

After-History and Treatment.

Urotropin gr. x four-hourly was given for the first forty-eight hours, and then three times a day. The outer dressing was changed daily after twenty-four hours and the mastoid cavity irrigated, the brain cavity draining fairly well.

November 2nd, 1920. Mentally the patient was greatly improved, temperature 99.6°, pulse 110, respirations 22. The wound was very foul. Tubes were removed, followed by a copious discharge of pus. The abscess cavity was gently irrigated, and the tubes replaced.

November 6th, 1920. Mentally the patient was good, taking her food well. Temperature and pulse were normal. The wound was cleaner, and the tubes being naturally expelled, were shortened.

November 11th, 1920. The patient's temperature was 101°, pulse 100, respirations 18. The wound was looking very clean. The patient appeared very well and had no complaint. The tubes had been expelled two days ago. There was an oedematous-looking bulging of the brain, into which sinus forceps were gently inserted, but only a few drops of a clear fluid were evacuated. In the evening the patient suddenly became unconscious and completely paralysed on the right side, with severe headache (hand to left side of head), temperature 101°, pulse 116, respirations 18, pupils dilated, the right side of the face immobile, and the face cyanotic. The sinus forceps were inserted into the brain cavity, and at first clotted blood was evacuated, but at a depth of 2½ in. (upwards, forwards, and slightly inwards from the *tegmen antri*) a copious discharge of pus and gas was evacuated. A tube would not remain *in situ*, so the oedematous hernia cerebri was excised flush with the *tegmen*, and the cavity was lightly packed with gauze.

The patient made a slow uninterrupted recovery. The temperature gradually subsided after reaching 103.8° on November 13th, and was normal by November 21st, remaining so. An extensive hernia cerebri, dressed with green protective, drained well and gradually subsided without any lumbar puncture being performed. The paralysis gradually improved. On February 11th, 1921, the patient walked normally, there was no sign of any paresis, the wound was healed, the ear dry, and she was mentally well. On being seen on March 6th, 1921, the patient was very well and mentally sound.

In conclusion, I wish to draw attention to the following: (1) No tenderness, pain, or oedema over the mastoid, by no means uncommon. (2) Exposed dura mater was pulsating well (a pre-operative lumbar puncture performed). (3) Lumbar puncture was never employed therapeutically throughout the course of the disease.

As an explanation of the sudden onset of coma on November 11th, 1920, I would suggest that the septic focus still present in the brain had ulcerated through a blood vessel, producing a sudden haemorrhage with compression and hemiplegia (clot was first evacuated from the second brain abscess cavity). Naturally my first impression was that the abscess had ruptured into the lateral cerebral ventricle, a supposition which is, I think, untenable having regard to the subsequent progress of the case.

Memoranda:**MEDICAL, SURGICAL, OBSTETRICAL.****ENCEPHALITIS LETHARGICA TREATED WITH INFLUENZA BACILLUS ANTIGEN.**

In the BRITISH MEDICAL JOURNAL of March 27th, 1920, one of us (W. M. C.) related the histories of four cases of lethargy treated successfully with pure influenza antigen (vaccine). The paper has apparently received little attention, since recent literature reveals no ideas as to the nature of the infection, much less does it reveal any successful line of treatment. We think it, therefore, desirable to relate the following case, the treatment of which with pure influenza antigen was just as dramatically successful as that of No. III of the other cases previously recorded.

The patient, a girl aged 5 years, living in the South of Ireland, was taken ill on February 18th, 1921, with shivering, drowsiness and headache most intense behind her eyes. She was seen (by D. C.) on February 21st, when her temperature was 102.6° F., the pulse 120. She was asleep, and could only be roused with difficulty; when the eyes were open the conjunctivae were seen to be injected—the typical pink eye of influenza. She was very constipated, necessitating enemas, but she had not incontinence of urine. There was a watery discharge from the nose. She had muscle twitchings—very marked in the eyelids. When roused she answered questions slowly but intelligently, but was profoundly asleep again within a few minutes. Her temperature fell to 99° F. and her pulse to 95 by February 24th, but the lethargy seemed to increase, the patient only being awake when roused

