may be completed immediately after dividing the bone, or if the case is only seen after distress has developed delivery may be completed provided the head is brought through slowly to give the soft parts time to stretch.

I have performed the operation eighteen times in four years and effected the delivery of thirteen living infants where the only alternative was craniotomy. Two of the mothers died, being previously infected, and the result would not have been altered by craniotomy; but the child of one of these patients lived.

In my tables I show eight cases; several of these showed bad indications for pelvic delivery with protracted first stages of labour and excessive moulding, so that from my experience in that year I would now perform a section early, rather than carry on with the intention of resorting to pubiotomy. Still, in a subsequent year I have resorted to pubiotomy in four cases where I had no alternative but excessive traction with upper strait forceps or craniotomy, and obtained four living infants.

Craniotomy.

In the majority of instances craniotomy must be looked upon as proof of failure of treatment. There are a certain number of complications which cause the death of the foetus independent of the labour, and when this occurs perforation of the head is indicated if there is disproportion to the pelvis. Unfortunately most of the cases at present requiring the operation could have been treated by some other method if the facts had been recognized earlier and deleterious efforts at delivery avoided. The enormous increase in the number of Caesarean sections performed in recent years, and induction of labour in the last few years, has produced extraordinarily little reduction in the number of craniotomies. In fact, I think the operation is more frequent than twenty-five years ago, when section was only done in about 5 per cent. of its present frequency. I do not think this is due to degeneration of the human race or development of brain. Craniotomy will not be reduced in frequency until all obstetric cases are conducted with careful observation and those found incapable of pelvic delivery submitted to section when the fact is first definitely demonstrated by a trial of labour and without being submitted to futile and harmful efforts to complete delivery through the pelvis.

While preparing these lectures I have completed another year's work in the hospital, and the following table shows the results and frequency of the various operative treatments found necessary:

Method of Delivery.	No. of Cases.	Foetal Deaths.	Cause of Death.
Normal delivery—			
Spontaneous	110	3	Inanition, second and third days.
Low forceps	12	2	1 cerebral haemorrhage; 1 albuminuria.
Low forceps with marked moulding	5	0	
Upper strait forceps	2	0	
Pubiotomy	4	0	
Caesarean section	15	2	1 haemorrhage from cord; 1 no cause.
Induction 37th to 39th week—			
Spontaneous	8	1	No evident cause.
Low forceps	5	0	
Craniotomy	2	2	Foetus dead early in labour.
Prolapse of cord (delivery terminated with low forceps)	2	2	Foetus dead.
Breech easy	3	0	
Face converted vertex, spontaneous (6-para and 8-para)	2	0	
Twins	4	0	
Premature not induced	8	5	
Macerated	2	2	
Total	184	19	

Pelvic Measurements.—External conjugate: average, 7.12 in.; minimum, 6.6 in.; maximum, 7.6 in. Intercristal: average, 10.2 in.; minimum, 8.2 in.; maximum, 11.6 in.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

"VESICALIZATION" OF THE STUMP OF THE CERVIX UTERI.

"VESICALIZATION" seems about the best word to describe the procedure adopted in this case to cure a vesico-vaginal fistula which occurred after subtotal hysterectomy.

The patient, a very stout flabby woman of 61, who had been practically bedridden for a long time, came under treatment for an abdominal swelling which was diagnosed as a uterine fibroid.

Abdominal section on March 30th, 1922, proved the mass to be a fibrocystic tumour of the left ovary, firmly fixed to a normal sized uterus, with many dense adhesions to the transverse and descending colon, the bladder, and other neighbouring parts. The tumour, left tube, and body of the uterus were removed, leaving the right ovary and tube and the cervix. The number and density of the adhesions and the patient's stoutness made the operation very difficult, and silk ligatures were freely used At first there was little to note in the healing of the wound and the general condition of the patient, but on April 3rd she began to complain of frequent and painful micturition. By April 8th this had become severe, and on April 12th there was a leakage from the vagina of urine, which was alkaline and very irritating. This leakage rapidly increased with much excoriation of the vulva and surrounding skin.

All kinds of treatment were tried to stop the leak and to acidify the urine and cure the irritation, including continuous drainage of the bladder with Cathcart's apparatus, but nothing really helped. Examination under an anaesthetic showed that the urine was escaping through the cervical canal, so a further operation was done on May 26th. There was so much inflammation and thickening of the vaginal fornices that it was impossible to pull the cervix down, peel off the bladder, and proceed on conventional lines. The cervix was therefore most thoroughly scraped out and "rawed" with sharp spoons; during this process a thick knotted silk ligature (evidently the cause of all the trouble) was removed from the cervical canal. The cervix was then firmly stitched up and entirely occluded by six deep stout twenty-day catgut sutures, passed antero-posteriorly. Part of the cervix was therefore "vesicalized" or taken up into the bladder wall.

