This patient has made phenomenal progress. The improvement in the left lung has probably something to do with the limitation of antero-posterior thoracic enlargement.

CASE II.

T. W., male, aged 34; admitted July 19th, 1921. Chosen because he was a case of chronic bronchitis with clinical pulmonary tuberculosis. I thought sputum might be retained where the bronchial tubes were inflamed if immobilization were attempted. The condition was getting worse. He was particularly unsatisfactory at the time of splinting as he had just suffered from a sharp attack of influenza. Left lung splinted March 13th, 1922.

Spirometric Readings: Free, 3,006. Left lung splinted, 2,900. Right lung splinted, 2,470.

Condition Before Splinting.—Crepitations in left lung to sixth rib anteriorly and angle of scapula posteriorly. Rhonchi through chest. Cough troublesome in the morning. Sputum (twenty-four hours): 1 ounce; no tubercle bacilli. The musculature was good; there was marked languor, and poor capacity for work; appetite good; occasional night-sweats; marked dyspnoea on exertion. Blood pressure, 122/70.

Condition After Wearing Splint Seven Months.—Crepitations apex to second rib and in suprascapular region. Rhonchi throughout chest. No cough. Sputum, half an ounce; no tubercle bacilli. Languor gone, and capacity for work greatly improved; appetite good; no night-sweats; marked dyspnoea on exertion. Blood pressure, 124/80.

This patient claims that he feels greatly improved and is anxious to go out to work. No evidence of sputum retention.

CASE III.

W. G. C., male, aged 19; admitted May 31st, 1921. Chosen because he was an advanced case having very frequent haemoptysis. The left lung was the more actively diseased, and I guessed the blood had its origin in this lung. He was very weak and the outlook was unfavourable. In addition infiltration in the right lung extended below the third rib. I was anxious to see what effect would be produced in the right lung if the left were splinted. Left lung splinted March 13th, 1922.

Spirometric Readings: Free, 2,220. Left lung splinted, 1,900. Right lung splinted, 1,756.

Condition Before Splinting.—Crepitations and infiltration throughout left lung; cavitation at inferior angle of scapula. Crepitations over upper half of right lung; less marked infiltration throughout. Cough severe in early morning. Sputum (twenty-four hours): 1½ to 2 ounces; numerous tubercle bacilli. Frequent haemoptysis; sometimes twice in same week. Musculature poor; marked languor; felt unfit for work; appetite fair; no night-sweats; marked dyspnoea. Blood pressure, 104/58.

Condition After Wearing Splint Seven Months.—Crepitations in upper half of left lung; evidence of fibrosis going on; cavity dry. Disease more active in right lung. Very slight cough. Sputum, 1½ ounces; few tubercle bacilli (both sputum and bacilli less at end of June). Free from haemoptysis up to July 10th; faint streaks occasionally since. Musculature improved; feels well; capacity for work improved; as also had appetite to end of June; dyspnoea not so marked. Blood pressure, 115/70.

This patient claims that he is much improved since the splint was applied. Note cessation of haemoptysis. There is no doubt he made considerable progress up to the end of June. I noted then that the right lung was not so satisfactory. Sputum, etc., increased slightly. I am doubtful with regard to the ultimate result, though the feeling of well-being remains.

CASE IV.

E. M., female, aged 28; admitted August 12th, 1921. Chosen because she was a well marked case of pulmonary tuberculosis showing evidence of failing resistance, also because she was physically frail. Left lung splinted May 1st, 1922.

Spirometric Readings.—Free, 2,030. Left lung splinted, 1,920. Right lung splinted, 1,640.

Condition Before Splinting.—Marked disease with crepitations throughout left lung. A few crepitations at apex of right lung. Severe cough, causing vomiting each morning. Sputum (twenty-four hours): 1 ounce; tubercle bacilli fairly numerous. Haemoptysis once, nine months previously. Musculature poor; marked languor; poor capacity for work; appetite fair; marked dyspnoea on exertion. Blood pressure, 105/60.