to take food. W. M. C. was then consulted, and 1½ million *B. influenzae* antigen were given on the morning of March 2nd under the skin of the hip; her temperature was then 99° and the pulse 95. She was asleep again a short time after the injection. At the end of six hours she woke up quite bright and cheerful; the temperature had fallen to 97.4° and the pulse to 76. She remained awake four hours. On March 4th she remained awake from 9 a.m. to 6 p.m. The drowsiness then gradually increased again until, on March 10th, she was given 2½ million. She slept for three hours and woke up bright and gay. Next day, however (March 11th), a reaction appeared. She slept a good deal. She complained of headache. The temperature rose to 99.4° F., the pulse to 115. The discharge from the nose came on again, and the conjunctivae were injected. These symptoms had passed away by the next day, and she has remained normal in every way ever since. She has been given a few more increasing doses of antigen.

The rapid relief after the first dose, just as significant diagnostically as the focal and general reaction after the second dose, makes it certain to our minds that the influenza bacillus was the causative microbe. Unfortunately, owing to the distance from a laboratory, no satisfactory bacteriological examination of the nasal discharge could be made, and it was not attempted.

The antigen used was made from a recent growth on human blood agar and was not killed by heat, so that nothing was done which would in any way reduce its toxicity, and therefore its potency as an antigen.

W. M. CROFTON, M.D.
D. COSTELLO, M.B.

Dublin.

ARTIFICIAL RESPIRATION IN THE NEWBORN. The method of artificial respiration here described has, in my experience, proved more certain and effective than any method now in vogue. It is, as will readily be understood, only applicable in the case of infants. I was led to elaborate it by noticing that a child who had inspired liquor amnii, and was held head downwards in order to free the respiratory passages, emitted a sigh when the abdominal contents pressed on the diaphragm. This led me to reverse the position of the infant to allow the lungs to expand.

The infant is held in the following way: The back of the neck lies on the palmar surface of the left hand, the occiput being supported in the hollow between the thumb and forefinger which grasp the mastoids. The right hand holds firmly both ankles of the infant from behind, so that the ulnar side is on the calves, the radial side at the heels. The infant is held with its long axis nearly vertical, at an angle of about 15 degrees, head upwards, and is then allowed to move quickly downwards by its own weight some two feet. The abdominal viscera fall towards the pelvis, the diaphragm is depressed and inspiration initiated. The infant is now lifted, feet first, to the right of the operator, so that it is now head downwards at an angle of 15 degrees to the vertical. It is again moved smartly downwards, head first, about two feet. The abdominal viscera, falling against the diaphragm, expel air from the lungs equivalent to expiration. This movement, at least to some extent, must also act as massage of the heart and so be a direct stimulant. The whole cycle is repeated about fifteen times to the minute, and the first movement will often elicit a sigh if not a more pronounced response. Needless to say all semblance of violence must be avoided.

Harrogate. W. OSBORNE GREENWOOD, M.D., B.S.

OLIVE OIL SOFT SOAP AS A SHAMPOO IN PITTYRIASIS CAPITIS.

The exceedingly common affection called pityriasis capitis or dandruff is often unsuccessfully treated by the general practitioner owing to neglect of the great essential of systematic shampooing at regular intervals, and with the much advertised use of "shampoo powders" this disease is aggravated, especially in childhood, whereas if the scalp disease was cured in early life there would be no kindred eruptions of the face and trunk in adult life. The great advantage of olive oil soft soap as a shampoo is, first, that it acts as an antiseptic, thereby rendering the organism, which is confined to the superficial layers of the epidermis, and which is responsible for the disease, inactive; secondly, the solvent and stimulating action is less irritating than that of ordinary soft soap. The scalp should be shampooed regularly once a week in bad cases.

The soap is dissolved in hot water till a thick lather is obtained, with which the scalp is thoroughly rubbed. After shampooing rinse with plain warm water.