A self-retaining catheter was passed by the urethra and left in for fourteen days, the bladder being drained continuously. The urine was kept acid with urotropin and acid sodium phosphate and later with cystazol. The vagina was douched with very weak mercury perchloride solution twice a day after the first three days. The stitches were not interfered with, but were allowed to come away of themselves.

I was a little anxious when the catheter was removed, but there was no leak at all, though micturition was rather frequent for a few days. The convalescence was rather prolonged, as the patient's legs and back were very weak from the long period of inaction before the first operation; this was remedied by massage, and she was able to get up a little on June 30th. She left hospital on July 16th, 1922.

On June 2nd, 1923, she reported: "I am pleased to tell you that I have had no bladder trouble at all since my return home. I have full control of the urine and no leakage whatever."

E. OLIVER ASHE, M.D.Lond., F.R.C.S.Eng.,
Senior Surgeon to Kimberley Hospital.

MANOMETRIC METHOD FOR THE ESTIMATION OF UREA.

I DEMONSTRATED to a recent meeting of the Ulster Medical Society a method of estimating urea in urines, based upon the principle that if a gas is liberated within an apparatus of constant volume the resulting increase of pressure is proportional to the amount of gas liberated.

The ordinary hypobromite reaction is utilized to liberate nitrogen from a fixed volume of urine, and is carried out in the usual manner by placing the urine in a small test tube within a bottle containing the reagent, so that by tilting the bottle the urine and reagent can be mixed at will. The bottle is provided with a perforated rubber stopper into which is pressed the stem of a manometer, such as forms part of a sphygmomanometer outfit of the aneroid pattern. The air space within the apparatus has a complex value, being the capacity of the empty bottle *minus* the amounts of caustic soda, bromine, and urine added; *minus* the volume of the glass composing the bromine tube and the urine tube; *minus* the volume of air displaced by the stopper of the bottle; *plus* the air space inside the manometer; *plus* the potential air space in the reagent due to its power of dissolving nitrogen. It is thus not easy to standardize the apparatus so that it shall have a constant air space, but I find that the air space is brought to a sufficiently constant value by

adjusting the amount of caustic soda in accordance with the size of the bottle used. The reagent thus serves a double purpose—to liberate nitrogen from the urine, and to bring the air space within different pieces of apparatus to the same amount.

To facilitate the use of the apparatus the urine tube is marked at a level corresponding to 5 c.cm., and the bottle is marked at a level corresponding to 177 c.cm. less than its total capacity. By choosing this particular value for the amount of caustic soda (in conjunction with a 2 c.cm. tube of bromine) and using 5 c.cm. of urine, the reading of the manometer in decimetres expresses the percentage of urea in the urine—the reading being taken as soon as the reaction is complete, without waiting for the apparatus to cool.

A series of 73 estimations controlled by the urease method of urea determination showed the average error of the manometric method to be 3 per cent.

Belfast. F. C. S. BRADBURY, M.B., B.Ch.

CAESAREAN SECTION: SUPPURATION: RECOVERY.

THE chances of success of Caesarean section are frequently spoilt by the too prolonged and too vigorous efforts of the accoucheur. Bearing this in mind in the case recorded below, I decided to seek surgical assistance before the patient was exhausted.

On Saturday, October 13th, 1923, I was called to Mrs. H., a primipara, in labour. The os uteri was dilated almost to its full extent, and lying posteriorly, as there was an anteflexion of the uterus; the contractions were powerful and rhythmic, and no interference was deemed necessary. An hour later the membranes ruptured, and I applied axis-traction forceps with some difficulty. The conjugata vera was 3¼ in., and it was evident that delivery would only be effected at the sacrifice of the life of the child, and with considerable risk to the mother. Consent having been given to the proposed operation, the patient was removed to the Knight Memorial Hospital, Blyth.

The operation was performed by Mr. J. Gilmour, F.R.C.S., of Newcastle-on-Tyne. The patient had been previously catheterized by me, and, having been otherwise prepared, an incision was made from one inch above and a quarter of an inch to the left of the umbilicus, to half an inch above the symphysis pubis; the peritoneum was opened at the upper part of the abdominal wound, the opening continued downwards with scissors, the position of the urinary bladder being noted. Large swabs were inserted laterally, and the uterus was incised longitudinally between the swabs, the organ having previously been protruded through the wound. The opening in the membranes was enlarged, and a well developed female child, weighing 8½ lb., was extracted. At this stage 1 c.cm. of pituitary extract was given hypodermically. After the removal of placenta and membranes it was interesting to watch the contraction of the uterus; it began to shrink visibly three minutes after the injection. Deep sutures of catgut involving the uterus as deep as the submucous coat were inserted, and between these finer and more superficial sutures; the peritoneum was closed with a continuous suture.