Condition After Wearing Splint Five Months.—Left lung: Post-tussic crepitations only above and below clavicle and in supra-scapular region. Right lung: No moisture. No cough. Sputum practically gone; no tubercle bacilli. Musculature good; fit for work; appetite good; dyspnoea greatly improved. Blood pressure, 110/72.

There is no doubt about the improvement in this patient.

The question of blood pressure is interesting. One would expect a certain lowering as a result of impaired thoracic movement. Having regard to this, and also the possibility of patients in the circumstances manifesting a certain amount of excitement, I am bound to say that I think there is room for feeling that the increase in pressure, especially diastolic pressure, is evidence of lessened toxaemia.

My object, however, was mainly to record effects, and this I have done as faithfully as I can. Perhaps I should emphasize that my observations do not include a claim that complete immobilization of the diseased lung is established. My contention is that movement would seem to be restrained to a degree approaching what might be termed rest. Excision of a portion of the second rib as an adjunct is contemplated if necessary.

So far I am not sure that there are any contraindications to the use of this lung splint. Even in the very advanced Case III there is little doubt that the patient benefited. Apart from slight retraction of the side splinted no untoward effect noticed has escaped record.

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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A FEATHER IN THE PAROTID DUCT.

IN the abstract No. 168 of the *Epitome* of February 24th, on the subject of salivary calculi, reference is made to the possibility of a foreign body forming the nucleus of the concretion. This reminds me of an instance of a foreign body in the parotid duct, which is unique in my experience.

Some years ago a small child was referred to me at the Central London Throat and Ear Hospital on account of inability to open the mouth and the presence of a large painful swelling extending backwards and downwards from the right parotid region. The swelling was obviously an abscess on the point of bursting externally. I was able to force the mouth open sufficiently to allow me to see a small white object projecting from the orifice of Steno's duct. I pulled it out and found it to be the tip of a feather, which was about an inch in length. Evacuation of the pus by a simple incision was soon followed by complete recovery. The feather, which had evidently come out of the child's pillow, had been accidentally drawn into the mouth. The stem had entered the parotid duct, and the feather had apparently worked its way inwards in the same fashion as a spike of grass when put inside the coat sleeve, in the familiar trick of our childhood.

London, W. JAMES DUNDAS-GRANT, K.B.E., M.D.

MENINGITIS DUE TO PFEIFFER'S BACILLUS.

MENINGITIS associated with the presence of Pfeiffer's bacillus in the cerebro-spinal fluid is still sufficiently uncommon to deserve record. In the following case, as the cerebro-spinal fluid eventually became normal, it would appear that recovery ensued from the meningitis, the patient dying from pulmonary complications.

S. G., aged 62, had been operated upon twenty years previously for bilateral empyema of the antrum of Highmore; the sinuses were kept open by gold fillings in tooth sockets, and the patient continued to irrigate the antra daily. For the past five years he had suffered from recurrent attacks of nasal catarrh at very frequent intervals. The nose was examined, polypi diagnosed, and operation advised. At the time of removing the nasal polypi pulsation through what appeared to be a small deficiency in the cribriform plate of the ethmoid was noted.

Rigors occurred within a very short time of the operation, and three days later, the temperature having risen to 101.8° F., with pulse rate of 90, the patient began to complain of intense backache and frontal headache. His mental condition was normal, pupils small but active to light and accommodation, optic discs and other cranial nerves normal. The remaining physical signs were as follows: general cutaneous hyperaesthesia, slight rigidity of cervical muscles, no apparent spinal rigidity, Kernig's sign positive, knee and ankle jerks sluggish, abdominal reflexes sluggish and equal, plantar reflexes flexor with active withdrawal of the leg; heart and lungs normal. On lumbar puncture a turbid yellowish fluid under slightly increased pressure was obtained; when microscopically examined numerous polymorphonuclear cells and a few mononuclears were seen, but no organisms. On culture, Dr. Clement Lovell reported the presence of an organism showing the following characteristics: "A short Gram-negative bacillus growing only on blood agar or agar smeared with blood. Subcultures are more vigorous. No fermentation with glucose, maltose, or saccharose; a slight deposit in broth. The organism is non-pathogenic to the guinea-pig (Pfeiffer's bacillus)."