London, S.W.11. K. WORSLEY POOLE, M.D.

CONGENITAL DEFICIENCY OF THE DIAPHRAGM. The following case seems worthy of record inasmuch as congenital muscular deficiency accounts only for some 10 per cent. of diaphragmatic herniae, and in this case the strangulation was not in the original sac, but in a diverticulum from it.

A child, aged 8 months, had been perfectly healthy until three days before admission to the Preston Royal Infirmary, when it commenced to vomit and the abdomen became gradually distended. There had been absolute constipation.

On examination after admission, the pulse was rapid and feeble, the lips were cyanosed, and the abdomen was very considerably distended, hard and drumlike, but nothing was palpable. *Per rectum*, the abdominal contents were bulging with the anterior rectal wall; otherwise there was nothing of note.

Laparotomy was immediately performed and the small bowel and ascending colon were found to be distended, while the descending colon was collapsed. The stomach was lying well up in the left side of the thorax, where there was apparent absence of the left dome of the diaphragm. The transverse colon had passed up beyond the stomach into a further sac and had become obstructed. The large bowel was reduced by the division of the constricting band, and the abdominal cavity was rapidly closed. Unfortunately, the patient, who was in a condition of profound toxæmia, survived the operation by a few minutes only.

On *post-mortem* examination there was found congenital deficiency of the left dome of the diaphragm; the left crus was present, and from it a few fibres passed round the left side of the oesophagus to join the anterior parietes slightly to the left of the middle line. Through the deficiency the peritoneum bulged into the thorax, where it was in direct contact with the basal pleura, the cardiac portion of the stomach reaching as high as the third costal interspace. At the apex of this sac the pleuro-peritoneal lining had given way to form a further sac in which the transverse colon had become strangulated. The heart was found lying completely to the right of the middle line. The left lung was collapsed and had apparently never functioned; it sank on being placed in water.

When the mother was questioned she recalled that there had been at times a bulging of the lower part of the left side of the thorax after feeds. I am indebted to Dr. Healey, honorary visiting surgeon, for permission to publish these notes.

GEORGE S. BARNETT, M.B., Ch.B.Edin.,
House Physician.

Preston Royal Infirmary.

Reports of Societies.

PRURITUS ANI.

At a meeting of the Subsection of Proctology of the Royal Society of Medicine on April 13th, with the President, Mr. W. E. MILES, in the chair, a discussion took place on pruritus ani, its causation and treatment.

Mr. J. P. LOCKHART-MUMMERY distinguished five groups of pruritus ani: (1) due to a general condition, such as glycosuria; (2) due to parasites; (3) secondary to some lesion of the anal region; (4) of old standing, with no local lesion discoverable; (5) paroxysmal pruritus. When a definite cause for the pruritus was discovered it was generally found to be one which produced a certain amount of moisture of a septic character, such as an ulcer. The removal of this, if the itching was of recent onset, gave permanent relief. Cases with a history dating back for more than two years were very difficult to cure, and even when a local lesion was discovered its removal seldom stopped the itching. He believed the change which took place in such long-standing cases to be fibrosis of the deeper layer of the skin, involving the nerve endings, and that it was brought about by a constant scratching and rubbing of the part. In 1912 Dwight Murray in America put forward the theory of a chronic streptococcal infection of the anal region, and the speaker believed this theory to be properly established. The first point in local treatment was strict attention to cleanliness and dryness. Powders

were better than ointments or greasy applications. If a local lesion—such as piles or ulcer—was discovered, it should be removed, and if such a lesion was not discovered the patient should be put under an anaesthetic and a complete examination made. X rays, applied with suitable screens, would cure about 20 per cent. of the bad cases, and the cure was generally permanent; two or three applications were usually sufficient. He had seen some very bad burns, and in one case an epithelioma of the anus, result from x-ray treatment. When further measures were necessary there remained the operation first described by Sir Charles Ball in the BRITISH MEDICAL JOURNAL of January 21st, 1905. Ball's operation proved most satisfactory, but it was essential that the whole of the irritable area of the skin should be anaesthetized; the failures attributed to the operation were often due to missing some of the nerves. In performing the operation care must be taken to free the lining of the anal canal. The operation gave immediate relief and left no disability. Normal sensation returned completely within about six weeks. He had performed this operation in 59 cases. There had been a slight recurrence of itching in seven; in four of these this was cured by simple applications, and in the other three the operation was repeated, with complete success.