The patient showed no signs of shock, and its sudden appearance was guarded against by giving rectal salines every four hours, and by a plentiful supply of hot-water bottles, with the bed in the Fowler position.

The temperature on admission was normal, and its subsequent intermittent excursions varied between normal and 103° F.

One ounce of castor oil was given on the third day, and the bowels moved in the evening; the patient was catheterized on this day, and said she felt very comfortable; next day an enema was given, followed by 1 c.cm. pituitary extract hypodermically. The lochia were unduly offensive from this time until the twelfth day, and 2 drachms of liquid extract of ergot were given daily, followed by the insertion of an iodoform pessary into the uterus for three successive days. On the thirteenth day the abdominal sutures were removed, and the vagina and os uteri examined under a general anaesthetic; as the former contained much pus, it was swabbed out with hydrogen peroxide; the cervix showed a slight laceration. Some improvement in temperature followed, but it began to rise again on the eighteenth day; 30 c.cm. of antistreptococcic serum were given hypodermically twice daily for three days. On the nineteenth day I anaesthetized the patient and cauterized the os uteri and vagina with tincture of iodine, finally inserting an iodoform pessary into the uterus.

From this time onwards improvement was marked and rapid; on the morning of the twenty-second day about 20 ounces of pus were passed per rectum, and about 10 ounces in the evening. The temperature became normal on the twenty-third day, and the patient was sent home on the twenty-fourth day, at her own urgent request. Hitherto she had had no pain, and was able to feed her baby to a great extent during the whole of her illness, supplementary feeding (50 per cent.) being adopted. The wisdom of this procedure was evident from the steady gain in weight and general tranquillity of the baby. When seen one month later mother and child were in good health.

L. L. STEELE, L.R.C.P., L.R.C.S., L.R.F.P.S.

Blyth.

Reports of Societies.

MANIFESTATIONS OF COMMON AFFECTIONS OF THE NOSE AND THROAT.

A MEETING of the Medical Society of London was held on February 11th, with the President, Dr. HERBERT SPENCER, in the chair, when Mr. HERBERT TILLEY opened a discussion on the general symptoms and remote manifestations of common affections of the naso-pharynx, nasal accessory sinuses, and throat.

Mr. Tilley, who showed a large number of lantern slides, said that he felt bound to admit that from a clinical point of view the naso-pharyngeal and faucial tonsillar deposits played some definite part, at least in the earlier years of life. These lymphoid deposits were well developed in children, and their reaction to infection suggested that they acted as protective structures. He had observed that at varying periods of time after the complete removal of the faucial tonsils occasionally their recesses were partially occupied by lymphoid tissue which had grown up from the adjacent lingual tonsils, or the lateral or posterior walls of the pharynx might be occupied by similar deposits. He assumed from these facts that Nature had some very definite reason for placing subepithelial lymphatic tissue in these situations, and the obvious corollary was that such structures should not be sacrificed without more thought and consideration than was often given to their removal. It was a common experience to find adenoids without a corresponding hypertrophy of the faucial tonsils, whereas it was less frequent to find the latter condition without some overgrowth of the naso-pharyngeal lymphoid tissue. The remoter manifestations of the chronic obstruction caused by adenoids were most evident in the defective development of the bones of the face and of the chest walls. As a result of mouth breathing the component parts of the upper jaw were subjected in the early years of life to a constant slight compression by the tissues of the cheek, and this was not opposed by the powerful expansile effect of the tongue, which in these circumstances lay in the floor of the open mouth. As a result there were produced the narrow face and nasal cavities, slit-like nostrils, high arched palate, and crowded teeth, the typical "adenoid facies." If the nasal airway was obstructed the suction or negative pressure on the cartilaginous elements of the ribs eventually led to lower costal recession and pigeon-breast. The earlier the nasal obstruction was removed and constitutional defects treated, the less were the skeletal deformities: there was no age limit to the operation for removal of adenoids. The presence of a chain of slightly enlarged glands behind the posterior border of the sterno-mastoid muscles was an almost constant sign of mild infection of the pharyngeal tonsil (adenoids). Not infrequently the glandular enlargement was associated with a slight rise in the evening temperature; this was one explanation of the so-called "glandular fever of childhood." That tubercle bacilli might enter the system after primarily infecting the lymphoid tissue had long been established, and Mr. Tilley showed a microscopic section of an adenoid growth in which typical tubercle nodules were present. Slight haemorrhage from the nose or into the throat might be due to congestion of the naso-pharyngeal lymphoid tissue, and if a slight evening pyrexia, cough, and general malnutrition were also present, the clinical picture of tuberculosis was suggestive. Mr. Tilley had known such symptoms to be permanently cured in a young adult by the removal of adenoids.

