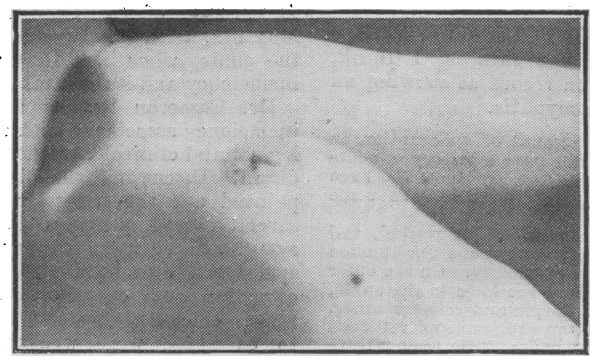
portions of the body. When polymastia occurs the supernumerary nipples are usually functionless. In numerous instances an hereditary influence has been traced.

Polythelia is a very much rarer abnormality. In fact, with the exception of occasional allusions to the condition, I have been unable to find any report of an authentic case in medical literature. In November, 1921, I reported in this JOURNAL a case of polythelia, in which the accessory nipple functioned; it occurred in my private practice. Since then I have been fortunate in securing the accompanying plate illustrating the case.



The woman, a primipara, aged 23, first recollected noticing the accessory nipple in early childhood and regarded it as a fleshy mole. It is about the size of a sixpenny piece, and is situated close to the left mammillary line in the inferior half of, and towards the periphery of, the left breast. It resembles the normal nipple of the same breast in everything but size, possessing lactiferous ducts and erectile tissue. Even Montgomery's secondary areola is faithfully reproduced. There is no macroscopical evidence of a supernumerary breast. The right and left breasts are symmetrical except for the small accessory nipple on the latter, and no demarcation of the gland tissue could be distinguished by inspection or by palpation. The condition has caused the woman no discomfort other than that, during the period of lactation subsequent to her pregnancy three years ago, there was a very free secretion of milk from the secondary nipple as well as from the normal nipples, the medical practitioner then attending her having dissuaded her from nursing the child.

There is no evidence of any hereditary influence. The woman, who is one of a family of eleven children, is the only one exhibiting this abnormality.

REFERENCES.
[1] Goldberger: Ein seltener Fall von Polymastia, *Arch. f. Gyn.*, 1895. [2] Whitridge Williams: *Obstetrics*, 1920, p. 987. [3] Ahlfeld: Spaltung der Anlage der Brustdruse, Polymastia, *Die Missbildungen des Menschen*, Leipzig, 1880, 110-113.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE OEDEMA OF THE LUNGS.

ACUTE oedema of the lungs is one of the most striking and terrifying emergencies with which the practitioner may be called upon to deal. The most tragically celebrated case on record is that of Charcot himself. During a journey he was seized with a sudden attack of suffocation, expelled a quantity of frothy albuminous fluid, and died in half an hour. Often the sufferer is dead before the doctor gets to him, and is found lying with an abundant frothy pinkish exudation filling the mouth and nose.

On February 23rd, 1923, on the R.M.S.P. *Desna*, I was called hurriedly about midnight to a gentleman taken suddenly ill. During the evening he had been well, dining in the saloon with the rest of us. I did not know then that he had not been in good health, but learnt subsequently that he was suffering from arteriosclerosis, or what I would prefer to call cardio-vascular breakdown.

On reaching the cabin I found him standing up struggling for breath, and bringing up an enormous quantity of frothy soapsuddy expectoration, coughing it up, and brushing it away from his nose and mouth with his fingers. There was no time to make exhaustive inquiries; but his wife said he was 56, and that it was his first attack. The pulse was small and rapid, and owing to the râles in the chest the heart sounds could not be heard. Even during this rapid examination he became very much worse, and it was clear that unless something was done quickly the first attack would also be the last. I ran to the surgery for a knife and a bandage, picking up a steward on the way to help me. On again reaching the cabin the patient had fallen back exhausted but was still conscious. We put the bandage round his right upper arm, and cut across the first vein easy to get at. This was probably the anterior ulnar; the branches of the median are best avoided when in a hurry. He bled freely, the blood being at first very dark, although his face was pallid. I bled him well over a pint, and it was most gratifying to watch the change. The vivid colour and dyspnoea disappeared, the expectoration gradually ceased, and his dreadful anxiety passed off. At the end of the bleeding breathing, colour, voice, mental attitude, and pulse were all reassuring. It was surprising how the pulse improved; it was not necessary to inject camphor. Incidentally, why is camphor in oil so much used, when a saturated solution of camphor in alcohol is so much more convenient? I have used the latter for years and never found any disadvantage, and a much larger dose can in this way be given.