Dr. ARTHUR WHITFIELD said that a very large number of cases in adults—even middle-aged adults—were due to the oxyuris. The profession as a whole was not alive to the fact that threadworms were really very common. In one case, made temporarily quiet two years ago by x rays, the patient recently returned with a recurrence, and before recommencing treatment, he insisted that the patient should have thymol; on this being given, a large number of threadworms were produced. Cases almost always relapsed after x-ray treatment, and repeated doses lost their beneficial effect. When an obvious lesion was found and removed, a single dose of x rays might be useful. He believed that a great many burns and atrophies resulted from x rays. The most extravagant atrophy could be produced two years after the last dose had been given, even though no one of the doses had produced the smallest erythema or dermatitis. Among local applications greases should be avoided; lanoline was the worst grease that could be used, on account of its extreme tenacity and stickiness. He added that in a number of cases he had got the streptococcus from the anal tissue.

Dr. J. M. H. MACLEOD said that there were mild cases of pruritus ani which lasted a considerable time, and were due to causes of less importance than polypi or the presence of oxyuris in the rectum. Pruritus of a very troublesome character could be caused by congestion in the liver. A good many cases were due to general cutaneous affections. One case sent to him as pruritus ani proved, on examination, to be a case of psoriasis, with psoriatic patches on the knees and scalp. Another cause not to be lost sight of was ringworm, which was extremely common about the anal region. He had seen a couple of cases within the last year, sent to him as pruritus ani, which had the ringworm fungus. The rubbing and scratching caused secondary changes, sometimes a very marked thickening of the epidermis, and possibly the thickened epidermis pressed on the nerve endings and caused the spasms of pain which were so often found. He was not entirely favourable to x rays, but he had had a certain number of cases which did excellently, without recurrence so far as he knew. He gave usually three half-pastille doses, well spaced out.

Sir CHARTERS SYMONDS said that, local complications apart, the real basis of the trouble was a septic condition, and therefore he insisted on the utmost cleanliness and dryness after defaecation, and also wearing of some absorbent wool—salicylic wool had a special virtue—which must be frequently changed to prevent friction and diminish the evil effects of moisture. He thought the best remedies to be silver preparations, not nitrate of silver, but argyrol and protargol in 10 or 20 per cent. solutions.

Dr. N. S. FINZI said that before the cases came to the radiologist they should be investigated by a competent proctologist. Unless the cause was removed, the symptoms were bound to recur. When the cause had been removed or no definite cause had been found and the irritation continued, he thought that the theory of infection of the skin with the *Streptococcus faecalis* was very likely to hold good in such cases, and that here the treatment by

will not apply. A personal allowance is, however, sanctioned for all existing incumbents of offices who are drawing a salary greater than that admissible under the scales now sanctioned, so as to bring their emoluments up to the amount now enjoyed. These personal allowances will be absorbed as increments are earned.

5. Subject to the provision in paragraph 4 the initial pay of the scales now sanctioned in the case of an officer who holds an appointment on a time-scale of pay specified in paragraph 1, clause (a), will be regulated according to the number of years he has held the appointment permanently, and the broken period of a year of service, which such an officer has put in before January 1st, 1920, will remain at his credit for the next increment.