During the following week occasional delirium and retention of urine occurred, but the physical signs remained practically unaltered. Two doses of Pfeiffer's bacillus vaccine were administered, 5 and 10 million organisms respectively, the second dose being

given four days after the first. Lumbar puncture was performed and the intrathecal sac drained every other day, each successive sample of cerebro-spinal fluid withdrawn being less turbid than the preceding one.

After the first week the patient developed pulmonary complications and increasing drowsiness. The cerebro-spinal fluid, however, continued to become clearer to the naked eye and to show a decreased cell content; finally, fifteen days after the onset of meningitis, a perfectly normal sample was withdrawn. The general condition of the patient became worse, and he died on the twenty-first day of illness, apparently from bronchopneumonia. An autopsy was not permitted.

CECIL WORSTER-DROUGHT, M.D.
London, W. S. W. QUARTLEY, L.M.S.S.A.

ISOLATION OF B. ANTHRACIS FROM A SHAVING BRUSH.

FIVE years ago a malignant pustule developed on the cheek of a male after a few days' shooting in the veldt. The lesion appeared to develop on the site of an insect bite, and the condition was successfully treated in the Municipal Hospital, Bulawayo.

There has been anthrax in S. Rhodesia, but not of recent years, and infection might have resulted from camping on an old cattle kraal, or from the use of an infected shaving brush. The one which was in use had been purchased shortly before, and had been imported from Japan. The shaving brush was submitted to me in February of this year, and by placing the bristles in broth and incubating for forty-eight hours colonies were obtained on subculture which had the appearance of *B. anthracis*. Morphologically, too, the micro-organism resembled *B. anthracis*. A pure culture was obtained and a small quantity injected into two mice, both of which died within thirty-six hours. In both instances the spleen was much enlarged and diffluent, and the bacillus was recovered.

The interest in this case lies in the length of time elapsing between the infection and the isolation of *B. anthracis* from the shaving brush, and illustrated the fact that an infected shaving brush is of potential danger for a very long time.

A. NEAVE KINGSBURY, M.B., B.S.,
The Bland-Sutton Institute of Pathology, B.Sc., D.P.H.
The Middlesex Hospital.

Reports of Societies.

TREATMENT OF CANCER OF THE TONGUE.

AT the Medical Society of London on February 26th Mr. JAMES BERRY gave an address, preliminary to a discussion, on the treatment of cancer of the tongue. Lord DAWSON OF PENN presided.

Opening Paper.

Mr. BERRY commented upon the extraordinary differences of opinion as regards the details of operative treatment, and on the misleading character of many published statistics. The number of operations he had performed for the removal of the tongue in malignant disease—about forty altogether—was rather small, but he had at one time considerable opportunities of studying the pathology and clinical course of such cancers. He realized early that the ordinary mode of extension of carcinoma of the tongue was in a downward and backward direction towards the hyoid bone. Operations for the removal of primary growth should always extend widely in these two directions. He insisted on the necessity for free removal of the growth. Opinion was unanimous on the importance of early diagnosis and treatment. The public must be educated as to the importance of showing to a doctor any ulcer or growth that appeared on the tongue, and general practitioners must be impressed with the importance of not wasting time by attempting to treat suspicious growths by caustics or mouth-washes or other harmful or inefficacious remedies. Diagnosis presented little difficulty. Any doubtful ulcer should be excised and examined microscopically, and if found malignant treated forthwith by the larger operation, not by cauterization of any kind. He believed that he operated somewhat more willingly and freely in advanced cases of cancer than many surgeons; it was not that he operated with much expectation of permanent cure, but if the whole of the primary disease could be completely eradicated an extensive operation did afford to many patients who were in a miserable state of pain and distress a good prospect of speedy recovery for the time and immunity from suffering for some months.