The patient did well afterwards; he was kept rigidly in bed on a spare milk diet until Liverpool was reached.

Neither the diagnosis nor treatment was difficult. As to the former, asthma, cardiac dyspnoea, angina pectoris, and pulmonary infarct might occur to one's mind, but the extraordinarily abundant frothy expectoration, coming on quite suddenly, was decisive. The acute oedema is evidently due to a condition of vascular engorgement in the pulmonary area, and partially draining the systemic veins gives the right ventricle time to deal with it.

VINCENT MOXEY, M.R.C.S., L.R.C.P.,
Southampton. Surgeon, Royal Mail Steam Packet Company.

SINUS THROMBOSIS FOLLOWING PNEUMONIA IN AN ADULT.

THE following case appears to be of interest on account of the difficulty presented in the diagnosis, and because the condition is unusual in the adult.

A woman, aged 35, was admitted under Dr. A. Stanley Barnes on April 11th, 1923. A letter from her doctor explained that on March 31st she was taken ill with symptoms referred to the respiratory system, and that when he saw her for the first time, on April 2nd, she had a dry cough and pleuritic pain in the left side. Next day it was evident that she had lobar pneumonia affecting the left base. The crisis occurred on April 7th; on April 9th the temperature, pulse, and respirations were normal and the patient felt so well that she asked to be allowed to get up. During the following night, however, she complained of severe headache and vomited several times; early next morning, while sitting up in bed, she had an epileptiform convulsion which left her with left hemiplegia.

On admission, some twelve hours later, she was in a semi-comatose condition, but could be roused sufficiently to speak a few words. The temperature was 97° F., the pulse 48, and the respirations 20. There was left hemiplegia with an extensor plantar reflex on that side, while the other plantar reflex was flexor and both knee-jerks were somewhat brisk. There was complete incontinence of urine. There were no retinal changes suggesting vascular disease, and except for the brachycardia no abnormality in the circulatory system was detected. The lungs also appeared normal.

A diagnosis of cerebral embolism was made, although it was realized that this would not account for the headache and vomiting prior to the convulsion.

On April 12th, about twenty-four hours after admission, she suddenly became worse. The face was flushed, the breathing stertorous, the coma more profound, and some weakness with an extensor reflex appeared on the right side. Lumbar puncture was performed, and 50 c.cm. of fluid under considerable pressure and deeply tinged with blood were withdrawn. On April 13th the temperature had risen to 100.5°, and lumbar puncture again yielded a blood-stained fluid. It was concluded that haemorrhage had taken place at the site of embolism.

The condition of the patient rapidly grew worse, the temperature fell below normal, the pulse rate rose to 136, and death occurred the same night.

At necropsy the heart (300 grams) was found soft and flabby, and considerable fatty infiltration was present in the muscle of the right ventricle. There was a slight degree of mitral stenosis, but no thrombi were present in the auricles and no vegetations on the valves. The aorta was normal. The lungs were intensely congested and oedematous. There was extensive *ante-mortem* thrombosis in all the dural sinuses and in many of the cortical veins, especially near the vertex. The surface of the brain was intensely congested and a considerable amount of free blood was seen in the meshes of the pia arachnoid. On section large areas of brain substance showed the condition of red softening. The largest, on the right side, involved the optic thalamus, the genu of the internal capsule, the lenticular nucleus, and the caudate nucleus, so extending into the lateral ventricle. A second area, 1 inch in diameter, was situated in the right frontal lobe, while yet a third affected

the left caudate nucleus. Small petechial haemorrhages in the substance of the brain and thrombosis of the veins of Galen completed the picture.

E. WESTON HURST, B.Sc., M.B., Ch.B.,
House-Physician, General Hospital, Birmingham.

ATROPHY OF THE SKIN AFTER POLIOMYELITIS.