Note.—The rates of pay in paragraph 1, clause (b), apply to all appointments held by officers of the Indian Medical Service in civil employ, which are not specified in the remaining clauses of that paragraph. These include, amongst others, the following appointments:—Civil Surgeons; Agency Surgeons; Presidency Surgeons, 1st and 2nd Districts, Bombay; Police Surgeon, Calcutta; Senior Surgeon and *ex officio* Sanitary Commissioner, Mysore Darbar; Medical Officer, Kathiawar, Political Agency; Ophthalmic Surgeon, General Hospital, Rangoon; Medical Officer, Seistan; Director, Medical Department, Bikanir; Medical Officer, Mewar Bhil Corps, Kherwara; Superintendent of Mahableshwar; Superintendent of Matheran; Resident Surgeon, Medical College, Calcutta; Resident Physician, Medical College, Calcutta; Resident Surgeon, Eden Hospital, Calcutta; Resident Medical Officer, General Hospital, Madras; and Assistant Superintendent, Government Maternity Hospital, Madras.

ROYAL AIR FORCE NURSING SERVICE.

REGULATIONS regarding conditions of service in the Royal Air Force Nursing Service, which was established by Royal Warrant on January 27th, 1921, have now been issued by the Air Ministry. The service consists of a matron-in-chief, matrons, senior sisters, sisters, and staff nurses. Candidates are required to join as staff nurses, and appointments, which are subject to a probationary period of six months, are given to approved persons of British parentage, over 25 and under 35 years of age, who possess a certificate of training for at least three years at a large civil hospital in the United Kingdom. Full particulars of the service and forms of application for appointment may be obtained from the Matron-in-Chief, Air Ministry, Kingsway, London, W.C.2.

DEATHS IN THE SERVICES.

Deputy Surgeon-General Oliver Codrington, R.A.M.C.(ret.), who died recently at the age of 82, was educated at the London Hospital, and took the M.R.C.S. in 1858, the L.S.A. in 1859, and the M.D. of St. Andrews twenty years later, in 1878. Entering the army as assistant surgeon on June 13th, 1859, he became brigade surgeon on August 19th, 1885, and retired, with a step of honorary rank, on March 27th, 1886. He served in the New Zealand war of 1864-66, receiving the medal.

Major John Fitzgerald Burke, R.A.M.C.(ret.), died recently at Pembroke. He was born at New Quay, County Clare, on June 14th, 1857, took the L.R.C.P. and S.Edin. in 1882, and entered the army as surgeon on August 1st, 1885, attaining the rank of major after twelve years' service, and retired on October 29th, 1902. After his retirement he was employed at Lancaster from 1902 to 1911, and subsequently at Penally; and also during the recent war. He had a long list of war service. He served as a civil surgeon in the Egyptian war of 1882, before entering the army, receiving the medal with the Khedive's bronze star; Burmah, 1885-87, medal with clasp; Ashanti, 1895-96, star; West Africa, Lagos, 1897-98; Sierra Leone, 1898-99; Protectorate Expedition, medal with clasp; and South Africa, 1900, Queen's medal with clasp.

Major William Barbour A. K. Cullen, I.M.S., died of pneumonia at Meerut on March 29th. He was the younger son of the late Deputy Surgeon-General Cullen, A.M.S., born on March 11th, 1881, and was educated at Edinburgh, where he graduated M.B. and Ch.B. in 1903. After filling the posts of assistant house-surgeon at the Chesterfield Hospital and at the County Hospital, Taunton, he entered the I.M.S. as lieutenant on February 1st, 1906, attaining the rank of major on August 1st, 1917. He had a varied experience of the different theatres of war in the past seven years, accompanied the original Indian force to Europe in November, 1914, and served in France and Belgium till November, 1915; in Mesopotamia from December, 1915, to March, 1916; in the Mahsud operations on the North-West frontier of India from May to August, 1917; with the Egyptian expeditionary force in June and July, 1918; and with the Aden field force from July to October, 1918; and was mentioned in dispatches in the *London Gazette* of June 15th, 1916.

Captain Robert Scott Cumming, R.A.M.C., S.R., died in the 3rd British General Hospital at Basra on March 14th. He was the eldest son of the late Robert Cumming, advocate, of Aberdeen, and was educated at the university in that city, where he graduated M.B. and B.Ch. in 1915. Immediately afterwards he took a commission as lieutenant in the Special Reserve of the R.A.M.C. on July 24th, 1915, and was promoted to captain after six months' service. He received the Military Cross on July 26th, 1917.