The most serious of the remoter manifestations of acute tonsillar inflammation were myositis, endocardial and pericardial complications, and certain forms of infective arthritis. These manifestations might resemble those which had long been recognized as characteristic of acute rheumatic fever, but they might result from tonsillar infection without any etiological relationship to the poison of rheumatism, just as similar complications were known to follow scarlet and typhoid fevers, influenza, and gonorrhoea. Tuberculosis of the tonsils was not infrequent, but was usually latent and exhibited no clinical signs of its presence. In addition to ill defined symptoms of impaired

fellowship in the Faculty of Public Health of Manchester University, but was unable to accept it by reason of military duties. During the war he served in Salonica and Malta as well as in England. He was honorary clinical assistant in the skin department of the Liverpool Royal Infirmary, and medical officer to the venereal diseases clinic at the Royal Southern Hospital, Liverpool. Formerly he had served as assistant director of the clinical laboratory of the Manchester Royal Infirmary, and assistant medical officer of health at Liverpool and Salford. The funeral service, which was attended by many friends and colleagues, was held at St. Nicholas's Church, Blundellsands.

Dr. WILLIAM CURTIS died at Alton on February 8th. He was the son of the late Dr. William Curtis, who died in 1881, and was the descendant of Dr. Thomas Curtis, who started medical practice in Alton in 1700. He received his medical education at St. George's Hospital Medical School, and took the diploma of M.R.C.S.Eng. in 1858 and that of L.S.A. in 1859, after which he joined his father in practice. Dr. William Curtis took a prominent part in the establishment of a cottage hospital at Alton, of which he continued as one of the medical officers until his retirement in 1911. He took great interest in the history of his native town and from the material collected wrote a history of the town of Alton. He was formerly a member of the British Medical Association.

The death is announced, at the age of 64, of Dr. RICHARD SLATER of Newcastle-on-Tyne, after a long period of illness. He was born at Preston, where his father was a prominent mill-owner, and was educated at the University of Aberdeen, where he graduated M.B., C.M. in 1893. In his earlier days he was a keen Rugby football player. He was a member of the Newcastle-on-Tyne Division of the British Medical Association, of the Newcastle Clinical and of the Northumberland and Durham Medical Association. He is survived by a son, Dr. William Arthur Slater, and two daughters.

The death occurred on January 29th of Dr. WILLIAM GREEN of Portsmouth, at the age of 71. He was a native of Portsmouth, received his medical education at the London Hospital, and took the diploma of L.R.C.P.Lond. in 1887. Except for the first few years of his professional career, spent at the London Hospital, he had practised the whole of his life in his native town. He was a member of the Portsmouth Division of the British Medical Association, and a prominent Freemason.

The Services.

INDIAN MEDICAL SERVICE.

STUDY LEAVE.

CONSEQUENT on the introduction of the Fundamental Rules, which have taken the place of the old Civil Service Regulations, the Secretary of State for India has approved rules regarding the grant of study leave to officers of the Indian Medical Service. They appear to be identical with those previously in operation. They have effect from January 1st, 1922.

AFTER-CARE OF TUBERCULOUS EX-SERVICE MEN.

THE Minister of Pensions makes the following announcement:

Arrangements have now been made to secure that the local agencies of the Ministries of Labour and Pensions will actively co-operate with the local health authorities in the after-care of ex-service men suffering from tuberculosis, on their return home after a course of treatment, or treatment combined with training in a sanatorium. It has been arranged that six weeks (or as long as possible) before the tuberculous man's discharge from an institution the notification of the pending discharge will be sent to the tuberculosis officer of the man's place of residence. Thereupon special steps will be taken, on the one hand, so that, as far as possible, the patient shall not return to home conditions which are likely to prevent the satisfactory progress of the case or to cause a relapse; and at the same time, on the other hand, to do all that is possible to assist the man to obtain employment in a suitable occupation. So far as the man's home conditions are concerned, the tuberculosis officer and his staff, or the Tuberculosis Care Committee, if one has been established in the area, will, if these conditions are unsatisfactory, take such action as may be practicable to improve them. As regards the man's employment, if the tuberculosis officer considers that the man's occupation is unsuitable, he will furnish the Employment Exchange with a list of occupations which he considers not definitely unsuitable for the case. The employment exchanges will render all possible assistance in this matter, and special efforts will be made by the King's Roll Committee and by the chief area officer and the members of the War Pensions Committee. The departments concerned in these arrangements are satisfied that the success of after-care in cases of tuberculosis depends primarily on personal effort and individual attention, and all the local organizations concerned have been asked to co-operate actively in the work.

ARMY DENTAL CORPS.

THE War Office announces that the first examination of lieutenants before promotion to captain, and captains before promotion to major, in the Army Dental Corps, will be held in October next.

DEATHS IN THE SERVICES.

