augustus Thorne, L.R.C.S., L.R.C.P., J.P., Joint Honorary Medical Officer, Dore Auxiliary Hospital, Sheffield. Edward Tonge, M.B., B.S., Commandant and Medical Officer, Seaton Auxiliary Hospital, Devon.

Alfred Bertram Vine, M.B., Medical Officer, Timberhurst Hospital, Bury.

Edward Walker, M.D., Member of Huddersfield Medical War Committee, Ministry of National Service. Reginald Field Walker, M.R.C.S., L.R.C.P., Medical Officer, Esher Auxiliary Hospitals, Surrey. John Thompson Wallace, M.B., Member of Bristol Medical War Committee, Ministry of National Service. Ernest Ward, M.R.C.S., L.R.C.P., Medical Officer, Ridglands, Church House, Popeswood and Buckhurst Auxiliary Hospitals, Berkshire. Howard Percy Ward, M.B., M.R.C.S., Medical Officer, Highfield Hall Auxiliary Hospital, Southampton. Arthur Muriel Watkins, M.R.C.S., L.R.C.P., Medical Officer, Broughall Cottage Hospital, Whitchurch, Shropshire. Edwin St. John Whitehouse, M.R.C.S., L.R.C.P., Medical Officer, "Hermitage" Auxiliary Hospital, Solihull, Warwickshire. Edward Richard Williams, M.R.C.S., L.R.C.P., Medical Officer, Carmarthen Auxiliary Hospital. Richard Williams, M.R.C.S., L.R.C.P., Medical Officer, Roseneath Auxiliary Hospital, Wrexham. Henry Chadwick Woodcock, M.R.C.S., L.R.C.P., Organizer of Red Cross work and Lecturer on First Aid in Enfield. Herbert Miall Woodhead, M.B., C.M., Medical Officer, Auxiliary Hospitals, Ingestre, Staffordshire, and Ashton-on-Mersey and Linden Lea, Cheshire.

FOREIGN DECORATION.

Honorary Colonel Sir Alexander Ogston, K.C.V.O., LL.D., R.A.M.C.(T.F.), has been appointed a Cavalier of the Order of the Crown of Italy for distinguished services rendered during the campaign.

Universities and Colleges.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on March 24th. It was resolved to institute a university chair of physiology at St. Mary's Hospital Medical School.

Professor A. D. Waller, F.R.S., was re-elected director and Dr. T. D. Lister treasurer of the Physiological Laboratory for 1920.

Dr. Philip Hamill has been appointed a member of the Board of Examiners in Pharmacology for the second examination for medical degrees, Part II, vice Dr. E. Mellanby, resigned, and Dr. F. Ransom has been elected chairman of the board for the remainder of the session 1919-20.

Dr. W. G. Savage has been appointed an external examiner in hygiene and bacteriology for the university diploma in household and social science in July, 1920. Professor E. Mellanby will give a course of eight lectures on nutrition at the Household and Sanitary Science Department, King's College for Women, Campden Hill Road, on May 3rd, 4th, 10th, 11th, 17th, 18th, 31st, and June 1st, at 5 p.m.

Presentation day will be held in the Royal Albert Hall on Wednesday, May 19th, and not May 5th, as formerly arranged. A service will be held at Westminster Abbey at 6 p.m., and a graduation dinner will be held in the evening at the Guildhall.

Applications for the Beit fellowships for scientific research to be awarded in July, 1920, must be received by the Rector, Imperial College, South Kensington, S.W.7, by April 19th.

KING'S COLLEGE OLD STUDENTS' ASSOCIATION.

At a general meeting of old students, held recently at King's College, Strand, it was decided to form the King's College, London, Old Students' Association, for the purpose of promoting social intercourse, and of keeping the members in touch with their old college. The association hopes to include students from all faculties, and the subscription of 10s. 6d. per annum will include the *King's College Review*, published once a term, and a list of members with their addresses (and possibly the work on which they are engaged). This should prove to be of great value to members wishing to renew acquaintanceship with contemporaries who may be in the same locality as themselves. Further particulars and forms of application for membership may be obtained from Miss M. A. V. Fairlie, Honorary Secretary, 3, St. Julian's Farm Road, West Norwood, S.E.27.

Medical News.

PROFESSOR STARLING, who has gone to India to advise the Government with regard to the foundation of a central medical research institute for India, will visit Bombay, Poona, Bangalore, Calcutta, Delhi, and Kasauli. He will be accompanied on his tour of inspection by Lieut.-Colonel Greig, C.I.E., I.M.S.

COLONEL C. PYE OLIVER, C.M.G., M.D., Assistant Director of Medical Services, Home Counties Division, has been appointed to the Commission of the Peace for the County of Kent.

A COURSE of ten lectures on the theory and application of mathematical statistics to social, educational, economic, meteorological, and medical problems will be given by Dr. E. C. Snow, M.A., at the Sir John Cass Technical Institute, Jewry Street, Aldgate, E.C., during the summer term. The first lecture will be given at 7 p.m. on Friday, April 23rd. The fee for the course is 5s.