The King of the Belgians has conferred the decoration of Officier of the Order of the Crown of Belgium upon Wing-Commander Lewis Leister Greig, M.V.C., M.B., R.A.F., in recognition of valuable services rendered in connexion with the war.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. A QUARTERLY council was held on April 14th, when Sir Anthony Bowbly, President, was in the chair.

The following prizes were awarded: *Jacksonian Prize*: to Mr. Harold Burrows (Southsea) for his essay on the results and treatment of gunshot injuries of the blood vessels. *John Tomes Prize*: to Dr. James Sim Wallace for his work in connexion with the prevention of dental caries. *Cartwright Medal and Prize*: to Mr. W. Kelsey Fry, M.C. (Guy's Hospital), for his essay on the treatment of injuries of the jaws, and the restoration by mechanical means of parts of the jaws lost as the result of injury or removal on account of disease.

The subject selected for the Jacksonian prize for the year 1921 is the effects produced by radium upon living tissues, with special reference to its use in the treatment of malignant disease.

The subject for the next Cartwright prize for 1921-25 is: Variations in the form of the jaws, with special reference to their etiology and their relation to the occlusion of the dental arches.

Mr. Kenneth Owen Parsons was appointed Bigley student for the ensuing three years.

Professor Charles Scott Sherrington, P.R.S., and Sir S. Squire Sprigge, members of twenty years' standing, were elected to the Fellowship.

Mr. Raymond Johnson was elected to represent the College in the University of London.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

FINAL EXAMINATION.—*Medicine*: A. Shakur, J. L. Lloyd-Jones, V. H. L. Anthonisz, W. B. Stott, W. Campbell, R. N. Nanda, A. Y. Khan. *Surgery*: J. S. A. Rogers, O. P. Fox, W. B. Stott, R. N. Nanda. *Midwifery*: A. Shakur, J. L. Lloyd-Jones, J. R. Williams, O. P. Fox, J. Pedvis, E. P. Dewar, A. Y. Khan. *Medical Jurisprudence*: Enid A. Williams, T. T. Hoskins, G. H. Dobbin, M. S. Hassen, P. G. Bainbridge, D. R. Nicol, J. L. Lloyd-Jones, Rachel Caplan.

The following, having passed the Final Examination, were admitted L.R.C.P.E., L.R.C.S.E., L.F.P.S.Glas.:

Helen Worthington, D. R. Cilliers, N. M. D. Fox, D. J. H. Ferdinand, J. Murray, A. J. Vakil, A. A. Hamilton, A. B. Taylor, R. E. Hopton, J. I. Coventry, R. G. Clouston, P. F. Fairley, S. D. de Vos, B. S. Jain, F. X. H. Hayes, J. J. L. McDonald, F. L. A. Gace, G. H. Thomas, K. A. Doodhar.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following candidates have passed the examination of the school at the termination of the sixty-fifth session, January-April, 1921:

C. T. Maitland (Duncan Medal), *H. R. S. Richards, *A. Crawford, Miss M. M. Ross, *R. G. Simpson, *J. O. Bevan, *W. M. Howells, J. M. Wallace, J. Segal, O. M. Banhawry, D. N. Gore, P. Parthasarathy, M. Morrison, L. M. Sen, B. K. Ray, J. C. Rowan, H. Smith, Miss A. Shaw, D. S. Scott, R. A. W. Procter, Miss A. M. Mackay, J. C. Coetzee, K. A. Gandhi, C. L. Bahni, N. S. Ketwall, F. X. Costello, K. C. Chong, S. Miller, Surgeon Lieut. Commander P. N. Button, Miss M. J. Jervis, A. R. McLean, Miss L. J. Murphy, A. R. Jennings, Miss M. J. Ahern.

* With distinction.

Medical News.