Lieut-Colonel Joshua Chaytor White, C.M.G., Bengal Medical Service (retired), died of anaemia at Sunnybank Hospital, Cannes, on January 30th, aged 59. He was the son of Albert White, shipbroker, of Kingstown, Dublin, and was educated at Edinburgh University, where he graduated as M.B. and C.M. in 1887, and M.D. in 1893. He took the D.P.H.Cantab. in 1901. He entered the I.M.S. as surgeon on September 30th, 1889, became lieutenant-colonel after twenty years' service, and retired on December 22nd, 1912. Most of his service was spent in the sanitary department. After eight years' military duty he was appointed deputy sanitary commissioner in the United Provinces in December, 1897. Ten years later—in August, 1907—he became chief plague officer in the same province, and sanitary commissioner in January, 1908. He served on the North-West frontier of India in the Chitral campaign of 1895, taking part in the relief of Chitral, and receiving the medal with a clasp. In 1914 he rejoined for service in the recent war, when he was for some time in command of a hospital for Indian sick and wounded at Barton, near Bournemouth; he was mentioned in dispatches in the *London Gazette* of July 27th, 1917, and received the C.M.G. on June 4th, 1917.

Major Robert Heuston MacNicol, R.A.M.C., died in Queen Alexandra's Military Hospital, Millbank, on January 26th. He was born on October 2nd, 1877, the only son of the late John MacNicol of Dublin, and was educated at Trinity College, Dublin, where he graduated B.A., M.B., B.Ch., and B.A.O. in 1902. After acting as house-surgeon of the Adelaide Hospital, Dublin, he entered the R.A.M.C. as lieutenant on August 31st, 1903, becoming major on February 20th, 1915.

Brigade Surgeon William Creagh, LL.D., R.A.M.C.(retired), of Lullington, Burton-on-Trent, died on January 18th, aged 85. He was born at Manchester, and was the third son of the late Lieutenant James Creagh; he was educated in Dublin, where he took the L.R.C.S.I. in 1857 and the L.S.A. in 1859. Entering the army as assistant surgeon on October 15th, 1859, he served in the Royal Artillery until regimental service for medical officers came to an end. He became surgeon major on April 1st, 1873, and retired with the honorary rank of brigade surgeon on August 25th, 1880. He served in the Afghan war of 1878-80, when he was mentioned in dispatches, and received the medal with a clasp.

Universities and Colleges.

UNIVERSITY OF LONDON.

AT a meeting of the Senate held on January 30th Sir Sydney Russell-Wells, M.P., was re-elected the representative of the University on the General Medical Council, and Dr. R. H. Lyster and Professor H. R. Kenwood, C.M.G., were appointed delegates at the Congress of the Royal Sanitary Institute to be held in Liverpool in July next.

UNIVERSITY OF WALES.

DR. J. F. WICHT has been approved in both parts of the examination and has received the Tuberculous Diseases Diploma.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

Parkin Prize.

THE Parkin Prize of the Royal College of Physicians of Edinburgh, founded by the late Dr. John Parkin, Fellow of the College, will be awarded next year for an essay "On the effects of volcanic action in the production of epidemic diseases in the animal and in the vegetable creation, and in the production of hurricanes and abnormal atmospherical vicissitudes." The prize is of the value of £100 and is open to competitors of all nations. Essays intended for competition, which must be written in the English language, must be received by the Secretary of the College not later than December 31st, 1924. Each essay must bear a motto, and be accompanied by a sealed envelope bearing the same motto outside and the author's name inside. The successful candidate must publish his essay at his own expense, and present a printed copy of it to the College within the space of three months after the adjudication of the prize.

the rule. But the Council did not put the rule into force; they really did nothing, though certain people acted on the rule.

Mr. Lawrence: Why, then, did the Council send round to the members the notice of expulsion? I submit that that notice had no value at all, except for the purpose of bringing these rules into force against the doctor.

Lord Buckmaster: If you were asked as to when this conspiracy was formed, what would be your answer?

Mr. Lawrence: At the time of the expulsion.

Lord Wrenbury: There was not a conspiracy to expel the doctor, but there may have been a conspiracy to expose him to the consequences of expulsion. But the consequences of expulsion existed before this case arose, and were altogether apart from it.

Mr. Lawrence: The Association, when it expelled this man, knew that there were rules in its rule book which would automatically come into force.

Lord Wrenbury: But these consequences of expulsion were voluntarily adopted by the appellant himself as well as by others. They bound Dr. Thompson and everybody else.

Mr. Lawrence: The Council passed a resolution of expulsion which would inevitably result in bringing into force these intraprofessional restrictions. I submit that that is evidence of actionable conspiracy.

Lord Buckmaster: Do you say that every man who voted for the rules became a conspirator?

Mr. Lawrence: Yes.

Lord Buckmaster: Then what was a member to do?

Mr. Lawrence: To vote against the rules. The proper line for a doctor to take was to say that these rules in his opinion were oppressive, and that he could not vote for them.