THE following case of atrophy of the skin is, I think, sufficiently interesting to be placed on record as showing an apparently rare sequel to an old poliomyelitis.

Mrs. S., aged 36, came to see me on account of an eruption on the left leg of several weeks' standing. She gave a history of acute poliomyelitis at 2 years of age, after which the leg below the knee was practically paralysed. At the age of 22 there was some recovery of the calf muscles.

On examination, the calf muscles were considerably wasted, and several scars on the foot showed where operations for tendon transplantation had been done many years previously. On the outer side of the leg, extending from a little below the knee to the ankle, was a diffuse erythema of the skin, and purple and crimson areas. The discoloration completely disappeared on pressure and returned very rapidly—evidently a vasomotor disturbance. The temperature of the skin varied at different examinations, being in a condition of poikilothermos. The affected skin was thin and shiny; the lower parts were swollen with oedema, while other parts were dry and scaly owing to the atrophy of the sebaceous glands. The patient complained of dull aching pain and "tingling" sensation.

I found sensation greatly modified or entirely absent. Epicritic sensation was absent. Protopathic sensation was present for touch, but there was definite thermo-anaesthesia. The response to variations in temperature was interesting, as it closely resembled that obtained in a typical case of syringomyelia. There was absolute absence of appreciation between heat and cold. Moreover, stimuli normally giving rise to pain produced little or no response.

Apart from the old poliomyelitis there were no signs of any other disease of the nervous system, and I subsequently asked Dr. MacCormac, dermatologist to the Middlesex Hospital, to see the case. He agreed with me as to the diagnosis, saying: "I think there can be no doubt but that the condition is a trophic one associated with the old poliomyelitis."

Unless the two conditions have no relation to each other, is it not rather strange that a sensory disturbance of the skin should follow poliomyelitis? The former is probably the result of some degeneration in the posterior roots in the lumbar portion of the spinal cord, while the latter is due to a lesion actually in the grey matter of the anterior horn of the same segment. It is noteworthy, moreover, that the skin atrophy should have appeared after such a comparatively long interval of time as thirty-four years.

London, E. A. ROBERT FOX, M.R.C.S., L.R.C.P.

RUPTURE OF PERIANAL SKIN CAUSED BY A FALL UPON THE FEET.

THE following note of an accident which seems to be an unusual one in the human subject may be of some interest. A man, while riding upon a fire engine which was travelling at some speed, was thrown violently to the ground, landing upon his right foot. The impact was sufficient to cause a very bad compound, comminuted fracture of the right leg. When he was undressed at the hospital, the nurse noticed that there was something wrong with the anus, although no complaint of pain or injury had been made by the patient. On examination I found that the skin had been torn from its attachment to the mucous membrane throughout the whole circle of the sphincter, except for about a quarter of an inch on the left side posteriorly. The skin, showing all the perianal corrugations, had retracted from the anal margin, leaving the subcutaneous tissues bare for an inch or more from the anus. There was no bruising, and there had been very little bleeding. The trousers were not torn nor was there any evidence of his having been struck by anything in that region. I think the injury may have been caused by the sudden and very violent pressure upon the pelvic floor, due to the man's impact with the ground in the standing position. The muscular structures guarding the pelvic floor were taken unawares and overpowered, and the perianal skin so stretched as to be completely torn from its attachments around the anal margin.

The condition is well known to veterinary surgeons, as occurring occasionally in horses when landing on hard ground after jumping. It would be interesting to know if the condition is recognized as occurring also in men.

Nuneaton. E. N. NASON.

Reports of Societies.

RENAL INEFFICIENCY.

A MEETING of the Cardiff Medical Society was held on May 8th, with the President, Professor E. J. MACLEAN, in the chair, when Dr. R. CAMERON read a paper on renal inefficiency and its clinical detection.