He favoured the external or submaxillary operation, rather than the intraoral; to split the cheek to obtain better access to the posterior part of the tongue was an unnecessary mutilation, and to saw through the symphysis of the jaw seemed too severe, except perhaps for certain rare cases in which the body of the jaw was actually involved in the growth. He objected to the term "Kocher's operation," because the use of proper names for any operation was inadvisable, and because there were two distinct operations, both of which were known in the textbooks as Kocher's. The operation described as Kocher's submaxillary operation was widely different from the submaxillary operation which the speaker and other surgeons did at the present day, and he did not doubt that Kocher in his later days did not do anything like the textbook description.

Carcinoma of the tongue was essentially a local disease, with scarcely any tendency to affect distant organs. It tended, however, to infect at the earliest stage the nearest lymphatic glands, and if the growth originated in the anterior part of the tongue the removal of the glands *en bloc* could and ought to be performed when there was reason to fear such infection. If, however, the growth originated in the posterior part, the deeper cervical glands were those likely to be affected, and as they could not be removed *en bloc* a permanent cure was scarcely to be expected unless the primary growth was excised at a very early stage indeed. He had grave doubts whether so-called block dissection at one or both sides of the neck, which was very popular in certain quarters, was ever worth doing. It was not really a block dissection at all, but the picking out of certain lymphatic glands and ducts from among other structures which could not be removed. The procedure in early cases and cases situated in the anterior part of the tongue was seldom necessary, and in advanced cases, especially at the back of the tongue, was generally useless. He was by no means convinced that an unsuccessful attempt to dissect out the affected glands in the lower part of the neck did not often favour the spread of the disease.

Mr. Berry then proceeded to give a list of 27 operations he had done in hospital during thirty years, all of them submaxillary, nearly always very extensive, and mostly involving the removal of one-half or the whole of the tongue, right back to the hyoid bone. He had had very few opportunities of treating early cases. He gave a detailed account of the large operation he had practised in these cases, his submaxillary operation differing in certain points of technique from that ordinarily done. He accompanied his description by photographs of the different stages of the operation done on a dead body. It was important that the mucous membrane should not be cut nor the mouth opened until all the muscles in the anterior and median portion of the tongue had been freely divided. A sponge must be put into the angle of the pharynx and the tongue to prevent what little blood there was trickling down into the pharynx. He indicated various other points and precautions. After the operation the patient should be got up betimes and made to wash his mouth out thoroughly. He usually told his patients that they had nothing else to do but to wash out their mouths, and for this purpose lotion and tumbler were by the bedside. He did not practise diathermy, and he did not wish to speak against it; but diathermy necessarily left the wound covered with a slough. It was of no use saying that it was a dry slough. It was dry at first, but within a week of the operation he could not understand how a slough of that kind could be other than septic.

Discussion.

Mr. CLAYTON-GREENE upheld the use of diathermy, which enabled him by an intraoral method to destroy the tongue right back to the epiglottis; diathermy also eliminated any possible chance of cancerous dissemination in the wound. By the time the slough became septic the lymphatic spaces of the neck were shut off by their natural protection. Mr. HAYWARD PINCH spoke of the value of radium, though he admitted that absolute cures were extremely few, if they occurred at all. He instanced three cases of continuing good results from the insertion of small powerful emanation tubes. Mr. GORDON TAYLOR said that he performed the much decried block dissection of the neck, the extirpation of the tongue itself being carried out at a subsequent operation. Where there was any extension of the growth to the floor of the mouth he did not hesitate to split the jaw and wire the bone again at the end of the operation.