THE King has been pleased, on the recommendation of the Home Secretary, to appoint Dr. Sidney Reginald Dyer, Medical Inspector of Prisons, to be a Commissioner of Prisons. Dr. Dyer was formerly medical officer of H.M. Prisons, Stafford, Wandsworth, and Buxton, and was called to the Bar at the Middle Temple in 1896.

THE Prince of Wales (President of the hospital) will take the chair at the annual meeting of the Court of Governors of the Hospital for Sick Children, Great Ormond Street, on Tuesday, May 3rd, at 4 p.m.

THE Minister of Pensions has appointed Dr. A. E. Knight, Commissioner of Medical Services, to hold the combined post of Regional Director and Commissioner of Medical Services in the Ulster Region of the Ministry.

A PARLIAMENTARY White Paper issued recently states that the total receipts paid into the motor taxation account by the local authorities down to March 7th was a little over seven million sterling. The number of cars taxed on horse-power, which would include all ordinary private and professional cars, was 202,000, and the yield was £2,810,800. Commercial cars and lorries yielded half a million less. Motor cycles numbered 186,000, and yielded £488,600. There were two hundred mechanically driven bath chairs, yielding £50 in taxes. It appears that nearly all the licences taken out are for the whole year. The reply to a question in the House of Commons shows that by the end of March the total receipts had increased to seven million and three-quarters.

A SPECIAL meeting of the Fellows of the Royal Society of Medicine will be held on Monday next, at 5 p.m., to consider a recommendation of the Council that the subscription of all Fellows in the London postal area should be raised to five guineas and that for Fellows residing elsewhere in the United Kingdom to four guineas. In addition it has been arranged to reduce the cost of the *Proceedings* by using cheaper paper and smaller type. It is proposed that the subscription paid by Fellows living abroad shall remain three guineas.

MR. ARTHUR CHEATLE will give a lantern demonstration on "The cellular development in the temporal bone" at the opening of the summer session of the Central London Throat and Ear Hospital, Gray's Inn Road, on Wednesday, May 4th, at 4 p.m.

THE fifth annual celebration of National Baby Week will be held from July 1st to 7th, 1921. The chairman of the executive committee is Dr. Eric Pritchard; the honorary secretaries are Mrs. H. B. Irving and Mrs. Sloan Chesser, M.D., and the secretary Miss M. S. Gray. The office is at 5, Tavistock Square, W.C.1.

AS the Industrial Welfare Society receives continual requests from firms for definite aid in the application of the principle of industrial welfare to their particular needs, the society has organized itself for this purpose. In addition to the headquarters staff in London and the local branches under the direction of district organizers, a working arrangement in regard to special subjects bearing upon industrial welfare has been made with the appropriate societies and experts both in this country and abroad. The headquarters staff is available for the discussion of conditions and the suggestion of schemes of industrial welfare for different industries, and it sends speakers to address gatherings on subjects kindred to its object. It will assume complete responsibility for the carrying out of welfare schemes, or it will recommend qualified directors. The society also advises on general health problems affecting various industries, and on the establishment of holiday and convalescent centres in industrial districts. There is little doubt that this propaganda work is best carried on by a voluntary society rather than it should be cramped by the rules and regulations within which a Government department would have to work. The offices of the Industrial Welfare Society are at 51, Palace Street, London, S.W.

AN English-speaking conference on infant welfare will be held, under the auspices of the National Association for the Prevention of Infant Mortality and National Baby Week Council, at the Kingsway Hall, London, on July 5th, 6th, and 7th, with Viscount Astor as president. The chief subjects under discussion will be: residential provision for mothers and babies; inheritance and environment as factors in racial health; and the supply of milk, its physiological and economic aspects.

THE annual meeting of the Medical Mission Auxiliary of the Church Missionary Society will be held in the Queen's Hall, Langham Place, London, W.1, on Wednesday, May 4th, when the chair will be taken by Colonel A. Carless, C.B.E., M.S., at 7 p.m.