Mr. Lawrence submitted that these rules had been declared to be illegal by Mr. Justice McCardie in the Pratt case, and that it was the duty of the British Medical Association to strike them out of its book. The argument was that contracts in restraint of trade were illegal—not in the ordinary sense illegal, but only illegal because unenforceable—and therefore it was said that an action could not be brought for conspiracy. He submitted, on the contrary, that an action might be brought for conspiracy against a number of persons, although it could not be brought against one person. If the agreement evidenced by these rules in fact was unenforceable and not reasonably necessary in the interests of the Association, how could it be set out as a defence in an action for conspiracy? Lord Buckmaster said that it had not been so set out: Mr. Lawrence in his previous remarks had knocked it down, and Sir John Simon had not even attempted to raise it from the dust.

Mr. Lawrence, in concluding his case, asked their lordships to bear in mind that this case had been heard at very great length before an Australian jury, who had arrived at the verdict already set out. He claimed that there was clear evidence of conspiracy.

Judgement Reserved.

Their lordships then sat *in camera* for about ten minutes and on the resumption of the public sitting Lord Buckmaster said: Their lordships will take time to consider the advice which they will give to His Majesty.

Medical News.

THE triennial dinner of the Old Residents' Club of the Manchester Royal Infirmary was held on February 5th at the Midland Hotel, Manchester; nearly 150 old residents from London and all parts of England were present. Mr. Alexander Wilson was in the chair, and Dr. Owen Jones, who was house-surgeon in 1861, was the senior member present. In proposing the toast of the "M.R.I.," Dr. de Ville Mather entertained the meeting with stories and anecdotes of the old infirmary and members of the staff. Dr. E. S. Reynolds, replying, emphasized the value of a resident hospital appointment and the importance of carrying on the infirmary tradition. In proposing the toast of the President, Mr. S. R. Wilson referred to many incidents in the President's career and his many-sided character. The President, replying, compared the work and difficulties of the anaesthetist in the past with the part he plays in the modern operation. In the old days the operation was more of a free and easy sociable affair than it is now. The old theatre was the common meeting ground of all the members of the staff, and not one of them would have hesitated to take a hand in the operation if anything of interest was disclosed.

IN a statement issued recently the Postmaster-General reminds the public that the possibility of the communication of infectious disease through the use of public telephones has several times been investigated, both here and in America, and medical experts have declared that there is no real risk in the use of public call offices. Some time ago a series of bacteriological tests were conducted with telephone mouthpieces which had been in use at busy call offices in places of general resort; the mouthpieces had received no special treatment other than that normally given. The report on these experiments showed that the results were most satisfactory and that the mouthpieces examined were free from tubercle bacilli. Further and more drastic tests were afterwards made. Telephones were fitted in the wards of a sanatorium and used only by patients in different stages of tuberculosis. The instruments were in use for varying periods, and were not cleaned or disinfected during the course of their experimental use. The subsequent bacteriological examination produced entirely negative results and the doctor who carried out the experiments stated that he was of opinion that "the transmission of tuberculosis through the medium of the telephone mouthpiece was practically impossible." The statement adds that a staff of cleaners is permanently employed in looking after the call offices on railway stations and in public places. The call offices are thoroughly cleaned and the transmitter mouthpieces and receiver caps disinfected at regular intervals of about three days. The cleaning of public call offices situated in residential flats, shops, and other private premises is undertaken by the tenants of the premises, while the cleaning of call offices in post offices is carried out under the supervision of the postmaster.

THE Universities Bureau of the British Empire (50, Russell Square, W.C.1) has published a classified list of students from the Dominions overseas and from foreign countries now studying in the universities and university colleges of Great Britain and Ireland. In all 4,171 names are included; of these 1,090 came from India, Burma, and Ceylon, 744 from South Africa and Rhodesia, 402 from the United States of America, and 321 from Egypt.

IN association with the Fellowship of Medicine, the Royal Northern Hospital has arranged, in conjunction with the Central London Ophthalmic, North-Eastern Fever, and Royal Chest Hospitals, a two weeks' intensive course from March 3rd to 15th, which will include lectures, demonstrations, and work in all departments from 10.30 a.m. each day. A special course in gynaecology will be given at the Chelsea Hospital for Women from March 3rd to 28th, consisting of lectures and clinical demonstrations in the wards and out-patient department. A series of lectures and demonstrations in psychological medicine will be given by Dr. J. G. Porter Phillips and Dr. T. Beaton at Bethlem Royal Hospital on Thursdays and Saturdays at 11 a.m. A series of six lecture demonstrations on recent advances in medical electrical treatment will be given by Dr. C. B. Heald at the Royal Free Hospital on Wednesdays, at 5.30 p.m., from March 5th to April 9th. Particulars regarding any of these courses can be obtained from the Secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

DR. CHARLES SINGER, lecturer in the history of medicine, will give three lectures at University College Hospital Medical School on Monday, February 25th, and two following Mondays: the first on the history of syphilis, the second on the history of plague, and the third on the history of smallpox and its relation to inoculation and vaccination. The lectures, which will be given at 5 p.m., will be illustrated by lantern slides, and are free to all students of the university.