Mr. A. EDMUNDS said that he had recently, to his disappointment, to do a second operation on his most successful

learn on what information hidden from this special committee Dr. Fletcher bases his opinion.

With much contained in Dr. Fothergill's letters I find myself in agreement; but when he affirms that "The tariff of payments for 85 per cent." (of hospital patients) "should be such as to pay in full the whole cost to the hospital, including remuneration of the staff," I am amazed. Whence is this money to come, and what patients, save those few paid for by public bodies, and the small "private" class, can raise it directly or indirectly? The hospitals of Brighton, where he resides, are distinguished as the birthplace of a contributory scheme, largely advertised at one time both in the medical and lay press as about to introduce a financial millennium in the hospital world; yet a deficit of £15,000 at the Royal Sussex County Hospital has just been the subject of investigation by a special committee and of considerable comment in the local press. I can conceive nothing likely to militate more seriously against the success of appeals to the public to remedy by their charity this lamentable condition, which seems to be, in such serious dimensions, peculiar to Brighton among county hospitals, than the propagation of a notion that 85 per cent. of the patients are able, directly or indirectly, to pay their full cost and remunerate the staff as well. Who will subscribe if this be true?

In conclusion I would quote from Lord Onslow's Committee again: "Some 976 approved societies have agreed to devote a portion of their surpluses to payments in respect of the hospital treatment of their members, and schemes have been approved up to the next valuation results (five years)." These schemes will yield about £200,000 a year. Again: "Up to July only about £30,000 had been paid out, although a considerable sum of money had accrued. We think that the societies are genuinely anxious to facilitate the disbursement of the money to the hospitals." This statement from such authority will, I hope, finally dispose of that ridiculous bogy of "manipulation of funds," set up so prominently without a particle of evidence by the Council, which, like the grotesque suggestion of "token payments," seems to me to be patently but a last desperate effort by the Council and Hospitals Committee to save their face, in retreat from a position which surely they must now perceive was hopelessly untenable from the first. The Chairman of the Hospitals Committee has not, I believe, the support even of his own colleagues on his staff. Mr. Eccles assuredly lacks that of his. What the attitude of the London Hospital staff may be I know not, but if, which I doubt, they support Mr. Souttar, they must be almost unique among the teaching staffs of London, and in such case would not have the remotest chance with their chairman and lay board, in the extremely unlikely event of their approaching these laymen with their policy.—I am, etc.,

Chichester, March 3rd. G. C. GARRATT.

NAVAL HYGIENE.

SIR,—I observe that the Admiralty have appointed a committee "to deal with the accommodation required and available on H.M. ships and the complements that can be borne with the best possible advantage," and I note the marked absence on such committee of a representative of the Naval Medical (Sanitary) Department. Surely it would be in the direct and best interests of the service if an authority on naval hygiene were to have a place on such a committee when important factors in their deliberations—for example, cubic air space and ventilation—have to be considered.—I am, etc.,

February 25th. MEDICUS NAVALIS.

Obituary.

J. BEATTIE McFARLAND, M.D., M.CH.,
Lincoln.

WE regret to record the sudden death of Dr. Beattie McFarland of Lincoln, which occurred in the house of a patient on March 2nd. Dr. McFarland was born sixty-six years ago at Omagh, co. Tyrone, and received his medical education in Belfast; he graduated M.D. in 1881, and M.Ch. in 1883, of the Royal University of Ireland. After assistantships in Glasgow and Sheffield he went to Lincoln, where he built up a large general practice. For many years he held the post of medical officer to the Lincoln Workhouse and of one of the local union districts. During the whole of the war he was on the staff of the 4th Northern General Hospital, having attained the rank of major when he was demobilized.