Dr. Cameron limited the scope of the subject to the inefficiency associated with chronic nephritis, into the pathological and clinical classification of which he entered in some detail. Discussing the diagnosis of chronic nephritis, he pointed out the necessity for investigating the presence, severity, and progress of general clinical signs, renal symptoms, such as dropsy and uraemia, cardio-vascular symptoms, especially high blood pressure, in addition to carrying out examination of the urine and certain renal efficiency tests. The general clinical symptoms to be noted were weakness, loss of flesh—which might be masked by oedema—severe headaches, vomiting, and gastro-intestinal symptoms, recurring attacks of bronchitis and oedema of the lungs, with shortness of breath. In addition, there might be added symptoms indicative of kidney mischief—for example, dropsy, uraemia, and cardio-vascular changes; retinitis was present in 15 to 20 per cent. of cases. While the time-honoured clinical methods were still the sheet anchor in the investigation of the presence and gravity of renal disease, a most important new field had been opened up by the introduction of certain chemical tests—chiefly the diastase test, the urea concentration test, the blood urea test, and the urea concentration factor. In regard to treatment, it was important never to overwork a diseased organ. In renal disease the teaching had been to deny almost entirely protein food, since the kidneys were the organs which were chiefly responsible for nitrogenous excretion. In acute nephritis, where the functions were almost entirely suspended for a limited period, it was reasonable to carry out that rule; but in the chronic interstitial kidney—the azotaemic type—the kidney could excrete its nitrogen so long as not more than 94 grams of protein were taken in a day. Chittenden, the apostle of nitrogenous economy, said that 60 grams were necessary to maintain nutrition, therefore at least 60 grams should be taken, which allowed a balance of 34 grams. Large quantities of protein could be given in the hydraemic type, as it lessened the dropsy, was found to be well borne, and altered the whole outlook in life for the patient, who had hitherto been starved to no purpose. On the other hand, if the patient were dropsical and also showed signs of uraemia, it was safe to have a urea concentration test done repeatedly before loading his blood with amino-acids, the precursors of nitrogenous waste; a certain amount of protein he must have to replace tissue waste, but not too much to overtax his renal power.

Cavernous Angioma of the Face.

Mr. D. J. HARRIES showed a large cavernous angioma of the face, in a man aged 24 years.

The condition was present at birth and had gradually got bigger; it now occupied an area corresponding to the sensory distribution of the third division of the fifth nerve on the left side. It involved the whole thickness of the left cheek below the level of the angle of the mouth, the left lower lip, and the anterior two-thirds of the left half of the tongue, and there was an offshoot running upwards in front of the ear. In April, 1923, the left external carotid artery and all the veins running down from the left side of the face were ligated; two weeks later the opposite side was similarly treated, and this had reduced the mass to about two-thirds of its original size. Mr. Harries intended to show the case again, after trying the effects of electrolysis. The case was interesting in that it suggested that the growth of the angioma might be controlled by the sensory branches of the third division of the fifth nerve; its extent could not be explained in terms of vascular or vasomotor distribution.

A MEETING of the London Association of the Medical Women's Federation was held at the Elizabeth Garrett Anderson Hospital on May 15th, with the President, Dr. LOUISA MARTINDALE, in the chair. Dr. OCTAVIA LEWIN, in a paper on personal hygiene and its place in school teaching, said that the subject was many-sided, embracing the physical, mental, spiritual, moral, social, domestic, and racial aspects of humanity, and that the problems were different in succeeding

1899, M.Sc. in 1903, M.D. in 1904, and D.Sc.Lond. in 1918. He was senior house-surgeon to the Royal Infirmary, Liverpool. After a tenure of the Holt Fellowship of Pathology in the University of Liverpool he turned his attention to public health, and took the diploma of D.P.H. in 1907. He was first appointed Assistant M.O.H. Middlesbrough and later on to the office he held at the time of his death. He was a member of the British Medical Association and a fellow and member of the council of the Society of Medical Officers of Health. He was esteemed one of the ablest medical officers of health in the country, and it is difficult to understand why he had got no further than Barking Town. "It was," a friend writes, "like putting a race-horse in a four-wheel cab. He was a most delightful colleague, modest and unassuming, willing to take any amount of trouble to help those who asked his aid, and apparently quite unaware that he was a more knowledgeable person than anyone else."

We are indebted to Dr. MAJOR GREENWOOD for the following estimate of the high value of Dr. Ewart's contributions to the literature of public health.