AMONG the honours conferred in connexion with the resignation of the late Conservative Government is the knighthood bestowed upon Dr. Henry Jackson, J.P., who has been Mayor of Wandsworth since 1921. He took the B.Sc.Lond. in 1896, graduated M.A.Camb. in 1900, and M.B., Ch.B.Edin. in 1914. He is chairman of the Metropolitan Boroughs Standing Joint Committee and of many local organizations.

THE South London Hospital for Women has opened a urological department. Out-patients will be seen at 86–90, Newington Causeway, S.E., on Tuesdays, at 1 p.m.

THE late Mr. Harrison Cripps, consulting surgeon to St. Bartholomew's Hospital, left estate valued at £172,973, with net personalty of £171,903.

DR. HAVEN EMERSON has been elected president of the Association for the Prevention and Relief of Heart Disease, whose headquarters are at 370, Seventh Avenue, New York. An account of the association's scheme for cardiac clinics was given in the BRITISH MEDICAL JOURNAL of October 20th, 1923 (p. 729).

MR. CHARLES P. MARKHAM of Ringwood Hall, Chesterfield, who in 1916 defrayed the cost of a large extension to the Chesterfield and North Derbyshire Royal Hospital in memory of his brother the late Sir Arthur Markham, has now presented £10,000 to the hospital with a suggestion that the money should be devoted to some object in connexion with women and children.

A POST-GRADUATE COURSE in *x*-ray therapy and diagnosis will be held in Bonn from February 24th to March 1st. The syllabus includes the prevention of *x*-ray burns, *x* ray therapy in gynaecology, dermatology, and surgery, and the physics and pathological results of treatment. Those wishing to attend should apply to Professor Martius, Universitäts-Frauenklinik, Theaterstrasse 5, Bonn. A registration fee of five gold marks is charged.

ACCORDING to the correspondent of the *Morning Post* there is a serious outbreak of bubonic plague in Eastern Russia. We have seen no confirmation of this statement, but circumstantial details are given with regard to the steps being taken by the Government of Russia to check the spread of the epidemic.

THE post-graduate lectures at the Manchester Babies' Hospital were resumed on February 1st, when Dr. Hector Cameron dealt with the special character of diseases of infants. The lectures are delivered fortnightly, and the next will be given to-day (Friday, February 15th) at 5.30 p.m. by Dr. Dyson on fungus infections in children.

SEVEN health leaflets have been issued by the Middlesex Hospital Press, at 2d. each, for distribution with a view to educating the general public in matters relating to the prevention and early treatment of disease. The subjects are as follows: Cancer of the womb; what should be known about cancer, its prevention and treatment; the change of life; infantile diarrhoea; care of the teeth; the prevention of deafness; and house flies and disease. The information is expressed in the simplest language possible.

WE are asked to announce that the Royal Society of Medicine will give all medical men from the Dominions and Colonies visiting the British Empire Exhibition at Wembley the use of the Society's house from May onwards.

Letters, Notes, and Answers.

Communications intended for the current issue should be posted so as to arrive by the first post on Monday or at latest be received not later than Tuesday morning.

ALL communications with reference to advertisements as well as orders for copies of the JOURNAL should be addressed to the Financial Secretary and Business Manager, 429, Strand, London, W.C. Attention to this request will avoid delay. Communications with reference to editorial business should be addressed to the Editor, BRITISH MEDICAL JOURNAL, 429, Strand, W.C.2.

ORIGINAL ARTICLES and LETTERS *forwarded for publication are understood to be offered to the* BRITISH MEDICAL JOURNAL *alone unless the contrary be stated.* Authors desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Financial Secretary and Business Manager, 429, Strand, W.C.2, on receipt of proof.

THE telephone number of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is Gerrard 2630 (Internal Exchange). The telegraphic addresses are:

EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology Westrand, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westrand, London.*

MEDICAL SECRETARY, *Medisecra Westrand, London.*

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.

ELECTROLYSIS OF HAIRS ON A MOLE.

"ZETA."—The removal of hairs by electrolysis from a non-pigmented mole the size of a small pea on the upper lip of a lady is a perfectly harmless and beneficial operation. If carried out skilfully and completely it will be found that very little will be left of the mole itself, and the cosmetic result will be good. Depilatory pastes, if used over too wide an area and in excessive quantity, sometimes cause dermatitis; this, except in the case of patients who have abnormally sensitive skins, is only temporary, but in those liable to attacks of eczema it may be very troublesome.