Dr. McFarland had long been a pillar of the British Medical Association, of which he first became a member in 1886. He was the Representative of the Lincoln Division of the Midland Branch from 1910 to 1914, and from 1917 to 1922; he was vice-chairman of his Division in 1915, 1916, and 1919, and chairman in 1920. He was one of the best and most faithful of British Medical Association men, and his death is a great loss to the medical profession in Lincoln.

A colleague (G.J.R.L.) writes: Everybody liked Dr. Beattie McFarland—he was a friend to all. During the war his professional brethren naturally saw much of him and learned to appreciate his thorough-going earnestness and kindness of heart. He would do anything to help, and when things were at their busiest he was always cheerful and ready to take any duty that lay to his hand. For many years he was the Representative of the Lincoln Division in the Representative Body of the British Medical Association, and the Association had no more loyal adherent. Many times at meetings of the Division he would say, "The B.M.A. has decided so-and-so," or "The B.M.A. does not approve of this or that." He loved attending the Annual Meeting and greeting his old friends, and he always brought back something new in the way of ideas to his fellow members at home. He had been chairman of the Lincoln Panel Committee since the commencement, and took an intense interest in the working of the Insurance Acts. He was a pattern of what the "panel doctor" should be—always as kind, thoughtful and thorough over the case of the "panel patient" as over that of any of his more wealthy patients. The profession in Lincoln and indeed in the country is the poorer for his passing.

THE LATE DR. W. P. PURVIS.—We regret that in the obituary notice of the late Dr. William Prior Purvis (JOURNAL, March 3rd, 1923, p. 399) it was stated that he was born at Belize, British Honduras. Dr. Purvis, we are authoritatively informed, was born on March 18th, 1869, at Greenwich, the eldest child of Dr. J. P. Purvis of Greenwich, and grandson of Dr. Prior Purvis of Blackheath (who was amongst the first batch of M.D.'s of London University). Dr. W. P. Purvis was educated at Roan School, Greenwich, of which he was a distinguished pupil.

Universities and Colleges.

UNIVERSITY OF LONDON.

AT a meeting held on February 21st the Senate appointed Mr. H. J. Waring, M.S., F.R.C.S., to be its representative at the celebration of the 800th anniversary of St. Bartholomew's Hospital, in June, 1923; and Mr. Waring and (in respect of University College) Professor H. R. Kenwood, C.M.G., M.B., to be its representatives at the 34th Congress of the Royal Sanitary Institute, to be held at Hull in July–August, 1923.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE following supplementary list of candidates for the College licence who have conformed to the bye-laws and regulations, and passed the required examinations, will be proposed to the College for the granting of licences to practise physic:

H. C. Beccle, W. C. M. Berridge, F. Bishara, *Kathleen N. Blomfield, W. G. Booth, C. H. Budge, H. G. R. Canning, F. J. Clayton, G. S. W. de Saram, R. V. Facey, G. E. Fisher, S. L. Freedman, J. H. Gann, *Joan O. Geldard, R. M. Geldart, F. Guiver, P. G. Harvey, M. F. Ismail, H. Jackson, A. L. P. Jeffery, H. V. M. Jones, J. W. Joule, E. Joyston-Bechal, G. Klionsky, M. A. Lautre, L. B. Liebster, C. G. Lingford, *Barbara V. Lucas, J. A. Mackay-Ross, M. Markiles, R. G. Morrison, A. L. te W. Naudé, *Elizabeth M. Nicholson-Smith, *Judith E M. Ormerod, E. Orsmond, A. R. V. Patel, M. K. V. G. Pillai, *Mary F. R. Pitt, *Ethel B. Poole, T. P. Rees, *Emily V. Saunders-Jacobs, P. G. Sedgwick, I. I. A. Shaheed, G. D. Summers, S. E. Tanner, R. W. Taylor, *Blanchette Thomas, *Kathleen Tresilian.