By the death of Dr. R. J. Ewart our profession has lost one of its very small band of enthusiastic statisticians. Ewart's principal statistical work is contained in a series of memoirs published in the *Journal of Hygiene* (xiv, 453; xv, 127; xv, 208; xvi, 12; xviii, 95). His idea was that the age of the parents at the time of the birth of a child affected the latter's physiological characters, that the physiological make-up of a later-born child was essentially different from that of a child born earlier in the fertile period. He surmised that changes in the reproductive habits of the people correlated with the declining birth rate were not without influence upon the evolution and prevalence of tuberculosis and the zymotic diseases. Ewart took up this work in spite of grave difficulties. His data were scanty and he had to begin to acquire a knowledge of the difficult technique of modern statistical analysis at an age when few very busy men—and he was a very busy man—care to tackle a new subject. The data available—mainly collected by himself at Middlesbrough and Barking—were meagre and open to criticisms which none urged more strongly than he did himself. It is not therefore surprising that he failed to establish conclusively any important proposition, although in some matters he created a fair presumption that his views were just. But his papers are full of valuable suggestions from which some later investigator with more material will derive advantage. Incidentally, some of Ewart's memoirs contain valuable contributions to the general statistical study of epidemic disease. I would particularly instance the paper printed in the fifteenth volume of the *Journal of Hygiene* (pp. 208-256), which contains one of the best statistical studies of scarlet fever and diphtheria with which I am acquainted.

It would be very easy for a critic having the advantage of wider training and experience in research, above all having had the advantage of time and leisure, to point the blemishes in Ewart's work. Ewart had very little time to devote to pure science and naturally made some mistakes, as every single-handed worker must. I believe he will be remembered as an original-minded investigator, a real student of nature. Of the keenness and skill with which he carried out his administrative duties others can speak more authoritatively than I, but several members of the staff of the Lister Institute will recollect how he contrived to save the lives of some babies in his district in a time of milk shortage by a pretty application of a scientific idea. He did not live long enough to secure wide recognition, but long enough to prove to all who knew him that they have lost a man worthy of the highest traditions of the public health service.

J. G. OGLE, M.D., B.CH.OXON.,

Reigate, Surrey.

THE announcement of the death of Dr. John Gilbert Ogle, of Reigate, will be received with deep regret by his numerous friends. He was the son of the Rev. J. A. Ogle, vicar of Sedgeford, Norfolk, and came of a medical stock, his grandfather having been Regius Professor of Medicine at Oxford, and his uncle, William Ogle, the well known scholar and physician, who was Superintendent of Statistics in the Registrar-General's department. Dr. J. G. Ogle was educated at Haileybury College, Keble College, Oxford, and St. Bartholomew's Hospital, where he held the post of house-physician to Sir Dyce Duckworth. Afterwards he was house-physician at the Royal Chest Hospital, London, and at the Radcliffe Infirmary, Oxford.

He took the diploma of L.R.C.P. and M.R.C.S. in 1888 and graduated M.A. and M.B., B.Ch.Oxon. in 1889; in 1891 he proceeded to the degree of M.D.

He practised in Reigate from 1891 to 1914 as a member of the old established firm of Ogle, Walters and Pegg, the successors of Holman, Walters, Hallowes and Berridge. When he retired owing to ill health his loss was deeply felt, not only by his partners and colleagues, but also by his many patients and friends. His skill in his profession was only equalled by his great care and kindness. In fact it may truthfully be said of him that he never failed to seize any opportunity for doing kind and generous acts, and he was greatly beloved by all.

Dr. Ogle was twice married, firstly to Miss E. M. Perfect of Lewes, who died in 1919, and secondly in 1921 to Miss Dorothy Hunter.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

APPLICATIONS for the E. G. Fearnside's scholarship for clinical research on the organic diseases of the nervous system must be sent to the University Registrary before June 20th. The scholarship is open to graduates in medicine and to graduates in arts who have passed Part II of the Natural Sciences Tripos.

UNIVERSITY OF LONDON.

A COURSE of four lectures on tropical hygiene will be delivered by Dr. Andrew Balfour, C.B., C.M.G., at St. Bartholomew's Hospital Medical College, E.C., on June 12th, 14th, 19th, and 21st, at 5 p.m. The lectures are addressed to advanced students and to others interested in the subject. Lord Stanmore, treasurer of the hospital, will take the chair at the first lecture.