THE National League for Health, Maternity, and Child Welfare has just issued its report for the year 1920. This League is a federation of ten different societies which deal with various aspects of the questions included in the title. From the report it is evident that a great deal of work is being carried out in every part of the country by the different sections of the League, and by the co-operation of these sections overlapping of the activities is prevented. During the past year five maternity hostels and twenty-six ante-natal clinics have been established by the aid of the League, and under its auspices are carried on a babies' hotel and nursery training school at Stoke Newington, a convalescent home for mothers and babies at Shooters Hill, and a holiday home, formerly at Henley and now to be re-established at Maidenhead.

AT the meeting of the Société française d'oto-rhino-laryngologie in Paris, on May 9th, Drs. Moore and Hautant will read a paper on the radiotherapy of malignant tumours in oto-rhino-laryngology, and Dr. Lemaitre will discuss the orbito-ocular complication of sinusitis.

A MEETING of the Society of German Laryngologists and of the German Otological Society will be held at Nuremberg on May 12th to 14th, under the presidency of Dr. Beinenhaus and Dr. Rudolf Panse of Dresden, when the organization of a school otological service will be discussed.

THE Vienna Medical Society has elected Dr. Ferrière of Geneva and Mr. Hoover of Washington honorary members in recognition of their services to Austria.

DR. EDWARD WALFORD, who has resigned the post of medical officer of health for the city of Cardiff, has been granted by the city council a pension of £500 per annum. Dr. Walford has been M.O.H. of Cardiff since 1888, and as his predecessor, Dr. Paine, held office from 1847 until his appointment, Cardiff must be one of the very few cities in this country—if not the only one—in which only two medical officers of health have held office.

The Conjoint Board of Scientific Societies has decided to discontinue the publication of the Annual Calendar and Fortnightly Bulletin of Scientific Meetings (Diary of Scientific and Technical Societies) owing to the heavy printing liabilities incurred.

THE mortality of illegitimate infants in 1919 in England and Wales was a little over twice as great as of the legitimate. It was particularly heavy from gastrointestinal disorders. The Affiliation Orders Act of 1914 permitted the appointment of a collecting officer, whose duty it is to see that the mother of an illegitimate child receives an adequate sum for its maintenance from the father. The Bastardy Bill, which it is hoped may be reached in the House of Commons on Friday next, April 29th, would make the clerk to the justices (or the chief clerk of a metropolitan police court) the collecting officer, but would permit him to delegate his powers. The bill would raise the maximum contribution from the putative father from 10s. weekly to 40s.; it would also legitimize a child born out of wedlock if the parents subsequently intermarried. The bill as originally drafted was a very much more ambitious measure; as it now stands, and regarding it only from the public health point of view, we consider that it deserves support. Its most important point is the power it would give to the magistrates to increase the weekly allowance. The high mortality among illegitimate infants is probably in the main due to the fact that the mother must put it out to nurse either altogether or during the day in order to earn a living.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aetiolog*, Westrand, London; telephone, 2630, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, Westrand, London; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Medisca*, Westrand, London; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus*, Dublin; telephone, 4737, Dublin), and of the Scottish Office, 5, Rutland Square, Edinburgh (telegrams: *Associate*, Edinburgh; telephone, 4361, Central).

QUERIES AND ANSWERS.

WE are asked what steps a V.A.D. nurse, who wishes to train as an assistant in a pathological laboratory, should take.

"MEDICUS" writes: An old patient, who wears an artificial eye, asks how the discolouration and dulling from use can be removed? Would any acid or other chemical effect this without damaging the glass? The makers charge a guinea or more to repolish an artificial eye.

* * * The repolishing and colouring of an artificial eye is not a piece of work that can be safely undertaken by an amateur. It needs much skill and long practice, with a full knowledge of the complicated art of glass enamelling. The cost of the work indicated in the inquiry is high, and estimates should be sought from some of the larger firms that specialize in this work—for example, Messrs. Halford, 41, Upper Tollington Place, London, N.4; Messrs. Taylor and Miller, 8, New Oxford Street, London, W.1, or Messrs. Maw, Son and Sons, Aldersgate Street, London, E.C.