DR. A. T. SCOTT, M.B.E., Assistant Commander of the Y Division, Metropolitan Special Constabulary, has been appointed an honorary associate of the Order of St. John of Jerusalem, in recognition of his services to the wounded, etc., during the air raids.

OWING to the increase of the cost of labour and materials—steel alone has risen 50 per cent. since the armistice—the prices of the Austin "Twenty" cars have been raised to £695 for the touring car and £875 for the landaulette. The price of the chassis only is £550.

THE fuel difficulty lends interest to the announcement by the Department of Scientific and Industrial Research that the Board of Trade has issued a licence to the Scottish Shale Oil Scientific and Industrial Research Association, which is found to comply with the conditions laid down in the Government scheme for the encouragement of industrial research.

A SCHOOL of puericulture in connexion with the Faculty of Medicine will shortly be inaugurated at the Edith Cavell Hospital in Paris. The school will be under the direction of Professor Pinard, and will consist of three sections—pre-natal period, infancy, and childhood—under the charge of Professors Couvelaire, Marfan, and Léon Bernard respectively.

At a meeting of the Child Study Society on Thursday, April 29th, at 6 p.m., Sir A. E. Shipley, G.B.E., D.Sc., F.R.S., will give a lecture, illustrated by lantern slides, on biting insects and children. The lecture will be given at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W.1.

A LIEBIG museum was opened at Giessen on March 26th, when an address was given by Professor Burger on the relation of Liebig to medicine.

THE University of Louvain has been reopened, and 3,141 students have been enrolled in the various faculties.

THE thirty-second meeting of the Deutsche Kongress für Innere Medizin will be held on April 20th-23rd in Dresden under the presidency of Professor Minkowski. The chief subject for discussion will be the present position of immunotherapy and chemotherapy in infectious diseases. Professors Kraus, R. Schmidt, Pfeiffer, and Morgenroth will take part in the discussion.

M. EMILE J. B. BAILLIÈRE, the head of the well-known medical publishing firm of Paris, has recently died at the age of 89.

AT the Serum Institute in Copenhagen investigations are being conducted into the various types of pneumococcus existing in Denmark. Danish practitioners are urged to send specimens of sputum from their pneumonia cases, and pus from cases of otitis and other suppurative conditions that may be due to pneumococci. It is intended to prepare specific serums.

A COMMISSION appointed by the Swedish Government has recently issued a report in which the introduction of compulsory insurance against sickness is unanimously advocated. Maternity insurance is also recommended. It is calculated that 80 per cent. of the total population will be included in this scheme. The highest and lowest daily sickness benefits will be 10 kr. and 3 kr. respectively. It is anticipated that the annual cost of medical treatment and drugs will be 39 million kr., medical benefit will cost 60,800,000 kr., maternity benefit 11 million kr., administration 7½ million kr., the total cost being about 118,300,000 kr. On this basis the State would contribute 73½ million kr., the remainder being found by the insured, with the exception that employers would contribute to cover certain risks.

THE National Health Week for 1920 is to begin (after six years' suspension) on May 2nd. Its object is to focus public attention on matters of health, and arouse a sense of individual responsibility among all sections of the community. The improvement of health is held to be "fast approaching its limit on present lines," and the dominant idea for 1920 is to be "self-help, and the consideration of what each individual can do for himself and his neighbour in securing a healthy life." The King and Queen are patrons of the movement, and the preliminary committee includes the names of twenty medical men and women prominently associated with public health and kindred branches of medical science. Local committees are to be organized, and the Health Week Committee has many suggestions to make concerning lectures, exhibitions, demonstrations, etc. The secretary is Mr. E. White Wallis, Royal Sanitary Institute, 90, Buckingham Palace Road, S.W.

IN a paper on industrial lighting and its relation to efficiency, read before the Royal Society of Arts, Mr. Leon Gaster quoted some recent statistics collected by one of the large American insurance companies. It was estimated that of 91,000 accidents in 1910, 23.8 per cent. were due to imperfect illumination; after eight years' propaganda work on the lines of "safety first" this proportion was reduced to 18 per cent. During these eight years an aggregate of 100,000 years of work has been lost to industry through accidents which might have been prevented had the illumination been efficient. In the United States it has been calculated that increased expenditure on the lighting of factories, amounting to not more than 5 per cent. of the pay roll, would lead to an increased production of quite 15 per cent. That particular phase of industrial lighting which concerns the illumination of mines was the subject of a paper by Dr. T. Lister Llewellyn at the meeting of the Illuminating Engineering Society on February 25th, reported in our issue of March 6th, p. 327. At that meeting, which was attended by members of the Council of British Ophthalmologists and of the Ophthalmological Section of the Royal Society of Medicine, it was suggested that the question should be thoroughly studied by a joint committee representative of the three bodies. The suggestion is being placed before the Home Office, where a committee on miners' lamps is now sitting.