Medical News.

THE Duke of Connaught will distribute the prizes at St. Thomas's Hospital Medical School on Wednesday, June 13th, at 3 p.m.

THE annual meeting and dinner of the Cambridge Graduates' Medical Club will be held at Gonville and Caius College, Cambridge, on the evening of Friday, June 22nd, with Sir H. K. Anderson, M.D., F.R.S., Master of Caius, in the chair. The honorary secretary is Mr. R. Davies-Colley, C.M.G., M.Ch. (10, Devonshire Place, W.1).

A TWO weeks' refresher course in general medicine and surgery will be given, under the auspices of the Fellowship of Medicine and Post-Graduate Medical Association, at the North-East London Post-Graduate College (Prince of Wales's General Hospital), Tottenham, from June 11th to 23rd inclusive. It will include demonstrations in clinical and laboratory methods with special demonstrations each Saturday at the North-Eastern Fever Hospital and the London County Council Mental Hospital respectively. A clinical lecture will be given every day at 4.30 p.m. A course of eight practical lecture demonstrations on gastro-intestinal diseases of children will be given by Sir William Bayliss, Dr. Bernard Myers, and Mr. E. T. C. Milligan at the "Children's Clinic," Western General Dispensary, from June 11th to July 5th. A special course in neurology will be given at the West End Hospital for Nervous Diseases from the middle of June till the end of July, and should a sufficient number of entries be received courses will also be held in ophthalmology and dermatology at the Royal London Ophthalmic Hospital and St. John's Hospital for Diseases of the Skin respectively. Beginning on June 11th, Dr. Gustave Monod, M.R.C.P.Lond., will give a short course of clinical demonstrations (in English) on practical hydrology at the Thermal Hospital in Vichy. The subjects to be dealt with will be hepatism, gout, diabetes, obesity, etc. Further particulars regarding these courses, copies of the syllabus, and tickets of admission can be obtained from the Secretary to the Fellowship of Medicine, 1, Wimpole Street, W.1.

DR. J. WRIGHT MASON, on the completion of forty years' service as surgeon to the Hull City Police Force, has been presented by the serving and retired members thereof with a silver rose bowl and Mrs. Mason with a gold wristlet watch.

THE next meeting of the North-Western Tuberculosis Society will be held at 3 p.m. on June 7th at the Tuberculosis Offices, Joddrell Street, Hardman Street, Deansgate, Manchester, when Dr. H. de Carle Woodcock (Leeds) will read a paper on the diagnosis and treatment of tuberculous glands. Any medical practitioner interested in the subject is cordially invited to attend.

THE sixth edition of the *Aids to Ophthalmology* by Mr. Bishop Harman has been translated into Polish by Dr. W. H. Melanowski, one of the teachers of the University of Warsaw. The Polish edition makes a book of 300 pages and is printed in good type of rather larger size than the English edition.

THE third and last block of the United Services Hospital at Ascot was declared open by H.R.H. the Duke of Connaught on May 29th, when the whole hospital was thrown open for the inspection of many interested visitors. The funds for this building have been derived from the large profits made by the Army and Navy Canteen Board out of the money expended by naval ratings and army rank and file, and the benefits of this hospital are intended for the children of ex-service men who suffer from surgical tuberculosis. The great experience of the consulting surgeon to the institution, Sir Henry Gauvain, has been freely drawn upon, and the design of the buildings and equipment owes a great deal to the lessons learnt at Alton. The buildings here, however, are of a much more substantial and permanent character than at Alton and at some other "open-air" hospitals, and unlike some of these, the wards can be entirely closed if it is thought desirable to do so. There is accommodation in the three wards for 138 patients, and there are 12 beds in the isolation annexes, making in all 150. The treatment block contains plaster, splint, and *x*-ray rooms, all of which are admirably adapted for their purposes. Nearly all the beds are already occupied and the appearance of the patients showed the good effects of the open air treatment and of such sunshine as our climate has lately allowed us. The country house Heatherwood, in the grounds of which the hospital has been built, now serves as a charming residence for the nurses. The soil is sandy and dry and the situation elevated. The sewage is treated in a disposal plant consisting of a settling tank and filter bed, and the effluent is distributed over fields at a distance from the buildings. The hospital has its own power station and is thus self-contained.