TREATMENT OF CYSTITIS.

"J. P. F." asks: What is the most effective treatment for staphylococcal infection of the bladder? A vaccine is out of the question. Irrigation with silver nitrate solution is being carried out. Hexamine does not seem to improve matters.

*** The first essential is to make certain that the cystitis is not secondary to some such lesion as a calculus, a diverticulum, an enlargement of the prostate, a lesion in one of the kidneys, or a focus in the prostate. It is also absolutely necessary to exclude the possibility of a tuberculous ulceration with secondary staphylococcal infection. Provided all these possibilities have been excluded, treatment should consist of daily irrigation with 1 in 6,000 potassium permanganate by the ordinary Janet method. The permanganate may conveniently be alternated with lavage with 1 in 5,000 mercury oxycyanide.

PREVENTION OF PHOSPHATIC CALCULI.

SIR JAMES BARR (Liverpool) writes in reply to the inquiry published on February 2nd (p. 221) as follows: I would advise "M. K." to put his patient on a liberal meat diet (if there be no contraindication), fruit, and vegetables. Avoid milk and all waters containing much lime. Give the patient one or two grains of saccharin with each meal. To my taste saccharin is a nauseous sweetening agent, and I therefore advise it to be taken in tablet form. More than thirty years ago the late Mr. Chauncy Puzey consulted me about a patient on whom he had performed lithotomy three times for large phosphatic calculi in the bladder. Under the above-mentioned treatment no more stones appeared, and Mr. Puzey became a warm advocate for the use of saccharin. I have seen exhibited about a pound of small phosphatic calculi passed by a late distinguished member of our profession, who lived largely on a milk diet. I have known such stones to follow the too free use of Contrexéville water, which is usually considered an eliminator, but I look upon it as a generator. I think it is very important to avoid lime, and more especially so in association with a liberal meat diet. So far as I know the late Dr. James Little of Dublin was the first to prescribe saccharin for increasing the acidity of the urine.

GLOBULIN IN CEREBRO-SPINAL FLUID.

"J. A." asks for information as to the origin and significance of globulin in cerebro-spinal fluid, and as to what is to be inferred from its absence in specimens showing (1) strongly positive Wassermann reaction, (2) 44 to 52 cells per c.mm., (3) increased albumins, (4) no globulin or reducing agent.

INCOME TAX.

Motor Car Transactions.

"G. P. N." bought a B. car in 1916 for £400, and exchanged it in 1918 for an R. car, value £300; he bought another R. car in 1922 for £200; in 1923 he sold the two R. cars for £225 and bought an A.-S. car for £780.

*** The amount allowable is £400 + £200 (= £600) less £225—that is, £375 net—that being the net cost of replacement. Actually the net expenditure when the A.-S. car was purchased amounted to £555, and the excess of this over the sum allowable represents the capital or improvement expenditure.

LETTERS, NOTES, ETC.

INFANTS BORN WITH TEETH.

MAJOR E. G. KENNEDY, I.M.S. (Bangalore), sends a note of the following: On examining a female infant aged 3 weeks suffering from mild gastro-intestinal troubles I was astonished to see two well formed lower incisor teeth; they were well calcified and of normal shape and appearance. They had no connexion with the mandible, and were growing on the summits of two small papillae on the margin of the gum. They were freely movable in any direction on slight pressure. The mother, a Eurasian, aged 21, told me that these teeth had been present from birth, and that in addition two smaller teeth in the position of the two upper central incisors had also been present. The upper teeth had disappeared a few days after birth; presumably the child had swallowed them. The child appeared perfectly normal in every other respect, and I saw no other abnormality of the epidermic structures. I removed the two lower teeth as they were interfering to some extent with suckling and because the child would probably have swallowed them sooner or later if left. It will be interesting to note in the present case whether the corresponding temporary teeth will appear or not at the usual time.

*** Such cases are well known to dentists, but are rare, and their significance is unknown. The teeth seem always to be incisors, either upper and lower, and to correspond in shape and size to temporary teeth. Generally they are lost soon after birth either because they are loose or because they are extracted on account of injury to the mother. In one case within our knowledge the lower central incisors were erupted at birth and were persistent at the age of 10, having no successors. In another case the lower incisors were present at birth; one shed in a few days was partly deficient in enamel and had no root, the other remained firm and was not extracted. In two other cases a single lower incisor was erupted—in the one case on the second day of life, and in the other in the third week. Some of these early erupted teeth are exfoliations and may point, for instance, to congenital syphilis. We know of no records as to whether those that are lost early are followed by normal temporary teeth, and a later report on Major Kennedy's case would be interesting. The bearing on a possible pre milk dentition is obvious. We may point out that the general practitioner is the man who has the best opportunity of collecting information on this very interesting subject.