* Under the Medical Act, 1876.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in:

Surgery.—M. Hawke, L. D. A. Hussey, C. M. John, *S. W. Turtle, A. Vasudev.
Medicine.—K. C. Chock, S. E. Hymans de Tiel, C. S. Laurence, *J. A. Marriott, O. F. W. Robinson, S. W. Turtle, A. Vasudev.
Forensic Medicine.—K. C. Chock, S. E. Hymans de Tiel, J. A. Marriott, O. F. W. Robinson, A. Vasudev.
Midwifery.—F. Bienaschewitsch, E. W. Hicks, J. A. H. Sykes.

* Section II.

The diploma of the Society, entitling them to practise Medicine, Surgery, and Midwifery, has been granted to Messrs. J. A. Marriott and S. W. Turtle.

The Services.

TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following officers of the R.A.M.C.(T.A.): Colonel F. W. Higgs, C.B.E., Major H. L. Gregory, Major S. R. Gibbs, M.C., and Major D. Shannon.

FOREIGN DECORATIONS.

THE following decorations and medals have been awarded by the Allies indicated for distinguished services rendered during the war 1914–19, and the King has given unrestricted permission for them to be worn:

By the President of the French Republic: *Médaille de la Reconnaissance Française en Argent*—Lieut.-Colonel John Miller, D.S.O., M.C., R.A.M.C.(T.F.).

By the King of Italy: *Order of St. Maurice and St. Lazarus*—Commander: Major-General Sir Foster R. Newland, K.C.M.G., C.B., retired pay; Officer: Colonel John Vincent Forrest, C.B., C.M.G., retired pay; Cavalier: Captain Thomas Douglas Inch, O.B.E., M.C., R.A.M.C. (R. of O.). *Order of the Crown of Italy*—Officer: Brevet Colonel Arthur Chopping, C.B., C.M.G., R.A.M.C.; Cavalier: Temporary Captain Ambrose Emerson, R.A.M.C.

Medical News.

THE Senatus Academicus of the University of Aberdeen proposes to confer the honorary degree of LL.D. on Sir George Henry Makins, G.C.M.G., C.B., consulting surgeon to St. Thomas's Hospital.

PROFESSOR G. ELLIOT SMITH, F.R.S., will give the foundation oration of the Union Society of University College, London, on Thursday, March 22nd, at 8.30 p.m.

THE Denison House Committee on Public Assistance is about to present a petition to the Prime Minister asking for information as to the growth of expenditure from rates and taxes on public assistance and for a commission of inquiry and control. The expenditure, which in 1890 was 25 millions, had risen in 1920 to 233 millions, excluding 93 millions for war pensions. The expenditure on education in 1920 was 72 millions.

THE Medical Women's Federation has arranged to hold a dinner in the Empire Rooms, Trocadero Restaurant, on Thursday, May 10th, at 7.30 for 8 p.m.

A MEETING of the Tuberculosis Society will be held in the Council House, Bristol, on Friday, March 16th, at 10 a.m. At the morning session, tuberculosis and pregnancy will be discussed by Professor Lyle Cummins and Dr. E. Ward; and reactions relating to tuberculosis by Drs. Henry Ellis and Campbell McClure. At the afternoon session, the physique of the phthisical will be discussed by Dr. H. de Carle Woodcock; difficulties in diagnosis by Drs. Halliday G. Sutherland, T. Nelson, and Richard Clarke; and the domiciliary treatment of osteo-articular tuberculosis by Dr. W. C. Rivers. On March 17th at 10 a.m. Dr. T. Nelson will demonstrate the results of treatment by artificial pneumothorax.

THE London County Council has hitherto employed a woman doctor to examine, under the direction of the medical examiner (Sir John Collie), all women candidates selected for appointment on the staff of the Council or as school nurses, and any women members of the staff who were required to undergo medical examination and desired to be seen by a woman doctor. Mrs. Dickinson Berry, who has held this appointment for some years, having resigned, it has been decided to appoint a panel consisting of three women doctors, so as to obviate the inconvenience from any one part-time woman doctor being not always available. The medical examiner, who will be responsible for their certificates, and under whose direction the examinations will be made, proposes to pay them not less than 75 per cent. of his fee in each case.