EXPERIMENTS made three years ago indicated that breathing for five minutes daily of air containing small amounts of chlorine acted as a preventive of influenza. Further tests made at the University of Arkansas recently upon nearly 300 persons are stated to confirm this conclusion.

DR. T. S. HIGGINS, M.O.H. for St. Pancras, who (as recently announced in our columns) has been appointed medical officer of health at Cape Town and lecturer on public health at Cape Town University, was presented on May 28th by the St. Pancras Borough Council with a gold watch.

THE second International Congress of Military Medicine and Pharmacy opened on May 28 h at Rome. H.M. the King of Italy and Signor Mussolini, President of the Council, attended the opening ceremony, and General Diaz delivered an inaugural address. The British representatives at the Congress are Lieut.-Colonel D. S. Harvey and Major Dawson.

THE annual general meeting of the Society for Relief of Widows and Orphans of Medical Men was held on May 23rd, with Dr. F. de Havilland Hall, President, in the chair. The annual report which was submitted to the meeting showed that the invested capital of the society now amounts to £146,650, only the income from which may be used for the payment of grants and expenses. £4,407 10s. was distributed in grants during the year, and the expenses were £335. At the present time there are 51 widows and 4 orphans in receipt of relief. Relief is only granted to the widows and orphans of deceased members. Any widow left with an income of £125 or under, and any orphan with an income of £60 or under, is eligible to receive relief. The average relief given is £80 per annum to each widow and £50 per annum to each orphan. Special grants are also made to enable orphans to learn a profession or trade. The society was founded in 1788, and incorporated by Royal Charter in 1864. Membership is open to any registered medical practitioner, who at the time of his election is resident within a twenty-mile radius of Charing Cross. The annual subscription for a member who at time of election is under 40 years of age is £2 2s.; if over 40 but under 50, £3 3s.; and if over 50, £4 4s. There are special terms for life membership. All particulars may be obtained from the Secretary at the offices of the society, 11, Chandos Street, Cavendish Square, W.1. The society is both a provident and beneficent one. Were it not for the income derived from investments the society would not be able to make the grants, as the income from subscriptions about pays the working expenses. These work out at about 6 per cent. of the income.

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.*

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.

ACCIDENT OR ILLNESS?

"PASCE" submits the following question: "Does a septic finger following a scratch, wound, or 'hang-nail,' necessitating opening under general anaesthesia three times and on the third occasion avulsion of the nail, constitute an accident or an illness?"

*** The form of this question is not very clear, but we are advised that if the scratch, wound, or hang-nail arises out of or in the course of employment and if proper notice is given, in all probability there would be grounds for a claim under the Workmen's Compensation Acts. If the condition arises in a private person and he is insured, everything would depend on the terms of the policy. It would perhaps be advisable to consult a solicitor.

LETTERS, NOTES, ETC.

QUININE SALICYLATE.

DR. NINIAN M. FALKINER (Dublin) writes: Many years ago I was requested by a leading consultant in Dublin to prepare some quinine salicylate; this I readily accomplished in the pharmacy of my dispensary. My friend published a note of the incident in the *Dublin Journal of Medical Science.* Since then the insolubility of this salt has come before me, and when occasion permitted I have made rough experiments; the outcome of these was to find that with tinctura quininae ammon. (*B.P.*) and sodium salicylate a permanently clear mixture can be obtained.

℞ Tr. quininae ammon. (*B.P.*)	... ...	ℿ xx
Sodii salicyl.	... ...	gr. x
Glycerini	... ...	ʒ ss
Aquam	... ...	ad ʒ j

Ft. mist.

I presume, although I have not verified the reaction, that a double salicylate of quinine and sodium is formed, soluble in dilute ammonium hydrate. I hope to investigate this further, but there are analogies in Nessler's reagent and Liebig's test for cyanogen to support this view. I have given thi to many of my friends and used it largely during the war in the base hospital to which I was attached, principally in influenza.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 47, 48, 49, 52, and 53 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 50 and 51.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page *227*.