AN Act has been passed in Spain giving the Spanish Government powers to proceed with the ratification of the "Maternity Convention" adopted by the first international labour conference held at Washington, under the auspices of the League of Nations, in 1919. Under the terms of this convention a woman who works for her living is not allowed to work during the six weeks following confinement, and has the right to leave her work six weeks beforehand on production of a medical certificate. During this time she is paid benefits provided either out of public funds or by means of a system of insurance, and is also entitled to free medical attendance; if nursing her child she is allowed half an hour twice a day during working hours for this purpose. The same Act authorizes the Spanish Government to institute a compulsory maternity insurance system. The "Maternity Convention" has already been ratified by Italy, Bulgaria, Greece, and Rumania.

ON March 3rd, at the Medical Society's rooms, Bournemouth, the members of the Dorset and West Hants Branch of the British Medical Association presented Dr. Walter Asten with an illuminated address, an armchair, and a selection of books on the occasion of his leaving Bournemouth, as a mark of their appreciation of his services as honorary secretary of the Branch during the last four years.

ON Friday next, March 16th, Sir Leonard Rogers will read a paper at 4.30 p.m., before the Dominions and Colonies and Indian Sections of the Royal Society of Arts, on recent advances towards the solution of the leprosy problem. The chair will be taken by Earl Winterton, Under Secretary of State for India.

AT a meeting of the Medico-Legal Society on Tuesday, March 20th, Dr. H. A. Burridge, lecturer on forensic medicine and toxicology at King's College Hospital, will open a discussion on State effort to rescue drug victims, with special reference to the Dangerous Drugs Act. The meeting will be held at the house of the Medical Society, Chandos Street, Cavendish Square, at 8.30 p.m.

THE first regional centre of the campaign against cancer in France was inaugurated by M. Strauss, Minister of Hygiene, at Bordeaux, on February 12th. It has been organized in the medical electricity department at the St. Raphael annexe of the Bordeaux Faculty of Medicine, under the direction of Professor Bergonié.

AMONG the courses of lectures arranged by the National Health Society is one of six on infant and child welfare by Dr. Eric Pritchard; the first will be given on Friday, April 20th, at 5 p.m. Dr. Mary Scharlieb will give the second of two lectures (for women only) on venereal diseases on Thursday, March 15th, at 4 30 p.m. Full particulars can be obtained on application to the Secretary of the Society, 53, Berners Street, W.1.

WE regret to announce the death, on February 20th, of Sir Thomas Roddick, M.D., F.R.C.S., who was President of the British Medical Association when it held its Annual Meeting in Montreal in 1897.

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, *Aitiology, Westrand, London*; telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Mediocra, 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, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

A MEDICAL man, aged 62, with high blood pressure and arteriosclerosis, who must not visit, seeks advice (1) as to the best locality to live in, and (2) the most suitable employment in order to make a living.

"J. R." asks whether the tetanus bacillus or its spores has ever been found in commercial milk, fluid or dried, and whether milkers and dairy workers are ever infected.

SEVERE REACTION TO MOSQUITO BITE.

"X" (who resides in Wiltshire) writes: A lady, aged 50, suffers severely whenever bitten by a mosquito; within a few hours there is considerable oedema of the part, and at the site of the puncture a large blister forms, about the size of a pigeon's egg, which breaks, leaving a raw surface, just as after a scald. As the neighbourhood is never free from stray mosquitos, the patient's susceptibility is becoming a serious matter, for whenever she is bitten on the leg she is compelled to lie up for several days until the oedema has gone and the blister has healed. While it is not practicable to protect her from occasional bites, "X" would be glad of suggestions as to how he may prevent these severe local reactions.